



Report of the Re-Entry Policy Council

Charting the Safe and Successful Return
of Prisoners to the Community

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and US Department of Health and Human Services

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The Council of State Governments (CSG) is a nonpartisan, public, nonprofit organization that provides information, research, and training to state officials in all three branches of government in every state and U.S. territory.

Points of view, recommendations, or findings stated in this document are those of the authors and do not necessarily represent the official position or policies of project supporters or the advisory group members who provided input into this document.

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14 PART I

Planning a Re-Entry Initiative

Part I reviews the steps that any policymaker or practitioners, at the state or local level, will need to execute to ensure that a solid foundation exists from which to build a program, policy, or practice that will improve the likelihood of a formerly incarcerated individual's successful transition from prison to the community.

16 CHAPTER A GETTING STARTED

18	POLICY STATEMENT 1 Encouraging Collaboration Among Key Stakeholders – Engage key stakeholders in a joint venture regarding prisoner re-entry and focus the group's attention on a particular aspect of the issue.
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23	POLICY STATEMENT 2 Developing a Knowledge Base – Understand the nature and scope local re-entry issues and develop familiarity with local release policies, the characteristics of returning prisoners, and the resources and capacities of the communities to which prisoners return.
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36 CHAPTER B. ADDRESSING CORE CHALLENGES

38	POLICY STATEMENT 3 Incorporating Re-Entry into Organizations' Missions and Work Plans – Change cultures of criminal justice and health and human services organizations so that administrators of these entities recognize that their mission includes the safe and successful return of prisoners to the communities from which they came.
53	POLICY STATEMENT 4 Funding a Re-Entry Initiative – Maximize the value of discrete local, state, federal, and private sources of funding that target people released from corrections facilities, their families, and the communities to which they return.
74	POLICY STATEMENT 5 Promoting Systems Integration and Coordination – Promote the integration of systems sufficient to ensure continuity of care, supervision, and effective service delivery.
87	POLICY STATEMENT 6 Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative – Employ process and outcome evaluation methods to bring clarity to a program's mission, goals, and public value, as well as to assess and improve program implementation, efficiency, and effectiveness.
95	POLICY STATEMENT 7 Educating the Public About the Re-Entry Population – Educate the public about the risks posed by and the needs of the re-entry population, and the benefits of successful initiatives to public safety and the community in general.

Review of the Re-Entry Process: From Admission to the Institution to Return to the Community

Part II provides policy statements and recommendations, beginning with a person's admission to a corrections facility and continuing through a person's successful completion of supervised release, for policy-makers and practitioners interested in improving the re-entry process in their jurisdictions.

108 CHAPTER A. ADMISSION TO THE FACILITY

110 POLICY STATEMENT 8

Development of Intake Procedure – Establish a comprehensive, standardized, objective, and validated intake procedure that, upon the admission of the inmate to the corrections facility, can be used to assess the strengths, risks and needs that the individual presents.

141 POLICY STATEMENT 9

Development of Programming Plan – Develop, for each person incarcerated, an individualized plan that, based upon information obtained from assessments, explains what programming should be provided during the period of incarceration to ensure that his or her return to the community is safe and successful.

154 CHAPTER B. PRISON- AND JAIL-BASED PROGRAMMING

156 POLICY STATEMENT 10

Physical Health Care – Facilitate community-based health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public health.

167 POLICY STATEMENT 11

Mental Health Care – Facilitate community based mental health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public mental health.

179 POLICY STATEMENT 12

Substance Abuse Treatment – Provide effective substance abuse treatment to anyone in prison or jail who is chemically dependent.

190 POLICY STATEMENT 13

Children and Families – Make available services and supports for family members and children of prisoners, and, when appropriate, help to establish, re-establish, expand, and strengthen relationships between prisoners and their families.

201 POLICY STATEMENT 14

Behaviors and Attitudes – Provide cognitive behavioral therapy, peer support, mentoring, and basic living skills programs that improve offenders' behaviors, attitudes, motivation, and ability to live independently, succeed in the community, and maintain a crime-free life.

211 POLICY STATEMENT 15

Education and Vocational Training – Teach inmates functional, educational, and vocational competencies based on employment market demand and public safety requirements.

221 POLICY STATEMENT 16

Work Experience – Provide inmates with opportunities to participate in work assignments and skill building programs that build toward successful careers in the community.

228 CHAPTER C. MAKING THE RELEASE DECISION

230 POLICY STATEMENT 17

Advising the Releasing Authority – Inform the releasing authority about the extent to which the prisoner is prepared to return to the community (and the community is prepared to receive the individual).

243 POLICY STATEMENT 18

Release Decision – Ensure that people exiting prison or jail who it is determined pose a threat to public safety are released to some form of community supervision; use the results generated by a validated risk assessment instrument, in addition to other information, to inform the level and duration of supervision, and, for those states that have maintained some discretion in the release process, to determine when release would be most appropriate.

254 CHAPTER D. MANAGING THE KEY TRANSITION PERIOD

256 POLICY STATEMENT 19

Housing – Facilitate a person's access to stable housing upon his or her re-entry to the community.

282 POLICY STATEMENT 20

Planning Continuity of Care – Prepare community-based health and treatment providers, prior to the release of an individual, to receive that person and to ensure that he or she receives uninterrupted services and supports upon his or her return community.

293 POLICY STATEMENT 21

Creation of Employment Opportunities – Promote, where appropriate, the employment of people released from prison and jail, and facilitate the creation of job opportunities for this population that will benefit communities.

306 POLICY STATEMENT 22

Workforce Development and the Transition Plan – Connect inmates to employment, including supportive employment and employment services, before their release to the community.

317 POLICY STATEMENT 23

Victims, Families, and Communities – Prepare family members, victims, and relevant community members for the released individual's return to the community, and provide them with protection, counsel, services and support, as needed and appropriate.

331 POLICY STATEMENT 24

Identification and Benefits – Ensure that individuals exit prison or jail with appropriate forms of identification and that those eligible for public benefits receive them immediately upon their release from prison or jail.

343 POLICY STATEMENT 25

Design of Supervision Strategy – Assign terms and conditions of release that are in line with the supervision strategies selected, reflect the likelihood of the person re-offending, correspond to the resources available to the supervising agency, complement transition plans developed by community service providers, and engage incentives to encourage compliance with the conditions of release.

356 CHAPTER E. COMMUNITY SUPERVISION

358 POLICY STATEMENT 26

Implementation of Supervision Strategy – Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of the person released, the victim, the community, and the family change.

370 POLICY STATEMENT 27

Maintaining Continuity of Care – Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing.

383 POLICY STATEMENT 28

Job Development and Supportive Employment – Recognize and address the obstacles that make it difficult for an ex-offender to obtain and retain viable employment while under community supervision.

390 POLICY STATEMENT 29

Graduated Responses – Ensure that community corrections officers have a range of options available to them to reinforce positive behavior and to address, swiftly and certainly, failures to comply with conditions of release.

406 EPILOGUE TO PART II:

INTEGRATION INTO THE COMMUNITY

410 PART III

Elements of Effective Health and Social Service Systems

Recognizing that policy statements and recommendations in preceding sections of the report are predicated upon the availability of accessible and effective services and supports, Part III explains what improvements must occur within systems that provide housing, workforce development, substance abuse treatment, mental health services, and children and family support services.

412 POLICY STATEMENT 30

Housing Systems – Facilitate the development of affordable rental housing, maximize the use of existing housing resources, and identify and eliminate barriers to the development, distribution, and preservation of affordable housing.

423 POLICY STATEMENT 31

Workforce Development Systems – Equip all job-seekers with the skills to find and maintain employment that will make them self-sufficient and will meet the needs of the business community.

434 POLICY STATEMENT 32

Substance Abuse Treatment Systems – Ensure that individualized, accessible, coordinated, and effective community-based substance abuse treatment services are available.

445 POLICY STATEMENT 33

Mental Health Care Systems – Ensure that individualized, accessible, coordinated, and effective community-based mental health treatment services are available.

456 POLICY STATEMENT 34

Children and Family Systems – Support inter-agency efforts to enhance child welfare and other human services programs supporting children and families; increase coordination among criminal justice, workforce, and human services systems; and expand the capacity of community-based programs serving children and families.

471 POLICY STATEMENT 35

Physical Health Care Systems – Increase positive health outcomes, reduce cost, and reduce transmission of communicable diseases by improving access to and raising the quality of existing public and private health care.

483 APPENDICES

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- 595 An Explanation of Justice Mapping: Three Examples
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Acknowledgments

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Three state legislators co-chaired this initiative: Eric Bogue, the Senate Majority Leader in South Dakota; John Lored, the Minority Leader in the Arizona House of Representatives; and Jeffrion Aubry, Chair of the Corrections Committee in the New York State Assembly. They provided the project with bipartisan leadership, and they have demonstrated the key role that state legislators can play in convening the right stakeholders and in converting their recommendations into law and policy.

Carl Wicklund (American Parole and Probation Association), John Blackmore (Association of State Correctional Administrators), Kay Farley (National Center for State Courts), and Corina Solé Brito (Police Executive Research Forum) guided the work of the Public Safety Advisory Group. Carl and John deftly balanced the roles of institutional and community corrections—an extraordinary feat in and of itself—while Kay and Corina, along with predecessors at the PERF, made sure that the roles of both court officials and local law enforcement, who do not always see prisoner re-entry as part of their job, were thoughtfully incorporated into the process.

Christine Siksa (National Association of Housing and Redevelopment Officials), Richard Cho (Corporation for Supportive Housing), Bill Emmet (National Association of State Mental Health Program Directors), and Laura Skufca (National Association of State and Alcohol and Drug Abuse Directors) coordinated the Supportive Health and Housing Advisory Group. Christine not only fostered a cohesive team, but also engaged the housing community in ways

many had thought previously impossible. Richard Cho constantly challenged the group to think in new and creative terms about piecing together resources and partnerships to finance a re-entry initiative. Bill Emmet's routine assurances to the group that this seemingly impossible Report could be written, based on his experiences with the Consensus Project, kept the Steering Committee together at crucial junctures. Under Lewis Gallant's leadership, Laura Skufca and her colleagues at NASADAD demonstrated great commitment to the issues faced by millions of people in prison and jail battling addiction.

Scott Cheney and his predecessors at the National Association of Workforce Boards managed a dynamic advisory group, bringing leading workforce investment board directors to the table and building a powerful bridge between One-Stops and corrections facilities.

Amy Solomon, with help from her team at the Urban Institute, made sure that the Report was grounded in research, and that this research was presented in ways that readers could process quickly and easily. Even more important than that, though, was Amy's willingness to provide countless hours of invaluable advice about the organization and structure of the Report.

It is hard to expect anyone to read a 500-page Report, but Dave Williams' skillful layout and design of the document, which built upon a template developed by Cabengo, has made it as easy to read as possible.

David Fairman, Beth Greenland, and Tom Quinn expertly facilitated each advisory group meeting, helping members find common ground, despite the extraordinarily diverse perspectives present and despite agendas that were often unrealistically ambitious about what could be achieved in a day.

A project of the Re-Entry Policy Council's scope and complexity obviously is nothing more than a concept paper without significant financial backing. CSG staff are extremely grateful to federal agency officials from the Department of Justice, the Depart-

ment of Labor, and the Department of Health and Human Services whose funding support made the project possible. Moreover, their support vividly illustrates their commitment to an interagency partnership and to the principle that solutions to complex problems like prisoner re-entry do not come from inside the Beltway, but rather from people in states, cities, and communities who are grappling with these issues on a daily basis.

Federal funding did not cover all the expenses associated with this project. Major support from private foundations was essential to launch the project and disseminate the Report; CSG staff appreciate the faith that officials from the Robert Wood Johnson Foundation, the JEHT Foundation, and the Open Society Institute showed in this initiative.

CSG staff and project partners extend their appreciation for the individuals who attended the original Re-Entry Policy Council meeting, many of whom remained with the project until its completion. Special thanks and gratitude go to the nearly 100 policy-makers and practitioners who served on the advisory groups that make up the Re-Entry Policy Council, as well as the dozens of people who participated in focus group meetings on issues concerning victims and children and families. These individuals contributed, without any compensation, hundreds of hours of their time to crisscross the country for meetings, and review countless drafts of the Report. Although not individually endorsed, the recommendations in this Report are based on their vision for systems that ensure that people's transition from prison or jail to the community is safe and successful.

Not even nine advisory group meetings could do justice to every key aspect of an issue as multifaceted as prisoner re-entry. As was to be expected, gaps emerged in early drafts of the Report, prompting CSG staff to turn to numerous luminaries in the field, who contributed text and expert advice beyond the many hours they may have contributed to the advisory group meetings themselves. For this service, CSG staff and the project partners in particular wish

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The staff at CSG are especially grateful to Alan Sokolow, director of the Eastern Regional Conference of CSG. Making sure that temporary office space was available for the swelling number of criminal justice policy staff following the destruction of our World Trade Center office is just one example of the extraordinary steps he has taken to enable the Criminal Justice Program to flourish.

Finally, CSG staff and the project partners wish to thank the men and women working daily in communities and prisons and jails across the country who are committed to making neighborhoods and families safer, stronger, and healthier. These are the people upon whom improvements to prisoner re-entry depend, and it is for them that this Report is written.

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DC^{1,3}

1 Denotes attendance at the **first** advisory group meeting

2 Denotes attendance at the **second** advisory group meeting

3 Denotes attendance at the **third** advisory group meeting

Titles reflect positions held by advisory group members at the time of their participation in the advisory group meetings.

See Appendix, Project History/Methodology, for an explanation on the structure of the Re-Entry Policy Council.

Project Partners and Steering Committee

PROJECT COORDINATOR

- Council of State Governments

PROJECT PARTNERS

- American Probation and Parole Association
- Association of State Correctional Administrators
- Corporation for Supportive Housing
- National Association of Housing and Redevelopment Officials
- National Association of State Alcohol/Drug Abuse Directors
- National Association of State Mental Health Program Directors
- National Association of Workforce Boards
- National Center for State Courts
- Police Executive Research Forum
- Urban Institute

project coordinator

COUNCIL OF STATE GOVERNMENTS (CSG)

CSG is a nonprofit, nonpartisan organization serving all elected and appointed state government officials. CSG's income is derived from five sources: annual dues paid by each state and member jurisdiction; donations from the private sector; federal grants; foundational grants, and secretariat group fees. Founded in 1933, CSG has a long history of providing state leaders with the resources to develop and implement effective public policy and programs. Owing to its regional structure and its constituency—which includes state legislators, judges, and executive branch officials—CSG is a unique organization. With its headquarters in Lexington, KY, CSG has four regional offices, representing the West, Midwest, South, and East. The Re-Entry Policy Council is coordinated by CSG's Eastern Regional Conference (CSG/ERC), which is the only CSG regional office with a criminal justice program.

- Michael Thompson, *Director, Criminal Justice Programs, CSG/ERC*
- Elizabeth Nevins, *Project Coordinator, Re-Entry Policy Council*
- Katherine Brown, *Policy Analyst, Re-Entry Policy Council*
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project partners

AMERICAN PROBATION AND PAROLE ASSOCIATION (APPA)

APPA comprises individuals from the United States and Canada actively involved with probation, parole and community-based corrections, in both adult and juvenile sectors. Its constituents come from all levels of government including local, state/provincial, legislative, executive, judicial, and federal agencies. APPA has grown to become the voice for thousands of probation and parole practitioners including line staff, supervisors, administrators, educators, volunteers, and concerned citizens with an interest in criminal and juvenile justice. APPA's mission is to serve, challenge and empower its members and constituents by educating, communicating and training; advocating and influencing; acting as a resource and conduit for information, ideas and support; developing standards and models; and collaborating with other disciplines.

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ASSOCIATION OF STATE CORRECTIONAL ADMINISTRATORS (ASCA)

ASCA is a membership organization comprised of the directors of state correctional agencies and the administrators of the largest jail systems in the United States. The association is dedicated to the improvement of correctional services and practices through promoting and facilitating the advancement of correctional techniques, research in correctional practices, and the development and application of correctional standards and accreditation. Formed in 1970, ASCA was formally incorporated as a New York State not-for-profit corporation in 1985.

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CORPORATION FOR SUPPORTIVE HOUSING (CSH)

CSH helps communities create permanent housing with services to prevent and end homelessness by bringing together people, skills, and resources; providing high-quality advice and development expertise; making loans and grants to supportive housing sponsors; strengthening the supportive housing industry; and reforming public policy to make it easier to create and operate supportive housing.

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NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS (NAHRO)

NAHRO is a professional membership organization comprised of 21,227 housing and community development agencies and officials throughout the US who administer a variety of affordable housing and community development programs at the local level. NAHRO's mission is to create affordable housing and safe, viable communities that enhance the quality of life for all Americans, especially those of low- and moderate-income, by ensuring that housing and community development professionals have the leadership skills, education, information and tools to serve communities in a rapidly changing environment; advocating for appropriate laws and policies which are sensitive to the needs of the people served, are financially and programmatically viable for the industry, are flexible, promote deregulation and local decision making; and fostering the highest standards of ethical behavior, service and accountability.

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NATIONAL ASSOCIATION OF STATE ALCOHOL/DRUG ABUSE DIRECTORS (NASADAD)

NASADAD is a private, not-for-profit educational, scientific, and informational organization whose basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. NASADAD serves as a focal point for the examination of alcohol and other drug related issues of common interest to both other national organizations and federal agencies by conducting research, fostering collaboration, providing training and cross-training, providing technical assistance, promoting national standards, shaping policy, and ensuring stable funding.

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NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS (NASMHPD)

NASMHPD is an organization that advocates for the collective interests of state mental health authorities and their directors at the national level. NASMHPD analyzes trends in the delivery and financing of mental health services and identifies public mental health policy issues and best practices in the delivery of mental health services. The association apprises its members of research findings and best practices in the delivery of mental health services, fosters collaboration, provides consultation and technical assistance, and promotes effective management practices and financing mechanisms adequate to sustain the mission.

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NATIONAL ASSOCIATION OF WORKFORCE BOARDS (NAWB)

NAWB believes that through the influence of committed private and public sector leadership, a high performance, quality workforce development system can be developed to meet the human resource needs of the competitive global economy that increasingly demands highly skilled workers. NAWB supports and promotes the work of its members through a comprehensive program of advocacy, technical assistance, and communications activities. Services are designed to help Board volunteers advance the public-private model among key policymakers, secure the role of the business sector in workforce development, enhance members' capacity and effectiveness, and learn from networking opportunities with the nationwide job training community. NAWB is the only group that advocates solely for Workforce Boards.

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NATIONAL CENTER FOR STATE COURTS (NCSC)

The NCSC provides up-to-date information and hands-on assistance to court leaders that helps them better serve the public. Through original research, consulting services, publications, and national educational programs, NCSC offers solutions that enhance court operations with the latest technology; collects and interprets the latest data on court operations nationwide; and provides information on proven best practices for improving court operations in many areas, such as civil case management. NCSC is an independent, nonprofit, tax-exempt organization in accordance with Section 501(c)(3).

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POLICE EXECUTIVE RESEARCH FORUM (PERF)

PERF is a national membership organization of progressive police executives from the largest city, county, and state law enforcement agencies. PERF is dedicated to improving policing and advancing professionalism through research and involvement in public policy debate. Incorporated in 1977, PERF's primary sources of operating revenues are government grants and contracts and partnerships with private foundations and other organizations.

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URBAN INSTITUTE

The Urban Institute is a nonprofit, nonpartisan policy research and educational organization established to examine the social, economic, and governance problems facing the nation. It provides information and analysis to public and private decisionmakers to help them address these challenges, and strives to raise citizen understanding of the issues and tradeoffs in policymaking. Project funding comes from government agencies, foundations, and multilateral institutions such as the World Bank. The Institute's ability to conduct broader ranging research and policy analysis depends on general support from foundations, corporations, and individuals.

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Executive Summary

I. THE PROBLEM

Virtually every person incarcerated in a jail in this country—and approximately 97 percent of those incarcerated in prisons—will eventually be released.¹ According to recent estimates, nearly 650,000 people were released from prison in 2004, while over 7 million different individuals were released from jails across the US.^{2,3} Re-entry is the process of transition that these individuals, who are predominantly male and disproportionately nonwhite, make from prison or jail to the community.⁴

Re-entry has major implications for both public spending and community safety. With the exception of health care, spending on corrections has increased faster than any other item in state budgets.⁵ Nationally, corrections expenditures have gone from \$9 billion in 1982 to \$60 billion in 2002.⁶ Despite this increased investment, the likelihood of a former prisoner succeeding in the community upon his or her release has not improved. Approximately two out of every three people released from prison in the US are re-arrested within three years of their release.⁷

Just over half return to prison for a new offense or a violation of their terms of release.⁸ As the population of prisons and jails continues to grow (eclipsing 2,200,000 at the end of 2003), the fastest growing category of admissions is violations of release—people who were already under supervision of the criminal justice system when returned to prison or jail.^{9,10}

Ensuring successful re-entry means both safer communities and the improved use of tax dollars. But realizing better outcomes for people released from prison and jail requires efforts that address their myriad needs. Three-quarters of those returning home have a history of substance abuse; two-thirds have no high school diploma.^{11,12} Nearly half of those leaving jail were earning less than \$600 per month immediately prior to their incarceration, and a criminal record hinders both their employability and their earning capacities.^{13,14} More than a third of jail inmates report having some physical or mental disability, with a rate of serious mental illness which is two to four times higher than the rate among the general population.^{15,16} Fifty-five percent of re-entering adults have children under 18, and incarcerated

1 Anne Piehl, *From Cell to Street: A Plan to Supervise Inmates After Release* (Massachusetts Institute for a New Commonwealth, January 2002). Timothy Hughes and Doris James Wilson, *Reentry Trends in the United States*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003).

2 Serious and Violent Offender Re-Entry Initiative (website), Office of Justice Programs, US Department of Justice. <http://www.ojp.usdoj.gov/reentry/learn.html>, accessed May 13, 2004.

3 Theodore M. Hammett, "Health-Related Issues in Prisoner Reentry to the Community," (paper presented at the Reentry Roundtable on Public Health Dimensions of Prisoner Reentry of the Urban Institute, Washington, DC, October 2000).

4 Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United States, 1998*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234.

5 National Association of State Budget Offices, *2003 State Expenditure Report*, available online at www.nasbo.org, accessed December 9, 2004.

6 Lynn Bauer, *Justice Expenditure and Employment in the United States*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002).

7 Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002), NCJ 193427.

8 Ibid.

9 Paige M. Harrison and Allen J. Beck, *Prisoners in 2003*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2004), NCJ 205335.

10 Alfred Blumstein and Allen J. Beck, "Population Growth in US Prisons 1980–1996," *Crime and Justice* 26 (2000): 17–62, cited in Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, June 2001).

11 C. J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*. Washington, DC: US Department of Justice, Bureau of Justice Statistics, NCJ 172871, 1999.

12 C. W. Harlow, *Education and Correctional Populations*, Washington, DC: US Department of Justice, Bureau of Justice Statistics, NCJ 195670, 2003.

13 C. W. Harlow, *Profile of Jail Inmates, 1996: Bureau of Justice Statistics Special Report*, Washington, DC: US Department of Justice, Bureau of Justice Statistics, NCJ 164620, 1998.

14 Harry Holzer, Steven Raphael, and Michael A. Stoll, *Employment Barriers Facing Ex-Offenders* (Washington, DC: The Urban Institute, 2003); and Fredrik Andersson, Harry J. Holzer, and Julia I. Lane, *The Interaction of Workers and Firms in the Low-Wage Labor Market* (Washington, DC: The Urban Institute, 2002).

15 C. W. Harlow, *Profile of Jail Inmates, 1996: Bureau of Justice Statistics Special Report*, Washington, DC: US Department of Justice, Bureau of Justice Statistics, NCJ 164620, 1998.

16 Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390–409.

parents owe average of more than \$20,000 in child support debt when they are released from prison.^{17,18}

To complicate matters further, people released from prison and jail return in high concentrations to a small number of communities in each state. Far too often, these are communities that are especially ill-equipped to serve, support, and supervise them. In Connecticut, almost half of the prison and jail population is from just a handful of neighborhoods in five cities—the cities with the most concentrated levels of poverty and nonwhite populations in the state.¹⁹ In Chicago, only 24 percent of identified organizations that provide services to re-entering individuals were located in any of the six communities to which the highest numbers of people returned from prison in 2001.²⁰ In two of those six neighborhoods, there were no such services at all.²¹ Reintegrating prisoners successfully means therefore assisting not just individuals, but whole communities, so that they have the capacity to absorb their returning residents and to keep their neighborhoods safe.

II. ABOUT THE RE-ENTRY POLICY COUNCIL AND ITS REPORT

To assist policymakers and practitioners seeking to improve the likelihood that adults released from prison or jail will avoid crime and become productive, healthy members of families and communities, the Council of State Governments (CSG) established the Re-Entry Policy Council. The Policy Council comprises 100 key leaders at the local, state, and national levels, including: state legislators; criminal justice policymakers and practitioners; workforce development and employment services officials; housing providers and housing system officials; representatives of health, mental health, and substance abuse treatment systems; victim advocates; people who have been incarcerated and their families; and ministers and others working in faith-based institutions.

The *Report of the Re-Entry Policy Council* provides hundreds of recommendations, which reflect the common ground reached by this wide-ranging, diverse group of leaders—Republicans and Democrats alike—who collectively represent every region of the country.

The Re-Entry Policy Council's recommendations focus on people who have been sentenced to either prison or jail. The Report addresses re-entering adults, not juveniles, with one exception: young people who have been sentenced as adults. The recommendations suggest elements of policies, programs, or legislation that address people after they have been sentenced, but the scope excludes the relatively small number of people whose sentences preclude them from ever being considered for release. In short, the target population comprises nearly every person sentenced to jail or prison, as almost all of these individuals will be released to the community at some point.²²

The target audience of this report is broad and varied, mirroring the composition of the Re-Entry Policy Council. It addresses elected and appointed officials in government, but it also speaks to practitioners who work in criminal justice, health, mental health, substance abuse treatment, housing, and workforce development systems. Although policymakers and practitioners at all levels of government are the primary audience, the information provided in this document should be equally valuable to researchers, advocates, and others interested in improving the transition people make from prison and jail to the community.

The report provides 35 policy statements, each of which is a consensus-based principle that should be an underpinning of a re-entry initiative. Each policy statement is followed by a description of the problem it addresses, and this discussion typically includes research highlights, which summarize relevant statistics and studies. Recommendations,

17 Jeremy Travis, Elizabeth Cincotta, and Amy L. Solomon, *Families Left Behind: The Hidden Costs of Incarceration and Reentry*, Washington, DC: The Urban Institute, October 2003.

18 Esther Griswold, Jessica Pearson, and Lanae Davis, *Testing a Modification Process for Incarcerated Parents*, Denver, CO: Center for Policy Research, 11–12.

19 Council of State Governments, *Building Bridges: From Conviction to Employment: A Proposal to Reinvest Corrections Savings in an Employment Initiative*, January 2003, viewed online at: www.csgeast.org/crimpub.asp.

20 Nancy G. La Vigne et al., *A Portrait of Prisoner Re-Entry in Illinois* (Washington DC: The Urban Institute, 2003).

21 Ibid.

22 Virtually all jail inmates and approximately 97% of prison inmates are eventually released. Anne Piehl, *From Cell to Street: A Plan to Supervise Inmates After Release* (Massachusetts Institute for a New Commonwealth, January 2002).

presented as lettered statements in bold text, identify those steps that should be taken to implement the corresponding policy. Hundreds of examples cited in the Report draw attention to interesting re-entry efforts in a variety of communities, although many of these initiatives are so new that they have yet to be evaluated to certify their positive impact on individuals and systems. Still, they may be valuable ideas for those in other jurisdictions to consider or build upon as they develop their own re-entry initiatives.

III. POLICY STATEMENTS

The policy statements in the *Report of the Re-Entry Policy Council* reflect the numerous opportunities for action available to a person, agency, or coalition interested in improving the likelihood that a person will safely and successfully transition back to the community. These policy statements, divided into the three main parts of the Report, are summarized in the chart below.

The first seven policy statements constitute Part I of the Report, “Planning a Re-Entry Initiative.” The first chapter in Part I, “Getting Started,” suggests where a policymaker should focus his or her initial efforts. This chapter offers key steps for engaging the relevant stakeholders in a re-entry initiative and developing the knowledge base that will undergird the project. Recommendations for each of these policy statements make clear that who is at the table for these initial meetings, and the results of the analysis they conduct of the existing re-entry process, will vary significantly from one jurisdiction to another.

The second chapter, “Addressing Core Challenges,” reviews strategies for overcoming major hurdles that will confront leaders planning a re-entry initiative: redefining missions; funding, integrating systems; measuring performance; and educating the public. The notion that all of these issues can be resolved at the outset of a re-entry initiative is unrealistic, but being familiar with them at the earliest stages of the effort is crucial. Accordingly, considering the policy statements and recommendations provided in this chapter early in the planning stages—and returning to them throughout the life of the initiative—is essential to ensuring its sustainability and effectiveness.

Part II of the Report, “Review of the Re-Entry Process: From Admission to the Institution to Return to the Community,” tracks the process of a person’s re-entry from the moment he or she begins serving a sentence in a correctional facility through the time he or she returns to the community and completes that sentence. This part is organized into chapters that delineate the key events or decision points during that process, including admission, institutional programming, release decision-making, transition, and community supervision. In particular, Part II details how a successful re-entry effort requires the development of policies and programs that promote the following: smart release and community supervision decisions; support for victims; and services and support for re-entering individuals, including safe places to live, substance abuse treatment, education and employment, physical and mental health treatment, and meaningful relationships (with family, peers, partners, and the faith-community). Effective implementation of each of these policy statements requires collaboration between staff inside correctional facilities and people outside the walls, including community-based health care and social services providers, relatives, victims, and community members, such as representatives of faith-based institutions.

Recognizing that policy statements and recommendations in Part II of the Report are predicated upon the availability of accessible and effective services and supports in the community, Part III, “Elements of Effective Health and Social Systems,” addresses the systems that provide housing, workforce development, substance abuse treatment, mental health services, children and family supports, and health care. One policy statement is dedicated to each of these systems. The introductions to recommendations under each policy statement provide an explanation of the population that the system serves (including, but not limited to, ex-prisoners), a review of the major issues facing the system, and a description of how the system is organized and funded. With that context, the recommendations that follow review how each system can be transformed to more effectively serve people released from prison, their families, and the communities to which they are returning.

PART I.**Planning a Re-Entry Initiative**

Part I reviews the steps that any policymaker or practitioners, at the state or local level, will need to execute to ensure that a solid foundation exists from which to build a program, policy, or practice that will improve the likelihood of a formerly incarcerated individual's successful transition from prison to the community.

Getting Started	1	<i>Encouraging Collaboration Among Key Stakeholders</i>	Engage key stakeholders in a joint venture regarding prisoner re-entry and focus the group's attention on a particular aspect of the issue.
	2	<i>Developing a Knowledge Base</i>	Understand the nature and scope local re-entry issues and develop familiarity with local release policies, the characteristics of returning prisoners, and the resources and capacities of the communities to which prisoners return.
Addressing Core Challenges	3	<i>Incorporating Re-Entry into Organizations' Missions and Work Plans</i>	Change cultures of criminal justice and health and human services organizations so that administrators of these entities recognize that their mission includes the safe and successful return of prisoners to the communities from which they came.
	4	<i>Funding a Re-Entry Initiative</i>	Maximize the value of discrete local, state, federal, and private sources of funding that target people released from corrections facilities, their families, and the communities to which they return.
	5	<i>Promoting Systems Integration and Coordination</i>	Promote the integration of systems sufficient to ensure continuity of care, supervision, and effective service delivery.
	6	<i>Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative</i>	Employ process and outcome evaluation methods to bring clarity to a program's mission, goals, and public value, as well as to assess and improve program implementation, efficiency, and effectiveness.
	7	<i>Educating the Public About the Re-Entry Population</i>	Educate the public about the risks posed by and the needs of the re-entry population, and the benefits of successful initiatives to public safety and the community in general.

PART II.**Review of the Re-Entry Process: From Admission to the Institution to Return to the Community**

Part II provides policy statements and recommendations, beginning with a person's admission to a corrections facility and continuing through a person's successful completion of supervised release, for policymakers and practitioners interested in improving the re-entry process in their jurisdictions.

Admission to the Facility	8	<i>Development of Intake Procedure</i>	Establish a comprehensive, standardized, objective, and validated intake procedure that, upon the admission of the inmate to the corrections facility, can be used to assess the strengths, risks and needs that the individual presents.
	9	<i>Development of Programming Plan</i>	Develop, for each person incarcerated, an individualized plan that, based upon information obtained from the assessments, explains what programming should be provided during the period of incarceration to ensure that his or her return to the community is safe and successful.

Report Chapter	Policy Statement Number	Event / Issue	Policy Statement
Prison- and Jail-Based Programming	10	<i>Physical Health Care</i>	Facilitate community-based health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public health.
	11	<i>Mental Health Care</i>	Facilitate community based mental health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public mental health.
	12	<i>Substance Abuse Treatment</i>	Provide effective substance abuse treatment to anyone in prison or jail who is chemically dependent.
	13	<i>Children and Families</i>	Make available services and supports for family members and children of prisoners, and, when appropriate, help to establish, re-establish, expand, and strengthen relationships between prisoners and their families.
	14	<i>Behaviors and Attitudes</i>	Provide cognitive behavioral therapy, peer support, mentoring, and basic living skills programs that improve offenders' behaviors, attitudes, motivation, and ability to live independently, succeed in the community, and maintain a crime-free life.
	15	<i>Education and Vocational Training</i>	Teach inmates functional, educational, and vocational competencies based on employment market demand and public safety requirements.
	16	<i>Work Experience</i>	Provide inmates with opportunities to participate in work assignments and skill building programs that build toward successful careers in the community.
Making the Release Decision	17	<i>Advising the Releasing Authority</i>	Inform the releasing authority about the extent to which the prisoner is prepared to return to the community (and the community is prepared to receive the individual).
	18	<i>Release Decision</i>	Ensure that people exiting prison or jail who it is determined pose a threat to public safety are released to some form of community supervision; use the results generated by a validated risk assessment instrument, in addition to other information, to inform the level and duration of supervision, and, for those states that have maintained some discretion in the release process, to determine when release would be most appropriate.
Managing the Key Transition Period	19	<i>Housing</i>	Facilitate a person's access to stable housing upon his or her re-entry to the community.
	20	<i>Planning Continuity of Care</i>	Prepare community-based health and treatment providers, prior to the release of an individual, to receive that person and to ensure that he or she receives uninterrupted services and supports upon his or her return community.
	21	<i>Creation of Employment Opportunities</i>	Promote, where appropriate, the employment of people released from prison and jail, and facilitate the creation of job opportunities for this population that will benefit communities.
	22	<i>Workforce Development and the Transition Plan</i>	Connect inmates to employment, including supportive employment and employment services, before their release to the community.
	23	<i>Victims, Families, and Communities</i>	Prepare family members, victims, and relevant community members for the offender's return to the community, and provide them with protection, counsel, services and support, as needed and appropriate.

Report Chapter	Policy Statement Number	Event / Issue	Policy Statement
	24	<i>Identification and Benefits</i>	Ensure that inmates exit prison or jail with appropriate forms of identification and that those eligible for public benefits receive them immediately upon their release from prison or jail.
	25	<i>Design of Supervision Strategy</i>	Assign terms and conditions of release that are in line with the supervision strategies selected, reflect the likelihood of the person re-offending, correspond to the resources available to the supervising agency, complement transition plans developed by community service providers, and engage incentives to encourage compliance with the conditions of release.
Community Supervision	26	<i>Implementation of Supervision Strategy</i>	Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of the person released, the victim, the community, and the family change.
	27	<i>Maintaining Continuity of Care</i>	Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing.
	28	<i>Job Development and Supportive Employment</i>	Recognize and address the obstacles that make it difficult for an ex-offender to obtain and retain viable employment while under community supervision.
	29	<i>Graduated Responses</i>	Ensure that community corrections officers have a range of options available to them to reinforce positive behavior and to address, swiftly and certainly, failures to comply with conditions of release.

PART III.

Elements of Effective Social Service Systems

Recognizing that policy statements and recommendations in preceding sections of the report are predicated upon the availability of accessible and effective services and supports, Part III explains what improvements must occur within systems that provide housing, workforce development, substance abuse treatment, mental health services, and children and family support services.

30	<i>Housing Systems</i>	Facilitate the development of affordable rental housing, maximize the use of existing housing resources, and identify and eliminate barriers to the development, distribution, and preservation of affordable housing.
31	<i>Workforce Development Systems</i>	Equip all jobseekers with the skills needed for self-sufficiency and business prosperity.
32	<i>Substance Abuse Treatment Systems</i>	Ensure the availability of effective substance abuse treatment services.
33	<i>Mental Health Care Systems</i>	Ensure that individualized, accessible, integrated, and effective community-based mental health treatment services are available.
34	<i>Children and Family Systems</i>	Support interagency efforts to enhance child welfare and other human services programs supporting children and families; increase coordination among criminal justice, workforce, and human services systems; and expand the capacity of community-based programs serving children and families.
35	<i>Physical Health Care Systems</i>	Increase positive health outcomes, reduce cost, and reduce transmission of communicable diseases by improving access to and raising the quality of existing public and private health care.

IV. USING THE REPORT AND NEXT STEPS

The scope of this Report may be, in itself, overwhelming. But above all, its volume should make clear that re-entry is a complex problem affecting numerous systems. No one agency or organization can, on its own, implement the recommendations of a single policy statement, much less the whole document; collaboration (and ideally, partnerships), even among parties unaccustomed to interacting, is critical to success.

Accordingly, as the first policy statement suggests, the place to start is the creation of a local or statewide version of the Re-Entry Policy Council, with a diverse collection of stakeholders represented. For those jurisdictions where such a group already exists, this report can serve as a catalyst to move the effort forward and a resource for focusing on a particular aspect of the issue.

With the right people in a community, city, or state engaged in a discussion around prisoner re-entry, and with the *Report of the Re-Entry Policy Council* available to them as a resource to guide and inform their efforts, an extraordinary window of opportunity is opened. Creating this opportunity and capitalizing on it is essential. The safety, health, and well-being of families and communities generally depend on it.

Report of the Re-Entry Policy Council

Charting the Safe and Successful Return
of Prisoners to the Community

Introduction

THE RE-ENTRY POLICY COUNCIL IS AN UNPRECEDENTED, BIPARTISAN

collection of nearly 100 leading elected officials, policymakers, and practitioners working in state and local government and community-based organizations who are committed to improving the likelihood that adults released from prison or jail will avoid crime and become productive, healthy members of families and communities. Together, the members of the Policy Council represent nearly every component of the criminal justice system, as well as those systems that make available education, job training, job placement, housing, health and mental health care, substance abuse treatment, and other forms of support and supervision. This report reflects the results of their work over the past two years: policy statements and recommendations that, if implemented, will ensure the safe and successful return of individuals from prison or jail to the community.

The target audience of this report is broad and diverse, paralleling the composition of the Re-Entry Policy Council. It addresses elected and appointed officials in government, but it also speaks to practitioners who work in criminal justice, health, mental health, substance abuse treatment, housing, and workforce development systems. Although policymakers and practitioners at the local, state, and federal levels of government are the primary audience, the information provided in this document should be equally valuable to researchers, advocates, and others interested in improving the transition people make from prison and jail to the community.

These agents of change can use this report to improve their understanding of re-entry and to inform the development of—or advocate for—particular policies and programs that address re-entry. The *Report of the Re-Entry Policy Council* provides, in a single document, a comprehensive analysis of those elements essential to a successful return to the community, a review of relevant research, and a look at programs and policies that illustrate how policymakers and practitioners in jurisdictions across the country have implemented a particular recommendation. In sum, while this volume cannot, on its own, change how people released from prison or jail re-enter the community, it is an extraordinary resource in the hands of someone committed to effecting change around one of the most pressing public policy issues confronting governments, communities, and families today.

THE PROBLEM

Nearly 650,000 people are released annually from prisons in this country.¹ Over 7 million different individuals are released each year from jails.² While both figures are all-time highs in this country's history, they will almost certainly be eclipsed by the number of people released from corrections facilities next year.³

Research shows that when people who are released from prison or jail return to the community, their job prospects are generally dim, their chances of finding their own place to live are bleak, and their health is typically poor. The vast majority has not completed high school.⁴ A major study conducted in three states found that fewer than half of released prisoners had a job lined up upon their return to the community.⁵

Three of every four offenders released from prison have a substance abuse problem, and more than one out of three report some form of physical or mental disability.⁶ Eighteen percent of people released from prison have Hepatitis C.⁷ Fifty-five percent have children under the age of 18 who often depend on these re-entering adults for some financial support, and almost always to be a responsible parent.⁸

Astonishingly, as the number of people released from prison and jail over the past 20 years has increased nearly fourfold, the extent to which these individuals are prepared to return the community has decreased significantly.⁹ Although approximately three of every four people released from incarceration have a history of substance abuse, only 10 percent in state prison and three percent in local jails receive formal treatment prior to release.¹⁰ Just one-third (35 percent) of those released from prison participated in educational programs while incarcerated; even fewer (27 percent) took part in vocational training.¹¹ These low figures are especially troubling when considering that a much greater percentage of the prison population used to receive such programming.

That anyone is able to overcome this situation and a history of criminal behavior would be surprising. In fact, few do: most people released from prison and jail fail. It is more likely than not that a person released from prison or jail will be re-arrested: two-thirds of state prisoners are rearrested within three years of release.¹² During the same timeframe, half (52 percent) will return to prison for either a new crime

1 Serious and Violent Offender Re-Entry Initiative web site, Office of Justice Programs, US Department of Justice, available at www.ojp.usdoj.gov/reentry/learn.html, accessed May 13, 2004.

2 Theodore M. Hammett, "Health-Related Issues in Prisoner Re-Entry to the Community," (paper presented at the Re-Entry Roundtable on Public Health Dimensions of Prisoner Re-Entry of the Urban Institute, Washington, DC, October 2000).

3 The Bureau of Justice Statistics recorded an average annual growth between 1995 and 2003 of four percent in the number of jail inmates and 3.2 percent for the prison population, and notes that prison incarceration rates continue to rise. Paige M. Harrison and Jennifer C. Karberg, *Prison and Jail Inmates at Midyear 2003*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2004), NCJ 203947.

4 The Bureau of Justice Statistics reports that only 46 percent of incarcerated individuals

have a high school diploma or its equivalent. C. W. Harlow, *Education and Correctional Population*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

5 Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

6 Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC, 1999) NCJ 172871; C. W. Harlow, *Profile of Jail Inmates, 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

7 Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, June 2001).

8 Jeremy Travis, Elizabeth Cincotta, and Amy L. Solomon, *Families Left Behind: The Hidden Costs of Incarceration and Reentry* (Washington, DC: The

Urban Institute, October 2003).

9 Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, June 2001).

10 Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 172871; C. W. Harlow, *Profile of Jail Inmates 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

11 Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

12 Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002), NCJ 193427.

or parole violation.¹³ By some measures, the process of prisoner re-entry has become much worse than it once was: in 1984, 70 percent of parolees successfully completed their parole term. By 2002, that number had dropped to 45 percent.¹⁴

Unlike in years past, it has now become impossible to ignore these rates of failure. The numbers have simply become too big, the implications for public safety too significant. Indeed, state and local government officials from all perspectives agree that as the number of people released from prison and jail increases steadily, the status quo cannot be maintained. Too many are harmed: People are victimized; families are destroyed; communities are overwhelmed; and the lives of individuals cycling in and out of incarceration are wasted.

The human costs notwithstanding, taxpayers cannot sustain this trend, let alone permit it to accelerate. As jail and prison populations swell, so do corrections budgets. American taxpayers spent \$9 billion for corrections in 1982; by 2002, the figure climbed to \$60 billion.¹⁵ With the possible exception of health care spending, spending on corrections over the past 15 years has increased more than it has on any other major spending category.¹⁶ And now, for the first time in recent memory, state leaders—Republican and Democrat alike—are agreeing that there simply is not enough money in state budgets to continue to support these budget increases.

To reduce spending on corrections, policymakers must manage the growth of inmate and jail populations. Violators of probation and parole represent the fastest growing category of admissions to corrections facilities,

and state leaders agree that this course must be reversed.¹⁷ Other options available to state and local government officials will not generate meaningful savings or simply are not feasible. The number of staff cannot be reduced, assuming there is not a corresponding decline in the inmate population, without jeopardizing the safety of staff, inmates, and the community.

Cuts to the quality or availability of services also present few, if any, opportunities for savings: Despite their proven cost-effectiveness, prison and jail-based services are already threadbare. In nearly half the states, corrections departments are or have been under some form of federal court supervision because of overcrowding or the insufficiency of services available to inmates. Practically every state faces at least the threat of litigation. Perhaps most important, corrections administrators seeking additional cuts to services find that almost any course of action could further jeopardize the safety of staff or inmates. As even less emphasis is placed on the services and supports people need upon their release from prison and jail, extraordinary investments are made in providing emergency services to people whose condition has deteriorated to the point that they cycle repeatedly through jails, emergency rooms, and detox facilities. A study in King County, Washington found that taxpayers spent in just one year over \$1.1 million on 20 individuals who cycled repeatedly among these institutions.¹⁸ Simply put, extraordinary budget crises in states and counties require that policymakers do a better job of ensuring that people do not return to prison or jail after their release.

13 Patrick A. Langan and David J. Levin, *National Recidivism Study of Released Prisoners: Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: June 2002), NCJ 193427.

14 Lauren E. Glaze, *Probation and Parole in the United States, 2002*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

15 Lynn Bauer, *Justice Expenditure and Employment in the United States*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002).

16 National Association of State Budget Offices, *2003 State Expenditure Report*, available online at www.nasbo.org, accessed December 9, 2004.

17 Alfred Blumstein and Allen J. Beck, "Population Growth in US Prisons 1980–1996," *Crime and*

Justice 26 (2000): 17–62, cited in Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, June 2001).

18 Unpublished statistic courtesy of Patrick Vanzo, Administrator, Cross Systems Integration Efforts, Department of Community and Human Services, King County, WA.

The fiscal pressures that make the problem so pressing also preclude the possibility of addressing this issue by enhancing the “tough on crime” measures instituted in the 1980s and ’90s to minimize the likelihood that people convicted of felonies, following their admission to prison or jail, will not compromise public safety again. Lengthening prison sentences or insisting that people serve even greater percentages of their sentence in prison or jail will achieve precisely the impact—continued growth of corrections populations—that, as explained above, state leaders do not have the resources to continue to fund.

Similarly, eliminating discretionary release (or, for that matter, supervised release) from prison altogether will likely have only an adverse impact on the problem.¹⁹ As it is, too many people complete their sentences in prison or jail, and then enter the community under no formal supervision whatsoever. At the same time, community supervision cannot be extended further. Parole officers are responsible, on average, for 70 parolees—about twice as many as is considered an ideal caseload.²⁰ Probation caseloads can be more than double that number, making it nearly impossible to provide felons released from prison or jail who present a particular danger to the community with the appropriate level of supervision.²¹

This situation, typical of jurisdictions across the country, illustrates why state and local government officials are increasingly recognizing the immediacy of the problem while accepting the reality that this population cannot be incapacitated longer or placed under supervision of the criminal justice system indefinitely. This

means finding a way for people released to the community to succeed, while allocating sufficient public safety resources to ensure the accurate identification and adequate supervision of those people released from prison or jail who are particularly dangerous.

The urgency of the problem may seem stunning, its scope overwhelming, and the potential solutions hopelessly impractical, especially given the dwindling resources available to state and local officials. In fact, this situation has generated an unprecedented level of attention to an issue that has persisted for as long as jails and prisons have existed. And, with this level of attention, innovative programs and creative policies have emerged, some with an evidence base which confirms their efficacy.

Other developments have brought additional resources to bear on this problem. Since 2001, the federal government, through the US Department of Justice, has made available over \$100 million in grants to states to promote the development or expansion of re-entry initiatives. Researchers’ understanding of who is in prison and jail, the communities to which they return, and the issues that contribute to their successes and failures in the community upon release has also improved dramatically in recent years.

Perhaps most important is the increasing appreciation among community leaders and service providers in non-criminal justice sectors like public health, workforce development, and housing, that offenders, while incarcerated and after their release, are not the responsibility of corrections administrators alone. In fact, recognizing that re-entering populations are part of

¹⁹ For an explanation of discretionary release and supervised release, see sidebar, “Community Supervision: A Concise Guide,” in Policy Statement 17, Advising the Releasing Authority.

²⁰ Jeremy Travis and Joan Petersilia, “Reentry Reconsidered: A New Look at an Old Question,” *Crime & Delinquency* 47, no. 3 (2003). The 1967 President’s Crime Commission recommended that ideal caseloads should be about 35:1.

Camille Camp and George Camp, *The Corrections Yearbook 1998* (Middletown, CT: Criminal Justice Institute, 1999).

²¹ Caseloads for probation officers approach 200 people per officer in many large urban areas. Joan Petersilia, “Probation in the US,” *Perspectives* 30 (Spring 1998), Part One. In Los Angeles County, probation officers supervising felons, many of whom have been recently released

from jail, typically have caseloads of 300 people; caseloads of officers supervising less serious offenders can reach 1,000. Eduardo Barajas, Jr., *NIC Focus: High Risk Offenders in the Community*, US Department of Justice, National Institute of Corrections (Washington, DC: 2000).

their clientele presents extraordinary opportunities to those working in other service areas.

For instance, public health authorities trying desperately to contain the spread of highly infectious diseases are gradually appreciating the value of partnering with corrections officials. Indeed, those passing through prison or jail account for a significant share of the total population infected with HIV or AIDS, Hepatitis B and C, and tuberculosis: in 1997, nearly one-quarter of all people living with HIV or AIDS, nearly one-third of people with Hepatitis C and more

than one-third of those with tuberculosis in the US had been released from a prison or jail at some point during the year.²²

The majority of people released from jail or prison also does not have a job lined up, making this population, upon their return to the community, the clients of state and local Workforce Investment Boards, One-Stop Centers, and other publicly financed employment and job training services charged with lowering unemployment.²³ Some of these organizations are beginning to appreciate the captive audience that

SIDEBARS FROM TPCI

Several policy statements in this report feature initial sidebars which briefly address the policy at issue from the perspective of the Transition from Prison to the Community Initiative (TPCI) model. TPCI, a project of the National Institute of Corrections (NIC), is one of several national re-entry initiatives.

The TPCI incorporates targeted technical assistance and a particular problem-solving model developed by 35 senior corrections practitioners who served on the TPCI Advisory Board and working groups. The model, described in a 37-page document (<http://www.nicic.org/pubs/2002/017520.pdf>) and illustrated in a flow-chart, is organized around the flow of offenders from admission to prison through discharge from post-prison supervision and beyond. The TPCI model is a framework to encourage systemic reentry reform—planned and implemented by a collaborative policy team drawn from law enforcement, institutional and community supervision agencies, paroling authorities, public human services agencies, community service providers, and others. NIC and its project partners provide technical assistance to selected states to facilitate collaboration among various stakeholders and to help states develop and implement their own improvement plans, and refine them over time.

In contrast, the *Report of the Re-Entry Policy Council* is a comprehensive menu of options for any policymaker or practitioner interested in detailed recommendations addressing any aspect of re-entry and seeking reassurance that these recommendations reflect the bipartisan support of state and local government officials who represent not only the criminal justice system, but also a broad spectrum of health, housing, and employment systems. Interestingly, states participating in TPCI are well-positioned to consider, select from, and adapt detailed recommendations such as those offered in the Report. Whereas the TPCI model addresses re-entry from state prison only, the Report contemplates re-entry from jail, as well as prison.

In short, TPCI and the Report share a great deal in terms of their overall goals, desired outcomes, and concerns. The projects do differ in several important respects. Their respective origins, intended audiences, level of detail, and methods of delivery are distinctive. Staff on both projects have worked hard to ensure that these efforts are complementary, and, to that end, have indicated in numerous places in the Report, the TPCI approach to a particular aspect of the re-entry process.

22 Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390–409.

23 Christopher Uggen and Jeremy Staff, "Work as a Turning Point for Criminal Offenders," in Jesse L. Krienert and Mark S. Fleisher (eds.), *Crime & Employment: Critical Issues in Crime Reduction for Corrections* (Walnut Creek, CA: AltaMira Press,

2004); Shawn Bushway and Peter Reuter, "Labor Markets and Crime," in Joan Petersilia and James Q. Wilson (eds.), *Crime: Public Policies for Crime Control*, 2nd ed. (Oakland, CA: ICS Press, 2000).

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this population provides for education and job training. Similarly, employers seeking to hold employees accountable for tardiness, unauthorized absence, illicit drug use, or irresponsible behavior, are slowly recognizing the tremendous asset that probation and parole officers—and the conditions of release they enforce—offer.

Housing officials at the city, state, and federal level committed to reversing the rising tide of homelessness have begun to identify prisoner re-entry as an issue that requires their attention. In a survey of city officials in 36 cities on hunger and homelessness, prison release was identified by six cities (Cleveland, Denver, New Orleans, Phoenix, Seattle, and Washington, D.C.) as a major contributor to homelessness.²⁴ In fact, 12.8 percent of those released from prison in 1998 used a homeless shelter within one year of their release. A study done of New York State releasees found that over half of those who entered a shelter in the first two years after their release from prison did so in the first month.²⁵

In general, social service systems are also beginning to recognize that the demand for treatment and other supports in prison and jail presents opportunities to expand the capacity of their community-based providers. At the same time, many corrections administrators are concerned that if these community-based systems do not capitalize on this opportunity, it will exacerbate the existing problem; state and local officials will then be encouraged to expand the behind-the-walls capacity of corrections systems to treat mental illness, provide comprehensive health care, and educate and train offenders, making prisons and jails only a stronger magnet for populations unable to get the supports and services they need in the community.

These pressures have pushed corrections administrators, other criminal justice officials,

and community-based service providers closer together. This report provides numerous examples of exciting joint ventures on re-entry that have percolated in pockets of the country, demonstrating how valuable, and how achievable, close coordination among these various independent interest groups can be.

The Re-Entry Policy Council underscores the importance of this cross-system collaboration by bringing together leaders from across the country who are working in all of the different systems that must be a party of a re-entry initiative in any jurisdiction. The *Report of the Re-Entry Policy Council* draws on the experiences of the various initiatives underway across the country, bringing together in one document a description of those measures that stakeholders must consider to improve the transition of people from prison or jail to the community.

At the same time, this report's comprehensiveness and scale can be somewhat overwhelming. Understanding the nature of the problem, its origins, and its implications—in addition to knowing how to use the report itself—should precede any attempt to implement recommendations provided in subsequent pages. Accordingly, the remainder of this introduction is essential reading for anyone committed to maximizing the value of this document.

The report provides dozens of policy statements. Each should be a key element of any re-entry related effort in a jurisdiction. State and local government officials should use these policy statements in two ways, considering them both separately and together.

Taken individually, each policy statement is a principle, and it presents an opportunity for a policymaker or practitioner to direct his or her attention toward a particular aspect of re-entry. The scope of the re-entry issue is enormous;

²⁴ US Conference of Mayors, *A Status Report on Hunger and Homelessness in American Cities*, 2002 (Washington, DC: United States Conference of Mayors, 2002).

²⁵ Stephen Métraux and Dennis P. Culhane, "Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk," *Criminology & Public Policy* 3, no. 2 (2004): 201–222.

determining where and how to begin addressing the problem can be paralyzing. On the other hand, embracing all of the policy statements and attempting to implement them at once will almost certainly overwhelm any community. For policymakers confronted with this dilemma, the policy statements are an extraordinary tool: each presents a targeted goal, providing policymakers and practitioners with a number of recommendations about how best to focus their initial efforts.

Taken collectively, the policy statements represent a comprehensive vision for the safe and successful transition of a person from prison or jail to the community. Reading the entire document will help anyone concentrating on one particular aspect of re-entry to understand the entire set of activities that re-entry contemplates. Reviewing all of the policy statements also helps policymakers and practitioners appreciate how interdependent these goals are. For example, successfully linking an ex-offender to employment is nearly impossible if he or she is chemically dependent and not engaged in treatment. Engaging someone in treatment is especially hard if he or she does not have a place to live. Motivating someone to get a job, stay clean, and find a safe place to live is nearly impossible if that person does not have a relationship with someone that gives him or her a personal sense of purpose. In sum, the policy statements together provide a context for any focused re-entry initiative.

Each policy statement is followed by a description of the problem it addresses, presented as a review of the key research available on that issue. The recommendations, which appear as lettered statements in bold text, highlight the steps that should be taken to implement the corresponding policy. Woven into the discussion of each recommendation are examples of programs, policies, or elements of state statutes that illustrate a jurisdiction's attempt to implement a particular policy. By highlighting certain

approaches, however, the report is not promoting them as "best practices." The program examples are simply efforts that involve partnerships, resourcefulness, or even longtime practices for other communities to consider.

What works in one community may not be a perfect fit for its neighbor, let alone for a community halfway across the continent. Indeed, this report emphasizes that each community must find its own solutions to these complex and interrelated problems. The practices and approaches chosen for examples in this report are themselves continuing to evolve and adapt to changing community conditions.

The policy statements are divided into three parts. Part I, "Planning a Re-Entry Initiative," reviews the steps that a policymaker or practitioner, at the federal, state, or local level, will need to execute to ensure a solid foundation exists from which to build a program, policy, or practice that will improve the likelihood of an individual's successful transition from prison to the community. This part consists of two chapters. The first, "Getting Started," explains the stakeholders and information gathering that form the basis for any re-entry initiative. The second, "Addressing Core Challenges," details key issues which underlie all aspects of a re-entry effort, including redefining missions, funding, systems integration, performance measurement, and public information.

Part II of the *Report of the Re-Entry Policy Council*, "Review of the Re-Entry Process: From Admission to the Institution to Return to the Community," addresses the development of re-entry policies and programs in a particular jurisdiction. The part is organized into chapters that delineate the sequence of events that should take place from the moment a person is admitted to a corrections facility after sentencing to the time he or she has successfully completed his or her sentence in the community.

Recognizing that policy statements and recommendations in preceding sections of the

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report are predicated upon the availability of accessible and effective services and supports, Part III, “Elements of Effective Health and Social Systems,” explains what improvements must occur within systems that provide housing, workforce development, substance abuse treatment, mental health services, children and family supports, and health care to needy communities.

The Re-Entry Policy Council’s recommendations address people who have been sentenced to prison or jail. The target population includes people who have been convicted of misdemeanors and/or felonies, but excludes the relatively small number of individuals whose sentences do not provide for the possibility of release. The age category of the target population is adults, with one exception: juveniles who have been sentenced as adults. The recommendations suggest elements of policies, programs, or legislation that address offenders after they have been sentenced. In short, the target population comprises nearly every person sentenced to jail or prison, as 97 percent of the people in prison—and virtually all of those serving time in jails—will be released to the community at some point.²⁶

Prisoner re-entry usually comes to the attention of state and local elected officials, and sometimes members of Congress, when a rare, high-profile tragedy occurs: A violent felon, released from prison before his sentence expired, commits a brutal crime that generates a burst of media coverage and intense scrutiny of corrections operations. Such tragedies, while certainly deserving of policymakers’ attention, are often what inform the impressions of the public and their elected representatives about how people are released from corrections facilities to the community and the problems

In fact, these events as recounted in the media, while they often drive policymaking, can be extremely misleading. First, there is no such thing as a release that is typical of all jurisdictions in the United States. How decisions are made about when to release a person from prison or jail is unique to each state. The process by which corrections departments return a person to the community also varies dramatically from one jurisdiction to another.

A media story focusing on an individual can also draw attention away from a composite sketch of the entire prison and jail populations, including the demographics and characteristics of who is incarcerated and where the populations go after release. For these reasons, any effort to understand the re-entry related problems jurisdictions are confronting should begin with a review of the re-entry process; the characteristics of the population exiting corrections facilities; the fiscal, health, and safety implications of their release; and the impact of their return home for families and communities.

²⁶ The rate of release from prison is documented by Anne Piehl, *From Cell to Street: A Plan to Supervise Inmates After Release* (Massachusetts Institute for a New Commonwealth, January 2002). According to the Bureau of Justice Statistics, jail inmates were sentenced to

an average of 23 months in 2002, and were expected to be released after serving an average of nine months. Doris J. James, *Profile of Jail Inmates 2002*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2004), NCJ 201932.

How and When Individuals Re-Enter the Community from Prison or Jail

The numbers of people released from prison and jail have become particularly daunting in recent years. As has been well documented, prison and jail populations have surged over the past two decades, growing nearly 600 percent over 30 years; now, there are more than 2 million people incarcerated on any given day in the United States.²⁷ And, as nearly everyone admitted to a corrections facility returns to the community at some point, there has been a corresponding explosion in jail and prison releases.

In addition to the dramatic increase in the number of prisoners, another historical trend has significantly reshaped the context in which re-entry occurs in the United States: prisoners are increasingly completing their sentence while incarcerated.²⁸ This means that more and more people leave prison or jail without any post-release supervision. Still, the great majority of returning prisoners (more than four out of five) is subject to some period of postprison supervision in the community.²⁹ Growing incarceration and release rates over the last two decades have resulted in a growing parolee population, and resources have not kept pace with these increases. Caseloads are higher, per capita spending is lower, and services have diminished.

Such phenomena are attributable in part to elected officials' rejection of some parole policies, or the abolition of the entire system of parole or discretionary release, in many states. At the same time, policymakers in other jurisdictions have maintained their parole systems, but changed their missions and decreased the resources available to them. Probation has

undergone even greater growth than parole, and community corrections experts and elected officials are promoting its reinvention in counties across the country. Those changes, too, have varied tremendously, depending on the jurisdiction.

Because the extent and implications of these changes really depends on the jurisdiction, it becomes impossible to make too many national generalizations about how, and under what circumstances, people are released from correctional facilities. Considering the scope of the problem at the state and local level is not necessarily any less overwhelming, but it is essential to understanding why the issue of re-entry must be addressed within the context of each jurisdiction and not uniformly at a national level. Whether release from incarceration is discretionary or mandatory and which, if any, authority is responsible for supervising the offender upon release, depends on the jurisdiction. Probation departments vary tremendously from one jurisdiction to another, including how and when probation is used (*e.g.*, in lieu of prison or jail, in addition to a period of incarceration) and where the agency sits on the county or state organizational chart (under the judiciary, public safety, or corrections). Add to these factors the supports and services made available to available to individuals before and after release, and the national re-entry picture that emerges is actually a mosaic of distinct images, each unique to the corresponding jurisdiction.

²⁷ Justice Policy Institute, "The Punishing Decade: Prison and Jail Estimates at the Millennium," available online at <http://www.justicepolicy.org/article.php?id=299>; Paige M. Harrison and Jessica Karberg, *Prison and Jail Inmates at Midyear 2002*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 198877

²⁸ From 1980 to 1999, the percentage of state prisoners who completed their sentence while incarcerated rose from 13% to 18% (20,460 in 1980, to 98,218 in 1999). Timothy A. Hughes, Doris James Wilson, and Anthony J. Beck, *Trends in State Parole, 1990–2000*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001), NCJ 184735.

²⁹ In 1999, 82 percent of released prisoners were subject to conditional release. Jeremy Travis and Sarah Lawrence, *Beyond the Prison Gates: The State of Parole in America* (Washington, DC: The Urban Institute, November, 2002).

Characteristics of the Population

Close analysis of the population returning from prison and jail to the community shatters some common perceptions while confirming others.

Demographics

Most returning prisoners (88 percent) are male. Their median age is 34 and their median education level is 11th grade.³⁰ People released from prison are disproportionately black or Latino. In 1998, more than half of returning prisoners were white (55 percent) and 44 percent were black.³¹ Twenty-one percent of parolees were considered Hispanic.³²

Criminal Histories and Lengths of Stay

As the preceding section indicates, the criminal histories of people in prison today are substantially different from the criminal records of prison populations in the last two decades. Today, the percentage of people released from prison following a conviction for a drug offense is twenty percent higher than it was in 1984, totaling about one-third of all released prisoners.³³ Ironically, violent offenders are not the category of admissions most responsible for the boom in prison and jail populations. Offenders incarcerated for committing a violent offense make up less of the prison population than they did 20 years ago: one-fourth of all prisoners are released following a conviction for a violent offense (down from 32 percent in 1985).³⁴

People in prison today typically have a history of involvement with the criminal justice

system. Nearly half have been convicted of a violent offense at some point in the past.³⁵ Three-fourths of state prisoners have been sentenced to probation or incarcerated at least once; 43 percent have been sentenced to probation or incarcerated at least three times.³⁶

People are in prison for longer periods today, on average, than they were several years ago. Since 1990, the length of time prisoners served prior to release has increased 25.5 percent.³⁷ Prisoners in 1990 spent an average of 22 months in corrections facilities, while those released in 1998 spent 28 months incarcerated.³⁸

Characteristics of the Communities to which Prisoners Return

For prison and jail systems across the country, an increasing percentage of prisoners hails from just a few communities in the corresponding state. For example, 59 percent of Maryland prisoners released in 2001 returned to Baltimore City.³⁹ Moreover, individuals tended to return to one of just a few communities within the city, including Southwest Baltimore, Greater Rosemont, and Sandtown-Winchester.⁴⁰ In Connecticut, almost half of the prison and jail population is from just a handful of neighborhoods in five cities, areas which have the most concentrated levels of poverty and nonwhite populations in the state.⁴¹

There is a corresponding void of young men, often nonwhite, in these communities. For example, in some Brooklyn neighborhoods, one

30 Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United States, 1998*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234.

31 Ibid.

32 Ibid.

33 Timothy A. Hughes, Doris James Wilson, and Anthony J. Beck, *Trends in State Parole, 1990–2000*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001), NCJ 184735.

34 Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and*

Consequences of Prisoner Reentry (Washington, DC: The Urban Institute, 2001).

35 US General Accounting Office, *State and Federal Prisoners: Profiles of Inmate Characteristics in 1991 and 1997* (Washington, DC: GAO, 2000).

36 Ibid.

37 Timothy A. Hughes, Doris James Wilson, and Anthony J. Beck, *Trends in State Parole, 1990–2000*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001), NCJ 184735.

38 Allen Beck, "State and Federal Prisoners Returning to the Community: Findings from the

Bureau of Justice Statistics" (paper presented at the First Re-Entry Courts Initiative Cluster Meeting, Washington, DC, April 13, 2000).

39 Jeremy Travis, Amy L. Solomon, and Michelle Waul, *A Portrait of Prisoner Reentry in Maryland* (Washington, DC: The Urban Institute, March 2003).

40 Ibid.

41 Council of State Governments, *Building Bridges: From Conviction to Employment: A Proposal to Reinvest Corrections Savings in an Employment Initiative*, January 2003, viewed online at: www.csgeast.org/crimpub.asp.

out of eight parenting-age males is admitted to jail or prison in single year.⁴² In Cleveland, Ohio, on certain blocks that contribute disproportionately large numbers of people to state prison, somewhere between 8 and 15 percent of the young black males are incarcerated on a given day.⁴³

As indicated earlier, when in state prison, these men are not forever exiled from their communities; on average, they return in less than two and a half years.⁴⁴ Studies have indicated that, as prisoners preparing for release, these individuals typically rely on their families for housing. Of a large sample of prisoners interviewed in Illinois prior to their release, 69 percent stated that they had prearranged housing following release from prison; most (72 percent) expected to live with a family member.⁴⁵ Among the 31 percent who did not yet have housing lined up, the most common method for trying to find housing was to contact a family member (40 percent).⁴⁶

Their plans to provide the returning relative with a place to live notwithstanding, these families are not always ready to be reunited with their spouse, partner, sibling, child, grandchild, or other relative. Neighbors and the surrounding community are likely even less equipped to receive someone from prison or jail.

These are, at best, fragile situations, made especially precarious by the absence of ser-

vices (such as health care and drug treatment), employment opportunities, affordable housing, and supports in the surrounding area. In California, for example, one study found significant gaps between the needs of parolees and available services: only 200 shelter beds for more than 10,000 homeless parolees, four mental health clinics for 18,000 psychiatric cases, and 750 treatment beds for 85,000 released substance abusers.⁴⁷

Often, the only organized support networks that exist in abundance in these underserved communities are churches. Not only are leaders of these institutions not necessarily trained, organized, or funded to support people returning from prison, but also parishioners sometimes feel deep ambivalence about how and whether to apply the limited resources of the one stable institution in their lives to people who have broken the law.

For these reasons, re-entry is, in the end, an issue largely about the lives of people in the disproportionately few communities where people who have been incarcerated are concentrated. Any strategy to address this issue must go beyond individual releasees, or offender populations generally, and even when the person is still in prison or jail, have in mind the places to which that person will return.

⁴² Analysis by Eric Cadora and Charles Swartz for the Community Justice Project at the Center for Alternative Sentencing and Employment Services (CASES), 1999, cited in Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, 2001).

⁴³ Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, 2001).

⁴⁴ Paula M. Ditton and Doris James Wilson, *Truth in Sentencing in State Prisons*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 170032.

⁴⁵ Christy Visher, Nancy G. LaVigne, and Jill Farrell, *Illinois Prisoners' Reflections on Returning Home* (Washington DC: The Urban Institute, 2003).

⁴⁶ *Ibid.*

⁴⁷ Jeremy Travis, Amy L. Solomon, and Michelle Waul, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, 2001).

The preceding pages provided a description of the origins of the problem, its dimensions, and its implications. That information, together with a knowledge of the process by which people are released from prison, an appreciation of how these processes are unique to each jurisdiction, and an understanding of the characteristics of jail and prison populations and the communities to which they return, should be a foundation for anyone considering the development of a re-entry initiative. In the hands of someone with this foundation committed to effecting change, this Report can be an invaluable tool.

PART I

*Planning a
Re-Entry Initiative*

Part I of the *Report of the Re-entry Policy Council* enumerates many of the considerations and challenges that policymakers seeking to establish any new re-entry program, policy, or practice must address to ensure that it has a solid foundation. This section is divided into two chapters: Getting Started and Addressing Core Challenges. The first chapter describes critical initial steps for identifying the problem, assembling the relevant stakeholders, and selecting an area of intervention. The second chapter addresses issues underlying the efficacy and sustainability of any initiative. These are subjects that must be considered throughout the life of the project, including funding, commitment and cooperation from affected organizations, program evaluation, and public awareness.

Policymakers and practitioners should review the policy statements in this part of the Report to develop a working understanding of these important elements before implementing a specific initiative, and should return to them to address obstacles that emerge as well as to ensure that the initiative remains relevant and effective.

CHAPTER A

Getting Started

THE OVERALL SCOPE OF RE-ENTRY CAN OVER-whelm and paralyze a state or local government official—or a community leader or advocate—who is eager to make prisoner re-entry safer or more successful but is unsure where (or how) to begin. The policy statements in this chapter look at two key elements of getting started: convening the right people and analyzing the data.

Inclusive and thoughtful dialogue and examination of the problem of re-entry have yet to be initiated in some states and many local jurisdictions. On the other hand, in most states and in some counties, cities, or communities, a process has already been initiated to facilitate some degree of joint planning around the issue of prisoner re-entry. Every state and US territory, for example, has received a grant under the Serious and Violent Offender Re-Entry Initiative, administered by the US Department of Justice. While the grantee is almost always a state correctional agency (juvenile and/or adult), these agencies have typically established some committee or other vehicle that has brought (and continues to bring) various stakeholders together to analyze the problem and serve as a foundation for collaboration.

Other national initiatives, such as the Transition from Prison to the Community Initiative (TPCI), sponsored by the National Institute of Corrections, or the Re-Entry Policy Academy, coordinated by the National Governors' Association, have coalesced what may have been ad hoc discussions and analyses of the problem. In addition to these programs, at least a few states have other concurrent initiatives operating completely independently of one another: a re-entry committee comprising representatives of different state agencies; a state-level process initiated by the legislature; countywide task forces formed by a sheriff or other county

official; “re-entry caucuses” established by one or more mayors in their respective municipalities; and neighborhood-level projects or working groups prompted by community leaders and/or community development organizations.

In seeking to establish, improve, or expand a re-entry initiative, policymakers and practitioners should be aware of the context that these existing initiatives have created in their particular jurisdictions. To what degree have the right people already been brought to the table? What information and data have already been collected? How will new re-entry initiatives draw from and relate to earlier efforts? In a sense, developing a knowledge base means understanding these existing re-entry efforts, as well as exploring data about the population that re-enters and the communities to which they return.

In sum, getting started means getting people together and analyzing the problem. In some jurisdictions, this may mean convening people for the first time and realizing that some key data have never been tracked, whereas in other jurisdictions, it may mean identifying several existing state and local re-entry initiatives, determining their relationship to each other and whether they need to be restructured, and learning from research already collected. The recommendations presented below apply to initiatives at both the statewide and local levels of government, with the expectation that the multiple tiers of planning need to be well coordinated, even though that coordination is tricky. Whatever the re-entry situation in a given jurisdiction, anyone who is committed to ensuring that an appropriate foundation exists for an ongoing or future re-entry initiative will find the recommendations in the following two policy statements relevant and useful for that endeavor.

POLICY STATEMENT

1

**ENCOURAGING COLLABORATION
AMONG KEY STAKEHOLDERS**

Engage key stakeholders in a joint venture regarding prisoner re-entry and focus the group’s attention on a particular aspect of the issue.

Every policy statement in this report assumes some degree of joint-venturing between at least two independent organizations or agencies. Indeed, the single most important common denominator shared among jurisdictions that have launched a successful re-entry initiative is that some collaboration between representatives of at least two independent organizations preceded the development and implementation of the program or policy. Accordingly, the first step to developing a re-entry initiative must be getting the appropriate people to the table and eliciting a commitment to working together on a particular aspect of the issue.

It is not always obvious, however, who are the relevant (let alone key) actors that need to be engaged to make the re-entry initiative a success. And the mere identification of these stakeholders does not translate into their engagement. Determining how to persuade, or even compel, them to become invested is often an especially complex task.

The following recommendations suggest ways to clear this initial hurdle. Of course, while preliminary discussions among leaders of distinct organizations are a starting point and a precursor to cooperation and coordination between systems, they do not, in and of themselves, translate into strong partnerships that can withstand changes in leadership and personnel and sustain the re-entry initiative.¹ Establishing that degree of collaboration is, without question, a core challenge in developing a productive re-entry initiative, and it is explored in more detail in Policy Statement 5, Promoting Systems Integration and Coordination.

¹ Coalition-building experts stress the differences among cooperation, coordination, collaboration, and partnerships. In practice, however, these terms are used almost interchangeably. This Report places a premium on partnerships, while

recognizing that there are differences, though they are often difficult to distinguish, among cooperation, coordination, and collaboration.

recommendations

A | Recognize the complexities of the different systems.

Exploratory discussions with leaders in any one of the health or social services systems, like mental health, housing, and workforce development, will sooner or later turn to their capacity to serve people released from prison and jail. Before getting representatives of these groups to the table, it is important to be familiar with the culture, funding, philosophy, service-delivery structure, and oversight of each system. Without such an appreciation, initial discussions are unlikely to be constructive or productive. Brief sketches in the sidebar, “Sample Challenges to Understanding Service Systems Essential to Re-Entry,” illustrate some of the complexities

SAMPLE CHALLENGES TO UNDERSTANDING SERVICE SYSTEMS ESSENTIAL TO RE-ENTRY

Workforce

A corrections administrator looking to connect prisoners with employment training and services should appreciate the key role that One-Stop career centers serve. Established under the Workforce Investment Act to serve as a universal access point for services, these centers receive considerable state and federal funding. Nevertheless, One-Stops represent only a small percentage of resources allocated to train workers—private and public sector employers spend billions of dollars each year training workers. Junior, technical, and four-year colleges also comprise an extensive network providing these services.

Housing

Organizations and agencies whose assistance is essential to finding housing for people released from prison make up a labyrinth in which one unfamiliar with this issue area can almost immediately get lost. Officials from the criminal justice system will find that housing authorities, despite being operated at the local level, report in part to the federal government, which is typically the largest source of their revenue. Other housing interest groups, such as homeless service providers, developers, and property managers, are a muddle of local, state, for profit, and nonprofit organizations that typically operate and plan independently of housing

authorities. All of these groups lament the long waiting lists for subsidized housing and the general shortage of affordable housing, which is so acute that it is hard for housing providers to be particularly sympathetic to—or even interested in—the plight of people released from prison or jail.

Mental Health and Substance Abuse

Mental health and substance abuse organizations are often quick to point out the differences between their approaches to treatment; systems of care that are effectively coordinated are hard to find. The organization of mental health and substance abuse systems is typically unique to each jurisdiction, where treatment providers draw upon revenue from a boggling number of sources, including Medicaid, Medicare, state general funds, local matches, federal block grants, and patient fees, to name just the most common. Understanding the history of each system, such as the evolution of mental health's community-based system of care and the medical community's gradual acceptance of relapse as a symptom of the disease of addiction, is essential to appreciating their current structures, philosophies, and cultures, as well as hot-button issues that divide advocacy communities, such as outpatient commitment and the role of coercion.

of various service systems that potential re-entry partners must appreciate to increase the odds of a successful early meeting. These are intended only as examples, and do not represent either all the complexities of the specified systems, or the universe of systems that are critical to re-entry. (See Part III, Elements of Effective Social Systems, for a system-by-system outline of some of the key components of several social systems whose participation is central to re-entry efforts in any community.) And just as service systems may be mysterious to criminal justice practitioners, the criminal justice system can confuse service system partners. These partners may not know the difference between probation and parole or prison and jail, for example, or may assume that a police chief or judge can speak for a jurisdiction's entire criminal justice system.

Time spent studying any of these systems will soon make apparent that each is a patchwork of programs, services, and funding structures, and, as in the case of criminal justice, the word "system" may very much be a misnomer for each. Willingness on the part of those spearheading a re-entry initiative to demonstrate a deeper appreciation of the challenges facing organizations that could become partners on the initiative will encourage critical representatives to come to the table with greater understanding and sense of cooperation.

B | Identify key stakeholders and engage them in a discussion regarding re-entry.

At the state level, it is relatively easy to identify lead authorities for distinct systems, such as mental health, labor, and workforce, although responsibility for one aspect of prisoner re-entry, such as mental health, rarely seems concentrated exclusively under one person's authority.² Determining who to engage at the local level, when a jumble of groups, individuals, and organizations has a stake in re-entry in each city or county, is likely to be particularly vexing.

The preceding recommendation explained the value of becoming familiar with the different systems that need to be represented in the initiative. That research should help point to the various organizations that play key roles in a system, such as the Workforce Investment Board, which runs the local One-Stop. At the local level, community audits can help generate an inventory of relevant groups and individuals.³ Unfortu-

² Even determining which agencies at the state level are relevant to a re-entry effort can be somewhat tricky. Responsibilities for some issues can span several agencies. For example, enrollment in Medicaid, which in many states can be triggered by participation in SSI or SSDI programs, contemplates issues not just under the jurisdiction of the state Medicaid agency, but also the agency responsible for enrolling disabled people in these other public assistance programs.

³ When conducted effectively, community audits generate an inventory of organizations large and small, including those that serve isolated, ethnic, or low-income communities. Clearinghouses established for particular systems, the yellow pages, the news media, and staff can be valuable sources for such an audit. For more information on how to conduct a community audit in one relevant system, see *Workforce Learning Strategies, Conducting a Community Audit*, contracted by US Department of Labor (Washington, DC: 2000).

nately, even an initial list of target constituencies and familiarity with their respective systems does not guarantee an audience receptive to a joint initiative around prisoner re-entry.

Some of these key organizations and agencies, at both the state and local level, might immediately recognize the value of participating in a prisoner re-entry initiative, or they may already be addressing this issue. Almost always, however, there will be at least some reluctance to exploring the possibility of working together around prisoner re-entry among some organizations whose role is critical to a prisoner's safe and successful return to the community.

In these situations, it will be useful to engage some leadership in the re-entry effort. Appealing to someone who is both interested in prisoner re-entry and who exercises influence over the staff, organization, or agency hesitant to invest any time in a discussion around this issue can be a helpful way to get that individual or entity to the re-entry table. The chief executive of a jurisdiction—such as the governor, county executive, or mayor—is obviously particularly well situated to exert such influence. It is also difficult to turn down a request from state legislators, city council members, or judges, whose authority is seen to span beyond any particular agency.

A state legislature can play a role by creating an oversight commission for a re-entry initiative. Many states have legislated the creation of such commissions to coordinate work groups on sentencing. A few have established more general commissions or study committees to evaluate and develop recommendations for improving prison population management and other aspects of the criminal justice system, which necessarily includes strategies around re-entry. For example, the Maine legislature created the Commission to Improve the Supervision, Management, and Incarceration of Prisoners, which is charged with making recommendations to reduce prison and jail populations, to reduce corrections costs and recidivism, and to improve public safety.⁴ Similar directives setting up committees to study prison population management were passed in New Hampshire and South Carolina.⁵

It is also important to appeal to the person whose involvement in the re-entry initiative is sought in terms that are particularly and individually compelling. To that end, knowing what issues are most likely to resonate with the target audience is essential (*e.g.*, revitalizing a particular neighborhood, improving communities' confidence in the criminal justice system, lowering rates of HIV infection, decreasing unemployment, increasing community safety, postponing the construction of a new correctional facility). (See Policy Statement 3, Incorporating Re-Entry into

⁴ Maine LD 1614

⁵ New Hampshire HB 825 and South Carolina SB 626, respectively.

Organizations' Missions and Work Plans, Recommendation c, for more on how government officials can appeal to potential partner agencies in the community in terms directly relevant to those agencies.)

Careful thought should be given to who will lead the initial planning discussions. As indicated earlier, people whose authority is seen to span multiple organizations or agencies can be particularly effective leaders of an initiative in which success depends on extensive collaboration. Inevitably, at least some participants will approach a planning discussion warily, and will assess who is trying to situate themselves for a contract or grant, which constituencies are favored by virtue of their representation in the initial planning meetings, or what particular issue area is likely to be spotlighted. For these reasons, the chairperson's role is particularly important. In some jurisdictions, assuaging suspicions of various interest groups is best achieved by designating two co-chairs of the initiative.

EXAMPLE: Family Life Center (RI)

Planning discussions around prisoner re-entry, which resulted in the establishment of the Family Life Center, were chaired by two elected officials: A state legislator and a city councilman, both with extensive credibility in the African-American and Latino communities and among their peers in General Assembly and City Hall, represented individuals from two neighborhoods in Providence that receive disproportionately large numbers of people released from the state correctional facility.

c | Define the scope of the problem.

Convening a broad range of stakeholders to diagnose existing problems regarding prisoner re-entry is an essential first step to launching a re-entry initiative. Nevertheless, rather than galvanizing action, the results of such a meeting—typically a laundry list of issues that is hopelessly long—frequently seem paralyzing. While most, if not all, of these issues will need to be tackled at some point, they cannot be confronted simultaneously.

To establish an initial project, the group should consider various ways to narrow the discussion, such as focusing on a particular issue area within prisoner re-entry (e.g., housing) or a particular subgroup of people released from prison (e.g., people released to four zip codes in one metropolitan area, female offenders, or people released to the community without any postrelease supervision). In the process of determining what this focus should be, the question of what issues are most likely to generate political traction and resources should be taken into account. It is also important to consider what issues will engage particular individuals or groups whose investment in the initiative will make it both viable and credible. Once an initial focus is identified, the stakeholder will need data, which can provide a base of knowledge from which a plan for moving forward can be developed.

2

Understand the nature and scope of local re-entry issues and develop familiarity with local release policies, the characteristics of returning prisoners, and the resources and capacities of the communities to which prisoners return.

Designing an effective prisoner re-entry strategy requires a clear understanding of the nature of the re-entry problem in the state and locality in which the re-entry initiative will be implemented. This understanding can guide critical choices when resources are scarce, and policymakers must determine which elements of a re-entry-related initiative will have the greatest impact on the reintegration into the community of individuals released from prison and jail. Once the appropriate decision makers are convened (see Policy Statement 1, Encouraging Collaboration Among Key Stakeholders), the next step is to build a knowledge base about the people affected by re-entry, the inventory of community resources available to meet individual and communal needs and to ensure safety, and the laws and policies that govern aspects of re-entry in their particular jurisdiction. While policymakers will also need to understand the risks and needs of individuals who will face the challenge of re-entry (see Policy Statement 8, Development of an Intake Procedure) and to continually examine the effects of initiatives that they implement (see Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative), general knowledge of the local re-entry landscape should serve as a solid foundation for establishing effective re-entry policies and practices.

Much can be drawn from the national data on prisoner re-entry that can be applied at the state and local level. (See sidebar for information on some useful sources of national re-entry data.) Such data indicates widespread characteristics of re-entry which are discussed in the introduction and throughout this Report, such as the concentration of individuals released from prison and jail in a few communities, the numerous challenges these individuals face in reintegrating into these communities, and their propensity to re-offend. A good example of how one local jurisdiction sifts through the voluminous correctional “best practices” landscape is provided by the “Best Practices Institute” of the Ohio Department of Rehabilitation and Corrections. The Institute seeks to identify and promote successful policies and programs and provide staff with the information and resources necessary to develop effective correctional practices.

Yet stakeholders strategizing a re-entry initiative should not rely solely on nationally based information. National trends mask considerable and important demographic, cultural, economic, and policy variation across states, counties, municipalities, and communities. Policymakers should

be prepared to make an upfront investment in analyzing the local re-entry problem in order to design strategies that effectively align the capacity of their communities with the needs of returning offenders.

Methods of employing locally specific information on re-entry to shape re-entry initiatives may vary from jurisdiction to jurisdiction. One effective model can be drawn from community policing: the “SARA model,” which stands for **S**canning, **A**nalysis, **R**esponse, and **A**ssessment, can guide jurisdictions in collecting and analyzing the necessary data in order to make an informed choice of the most effective re-entry strategy.

NATIONAL VS. LOCAL DATA

NATIONAL RESOURCES FOR INFORMATION ON PRISONER RE-ENTRY

The Bureau of Justice Statistics (BJS), a division of the US Department of Justice, breaks down national trends at the state level for a variety of criminal justice-related issues. For example, the BJS report “Trends in State Parole” compares discretionary and mandatory releases to parole with the parole success rate by state. To access this information, visit www.ojp.usdoj.gov/bjs/glance.htm.

BJS also provides information on local crime statistics (arrests and reported crimes), investigations and prosecutions, corrections, expenditures, and national re-entry trends at www.ojp.usdoj.gov/bjs/reentry/reentry.htm.

The Department of Justice has also funded evaluations of a wide range of state programs funded under the Serious and Violent Offender Re-Entry Initiative. These evaluations, which include basic information about each participating state, can be accessed online at www.svori-evaluation.org/.

The Urban Institute has produced portraits of re-entry in several states, in addition to numerous publications about re-entry from a national perspective. These documents can be accessed online at <http://www.urban.org/Template.cfm?Section=Home&NavMenuID=141>.



LOCALITIES DIFFER DRAMATICALLY

Poverty. 20 percent poverty in Buchanan County, VA compared to 4 percent poverty in Fairfax County, VA (1999).

Supervision. Kentucky releases more than 44 percent of prisoners without supervision, whereas Kansas releases less than 7 percent of prisoners without supervision (1998).

Parole Revocation. More than 44 percent of Montana’s prison admissions are a result of parole violations, compared to less than 18 percent of Oklahoma’s prison admissions (1998).

The SARA model provides a useful context for the entire process of developing, implementing, and analyzing a re-entry initiative. The backbone of this process—and the focus of this policy statement—are the activities described as “analysis” in the SARA model. Analysis involves answering a series of questions about the state and local policy context surrounding re-entry, characteristics of returning prisoners, availability of both in-prison and community services for returning prisoners, and the geographic locations to which the vast majority of prisoners return.

While answering these questions takes time, access to data, and an analytic capacity, these efforts are central to planning and implementing a re-entry initiative. Engaging a qualified research partner (such as a college or university) to assist with these analysis activities can be extremely valuable; policymakers considering a re-entry initiative should consider partnering with researchers to develop a knowledge base as well as to collect information on the programs or policies that are implemented. (See Policy Statement 6, *Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative*, for more on such partnerships).

The recommendations provided in the following section provide a roadmap for building a knowledge base about re-entry at the state and local level. They emphasize understanding current re-entry policies and practices, assessing whether these policies adequately address the needs of returning prisoners, and collecting population and demographic data. Finally, this section explores the critical importance of assessing the capacity of communities to provide social services and resources to returning prisoners.

USING THE SARA MODEL TO DEVELOP A RE-ENTRY INITIATIVE

Scanning Scan the state and/or local jurisdiction to identify the problem on which efforts will be focused.

Analysis Analyze the data to identify the underlying cause of the re-entry problem being addressed; discover *who, what, when, where, why,* and *how* in order to narrow the focus of the initiative.

Response Develop a response that is clearly linked to the results of the analysis.

Assessment Once a response is developed and implemented, evaluate it to determine whether and the extent to which it achieves its goals and was implemented according to plan.

recommendations

A | Understand *who* is being released from prison.

In order to design and implement re-entry initiatives that meet the needs of returning prisoners, as well as the public safety concerns of the communities at risk, policymakers must identify the characteristics of the re-entry population. Understanding the nature and needs of this population will inform a program's strategy, services, and service delivery methods, increasing the program's effectiveness.

Re-entry populations are not all alike. Recent prisoner re-entry studies in Maryland and Illinois, for example, reveal significant differences between the two states with regard to a variety of individual characteristics, including the percentage of released prisoners who are under supervision and the percentage of individuals with a history of gang participation.⁶ Both of these characteristics have important implications for re-entry planning. For example, some re-entry efforts have chosen to focus solely on the population of prisoners who are not released under any form of supervision, based on the belief that these individuals are less likely to have access to resources that might help them successfully reintegrate. Likewise, a knowledge of gang affiliation and participation among released prisoners may help to pinpoint those who are at greatest risk of committing violent crimes after release, suggesting a different type of re-entry intervention for that subgroup than for the general population of releasees.

Many other characteristics should be considered to provide context for important policy decisions involving prisoner re-entry initiatives. The following list comprises some of the most important factors that can be quantified among the population of individuals released from prison or jail in a given locality.

- *Demographics* (e.g., age, sex, race/ethnicity, marital and family status, children)
- *Criminal histories* (e.g., prior convictions and incarceration, length of incarceration, revocation patterns)
- *Health* (e.g., mental and physical health issues, including chronic and communicable diseases)
- *Substance abuse* (e.g., type of substance, level of abuse, treatment history)

⁶ Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Illinois* (Washington DC: The Urban Institute, 2003); Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington DC: The Urban Institute, 2003).

- *Levels of Employability* (e.g., work history, education levels, skills, training)
- *Housing needs* (e.g., family size, accessibility)

Many of the data elements listed above can be obtained from state departments of corrections, which maintain data on every individual released from their system. Re-entry development teams should request department of corrections information on those individuals released in the most recent calendar year to ensure a current and accurate data set. Developers of a re-entry initiative may wish to request a list of all data items that the department of corrections maintains in its release file, in order to select the categories of information that they expect will be useful to them. Alternatively, they may negotiate to receive a “data dump” of the entire file, which may be easier and less resource-intensive for the department of corrections to provide, resulting in a more prompt delivery of the data being requested.

Developers of a re-entry initiative should also consider reaching out to social service and health agency sources, as these databases offer extremely important population information. For example, state health, human services, or other agencies may be working with the same families and populations as the corrections agency. Useful data from these sources might include information on released prisoners who are homeless, who have sought and received substance abuse treatment, or who are living with HIV/AIDS.

Agencies asked to share information on overlapping sets of individuals served should be engaged as equal partners in the development of any re-entry initiative. (See Policy Statement 1, Encouraging Collaboration Among Key Stakeholders, for discussion of identifying and partnering with a comprehensive range of affected people or groups.) Such engagement may serve to counter resistance to information-sharing from agencies that have not previously considered re-entry among their concerns; efforts should also be made to help these agencies appreciate the extent to which their own goals and missions may be served by successful re-entry initiatives. (See Policy Statement 3, Incorporating Re-Entry into Organizations’ Missions and Work Plans, for more on identifying such mutual interests.)

Ideally, re-entry policymakers should foster relationships with information providers that support ongoing data collection and facilitate assessments of and improvements to the re-entry initiatives that are implemented. In the course of developing such partnerships, it is important to establish data sharing mechanisms and protocols that ensure the confidentiality of the data and establish the conditions by which the data may be reported and disseminated. GIS data sharing agreements are formal, written licenses that grant participating agencies free or at-cost access to

data collected by the other participating agencies, in exchange for contributing their own data sets. Such agreements have been executed in a range of localities, including the states of New York and Utah and metropolitan Minneapolis–St. Paul.⁷ The parameters of access and the obligations of the members to maintain confidentiality are documented in such agreements. Policymakers should recognize that aggregate information must be properly stripped of identifying information to meet these obligations and to avoid violating federal and state or local privacy laws. (See sidebar, Data Confidentiality Issues and GIS Data Sharing Agreements, in Recommendation c, for additional discussion of privacy and data sharing agreements.)

B | Identify *what* state and local policies influence and govern re-entry.

Identifying state and local policies that impact released prisoners is a critical step in developing programmatic interventions. Developers of re-entry initiatives should become familiar with local laws, regulations, and various agencies' policies and procedures, so that they may align initiatives within those parameters or determine which ones should be modified. Knowledge of these policies also enables policymakers to develop appropriate strategies for addressing service gaps, such as the lack of programming or community opportunities.

Policies surrounding preparation for release, discharge planning postrelease case management, and supervision vary tremendously across jurisdictions and even among prisons, making them difficult to identify. For example, some states still retain discretionary release, for which a parole board examines an inmate's institutional adjustment and future life plans before making the release decision, while other states rely on statutes to determine the date of release. (See "Parole Status by State" Chart, Appendix, for a state-by-state guide to the discretion allotted to each state's decision makers concerning release from incarceration.) And, as mentioned under the previous recommendation, policies in some states mandate the supervision of high-risk prisoners upon release. By contrast, policies in other states require that prisoners who pose the highest risk serve all of their time behind bars, and thus face no supervision once released.

7 New York State Data Sharing Cooperative, available online at www.nysgis.state.ny.us/datacoop.htm; Automatic Geographic Reference Center, established by Laws of Utah Section 63-1-61, as enacted by chapter

257, Laws Of Utah 1981, available online at agrc.utah.gov/agrc_aboutagrc/historyagrc/historyintro.html; Minneapolis–St. Paul MetroGIS, available online at www.metrogis.org/index.shtml.

Policymakers and program planners should look closely at local and state policies that relate to or affect each of the following:

- *Sentencing statutes*
Sentencing statutes, including mandatory minimum and truth-in-sentencing (TIS) statutes, often result in changes in the composition of the released prisoner population over time. In Illinois, for example, TIS laws enacted in 1998 mean that, over time, released prisoners will have served longer sentences. Because released prisoners will have been removed from the workforce and their families for longer periods, the re-entry challenges of obtaining employment and family reunification will be greater.
- *Statutes governing the decision-making process for release from jail and prison, postrelease supervision, and probation.*
Supervision policies can have an impact on whether or not people released from prison or jail are subject to revocation based on technical violations, which can be important when developing a re-entry initiative aimed at reducing the number of released prisoners who are returned to prison.
- *Regulations governing the objectives and conditions of probation and post-prison supervision.*
Supervision philosophies and accompanying policies change over time and with different administrations. Some supervision policies focus primarily on surveillance, while others focus more on the provision of services; both approaches have implications for a released prisoner’s re-entry experiences in the community.

In addition to criminal justice policies, many other state and local policies can affect a returning prisoner’s reintegration into the local community. For example, because of variation by state in the implementation of federal benefits programs, people released from prison or jail may be ineligible in some states for food stamps, veterans’ benefits, financial assistance for education, public housing, and/or benefits through the Temporary Assistance for Needy Families program (TANF). These exclusions can have a profound effect on the outcomes of returning prisoners. (See Policy Statement 24, Identification and Benefits, for a discussion of these policies.)

Acquiring information on policies affecting prisoner re-entry begins with an examination of existing resources, such as state statutes, administrative

QUESTIONS TO ASK IN DETERMINING LOCAL POLICIES THAT AFFECT PRISONER RE-ENTRY

- What percentage of the returning population is supervised?
- What is the average time served in prison prior to release?
- Are conditions of release used strategically to encourage positive behaviors? Are these conditions consistently enforced?
- How are parole violation decisions made and how frequently are they used? Are violators always returned to prison or are intermediate sanctions in place?
- Are released prisoners restricted from access to certain housing, education, and welfare benefits?

THE REENTRY MAPPING NETWORK

The Reentry Mapping Network is a partnership among community-based organizations and the Urban Institute designed to create community change through the mapping and analysis of neighborhood-level data related to incarceration, re-entry and community well being. Partners use mapping and analysis to pinpoint neighborhoods that experience high concentrations of returning prisoners and examine the extent to which such communities are equipped to address the challenges that prisoner re-entry creates. Network partners then use the analytical findings from data that they map to help mobilize community members and leaders to devise targeted responses to effectively address re-entry-related problems.

For more information on mapping, guides and examples, see:

- **The Reentry Mapping Network:**
www.urban.org/content/PolicyCenters/Justice/Projects/TheRe-EntryMappingNetwork/overview.htm
- **The Perry School Community Services Center Asset Mapping Project:**
www.coralnetwork.org/app/CBOProjects/index.cfm?Action=PublicView&CBOProjectID=76
- **National Institute of Justice Mapping and Analysis for Public Safety Program:**
www.ojp.usdoj.gov/nij/maps/
- **The Northwest Regional Educational Laboratory** website includes a mapping community assets workbook: www.nwrel.org/nwreport/dec98/article8.html
- **Community Mapping, Planning & Analysis for Safety Strategies (COMPASS)**, a data-driven approach for enhancing community safety: www.ojp.usdoj.gov/nij/compass/welcome.html

codes, annual reports published both by corrections agencies and by social service and treatment agencies. Some corrections agencies have dedicated research staff who are able to provide descriptive information.

EXAMPLE: Planning and Research Section, Washington State Department of Corrections

The Washington Department of Corrections' Planning and Research Section provides information on offender populations, program performance, and policy impact. This data is used for strategic planning, evaluating and directing the operations of the Department of Corrections. The Planning and Research Section collects and distributes this information to the 15 state prisons, 16 work release facilities, and numerous community corrections offices throughout the state.⁸

c | Identify *where* released prisoners are returning, and understand the characteristics and service capacities of those communities.

Well-organized, specific locational information of people and public safety or other resources is a powerful tool in the hands of policymakers seeking to address a wide range of criminal justice problems. In its most intuitive form—mapping—such information has been effectively used to target services for and surveillance of parolees; to inform interventions to fight gang-related gun violence; and to improve the delivery of services for victims.⁹ Policymakers should seek to inform the development of any re-entry initiative with data such as the locations to which prisoners return in their jurisdiction and where re-entry services and resources and supervision offices are sited. Mapping can be used to identify the intersections between different kinds of criminal justice and community resources that are relevant to re-entry issues, as well as gaps where resources are lacking.

⁸ Washington Department of Corrections website, available at www.doc.wa.gov/planningresearch/planningresearch.htm.

⁹ Keith Harries, "Applications of Geographical Analysis in Probation and Parole," *Journal of the American Probation and Parole Association*, v. 4 (2002): 26-31; Anthony Braga

et al., *Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire* (Washington, DC: National Institute of Justice, 2001); and Debra A. Stoe et al., *Using Geographic Information Systems to Map CrimeVictim Services* (Washington DC: National Institute of Justice, 2003).

Re-entry policymakers should seek to partner with agencies or organizations with expertise in specialized spatial analysis, rather than attempting to develop this capacity themselves. City planning offices often use Geographic Information Systems (GIS); policymakers may be able to access this software through city planning offices, to use maps that they generate, or to work with them to create maps specific to re-entry issues. Decision makers who enter such agreements or partnerships should be aware of some of the issues associated with mapping prisoner re-entry data, such as understanding the types of spatial information that may be available and ensuring data confidentiality.

Mapping requires obtaining address-level information from the state corrections agency; depending on what data are collected by the department of corrections, this can be a challenge. While some departments of corrections collect and maintain data on the release address of all those who exit the prison system, others do so only for those prisoners who are released to supervision, and others do not collect any addresses in any cases. When release addresses are not available, policymakers should seek alternative data sources to conduct spatial analysis, including (in decreasing order of usefulness) release zip codes, addresses prior to incarceration, or county of conviction. Each of these data sources has weaknesses. Release addresses, for instance, indicate only where individuals awaiting release expect to return, and may not represent their ultimate destination. Similarly, research indicates that only 50 to 60 percent of those who were convicted in a specific county return to that same county.

In some cases, these data sources can be “blended” in order to generate the most accurate map of the locations of all returning prisoners. This method would be employed if, for example, the department of correction collected address-level release location data for prisoners released to supervision, but only the last address prior to incarceration for all others. In this case, both data sources would be used, with the understanding that the locations of those released without supervision are rough approximations.

In general, prisoners return to a relatively small number of neighborhoods that typically face many challenges but have only limited resources. For example, in Maryland in 2001, 59 percent of prisoners who returned to the state returned to Baltimore City. Within Baltimore City, released prisoners were even more concentrated, with 30 percent of releasees returning to just six neighborhoods. Some of these neighborhoods received more than 200 released prisoners in 2001—more than some entire counties in the state received.¹⁰ The importance of understanding such geographic patterns of released prisoners is best illustrated through the types of questions that they can help answer.

¹⁰ Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington DC: The Urban Institute, 2003).

Where are prisoners returning?

Mapping can help identify areas that experience high concentrations of prisoners returning home. Mapping the last known addresses of released inmates (available through the departments of correction in most states) can reveal places where these individuals are concentrated within cities and neighborhoods, right down to the city block. This information then equips local policymakers and community organizers with the capacity to target intervention efforts and resources in the areas that most need them. Specialized mapping systems can provide spatial analysis across multiple variables of interest, allowing policymakers to determine what types of prisoners are returning to specific neighborhoods. In Winston-Salem, NC, policymakers used maps to explore the extent to which younger offenders might cluster in different neighborhoods than older offenders, and found that younger releasees tended to cluster more in the city's center. This information could guide the placement of resources and services for youthful releasees. (See Appendix, An Explanation of Justice Mapping: 3 Examples, for more on computer mapping of neighborhoods.)

To what extent are services available in the areas where individuals are returning from prison and jail?

Understanding where community assets and other resources are located can help policymakers allocate resources effectively. Jurisdictions should identify local services by using public resources (such as United Way's "First Call for Help" database or the yellow pages), or by contacting the state corrections agency or partner agencies for lists of commonly used services. It is particularly useful to gather information about program goals, target population, client eligibility, services offered, fees, and programmatic capacity for each available service. This information should be mapped to identify service delivery gaps and overlaps, and can also be used to prepare a service directory as a resource for returning prisoners.

Mapping released prisoners in conjunction with services available to them can illustrate areas in which there are adequate services in close proximity to where the majority of inmates return. Such mapping can also detect whether there is a "service delivery mismatch," in which services exist but are not easily accessible. The mapping of returning prisoners in relation to the location of services in Chicago indicated that only 24 percent of service providers were located in any of the six communities receiving the highest numbers of returning prisoners. In addition, no services were located in two of those six neighborhoods.¹¹ Identifying areas with high concentrations of returning prisoners may also help guide service delivery

¹¹ Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Illinois* (Washington DC: The Urban Institute, 2003).

for the families of returning inmates in these neighborhoods. In addition, mapping may help focus law enforcement and parole officer efforts to mitigate the public safety risks associated with high populations of released prisoners.

What are the neighborhood characteristics in areas with high concentrations of releasees?

Identifying and responding to the challenges of prisoner re-entry requires an understanding of the nature of the communities to which prisoners return. Thus, examining neighborhood indicators representing both basic demographics and the welfare of the community (such as housing tenure, percentage of female-headed households, vacant housing, education attainment, marital status, fertility, infant mortality, place of birth, language, and ancestry) can aid in developing a measure of social capital, which will help determine the extent to which communities are equipped to address the challenges that prisoner re-entry creates. Research examining the geographic distribution of released prisoners in Baltimore, for example, found that the six communities that were home to the greatest number of returning prisoners also had rates of unemployment, female-headed households, poverty, and crime that were much higher than the citywide average.¹²

▫ | Understand why released prisoners are reoffending.

Not all released prisoners re-offend at the same rate, and understanding why some re-offend and others do not can inform the design of effective re-entry initiatives. This component of the analysis process requires identifying the salient characteristics of those who are at greatest risk of re-offending to target resources at those who share those characteristics. Even when resources are plentiful, it is often not a wise expenditure of tax dollars to provide the same level of services to all individuals released from prison or jail. Instead, efforts should be focused on providing intensive services to high-risk individuals as soon after release as possible, when the impact of those efforts will be greatest.

**DATA CONFIDENTIALITY
ISSUES AND GIS DATA SHARING
AGREEMENTS**

Obtaining access to address-level data on returning prisoners raises confidentiality issues that should be addressed from the outset. Some departments of corrections consider prisoners' addresses to be sensitive data and may be hesitant to share that information due to concerns that individuals may be identified. For example, if there is only one person mapped on a particular street, and if characteristics about that person (such as conviction offense, age, and gender) are also mapped, then he or she could be identified. Data sharing agreements often provide the necessary assurances that those who request the data will not share it with others in ways that will identify specific individuals. Since address-level data is critical for the purposes of mapping, one compromise is to aggregate to the block level or a higher unit of analysis, such as the census block group.

¹² Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington DC: The Urban Institute, 2003).

Data on the characteristics of released prisoners who re-offend may be obtained through the department of corrections, provided that the it can isolate data on those prisoners who have been returned to prison based on the commission of a new crime. Policymakers requesting data through the department of corrections should specifically inquire about whether prisoners released after serving time for a revocation are identified in some way in the database. Alternatively, the data can be analyzed to compare the characteristics of those who had been incarcerated multiple times in the past versus to those who are serving their first or second prison term.

Some agencies deliberately collect data on those who are returned to prison for the explicit purpose of informing prison and postrelease policies aimed at improving re-entry outcomes. Illinois corrections staff interview individuals who had their supervision status revoked (due to either the violation of a condition of supervision, such as having a positive drug test, or because of a new crime) at intake to learn more about their characteristics and their experiences during the period when they

were in the community. A recent analysis of those data collected in 2001 and 2002 found that 43 percent were unemployed at the time of their violation, suggesting that increasing employment opportunities and developing initiatives to support continued, long-term employment of released prisoners may have an impact on recidivism.¹³

Absent any systematic data collection effort on the part of a jurisdiction's corrections agency, the re-entry team can turn to research at the national level to identify characteristics that indicate those prisoners who are at greatest risk of re-offending. Perhaps one of the most informative studies on general factors associated with recidivism was conducted by the Bureau of Justice Statistics (BJS) in 1994. The BJS study tracked 272,111 inmates from 15 states for a period of three years from their prison release. The study found that age, prior criminal record, and time under supervision (defined as the first six months of supervision) accounted for the majority of the variance in the rate of re-arrest (see sidebar, Characteristics of Those at Greatest Risk of Re-offending, for more details).

**CHARACTERISTICS OF
THOSE AT GREATEST
RISK OF RE-OFFENDING**
*(Identified by the US Bureau of Justice
Statistics 1994 Recidivism Study)*

Age. Those between the ages of 18 to 24 experienced higher recidivism rates compared to older released individuals. Over 80 percent of those in the study who were under the age of 18 were re-arrested, while only 45 percent of those over the age of 45 were re-arrested.

Prior Criminal Record. Individuals with lengthy criminal histories were more likely to be re-arrested than those with shorter criminal records. In fact, 70 percent of all re-arrests had five or more prior arrests (excluding the arrest involved in their current incarceration).

Time Under Supervision. Thirty percent of re-arrests occur within the first six months following release. Another 36 percent were re-arrested within the first three years of their release from custody.

¹³ Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Illinois* (Washington DC: The Urban Institute, 2003).

■ | **Examine how prisoners are prepared for re-entry, supervised, and aided in the transition from prison to community.**

In order to assess returning prisoners' needs and how best to address them, it is important to obtain information about access to programs and services both in prison or jail as well as within the community. Departments of corrections should collect key information that describes the services, programming, and treatment a person received while incarcerated. Important considerations include:

- *What percentage of prisoners participates in work-release programs? Substance abuse treatment? Employment readiness/job placement?*
- *What percent makes use of services in the community?*

With regard to how people who are released from prison or jail are assisted in making the transition back to the community, important questions to ask include:

- *What are the key steps to prepare prisoners and their families for a forthcoming release?*
- *In jurisdictions where prisons are a substantial distance from prisoners' communities, how, when, and through what means is an inmate to travel home?*
- *How are individuals re-entering a community prepared for employment and connected to the local labor market?*

When program developers are considering these questions and identifying agencies that provide services to this population, they should also consider the nature and extent to which the caseloads of these service providers overlap. Strategically coordinating these services through increased inter-agency communication and collaboration can minimize service redundancies, untangle conflicting sets of expectations for offenders, and create a more efficient division of labor. (See sidebar, Million Dollar Blocks, for one example of overlapping resources.)

MILLION DOLLAR BLOCKS

A study of the public resources spent in communities to which large shares of prisoners return demonstrates the need to consider overlapping efforts.¹⁴ The concentration of residents who have been incarcerated is so great in some areas that there are individual blocks in Brooklyn (NY) and Camden and Trenton (NJ) that cost the public one million dollars in incarceration expenses alone. These so-called "million dollar blocks," of course, also absorb the greatest share of the re-entering population (many of whom are on probation or parole) when those prison terms are done. In addition, these neighborhoods are home to disproportionate shares of the welfare population and to single parent families receiving other public benefits. What this tells us is that extraordinary government funds are expended on the residents of these neighborhoods, through the overlapping criminal justice system and other human services systems. Yet, there is rarely any coordination between the systems or consideration of whether the total spending is allocated most effectively to promote public safety and community development.

14 Eric Cadora, "Criminal Justice and Health and Human Services: An Exploration of Overlapping Needs, Resources, and Interests in Brooklyn Neighborhoods" (paper presented at the US Department of Health and

Human Services' "From Prisons to Home" conference, Washington, DC, January, 2002); Jeremy Travis, Sinead Keegan, and Eric Cadora, *A Portrait of Prisoner Reentry in New Jersey* (Washington DC: The Urban Institute, 2003).

CHAPTER B

Addressing Core Challenges

ONCE POLICYMAKERS AND PRACTITIONERS HAVE taken the initial steps that are described in “Getting Started,” the first chapter of this section of the Report, they will be in a position to determine the broad outlines and goals of a re-entry initiative. This chapter provides insight into five core challenges that must be met in establishing the initiative and putting it into operation, and it recommends strategies for overcoming these issues.

The policy statements that follow suggest ways to redefine the missions of partner organizations to incorporate re-entry efforts; to maximize the value of existing funding possi-

bilities; to integrate diverse systems; to measure the performance of an initiative; and to inform and reassure the public about the impact of the initiative and generally about the men and women returning to their communities from prison or jail. Each of these functions is critical to the success of a re-entry initiative, and policymakers must focus attention on them throughout the life of the project. Only once these core challenges have been adequately addressed can the recommendations in Part II, which follows the re-entry continuum from admission to the institution to return to the community, be fully implemented.

3

INCORPORATING RE-ENTRY INTO ORGANIZATIONS' MISSIONS AND WORK PLANS

Change cultures of criminal justice and health and human services organizations so that administrators of these entities recognize that their mission includes the safe and successful return of prisoners to the communities from which they came.

Both the unprecedented national attention directed to the issue of re-entry and promising programs and practices developing across the country have helped to create a fertile ground for additional innovative, collaborative ventures to take root. Furthermore, data generated from efforts such as the development of a knowledge base (see Policy Statement 2, Developing a Knowledge Base) reflect that distinct organizations are allocating resources to serve or supervise many of the same people. Even more stunning is the extent to which numerous funding streams are being directed to the same neighborhoods.

Still, despite this context, and despite the self-interest that officials in public health care, housing, workforce development and other services have in what happens to people released from prison and jail, the investment of officials from these systems in prisoner re-entry remains limited in most jurisdictions. Their hesitance to become engaged in re-entry issues is understandable: they have limited resources, which budget crises in state and local governments are further reducing. Furthermore, those constituencies and advocacy groups that influence decisions about the allocation of shrinking health and social service dollars rarely appear to have re-entry issues at the top of their agenda.

At the same time, administrators of criminal justice agencies have historically been isolated from both other government and community organizations and have focused primarily on maintaining the security of the institutions they oversee. And now, like their counterparts in health, human, and social services, criminal justice administrators are equally, if not more, overwhelmed assuming responsibility for increasing numbers of individuals without a corresponding increase in resources. It is thus not surprising that criminal justice administrators rarely look beyond their particular role in the system to determine how they can cultivate partnerships in the community and best contribute to the successful re-entry of people leaving prison and jail and returning to the community. This situation, coupled with intense pressure from the media and elected officials, often causes criminal justice officials to focus almost exclusively on the incapacitation of offenders and catching them if and when they violate a condition of release.

This policy statement reviews the steps essential to shifting the orientation of these organizations so that they balance the above obligations with their roles and responsibilities regarding re-entry. Establishing this foundation must precede any significant re-entry initiative.

recommendations

A | Determine how each organization's mission relates to re-entry.

Understanding to what extent the stated mission of a particular organization or agency contemplates the safe and successful transition of people from prison to the community must precede efforts to change that organization's culture. In other words, policymakers and advocates should first assess how an organization's mission aligns with successful re-entry, and (in the event that there is little or no alignment) develop a strategy to make appropriate adjustments.

The way that the missions of some social service and health organizations relate to re-entry is not always immediately apparent, however. For example, the mission of most housing authorities is to provide safe, clean, and affordable housing to low-income and disabled citizens. Within these parameters, officials who operate public housing understandably do not see reducing recidivism, or, for that matter, preventing homelessness, as their mission.

Accordingly, to determine how an organization's mission relates to re-entry, state and local government officials and community leaders should determine how prisoners or people released from prison or jail correspond to that organization's service population. Both geo-mapping and data matching between systems' client rosters or databases are extremely valuable tools to illustrate this overlap. (See Policy Statement 2, Development of a Knowledge Base, Recommendation c, for more on mapping.)

EXAMPLE: Neighborhood Analysis, Corporation for Supportive Housing (NY)

The Corporation for Supportive Housing (CSH) used maps developed by Eric Cadora (a consultant to private foundations and state and local governments) that provide a geographic analysis of criminal justice resources in New York City neighborhoods from which the majority of prison-bound offenders originated. CSH assessed what services and housing were serving low-income and homeless people (and could potentially serve people leaving prisons or jails) in the most heavily impacted neighborhoods. By matching the service needs of releasees with organizations providing those services, CSH could identify synergies between organizations that may not have

TPCI MODEL: REDEFINING MISSIONS

TPCI recognizes that corrections agencies have multiple missions, including operating according to professional and constitutional standards, maintaining safe, secure, and affordable environments, and protecting the public through successful transition practices. The TPCI model instructs state corrections agencies to further define their mission to include improving individuals' chances of success when they return to the community upon release from prison. Other human services agencies that work with people released from prison and their families will better achieve their respective missions by collaborating with corrections to improve the transition for their shared service populations.

been serving these individuals, but whose missions and capacity would allow them to extend their services to this population.

Once the overlap between clients of various systems and people returning to the community from prison or jail is established, administrators in each system should incorporate the returning prisoners explicitly into the description of its service population, and they should communicate this development to staff (see Recommendation c, below, for some of these opportunities). Administrators should emphasize how serving this population enables collaboration across agencies, which presents a new and exciting opportunity for wraparound service provision. Such collaboration is often best facilitated by the appointment of a staff member to bridge the organizations. Sometimes referred to as a “boundary spanner,” the person would be responsible for acting as a traffic cop and managing the communication among agencies on a day-to-day basis. (See Policy Statement 5, Promoting Systems Integration and Coordination, for additional discussion of the role of the boundary spanner.) Only by charging specific staff members with collaborative tasks, and by explaining in compelling terms the self-interest all staff members should have in serving this population, can administrators change the culture of their organizations. Otherwise, staff members are likely to focus on only the added position responsibilities and difficulties of serving individuals released from prison or jail, rather than the opportunities for improving service provision.

**EXAMPLE: Assembly Bill 34 (Assembly Bill 2034),
California Department of Mental Health**

Assembly Bill 34 (AB 34)—reauthorized as AB 2034 in 2000—established demonstration programs in California to reduce homelessness among people with mental illness, identifying people released from prison and jail as one key component of the target population. Serving this population effectively required the integration of numerous services—including substance abuse, mental health, and housing—and extensive collaboration with departments of corrections and county jail systems. Administrators of the relevant organizations began the joint venture by recognizing the significant overlap in the homeless population with mental illnesses and the population leaving prison and jail. They determined that corrections-based referrals and eligibility screening could enable them to identify a population matching their existing target population. Because the partners were able to identify the re-entry population as a primary—rather than an adjunct—recipient of services, they designed outcome measurements specifically tailored to this population. In short, the establishment of the program, and the subsequent recognition of how the population related to the missions of each of the organizations, served as a catalyst for the integration of services, a change which reduced homelessness and recidivism and improved client functioning.

In addition to comparing an organization’s service population with re-entering prisoners, state and local government officials and community leaders should review the performance measures used to assess the quality of services provided by an organization. (See Policy Statement 6, Measuring Outcomes, for more on performance measurement.) These measures are typically an important component of an organization’s mission statement, and they may need to be revised to be compatible with a re-entry initiative. People released from prison or jail have perhaps the

most challenging service needs of a wide range of potential clients; for this reason, they can deflate certain performance measures. For example, under the Workforce Investment Act, a key performance measure for One-Stop workforce centers is the number of workers placed in jobs—a disincentive to serving men and women who are particularly hard to place, such as those who have criminal records. To minimize the impact of this factor, state workforce boards should look at other measures, such as the salary a client averaged six months prior to job placement and the salary that the client averages six months after placement. Such a measure would

LESSONS LEARNED FROM COMMUNITY POLICING AND THEIR APPLICATION TO RE-ENTRY¹

In the 1970s and 1980s, criminologists began to investigate traditional policing and its effect on the public's fear of crime and the crime rate. They recognized that the complexity of the crime issue in the US dictated that police or other law enforcement professionals could not be solely responsible for solving the crime problem. Under the "traditional" model of policing, officers were trained to respond to calls and to focus their efforts on the offender, the victim, and the crime rate. This response-oriented outlook did not endear officers to many community members, and for the most part, did not have a significant effect on crime rates.

Rapid response studies found that about two-thirds of crimes were not reported quickly enough by victims so that patrol officers responding would be able to apprehend the offender or to help solve the crime. Other studies found that telephone reporting, call stacking, and call prioritization codes were successful in diverting calls without decreasing citizen satisfaction.² Spelman and Brown conducted a national study of response times and found that nearly 75 percent of serious crimes were "cold" when the citizen called the police.³ Additional research showed that citizens' fear of crime decreased when more officers walked foot patrols and that officers were able to get more crime-related information from citizens while on foot patrol. Community-based problem solving and enhanced police/community interaction were shown to produce positive results.

When officers dealt with disorder and other quality of life concerns, a reduction in crime often followed.

The passage of the 1994 Public Safety Partnership Act was a watershed event for community policing. The act provided funding for 100,000 new "community policing" officers on the streets, as well as for the US Department of Justice's Office of Community Oriented Policing Services, which has been instrumental in developing and providing training and technical assistance to community policing agencies across the country.

Community policing involves three core components: community partnerships, problem-solving, and organizational transformation. The goals of community partnerships are to build trust between the police and citizens, to open lines of communication, to form alliances, and to develop working relationships. Problem-solving directs police and their community-based partners beyond the surface of individual incidents to explore and address their underlying causes. The last core component, organizational transformation, requires that departments truly commit themselves to community policing and change some aspects of performance evaluations to include the skills and abilities necessary for community policing. This offers officers the flexibility to be innovative in their problem-solving efforts and in their ability to involve the community in this process.

¹ Corina Solé Brito, Police Executive Research Forum, correspondence with editor, August 25, 2004.

² Kansas City Police Department, *Response Time Analysis: Volume II: Part I—Crime Analysis* (Washington, DC: US Government Printing Office, 1980); William Spelman and Dale K. William, *Calling the Police: A Replication of the*

Citizen Reporting Component of the Kansas City Response Time Analysis (Washington, DC: Police Executive Research Forum, 1981).

³ William Spelman and Dale K. William, *Calling the Police: Citizen Reporting of Serious Crime* (Washington, DC: US Government Printing Office, 1984).

enable program administrators to demonstrate significant impact and to set numeric goals.

This section has addressed how the stated missions and performance measures of community-based organizations can enable or impede re-entry work. Ideally, the missions of institutional and community-based corrections agencies will address re-entry directly. As stated at the outset of this policy statement, however, an explicit mention of re-entry in an organization's mission statement does not automatically translate into a culture among staff that will enable a re-entry initiative to thrive. Policy-makers, practitioners, and advocates should use the policy statements in this Report, and the subsequent recommendations provided under this policy statement in particular, as checklists to inventory policies and procedures in their state or local department of corrections, parole, or probation. The results of this inventory should provide important insight into the existing culture of the organization.

B | Concentrate services and supervision in the communities where releasees live.

The preceding policy statement urges state and local government officials to identify the communities to which people released from prison and jail are returning in disproportionately large numbers. Serving and supervising people released from prison and jail in those neighborhoods—or wherever releasees live—is an essential element of any effort to re-engineer an organization's mission to one that is committed to making people's transition from prison or jail to the community safe and successful. This approach increases the accessibility of the services and promotes the ability of community corrections officers and providers to become familiar with the lives of the people they are supervising or serving. It also enables them to develop relationships with the families and neighbors of their clients and supervisees, so they can tap family and neighborhood strengths. These byproducts of serving and supervising people in the communities where they reside are keys to success for a population whom providers traditionally have struggled to engage and whom community corrections officers typically see once or twice a month.

Yet, getting service providers and community corrections officers into the community and out of their offices, which are typically located in large government buildings far from residential neighborhoods, represents a major departure from the existing operations of most organizations. It requires officers or providers to spend much of their shifts in the community, where they initially may feel less comfortable or safe than behind a desk in an office.

State and local government officials attempting to determine whether an organization's operations are truly neighborhood-based should ask the following three questions:

- *Do people in the community know the leaders of the corrections organizations and service providers?*

Corrections administrators (including, as always, community corrections officials) should be familiar to local elected officials and leaders of groups that are based in the communities that receive the majority of people released from prison or jail. To that end, corrections administrators should develop a comprehensive outreach initiative, participating in periodic meetings at churches, schools, and other places where residents of the community convene. Community corrections officers should participate on appropriate local community boards and task forces—including neighborhood watch groups, neighborhood revitalization projects, drug prevention task forces, and nonprofit boards—to increase visibility and improve partnerships in the neighborhoods where individuals that they supervise reside. (See Policy Statement 26, Recommendation e, for more on leveraging community-based networks to assist in supervision.) In Idaho, for example, corrections officers have started to serve on Workforce Investment Boards (WIBs) in the communities to which prisoners return.

Corrections administrators should consider workload adjustments that will encourage such neighborhood involvement. While not all jurisdictions will immediately be able to reduce the size of community corrections officer caseloads, policymakers should seek to establish pilot projects that can demonstrate the impact of improving officers' visibility and ability to discharge their duties while participating in the life of the community.

**EXAMPLE: Proactive Community Supervision,
Maryland Division of Parole and Probation**

Under Proactive Community Supervision, the caseloads of community corrections agents are reduced so that they can spend more time in neighborhoods and work one-on-one with individuals whom they supervise. They develop relationships with the families, friends, and neighbors of these individuals to help establish an early-warning system and enable a quick response to problems. The agents have offices in the community, including in churches, and work closely with service providers. In one neighborhood, a facility has been developed which houses a clinic and employment training space in addition to the parole and probation offices.

- *Where are the offices of the corrections agency or service provider located?*

Offering a storefront location in the community provides an ideal base from which community corrections officers or service providers can integrate themselves into the neighborhood and facilitate the transition of people from prison or jail to the community. To help increase their organizations' visibility and community presence and minimize the time that individuals under supervision must spend traveling to appointments, supervision agency administrators and other policymakers should consider

establishing satellite offices within neighborhoods to which high concentrations of offenders return. These offices may be co-located with community policing stations to make the best use of supervision resources. Similarly, co-locating community corrections offices with service providers (such as One-Stop or benefits offices) can encourage compliance with conditions of release and successful engagement with those services. (See Policy Statement 26, Implementation of Supervision Strategy, Recommendation c, for more on supporting the supervision strategy through strategically decentralizing offices and points of contact in order to tap neighborhood strengths, increase cultural competency, and engage nontraditional community partners in community supervision.)

- *How often do community corrections officers and service providers conduct house visits?*

In addition to regularly scheduled appointments, community corrections officers should visit the homes of probationers and parolees, announced and unannounced, to monitor compliance with the terms of probation. House visits can enable community corrections officers to engage family members in the supervision process when appropriate. Family members are likely to have valuable perspectives on the person under supervision, and they may also take the place of long-term involvement with social service systems. (See Policy Statement 26, Implementing the Supervision Strategy, Recommendation e, for more on how community corrections officers can engage family members in the supervision process).

EXAMPLE: Operation Night Light, Boston Police Department and the Office of the Commissioner of Probation for Massachusetts

This probation-police partnership is designed to enforce the terms of probation on juvenile offenders by conducting surprise visits to the homes, schools, and worksites of high-risk youth probationers between the hours of 7 pm and midnight. The Night Light team—a probation officer accompanying police officers on their nighttime patrol routes—targets up to 15 probationers who have difficulty complying with their terms of probation. In addition to monitoring compliance, the team talks with family members about the behavior of the probationer both at home and in the community.

c | Engage community-based organizations, including faith-based institutions, to serve people who are incarcerated and who have been released from prison or jail.

Although it is critical that corrections agencies focus on community-based strategies prior to an individual's release, they should not attempt to act alone on these principles by independently creating the services inside correctional facilities to prepare people for release. Similarly, they should not attempt to repair or build the supports that a community needs to receive people released from prison or jail.

Corrections administrators should not direct their limited resources, for example, toward the development of a better mental health treatment system that is based inside their institutions; nor should they undertake an independent endeavor to build new housing for people released from prison. Such attempts could in fact exacerbate existing problems: policy-makers and communities would be forced to rely even more heavily on state and county departments of corrections to mend families, provide health and treatment services, and develop available housing. Furthermore, resources would likely be directed away from other providers of these services. Accordingly, corrections administrators should channel this commitment to improve people's re-entry into efforts to engage partners in the community.

Only by working with community-based organizations that historically have worked in the targeted neighborhoods and have expertise providing particular services—such as job training or family counseling—can corrections administrators effectively enable communities to receive people released from prison or jail. By the same token, corrections administrators should seek ways to bring community-based service providers into their institutions—as opposed to creating new positions inside the facilities—to build capacity in communities, which typically are unequipped to meet the complex and extensive needs of returning prisoners.

**EXAMPLE: Community-Oriented Reentry,
Ohio Department of Rehabilitation and Corrections**

The Community-Oriented Reentry (CORE) program seeks to provide continuity of treatment by systemically linking participants to services in the community that augment the services provided within the institution. Reentry Management Teams—comprising institutional staff, community agencies staff, treatment staff, family members, faith-based organizations, and volunteers—work with CORE Coordinators to assess participant needs and develop individual re-entry plans prior to release. The teams share information and coordinate service delivery. The program is overseen by a Reentry Steering Committee, which is made up of officials at both the state and local levels whose organizations have the highest stakes in offenders' success in the community.

Determining whether such community/corrections partnerships exist (and, if so, to what extent) should enable state and local government officials to gauge, in part, whether the culture in each of the agencies and organizations that they fund is conducive to safe and successful prisoner re-entry. Meaningful relationships in which points of contact and protocols are formally established are likely to demonstrate commitment to shared goals regarding re-entry.

Developing such partnerships can be a complex and risky endeavor for corrections and community organizations alike. Plunging into communities where there are complex and ever-shifting alliances among local elected officials and advocates, as well as various understaffed organizations competing fiercely for too few resources, can be extremely challenging. State government officials who have little experience working with community-based organizations may find it difficult to determine which groups are most likely to become effective, reliable partners. Indeed, cor-

rections administrators frequently emerge from such experiences somewhat jaded or burned, feeling that they received little for their contract with a community-based organization.

To avoid such experiences, corrections administrators should ask at least these questions when evaluating a potential community-based partner:

- *What is the organization's ability to collect data and demonstrate the extent to which it has complied with performance indicators established in a contract?*

During the course of the contract period and at the end of the contract period, corrections administrators should receive various reports from the community-based organization. These reports should explain the outputs generated pursuant to the contract, such as the number of people screened, the number of people referred for services, or the number of people who failed to appear for an appointment. Without such information, corrections administrators will be hard-pressed to ensure any accountability.

- *To what extent do the services and service delivery system provided by the community-based organization adhere to an existing evidence base?*

Corrections administrators should confirm that the services provided by the community-based organization in question are evidence-based; that is, they are consistent with specific treatments and services shown to improve a person's ability to function in the community. (For more on evidence-based practices, see Policy Statement 4, Funding a Re-Entry Initiative, Recommendation a.) For example, if the potential partner is to serve people with co-occurring substance abuse and mental health disorders, are mental health and substance abuse treatment services appropriately integrated? (See Policy Statement 11, Mental Health Care, for more on coordinating or integrating mental health care and substance abuse treatment.) When no evidence base is present, policymakers or administrators should not invest significant resources in an initiative, as it may not achieve desired goals.

- *What is the financial health of the organization, and how diverse are its sources of revenue?*

Corrections administrators should seek in potential partners a degree of financial stability and evidence that the organization is not overly dependent on one source of revenue in particular. When a corrections agency does partner with an organization that is particularly cash-starved or overwhelmingly focused on serving one funder, employees may be more likely to neglect their responsibilities to people released from prison or jail. Staff of such organizations may feel obligated to focus on their primary, or traditional, functions and clients, rather than the particularly

hard to serve individuals or individuals in need of additional time and resources that typically comprise this population.

- *Does the organization demonstrate a willingness to serve people who are incarcerated or who have criminal records?*

As illustrated in this and subsequent sections of the Report, incarceration and criminal records present unique challenges to a person's recovery, employment, and housing, as well as to the general delivery of services. Two such examples include the complex processes governing the enrollment in federal benefit programs, such as Medicaid; and local, state, or federal laws and regulations prohibiting employment of people with criminal records in certain employment sectors. Issues particular to this population may also arise from a person's adjustment from living in a secure institution with a highly structured routine to the relatively unstructured independence of living in the community. Administrators of criminal justice agencies should include in Requests for Proposals that they issue questions about the applying organization's plans to overcome these and other obstacles that people released from prison will face.

Community-based organizations that meet the above criteria are not common or easily identifiable. As indicated earlier, corrections administrators may be inclined to address this problem by increasing the capacity of their own departments to serve this population, but such a response will further obligate corrections administrators to serve people who cannot get such supports from the community. Instead, state and local government organizations should encourage corrections administrators to pursue several strategies to enable existing community-based organizations to serve people who are incarcerated or released from prison or jail.

First, corrections administrators should develop relationships with leaders in the community. Getting to know local elected officials, ministers, advocates, and leaders of grassroots organizations may help to mitigate the distrust that many people living in the communities that are affected by prisoner re-entry feel toward corrections officials and criminal justice system representatives in general. These relationships, in turn, will provide corrections administrators with valuable intelligence about which potential partners have the most credibility with different constituency groups in the community. Such intelligence sometimes reveals that organizations led by people quoted most often in the media or who have been the most effective in courting policymakers do not necessarily speak for large segments of the community. It also provides valuable insights about which service-based organizations are most respected and effective in the community.

EXAMPLE: Leadership Rhode Island and Rhode Island Department of Corrections

Leadership Rhode Island identifies neighborhood leaders—from government, service providers, and large and small businesses—and provides them with on-site, experiential exposure to community issues, including criminal justice and re-entry issues. Partnering with Leadership Rhode Island, the Department of Corrections (DOC) invites neighborhood leaders to tour the state's correctional facilities to help overcome common public assumptions and fear towards prisoners and the impact their release will have on the community. Simultaneously, these tours serve to demystify the operation of the correctional facilities and the motives of their administrators which, in turn, enables community leaders to start thinking about how they might play a role in the re-entry process. DOC administrators use this opportunity not only to increase awareness of corrections in the community, but also to develop relationships with viable community partners.

Second, corrections administrators should review their procurement policies to make sure that they do not inadvertently favor large organizations, many of which have already established a relationship with the department of corrections or another government agency. To do this, corrections administrators should seek references from other state agencies such as state departments of mental health, which are familiar with service providers in their particular fields and can reach them with Requests for Proposals, as well as help their corrections counterparts to evaluate applicants. Administrators should tap into multi-purpose community resources to aggressively seek proposals from community-based organizations, as opposed to posting Requests for Proposals in limited trade journals, which target a small circle of established organizations. This outreach should be conducted in partnership with community leaders with an invested stake in improving collaboration between service providers and corrections.

EXAMPLE: Sheridan Correctional Center, Illinois Department of Corrections

In January 2004, the Illinois Department of Corrections (DOC) held bidders' conferences in neighborhoods to which high numbers of prisoners return to inform community-based agencies of the opportunity to provide services in the newly opened Sheridan Correctional Center, a substance abuse treatment facility located 70 miles southwest of Chicago. Led by a DOC representative, meetings held in community centers, churches, and school gyms were intended to teach service providers about the proper contents of a proposal and the procedure for submission. A DOC contact person coordinated with directors of community-based agencies to publicize the bidders' conferences.

Third, corrections administrators should facilitate community-based organizations' access to prisons and jails without compromising the security of those institutions. Corrections is by nature an insular industry, and the need to maintain control, accountability, and security can be used to indiscriminately justify actions that make institutions, for all intents and purposes, inaccessible to people who do not work for the department of corrections.

The transparency and accessibility of institutions depends on the management of the department of corrections. Clear, concise, logical, and consistently applied policies should facilitate access to the institution by people such as volunteers or representatives of community-based groups or organizations interested in touring the correctional facilities. Corrections staff should be friendly, courteous, professional, and welcoming.

Staff should also provide an orientation to civilians who will be coming to the institution regularly. Such an orientation should include the need for security measures, an overview of facility rules and evacuation procedures, and several potential scenarios visitors may encounter.

However thorough this orientation, culture clashes between staff protecting the security of the institutions and staff committed to serving inmates who are among their target populations should be expected. Accordingly, leaders of both the corrections agency and organization sending people into the institution should establish a relationship to work out problems that inevitably will arise in the future. It also may be wise to identify a liaison at each organization who can help to diffuse tensions or negotiate solutions when problems arise.

While corrections administrators should seek to make the walls of an institution more porous in these respects, basic security measures must remain the top priority and should govern all policies regarding people visiting the facility or working inside it, whether or not they are an employee of the corrections system. For example, anyone who provides services in a correctional facility (whether employed by corrections or a community-based provider) should be checked periodically for criminal history and personal relationships with inmates. Notably, however, volunteers or service providers seeking access to the institution may include some people who have criminal records. Having personal experience behind bars can make individuals especially effective in working with inmates; such a record should not automatically ban someone from the institution. In such cases, corrections staff should seek evidence that the person’s return to the community has been successful, that they have abandoned prior criminal activity, and that they will conform to the security procedures established for the institution.

Fourth, corrections administrators should cultivate community-based organizations’ commitment to serving people who are incarcerated or have been recently released from prison or jail by highlighting the rewards and compelling aspects of serving this population. Several important arguments could prompt a service provider who may have been focused only on the headaches and risks that come with serving prisoners or released individuals to rethink his or her posi-

SERVICE NEEDS OF STATE AND FEDERAL PRISONERS⁴

Area of Need	Prevalence (percent of all prisoners)
Substance abuse	75
Physical or mental disability	>33
No high school diploma	66
No diploma or GED	40
Earned less than \$600/month prior to incarceration	50
Homeless before or after incarceration	>10

⁴ Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: US 1999), NCJ 172871; C. W. Harlow, *Profile of Jail Inmates 1996*, US Department of Justice, Bureau of Justice Statistics

(Washington, DC: 1998), NCJ 164620; C. W. Harlow, *Education and Correctional Populations*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

tion and appreciate how serving this population relates to his or her self-interest.

- *Community service providers may already be serving people with criminal records without realizing it.*

Corrections administrators should highlight that an extraordinary overlap exists between people who are incarcerated and populations that abuse drugs, suffer from mental illness, and are unemployed or homeless.

Service providers may be able to deliver substantially the same services to the individuals who need them—including treating, training, or educating people—by making a few modifications to accommodate the corrections setting or (for people who have been released) supervision conditions. With so many people in jail or prison or on probation or parole—1 in 32 adults in the country at the end of 2002—returning to a few concentrated communities, providers in those communities are very likely to be serving significant numbers of releasees, whether they recognize them as such or not.⁵

- *The corrections and community collaboration provides valuable leverage to promote compliance with treatment and engagement with services such as employment.*

When delivering services within institutions, community-based organizations can take advantage of the structured environment to engage individuals who might otherwise be difficult to engage. Employers seeking ways to keep workers drug-free or ensure that they arrive at work on time will find valuable allies among probation or parole officers who can hold individuals accountable for their release conditions. Similarly, health providers trying to minimize the number of no-shows each week can report a probationer or parolee who has skipped an appointment to his or her supervising officer—action that is particularly likely to get a person's attention.

- *Contracts to community-based organizations for service to people who are incarcerated could be awarded on the condition that providers continue to serve people upon their release.*

Corrections administrators should consider including continued service to individuals after release as a condition of contracts with community-based organizations for the provision of services within the correctional facility. Such a condition could not only help to attract contract organizations committed to serving people with criminal records, but also promote

⁵ Lauren E. Glaze, *Probation and Parole in the United States*, 2002, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

continuity of care for release. Awarding contracts to these organizations could also help to build capacity in the community and awareness among service providers of the issues facing people leaving prison and jail.

- *Technology may provide cost-effective solutions to connecting individuals in prison and jail to community-based services.*

With teleconferencing and video technology, community-based service providers can play a part in serving prisoners without incurring the high costs and complications often associated with in-reach. Videoconferencing technology enables a community-based specialist to consult with a person who is incarcerated without either the specialist having to visit the institution, or the prisoner having to be transported and supervised off-site.

**EXAMPLE: Telemedicine Program,
Ohio Department of Rehabilitation and Correction**

The Ohio Department of Rehabilitation and Correction (ODRC) made a significant commitment to the use of videoconferencing technology in its operations during the 1990s. The Program links the Ohio State University Medical Center (OSUMC) with the Southern Ohio Correctional Facility (SOCF), Ohio's maximum-security prison, and the Corrections Medical Center, a skilled nursing facility for Ohio's inmates. Since many of Ohio's prisons are located in sparsely populated areas, transporting inmates over considerable distances for evaluation by a medical specialist is both expensive and potentially dangerous. Given the geographic dispersion of facilities and the wide-ranging complexities of its mission, video technology was an obvious choice to enhance the overall efficiency and effectiveness of ODRC staff. Reports indicate that Ohio saves between \$200 and \$1,000 for each use of telemedicine.⁶

While videoconferencing has been most commonly used in physical health care (see Policy Statement 10, Physical Health Care), some jurisdictions use this technology for parole hearings, particularly to engage victims in the process. Other jurisdictions have used videoconferencing to provide distance education programs in correctional facilities, or to link soon-to-be-released inmates with potential employers.

D | Ensure that releasing authorities comprise experts who understand the value and appropriateness of supervised release and evidence-based decisions.

The culture of releasing authorities is fundamentally shaped by the appointments that elected officials make to those authorities and the guidance and tools the authorities are provided to make their decisions. By appointing well-informed professionals to make release and revocation decisions and ensuring that release decisionmakers (both judges and parole

⁶ Abt Associates, Inc., *Telemedicine Can Reduce Correctional Health Care Costs: An Evaluation of a Prison Telemedicine Network*, US Department of Justice, National Institute of Justice (Washington, DC: 1999), NCJ 175040.

board members) are trained in the use of evidence-based instruments, governors and legislative leaders enable releasing authorities to regularly make accurate decisions and produce successful outcomes.

Members of a releasing authority should be required to meet some professional criteria. Currently, two-thirds of states have no professional qualifications for parole board members.⁷ Training for judges, who set conditions of release for some categories of offenders at sentencing (which can be many months, and sometimes years, before a person is to be released to the community), could also be useful. (See Policy Statement 18, Release Decision, Recommendation a, for more on training releasing authorities to use risk tool assessments for release decisions).

To ensure that people making critical release decisions have the appropriate training and background, policymakers can require board members to obtain standardized certification. In this regard, the standards developed for board certification or training accreditation by professional membership organizations or other associations can be extremely useful. While parole board members can either be appointed by the governor or by a state-level corrections official, their selection should be determined by predetermined standards.⁸ The Association of Paroling Authorities International (APAI) has issued guidelines for how governors should select parole board members, developed a resource kit for new parole board members, and offers conferences geared towards training and exposing board members to as much information, research and techniques as possible. In addition to offering training for new parole members, APAI also conducts training for tenured members and for the officers who provide the board with the information to advise the release authorities' decision.

**EXAMPLE: Training for New Parole Board Members,
National Institute of Corrections (NIC) and
Association of Paroling Authorities International (APAI)**

The National Institute of Corrections (NIC) and the Association of Paroling Authorities International (APAI) offer New Parole Board Training for individuals who have served less than two years on their term. New parole board members are required to review an extensive series of materials (and complete discussion questions) before they can even participate in this first level of training. The four-day program features corrections experts addressing issues such as individualized interviewing, structured decision-making, risk assessment instruments, consequences of making decisions to/not to release, re-entry, legal issues, and "best practices" in managing supervision and violations.

⁷ Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

⁸ For example, members of the Ohio Parole Board are appointed by the director of the Department of Rehabilitation and Correction. See Appendix for more information.

POLICY STATEMENT

4

FUNDING A RE-ENTRY INITIATIVE

Maximize the value of discrete local, state, federal, and private sources of funding that target people released from corrections facilities, their families, and the communities to which they return.

The single biggest obstacle, cited in states and communities alike, to developing and implementing the programs and policies needed to improve the re-entry process is lack of money. Recommendations under this policy statement explain how officials in a jurisdiction could make best use of existing expenditures, tap resources that officials may have been unaware can be used for a re-entry initiative, and generate revenue to fund the expansion or initiation of a new effort.

TPCI MODEL: FUNDING

Under the TPCI model, states reallocate resources to better address each individual's criminogenic needs, as identified by empirically-based assessments, both while offenders are incarcerated and after they are released to the community. Such reallocation promotes more effective use of available resources and seeks to reduce recidivism accordingly. In addition, collaboration will improve the efficiency of all agencies that have a stake in the success of individuals released from prison.

recommendations

A | Focus resources on programs that have an evidence base and concentrate whatever limited funding is available on periods immediately preceding and following a person's release from prison or jail.

This Report highlights statistic after statistic demonstrating that the level of services and treatment that people who are incarcerated need to make their re-entry successful far exceeds the capacity of existing programs. Similarly, the scope of resources available to community corrections officers generally does not come close to meeting the level of supervision and support that high-risk individuals released from prison and jail need. Given this reality, state and local government officials, in addition to advocates,

need to ensure that funds invested in existing services and supervision are directed only to those efforts that have an evidence base or appear particularly promising.⁹

The definition of an evidence-based program differs depending on the field. For example, Dr. Robert Drake, a national leader in the movement towards evidence-based practices, defines evidence-based programs in the mental health field as standardized treatments and services which are subjected to controlled research and involve both objective outcome measures and more than one research group.¹⁰ The National Institute of Corrections, on the other hand, defines evidence-based programs as interventions that reduce offender risk and subsequent recidivism and, therefore, make a positive long-term contribution to public safety.¹¹ Regardless of the field in which they are applied, evidence-based programs are built on rigorous demonstration of program effectiveness.¹² While evidence-based programs are supported by certain values and assumptions, they are not themselves values; rather, programs built on an evidence base are specific interventions and treatment models that have been shown to improve outcomes for both the client and the system.¹³

Funding programs and policies that have some evidence base entails identifying which programs and policies have an evidence base and comparing them with the programs that exist in the jurisdiction. At the same time, policymakers and advocates must disseminate information about programs, policies, and practices that have an evidence base in order to close the gap between knowledge and practice. Policymakers and advocates should also promote research in the government, academic, and private sectors to encourage and identify innovative and effective approaches; design appropriate evaluation methods; and increase the base of evidence from which jurisdictions may draw.¹⁴ Particular attention should be paid to those programs which do not have the resources to perform extensive self-assessments.

Of course, there are multiple obstacles to any effort to overhaul existing programs and policies so that they are consistent with what the research says is most effective. The patterns of staff and existing program configurations, state funding, grant programs and federal reimbursement can be major impediments to such modification. Furthermore, evidence-based programs cannot succeed if local implementation does not maintain complete fidelity to the original model.¹⁵

In addition to ensuring that resources are used for treatment interventions (such as Assertive Community Treatment), support techniques (such as supportive housing), and instruments (such as certain risk assessments) that have an evidence base, policymakers and advocates should

⁹ For a discussion of program and policy evaluation, which is essential to expanding the existing evidence base, see Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative.

¹⁰ Robert E. Drake, presentation at National Corrections Conference on Mental Illness (Boston, MA: July 2001).

¹¹ US Department of Justice, National Institute of Corrections, *Implementing Evidence-Based Practice in Community*

Corrections: The Principles of Effective Intervention (Washington, DC: 2004).

¹² Coalition for Evidence-Based Policies, website, available at www.excelgov.org/evidence.

¹³ Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York, NY: 2002).

¹⁴ *Ibid.*

¹⁵ *Ibid.*

concentrate their re-entry-related investments on people who are approaching their release date and people who have been recently released.

Some corrections administrators have focused a particular program on prisoners whose release is imminent and thus are especially in need of skills to connect them to appropriate supportive services.

EXAMPLE: Turning Point, ASAP Treatment Services Inc. (OR)

Turning Point—a substance abuse treatment program located in the Columbia Correctional Institution in Portland, Oregon—requires participants to be within 7 to 15 months of release. This therapeutic community is a 24-hour living environment that emphasizes alcohol and drug education and treatment, improving family-related difficulties, independent living skills training, linkage to aftercare services, and modifying criminal thinking and living. Clustering people who are near release enables ASAP Treatment providers to focus service provision on skills and resources needed for successful transition.

EXAMPLE: INTUIT, Virginia Department of Corrections and Virginia Commonwealth University

INTUIT offers 13-week career and life planning courses for 20 to 25 students who are no more than a year from anticipated release or transfer to a community-based facility, such as a halfway house. The program encourages participants to focus on the skills behind career planning and development, rather than just finding a job. To prepare participants for the job search process they will soon be conducting, community volunteers teach participants to conduct assessments of themselves, their life situations, and their environment; to obtain accurate and current career information; to communicate interests, skills, experiences, and values to employers; and to interact with successful role models, potential employers and community service providers. For individuals who will have no postrelease supervision, corrections-based transition programming may be especially important.

Concentrating postrelease programming on the period immediately following release is equally important. Research suggests that the level of supervision and support that a person needs in the first month, when his or her risk of re-offending and level of service need is highest, is significantly more than he or she will need three years after his or her release from prison. In a 15-state study, over two-thirds of prisoners were rearrested within three years of their release.¹⁶ The first six months accounted for 44 percent of all recidivism during the three-year period, with 30 percent of all releasees re-arrested in those first months.¹⁷

The first months out of prison are also a high-risk, high-need period for housing and other services.¹⁸ A qualitative study by the Vera Institute of Justice found that parolees who entered homeless shelters in New York City after leaving state prisons were seven times more likely to abscond during the first month after release than those who had some form of housing.¹⁹ (See Policy Statement 26, Community Supervision, for more on how community corrections resources can be best concentrated on the months following release.)

¹⁶ Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002), NCJ 193427.

¹⁷ Ibid.

¹⁸ Marta Nelson, Perry Deess, and Charlotte Allen, *The First Month Out: Post-Incarceration Experiences in New York City* (New York: Vera Institute of Justice, 1999); Dennis P. Culhane, Stephen Métraux, and Trevor Hadley, *The*

Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems (Washington, DC: Fannie Mae Foundation, 2001).

¹⁹ Marta Nelson, Perry Deess, and Charlotte Allen, *The First Month Out: Post-Incarceration Experiences in New York City* (New York: Vera Institute of Justice, 1999).

EXAMPLE: Center for Employment Opportunities, Rikers Island (NY)

The Center for Employment Opportunities (CEO) works with individuals released from New York's Rikers Island jail, which has a high transient population, offering immediate work and immediate pay for releasees. The program meets individuals at the moment of their release, even ferrying newly released individuals from Rikers Island directly to work sites scattered across the city. Participants are put to work immediately on day-labor work crews, which are run by city and state agencies and involve a variety of assignments including providing custodial services to government buildings, maintaining nature trails, painting classrooms, and cleaning up roadways.

Funding the most effective programs and ensuring that resources are allocated where they matter the most is a critical step towards ensuring that funding is used efficiently and makes the greatest impact.

B | Determine how sources of funding intended for the same populations and communities can be coordinated and leveraged effectively.

The preceding policy statements in this Report explained the value of determining the extent to which people who are incarcerated and people who are released from prison and jail correspond to different systems' and organizations' service population. Both geomapping and data matching between systems' client rosters or databases are extremely valuable tools to illustrate this overlap. (See Policy Statement 2, Development of a Knowledge Base for a discussion of these techniques.)

Establishing the extent to which service populations overlap is useful not only in determining how the missions of distinct organizations or systems relate, but also in prompting new options for funding. Too often, state and local government officials and community leaders designing a re-entry initiative appeal to policymakers for new or increased funding for a program, while overlooking opportunities that existing funding streams present. Indeed, state and local government officials, in addition to community leaders, can often cobble together funding for an initiative by coordinating, blending, or leveraging funding streams that are managed by distinct system officials but intersect among the same targeted people, families, and communities. The following chart suggests some funding streams which may be used for re-entry populations. The sources listed in the chart do not comprise a comprehensive list, but are intended to serve as useful examples.

These sources of revenue are not presented as opportunities to supplement or supplant the existing budgets of departments of corrections or community corrections agencies. As it is, administrators of other state and local agencies for whom these funds represent a significant percentage of total agency budgets are quick to point out that these dollars currently do not go far enough to meet the existing demand for services. Instead of attempting to use these streams to replace or augment funding already directed to prisoners or individuals supervised in the community, state and local government officials should think strategically about how these and other funding opportunities can be better leveraged to support prisoner re-entry initiatives that will direct resources to needy individuals who would otherwise be underserved.

State and local government officials seeking to leverage funding opportunities to support re-entry initiatives will likely face one of several scenarios. In one scenario, the partnering organizations, neither of which has the resources to independently serve people while they are incarcerated or following their release, each draw on their existing budgets, and, with the two sets of resources, jointly cover the cost of the initiative.

EXAMPLE: Prevention and Relationship Enhancement Program, Oklahoma Marriage Initiative and the Oklahoma Department of Corrections (OK)

The Oklahoma Marriage Initiative (OMI), funded by TANF, provides programming to strengthen the relationships of both married and unmarried couples, especially from low-income families, throughout the state. Because many prisoners fall into this target population, OMI has partnered with the Department of Corrections (DOC) to train DOC staff chaplains to teach the evidence-based Prevention and Relationship Enhancement Program (PREP) curriculum. OMI provides the training and workshop materials for inmate participants, and DOC covers the cost of staff time and expenses incurred around training.

In a second scenario, state and local government officials identify a source of funding that could help support a re-entry initiative, but they determine that the organization leading the initiative is unlikely to appeal to the funder. Accordingly, one of the partnering organizations is put forward as the grantee. For example, a health foundation is much more likely to be interested in awarding a grant to a community health center or other health provider than to a county jail.

EXAMPLE: Allegheny County Jail Collaborative, Allegheny Department of Corrections, Allegheny Department of Health and Human Services, and Allegheny County Health Department (PA)

The Allegheny County Department of Corrections, Department of Health and Human Services, along with the Health Department's nonprofit subsidiary, Allegheny Correctional Health, are working together to improve the transition to the community for people with mental illness who are incarcerated in the county jail. When seeking funding for their reintegration project, officials representing the Department of Corrections wrote in support of grant applications submitted by county health agencies to a variety of private foundations, including the Jewish Healthcare Foundation of Pittsburgh and the Staunton Farm Foundation. The foundations, which subsequently approved the grant applications, were interested primarily in community health issues, but had had little history of targeting populations involved in the criminal justice system.

In a third scenario, state and local government officials use a single funding stream and disburse it to each of the partners involved in the re-entry initiative. The funding stream gets directed to a single agency, which in turn redirects the money out to partner agencies. The coordinating agency coordinates the application for the funds, contracts for services with partner agencies, and is ultimately accountable for the services provided by the partner agencies.

EXAMPLE: Assembly Bill 2034, Los Angeles County Department of Mental Health

Assembly Bill 2034 (AB 2034) provides funds to the California Department of Mental Health, which in turn disburses to county departments of mental health, for the purpose of reducing homelessness among people with mental illness, identifying people released from prison and jail as one key component of the target population. In Los Angeles, the Department of Mental Health establishes contracts with other agencies to provide comprehensive, integrated services; the Department of Corrections is contracted to refer and screen participants for eligibility; while health, substance abuse, and housing agencies are contracted for service provision.

NON-TRADITIONAL FUNDING STREAMS FOR RE-ENTRY INITIATIVES

TYPE OF FUNDING	FEDERAL FUNDING AGENCY	FEATURES	RELEVANCE
<p>Public housing and Housing Choice Vouchers (HCVs), i.e., tenant-based assistance or Section 8</p>	<p>Department of Housing and Urban Development (HUD)</p>	<p>Tenant pays 30 percent of adjusted income towards rent or, with HCV, up to 40 percent.</p> <p>Section 8 uses a voucher system to subsidize rents based on a Fair Market Rent (FMR) system. HUD pays the difference between 30 to 40 percent of the family's income and the FMR for the unit.</p> <p>May be used anywhere the family chooses to live and can find housing within the FMR.</p>	<p>More than 10 percent of people coming in and out of prisons and jail are homeless in the months before and after their incarceration.²⁰</p> <p>Section 8 may be accessed by people released from prison or jail or by their families, if they meet income parameters.</p>
<p>McKinney-Vento Act (Continuum of Care) Funding</p>	<p>Department of Housing and Urban Development (HUD)</p>	<p>McKinney-Vento funding is available in two different funding programs that may be used for re-entry initiatives:</p> <p>Shelter Plus Care: Rental subsidy intended for homeless persons with chronic disabilities (typically mental illness, substance addiction or HIV/AIDS).</p> <p>Offered in several forms—tenant-based, project-based or sponsor-based. Widely used for permanent supportive housing projects.</p> <p>Funds must be matched by an equal amount of private services dollars.</p> <p>Supportive Housing Program (SHP): Funding for supportive services or operating costs in permanent or transitional housing for homeless individuals or families (typically mental illness, substance addiction or HIV/AIDS). Typically awarded as a five-year contract to non-profit organizations.</p> <p>Note: <i>Shelter Plus Care and Supportive Housing Programs cannot be used together in a single housing program.</i></p>	<p>About 20 percent of people with mental illness coming in and out of prisons and jail are homeless in the months before and after their incarceration.²¹</p> <p>People to be discharged within the week from institutions in which they have resided for 30 consecutive days or less are considered part of the homeless population when (1) no subsequent residences have been identified and (2) they lack the resources and support networks needed to obtain access to housing.</p>

20 Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002), NCJ 193427.

21 Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

POTENTIAL LIMITATIONS	EXAMPLE
<p>Under federal law, Public Housing Authorities may screen or refuse to house or accept vouchers from people who have been convicted of certain offenses, as may any federally assisted housing provider.</p> <p>Formerly incarcerated individuals may not be immediately considered “homeless” and therefore not prioritized for placement in agencies that use homelessness as a priority need.</p>	<p>The Cornerstone Program (CA), an emergency shelter and supportive housing program for chronically homeless people with mental illness—including those leaving prison or jail—was issued 85 Section 8 vouchers to distribute amongst program participants in its authorizing legislation (AB 2034). Cornerstone is coordinated by the San Fernando Valley Community Mental Health Center.</p>
<p>HUD uses a federal definition of homelessness that excludes people discharged from correctional institutions.</p> <p>Individuals being released from prison and jail may be considered homeless—and are eligible for housing and services funded through the McKinney-Vento Act—only if they were homeless prior to incarceration and their incarceration term was 30 days or less, or in special circumstances when correctional transition planners or community-based organizations can determine, prior to release, that those individuals are at serious risk of homelessness.</p>	<p>MD Mental Hygiene Administration (MHA) received a \$5.5 million Shelter Plus Care grant in 1995 to provide housing for five years for homeless consumers with serious mental illnesses. This population comprises individuals coming out of jail or prison, leaving public psychiatric hospitals, and those on parole and probation who are homeless and in danger of reincarceration.</p> <p>Heritage Health and Housing, a New York City-based non-profit provider of housing and services for homeless persons and persons with disabilities, uses HUD’s Supportive Housing Program funds to provide transitional housing to parolees with serious mental illness. Parolees referred to the program must have been homeless prior to incarceration, must be determined to be at serious risk of homelessness at the time of their release from prison, or must be referred to the project from a homeless shelter. The funds are used to support rental costs, social services staff salaries, and administrative costs.</p>

TYPE OF FUNDING	FEDERAL FUNDING AGENCY	FEATURES	RELEVANCE
Community development block grants	Department of Housing and Urban Development (HUD)	Grants to local governments to provide decent housing and a suitable living environment and to expand economic opportunities. Funds may be used for activities including housing creation and rehabilitation and job creation/retention activities.	Funds activities targeted at low- and moderate-income persons; employment rates and earnings of offenders are significantly lower than those of the general population. ²²
Family Unification Vouchers	Department of Housing and Urban Development (HUD)	Available through local Public Housing Authorities (PHAs) to families for whom the lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families or in the prevention of reunifying the children with their families. Families must be eligible for a housing choice voucher (HCV) to be eligible for Family Unification Vouchers.	In 1999, an estimated 721,500 state and federal prisoners were parents to nearly 1.5 million minor children. ²³ Parents released from prison or jail are eligible if imminent threat of separation is certified by public child welfare agency and HCV eligibility is certified by PHA.
Workforce Investment Act (WIA)	Department of Labor (DOL)	1998 federal legislation that aims to integrate national, state, and local job training programs to increase employment, job retention, and earnings of participants; reduce welfare dependency; and enhance national productivity and competitiveness. WIA is a locally driven service delivery system built around One-Stop Career Centers, designed to provide “universal” service to all job seekers and employers.	According to a large three-state recidivism study, less than half of released prisoners had a job lined up upon their return to the community. ²⁴ Two out of three people released from prison and jail lack a high school diploma, and 40 percent have neither a diploma nor a GED. Only about one out of three gets vocational training at any point during incarceration. ²⁵ Many, if not most, prisoners meet the criteria for intensive services provided by the One-Stops, which include assessments, job counseling, and other assistance. These funds may be used to locate such services in the corrections facility.

22 Richard Freeman, “Crime and the Employment of Disadvantaged Youth,” in G. Peterson and W. Vroman (eds.), *Urban Labor Markets and Job Opportunities* (Washington DC: The Urban Institute Press,

1992); Jeffrey Grogger, “The Effect of Arrests on the Employment and Earnings of Young Men,” *Quarterly Journal of Economics* 110, no. 1 (1995): 51-71.

23 Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

POTENTIAL LIMITATIONS	EXAMPLE
<p>Local government authorities, which receive the grants, may wish to direct the funds to general infrastructure improvement, rather than specific housing units or job creation.</p> <p>Funds may be disbursed as loans, rather than as grants, which make them inaccessible to very low-income recipients.</p> <p>Rules that govern the transactions, such as a prohibition on deviation between the asking price and the appraisal value, may make some projects unfeasible.</p> <p>Residency in housing created or rehabilitated with these funds may be subject to the same exclusions as other public housing.</p>	<p>YW Housing in Clark County, Washington, has used community development block grant funds to convert property that the organization acquired into transitional housing for homeless women, the majority of whom have spent time in jail or prison, and their children. These funds may also support needed infrastructure changes, such as access road construction, to additional properties being developed for long-term rental housing for this population.</p>
<p>Under federal law, Public Housing Authorities may screen or refuse to house or accept vouchers from people who have been convicted of certain offenses, as may any federally assisted housing provider.</p>	<p>As part of its Section 8 program, the Housing Authority of the City of Los Angeles (HACLA) provides rental assistance for families eligible for the Family Unification Program. HACLA coordinates with the Los Angeles County Department of Children and Family Services (DCFS) to provide a broad range of in-home and community support services, including parenting classes, access to health and mental health centers, and help in finding suitable family housing.</p>
<p>Discretionary funds are limited; some WIA funds are directed to special populations.</p> <p>Access to online job listings may be restricted within correctional facilities.</p>	<p>The Safer Foundation, which administers two minimum security male residential transition centers for the Illinois Department of Corrections, receives WIA funds to support employment services. While still under the supervision of the Illinois Department of Corrections, residents participate for a minimum of 35 hours per week in outside employment, education, life skills, and/or community service, while also assuming responsibility for daily in-house assignments. WIA funds are one piece of a quilt, patched together by Safer to support program participants.</p>

²⁴ Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

²⁵ C. W. Harlow, *Education and Correctional Populations*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

TYPE OF FUNDING	FEDERAL FUNDING AGENCY	FEATURES	RELEVANCE
<p>Ryan White Comprehensive AIDS Resources Emergency (CARE) Act</p>	<p>Department of Health and Human Services (HHS)</p>	<p>Federal legislation that addresses the unmet health needs of persons living with HIV by funding primary health care and support services that enhance access to and retention in care.</p> <p>Ryan White funds comprise multiple streams targeting different jurisdiction levels. A jurisdiction's health department submits an application to Health and Human Services, which awards based on AIDS case rates and effectiveness of existing measures. Awards can be renewed annually.</p> <p>Funds can be used for wraparound treatment, including for substance abuse; primary health care, mental health care; case management; social services; food; supportive housing; outreach and education. Funds can also be used to serve people who are not eligible for Medicaid benefits.</p>	<p>In 1997, individuals released from prison or jail accounted for nearly one-quarter of all people living with HIV or AIDS.²⁶</p> <p>In contrast with federal programs such as SSI/Medicaid, there are no inherent obstacles to using these funds for incarcerated populations.</p> <p>Funds can be used to train corrections-based staff, secure contracts, and provide transitional programming.</p>
<p>Temporary Assistance to Needy Families (TANF)</p>	<p>Department of Health and Human Services (HHS)</p>	<p>TANF is a federal grant program created to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.</p> <p>Food stamps, Medicaid, TANF (for individuals not ruled ineligible) and TANF nonassistance may, under certain circumstances, be used to fund at least part of in-patient treatment programs. In addition, some states have allocated TANF funds specifically for drug and alcohol treatment.</p>	<p>Fifty-five percent of people leaving prison and jail have children under 18; about two percent of all US minors had a parent in prison in 1999.²⁷</p> <p>Children in needy families retain their TANF eligibility even when their parents are ruled ineligible. In addition, even individuals who are ineligible for regular TANF benefits may be eligible for nonrecurrent TANF benefits, which are limited to four months and are designed to deal with a specific crisis situation or episode of need, rather than recurrent or ongoing needs.</p>

²⁶ Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

²⁷ Jeremy Travis, Elizabeth Cincotta, and Amy L. Solomon, *Families Left Behind: The Hidden Costs of Incarceration and Reentry* (Washington, DC: The Urban Institute, October 2003).

POTENTIAL LIMITATIONS	EXAMPLE
<p>CAREAct-funded programs are the “payer of last resort.”</p> <p>The money is limited for use for people who have been diagnosed with infection and are currently in need of services. This does not include preventive education.</p> <p>Funds can be used only for AIDS health treatment, rather than comprehensive health care.</p>	<p>Project Bridge (RI), through a Ryan White CARE Act Special Projects of National Significance grant, provides intensive case management services to inmates with HIV who are being released from RI state prison. Before release, a master’s level social worker helps an inmate to develop a comprehensive discharge plan. At release and for 18 months after release, a second team member (an outreach worker) helps the client obtain needed health care, substance abuse treatment, and social services.</p>
<p>The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the “1996 welfare law”) includes a lifetime ban on eligibility for TANF assistance and food stamps for anyone who receives a felony drug conviction, where both the conviction and the underlying conduct occurred after August 22, 1996.²⁸ No one is exempt, including pregnant women or individuals participating in treatment.</p> <p>The 1996 welfare law also prohibits states from providing TANF assistance, food stamps, supplemental security income (SSI), and public housing to anyone who is in violation of his or her probation or parole.</p> <p>Twenty-one states have enacted legislation to make individuals with felony drug convictions eligible for some or all TANF and food stamp benefits.²⁹</p>	<p>Twenty-two states invested TANF funds in alcohol and drug treatment in fiscal year 2002, with spending ranged from \$178,200 to \$20.2 million (on average, a little more than 1 percent of total TANF funding in each State).³⁰</p> <p>Using \$5 million in unspent fy2001 TANF funds, New York State launched a project to divert appropriate individuals from prison and help them move from welfare to work simultaneously. The funds support programs providing alcohol and drug treatment, family reunification services, parenting skills training, and employment assistance to postrelease parents in families with TANF-eligible children.</p> <p>Project RIO (TX) case managers seek to co-enroll participants, particularly re-entering individuals with dependent children, in the state TANF-funded employment and training program Choices.</p>

²⁸ Public Law 104-193, § 115, as amended by § 5516 of the Balanced Budget Act of 1997 (P.L. 105-33).

²⁹ Legal Action Center, “After Prison: Roadblocks to Reentry—A Report on State Legal Barriers Facing People with Criminal Records” (New York, NY: Legal Action Center, 2004).

³⁰ Gwen Rubenstein, *The State of Policy on TANF and Addiction* (Washington, DC: Legal Action Center, 2002).

TYPE OF FUNDING	FEDERAL FUNDING AGENCY	FEATURES	RELEVANCE
Medicaid	Department of Health and Human Services (HHS)	Medicaid can fund continued access to health care services by individuals who have been released from prison or jail.	<p>The prevalence of chronic illnesses, infectious diseases and severe mental disorders among people in jail and prison is far greater than among other people of comparable ages.³¹</p> <p>More than 1 out of 3 jail inmates reported some physical or mental disability.³²</p> <p>The rate of mental illness in state prisons and local jails in the United States is at least three times greater than the rate in the general population.³³</p>
Food Stamp Employment and Training (FSET)	Department of Agriculture (USDA)	<p>Provides training, education, job search assistance, and work experience opportunities for food stamp recipients.</p> <p>FSET participants are offered educational and training opportunities in GED / pre-GED classes, Basic Computer Skills Training, Healthcare, Customer Service, and Self-Esteem Building.</p>	<p>Employment rates and earnings of ex-offenders are significantly lower than those of the general population.³⁶</p> <p>Less than half of released prisoners in a large three-state study had a job lined up upon their return to the community.³⁷</p> <p>Two out of three people released from prison and jail lack a high school diploma, and 40 percent have neither a diploma nor a GED.³⁸</p>
Veterans Benefits Administration (VBA) cash benefits, Veterans Health Administration (VHA) health care, and other VA services	Department of Veterans Affairs (VA)	<p>The VBA provides cash benefits to veterans who have a disability.</p> <p>The VHA provides in-patient, out-patient, and rehabilitative medical care to enrolled veterans, along with a range of supportive services such as substance abuse treatment and job placement assistance.</p> <p>Homeless veterans (including those leaving prison or jail) may also qualify for housing.</p> <p>VA representatives in some jurisdictions will visit the correctional facility and provide assessment and referrals in a range of service areas.</p>	<p>In 1998, there were an estimated 225,700 veterans in US prisons and jails, accounting for 12 percent of all inmates.⁴⁰</p> <p>Unlike other federal benefits, veterans' benefits need not necessarily be suspended while the eligible individual is incarcerated, although the level of benefits will likely be reduced.</p>

31 National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Prisoners: A Report to Congress*, vol. 1 (Chicago: National Commission on Correctional Health Care, 2002). According to this report, significant illnesses afflicting correctional populations include coronary artery disease, hypertension, diabetes, asthma, chronic lung disease, HIV

infection, hepatitis B and C, other sexually transmitted diseases, tuberculosis, chronic renal failure, physical disabilities, and many types of cancer.

32 C. W. Harlow, *Profile of Jail Inmates*, 1996, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

33 Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

34 42 CFR § 435.3, which references § 1905(a) of the Social Security Act.

35 Social Security Act § 1905(a)(A) and 42 USC § 1396(d)(a)(27)(A).

POTENTIAL LIMITATIONS	EXAMPLE
<p>Under federal law, Medicaid is not available to provide services to individuals while they are incarcerated,³⁴ and states do not receive federal matching funds for services provided to inmates.³⁵</p> <p>The Center for Medicaid and State Operations (a division of the Centers for Medicare and Medicaid Services, within the Department of Health and Human Services) has encouraged states “to ‘suspend’ and not ‘terminate’ Medicaid benefits while a person is in a public institution” (such as a correctional facility) to ensure that benefits are restored to eligible individuals immediately after they return to the community.</p>	<p>The Nathaniel Project, operated by the Center for Alternative Sentencing and Employment Services (CASES), provides intensive case management, including court advocacy, pre-release planning, and postrelease supervision and treatment, for felony offenders with serious mental illness. The project was initially funded by seed money from the New York City Council and several private philanthropic foundations. In order to access sustainable funding, the project made adjustments to its staffing model and some internal policies so that it could be licensed by the state Office of Mental Health as a Forensic ACT (Assertive Community Treatment) team. This license allows the Nathaniel Project to bill Medicaid for services, though there are limitations on the variety of programs to which it can refer clients.</p>
<p>The 1996 welfare law prohibits states from providing food stamps, as well as TANF assistance, supplemental security income (SSI), and public housing, to anyone who is in violation of his or her probation or parole.³⁹</p> <p>Twenty-one states have enacted legislation to make individuals with felony drug convictions eligible for some or all food stamp and TANF benefits.</p>	<p>Project RIO (TX) case managers refer job seekers to the Health and Human Services Commission for food stamp eligibility determination and monitor the FSET outreach pool to assure subsequent co-enrollment into FSET once the Project RIO job seeker is made available in the outreach pool.</p>
<p>Veterans’ health and disability benefits are not payable to a jail or prison. In most cases, benefits are suspended 60 days into a jail or prison term, unless the individual is ruled incompetent.</p> <p>Veterans benefits can be reinstated when the incarcerated veteran is released without supervision, paroled, on work release, confined to a halfway house, participating in a community control program, or confined to a state hospital.⁴¹</p>	<p>Outreach staff from the VA-run Los Angeles Ambulatory Health Center Community Re-Entry Program conduct assessments of veterans in the LA County Jail and help these individuals to link to services upon their release. Outreach staff provide connections to health care, housing, and financial benefits provided by the VA. They can also serve as advocates for incarcerated veterans within the criminal justice system and in obtaining services from other community-based organizations.</p>

36 Richard Freeman, “Crime and the Employment of Disadvantaged Youth,” in G. Peterson and W. Vroman (eds.), *Urban Labor Markets and Job Opportunities* (Washington DC: The Urban Institute Press, 1992); Jeffrey Grogger, “The Effect of Arrests on the Employment and Earnings of Young Men,” *Quarterly Journal of Economics* 110, no. 1 (1995): 51–71.

37 Steven Steurer, Linda Smith, and Alice Tracy, *Three State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

38 C. W. Harlow, *Education and Correctional Populations*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

39 Housing prohibitions are discussed in more detail in Policy Statement 19.

40 Christopher J. Mumola, *Veterans in Prison and Jail*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 178888.

41 Bazelon Center for Mental Health Law, *Federal Benefits for Individuals with Serious Mental Illness Who Have Been Incarcerated*, available online at www.bazelon.org/issues/criminalization/factsheets/benefits/index.htm#veteransbenefits.

In a fourth scenario, government officials establish new entities, often independent, 501(c) organizations, to serve as a locus for monies. Because the director of such an organization does not report to any particular state or county agency, but rather to an independent board of directors, this strategy is perhaps most likely to reflect a true partnership among different public agencies and the community. For this reason, such an approach is also likely to be especially appealing to private foundations or other potential funders.

EXAMPLE: Family Life Center (RI)

Months of planning discussions among community leaders and representatives of the Department of Corrections, local law enforcement, mental health, housing, substance abuse treatment, workforce development, and other systems regarding prisoner re-entry, culminated with the establishment of the Family Life Center, an independent

COORDINATING FUNDING STREAMS FOR COMPREHENSIVE SERVICE DELIVERY

Categorical grants, by general definition, are federal and state funding mechanisms that are prescribed in authorizing legislation for certain identified populations, providers, or services. In other words, according to the statute from which the funds emerged, these allocations must be spent in specified ways. Grant recipients must prepare budget documents to demonstrate that categorical funds are expended within the guidelines set by the authorizing statute. As a result, potential applicants should be aware of the limitations associated with the specific grant for which they intend to apply.

Certain categorical grants may include strict spending restrictions, while other grants may offer more flexibility. More restrictive grants could include limitations on the populations served; restrictions on the type of services provided; and limits on the ability to support critical “wrap-around” services, such as transportation, child care, or vocational training. Grant applicants may face the challenge of coordinating a wide variety of funding mechanisms to create a comprehensive system of care. Through leadership and innovation, many states and communities have risen to meet this challenge.

One proactive approach to determining successful financing strategies among different funding streams has been demonstrated by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and

the National Association of State Mental Health Program Directors (NASMHPD), which have jointly created a written framework to guide states and communities seeking to provide services to people with co-occurring substance abuse and mental health disorders.⁴² The NASADAD/NASMHPD framework addresses the nature and challenge of categorical grants:

“...[E]ach system must contend, both separately and together, with categorical funding streams and a set of assumptions and regulations about how such money can and should be spent. In some cases, the barriers to using categorical funding to support services for people with co-occurring disorders may be related more to misperception or selective interpretation than to actual restrictions on the use of funds.”

The joint framework also highlights strategies to help address service delivery coordination barriers, including (1) aligning financial incentives with expected outcomes to achieve goals, (2) combining funds at the local level by county behavioral health authorities and/or community providers, and (3) instructing providers on the existing statutory and regulatory latitude to use categorical funds to serve co-occurring populations. The latter recommendation is also included in the 2002 report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders.

⁴² National Association of State Alcohol / Drug Abuse Directors and National Association of State Mental Health Program Directors, *Financing and Marketing the*

New Conceptual Framework for Co-Occurring Mental Health and Substance Abuse Disorders (Washington, DC: 1999).

501(c)3 organization. Its mission is to “support and advocate for the reintegration of ex-offenders into the community.” It receives funding from several private foundations (both national and local) and the Corporation for National and Community Service. In addition, the Rhode Island Department of Corrections directs to the Family Life Center a significant share of its Serious Violent Offender Re-Entry Initiative (SVORI) grant funds, which the US Department of Justice oversees.

c | Manage the growth of the corrections population by making smart use of release decision policies and graduated sanctions for violators of probation and parole and then reinvesting the savings generated through such measures in the communities to which people return after prison.

When making the case for new funding for a program, policy, or service that targets people released from prison or jail, state and local government officials, in addition to advocates, typically predict that the initiative will reduce recidivism, often basing their hypotheses on studies showing that similar initiatives in other jurisdictions have demonstrated such an impact. The corresponding decline in the prison or jail population, their argument goes, will generate far more in savings than the actual cost of the new initiative.

While many policymakers will find this line of thinking compelling, most return to the fiscal realities they currently face: there is little or no money available for new initiatives, regardless of the savings they may generate years down the road. In fact, policymakers are often proposing cuts to *current* budgets, which often force agency officials to scale back or shut down altogether *existing* programs and services that have demonstrated a positive, and measurable, impact.

Budget problems in many jurisdictions have become so acute that elected officials are even slashing the budgets of departments of corrections—agencies once thought to be recession-proof. As noted in the Introduction to this Report, the only way to enable corrections administrators to cut costs significantly is to reduce the prison population, or at least to manage its rate of growth. Such shifts in policy carry obvious political risks, and if done hastily can unleash a firestorm of public criticism. Nevertheless, if implemented carefully and thoughtfully, they can have the backing of the public and the potential to *increase* public safety. The chart below further illustrates how these policies might be enacted and how the savings they generate may be quantified.

Changes to policies that govern prison admissions and length of stay can in fact quickly create a major stream of revenue to fund many of the policy statements described in this Report. In doing so, policymakers can effectively argue that they are increasing public safety by strengthening and making community supervision more effective and ensuring substance abuse treatment is available for drug-addicted prisoners released from a correctional facility. Seizing some of these funds for such initiatives, however, will be tricky. Policymakers are likely to be eyeing any savings generated as funding for the highest fiscal priorities of the state or county, such as closing a budget shortfall or highway repairs. These priori-

ties may bear no direct relationship to corrections, criminal justice generally, or the communities hit hardest by prisoner re-entry.

That said, the steps policymakers are taking to generate the savings in the first place—returning people to the community from prison at an accelerated rate and discouraging their reincarceration—provide two powerful political imperatives for reinvesting at least a portion of the savings generated in the communities disproportionately affected by this issue. First, without an infusion of resources into community supervision agencies, along with treatment, supports, and services upon which many returning prisoners' success depends; policymakers run the risk of trading short-term savings for increased instability—including the possibility of higher crime rates—in poor urban areas. Second, there should be an expectation among community residents that at least some of the millions of dollars once invested in the incarceration of their neighbors and family members will be reinvested in their efforts to absorb these people back into their communities.

EXAMPLE: Building Bridges from Conviction to Employment (CT)

In the summer of 2003, members of the General Assembly faced a budget shortfall of over \$250 million, a steadily growing inmate population, and pressure from the governor to appropriate funds to send additional inmates out of state to ease crowding in the state's prisons. The General Assembly commissioned a study describing various options to contain the growth of the prison population and the cost savings each of these measures would generate. In May 2004, the General Assembly passed legislation, nearly unanimously (which the governor subsequently signed into law) enacting several of these and other recommendations, which, among other things, aimed to reduce the number of people returned to prison for technical violations of parole and probation. Leaders in the Assembly anticipated that the implementation of these measures would make the transfer of more inmates out of state unnecessary. Of the \$60 million allocated for the anticipated contract to send inmates out of state, the majority of these funds was returned to the general fund, helping to close the budget shortfall; \$16 million was redirected to fund additional probation and parole officers, halfway houses, and the New Haven Community Foundation, charged with establishing a pilot project to assist a handful of neighborhoods expanding their capacity to receive people released from prison and jail.

▫ Cultivate volunteers from community and faith-based groups to increase staffing and program capacity.

Engaging volunteers and student interns from the community to provide services inside prisons or jail, or to facilitate a prisoner's transition to the community following his or her release, has numerous benefits. Volunteers provide free labor, helping to provide services that corrections administrators and other system officials often do not have the budget to fund fully. In addition, volunteers add considerable value to programs and services that target children, families, and victims of prisoners. Given their commitment to service (to the extent that they are willing to work in a prison or jail without any compensation) volunteers elicit a sense of trust and goodwill among prisoners, which is crucial to their engagement in treatment programs. (See Policy Statement 14, Behaviors and Attitudes, for more on strategies to engage prisoners in institutional programming.)

In addition, volunteers can supplement programming for prisoners by serving as role models for healthy behaviors. Volunteers who come from the communities to which prisoners are likely to return, or who have faced similar challenges in their lives (such as incarceration or struggles with substance abuse), can mentor prisoners and demonstrate how to seek a constructive path to reintegration into the community. Furthermore, volunteers' involvement with individuals while they are incarcerated provides a foundation for them to maintain contact after the person's release. For a corrections or community corrections employee, such continuity of care is considerably harder to realize.

EXAMPLE: Women's Mentorship Program, Rhode Island Department of Corrections

Women within three to six months of release are paired with volunteer mentors through the Women's Mentorship Program. Mentors undergo training and receive ongoing guidance from a volunteer coordinator who is a corrections staff member, including monthly meetings to discuss challenges and share experiences. The mentorship provides the prototype of a healthy, trusting relationship for female inmates who may have misplaced trust or been cut off from healthy relationships before or during their engagement with the criminal justice system. A preliminary study showed that after one year, the rate of recidivism among participants was 25 percent, versus 40 percent among a control group of non-participants.

The presence of volunteers in correctional institutions and among teams of community-based service providers is a useful measure of whether corrections administrators and social service and health systems have in fact reoriented the culture of their systems to effectively address issues regarding prisoner re-entry. Volunteers help to bridge the enormous physical and psychological divide that separates the community and the institutions, reminding staff about the communities to which prisoners will return and adding to the cultural competence of corrections or community corrections staff.

EXAMPLE: Shadow / Mentorship Program, Islamic Health and Human Services (MI)

Mentors are matched with men released from prisons in Michigan who have made a commitment to Islam. Mentors meet with or contact individuals frequently during the first three to four months after their release from prison, primarily to refer releasees to resources within the extensive Muslim community. Participants in the program are expected to attend the same mosque for Friday prayers weekly, to enable community members to get to know them; and to recognize disrupted patterns, which might indicate a risk of relapse or recidivism. Members of the community have provided minimum-wage jobs to nearly all program participants, and some participants have even stayed in mosques after release.

Despite the benefits of involving volunteers in organizations serving prisoners and other groups affected by re-entry, there are important considerations that should discourage agency officials from reaching out to volunteers too hastily. Similarly, policymakers encouraging systems to make better use of volunteers (or charities or individuals seeking more volunteer opportunities around prisoner re-entry issues) need to keep several issues in mind.

First, corrections administrators or policymakers should not look to volunteers as substitutes for professionals who deliver programs and services. Typically, the number of volunteers and their availability does not approach the demand for services that exists inside prison or jail or in the community among people with criminal records. Most programs need

to be provided several times a week, and client-to-provider ratios must be limited to ensure effective service delivery. And, whereas most volunteers offer their time at night and on the weekends, it is during traditional office hours on weekdays that most programming must be provided.⁴³

Second, while they may not charge for the time they work, volunteers do generate costs. For example, they require some training about working in a secure facility and about the obstacles that prisoners reintegrating into the community face.⁴⁴ They also need coaching, which can be time-intensive, about the elements of services most likely to have an impact on the client. Without the proper oversight, volunteers can end up leading lengthy rap sessions, which accomplish little and compromise the integrity of the programming already provided. Finally, because volunteers sometimes plunge themselves into this work—with little appreciation for how emotionally draining providing services to prisoners, their families, or victims can be—they can burn out quickly. As a result, the time allocated to train and monitor volunteers who quit weeks after they begin working may very well undermine the investment.

The potential pitfalls of using volunteers are easily outweighed by the invaluable services they can provide. To avail themselves of this invaluable resource, which, after all, is free, corrections administrators should address the cautions described above and take steps to forge a successful working relationship between volunteers and staff working in the institution. Some immediate impediments to such a relationship are the distinct perspectives of corrections employees and volunteers. Corrections employees, particularly uniformed officers, are often suspicious of volunteers, whom they may view as naïve, easily manipulated by dangerous felons, and potential carriers of contraband. On the other hand, volunteers may see corrections officers staff as obstructionist and uninterested in re-entry.

To smooth out such potential rifts, corrections administrators should assign a representative of the agency to coordinate volunteers and to serve as an ongoing liaison between volunteers and institutional staff. This person should be charged with recruiting and screening appropriate volunteers, coordinating appropriate training, helping to overcome logistical obstacles or conflicts between volunteers and staff, and serving as an ongoing resource to volunteers. Shift commanders and other leadership should also communicate with volunteers on a regular basis. To support volunteers who may feel isolated or underappreciated, corrections administrators should facilitate the formation of support groups. Furthermore, corrections administrators should be sure to recognize prominently the important contributions that volunteers make. Appreciation days, honorary dinners or lunches, and periodic awards can all be used for such recognition.

⁴³ Although corrections institutions obviously are staffed 24 hours a day, seven days a week, staffing complements are greatest during the day; institutionally-based programming staff work hours similar to those in the community.

⁴⁴ In this regard, volunteers who have themselves been incarcerated and have successfully completed their sentence and returned to the community may present

some advantages. If corrections staff takes appropriate measures to confirm that such individuals have abandoned criminal behavior and are committed to conforming with institutional security rules, these volunteers may be particularly effective at understanding the challenges of re-entry and earning the trust and respect of prisoners.

VOLUNTEERS AND FAITH-BASED INSTITUTIONS

Churches, mosques, synagogues, and other faith-based institutions are often the single best source of volunteers in a community. Ready to support people whose moral compass needs righting and who have lost faith in themselves, and willing to preach forgiveness when it is coupled with personal responsibility, members of faith-based institutions can be valuable additions to institutional or community-based programming. Furthermore, faith-based institutions are often the most comprehensive service provider—and the most credible, established, and respected institution—in underserved communities, where people released from prison and jail most frequently return.

Volunteers representing a church or other faith-based institution can provide a single point of contact through

which released individuals may access a network of resources and role models. The structure of these organizations also provides valuable efficiencies to corrections administrators. Corrections staff can train clergy about working in this setting, and then trust those leaders to educate their parishioners and to support volunteers during their work in the institution and with prisoners released to the community. Furthermore, it provides an invaluable vehicle to communicate with the larger community, which, particularly in the neighborhoods receiving the majority of people released from prison and jail, may harbor deep suspicions about distrust at the criminal justice system.

OPTIONS FOR MANAGING THE GROWTH OF THE PRISON OR JAIL POPULATION⁴⁵

State officials who accept the fiscal unavoidability of managing the growth of the prison population have two choices: 1) reduce the number of people admitted to prison each year; and/or 2) reduce their length of stay. This section briefly describes these choices and explains why prison population reductions that can be put into effect through changes to the back-end decision-making process (*i.e.*, policies that address postsentencing, prison/jail release and community-based supervision) can be particularly appealing to state government officials.

Prison Admissions

State corrections systems admit a person to prison under two scenarios: the court convicts someone of committing one or more crimes and sentences him or her to a period of incarceration; or, a releasing authority remands a person to prison who is already under supervision of the criminal justice system because he or she has violated conditions of release. Reducing these categories of admissions can be accomplished in two ways. First, the state's legislature can modify existing sentencing laws that would restrict the types of crimes for which a person must be sentenced to prison (mandatory prison terms). Lawmakers in several states, for example, have restored at least some discretion to the judiciary in sentencing certain crime categories (usually drug offenses). These changes, presumably, would result in a greater number of defendants sentenced to some alternative-to-incarceration.

The second way to reduce prison admissions is to restrict the numbers of people admitted to prison for technical violations of either probation or parole. The development of a ladder of graduated sanctions, which escalate in severity, ensure that releasing authorities have options—other than just a warning or re-incarceration—to respond swiftly and effectively when a person violates a condition of release.

Length of Stay

At least three factors (although this can vary depending on the state) are central to an inmate's length of stay: the length of the sentence imposed by the judge; laws and regulations that establish how long an inmate must serve before becoming eligible for release; and the release decision itself.

Legislatures can effect reductions in length-of-stay by re-examining current laws that establish sentence lengths and the amount of time a prisoner must serve before becoming eligible for release. In the past decade, many states have passed laws that require longer

sentences for certain crimes and/or a higher percentage of time to be served before being eligible for release. Many of these laws have been referred to as Truth-in-Sentencing (TIS) laws that require offenders to serve 50, 75 or 85 percent of the sentence imposed. When coupled with longer prison terms, TIS laws can increase the period of imprisonment significantly.

Executive branch officials can also reduce inmates' length of stay by revising policies that govern the decision to release a prisoner once eligible for release. Although some states have abolished the discretionary parole system, the majority (35 states) have maintained at least some discretion available to parole boards. These parole boards have the authority to adopt a risk-based parole guidelines system that ensures low-risk prisoners are released as appropriate, while high-risk and dangerous felons serve longer prison terms.

Practical Considerations

Some of the policy changes described above—most notably changes to sentencing laws that define the crimes for which someone must be sentenced to prison, or how long he or she spends in prison, or when he or she is eligible for release—could be implemented only with the passage of new legislation. In recent years, legislatures in several states have in fact changed such sentencing laws.⁴⁶ Nevertheless, shepherding such bills, which are often viewed as politically unpalatable, through a legislature is a lengthy and complex process requiring extensive consensus-building that can take several years.

On the other hand, changing the way releasing authorities, such as parole boards, exercise the discretion already available to them—or how officials respond to violations of conditions of release—can be accomplished administratively. Corrections agencies, parole boards, or other executive branch agencies typically do not need changes to statutes to make improved use of discretion or to develop and administer a set of graduated sanctions for violators of conditions of release.

Making these administrative changes is a considerably less complicated process than an overhaul of a state's sentencing laws. At the same time, such administrative changes present opportunities to have an impact on a state's prison population on the same scale as modifications to sentencing laws. Twenty-eight percent of all prison admissions are either probation or parole violators, and at least half of these violations are technical—offenses for which someone could not be sentenced to prison.⁴⁷

MEASURING SAVINGS

Budget officials seeking immediate savings are uninterested in “theoretical” savings calculated according to per diem or per annum rates. For example, if a state spends \$30,000 per year, per prisoner, the state will theoretically save \$30,000 for every prisoner by which the population is reduced. Yet the state does not save, in fact, at this per annum rate for each prisoner by which it reduces its population. A state realizes actual savings only when officials manage to reduce the population to the extent that they can alter staffing patterns, close a wing of a prison or an entire facility, postpone (or preempt altogether) the construction of a new facility, or cancel a contract with another jurisdiction to house state prisoners. In sum, reducing a state’s prison population by 100 inmates may theoretically save the state \$300,000, but actually save the state \$60,000.

A state can save actual dollars when officials reduce the rate of a state system’s growth—without realizing negative growth (i.e., lowering the number of people in prison). Such actual savings depend, however, on whether officials had predicted a budget expenditure that, in effect, overestimated the state’s rate of growth. For example, if the state manages to cut the department’s population rate of growth to one percent, did the state’s budget for the next fiscal year assume a two percent growth in the prison population? Furthermore, did that two percent growth trigger the construction of another prison, the cost of which was also incorporated in the next fiscal year?

Some features of a state’s department of corrections’ budget might facilitate efforts to confirm that a new population management strategy has generated savings. For example, states that operate on a biennial budget and project a prison system’s growth two years out are especially likely to provide evidence that a new population management strategy has generated actual savings.

A state that contracts (or has plans to contract) with a private corrections agency or another jurisdiction is well situated to quantify the savings that new policy changes have netted. States generally pay the full per diem rate to house prisoners in county facilities or out-of-state. While there may be some marginal costs associated with the need to house the displaced inmates, canceling these contracts allows states to realize the per diem savings. In addition, eliminating contracts does not reduce the budget of the department of corrections, thus defusing any possible resistance from corrections directors or unions.

Other attractive avenues to achieve savings are postponing or canceling major prison construction initiatives, or closing entire facilities. In some states, lawmakers reluctant to expand the state prison system and corrections administrators committed to opening a new and staff-efficient facility have found a compromise that can generate system-wide savings: move forward with the opening of a new facility, but agree to close (or at least mothball) one of the state’s older prisons that is particularly staff-intensive to operate.

45 At least some of these options discussed in this sidebar contemplate changes to policy that address sentencing and related matters. This discussion is for informational purposes, providing some context for the discussion about changes to policy or law that address postsentencing issues, which can generate revenue that could be applied to a re-entry initiative. As stated in the introduction to the report, the policy statements and

recommendations in this report address postsentencing decisions only. For a detailed discussion of these options, see James Austin and Tony Fabelo, *The Diminishing Returns of Increased Incarceration* (Austin, TX: The JFA Institute, July 2004).

46 Michigan is one recent example, where former Governor John Engler, a Republican, recently signed into law a piece of legislation repealing some mandatory minimum

sentencing laws for certain drug offenses on December 25, 2002.

47 Michael Jacobson, John Jay College of Criminal Justice, memorandum to the editor, September 9, 2004; Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United States, 1998*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234.

Promote the integration of systems sufficient to ensure continuity of care, supervision, and effective service delivery.

Once the right stakeholders have informed themselves about the re-entry population in their jurisdiction and have managed to address the core challenges of funding and mission change, they will have built a strong foundation for a re-entry initiative (see Policy Statements 1 to 4). But this foundation is unlikely to assure that a person will transition seamlessly from prison to the community unless the partners take steps to bridge their respective systems and work together.

Indeed, while it may be the shared goal of organizations working together to improve prisoner re-entry, “seamlessness” may seem especially unrealistic: a secure perimeter and, in the case of prisons, usually hundreds of miles, separate the correctional facility and the community awaiting the released prisoner. Cultures distinct to organizations operating within the justice system and community-based agencies, to say nothing about how each maintains and manages information about the population they serve, exacerbate the challenges that geographic distance alone presents.

Integration of operations even within a system can be a formidable obstacle. For example, an offender whose term of incarceration has included time in prison has almost certainly been transferred among correctional institutions, and it is not uncommon for the receiving institution to fail to receive or use information maintained—or to build upon programming and services offered—at the institution where the prisoner had been housed previously.

The recommendations in this policy statement outline strategies central to bringing organizations and systems that must work together into a close partnership: teaching people in one system about the organization, operations, and culture in other organizations; maximizing the exchange of information among systems; developing benchmarks common to multiple systems; and establishing processes to govern the multi-system initiative.

recommendations

A | Create and maintain forums for project oversight, information sharing, communication, and problem-solving across agencies and organizations.

Policy statements and recommendations throughout this Report suggest the formation of teams or committees to plan, administer, monitor, and/or evaluate various aspects of a re-entry initiative, whether screening and assessment upon entry to facility or the development of a cross-training effort. Each of these working groups typically involves staff designated by high-ranking officials (if not the directors) of multiple agencies or organizations.

It is important for these high-ranking officials and directors to develop an organizational structure that provides one central steering committee or executive committee to guide each of these smaller, more focused, working groups. Such a superstructure, particularly when it reports to the chief executive for the jurisdiction, establishes comprehensive oversight over distinct efforts to address prisoner re-entry within the jurisdiction. Referred to as the “oversight team” in this recommendation, this structure ensures that the people directing the effort have a clear understanding of the initiative’s overarching goals, an appreciation for how partnering organizations have interacted in the past, and a mechanism to address problems that may surface within a particular aspect of the re-entry effort.

EXAMPLE: Michigan Prisoner Re-Entry Initiative

The Governor established a State Policy Team led by the Governor’s Criminal Justice Policy Advisor. It comprises senior staff from the Departments of Corrections, Community Health, and Labor and Economic Growth, and the state’s Family Independence Agency. The State Policy Team directs an Executive Management Team, which coordinates “Decision Point Work Groups” to address possible changes to admission, release decision, and other key decision points identified in the TPCI model developed by the National Institute of Corrections.

How the oversight team organizes its subcommittees or task forces will depend on the jurisdiction. Some jurisdictions establish working groups according to issue area, such as workforce development and employment issues, housing, and mental health. The Transition from Prison to Community Initiative (TPCI), a problem-solving approach that the National Institute of Corrections has developed for states, identifies “key decision points,” (e.g., intake/screening,

TPCI MODEL: SYSTEMS INTEGRATION

Under TPCI, states plan and implement reforms through a multi-agency partnership that engages corrections, releasing and supervision authorities, and criminal justice and human services agencies. Once partnering agencies are identified and brought to the table, collaborative relationships should be formalized through interagency agreements and contracts. Partners are also advised to amend their respective information systems, as needed, to remove or modify barriers to sharing information needed to operate the initiative. Furthermore, TPCI advocates collaborative case management, involving prison staff, the offender, the releasing authority, community supervision officers, human service providers (public and/or private), victims, and neighborhood and community organizations, to provide continuity in implementation of case plans from incarceration through discharge, and to ensure smooth transfer of responsibility for the plan as the individual progresses from prison to parole to successful discharge from supervision.

release) and some states have organized their subcommittees accordingly. Still other states may wish to organize the working groups geographically, in order to focus on major metropolitan areas to which disproportionately large numbers of people return from prison or jail.

Because a re-entry initiative contemplates so many different agencies and organizations, the oversight team has the potential to include dozens of people, making the administration of the project unwieldy. To keep the decision-making process streamlined, while ensuring opportunities for all affected constituencies to guide the initiative, it may make sense to establish an advisory council to the oversight team.

Four other denominators are common to the effective administration of a re-entry initiative that integrates the operations of numerous organizations: 1) the role of the chief executive; 2) the staffing of the initiative; 3) the level of investment that community leaders have in this organizational structure; and 4) the methods of communication up and down the chain of command.

First, as stated earlier, the oversight team needs effective channels of communication with the chief executive of the jurisdiction. Governors obviously have little time to focus on prisoner re-entry, and it is neither realistic nor appropriate to expect their routine, or even periodic, involvement in the meetings of the oversight team. It is unlikely that even the members of the oversight team, as extensive as their responsibilities are, will be able to coordinate meetings that are more frequent than once every quarter. Still, if the chief executive initially convenes the oversight team and designates a personal representative on the team (who keeps the chief executive updated about the progress of the initiative), it ensures a level of accountability and collaboration that might be elusive among a group in which no individual outranks the others.

Second, the work of the team needs to be coordinated by one person, who will staff the team, set the agenda for meetings, and monitor the implementation of agreements that the team reaches. This role is essential to maintaining momentum between meetings and to demonstrating to members of the oversight team that the meetings are worthwhile and productive. In many jurisdictions, the obvious candidate to serve this role is a designee of the lead corrections authority. After all, unlike other organizations participating in the initiative, corrections is relevant to every aspect of prisoner re-entry. That said, charging a representative of the department of corrections to staff the initiative may be strategically unwise in some jurisdictions. This is especially true in jurisdictions where the parole, probation, or other key community corrections agencies do not report to the director of corrections. In addition, charging someone in the state department of corrections with coordinating the initiative may shortchange the importance of collaboration between local jails and the state prison system. Another possibility is to rotate responsibility for staffing the team

periodically (e.g., annually) among the different organizations represented on the management team.

The oversight team may also want to consider engaging a third party to provide such support.

EXAMPLE: New Jersey Institute for Social Justice

The New Jersey Institute for Social Justice (NJISJ), a Newark-based urban research and advocacy organization that analyzes and addresses the underlying causes of social and economic disparities in New Jersey's urban areas, served as consultant and facilitator for New Jersey's participation in the Re-Entry Policy Academy, coordinated by the National Governors' Association. Through its consultant role on the Policy Academy, NJISJ built on its work on the New Jersey Re-Entry Roundtable, which it coordinated (along with the New Jersey Public Policy Research Institute) and helped staff.

A nongovernmental organization, however, should not independently assume this role. Instead, the chief executive of the jurisdiction must charge the independent organization, ideally through a formal contract, with this responsibility.

Third, the success of a re-entry plan ultimately depends on the extent to which the people who must implement it are invested in its success. Leaders in the community must have some stake in the oversight structure, and they will have such a stake only when power is shared with them. To that end, the team should ensure that community leaders feel that the oversight structure includes and represents those who understand the dynamics of the neighborhoods most directly affected by prisoner re-entry. Without such representation, community leaders are likely to undermine the credibility of decisions made by the oversight team. Of course, not every community leader can be included on the team itself, and some will invariably resent the elevation of particular community leaders to the team. To minimize fallout with any particular constituency, the oversight team should ensure significant community representation in the advisory council. The oversight team itself could include two designees of the advisory council. Designees could be rotated periodically. Alternatively, the oversight team could rely upon an officer of one or two large, statewide organizations (e.g., New Jersey's Black Ministers' Alliance) to serve on the team.

Fourth, routine communication within and across organizations about the issues on which the management team is focusing is critical. The oversight team structure should regularly update staff about the extent of collaborative efforts among their organizations. In this regard, internal newsletters, conferences, and websites can be useful tools. The Michigan Department of Corrections, for example, disseminates a monthly newsletter to its 18,000 employees in which it provides frequent updates about the department's role in the Michigan Re-Entry Initiative.

It is also important for the oversight team to receive regular updates from the subordinate subcommittees and task forces. Too often, new developments in the field or important insights about the implementation of

a new policy, which are considered common knowledge among line staff, do not find their way to management.

Dialogue within and between partnering organizations can help strengthen a collaboration. By disseminating written materials to partners, posting weblinks to partner agencies, and explicitly publicizing the partnership in both internally and externally disseminated material, agencies can fortify the collaboration. The National Institute of Corrections, for example, has used weblogs (blogs) to generate dialogue about re-entry issues among partners spanning multiple agencies.⁴⁸

B | Expand opportunities for intersystem and interdisciplinary education and training.

Criminal justice agencies and various community-based organizations, such as mental health, workforce development, substance abuse treatment, and housing obviously have different traditions, missions, and values. Even the language used in each of these systems is distinct. To the corrections administrator, a person to be released from a secure facility is an “offender.” On the other hand, someone working in a One-Stop would see that person as a “job seeker” or “worker”; a mental health professional would see the person as a potential “consumer.” Depending on the system, the person could also be viewed as someone who is a “noncustodial father,” “homeless,” a “parishioner,” or simply a “client.”

Needless to say, staff working for each of the systems that may have some responsibility for a person to be released from prison have been trained very differently. To appreciate how each of these systems is organized and how it functions, and even to understand the language it uses, employees of different systems collaborating in a re-entry initiative should be cross-trained. Under such an agreement, staff members working in two or more systems receive training from each other in order to improve overall service provided to an overlapping target population. Mental health and criminal justice systems may cross-train to improve each system’s response to people with mental illness in the criminal justice system.⁴⁹ Substance abuse and criminal justice systems may cross-train to improve each system’s treatment for people in corrections and community corrections settings. Housing and substance abuse treatment systems may cross-train to improve their provision of supportive housing for people

⁴⁸ As part of the TPCI project, NIC hosts a re-entry blog, available online at http://wj.in.typepad.com/reentry_blog/.

⁴⁹ For a discussion of how cross-training can relate to the intersection of mental health and criminal justice systems, see The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York, NH: 2002), p. 234.

with substance use disorders. These are just some of the combinations of systems that should think about cross-training their staff.

EXAMPLE: Connecticut Jail Diversion Project

Mental health clinicians in Connecticut's Jail Diversion Project receive periodic in-service training about the missions and procedures of the different criminal justice agencies with which they collaborate. Representatives from the Department of Corrections, the State's Attorney's office and the Public Defender's office (among others) participate in the training and discuss case scenarios with the clinicians. The clinicians learn how to maintain the integrity of their role as treatment professionals while operating in the criminal justice system.

Determining in what situations (and for which staff) cross-training might be most useful should begin with a review of existing training materials and programs. Administrators should ask themselves where there are gaps and whether these gaps present opportunities to enhance familiarity with other systems. Furthermore, in developing a cross-training initiative, it is important to keep other potential dividends in mind. Not only does cross-training foster relationships between people working in each system and promote the sharing of ideas. It also provides staff with current information about how a system works, dispelling myths or stereotypes that employees in one system may have held about people working for (or served by) the other.

EXAMPLE: La Bodega de la Familia/PARTNER, Family Justice, Inc. (NY)

La Bodega offers periodic cross-training for case managers and parole and probation officers working with La Bodega to improve community supervision through the involvement of family members. Topics vary per session (as does the facilitator), but all sessions follow an agenda, set by the facilitator and La Bodega's program director, which covers issues spanning community supervision and family systems. Case managers cross-train parole and probation officers in ways to use therapeutic intervention models, identify family strengths, engage the family, and increase understanding of alternative family structures and social and economic factors relevant to low-income families. Parole and probation officers cross-train to emphasize their organizational imperative to protect community safety and to discuss obstacles faced in community supervision. Starting broadly, conversations tend to focus on case specifics. Through cross-training, La Bodega hopes to create a forum to express concerns, probe assumptions, and work towards a shared perspective conducive to the La Bodega model.

c | Link information systems so data for criminal justice, health, labor, and social services populations can be effectively shared and analyzed as appropriate.

As numerous policy statements in this Report explain in detail, appropriate and effective information sharing facilitates (among other things) continuity of care, the effective screening and assessment of people admitted to prison, smart release decision-making, and strategic community supervision. It also maximizes the value of resources developed or commissioned by one system but of use to another (such as information about employment markets). Thoughtful program and policy design, as well as the evaluation of a re-entry initiative, also usually depend on the ability to

draw upon, synthesize, and analyze information from multiple systems. In short, the quality and impact of a re-entry initiative invariably depends at least in part on the extent to which organizations are sharing information appropriately and effectively.

Plans to ensure that information about people involved in the criminal justice system is shared typically turn to the issue of information systems and the possibility of integrating them. A number of obstacles, however, typically stymie such plans. Laws and regulations governing the confidentiality of certain information are cited, sometimes accurately and other times inaccurately, as prohibiting a person working for one organization from exchanging information about a client to a person working for another organization. In other cases, policymakers and practitioners make information sharing dependent on quixotic plans to integrate entire information systems—initiatives so ambitious and grand in scope that they end up collapsing under their own weight. For these reasons, developing a system ensuring that a sufficient, but realistic, level of information is available to decision makers in the criminal justice system and service providers begins with an appreciation of the issues that typically thwart efforts to develop a comprehensive information management system.

First, understanding the role of information sharing laws and regulations, in addition to knowing how to work within these parameters, is essential.⁵⁰ Federal confidentiality laws, such as the Health Insurance Portability and Accountability Act (HIPAA), regulate the use and release of medical records and individually identifiable health data.⁵¹ Under HIPAA, patients must be informed as to how their personal information may be used, and they are allowed to control certain disclosures of their personal information. Similarly, individuals in substance abuse treatment are protected from disclosure of records concerning their identity, diagnosis, prognosis, or treatment without informed patient consent by federal law on substance abuse patient records.⁵² Additional state regulations and professional ethical obligations make health, mental health, and substance abuse treatment providers reluctant to share clinical information without consent.⁵³ Generally speaking, written consent is needed if information is to be shared beyond the clinical team providing services, though provisions exist for sharing information in a health care emergency. Some states also have specific provisions for sharing information with a law enforcement officer or agency if doing so will benefit the patient. (See Policy Statement 10, Physical Health Care, and Policy Statement 8, Development of Intake Procedure, for more on how corrections, health care, and

⁵⁰ Ibid. The Criminal Justice / Mental Health Consensus Project Report provides a set of principles for sharing information about a person's mental illness with representatives of the criminal justice system. Although many aspects of these recommendations may apply only to prisoners with mental illness, they have some relevance to other systems.

⁵¹ 42 USC § 201, *et seq.*

⁵² 42 USC § 290dd-2.

⁵³ The Council of State Governments, *The Criminal Justice / Mental Health Consensus Project* (New York: 2002), p. 195.

substance abuse program administrators can share information without violating privacy regulations.) Education records are similarly protected from dissemination without the consent of the student by the Family Educational Rights and Privacy Act (FERPA), though these protections are limited.⁵⁴

Second, recognizing the extraordinary quantity of resources needed to finance the design and implementation of the grandiose vision that a single, integrated information system presents could help to pre-empt an initiative that, in the worst case scenario, could become a boondoggle. The technology required for such a system—including contracting with people who have the expertise to create and implement it—is likely to be extremely expensive. Costs associated with hiring and/or training staff to use the new system present additional expenses. Convincing policymakers about the merits of making such an investment, while it may have obvious merits, can be a tough sell, as it is unlikely to generate savings for any one agency.

Third, appreciating the extent to which existing information systems are distinct (and the reasons for these distinctions) makes people more realistic about the practicability of integrating multiple information systems. Just as criminal justice and community-based organizations may use different terminology to refer to an individual released from prison or jail, they likely use different criteria for evaluations they conduct and different methods to conduct assessments. Accordingly, deciding upon standardized data identifiers is not a simple matter; organizations may be committed to their measurements based upon long-developed experience, legislative requirement, or funder expectations. Preparing staff to use a dramatically different information system does not mean simply training them on the use of the new system, but rather confronting a major shift in the culture of entire organizations.

With an appreciation of the challenges described above, administrators of different agencies and organizations may appropriately decide to narrow the initial objectives of an integrated information system. For those state and local government officials seeking measured degrees of information system integration, some options, which vary in their degree of ambitiousness, are presented below.

Information-systems managed by one agency

State and local government officials should consider focusing initially on information systems used by offices or divisions that are administered by one agency or are under one umbrella organization. For example, a department of correction may be responsible not only for prisons in the

⁵⁴ 20 U.S.C. § 1232g.

state, but also correctional health and parole—each of which uses different information systems, making it difficult to transfer files and share treatment plans among the divisions to streamline and make more effective the release and re-entry process. Because the chiefs of these divisions report to the same executive, integrating their information systems should be a realistic, albeit challenging, goal.

Non-justice agencies, likewise, are more likely to integrate data systems internally than to integrate with justice agencies. Health agencies sometimes find it useful to link treatment data through integrated, electronic records and standardized documentation. In some states, the state department of health or mental health licenses and oversees providers who operate within the jail or prison system; in these states, corrections-based providers are treated no differently than community-based providers as far as information sharing is concerned. States in which the department of corrections maintains its own health services may find information sharing with community-based providers to be less transparent. (See Policy Statement 10, Physical Health Care, Recommendation e, for more on the importance of linking health data for an individual gathered while incarcerated for postrelease treatment; and Policy Statement 20, Planning Continuity of Care, Recommendation a, for more on employing standardized documentation and summary health records for the purpose of integrating data.)

Information systems managed by multiple agencies or jurisdictions

Integrating information systems among different jurisdictions, such as a case tracking system of the parole agency and databases managed by state or local employment assistance agencies, can be particularly challenging. As indicated earlier in this recommendation, independent agencies (whether they are distinct agencies at the state level, or agencies, such as probation, that are administered distinctly by each county) are accountable to different constituencies and sometimes are competing with each other for resources. Although efficiencies could justify integration of information systems among different jurisdictions, these projects face many obstacles that may require careful planning and consensus before proceeding. Only when multiple jurisdictions see the benefit of integration, and take their own initiatives to cooperate, are these projects likely to succeed.

EXAMPLE: Common Integrated Justice System Project, Texas Conference of Urban Counties

The Texas Conference of Urban Counties, a collaborative organization comprising 37 member counties which represent over 80 percent of Texas's population, is coordinating the development of a Common Integrated Justice System (CIJS) across multiple agencies in 13 participating counties. The CIJS plan will integrate justice information in two ways: within a single jurisdiction among multiple justice-related and law enforcement agencies; and among justice-related and law enforcement agencies at the local, county, state, and federal levels. CIJS recognizes that costs can be reduced dramatically through the coordination and leveraging of efforts, standardization of work products, and cooperative oversight structure among the multiple counties and agencies.

Agencies that recognize their interdependence also have clear incentives to integrate information systems. For example, Houston police departments conduct background fingerprint checks through an electronic database at jail intake; with immediate access to the individual's arrest and jail records, the district attorney's office can quickly determine whether to prosecute, and a public defender can be appointed within three days of arrest. Integrated, electronic data systems in this instance allows the law enforcement and court systems to quickly move an individual through the jail intake and adjudication processes, which has positive cost implications for both agencies. Releasing authorities and community supervision offices lack this obvious cost incentive or direct operational imperative to integrate data systems.

Sharing "frozen" data

State and local government officials who had envisioned information systems whose data are integrated (both within justice systems and between justice and non justice systems) in "real time," may consider compromising on this objective. Real time information system integration means that authorized personnel in each agency have electronic access to certain records (or certain aspects of those records). They can access a record during the day, and they can transfer, change, or add information to it following established operational procedures.⁵⁵ In the event that state and local government officials determine that such a level of information system integration is unrealistic (at least at the present time), they should assess the possibility of linking information systems to match and cross-analyze data on a "frozen," non-real-time basis. In such a system, an agency could ask another agency for specific data, and then analyze it to facilitate the design, operation, or evaluation of programs and policies that target overlapping populations. Such a system could also facilitate information sharing on even a daily basis to improve service delivery.

EXAMPLE: Community Re-Entry Program, Veterans Administration and Los Angeles Sheriff's Department (CA)

The Los Angeles Sheriff's Department sends the names of inmates who report during screening that they are veterans to the Community Re-Entry Program, allowing outreach staff from the Veterans Administration to identify and offer assessment and service linkages to eligible inmates.

Compared to data integration on a real-time basis, the cost of this form of integration is insubstantial. Agencies can also tap staff in the partnering organization to collect data. Community-based health agencies, for

⁵⁵ Such real time integration has become a standard in some jurisdictions that sometimes stifles information sharing. Personnel in an agency, for example, assume that if they cannot update records on a real time basis, they do not share the information at all. Administrators

should be clear with personnel that while real time integration may be a goal, staff should continue to ensure that, when such an exchange of information is not feasible, at a minimum, paper records are transferred appropriately when an inmate is moved or released.

example, can use jail-based treatment staff to record information acquired during screening, which could then be used to inform treatment plans that community-based providers develop.

Policymakers whose authority spans agencies wishing to integrate their information systems should push these organizations to narrow the scope of their initial plans without losing sight of their overarching goal: designing processes to ensure appropriate and effective information sharing. To that end, they should make clear the purposes for which data are needed, identify the data that would address these needs, and commission an assessment of the extent to which such data are already available in a particular system. Once gaps in information sharing are identified, the agency-spanning authority should establish a team of expert staff who report directly to agency directors to address these gaps. Funded by resources contributed by both agencies, the team should isolate the obstacles to integration, explore alternatives to live data integration, and assess whether these alternatives meet each organization's needs.

**EXAMPLE: Integrated Justice Program,
Virginia Department of Criminal Justice Services**

The Integrated Justice Program (IJP), a fully operational project managed by the Department of Criminal Justice Services (DCJS), was established by DCJS and the Secretary of Public Safety to improve criminal justice information processing, information sharing and decision-making across multiple justice agencies and jurisdictions. IJP staff members are charged with management and technical implementation of the project; they receive strategic guidance from, and cultivate interagency buy-in with, a project steering committee and other interagency committees and workgroups.

D | Assign staff to be responsible for boundary spanning among organizations serving people during—and following—their incarceration.

Successful collaboration often requires communication between multiple individuals across organizational lines. Many successful partnerships can be traced to the establishment of a position, sometimes referred to as a “boundary spanner” position, who serves as a traffic cop for the various people responsible for managing this communication on a day-to-day basis, and a liaison to coordinate cross-systems activities. The person in this role must be able to understand and work within the different cultures, policies, and procedures of multiple areas and successfully bridge gaps between different systems.

Which organization employs the boundary spanner often depends on a variety of factors, such as local politics, history, economics, and personalities. Nevertheless, researchers have found some common aspects of successful boundary spanners. A clear conceptualization of the functions of a boundary spanner position is often more important than the exact location of the position. In addition, it is important to find experienced, well-respected individuals to staff these positions; these individuals are of

ten veteran staffers who are familiar with the formal and informal norms of multiple systems. Boundary spanners should be well compensated and given a title that appreciates the importance of their cross-systems work.⁵⁶

EXAMPLE: Program Director, Maryland Re-Entry Partnership (REP)

REP's Program Director performs a boundary spanning function, linking REP case managers and advocates, service provider agencies, and organizations based in communities with high rates of people released from prison or jail. The Program Director serves as liaison with each of the partners by creating relationships and managing contracts, which REP staff will rely on in the field. She meets with service providers monthly, often extending invitations to attend weekly REP staff meetings; for strategic planning conversations, she assembles all partners in the re-entry initiative. Through these meetings, REP ensures that partners are creating an effective web of resources and collaborating successfully on a client-by-client basis. Partners have the opportunity to review strengths and gaps in the partnership and learn of developments and news in Baltimore and the field.

E | Prepare contracts or memoranda of understanding defining the terms of the partnership, including how shared resources will be managed and accountability will span agencies involved in the initiative.

Memoranda of Understanding (MOUs) can give each partnering agency an opportunity to define its mission as it relates to re-entry, its perceived role in the re-entry process, and its expectations from the collaborative relationship.

EXAMPLE: Corrections Organized for Re-entry (CORe), Louisiana Department of Public Safety and Corrections

CORe partners with local and state service agencies, community organizations and citizen volunteers to provide vocational training, treatment services, life and family skills training, and housing services throughout the re-entry process. The Department of Public Safety and Corrections uses MOUs with partnering agencies to

- Define shared goals and expectations;
- Identify service deficits and each organizations' anticipated role in the collaboration;
- Present data regarding the recidivism rate of prisoners released through CORe, versus a control group, as a way to encourage organizations' participation; and
- Assign performance measures for each participating organization.

MOUs among project partners have particular value and credibility when they are signed by the chief executive of each participating organization. Such agreements should be posted and distributed widely among staff so that they understand and appreciate the scope and depth of the agreement.

⁵⁶ The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York: Council of State Governments, 2002); Henry J. Steadman, "Boundary

Spanners: A Key Component for the Effective Interactions of the Justice and Mental Health Systems," *Law and Human Behavior* 16:1, 1992, pp. 75-86.

F | Establish policy goals and benchmarks common to all parties and agencies involved in re-entry and devise methods for system-wide evaluation.

The first recommendation provided under Policy Statement 3, Incorporating Re-Entry into Organizations' Missions and Work Plans, suggests understanding the extent to which the existing mission and culture of organizations or agencies collaborating on a re-entry initiative contemplate prisoner re-entry. It also notes that such an assessment may reveal that performance measures currently used by one or more of these systems inhibit work in this issue area.

As elected officials seek greater accountability from the agencies and organizations they oversee and fund, interest in performance measures, especially ones that can be measured across jurisdictions, has increased in every professional area. Performance measures, which provide benchmarks for particular professions, should not be confused with specific outputs or with broad policy goals, such as the employment of people released from prison or jail.

In addition to determining how their performance measures align, organizations seeking to strengthen their collaborative efforts should ensure that some of these benchmarks enable them to measure progress toward a set of shared policy goals.

EXAMPLE: East County One-Stop (OR)

The nonprofit East County One-Stop receives funding through private foundations, rather than WIA, and is thus not constrained in serving "high barrier" populations (including people with criminal records). It comprises 40 partner organizations involved with workforce development. To improve delivery of services to people released from prison and jail, and to improve collaboration among the partners generally, East County One-Stop partners formed a committee to identify criteria to measure success in serving high-barrier populations.

6

MEASURING OUTCOMES AND EVALUATING THE IMPACT OF A RE-ENTRY INITIATIVE

Employ process and outcome evaluation methods to bring clarity to a program's mission, goals, and public value, as well as to assess and improve program implementation, efficiency, and effectiveness.

Far too often, policymakers and practitioners implement re-entry initiatives without ever assessing the results of those initiatives, much less improving them once they have been implemented. Without such measures, several key questions will remain unanswered:

- Is the program producing the desired results?
- Is the program generating the greatest possible impact?
- Is the program making the most efficient use of public funds?

Including an evaluation component in a re-entry initiative can enable program administrators and policymakers in a given jurisdiction to answer these questions, helping them to develop and prioritize goals, measure success in reaching those goals, and identify areas for future improvement. Strong outcomes or other program evaluation data can also provide a buffer against politically driven reactions to isolated incidents, such as when a released prisoner commits a particularly heinous crime while under supervision.

As further detailed in the recommendations below, a successful evaluation requires analysis of both a program's process and its outcomes. A *process evaluation* examines the theory underlying the program, how the program is administered, and ultimately whether the program is administered in accordance with its intended design. Such an evaluation also considers a program's operation in its entirety through performance measurements, which assess elements such as funding, staffing, and the number and type of clients served. While a process evaluation indicates whether an effort has been implemented and the extent to which its operation is consistent with its intended design, a rigorous *outcome evaluation* can identify the impact of a program, the reasons behind a program's success or failure, and whether the program is cost-effective. An outcome evaluation generally focuses on a program's effectiveness, examining whether the program achieved its intended goal of, for example, helping people who have been released from incarceration secure long-term employment or reducing public expenditures on re-entering individuals. Outcome evaluations often include intermediate measures to enable local policymakers and practitioners to monitor how agency staff and divisions are performing particular tasks and functions that are critical to producing a desired outcome as well as to make midcourse improvements to program design and implementation.

Evaluation is crucial to the ongoing success of a re-entry initiative. By generating a constant flow of detailed information about the program's operations, successes, and failures, process and outcome, evaluations help policymakers and program administrators make informed decisions about program design, resource distribution, and funding streams. The recommendations that appear below discuss the major evaluation methods that jurisdictions should undertake in order to understand and improve re-entry outcomes. This section does not, however, provide specific detail that can be applied to particular aspect of a re-entry initiative. Rather, it offers a broader discussion about various evaluation methods that should be considered by any community working to improve prisoner re-entry outcomes.

BEFORE EMBARKING ON EVALUATION

One challenge for many jurisdictions is finding the resources, both financial and professional, to conduct evaluations using a methodology that meets the standards of the research community. To ensure that these standards are met—that, in effect, any analysis is meaningful and policies based on the research are accountable, state or local policymakers should designate a qualified person or agency to define, measure, and report on the success of a re-entry initiative. This designated person or agency must be given the authority and resources necessary to carry out any established evaluation goals.

Example: The Little Hoover Commission in California is a “bipartisan, independent state body that promotes efficiency and effectiveness in state programs.”

<http://www.lhc.ca.gov/lhc.html>

Example: The Washington State Institute for Public Policy carries out “practical, non-partisan research—at legislative direction—on issues of importance to Washington State.”

<http://www.wsipp.wa.gov/>

A NOTE ABOUT DATA

The success of any evaluation effort may ultimately rely upon the data available to researchers. While it is often desirable to collect original data on participants to assess the success of a particular program, such efforts are often costly. Thus, administrators should take into account both the shortcomings and assets of existing criminal justice data systems when identifying the data and methodology to be employed in the evaluation of a re-entry initiative. Indeed, much of the available data and information should have been collected and analyzed long before the program implementation phase, in the course of gathering information at the outset of a prisoner re-entry initiative. (See Policy Statement 2,

Developing a Knowledge Base, for more on collecting jurisdiction-specific data on re-entry.) Importantly, such data must be collected and analyzed on an ongoing basis, rather than for a one-time evaluation. Further, given limitations on existing data and funding for research, policymakers and researchers should also consider collaboration and/or information-sharing with other agencies or data collection systems beyond those in the criminal justice field, provided that such sharing does not impinge on legally protected privacy interests. (See Policy Statement 8, Intake Procedure, for more on legislative and regulatory protection of privacy rights.)

TPCI MODEL: EVALUATION

The TPCI model instructs the coordinators of state re-entry initiatives to use performance measures and performance management in all phases of the effort. Evaluators can provide useful feedback on both process

and outcome measures to all partnering agencies. TPCI emphasizes the paramount importance, among all performance measures, of reducing the recidivism rate among people released under the initiative over time.

recommendations

A | Develop a sound logic model in order to build a shared understanding of a program’s objectives, strategy, activities, and the relationships between program components and partners.

The first step in a process evaluation is to develop a logic model. Logic models visually represent the theoretical framework of a program, describing the necessary components of a program, outlining its sequence of activities, and highlighting the relationship between those activities and their desired effects. They are designed to assist program administrators and policymakers in understanding overall objectives and solidifying the key components of a program—necessary resources, associated activities, desired results, and the overall impact. They are used to clarify strategies, identify flaws in a program’s theoretical framework, build a shared understanding about how components work together, and establish timelines.

The development of a logic model requires an explicit statement of the initiative’s components and goals, from the resources it uses to the ultimate impact it hopes to make. The following chart defines the elements that should be included in a logic model, along with examples based on a workforce initiative.

By articulating the goals and expected outcomes of the re-entry program, logic models assist policymakers, program administrators, and community members in describing, discussing, and improving program planning and implementation. As implementation is underway, logic models clarify the connection between resources, program activities, and desired outcomes; make the need for adjustments readily apparent; and provide an inventory of the necessary components of program operation.

B | Develop performance measures so that program administrators can continuously monitor staff performance, program components, and overall program progress.

As discussed in the introduction, another element of a process evaluation is performance measurement, a regular assessment of a re-entry program’s various operations. Such an evaluation of a program’s effectiveness and efficiency can enable service providers, funders, and policymakers to determine which program goals are being met and which require more attention. Performance measurement can also shed light on possible explanations for the success or failure of program participants by identifying gaps in service and program activities or management practices that require improvement.

LOGIC MODELS

COMPONENTS OF A LOGIC MODEL

MODEL COMPONENT	COMPONENT DEFINITION	WORKFORCE EXAMPLE
Resources	Funds, staffing, and facility/facilities dedicated to the program's effort.	\$100,000 budget, three-room wing of a community center, one full-time career counselor and two part-time social workers.
Activities	The function or task that a program performs.	Developing programming or transition plans, offering job readiness and job placement services, and developing linkages with employers.
Outputs	The desired result intended to immediately follow performance of program's activities.	Number of participants who complete job readiness class or number of participants placed in jobs.
Outcomes	Both the short- and long-term goals of a project.	Number of program participants who are employed a full twelve months after placement.
Impact	The overall effect of the program on the community.	Reduced recidivism and increased public safety.

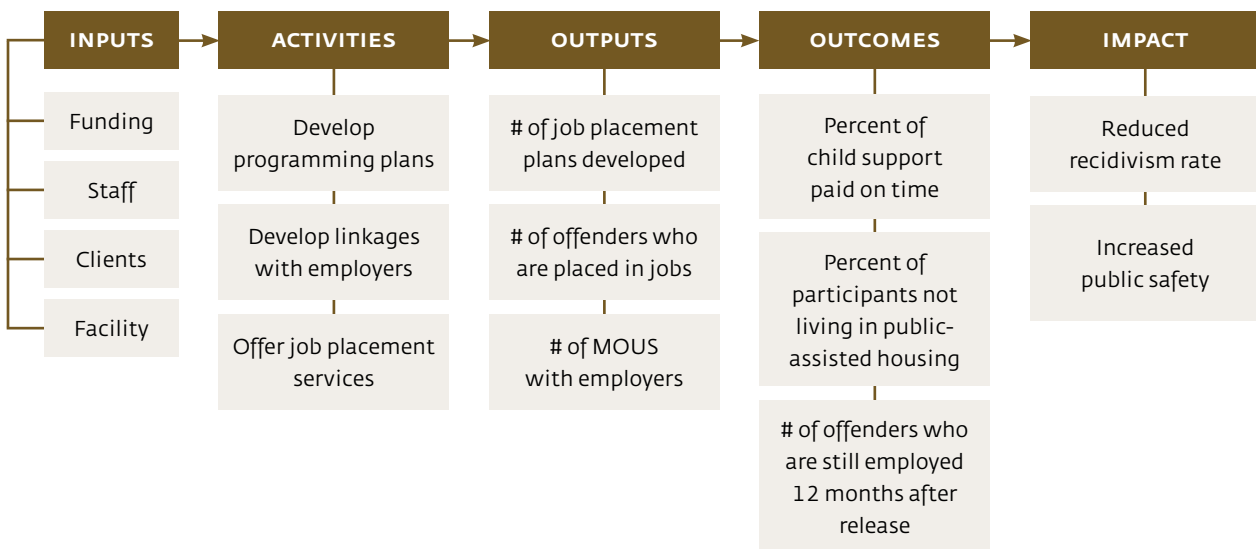
SAMPLE RE-ENTRY PROGRAM LOGIC MODEL

Vision and Mission

Place all returning state prisoners in long-term employment positions, while enhancing public safety and increasing releasees' opportunities.

Goals

(1) Reduce recidivism; (2) Increase self-sufficiency; (3) Increase productivity at the local level.



In addition, performance measurement can help balance the need for accountability to funders and the community against providers' need for information about their participants and programs. Politicians and the general public have a vested interest in whether they have made a sound investment in a particular prisoner re-entry initiative. Gathering knowledge about program progress and outcomes enables organizations to continually measure and articulate how well given services are producing the desired result, and therefore providing real public value. With this information, managers can better develop program or agency budgets, allocate resources, and improve service provision, while funders can decide whether a particular initiative is cost-effective.

While agencies and service providers will find different uses for program measures, the following list provides some guidance for their development:

- *Consider specific programmatic goals.* When developing measures that will determine whether a program has been successful, make sure to give careful consideration to the program's stated objectives.
- *Seek consensus from partners, funders, and stakeholders.* Service providers and funders should reach a consensus on what measures will be used and what data should be collected.
- *Assess all agencies participating in the initiative.* Each service provider participating in the re-entry initiative should have its own performance measures to ensure that its efforts are accurately assessed, independent of other providers.
- *Develop multiple performance measures for a diverse population.* Many re-entry initiatives target a diverse population, and thereby can have a disparate impact on participants. In such a case, program administrators might consider presenting different performance measures for various groups of re-entering individuals.
- *Examine participant satisfaction.* Participant satisfaction is a strong indicator of whether the complex needs of returning individuals, their families, and communities are being met.
- *Test program measures in a trial period.* This preliminary period allows for problems to be identified and corrected. During this time, the data collected from service providers should be reviewed for accuracy, reliability, and utility. Appropriate modifications, if needed, can then be made.

MEASURING INDIVIDUAL SUCCESS

While it is important to examine "success" at the program level, it is also important to evaluate each participant's progress based on measures at the individual level.

Program planners or transition planners should develop a checklist of items that would smooth a person's transfer from prison to the community and consider the following:

- Is the returning prisoner connected to supervision?
- Is he or she released with civilian clothing? Will he or she be released during daylight and will someone meet him or her?
- Does he or she have identification? Does he or she have housing secured?
- Is he or she connected with family? Seeing children? Paying child support?
- Is he or she connected to health care? Covered by insurance or Medicaid?

c | Conduct process evaluations to identify problems with program implementation, strategy, and service delivery.

The logic model and performance measurement activities described above are necessary precursors to the execution of a sound process evaluation.

QUESTIONS FOR PROCESS EVALUATIONS

- What are the expectations of the program?
- What services are actually delivered to the program participants?
- Is there a gap between the expectation and the reality of service delivery?

Process evaluations examine program design and implementation. They validate the logic model and determine whether services are delivered as intended, reach the target population, and are dispensed in the desired dosage.⁵⁷ A process evaluation increases knowledge of program components and the ways in which they contribute to the desired program impact. Such evaluations identify problems with strategies and service delivery, and are particularly useful to practitioners interested in replicating or adapting program strategies.

d | Conduct impact evaluations to determine whether and to what extent a program had its intended effect.

Impact evaluations are one type of outcome evaluation available to a re-entry initiative. These assessments consider both short- and long-term effects of a given program and enable program administrators to assess the types of released prisoners that are most likely to benefit from a re-entry program and why, as well as to quantify the specific benefits achieved by the program. Impact evaluations require specific data collection systems

that track each client as he or she progresses through the program, as well as data about program activities and services offered.

QUESTIONS ABOUT PROGRAM IMPACT

- Did the program have its intended effect(s)?
- What activities or characteristics of the program created the impact?
- Did the program have any unintended consequences, positive or negative?
- How could the program be improved?

An *experimental* or *random sample* evaluation is the ideal design for measuring a program’s impact. It compares the outcomes of a “treatment” group—persons designated to receive particular services that are designed to achieve specific outcomes—and a “control” group, who receive no services. This design, however, can be impractical because it requires program administrators to randomly select some individuals to be in a treatment group and receive the program services while placing other individuals in a control

⁵⁷ MaryAnn Scheirer, “Designing and Using Process Evaluation,” in Joseph S. Wholey, Harry P. Hatry, and Kathryn E. Newcomer, eds. *Handbook of Practical Program Evaluation* (San Francisco: Jossey-Bass, 1994).

group and depriving them of services. Experimental designs can also be costly, requiring significant staff resources to track treatment and control groups over time. It is thus not surprising that experimental evaluation designs are the exception rather than the rule in criminal justice research. State and local policymakers and practitioners are nonetheless encouraged to make use of random sample selection whenever possible.

When random sample selection is not feasible, there are a variety of research designs that may be substituted without seriously compromising the utility of the research findings. One alternative is the *quasi-experimental* design, for which a comparison group, comprised of persons who are similar to program participants (but not randomly selected from the same pool), is compared to a group of program participants. For example, a group of male prisoners from one state who were convicted of drug offenses and received inpatient drug treatment might be compared with a similar cohort from another state who did not receive treatment. Another impact evaluation design is a *before and after comparison*, which compares the situation of participants prior to their participation in the program with their situation after participation.

€ | **Employ a cost-benefit analysis to quantify whether a program is operating efficiently.**

No matter which impact evaluation design is employed, a cost-benefit analysis should be performed on its results to determine whether the program is operating efficiently – in other words, whether the benefits of the program outweigh the costs. In a time when budget constraints are widespread, cost evaluations can ensure efficient allocation and expenditure of funds.

Cost-benefit analyses estimate the benefit returned for each dollar a program spends. Typically, cost studies calculate total program costs, average the cost per client, and finally divide the total cost by the number of clients served. Linking this analysis to an impact evaluation leads to the estimate cost of each successful client.⁵⁸ For instance, a cost evaluation can indicate whether a long-term employment program for returning state prisoners diverted future costs out of the criminal justice system. Evaluators can compare the cost of future incarcerations (or, more broadly, other

WHAT COST STUDIES ANALYZE

- 1) Direct program expenditure
- 2) Cost for staff and resources provided by other agencies or diverted from other sources
- 3) Expense of purchased services
- 4) Value of donated time and materials
- 5) Capital costs for overhead, such as buildingspace and program equipment

⁵⁸ Adelle V. Harrell and Barbara Smith, *Evaluation of the District of Columbia Superior Court Drug Intervention Program*. Washington, DC: The Urban Institute, 1996.

law enforcement functions related to arrest and prosecution) to that of job training to determine whether the program yielded monetary benefits. A cost evaluation might also indicate whether the use of resources for job placement could have been more efficiently or effectively used for educational training, or perhaps substance abuse treatment.

PARTNERING TO BUILD RESEARCH AND EVALUATION CAPACITY

Practitioners and their agencies typically do not have the capacity to independently design and carry out sophisticated process, impact, and cost-benefit studies. A good way to accomplish these research-related tasks is through strong partnerships between corrections jurisdictions and local colleges, universities, or other research entities. Further, the involvement of universities and colleges in the evaluation process will bring greater objectivity to research questions and problems. There are two commonly employed in methods to build research capacity:

(1) Corrections agencies can establish in-house research and evaluation units that can collect and

analyze data, as well as serve as liaisons with outside research partners. For example, the Georgia Board of Pardons and Paroles has conducted extensive work in the area of performance measurement and results-driven management practices (<http://www.pap.state.ga.us/>).

(2) Alternatively, partnerships can be forged between an academic institution and corrections agency. The Pennsylvania Board of Pardons and Paroles and academics at Temple University have been working closely to carry out program evaluations that highlight program and policy successes and failures.

POLICY STATEMENT

7

**EDUCATING THE PUBLIC ABOUT
THE RE-ENTRY POPULATION**

Educate the public about the risks posed by and the needs of the re-entry population, and the benefits of successful initiatives to public safety and the community in general.

This policy statement discusses some (but by no means all of the possible) strategies to pre-empt opposition to a re-entry initiative and to cultivate public support for it. It also provides illustrations (though far from an exhaustive catalog) of how these strategies can be implemented.

For many people, the image of a person who has been sentenced to do time in prison or jail—and whose return to the community is imminent—is frightening. They picture overcrowded facilities hastily releasing dangerous felons who have hardened and honed their criminal skills while incarcerated. Alarming headlines seem only to confirm such stereotypes; stories about a convicted felon with a history of incarceration committing a new, violent crime seem almost routine.

These are also the stories that shape people's impression of parole, which most people associate with premature release and which many elected officials have urged legislatures, in some states successfully, to abolish altogether. Perhaps not surprisingly given this environment, community-based supervision for convicted felons usually has little credibility with the public.

At the same time, the public often is surprised to learn about how few people in prison or jail have access to services and supports to treat problems that contributed to their criminal behavior. They incorrectly assume, for example, that most drug-addicted felons receive treatment for their substance abuse problem. They are often dismayed by the paucity of what prisoners are typically given when returned to the community—with only a change of clothes, some walking-around money that will last a day or two days, and a lift to the nearest bus or train stop in the middle of the night. They are further puzzled by the obstacles policymakers have created to prisoners' reintegration into the community, such as legal barriers to employment. According to a poll conducted by Peter D. Hart Research Associates, more than 70 percent of those polled strongly favored providing work, job training, and educational opportunity for prisoners; nearly 60 percent strongly favored providing job training and placement for released prisoners.⁵⁹

⁵⁹ Peter D. Hart Research Associates, Inc., *Changing Public Attitudes toward the Criminal Justice System* (Open Society Institute, New York, NY: February

2002). This research project included a telephone survey of 1,056 US adults and six focus groups.

While it may not surprise the tens of millions of people who have had a family member incarcerated, most others are startled to learn that they are already interacting—in the workplace, at church, around the neighborhood—with one of the millions of people who have been released from prison or jail. Recognizing this fact, however, does not necessarily make communities any more likely to welcome a community-based organization that will serve, supervise, house, or employ principally people who have been released from prison or jail.

In sum, policymakers, practitioners, and advocates spearheading a re-entry initiative face a public that does not necessarily appreciate that incarcerating people longer is not a viable solution. Unless they are informed otherwise, people are less likely to see parole as a resource than as a reprieve from incarceration. They do not recognize the extent to which policies set up a person released from prison for failure, with little hope of redemption. Perhaps most important, they feel little personal stake in the safe and successful return of people released from prison or jail.

This is the context within which a leader finds him or herself shaping a re-entry initiative. These are also the stereotypes and impressions that an opinion maker must shatter to create the support needed to fund the efforts, site the programs, and change the policies upon which a person's safe and successful return to the community depends.

recommendations

A | Reassure the public that people who present a risk to the community are supervised upon their release, and reincarcerated when appropriate for failures to comply with their conditions of release.

As public officials and community leaders seek to build support for re-entry initiatives, they first need to assuage the public's concerns about its safety. To that end, it is essential for the public to recognize that, but for community corrections, people who are incarcerated go from incapacitation and the rigid routines of prison and jail to the chaos of complete freedom.⁶⁰ Community corrections officials not only supervise a person's compliance with conditions of release, but they also broker and facilitate connections to services and employment, which are key to a person's successful transition to the community. Accordingly, policymakers and community leaders seeking public support for a re-entry initiative must be able to demonstrate that people released from prison or jail who represent

⁶⁰ As explained in Policy Statement 18, Release Decision, Recommendation b, the role of community corrections after release corresponds in part to the sentencing structure in the given state. Some states that have shifted to determinant sentencing schemes have increased the likelihood that a person will complete his or her sentence while incarcerated and be released to no supervision whatsoever. In fact, the percentage of people

released unconditionally has nearly doubled since 1990: more than 100,000 individuals—including high-risk felons—now exit prison each year with their sentence finished and with complete freedom from the criminal justice system. See US Department of Justice, Bureau of Justice Statistics, "Prisoners Released Unconditionally from State or Federal Jurisdiction, 1977–98," viewed online at www.ojp.usdoj.gov/bjs/dtdata.htm#time, accessed April 7, 2004.

a threat to public safety are being supervised closely and being held accountable for criminal behavior.

Unfortunately, many state and local governments have not provided community corrections systems with the resources they need to accomplish these goals. Their credibility with the public deteriorates further each time a person under community supervision commits a highly publicized crime. This Report provides numerous detailed recommendations for community corrections, in partnership with various stakeholder groups, to make community-based supervision more effective, meaningful, and efficient. (See policy statements in Part II, Chapter E, Community Supervision, for more on how collaboration with stakeholder groups can improve the supervision process.)

Coupled with the changes to policy and practice suggested in these and other policy statements, however, anyone wishing to develop a successful re-entry initiative must create a plan to communicate the value of community corrections to the public and to improve its visibility generally.

EXAMPLE: Sixth Judicial District Department of Correctional Services (IA)

The Sixth Judicial District Department of Correctional Services, which supervises probationers in Iowa City and Cedar Rapids, has engaged in a variety of public relations activities, including organizing community advisory boards and posting information on billboards about sanctions for certain technical violations. Through its private foundation, Community Corrections Improvement Association, the Department holds public hearings across the state to consider restorative justice practices and the intersection of mental illness and the criminal justice system. The Community Corrections Improvement Association has administered surveys to assess public attitudes and knowledge, developed a video and media relations campaign, and planned a conference to raise awareness about mental health and criminal justice issues.

Probation and parole officials should meet periodically with community leaders to inform them about terms and conditions of release, as well as the sanctions that supervision officers apply when people fail to comply with these conditions. Providing community leaders with a sophisticated understanding of the supervision process will increase their confidence that community corrections agencies have the capacity to safeguard the community. Such education also yields other important dividends, including an enhanced supervision network. (See Policy Statement 26, Implementation of Supervision Strategy, for more on how community corrections can leverage community-based networks to assist in the supervision strategy.)

Community corrections agencies should consider ways to work with local media outlets to publicize success stories, such as a parolee who has found employment, is in recovery, and is complying with his or her conditions of release. Success stories may also illustrate how close and effective supervision by community corrections officers has enabled them to detect behavior that, had the offender completed or her his sentence in prison or jail, might have gone undetected.

As community corrections agencies work to build credibility with the community, they may want to refrain from touting their successes

themselves, and instead engage others to speak to their value. Unlike a presentation made by a probation or parole official (which may seem self-promotional) remarks about the value of probation or parole coming from a police chief, prosecutor, victim advocates, or the clergy, for example, are particularly likely to resonate with the public. Such spokespersons are essential when the inevitable tragedy occurs, leading the public to question the role of community corrections in prisoner re-entry.

EXAMPLE: Operation Night Light, Boston Police Department and the Office of the Commissioner of Probation for Massachusetts

Operation Night Light, a probation-police partnership intended to enforce the terms of probation placed on juvenile offenders, has been reviewed and endorsed by representatives of various non-community corrections agencies. James T. Jordan, Director of Strategic Planning for the Boston Police Department, authored an article in support of Operation Night Light in a 1998 FBI Law Enforcement Bulletin; two prominent lawyers at the federal and state level—former US Attorney General Edwin Meese and former Massachusetts Attorney General Scott Harshbarger—praised Operation Night Light at a 2002 forum sponsored by the University of Pennsylvania’s Jerry Lee Center of Criminology; and the Boston Public School District has touted the program on its website (<http://boston.k12.ma.us/bps/bstory.asp#work>).

B | Make clear that prolonging the incarceration of every prisoner or returning every violator of probation or parole to prison or jail is neither good policy nor fiscally responsible.

It is important for taxpayers to understand that the public safety concerns prompted by a person’s release from prison or his violation of probation or parole cannot simply be solved by incarcerating people longer or returning violators of probation or parole, without exception, to prison or jail. Such a strategy is fiscally unsustainable.

The introduction to this Report reviewed the acute budget pressures causing governors and state lawmakers, Republican and Democrat alike, to explore ways to manage the growth of their corrections systems. As Governor Mike Huckabee (R-AR) explained, “efforts to provide for the public safety must encompass more than simply locking more people up for longer periods. If that’s the extent of our strategy, we’ll go broke.”⁶¹ Governor Bob Riley (R-AL), seeking ways to close the wide gap between state spending and state revenues, expressed similar concerns following a visit to an overcrowded correctional facility. “To say that the things I saw, felt, and heard that day were disturbing is an understatement. The dormitories were severely overcrowded, and one corrections officer was responsible for keeping control of almost 200 inmates. As many others have said, our prison system truly is a ticking time bomb—especially considering that it is operating at more than 200 percent capacity.”⁶²

Reacting to this budget pressure by slashing already threadbare prison and jail based programs, further swelling the caseloads of community

⁶¹ CBS News, “Soft On Crime,” March 7, 2003.

⁶² Bob Riley, Governor of Alabama, press release, April 9, 2003.

corrections officers, or shuttering community-based programs simply exacerbates the problem by reducing preparation for people exiting prison and jail to succeed in the community.⁶³ To make matters worse, the services and supports they need to succeed in the community—and to comply with conditions of release—are not available. Community corrections officers, particularly those without evidence-based tools to discern the fraction of probationers and parolees who need to be monitored carefully, are too overwhelmed to supervise anyone effectively. Frantic to avert another public relations nightmare, and with few sanctions available to them other than reincarceration, they respond reflexively to violations, revoking probationers and parolees in record numbers.⁶⁴ In sum, these combinations of events cause prison or jail admissions to continue to climb; policymakers who continue to attempt to build their way out of the problem will accelerate this vicious cycle.

As illustrated above, addressing the issue of prisoner re-entry simply by expanding the capacity of the corrections system is—the financial implications notwithstanding—ineffective policy. In California, for example, corrections expenses as a percentage of the state’s general fund increased nearly 17 percent from 1989–90 to 2002–03; due in part to this increase, higher education expenses during this period decreased as a percentage of the general fund.⁶⁵ Yet the growth of the prison population has not abated, and the state will need to continue to build and open prisons to avert further overcrowding.

Public officials must articulate the value of enabling community corrections officers to distinguish effectively between high risk and low risk offenders. Furthermore, public officials should explain how more nuanced policies will enable community corrections officers to focus resources on people most likely to recidivate and to supervise those people more closely than they have been to date.

Overall, the job of an opinion leader seeking public support for re-entry initiatives like those described in this Report is to explain how those initiatives will increase public safety. At the same time, he or she should educate the public how perpetuating the status quo compromises public safety and is fiscally irresponsible.

EXAMPLE: State Legislators, Connecticut General Assembly

In 2003, budget negotiations between the General Assembly and the Governor reached an impasse; the two sides were \$250 million apart. At the same time, the prison population was growing at a brisk rate of nearly 5 percent per year.⁶⁶ To house the increasing number of inmates, funds were budgeted to send additional inmates out of state. A bipartisan group of legislative leaders took to the airwaves with a proposal

⁶³ Joan Petersilia, "Community Corrections," in Joan Petersilia and James Q. Wilson (eds.), *Crime: Public Policies for Crime Control* (Oakland: ICS Press, 2004).

⁶⁴ In 1984, 70 percent of parolees successfully completed their parole term. By 2002, that number had dropped to 45 percent. See Lynn Bauer, *Justice Expenditure and Employment in the United States*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002).

⁶⁵ California Budget Project, *Did California Spend Its Way into the Current Fiscal Crisis?* May 2003, available online at <http://www.cbp.org/2003/030519spending.pdf>.

⁶⁶ Council of State Governments, *Building Bridges: From Conviction to Employment* (New York: Council of State Governments, 2003).

to invest in a series of re-entry initiatives. Their message was that rates of failure among probationers and parolees are unacceptably high and worsening; that the state does not have the resources to continue to house the growing number of probation and parole violators; and that to increase public safety the state needs to invest in community corrections, as well as in services and supports in the communities receiving the majority of people released from prison and jail. As a result of their efforts, every major newspaper in the state editorialized in support of the proposal, public opinion polls conducted by the University of Connecticut found overwhelming support for the initiative, and the legislation passed with nearly unanimous support in both chambers.

c | Inform the public about the large and growing number of people with criminal records in the community.

Holding people who commit a crime accountable for their actions is a constant theme in this Report. At the same time, the successful implementation of many recommendations in the Report depends in part on the willingness of service providers, employers, and the community at

large to take some responsibility for the reintegration into the community of each person released from prison or jail. Many of these stakeholders, however, are reluctant to take such responsibility due to concerns that personal interaction or contact with a person who has been incarcerated could jeopardize their safety. It is therefore important to disabuse people of the notion that they have managed to avoid people with criminal records to date.

Few people recognize (unless they happen to work in the criminal justice system) the numbers of people who pass through prison and jail each year, and how those figures accumulate over time. Advertising and explaining these numbers helps the public appreciate the prevalence of people with criminal records in society; it also teaches community members that these individuals are a greater part of their daily lives than they had perhaps assumed. The Georgia Department of Corrections (DOC), for example, conducted a study which determined that one out of every 15 adults in Georgia is under some form of corrections supervision. This statistic has been used in press releases from both the DOC and the Criminal Justice Coordinating Council, an initiative based in the governor's office that oversees the Georgia Reentry Project (funded in part by the US Department of Justice's Serious

PRISONER RE-ENTRY AND RACE

The tumultuous processes of incarceration, re-entry to communities ill equipped to receive people released from prison, re-arrest, and reincarceration have a disproportionately high impact on people of color. An African-American male born in 1991 has a 29 percent chance of spending some part of his life in prison.⁶⁷ Elected officials and others who shape public opinion need to recognize the issue of race when educating the public about prisoner re-entry. Governor Kathleen Blanco (D-LA), whose state has an incarceration rate higher than any other state (or, for that matter, country) has identified the rate of incarceration among African-Americans as representative of “the social factors that have driven our two Louisianas apart.” In a speech to the NAACP, she expressed the hope that “if we work hard enough all children can have hope for a future with education, with healthcare, and without prison—a future that makes opportunity free and equal.”⁶⁸

⁶⁷ Marc Mauer, *The Crisis of the Young African American Male and the Criminal Justice System* (paper presented at the US Commission on Civil Rights, Washington, DC, April 1999).

⁶⁸ Kathleen Blanco, Speech to NAACP Banquet in Baton Rouge, August 19, 2004, available online at http://www.gov.state.la.us/Speeches_detail.asp?id=102.

and Violent Offender Reentry Initiative), as well as in articles in the *Macon Telegraph* and the *Atlanta Journal Constitution*.

Furthermore, it is important for the public to understand the challenges that keep a person with a criminal record who has completed his sentence from getting on with his or her life.

EXAMPLE: The National HIRE Network, Legal Action Center

Seeking to increase the number and quality of job opportunities available to people with criminal records, the National HIRE Network makes information about the employment of people with criminal records available to a large number of audiences, including federal and state policymakers, direct service providers, and researchers. Through its range of publications, the HIRE Network reviews legal barriers to employment in an effort to encourage employers to make individualized determinations about a person's specific qualifications and policymakers to eliminate laws that categorically ban qualified people with criminal records from employment.

Putting human faces to re-entry by disseminating individual stories about re-entering prisoners can inspire people to reconsider their stereotype of a person released from prison as incorrigible and inherently dangerous. Policy makers collaborating on a re-entry initiative should enlist releasees in education efforts and provide forums for them to share accounts of their experiences with the general public.

EXAMPLE: Developing Justice in South Brooklyn Project, Fifth Avenue Committee (NY)

Developing Justice provides job training and housing assistance to people returning from prison to South Brooklyn. To address commonly held misperceptions about people released from prison, project staff disseminate literature and speak at trade conferences about re-entry. Program counselors (former prisoners themselves) speak at churches, schools, and community fairs about the stigma associated with a felony conviction. The Project Director, who himself served time in prison, meets personally with the leadership of community-based organizations in situations where service providers seem reluctant to include people released from prison or jail among their clientele.

▫ | Help the public appreciate that preparing people in prison or jail for their release and providing support to them upon their return makes families and communities stronger, safer, and healthier.

The first two recommendations provided under this policy statement explain how to make the case for a prisoner re-entry initiative without creating an unrealistic expectation in the public that the issue can be addressed effectively through additional prison construction. The third recommendation suggests some ways to dispel any impression in the public that a prisoner re-entry initiative will increase their personal interaction with people released from prison.

When implemented together, these recommendations can serve to prepare a community to accept a re-entry initiative. The implementation of those recommendations alone, however, will not necessarily cause communities to become invested in the reintegration of people released from prison or jail into their towns and cities. That transformation, ultimately essential to the success of any re-entry initiative, depends on increasing

the number of people in communities who sense some personal responsibility for the safe and successful reintegration of prisoners into the community.

For that to happen, public education must go beyond the public safety and fiscal implications of re-entry. The public needs to understand how the issue of prisoner re-entry affects their health, the economy, and the general stability of communities.

EXAMPLE: Ready4Work Initiative, Public/Private Ventures

In its role as primary intermediary for the Department of Labor's Ready4Work Initiative, Public/Private Ventures (P/PV) assists Ready4Work's 14 sites across the country in developing local media and recruitment strategies, which, among other things, emphasize the program's effectiveness in helping adult releasees reconnect to their families and the community. Encouraged by a funder whose mission is to effectively meet the needs of vulnerable children and families (the Annie E. Casey Foundation), P/PV supports local efforts to engage faith- and community-based partners to provide mentoring and case management to support the growth of healthy families and restore broken relationships. In some cases, P/PV disseminates Casey Foundation material to local project staff to improve recruiting and training for faith- and community-based partners.

Emphasizing the impact that high numbers of people returning from prison may have on a community can motivate community members to get involved in efforts to improve the re-entry process. Disseminating information about faith- and community-based volunteer opportunities to work with individuals in correctional facilities and under community supervision can serve to engage concerned citizens in re-entry efforts and help them to develop a sense of responsibility and to recognize how improved re-entry can improve their community.

EXAMPLE: Faith Community Partnership, Court Services and Offender Supervision Agency (DC)

The Faith Community Partnership links individuals returning to DC neighborhoods from prison with mentors from faith-based institutions. Program coordinators, who focus on neighborhood clusters based on boundary lines of city wards, work with leaders from faith institutions to inform parishioners of the problem, need, and opportunities to serve as mentors. To educate the public about the mentorship program, the Court Services and Offender Supervision Agency produces fliers for dissemination. Coordinators also work with leaders in faith communities to increase releasees' access to neighborhood services and resources.

Engaging people during and after their incarceration in socially productive community service activities, such as building homes or restoring parks and trails, also demonstrates how some offenders can begin to repay their debt to the community. When communities, and business leaders in particular, see people released from prison as potential assets, rather than as liabilities, they are more likely to take a stake in the re-entry of these individuals to the community.

EXAMPLE: Community corrections/business partnership, City of Bend (OR)

After the region suffered from significant reductions in timber supply, businesses in Bend, Oregon looked to shift the economy towards tourism; executives from a leading resort donated \$150,000 to training programs for parolees to build handicap-accessible parks and campgrounds, post signage, clear trails, and remove hazardous trees. Businesses tapped people under the oversight of community corrections as a labor force for economic improvement, and, in turn, enhanced the supervision process by teaching parolees valuable vocational skills.

PART II

Review of the Re-Entry Process: From Admission to the Institution to Return to the Community

Part II of the *Report of the Re-entry Policy Council* is organized according to the sequence of events that should occur from the time a sentenced person enters a corrections facility until he or she has successfully reintegrated into the community. This chronology is divided into several chapters: Admission to the Facility; Prison- and Jail-Based Programming; Release; Transition; and Community Supervision.

This part of the Report recommends policies, programs, and practices that should be initiated at each phase of the re-entry continuum but emphasizes that all re-entry activities must be tailored to account for individualized risks and needs. Each chapter contains multiple policy statements, which generally span the issues identified by the subject matter tabs (displayed on the right edge of odd-numbered pages in the policy statements throughout Part II): workforce, health, housing, victims, families and communities, and victims. Re-entry planners and other policymakers using this Report as a guide should be sure to build in protocols for considering each person's primary needs and the particular circumstances of their own community in prioritizing and implementing the activities within each chapter.

REVIEW OF THE RE-ENTRY PROCESS:
FROM ADMISSION TO THE INSTITUTION TO RETURN TO THE COMMUNITY

SENTENCING

PS 8. DEVELOPMENT OF INTAKE PROCEDURE

PS 9. DEVELOPMENT OF PROGRAMMING PLAN

CHAPTER A
ADMISSION TO
THE FACILITY

PS 10. PHYSICAL HEALTH CARE	PS 11. MENTAL HEALTH CARE	PS 12. SUBSTANCE ABUSE TREATMENT	PS 13. CHILDREN AND FAMILIES	PS 14. BEHAVIORS AND ATTITUDES	PS 15. EDUCATION AND VOCATIONAL TRAINING	PS 16. WORK EXPERIENCE
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CHAPTER B
PRISON- AND JAIL-BASED
PROGRAMMING

PS 17. ADVISING THE RELEASE AUTHORITY

PS 18. RELEASE DECISION

CHAPTER C
MAKING THE
RELEASE DECISION

PS 19. HOUSING	PS 20. PLANNING CONTINUITY OF CARE	PS 21. CREATION OF EMPLOYMENT OPPORTUNITIES	PS 22. WORKFORCE DEVELOPMENT AND THE TRANSITION PLAN	PS 23. VICTIMS, FAMILIES, AND COMMUNITIES	PS 24. IDENTIFICATION AND BENEFITS	PS 25. DESIGN OF SUPERVISION STRATEGY
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CHAPTER D
MANAGING THE KEY
TRANSITION PERIOD

RELEASE

PS 26. IMPLEMENTATION OF SUPERVISION STRATEGY	PS 27. MAINTAINING CONTINUITY OF CARE	PS 28. JOB DEVELOPMENT AND SUPPORTIVE EMPLOYMENT	PS 29. GRADUATED RESPONSES
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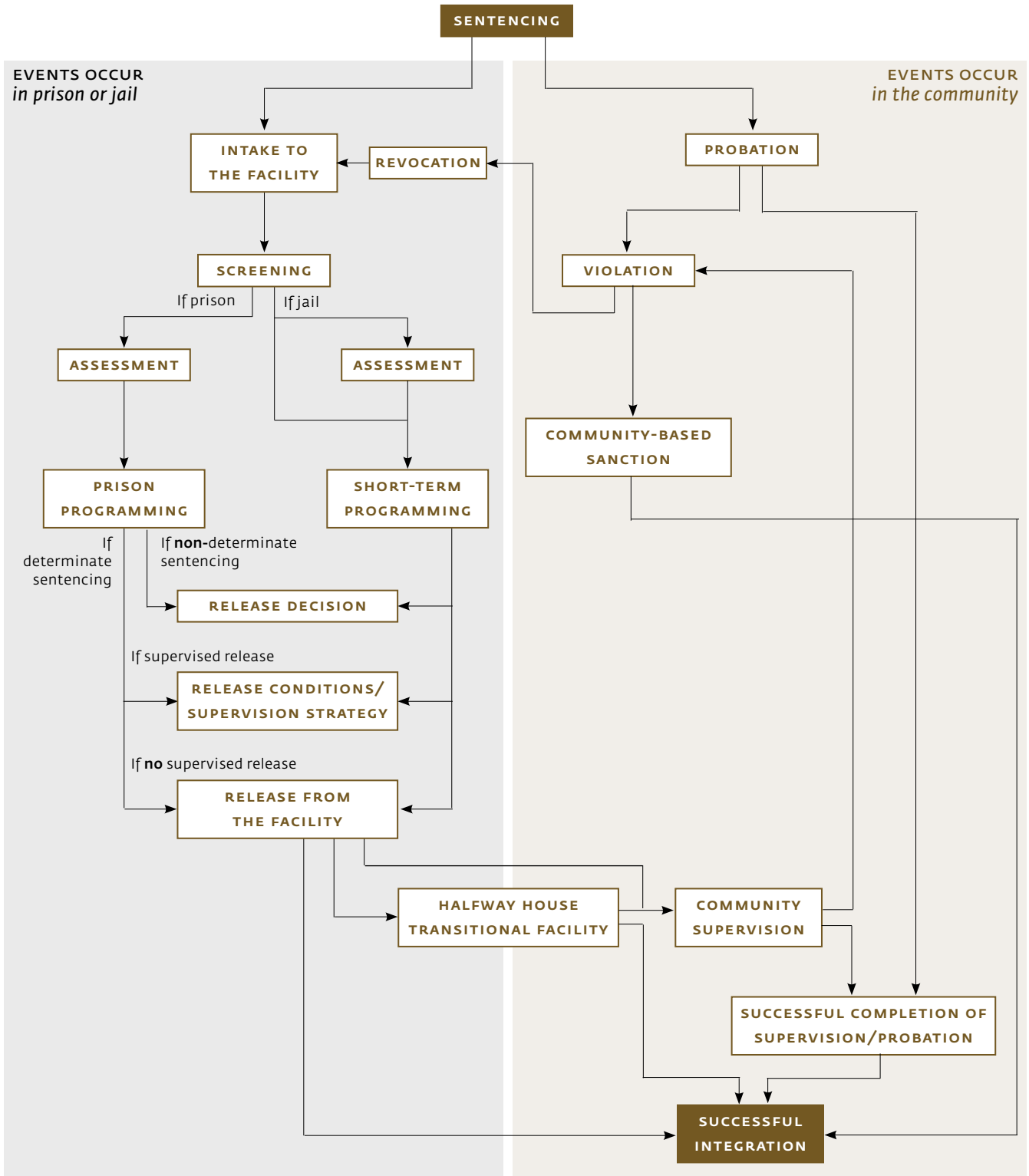
CHAPTER E
COMMUNITY
SUPERVISION

COMMUNITY INTEGRATION

INCARCERATION AND RE-ENTRY: A Flowchart of Selected Events

This flowchart is intended to illustrate some of the critical events of an individual's passage from incarceration as a sentenced inmate to successful re-integration into the community. While there is great variety in these steps across (and even within) different jurisdictions, this chart indicates some of the most prevalent variations and key junctures along this continuum.

Although this chart delineates parts of the continuum which occur inside a facility and parts which occur outside, stakeholders on both sides of the fence—including community-based service providers—should work together at virtually every stage of the process to enable sentenced individuals to safely and successfully re-enter the community.



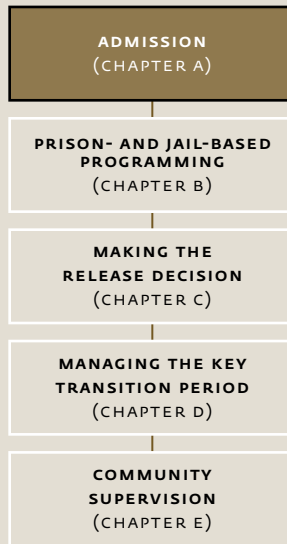
CHAPTER A

Admission to the Facility

The point at

which a person is incarcerated—once he or she has been sentenced and committed to a correctional facility—marks the beginning of a window of opportunity to gather information about that person and to prepare him or her for a safe and successful re-entry to the community. While historically, incoming prisoners have been questioned and assessed only for classification purposes and have routinely served out the length of their sentences with little or no preparation for eventual release, correctional policies and practices have begun to shift towards capitalizing on this opportunity to engage individuals in planning for re-entry from the first days and weeks of their commitment period. Accurate and timely screening (to quickly determine acute conditions and areas in need of further assessment) and assessment (to determine detailed risks and needs identified during screening) are critical to planning a person’s path out of prison for good.

The earlier that staff and administrators of correctional institutions and offenders themselves begin to think about re-entry, the more thorough and comprehensive that planning and programming can be. Efforts by corrections agencies to look beyond prison walls—to foster the engagement of community-based organiza-



tions and agencies in the process of intake, assessment, and individual programming planning within the institution—ensure the best allocation of staff resources. They also lead to relationships that encourage pro-social, law-abiding behavior by individuals during incarceration and after release, thus serving the interests of the entire community.

Policy Statement 8, Development of Intake Procedure, primarily addresses the screening and assessment that is necessary to understanding the needs, risks, and strengths of the men and women who will one day be released to the community. Policy Statement 9, Development of Programming Plan, considers how to match information about individuals obtained during intake with available resources in order to create effective strategies for preparing those individuals for release while those individuals are incarcerated. While the strategies are described as discrete processes, neither intake nor program planning can be meaningful without attention to the other, and coordinated implementation of both is fundamental to the re-entry process.

8

Establish a comprehensive, standardized, objective, and validated intake procedure that, upon the admission of the inmate to the corrections facility, can be used to assess the individual's strengths, risks, and needs.

Ensuring successful re-entry requires understanding the relationship between the events that mark the beginning of a person's incarceration and those that mark the person's release into the community. The collection of extensive information about an individual upon his or her admission to a correctional facility lays the foundation for all the programming, services, and decisions that follow. Most immediately, this information will guide the programming plan for the individual during his or her incarceration (Policy Statement 9, Development of Programming Plan); but information gathered during the intake process will also focus release decisionmaking and transition planning (see Policy Statement 17, Advising the Releasing Authority, and Policy Statement 25, Development of Supervision Strategy for more on using compiled information at critical decision points in the corrections continuum).

Recommendations in this policy statement are organized into four parts. "Inventory of Policies and Procedures" provides a basic introduction to the assessment and screening process. This portion advises an institution to examine and, where appropriate, streamline its existing procedures. It also includes a chart outlining the different stages in the intake process. "Ensuring the Safety of Staff, Inmates, and Dependents" addresses the screening and assessments that are performed quickly to preserve security and to manage immediate risks upon admission. "Informing the Programming Plan" addresses the subsequent, more extensive assessments that should follow the initial round of screening. In general, these assessments provide the basis for determining what programming, services, and structure will help ensure the safety of the individual and the community when he or she is released. Finally, "Keys to Effective Screening and Assessment" addresses other issues that should be considered in developing an assessment process, ideally for both short- and long-term assessments.

research highlights

Assessment is a key aspect of the intake process at any correctional institution; assessment tools are largely geared toward identifying security risks and immediate health needs.

Security risk assessment tools used by intake facilities are often not validated.

Every corrections system has procedures in place to receive inmates. These intake procedures typically focus on classification and are designed to determine the risk factors that inmates present to prison security and the immediate physical health needs of individuals entering the facility. All systems compile an inmate's criminal history and test for substance abuse. Almost all facilities also screen for mental health and psychological conditions, compile a social history, determine the custody level of the inmate, and identify gang members and those inmates who need to be separated from one another. Assessments of the programmatic needs of each individual are mandatory in few states, and in-depth assessments are in limited use.¹ The security mandate of prison classification systems often takes precedence over the identification of service needs.²

Assessment instruments that have been “validated” are those that have been statistically determined to accurately predict outcomes for the population served in the issue areas being assessed. Reliable instruments will produce the same or similar results for a group of inmates, even when administered by different assessors. Unless tools are properly validated, they are unlikely to produce results that can adequately guide resource allocation and preserve safety. While many states have validated their assessment instruments for their own inmate population, some jurisdictions adopt instruments used by other systems without determining their applicability to the particular population served.³ Validation processes have found that previously validated tools, such as the LSI-R, may not be valid for all populations: what works for probationers may not work for prisoners.⁴ Even when using appropriate and research-based instruments, staff applying the instruments must be appropriately trained to produce reliable and valid results.⁵ Continual data collection and review is important to ensure the sustained effectiveness of any system used.

1 Patricia L. Hardyman, James Austin, and Johnette Peyton, *Prisoner Intake Systems: Assessing Needs and Classifying Prisoners*, US Department of Justice, National Institute of Corrections (Washington, DC: 2004).

2 Ibid.

3 Ibid.; James Austin, *Findings in Prison Classification and Risk Assessment*, US Department of Justice,

National Institute of Corrections (Washington, DC: 2003).

4 James Austin, Kelly Dedel-Johnson, and Dana Coleman, *Reliability and Validity of the LSI-R for the Pennsylvania Board of Probation and Parole* (Washington, DC: The George Washington University, 2003).

5 James Austin, *Findings in Prison Classification and Risk Assessment*, US Department of Justice, National Institute of Corrections (Washington, DC: 2003).

Screening and assessment tools must address static factors, dynamic factors, and an inmate's learning style and personality.

A body of research supports the efficacy of validated assessment practices, while calling attention to the scarcity of such assessments.⁶ Valid risk assessments must consider “static” factors—those that do not change in response to treatment or services—as well as “dynamic” factors—those that can be effectively addressed with appropriate treatment. Static risk factors include the number and severity of prior convictions, prior behavior during confinement, and a history of childhood abuse and neglect. Dynamic risk factors include antisocial attitudes, substance abuse, educational deficiencies, mental health problems, and social skill deficiencies. Because they may be improved with treatment, dynamic risk factors correspond to service and treatment needs that must be met in order for an individual to avoid recidivism. In addition, general assessment instruments should gather information on a person's learning style and personality. Research has shown that the most effective treatment programs are those that are tailored to an offender's learning abilities and styles, motivation to change, personality type, and level of interpersonal and communication skills.⁷

While assessment instruments should be comprehensive, more complicated systems that assess many factors are less reliable.

While it is important for assessment procedures to be comprehensive, research has shown that risk assessment processes which assess more than 10 factors are less reliable than other, less complicated systems.⁸ Among those prison classification systems that examine a variety of risks, few have been properly designed and tested for reliability and validity.⁹ The development of intake procedures should involve the careful consideration of these competing interests.

TPCI MODEL: ADMISSIONS

TPCI promotes the use of risk assessment tools that are normed and validated on the existing population and that measure both static and dynamic factors. Existing classification procedures should be reviewed and changes made, as required, so that assessment and

classification procedures promote effective transition. Policies should be established that use risk assessment scores to “triage” offenders for treatment programming, enabling jurisdictions to use limited resources wisely. Appropriate programming should be based on evidence-based principles.

6 Patricia L. Hardyman, James Austin, and Johnette Peyton, *Prisoner Intake Systems: Assessing Needs and Classifying Prisoners*, US Department of Justice, National Institute of Corrections (Washington, DC: 2004).

7 Don Andrews and James Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson

Publishing, 2004); Francis T. Cullen and Paul Gendreau, “Assessing Correctional Rehabilitation: Policy, Practice, and Prospects” in *Criminal Justice 2000, vol. 3: Policies Processes, and Decisions of the Criminal Justice System*, US Department of Justice, National Institute of Justice (Washington, DC: 2000).

8 James Austin, *Findings in Prison Classification and Risk Assessment*, US Department of Justice, National Institute of Corrections (Washington, DC: 2003).

9 Ibid.

A | Review intake procedures to determine the range and validity of screening and assessment practices.









Corrections administrators and staff should implement a review of the intake procedure currently used to screen and assess the risks, needs, and strengths of each person committed to a particular prison or jail, in order to build an understanding of what the critical issues are and the ability of existing practices to address them. Engaging appropriate community-based or clinical experts (such as service providers or university-based researchers) to assist with this survey can ensure the efficacy and reliability of the review. At the same time, such collaboration can lay a foundation for corrections administrators to work with the community to ensure that any new instruments that are developed or adopted will fulfill the needs of the intake process.

This inventory should include a determination of which screening and assessment tools are currently being used by corrections staff and whether they have been validated for use in institutions of that general size and type and for a population with congruent demographic characteristics. Administrators should also gauge the range of issue areas reviewed by screening and assessment tools used in their jurisdictions. Screening and assessment should cover both static and dynamic factors that indicate risk while incarcerated, risk of re-offending, and the potential for successful community re-entry. Generally, the assessment process should include the following: pencil-and-paper screening instruments that can be administered quickly and have a limited number of questions; assessment instruments that are longer, explore more areas, or analyze greater detail; and additional information-gathering, including review of any criminal justice records and consultation of other sources.


The following table, “Intake Assessment and Risk/Needs Determination Chart,” lists—and Recommendations d through l describe in greater detail—specific categories that should be considered for assessment. Though these categories are critical to conducting thorough assessment, this table should not be considered a checklist. Some assessments may cover multiple categories at once. Additional or “stacked” assessments should be considered for special populations such as sex offenders, individuals with a history of domestic violence, mentally retarded or developmentally disabled inmates, and others.


INTAKE ASSESSMENT AND RISK/NEEDS DETERMINATION CHART


NOTE: Though these categories are critical to thoroughly assessing the risks and needs of individuals entering a correctional facility, this table should not be considered a checklist. Some individuals or populations may require additional or alternate assessments, and some assessments may cover multiple categories at once. In addition, the timing of “ongoing” assessments may depend on the results of screening and assessments from the first two weeks; when immediate risks are not indicated, some ongoing assessment may be appropriately delayed.

	TYPE	24 – 72 HOURS	2 WEEKS	ONGOING
Security Level/ Risk	RISK/ NEED	<ul style="list-style-type: none"> immediate risk to staff or other inmates security group or individual threats (gang involvement, enemies, etc.) 	<ul style="list-style-type: none"> housing unit placement presumptive scheduled movement plans to lower security, based on sentence length and criminal record 	<ul style="list-style-type: none"> review of institutional behavior and programming to determine eligibility for lower security setting review of risk/needs/strength-based programming needs
		trained intake worker	trained intake worker	
		pre-sentence report, criminal history, prior institutional history	review of previous criminal case and institutional history, outstanding issues	
Mental Health	RISK/ NEED	<ul style="list-style-type: none"> suicide risk medication needs identify inmates in need of further assessment 	<ul style="list-style-type: none"> detailed mental health assessment contact with previous mental health provider 	<ul style="list-style-type: none"> individual or group counseling/assessments medication review
		trained intake worker	mental health clinician	clinician
		justice system medical record	community-based medical record	
Substance Abuse	RISK/ NEED	<ul style="list-style-type: none"> assessment of drug usage at intake/drug screening detoxification needs identify inmates in need of further assessment 	<ul style="list-style-type: none"> detailed substance abuse assessment 	<ul style="list-style-type: none"> regular testing measure effectiveness of programming in changing attitudes, behavior
		trained intake worker	substance abuse / addiction specialist	program staff or substance abuse / addiction specialist
				
Physical Health	RISK/ NEED	<ul style="list-style-type: none"> identify inmates in need of further assessment medication / treatment needs screening for infectious diseases HIV / STD testing availability 	<ul style="list-style-type: none"> detailed assessment / physical examination medical / treatment history 	<ul style="list-style-type: none"> inmate education inreach possibilities with prior provider subsequent check-ups
		trained intake worker	clinician	clinician
		justice system medical record	community-based medical record	regularly-updated medical record









TYPES

 risk or need to be identified

 person to identify or assess


 information source (in addition to self-report)


continued: INTAKE ASSESSMENT AND RISK/NEEDS DETERMINATION CHART

	TYPE	24 – 72 HOURS	2 WEEKS	ONGOING
Educational/ vocational history/ learning style/ learning abilities	RISK/ NEED		<ul style="list-style-type: none"> • employment and wage history • education level/ credentials • math and reading skills • vocational interests / aptitudes / goals • learning styles • strengths/interests 	<ul style="list-style-type: none"> • appropriateness of educational / vocational programming • appropriateness of in-prison work assignment • appropriateness of work-release assignment
			trained intake worker	program staff or workforce specialist
			professional licenses, educational records	certificates or program records / evaluation, school transcripts
Housing	RISK/ NEED		<ul style="list-style-type: none"> • lease or rent obligations • type of housing (potential for loss) 	<ul style="list-style-type: none"> • appropriateness of housing • availability of alternate housing for release
			trained intake worker	housing specialist
			local PHA or homelessness services case file	
Family data / relationships / social services involvement	RISK/ NEED	<ul style="list-style-type: none"> • dependent care responsibilities • victim/offender history • linkage to community aftercare/safety planning (for brief jail detainees) 	<ul style="list-style-type: none"> • visitation plan • genogram of family members • child / adult welfare agency involvement and planning • child support obligations 	<ul style="list-style-type: none"> • changes in family/ expectations • effectiveness of visitation or connectedness plan, communication • child support modification needs
		trained intake worker	trained intake worker	family services specialist
		family or children's services case file	family consultation	
Financial assessment	RISK/ NEED		<ul style="list-style-type: none"> • personal debts • court fines and fees • restitution • support obligations including child support • benefit enrollments (including enrollment of family members) • financial obligations that may accumulate 	<ul style="list-style-type: none"> • ability to engage in in-prison work towards financial obligations • service and entitlement linkages for families, inmates upon release
			trained intake worker	benefits consultant
			court documents, public welfare case file	

TYPES

**RISK/
NEED** risk or need to be identified

 person to identify or assess

 information source (in addition to self-report)

CONSIDERATIONS IN CHOOSING INSTRUMENTS

Most jurisdictions will find it more cost-effective to adopt existing, standardized instruments and to train corrections counselors to incorporate local factors into the evaluation than to create original instruments that must be validated by professional researchers. A number of proven instruments exist on the open market (see, "Sample Risk Assessment Instruments," below). Corrections administrators should carefully consider which of these instruments can best collect the information they need to structure the incarceration, program participation, and re-entry of inmates in their jurisdiction.

Inmate needs can also be assessed using tools that are in use in community-based programs. It is important to note, however, that many of the tools used in these contexts have not been validated for a criminal justice population. Rather, many are validated for a

general adult population. For example, many service providers commonly screen for substance abuse with the Addiction Severity Index (ASI), a well-respected instrument. In addition to detailed substance abuse items, the ASI also addresses legal problems, employment/vocational problems, psychiatric status, and other issues, all of which may be applicable for inmate assessments, once the instrument is normed for that population.

Whether they choose to develop an instrument or adopt one, corrections officials in all jurisdictions should collaborate with local research institutions and professional researchers to create or select any new validated instruments. Not all validated instruments are appropriate for every setting. Further, no matter how well-designed the instrument, if the wrong kind of information is going into it, it will produce inaccurate or invalid results.

SAMPLE RISK ASSESSMENT INSTRUMENTS

Salient Factor Score

The Salient Factor Score is a device that assesses the risk of parole violation by an individual if released to supervision. It was developed for the United States Parole Commission and is a component of the Commission's paroling policy guidelines for making parole release decisions. The Salient Factor Score comprises six criminal history items added together to produce a score of 0–10 points, with a higher score indicating that an individual is a better parole risk. The Salient Factor Score provides a guideline for the amount of time an individual must serve before being released to supervision.

RRASOR

The aim of the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) is to predict sex offense recidivism using a small number of easily scored variables. RRASOR assesses criminal history factors: prior sex offenses, the offender's age, the victim's gender, and the offender's relationship to the victim.

Static 99

The Static 99 is a 10-item risk prediction instrument designed to estimate the probability of sexual and violent reconviction for adult males who have already been either charged with or convicted of at least one sexual offense against a child or nonconsenting adult. The instrument measures static factors using question sets that cover three different areas: demographics, criminal history, and victim information. The Static 99 was creat-

ed by combining items from two older risk assessment instruments, RRASOR and Structured Anchored Clinical Judgment-Minimum (SACJ-Min).

LSI-R

The Level of Services Inventory-Revised is a 54-item rating scale that measures static factors related to an individual's risk of re-offending and identifies dynamic areas of risk and need that may be addressed through programming. Areas evaluated by the LSI-R include criminal history, leisure/recreation, education/employment, companions, finances, substance abuse, family/marital situation, emotional/personal status, accommodation, and attitudes of the individual. The LSI-R may be administered at intake to aid in security classification and programming decisions. The instrument is also commonly used as a supervision tool to determine and modify levels of supervision and the allocation of supervision and programming resources during the probation or parole period.

LSI-R: SV

The Level of Services Inventory-Revised: Screening Version consists of eight of the 54 items contained in the full Level of Services Inventory-Revised. It was designed to provide a time- and cost-efficient system to establish whether the full LSI-R should be administered. The eight items cover four risk factors: criminal history, criminal attitudes, criminal associates, and antisocial personality patterns. It also samples the domains of employment, family, and substance abuse.

B | Ensure that the screening and assessment process is appropriately prioritized, and that the overall intake procedure is streamlined and efficient.

Screening and assessment for the wide range of risks, needs, and strengths that incoming inmates may present must be carefully prioritized and sequenced to respond to the urgency and applicability of each assessment area to a given inmate. The chart above describes a general framework for the timing of screening and assessment in a range of subject areas, but the exact sequence and timing of a thorough and complete assessment process should be determined by corrections administrators and can vary significantly from state to state. (See chart, “Intake Assessment and Risk/ Needs Determination,” above.) Any framework must be flexible enough to account for both individual differences and characteristics prevalent in the population of the jurisdiction in which the framework is employed.

Although the intake procedure should be comprehensive and rely upon validated tools, corrections administrators should be careful to keep the process streamlined and manageable. The number of tools used to assess each person in prison or jail, and the number of assessors who administer them, must be as limited as possible. Requiring that the individual complete too many different instruments can become counterproductive by confusing or frustrating the inmate, causing him or her to stop providing useful information. At the same time, NIC research (as described above in the Research Highlights) has found that classification and risk instruments that assess fewer factors are generally more reliable predictors, so it is unproductive to use a single instrument that attempts to cover every category.¹⁰ Corrections administrators need to balance comprehensiveness and integration with reliability and simplicity, in order to decide which instruments to develop or adopt for use during intake.

An initial screening should be performed immediately upon a person’s arrival at the facility. It is especially important for staff to determine whether he or she has any suicidal tendencies or poses a danger to him or herself or others. Screenings for acute mental or physical health conditions and substance abuse disorders, as well as dependent care responsibilities, should also be conducted promptly, as described in Recommendations d through f (“Ensuring the Safety of Staff, Inmates, and Dependents”).

Assessment in some areas can be appropriately delayed until later in the incarceration period. The results of the initial screenings might indicate the need for more extensive assessment in the weeks after admission. (See Recommendations g through m, “Informing the Programming

¹⁰ James Austin, *Findings in Prison Classification and Risk Assessment*, US Department of Justice, National Institute of Corrections (Washington, DC: 2003).

Plan,” below.) Further, the assessment to determine appropriate housing for an individual after his or her release should be conducted six months to one year prior to release, when that date becomes known. (See Policy Statement 19, Housing, for more on conducting this assessment and applying the results.)

In cases where conducting an assessment in all areas described in this policy statement is not possible, assessments should be keyed to programs or services that are available in the facility or in the community. This process can work both ways: administrators should ensure that people are assessed for participation in available programs, but should also seek to establish programs or service linkages that meet the assessed needs of the inmate population. (See Policy Statement 1, Encouraging Collaboration Among Key Stakeholders, for more on identifying and partnering with service partners and systems administrators in the community.) As further detailed in Recommendation o, below, established partners can also be engaged to shift some assessment responsibilities away from intake staff.

c | Develop an intake procedure appropriate to a short-term jail setting.

With jail admissions, where generally short sentences can make a lengthy and comprehensive procedure impractical, administrators should adopt or develop an evidence-based, abbreviated intake procedure. Jail intake procedures should focus on providing inmates with immediate access to core programs and on linking inmates to community-based organizations which can engage or continue to provide services to these individuals after they are released from jail.

EXAMPLE: Orientation program, Hampden County Jail and House of Correction (MA)

Hampden County requires all sentenced individuals to participate in a five-week orientation program, which is broken down into two phases. During phase one, which lasts one week, inmates undergo LSI-R:SV screening to determine their Individual Service Plans (ISP) and attend Fundamental Programming, daily classes focused on substance abuse, education, employment, and anger management. During phase two, inmates participate in a four-week course of intensive programming based on their ISPs. Phase two programs address victim impact issues and cognitive thinking skills, as well as the areas covered by the first phase.

Jail administrators may also abbreviate the individual instruments. A packaged or integrated instrument that can combine the issue areas assessed in more comprehensive, distinct instruments into a shorter, if less precise, bundle. As with any instrument, an integrated assessment should be applied only if it has been normed and validated by qualified professionals.

Because release back into to the community may be imminent but unpredictable for jail detainees, health care staff should, at a minimum, provide individuals screened with actual copies of significant medical screening documents as soon as they are completed. Jail staff should also seek to provide referrals to community-based health care providers and linkages to benefits counselors, if needed. (See Policy Statement 20, Planning Continuity of Care, for more on establishing health service linkages for individuals in jails; see Policy Statement 24, Identification and Benefits, for more on connecting inmates to entitlements after release.)

ENSURING THE SAFETY OF STAFF, INMATES, AND DEPENDENTS

▫ **Employ a risk-assessment instrument for classification and integrate other available public safety information.**

Jurisdictions should employ a risk-assessment instrument that measures each person's propensity to re-offend, as well as the needs and factors that may influence this propensity. This information will determine the individual's initial security classification. It will also inform the person's assignment to correctional programming that seeks to address his or her criminogenic factors, life skills, and attitudes. (See Policy Statement 9, Development of Programming Plan, for more on how assessed information guides the development of an individualized plan for correctional programming.) Ultimately, a risk-assessment instrument may also be used in making a release decision. (See Policy Statement 17, Advising the Releasing Authority, and Policy Statement 18, Release Decision, for more on risk assessment and the release and transition planning process.)

A risk-assessment instrument should encompass criteria which fall into two categories: static factors and dynamic factors. Static factors are those considerations that will always be part of the person's criminal and social history. These include, but are not limited to:

- The seriousness of the offense committed by the individual;
- Any outstanding charges against him or her;
- His or her behavioral history;
- His or her social, criminal and, where applicable, young-offender history;

- Any relevant information about obligations to his or her victims or victim needs, including documented concerns about threats, requested or existing protective orders, and orders for restitution.

Dynamic factors are those considerations that can be alleviated or altered. These include, but are not limited to:

- The individual's potential for violent behavior;
- His or her continued involvement in criminal activities and with criminal associates;
- His or her attitude, including towards harm done to victim or victims (if applicable);
- The value that the person places on living in law-abiding ways and on having positive social interactions;
- His or her strengths and assets.

Corrections intake staff should also supplement results of the risk-assessment instrument with available public safety information immediately upon the individual's transfer into the correctional facility. Such additional information may come from police, prosecutors, and courts, and may include items such as a victim impact statement (a document prepared by or on behalf of the victim, concerning the physical, emotional and financial impact of the crime); police reports; criminal history; or presentence report. Ideally, these records would be sent in an electronic format and easily incorporated into an inmate's institutional case file. Until the establishment of integrated information systems, however, hard copies of these documents should be made available to appropriate corrections staff. (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on linking data systems.) If the individual is being admitted pursuant to a probation or parole revocation, relevant information and documents from community corrections staff should also be included.

Care should be taken to ensure that private material, such as information concerning the involvement of individuals in social services and government programs, remains confidential. Even in sensitive subject areas, however, some information can and should be shared in order to prevent redundancy and improve services to individuals. For example, if intake staff can identify a caseworker or counselor who has worked with the incoming prisoner, they can invite the caseworker or counselor to provide input into the prisoner's programming plan or to continue to work with the prisoner during his or her incarceration. Corrections staff and information providers from other systems should take particular care to preserve the confidentiality of information concerning victims, who may wish to limit or control their own involvement in determinations concern-

ing the incarcerated individual, or to maintain anonymity regarding their input. (See sidebar, “Regulations Regarding Confidentiality,” for more on legal protections for confidential information.)

■ | Screen all offenders for psychological and mental health issues, physical health problems, or substance abuse and dependency, in order to identify inmates who require further assessment.

Screening for mental and physical health needs and substance abuse disorders should be among the first steps of the intake procedure. All intake staff, and jail staff in particular, should be aware that individuals admitted to their facilities may be withdrawing from a psychoactive drug (one that affects the mind or mental processes), including both illicit substances and psychotropic medication. It is important that an observation period extend through the first 72 hours of detention and that the screening protocol be repeated if the detainee’s behavior suddenly indicates the possibility of post-acute withdrawal or mental decompensation. Those inmates whose screenings suggest that they may have physical health, mental health, and/or substance abuse problems should then be more fully assessed within 72 hours of screening, in order to establish the severity of their condition and to determine any urgent treatment needs.

Finally, as noted with regard to individuals in jails in Recommendation c, above, corrections administrators should institute policies to provide inmates with information about and documentation of their health-related examinations and to link individuals to community-based care.

Mental Health

Mental health disorders that staff should screen for at the outset include risk of suicide, depression, and psychosis. Those inmates that are deemed at risk for one or more of these factors should be referred for further assessment (described in Recommendation h, below), and safety and suicide-prevention protocols should be applied.

In screening individuals upon admission, intake staff should seek information on past psychiatric services and current medications or diagnoses. This is most commonly done through a series of questions posed to the person being screened, as well as by reference to his or her existing institutional record or record of involvement with other criminal justice or mental health agencies.

SCREENING STANDARDS FOR CORRECTIONAL HEALTH

Current national standards in correctional health—including those of the American Correctional Association, National Commission on Correctional Health Care, and American Public Health Association (APHA)—require varying degrees of medical screening to ascertain physical health problems, as well as mental health issues and substance abuse histories. Of the existing sets of standards, those of the APHA are the most comprehensive with respect to identification of health issues that are critical to re-entry planning and assistance, but they are also the most resource-intensive.

**EXAMPLE: Brief Jail Mental Health Screen,
National Institute of Justice**

Recognizing the need for a reliable screening tool, the National Institute of Justice has recently funded research at the University of Maryland to develop and test a nine-item Brief Jail Mental Health Screen. Correctional settings in Maryland and New York are participating in a study of this instrument.

Until a validated instrument emerges for initial mental health screening, corrections administrators should work with their mental health staff to ensure that questions that are asked early in the intake process are sensitive to critical mental health issues.

Physical Health

Screening for physical health problems and risks is as important as screening for mental health issues and should result in referrals for further assessment and treatment as necessary. For many people who are confined briefly within jails, the medical screening performed upon intake may be the most extensive personal medical evaluation that they are likely to receive, surpassing what they may have received in the community. For individuals confined in prisons, the medical screening process is only the first step in the compilation of a long-term medical record which should be updated throughout the incarceration period. (See Policy Statement 20, Continuity of Care, for more on the creation of a summary health record.)

In addition to identifying acute conditions in need of treatment, the medical assessment should also identify communicable diseases (such as sexually transmitted diseases) in order to plan for and minimize the risks posed by an infected inmate to staff, other inmates, and (when release is imminent) the community.

Substance Abuse

Approximately 80 percent of all state prisoners report a history of drug use, and 56 percent were using drugs in the month prior to the offense for which they were incarcerated.¹¹ Substance abuse can co-occur with mental or physical health problems or impact inmates in the absence of other issues. Incarceration presents an opportunity to identify and treat substance abuse issues among individuals who might otherwise be difficult or impossible to identify and reach. Any intake procedure should screen individuals for substance abuse issues so that they can receive further assessments and appropriate programming or treatment. Many instruments in use by community-based treatment providers may be transferable or

¹¹ Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 172871.

adaptable to the corrections setting. (See sidebar, “Selected Substance Abuse Assessment Tools.”)

F | Ensure that the unattended dependents, if any, of each individual admitted to the facility are placed with a caretaker.

Intake staff should put a priority on determining whether the individual entering the facility is the custodial parent of children or has other care-taking responsibilities, including the care of other close family members (broadly defined) such as a sibling or elderly godparent. Determining if an inmate has dependents is important for several reasons; identifying a

SELECTED SUBSTANCE ABUSE ASSESSMENT TOOLS

ASI

The ASI is a semi-structured interview designed to measure the severity of both alcohol and drug abuse. The ASI is unique in that both the client and clinician rate the severity of each problem. Because of this clinician-rating component, it is critical that the ASI is administered by a qualified clinician. The ASI is the most widely used substance abuse measure, as it guides clinicians in developing appropriate treatment plans upon admission and serves as a measure of client change following treatment. Studies on the ASI have consistently revealed favorable reliability and validity.

MAST

The Michigan Alcoholism Screening Test (MAST) can be used to identify alcohol problems warranting further assessment. It contains 24 items and is one of the most widely used measures for alcohol abuse. The MAST can be self-administered, or it can be administered by an interviewer.

CAGE

Clinicians commonly employ the Cut down, Annoyed, Guilty, and Eye-opener (CAGE) Questionnaire to determine if an alcohol problem is present. The CAGE is perhaps the easiest alcohol abuse screening tool to administer and has been found to sufficiently discriminate between those individuals with and without an alcohol problem. Each letter in the acronym represents one of the four questions queried by an interview.

The four questions are:

- Have you ever felt you should **Cut** down on your drinking?
- Have people **Annoyed** you by criticizing your drinking?
- Have you ever felt bad or **Guilty** about your drinking?
- Have you ever had a drink as an **Eye-opener** in the morning to steady your nerves or get rid of a hangover?

AUDIT

The Alcohol Use Disorders Identifications Test (AUDIT) contains 10 questions about alcohol use, dependence, and problems associated with alcohol use. The AUDIT has been found to accurately identify those with an alcohol problem and those who do not have an alcohol problem.

SAMHSA Series 11

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Clearinghouse for Alcohol and Drug Abuse Information (NCADI) developed a treatment improvement protocol to screen for alcohol and other drug abuse and also infectious disease. Items included in this instrument, called the Series 11, are drawn from well-validated measures such as the CAGE, MAST, AUDIT, and the ASI. The instrument is comprised of five domains: alcohol and other drug consumption; preoccupation and loss of control; adverse consequences; problem recognition; and tolerance and withdrawal. In addition to these five domains, the measure also screens for infectious disease.

need to place such dependents into an appropriate situation, possibly with another family member or foster care provider, is the most immediate. (See Recommendation m, below, for additional intake issues concerning the family of the person admitted to prison or jail.) Dependent care responsibilities are especially prevalent among women admitted to prison or jail, who may not immediately disclose such information for fear of intervention by the foster care system (see discussion of child welfare in Policy Statement 34, Children and Family Systems).

If a dependent must be placed into foster care, arrangements should be made with a specialized foster care provider who has experience with the criminal justice system and who can arrange prison visitation or other contact. Corrections or community-based staff responsible for ensuring the placement of an inmate's children should be trained and knowledgeable about the federal and state statutes that regulate child welfare. When possible, experts in child welfare who understand the caretaking issues particular to people who are incarcerated should be engaged. These experts or staff should ensure the implementation of solutions that are in the best interests of the prisoner and of his or her family and that anticipate the legal repercussions that decisions made at the start of a person's incarceration may have for his or her parental rights during the incarceration period and after release.

For example, relevant staff should understand the implications of the Adoption and Safe Families Act of 1997 (ASFA).¹² Among other provisions, ASFA places strict time frames on reunification efforts and encourages states to terminate parental rights in most cases where reunification efforts are not successful within specified time frames. ASFA requires that a court conduct a hearing to determine a permanency plan for the child's living arrangements no later than 12 months after the child enters foster care. With some exceptions, ASFA requires (if a child has been in foster care for 15 out of 22 months) states to file a petition to terminate parental rights.¹³ Corrections or community-based organization staff should ensure that state child welfare systems adhere to these exceptions where appropriate and do not automatically initiate processes likely to result in the termination of the parental rights of incarcerated people. When possible, staff should seek kinship or other placements that emphasize and encourage family reunification.

¹² P. L. 105-89

¹³ Amy E. Hirsch, Sharon M. Dietrich, Rue Landau, Peter D. Schneider, Irv Ackelsberg, Judith Bernstein-Baker, Joseph Hohenstein, *Every Door Closed: Barriers Facing Parents with Criminal Records, An Action Agenda* (Washington, DC: Center for Law and Social Policy/Community Legal Services, 2002). Exceptions as written into ASFA include: "(i) at the option of the State, the child is being cared for by a relative; (ii) a State agency has documented in

the case plan (which shall be available for court review) a compelling reason for determining that filing such a petition would not be in the best interests of the child; or (iii) the State has not provided to the family of the child, consistent with the time period in the State case plan, such services as the State deems necessary for the safe return of the child to the child's home, if reasonable efforts... are required to be made with respect to the child." 42 U.S.C. § 675.

c | Assess long-term and dynamic risks associated with each individual admitted to prison or jail.

An initial screen for risks associated with a particular individual can promote safety and enable classification, but is generally not comprehensive enough to serve as the foundation of a complete programming plan or transition plan. Corrections administrators should therefore employ a more thorough assessment instrument, such as the Level of Services Inventory—Revised (LSI-R), to quantify each individual’s risk of re-offending and to capture dynamic factors such as institutional conduct and personal commitment to rehabilitation. Whether initially conducted in a specialized intake facility or at the institution in which the person will serve out his or her sentence, such an assessment should be repeated at regular intervals or at key junctures in the individual’s incarceration and transition back into the community, provided that the instrument is properly validated and normed for that purpose and population.

h | Conduct comprehensive assessments for each individual whose screening identifies psychological and mental health issues, physical health problems, and substance abuse and dependency.

Secondary assessments should be administered to those people in prison (and, to the extent possible, to those in jail) who were identified during screening to have substance abuse problems, mental illness, and/or other special health needs. While these categories may encompass a large percentage of the correctional population, it is important to screen out those inmates who do not need further assessment in each of these areas. This streamlines the intake process and improves efficiency and cost.

EXAMPLE: Intake Center, Oregon Department of Corrections
Oregon uses a track system for screening and assessment. If an individual is identified as having substance abuse issues during screening, he or she is moved onto the substance abuse track for further assessment and programming decisions. The individual then rejoins the intake track after the assessment is complete.

The assessment process should be as thorough as feasible in all of these health-related areas. These assessments may employ instruments that jointly address areas of mental and physical health and substance abuse, as long as all areas are adequately

OFFENDER PROFILE INDEX

The Offender Profile Index (OPI)—was developed in 1987 by the National Association for State Alcohol and Drug Abuse Directors (NASADAD) in concert with the Bureau of Justice Assistance. The instrument measures 10 core areas: drug severity, family support, social support, educational history, employment history, housing, criminal justice involvement, psychiatric profile, previous treatment, and engagement in behaviors that put the individual at risk for contracting HIV. The OPI is a classification instrument used to sort offenders into an appropriate treatment intervention, not a comprehensive needs assessment tool.

explored and the administrator of the assessment is familiar with the full range of topics covered by the instrument that he or she uses. Proper administration of the assessment instrument in these areas may include an interview process, a mental or physical health exam, and the accumulation of information from external sources, such as medical records from a community-based provider or other criminal justice agency. In addition, administrators should plan to review the screening results, make behavior observations, and inquire into the history of the inmate.

1 | Assess interpersonal skills and basic literacy.

In 1992, over 70 percent of prisoners were found to read and compute at the lowest levels of literacy; this cohort lacked the ability to fully read and understand the types of documents encountered in everyday life, such as job applications, credit applications, and health forms, and to perform quantitative tasks that involve sequential operations and require setting up a problem.¹⁴ The National Adult Literacy Survey categorized respondents into five literacy levels (with Level 1 as the lowest and Level 5 as the highest level of literacy) for both document literacy (ability to write) and quantitative literacy (ability to compute), and found that illiteracy on both scales was significantly more pervasive among those who were incarcerated than among those in the general population. (See tables, Document Literacy Rates Among Prisoners and the General Population, 1992¹⁵ and “Quantitative Literacy Rates Among Prisoners and the General Population, 1992,” below.)

DOCUMENT LITERACY RATES AMONG PRISONERS AND THE GENERAL POPULATION, 1992¹⁵

LEVEL	PRISON POPULATION (%)	HOUSEHOLD POPULATION (%)
1	33	23
2	38	28
3	25	31
4	4	15
5	< 0.5	3

Levels are as measured by 1992 National Adult Literacy Survey, with Level 1 indicating the lowest level and Level 5 the highest level of literacy.

QUANTITATIVE LITERACY RATES AMONG PRISONERS AND THE GENERAL POPULATION, 1992¹⁶

LEVEL	PRISON POPULATION (%)	HOUSEHOLD POPULATION (%)
1	40	22
2	32	25
3	22	31
4	6	17
5	1	4

Levels are as measured by 1992 National Adult Literacy Survey, with Level 1 indicating the lowest level and Level 5 the highest level of literacy.

¹⁴ Karl O. Haigler, et al., *Literacy Behind Prison Walls*, US Department of Education, Office of Educational Research and Improvement (Washington, DC: 1994), xviii.

¹⁵ Ibid.

¹⁶ Ibid.

Given these statistical deficits, some assessment of functional skills should be conducted with each inmate to identify possible gaps or barriers to success in the community. Functional skills include essential academic abilities (such as reading, writing, and computation) and personal abilities (such as problem-solving or the ability to work as a part of a team) that enable a person to succeed in the workplace. This assessment should not rely solely on self-disclosure, as individuals may be reluctant to reveal some information about skill gaps.

Numerous tools are available and in use in the community which can gauge the skills and literacy levels of people in prison or jail. Notably, the absence of functional skills or literacy may constrain the effectiveness of certain types of assessment instruments, a factor which should be considered and integrated into the assessment process and, ultimately programming decisions. Similarly, where these assessments reveal strengths that could be instrumental to successful integration into the community, intake staff or community-based partners should ensure that programming builds on the individual's assets in these areas.

EXAMPLE: Employment and Employability Program, Correction Services of Canada

The Employment and Employability Program of the Correctional Services of Canada (CorCan) assesses for basic skills, such as teamwork, in order to determine which prisoners to place in skills training prior to including them in employment programs.

EXAMPLE: Intake Center, Oregon Department of Corrections

In the Oregon Department of Corrections, psychometricians administer educational tests in a group setting to determine reading and math levels. Individuals that score low on these tests are referred for individual testing and remedial education. Inmates that achieve a minimum reading score continue with further group assessment activities. They are also administered a computer-scored test that is a nationally recognized instrument for identifying mental health needs, and may be referred to further treatment, accordingly.

J | Determine the vocational aptitudes, education levels, and employment histories of all sentenced individuals.

Since employment is highly correlated with successful community reintegration, every person in prison should receive a comprehensive assessment that has vocational and educational components. Corrections departments should consult with local community-based employment service providers to identify and administer assessment tools used in the community that are most appropriate to the particular correctional population. This assessment can then be utilized to determine the type of vocational or educational training that is most compatible with an individual's interests and capacities.

EXAMPLE: The Workplace (MA)

The Workplace offers employment services to high-risk offenders (participants in the Boston Re-Entry Initiative) who are serving time in the Suffolk County Jail. Within 30 days of

an individual's intake, a career counselor stationed at the Suffolk jail conducts a comprehensive educational and vocational assessment, which includes an interview, skills testing, and a compilation of the individual's work and interest history. The career counselor makes recommendations to corrections staff for shaping the individual's service plan, provides one-on-one counseling services, and conducts group workshops.

A substantial number of offenders require employability training in work ethics and values, interviewing, communication skills, teamwork, time management, and other workplace-related soft-skills training. Corrections staff should be prepared to conduct assessments of a person's "readiness for work," while also reviewing work history, skills, and educational attainment.

Documentation of the assessment, and its updates, should be kept on file so that it may be provided to the individual upon release. The results of such assessments can guide programming enrollment and in-prison work assignments, and can serve as a foundation for connecting people to appropriate postrelease employment. (See Policy Statement 22, Workforce Development and the Transition Plan, for more on facilitating such connections.)

κ | Review the individual's current benefits and entitlements and determine what steps will be needed to transition the individual back to those programs upon release.

Corrections staff should review each individual's history of access to and eligibility for a broad range of state and federal benefits. Such benefits can include, but are not limited to, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, veterans' benefits, Temporary Assistance for Needy Families (TANF), and educational benefits under the Workforce Investment Act (WIA) or other statutes. When a person has been receiving entitlements prior to intake at the correctional facility, corrections staff may be able to facilitate the continued receipt of those benefits by family members who are dependent on them. In other cases, corrections staff can assist the individual in applying for a suspension (rather than a termination) of benefits. This administrative action helps to ensure prompt restoration of benefits upon the individual's release. (See Policy Statement 24, Identification and Benefits, for more on connecting and re-connecting inmates to benefits.) State Medicaid directors have been officially encouraged to increase this practice by the Centers for Medicare & Medicaid Services.¹⁷

¹⁷ Glenn Stanton, Acting Director, Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations, letter to State Medicaid Directors and CMS

Associate Regional Administrators for Medicaid, May 25, 2004, available online at www.cms.hhs.gov/medicaid/homeless/smd052504.pdf.

EXAMPLE: Interim Incarceration Disenrollment Policy, Lane County (OR)

At the request of Lane County officials, the state of Oregon adopted the Interim Incarceration Disenrollment Policy for individuals detained for short periods. This policy specifies that individuals cannot be disenrolled from their health plan during their first 14 days of incarceration, during which the state makes the Medicaid payments. In addition, Lane County officials developed a relationship with the local application-processing agency for Medicaid and Social Security Insurance. Now, the application process for those individuals who did not have benefits prior to incarceration or whose incarceration period lasts longer than 14 days can begin while the detainee is still in custody.

L | Assess all assets and debts and work with inmates to prevent the build-up of child support arrears upon their admission to a correctional facility.

Intake staff should seek to identify all personal debts owed by an individual admitted to the facility, including child and spousal support, court fines and fees, incarceration or supervision fees, and restitution. Gathering this information enables corrections staff to facilitate the development of a reasonable payment plan for the period of incarceration and for after the individual's release.

When parents go to prison, their families' financial needs do not diminish, and incarcerated parents remain legally responsible for complying with their child support orders. Yet, most inmates have little or no ability to meet their child support obligations.¹⁸ On average, incarcerated parents owe more than \$20,000 when they are released from prison.¹⁹ Unless suspended or reduced during incarceration, accumulated child support debt can undermine parents' efforts to retain regular employment and interfere with family reunification.²⁰

Parents with open child support cases should be identified during or near intake, and to the extent possible, should be encouraged to initiate the process to update their support orders. The state child support agency and corrections department should work collaboratively to develop a program that ultimately (1) ensures that incarcerated parents understand their rights and responsibilities related to their children, (2) facilitates the suspension or modification of the child support obligation during the period of incarceration, and (3) encourages the regular payment of support upon release. In addition, state child support agencies should increase the accessibility and timeliness of their standard review and adjustment process.²¹

¹⁸ Esther Griswold and Jessica Pearson, "Twelve Reasons for Collaboration between Departments of Correction and Child Support Enforcement Agencies," *Corrections Today* 65, no. 3 (2003): 88.

¹⁹ Esther Griswold, Jessica Pearson and Lanae Davis, *Testing a Modification Process for Incarcerated Parents*, Denver, CO: Center for Policy Research, 11–12.

²⁰ Elise Richer et al., *Boom Times a Bust: Declining Employment Among Less-Educated Young Men* (Washington, DC: Center for Law and Social Policy, 2003), 7.

²¹ Jo Peters, *Determining the Composition and Collectibility of Child Support Arrearages*, vol. 2: The Case Assessment (Olympia, WA: Washington State Department of Social and Health Services, 2003), 52–55; Sorensen et al., *California Collectibility Study, Report 5*, 16–20 (Washington, DC: The Urban Institute, 2003); Vicki Turetsky, *Realistic Child Support Policies for Low Income Fathers* (Washington, DC: Center for Law and Social Policy, 2000).

EXAMPLE: Child support modification process, Massachusetts Department of Corrections

In Massachusetts, a child support employee works full time at the state's main intake facility for male prisoners. This individual makes weekly presentations to and meets individually with new inmates who are found through automated data match to have child support cases. The child support agency assists incarcerated fathers in requesting modification of their support orders and encourages them to work with the child support agency after release. The agency files the modification requests with the court and serves the custodial guardian with a copy of the request. If the person in prison has more than one year left on his or her sentence, the request is scheduled for hearing during the period of incarceration, with the affidavit serving as his or her testimony. If the inmate has less than a year left on the sentence, the agency does not schedule a court hearing until after the person is released and contacts the agency independently. At the hearing, the agency recommends to the court that the order be adjusted to a below-guidelines amount of \$50 per month during incarceration and to reflect the parent's anticipated postrelease ability to pay support. The court can modify the order back to the date the modification request was served on the custodial guardian.

To the extent that no mechanism is in place for suspending payments quickly or automatically at the time of intake, corrections administrators should document the child support obligation, and the individual in prison or jail should receive further counseling on managing his or her child support payments and participating in child support proceedings as soon as his or her programming begins. (See Policy Statement 13, Children and Families, for more on how corrections can work with inmates to educate them on child support responsibilities and to help them manage their child support cases during incarceration.)

As part of the intake process, inmates should also be assessed for family violence (see Recommendation m, below), and child support cases should be flagged with a family violence computer indicator when appropriate. In a Massachusetts study, more than half of the child support cases of incarcerated parents had been flagged for domestic violence.²²

m | Chart the inmate's family life, including such factors as domestic violence, the impact of incarceration on relationships, and the involvement of children.

The family of a person admitted to a correctional facility can be a critical resource for information about that individual, and determining an individual's family situation may be fundamental to understanding his

ASKING THE RIGHT QUESTIONS

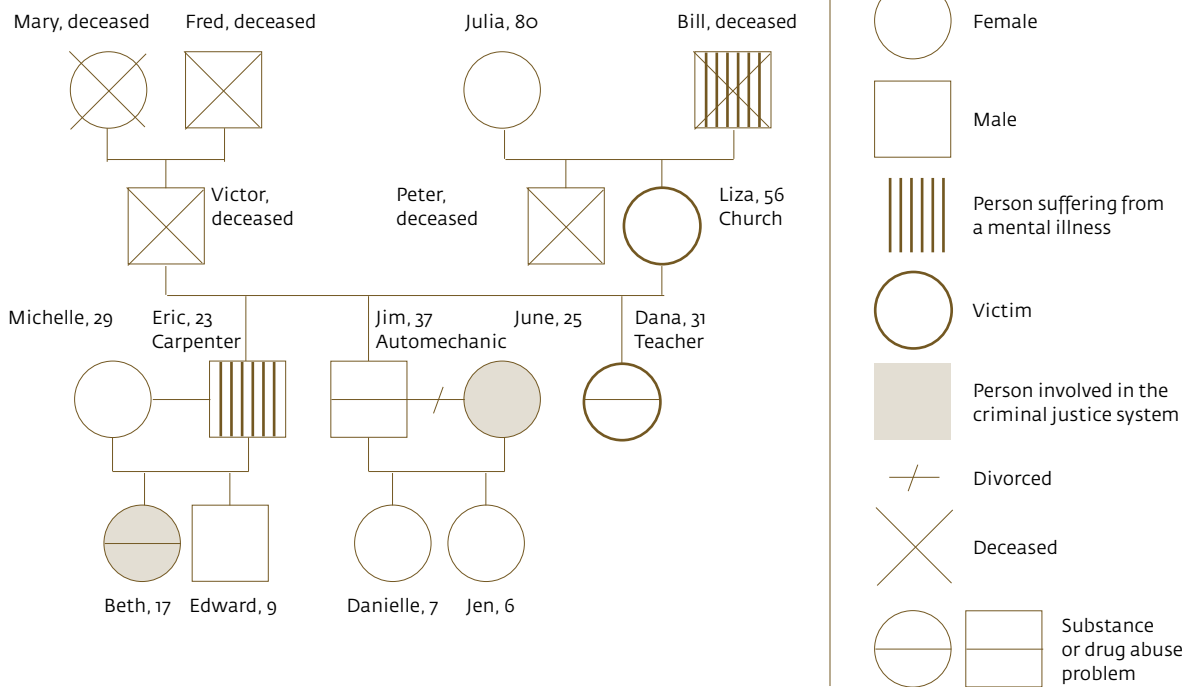
Case managers should develop creative questions that will encourage inmates and family members to share important information about family resources that could be useful in institutional and release planning:

- **Close Relationships:** Who usually comes to Sunday dinner? Who participated in recent holiday or birthday celebrations? Whose pictures do you carry?
- **Family Support:** Who did you call for help the last time a child or other family member was sick? Who controls family spending decisions? Which family members are currently working?
- **Health:** When was the last time a family member went to the hospital? Does anyone take medicine? Is anyone in the family in recovery from substance or alcohol abuse?

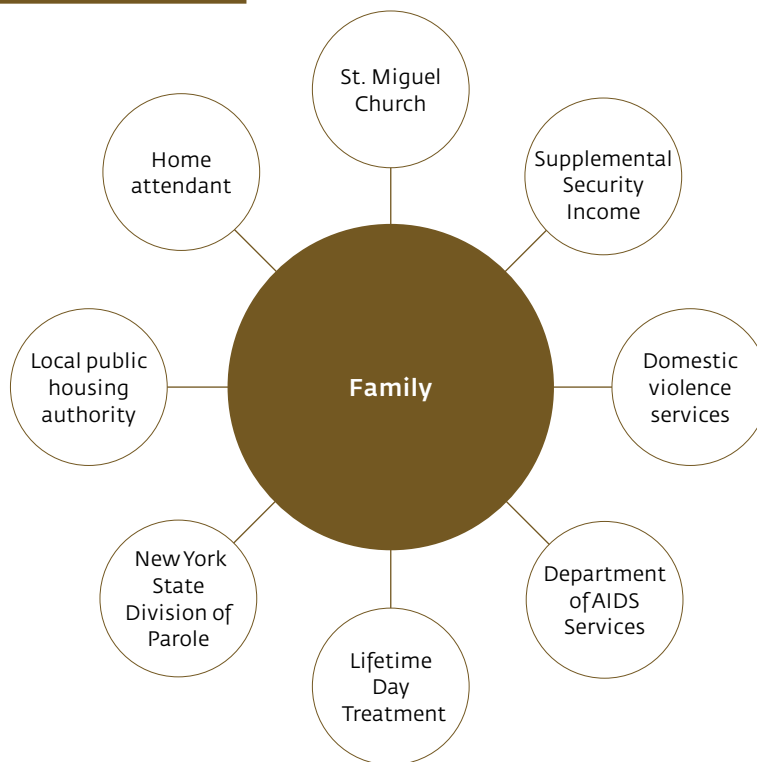
²² Nancy Theonnes, "Massachusetts Incarcerated and Paroled Parents" in Nancy Theonnes (ed.), *Fathers in the Criminal Justice System: A Collaboration Between Child Support Enforcement and Criminal Justice Agencies in Massachusetts* (Denver, CO: Center for Policy Research, 2002), 8.

State child support programs are required to maintain enhanced safeguards against the release of information when the state has reason to believe that family members may be harmed, including the placement of an indicator on computer files. 42 U.S.C. § 654(26).

A FAMILY GENOGRAM



THE ECOMAP



Source: Family Justice

or her primary risks and needs during incarceration and after release. For example, family size may determine what kind of housing (*e.g.*, apartment size) is needed by the individual upon release.

In many cases, the family is a victim of the offending behavior and/or its consequences. In addition to the possibility of direct victimization, family members may be affected emotionally or psychologically by the removal of a spouse or parent, or may endure a significant financial burden from the incarceration of a breadwinner. To the extent possible, intake staff should consider the risks and needs of the family as they are impacted by the incarceration of the individual family member, as well as the risks and needs of the individual.

Important areas for assessment include an inmate's family history and existing family supports, resources, and other issues, such as physical and mental health, education, vocational skills, employment, family violence, and criminal justice involvement. Administrators should seek to ensure that intake staff are appropriately trained to interact with families and to elicit relevant personal information. (See Recommendation n for additional discussion of training; see sidebar, "Asking the Right Questions," for examples of questions that may be used to determine key facts about the individual's conception of the family).

Mapping tools can help to ensure that information is systematically obtained and documented. A genogram diagrams family history, identifying family members and other individuals that have a familial bond with the person in prison or jail (see chart, "A Family Genogram"). This visual tool helps inmates and family members to recognize strengths within their family, such as someone who has been steadily employed, and to confront issues that may recur across generations, such as criminal justice involvement or substance abuse.²³

The second tool, an ecomap, affords institutions broader assessment of resources available not only to the individual admitted to the correctional facility, but also to the family unit (see chart, "The Ecomap"). This tool illustrates government and community resources the family uses and characterizes the working relationships as well as any conflicts among those agencies. Ultimately, these mapping tools can help correctional institutions and other re-entry partners broaden institutional transition planning to include family and community resources, as well as government supports that already exist for an offender and his or her family unit.

²³ Recent research shows that 45 percent of the families participating in one re-entry program, La Bodega de la Familia, had at least two or more members of their family involved in the criminal justice system; 62 percent had two or more family members with a history of substance use; and 16 percent had two or more members with HIV/AIDS. As many as 72 percent of the families had at least one other family member with a history of criminal justice involvement; 82 percent had at least

one other family member with a history of substance use; and 49 percent of the families had at least one family member with HIV/AIDS. Ricardo Barreras and Eric Drucker, "The Concentration of Substance Use and Criminal Justice Involvement in the Families of Drug Offenders" (paper presented at the New York Academy of Medicine's Second International Conference on Urban Health, New York, NY, 2003).

These analyses also lay the groundwork for identifying related government and community systems that routinely serve families who have a loved one in the justice system and for finding opportunities to share information or to integrate systems more broadly. (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on ensuring that systems coordinate their service delivery to ensure both efficiency and full coverage of the populations they serve.)

Information about the family and domestic responsibilities also provides a basis for later programming and visitation or contact decisions. Accordingly, the assessment should gather information about the parenting skills of the individual entering the correctional facility and the frequency and types of contact the person had with his or her children prior to incarceration. The assessment should examine the quality of the parent-child relationship, noting protective factors (strengths), risk factors, and strategies for addressing both.

Corrections staff should screen individuals to determine whether they have been either victims or perpetrators of family violence. A comprehensive family assessment will allow correctional institutions and community partners to begin helping individuals to rebuild family structures from the outset of incarceration. Such an assessment should also identify any risks the person in prison or jail might pose to his or her family, and that the family might pose to the individual, to enable systems staff to create strategies to counteract or mitigate that risk. Family information should be reassessed at critical junctures during the individual's incarceration and transition back to the community, to account for changes that may impact his or her re-entry.

EXAMPLE: La Bodega de la Familia, Family Justice, Inc. (NY)

La Bodega de la Familia takes a team approach to assessing *family* (rather than individual) needs and resources that impact family life and community corrections. Mapping tools and other approaches are used to engage families in the re-entry process. Case managers partner with the New York State Division of Parole, other service organizations, and families to support adults under supervision in addressing substance abuse and other re-entry issues.

KEYS TO EFFECTIVE SCREENING AND ASSESSMENT

N | Encourage the use of only validated screening and assessment instruments in the intake procedure.

The best way to ensure that the intake process is efficient and effective is to use tools that have been validated by research. Validity applies to both face value (whether the instrument or process used makes sense to those who use it) and predictive validity (whether the instrument or process demonstrates a capacity to predict and measure risks and needs based on statistical association). Validation should include a review of how decision

makers have used the instrument to guide their clinical decisions. (See Research Highlights, above, for more on the meaning of validation.)

Initial validation should be done by the instrument's developer. Correctional administrators or research staff should further gauge the validity of the instrument for their own usage, either through the agency's own research department, or in conjunction with the instrument's developer. Statistical data should be collected that compares the results of instrument identifications to outcome information (e.g., re-arrests, recidivism, program success or failure) for all screened individuals.

Instruments must also be "normed" for the population which will use them. That is, they must be calibrated to ensure that results for the new population, such as the population of male prisoners in a particular facility, are as valid as they are for the population for which the instruments were developed. The validation and norming procedure should also determine the extent to which the instruments employed are sensitive to cultural and gender variations. Since the demographics and other characteristics of the population entering the correctional facility will change over time, corrections administrators should ensure that the validation is updated and improved as much as possible given available resources.

**EXAMPLE: Pennsylvania Additive Classification Tool,
Pennsylvania Department of Corrections**

In 1991, the Pennsylvania Department of Corrections (DOC) used a grant from the National Institute of Corrections to develop the Pennsylvania Additive Classification Tool (PACT), an instrument designed to measure an individual's risk level during the period of incarceration and to establish custody levels. PACT was developed by an advisory team and a consultant from the National Council on Crime and Delinquency and normed against a 900-person sample of the Pennsylvania state prison population. During a recent revalidation of PACT, the DOC found that the instrument had a strong predictive validity and required only minor adjustments.

o | Encourage the use of instruments that can be modified for use beyond the initial assessment.

Each individual should continue to be formally and informally assessed at various times throughout his or her incarceration and community supervision. To the extent possible, corrections administrators should adopt instruments for intake that may be modified for use at later decision points, to allow data to be easily compared while eliminating redundancy.

All risk-assessment instruments share some common elements. For example, they all include a list of factors that are "scored" based on some statistical weight that correlates with the risk behavior. In the criminal justice system, most risk-assessment instruments include age as a risk factor (the younger the offender, the higher the risk of recidivism) and some elements related to prior criminal history (the more severe the criminal history, the higher the likelihood of recidivism). Because decision makers must

assess for behavior risks at different key decisions points in the criminal justice continuum, however, corrections administrators should not rely on a single instrument or set of instruments for use at these different intervals without validating the instruments for each of these uses. The instruments will need to be adjusted to match the different emphases of the different stages of intake, program planning, release, and supervision. However, measuring the large amount of information that should be collected at each of these points (including dynamic risk factors) in a similar (if not the same) way—using variations on a common instrument—will allow partners to share information more easily and to measure changes over time.

EXAMPLE: Level of Services Inventory-Revised, Pennsylvania Department of Corrections

In addition to using the PACT instrument at intake (see Recommendation n, above), the Pennsylvania DOC administers the Level of Services Inventory-Revised (LSI-R), to assess both the risk of recidivism and offender needs at a variety of key points: at intake, prior to an individual's review by the Board of Parole, and at regular increments during the supervision period. In 2002, the DOC launched an Assessment Pilot Project during which it tested several tools for possible co-administration with the LSI-R. DOC sought to evaluate the level of an individual's need for intervention in specific problem areas identified as being strongly related to the risk of re-offending. After consulting with research partners and a research psychologist, the DOC selected the Hostile Interpretations Questionnaire (HIQ) and the Criminal Sentiment Scale Modified (CSS-M), and normed them for the Pennsylvania prison population.

► | Ensure that intake staff are properly trained to administer screening and assessment instruments.

Staff in each jurisdiction should be properly trained to use whatever specific instruments have been adopted or designed for their use. Where tools are adopted from outside sources, the vendor or developers should be engaged to provide technical assistance regarding the proper administration of their instruments. Even if the screening or assessment tool has been validated, staff members who administer it must be able to generate reliable results; otherwise, the tool cannot be considered valid for use. Reliability can be measured by having the scores of a sample of prisoners re-computed by another person. If both testers produce the same scores in at least 80 percent of cases, and produce the same overall results in at least 90 percent of cases, then the administration of the instrument is reliable.

Medical assessments should be always be performed by trained clinicians, whether they are corrections or community-based providers, or some combination of the two. These clinicians should collaborate with corrections staff to ensure a thorough assessment that comprises both medical and public safety components for decisions regarding discharge from incarceration (as in the following example) and/or in-prison treatment and programming.

EXAMPLE: DuPage County Probation Department and DuPage County Health Department (AZ)

DuPage County pairs clinicians and probation officers to go to local jails or prisons to assess inmates, focusing on public safety and health and mental health issues. Together, the partners also prepare a discharge plan for the courts. When appropriate, the individual may be released early into treatment.

Self-administered tools should never entirely replace critical observations by staff. Correctional or clinical staff should remain responsible for asking directed questions and observing for signs of mental illness or substance use disorders at the time of intake and throughout the period of incarceration. Training staff for such ongoing responsibilities is essential.

q | Engage community-based service providers to inform assessments and to administer screening and assessment instruments.

Rather than building parallel, uncoordinated systems to measure the risks and needs of prisoners, corrections officials and community providers should work collaboratively at every stage of the process. Engaging community-based professionals can help ensure that the intake procedure proceeds in a timely manner and that key issues are addressed as soon as possible.

Law enforcement officers should be considered an important community-based partner, as they tend to be the last point of contact with individuals before they enter the corrections system. In addition to consulting written materials such as the pre-sentence report, corrections staff should seek to partner with law enforcement partners to benefit from information that they may have acquired during repeat contacts with the person when he or she was in the community. Victims' advocates, who may work with law enforcement and/or prosecutors, may also be tapped for information that would be relevant to initial assessments. For instance, where victim contact information is not included in the victim impact statement or is otherwise not included in the institutional file, victims' advocates may be able to obtain this critical information, and add it to the inmate's institutional record.

Some individuals will require assessments that correspond to special needs such as mental or physical health disorders or learning disabilities. (See Recommendations h and i, above, for more on such assessments.) If a prisoner is identified as needing specialized testing, professionals in the relevant fields should administer those assessments. Corrections administrators should seek partnerships with community-based providers to build capacity for such assessment.

EXAMPLE: HIV Coordinators, Massachusetts Department of Public Health/ County Sheriff's Departments

In the Massachusetts county jail system, housing and health assessments of persons with HIV/AIDS are conducted by Department of Public Health-funded county jail HIV coordinators, who are able to maintain certain levels of client confidentiality (using non-disclosure agreements) with inmates regarding their health and housing needs. These confidential assessments allow HIV coordinators to collect more accurate information regarding inmates' health and housing needs than would be collected by correctional staff.

Involving community-based service providers in intake processes may facilitate re-entry as the prisoner moves closer to release, especially where the early connection is to an organization or provider that will work with the person during transition planning and upon re-entry.

R | Address issues of cultural competency through staff training and the engagement of community-based providers.

To effectively assess and work with diverse communities, members of which may identify themselves based on race, ethnicity, age, sex, national origin, disability, sexual orientation, religion, and profession, correctional staff will need to work toward becoming more culturally competent in their understanding of and interaction with inmates and each other. Administrators should consider scheduling periodic training events to increase awareness and build such competency skills.

Achieving cultural competency is an incremental process, in which each stage progressively builds on the former one. The process requires an organization to assess the biases, prejudices, and assumptions its members make about people who are different. Corrections administrators should develop and implement policies, procedures, systems, and practices to foster cross-cultural understanding and communication and to guide progress toward full cultural competency. Existing cultural competency-building programs from other governmental agencies or local educational institutions may be adapted for use within the corrections setting.

s | Assess the special needs of female offenders.

Though women remain in the distinct minority in the incarcerated population, since 1995, the annual rate of growth in the number of female inmates has averaged 5.4 percent, compared to a 3.6 percent average increase in male inmates.²⁴ These women have unique needs, especially involving children, poverty, healthcare, and cultural issues. (See Policy

²⁴ Paige M. Harrison and Jennifer C. Karberg, *Prison and Jail Inmates at Midyear*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 198877.

Statement 13, Children and Families, and Policy Statement 34, Children and Family Systems, for further elaboration of these issues.)

Findings of a recent national assessment of state and federal correctional agency practices for classifying women offenders recognize the need to improve existing classification systems for women. Many existing systems assign female offenders to unnecessarily high custody levels. The study also found that staff may need to refine responses to women, who tend to ask more questions, want to talk things over, and challenge decisions.²⁵

REGULATIONS REGARDING CONFIDENTIALITY

Federal confidentiality laws, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (<http://www.hhs.gov/ocr/hipaa/bkgrnd.html>) dictate how agencies must handle sensitive medical information. The HIPAA Privacy Rule sets boundaries on the use and release of medical records and individually identifiable health data. Under HIPAA, patients must be informed as to how their personal information may be used and individuals are allowed to control certain disclosures of their personal information.

Federal regulations concerning the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. § 2.1, *et seq.*, also place strict constraints on the disclosure of patient identifying information. These regulations protect individuals in substance abuse treatment by restricting the disclosure of “patient identifying” information without informed patient consent. “Patient identifying” information is defined as information that reveals a person is currently in treatment, has applied for treatment, or has had a history of treatment. 42 C.F.R. § 2.11. Relevant exceptions to this rule include instances where the information is being disclosed within a program or a qualified service organization that directly deals with the treatment program.

Administrators should recognize the higher prevalence of certain risk factors and needs among female offenders. A history of physical or sexual abuse is three times more likely among female prisoners than it is among their male counterparts. Women also often enter jail or prison in poor health and experience more frequent and serious health problems than men in those settings.²⁶ About 20 to 35 percent of women, compared to seven to ten percent of men, go to prison sick call daily. Women also have significant reproductive health issues. About five percent of women entering prison are pregnant, and six percent enter jail while pregnant.²⁷ Sexually transmitted diseases are another frequent health problem for female prisoners: the number of incarcerated women infected with HIV has increased 69 percent since 1991, while the number of infected male prisoners decreased 22 percent.²⁸ Administrators should ensure that intake processes account for the increased risk factors of women, including ensuring that females entering the correctional facility receive testing in risk areas specific to, or prevalent among, women.

As noted in Recommendation f, above, though children’s issues may be a fundamental concern of incarcerated women, they may be reluctant to tell corrections staff about these issues because of concerns over having their children transferred into the foster care system or losing parental rights. On average, women in prison serve 19 months, a length of time

²⁵ Patricia Van Voorhis and Lois Presser, *Classification of Women Offenders: A National Assessment of Current Practices*, US Department of Justice, National Institute of Corrections (Washington, DC: 2001), vi-xi.

²⁶ Barbara Bloom et al., *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*,

US Department of Justice, National Institute of Corrections (Washington, DC: 2003).

²⁷ *Ibid.*

²⁸ *Ibid.*

which makes termination of parental rights under current law a real possibility for many women inmates.²⁹ Assessment staff should be sensitive to the fears and needs of this population; questions regarding family and children must be posed in a way that encourages the sharing of information. Administrators should develop guidelines (if they are not already in place) for sharing information provided by inmates with family protective services, foster care, and other agencies; and these parameters must be made clear to prisoners before personal information is elicited from them. Information collected during intake can help correctional administrators to determine the aggregate need for programs that sustain parent-child relationships, and can guide individual referrals by intake staff.

T | Develop protocols to ensure the accuracy and availability of information while adhering to laws and regulations that govern the confidentiality of this data.

There are several ways to ensure the accuracy and consistency of information collected during assessments while preserving and protecting inmate confidentiality. Policymakers should explore strategies for critical information to be shared between providers when possible.

EXAMPLE: Aftercare Planning for Medical and Mental Health, North Carolina Division of Prisons

Mental Health Services within the Division of Prisons in North Carolina is recognized by the state Department of Mental Health (DMH) as having treatment provider status parallel to that of DMH inpatient services in the community. This allows for reciprocal sharing of mental health information between the community provider and the institutional provider without the inmate's consent in cases where, for example, the inmate is not presently able to give consent.

The person performing the assessment should share it with appropriate corrections officials and service providers, preferably by electronic file. Confidentiality issues may be addressed by advising the person of the legal implications of signing a waiver or release of information and then asking him or her to sign. Such a waiver should make clear in writing what information is being disclosed, to whom, and for what purpose. General policies about the use of confidential information should be also documented in written form. If new elements of information or uses are needed, the waiver must be updated and a new signature obtained. Disclosure waivers should always be used with caution and discretion. A waiver signed by an incarcerated inmate should not be considered an open warrant on information sharing.

²⁹ Women's Prison Association, "Barriers to Reentry," WPA Focus on Women and Justice Series, 2nd Focus (October 2003).

u | Explain to prisoners the purpose and function of the screening and assessment process and the extent to which the information will be shared.

Educating individuals entering the correctional facility about the intake process gives them a stake in the results. When corrections officials administer screening and assessment tools without clearly explaining their intent, inmates may withhold information or give misleading answers out of mistrust or a desire for privacy. People in prison or jail may offer increased cooperation when the community-based providers that can assist them upon their release also conduct assessment interviews during intake.

Preserving the confidentiality of inmate information also facilitates the building of trust between inmates, staff, and service providers. Individuals in prison or jail may have legitimate fears of negative consequences should their personal information be disclosed. For example, individuals may not wish to disclose a history of homelessness, or a mental health condition or HIV diagnosis, for fear of discrimination or stigmatization by other inmates and correctional staff. The rights and needs of each party involved should be carefully explained, and the needs of the different agencies involved should be balanced against each other and against the needs of the inmate, particularly when these issues might place service providers and corrections staff on opposite sides of the information divide. In most cases, intake staff should be able to ensure a high degree of accuracy by communicating their respect for confidentiality, especially when this step is combined with the involvement of the individual and community-based providers in the intake process.

9

Develop, for each person incarcerated, an individualized plan that, based upon information obtained from assessments, explains what programming should be provided during the period of incarceration to ensure that his or her return to the community is safe and successful.

This policy statement addresses the individualized programming plan: the strategy for addressing needs and strengths assessed during intake (Policy Statement 8, Development of Intake Procedure) with programs available in prison or jail (Phase B, Prison- and Jail-Based Programming). More specifically, the programming plan establishes how a person who is in prison or jail will make the best use of his or her incarceration to improve the likelihood of success upon re-entry. An interdisciplinary programming team, working in conjunction with community providers, should construct an individualized programming plan focused on a person's criminogenic needs in areas ranging from mental health and substance abuse to workforce training and family counseling, all of which are explored in greater depth in the next chapter. (See, for example, Policy Statement 10, Physical Health; Policy Statement 11, Mental Health; Policy Statement 12, Substance Abuse; Policy Statement 13, Children and Families; and Policy Statement 15, Education and Vocational Training.) By determining, coordinating, and monitoring service delivery, programming planners ensure that prisoners are taking steps to prepare for re-entry throughout their incarceration.³⁰

³⁰ To the degree that individualized program planning has occurred in various correctional facilities, it has generally been called some version of "case management" and been performed by people referred to as "case managers." Given the varying definitions of case managers and case management, however, along with the particularized functions described in this policy statement, this report refers to the blueprint

for programs and services as an "individualized programming plan" and those who develop and administer such plans as "programming planners." Clearly, however, the nomenclature and exact role of the person or team charged with developing and coordinating a person's activity during his or her period of incarceration will vary from institution to institution, as evidenced by the examples included in this policy statement.

research highlights

Most correctional facilities do not offer intensive, individualized program planning geared toward preparation for release.

Program planning, which may entail development of a programming plan, service coordination, monitoring of service delivery, and advocacy, ensures that inmates will receive treatment and that it will be matched to the needs identified during the assessment.³¹ However, fewer than half of all state corrections agencies have one or more program planners on staff.³² In 2001, there were 1,899 caseworkers for the 1.4 million individuals in prison.³³ If other nonclinical, nonsecurity staff, such as social workers, are included in this figure, the counts broaden to just under 10,000—still translating to only one staff member for every 685 prisoners.³⁴

Program availability, as opposed to inmate risks and needs, often guides program placement—while research indicates that “appropriate” treatment is key.

Without staff assigned to manage specific cases, corrections officials make uninformed decisions regarding inmate programming. Availability, rather than a needs assessment, often guides program placement, even though the research community has widely adopted the idea that “appropriate” treatment—services that target needs and are administered correctly—is more effective than “any” treatment.³⁵ An analysis of treatment effectiveness in 154 controlled studies revealed that programs that delivered appropriate treatment had the largest reduction in recidivism rates (30 percent), compared to programs that delivered inappropriate treatment, which actually *increased* the recidivism rate of participants by six percent.³⁶ Effective program planning can help ensure alignment between programming and individuals’ needs.

Program planners can play a key role in coordinating and monitoring service delivery.

The research literature is limited on the effectiveness of in-prison program planning on re-entry outcomes. However, some research on postrelease case management does point to the important role program planners can play. For example, a study of substance-abusing arrestees found that those who had ongoing case management were more likely to have access to drug treatment and less likely to have committed crimes than individuals in a control group who received only referrals or a single counseling session.³⁷ Results of research on case management may vary in part because case management models differ in many aspects, including program emphasis, staffing characteristics, caseload size, and organizational structure.³⁸

31 Shelli B. Rossman et al., *Impact of the Opportunity to Succeed (OPTS) Aftercare Program for Substance-Abusers* (Washington, DC: The Urban Institute, 1999).

32 Camille G. Camp and George M. Camp, *The Corrections Yearbook 2000* (Middletown, CT: Criminal Justice Institute, 2000).

33 Ibid.

34 Ibid.

35 Don A. Andrews, “The Psychology of Criminal Conduct and Effective Treatment,” in James McGuire (ed.), *What Works: Reducing Re-Offending* (West Sussex, England: John Wiley & Sons, 1995).

36 Ibid.

37 William Rhodes and Michael Gross, *Case Management Reduces Drug Use and Criminality Among Drug-Involved Arrestees: An Experimental Study of*

an HIV Prevention Intervention, US Department of Justice, National Institute of Justice (Washington, DC: 1997).

38 Shelli B. Rossman et al., *Impact of the Opportunity to Succeed (OPTS) Aftercare Program for Substance-Abusers* (Washington, DC: The Urban Institute, 1999).

recommendations

- A | Charge new or existing positions with the responsibility of reviewing information obtained through assessments and of developing a plan that provides for the coordinated delivery of targeted services for each person admitted.**

The screening and assessment portions of the intake process over the first few weeks of a person's incarceration provide the data necessary to identify his or her primary needs and strengths. (See Policy Statement 8, Development of Intake Procedure, for more on the screening and assessment of prisoners within their first few days and weeks of incarceration). To analyze that data and use it to develop a comprehensive plan of correctional programming, however, requires time and expertise. Accordingly, corrections administrators should assign a person or a team of people the responsibility of translating the data obtained during intake into treatment, services, and other interventions that complement each individual's strengths and respond to each individual's needs.

Although a single program planner or team leader might be selected for administrative purposes, he or she should work with or be able to consult a multidisciplinary team of professionals who can interpret and integrate the initial data and apply an appropriate programming strategy to it. Thus, a program planning team might consist of a series of social service providers, including, but not limited to, health care personnel, workforce specialists, counselors, psychologists, and educational consultants. The team leader should be someone with a background in social services who is well-versed in the program offerings in the facility. As described further in the recommendations below, the team leader and team members could be corrections employees or could be employees of community-based organizations working full- or part-time in the correctional facility. Either way, team members should be willing and able to draw on community resources and programs as they design each programming plan.

EXAMPLE: Reentry Management Team, Community-Oriented Reentry, Ohio Department of Rehabilitation and Correction

For each individual who is incarcerated, the Ohio Department of Rehabilitation and Correction forms a Reentry Management Team, consisting of a representative from each of the up to seven program areas in which the individual can receive treatment or services, as well as, where applicable, health or mental health care representatives. These seven program areas are: (1) employment & education; (2) substance abuse; (3) community functioning; (4) attitude; (5) family/marital/personal relationships; (6) personal & emotional; (7) associates. The Reentry Management Team is one component of Ohio's Community-Oriented Reentry Program, which is funded by a SVORI grant.

TPCI MODEL: DEVELOPMENT OF TRANSITION PLAN

TPCI describes a transitional accountability plan (TAP) that is developed upon intake based on the criminogenic factors identified through the use of risk-assessment tools that measure both static and dynamic factors. The TAP has three phases, each requiring a different focus: the institutional phase, the re-entry phase, and the community phase. The TAP must clearly outline expectations of the offender, system, and community stakeholders for the transition process.

In addition to program and treatment professionals, the program planning team should include the person who has been incarcerated. The team should also include, or gather input from, the individual's family, community members, and victim or victim advocates (as described in Recommendation c, below). Including the perspectives of these key stakeholders enriches the basis of information on which programming decisions are made and increases the respective parties' investment in the programming plan.

The programming plan should organize its recommendations into a series of steps that anticipate the inmate's eventual return to the community, while appreciating the complexity of working among a range of service providers, including providers based in the community. Accordingly, the plan should address a wide range of subject areas, and should outline when each of the prescribed service providers should become involved with the inmate's rehabilitation and re-entry. For example, a plan might recommend that an inmate start with basic educational skills (such as English as a second language, literacy, or numeracy) before entering a specific vocational training course (such as word processing, welding, plumbing, or masonry) or seeking a particular credential (such as a GED, diploma, or computer certification). In turn, the plan should specify who will provide the services for each step, and whether those providers are corrections-based, community-based, or some mix of the two.

Although the volume of inmates and limited program availability may slow the intake and referral process, the programming plan should ideally be completed within thirty days of the inmate's admission into the facility. In any event, the person or team coordinating the programming plan should be charged with expediting the process so that implementation of the plan can begin as soon as possible. The complete program planning process may not be applicable to short-term inmates (generally those in jail facilities) but, as discussed in Recommendation h, below, there are some planning steps that can be taken even for people who are incarcerated only for short terms.

B | Consider the primary needs, strengths and background of the individual in developing the programming plan.

While all people who are incarcerated for any significant period should have some version of a programming plan in place, not all programming plans should look alike. As noted above, the programming plan should be based on information obtained during intake and should consider each individual's different service needs and strengths, ranging from health to education to family relationships. An assessment instrument that measures a person's dynamic risk factors should allow the program planners to determine his or her areas of primary need, where services or treatment

can reduce his or her likelihood of recidivism. Other assessment instruments should be used to hone the team’s understanding of the type of assistance that the individual needs (such as the form of medical treatment or level of education) as well as to identify strengths (such as training in a particular trade or a strong social network) that can be used to inform or support particular programming choices.

EXAMPLE: Reentry Management Team, Community-Oriented Reentry, Ohio Department of Rehabilitation and Correction

Using a dynamic needs assessment from their intake procedures, officials at the Ohio Department of Rehabilitation and Correction give each inmate a score from one to four in seven different programming domains. Subsequent programming is designed to increase the individual’s score in as many of the domains as possible before he or she re-enters the community.

The programming plan should not be only individualized, but also, where appropriate, specialized. As the sidebar demonstrates, a number of factors, both static and dynamic, may further refine not only the type of services needed (e.g., mental health), but also the particular nature of the intervention (e.g., medication, therapy, substance abuse treatment). The level of specificity required makes clear why a team leader who does not have specialized training must at least draw input from different experts in a host of program areas.

For individuals with a strength or service need which predominates, the programming plan should have a corresponding focus. When the plan itself has such a focus, the team leader who directs the administration of the plan should ideally also have a specialized background or receive specialized training to solve issues related to that primary service needs. Thus, a person who has HIV/AIDS may have a programming plan centered on health treatment, and his or her team leader might be an HIV/AIDS nurse or a counselor whose entire caseload consists of individuals living with HIV/AIDS or other infectious diseases.

EXAMPLE: Individualized Program Plan, Rhode Island Department of Corrections

In Rhode Island, all prisoners are assigned to a case manager, who is the head of the team administering a holistic programming plan called an “Individualized Program Plan.” Many of the case managers have specialized caseloads, including those who focus on only one of the following special areas: individuals with serious mental illnesses; individuals who have been living in a therapeutic drug community; individuals who have HIV or other infectious diseases; individuals who are high-risk offenders; and individuals from a particular neighborhood. Further, many of the treatment providers who work with people in prison are community-based, so people who need further services in the community can continue to work with the same providers after their release.

Among other advantages, focusing program planning in this way can enhance corrections/community

FACTORS TO CONSIDER IN PROGRAM PLANNING FOR AN INDIVIDUAL WITH SERIOUS MENTAL ILLNESS

- Mental health history
- Prior treatment
- Medication history
- Relevant psychosocial history (i.e., family, social, legal, relationships)
- Functional assessment
- Current situational stressors
- Mental status examination
- Current diagnosis
- Relevant medical diagnoses
- Current medication
- Substance abuse status

partnerships: the specialized team leader (who may himself or herself be from the community) will be able to develop relationships with specialized treatment providers in the community who, in turn, could be tapped to provide treatment within the corrections setting.

**EXAMPLE: Transition Services Unit,
Multnomah County Department of Community Justice (OR)**

The Multnomah County Department of Community Justice Transition Services Unit (TSU) develops a plan for each offender prior to his or her release which refers the offender to a range of community services. Although the TSU works with all people in prison, it prioritizes offenders who it identifies as having “special needs,” including inmates who are mentally ill, developmentally or physically disabled, elderly, and high-risk predatory sex offenders. While the TSU does not initiate the prerelease planning until approximately six months before a person’s release, a similar approach could be used for early program planning.

c | Ensure that all program planning incorporates the principles of cultural and gender competency.

A program planning system that sees differences as strengths and takes them into account in the planning process may have more success engaging the community, the inmate, and the inmate’s family than one which alienates individuals based on difference or disregards difference entirely. Program planners should develop a pattern of behaviors, attitudes, and policies that enable the system of planning and service delivery to be “culturally competent”—that is, to operate effectively in cross-cultural situations and to function effectively in a variety of cultural contexts.³⁹ To become more culturally competent, the system should (1) value diversity, (2) have the capacity for cultural self-assessment, (3) be conscious of the dynamics inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.⁴⁰ As suggested above, these five elements must be manifested throughout the service delivery system, including attitudes, structures, policies, and services.

Making the programming plan and any program materials available in non-English languages prevalent in a given community is an important, basic step toward cultural competency. The Ohio Department of Rehabilitation and Corrections, for example, provides services and paperwork in Spanish to Spanish-speaking prisoners and is working to incorporate more cultural competency in its programming by reaching out to local faith-based groups and drawing on their ties to the Spanish-speaking community. In general, language used to communicate with prisoners orally

³⁹ Terry L. Cross et al., *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed* (Washington, DC: Georgetown University Child Development Center,

Child and Adolescent Service System Program Technical Assistance Center, 1989).

⁴⁰ *Ibid.*, 19.

and in writing should be geared to the background and comprehension level of each particular inmate.

Hiring individuals whose experience reflects that of the prisoners is another way to build cultural competency. People who have been in prison, for example, can speak directly to the experience of individuals currently serving time. Thus, the messages and services they deliver may find particular resonance with people who are currently incarcerated. Departments of Corrections and their community partners should make conscious efforts to recruit individuals who come from the same communities and share the same backgrounds as people incarcerated in their facilities.

EXAMPLE: Osborne Association (NY)

The Osborne Association operates a broad range of treatment, educational, and vocational services for people involved in the criminal justice system, including current prisoners. Of the Osborne Association's 155 staff members and some 40 volunteers, more than 80 percent are African American, Caribbean American, Latino, and Asian, and many are former prisoners, people in recovery, and people living with HIV/AIDS.

When hiring employees with similar cultural identification to those they will work with is not possible—for instance, when the communities to which prisoners will return are a great distance from the correctional facilities—it is especially important that staff members and corrections leadership be trained to become culturally competent both generally and on a jurisdiction-specific basis. As opposed to mere packaging or political correctness, true cultural sensitivity provides a way to reach individuals who may otherwise never engage in or accept needed support and services. (See Policy Statement 14, Behaviors and Attitudes, for more on engaging individuals in treatment with peer and faith-based programming.) Indeed, evidence has shown that some programs focused on minority populations can have measurable effects on recidivism.

EXAMPLE: Social Mentoring Academic and Rehabilitative Training Program, Los Angeles County Men's Central Jail (CA)

The Social Mentoring Academic and Rehabilitative Training (SMART) program for gay inmates at the Los Angeles County Men's Central Jail began five years ago in response to a nearly 90 percent recidivism rate among the jail's gay population. The program lasts for 10 weeks, during which time individuals are required to take at least three classes, including a mandatory drug rehabilitation class. Community and state agencies and organizations offer in-house support services, including educational and vocational training classes, HIV and AIDS counseling, STD testing, and employment services. In addition, program participants are often put in charge of teaching their peers. For example, an individual who is computer literate might teach a basic computer skills class. Over the five years that the SMART program has been operational, the recidivism rate among the gay inmates has dropped to 30 percent.

▫ **Provide opportunities for crime victims, victim advocates, family members, and community members to inform the inmate's programming plan.**

In addition to data collected during the initial intake process, the program planning team should solicit input from victims or victim advocates, community members, and family members of the person who is incarcerated. Sometimes these individuals know the person in prison very well and can provide information that may not come through in his or her testing or self-reporting. In other cases, successful re-entry may depend on the offender's ability to live, work, or interact with certain key individuals, such as family (including co-parents) and victims. Program planners should consider those individuals' needs at an early stage to lay the groundwork for better interactions and relationships after the person in prison is released.

While victims, families, and community members should be notified of the opportunity to provide input and *encouraged* to participate, none of these parties should be *required* to contribute. The responsibility of the program planners is to carefully consider the input of these parties and to weigh their advice and requests against other needs of the person in prison and institutional resources.

Victim input may be particularly appropriate (and desirable) in cases involving intimate partner violence, sex offenses, child abuse/sexual assault, and any type of repeat victimization such as stalking. Similarly, victim input might be sought in any case where the offender has a history of domestic violence—regardless of whether the offense for which he or she has been incarcerated relates to domestic violence. Based on information from the victim, for example, the program planning team may decide to incorporate a particular kind of counseling or cognitive-behavioral therapy into the individual's programming plan. On the other hand, where a victim advises intake coordinators or the program planning team (personally, in writing, or through a victim impact statement) that he or she has particular concerns about financial restitution, the team may focus on financial issues, budgeting, and workforce training in their plan. Victim advocates may be especially helpful in translating the concerns and interests of victims into programming suggestions. Additionally, in cases where the victim is unknown or declines to participate in the process, jurisdictions can also gather victim-related information from victim advocates or other intermediary sources.

Family members may themselves be victims of the offender, with interests and expectations similar to those of nonfamily victims. But family members who are not or do not consider themselves victims also have a role to play in the program planning process. Families can help identify the individual strengths, areas of interest, and other motivating factors of inmates, so that program planners can ensure that inmates are engaged in meaningful ways. Acknowledging the natural coping skills and other

resources of inmates and their families allows the program planning team to tap into and build on existing strengths in developing institutional programming. For example, if program planners learn of family members who are steadily employed and could serve as mentors or provide support in securing employment for the person in prison or jail, they might be able to direct the inmate into a particular stream of vocational training. Family members may be able to provide information about child-care arrangements or programs based in their neighborhoods—information that can guide the program planners in assigning the person to classes that prepare him or her to resume responsibilities or engage with services in the community. Taking account of family members’ concerns may also help them to feel valued in the process and may inspire them to make further efforts to help the re-entering family member upon his or her release. Moreover, their involvement and support may be another way to engage the individual in his or her programming plan and the activities it prescribes.

EXAMPLE: Case management teams, Missouri Department of Corrections

The Missouri Department of Corrections (DOC) is in the process of implementing case management teams that will work with offenders from the time of intake through the release period. At intake, a case management team will form to create the first phase of a Transition Accountability Plan, which will outline a programming plan for the period of incarceration. With the consent of the individual, family members will be asked to join him or her on this team, which will also include rehabilitation staff, the institutional parole officer, an institutional case worker, representatives of outside agencies. The Missouri DOC has received an NIC Transition from Prison to the Community Initiative (TPCI) grant to support this project.

Nonvictim, nonfamily members of the community may be more difficult to reach and to categorize unless the programming team reaches out to existing community advocacy groups. Yet these community members may provide helpful information. For instance, local business owners, nonprofit enterprises, or local workforce investment program staff might be able to inform the program planning team about workforce opportunities that may be available to the person after his or her release, including areas of potential employment or paid work experience such as transitional jobs. Local leaders might also be able to suggest projects or programs that could be restorative for the community and that a person could work on or prepare for during his or her incarceration, including apology letters or work release assignments. Finally, community representatives might provide a source for mentors, organizations, or faith-based groups that can work with people while they remain incarcerated, becoming themselves a part of the programming plan.

EXAMPLE: Ready4Work Initiative (National)

Ready4Work is a re-entry workforce development initiative of the Department of Labor’s Employment and Training Administration and Center for Faith-Based and Community Initiatives. Public/Private Ventures, a nationwide nonprofit organization, is overseeing the implementation of the program in Jacksonville, Philadelphia, Boston, Chicago, Milwaukee and several other cities. Ready4Work partners local business leaders, faith-based and community nonprofit organizations, corrections, parole and probation officials, workforce investment boards, and volunteer mentors to train and employ individuals who are

being released from correctional facilities. Ready4Work programs provide individuals with case management, job training, placement services, and mentoring prior to their release and after re-entry.

■ Engage community-based providers in the development of a programming plan.

Program planners should engage external organizations in the process of translating the screening and assessment data into programming options. The recent engagement of workforce organizations in the case management process provides a good model. Traditionally, departments of corrections did not partner with the workforce development system. More recently, however, many jurisdictions have seen an increase in the information sharing between the internal staff of correctional facilities and the staff of external workforce organizations. In some jurisdictions, corrections officers now sit on Workforce Investment Boards; the state Board of Education develops curricula unique to the incarcerated population; and correctional facilities employ vocational rehabilitation staff within the prison to support employment and training. This involvement contributes to shaping both individual case management plans and the programming and referrals that are available to individuals during incarceration and after release.

EXAMPLE: Partnerships for Re-Entry Programming, Maryland Division of Correction

Partnerships for Re-Entry Programming (PREP) collaborates with community-based and government organizations to provide services to inmates including a coordinated pre and postrelease case management plan. PREP works with the Offender Employment Initiative, the Governor's Council on Management and Productivity, and state-use industries to develop a business mentoring program, expand the Prison-to-Work program, and generally improve offender employment opportunities.

Options for engaging community-based health providers in the development of programming plans for people with significant medical and mental health problems may pose different challenges in different jurisdictions. Program planners should seek to understand the structure and staffing of correctional health services programs and their systematic relationship to health services in the community. In North Carolina, for example, correctional mental health providers are licensed by the state mental health board and can share patient information with community-based mental health providers, while other health providers may not. The program planning team should engage community-based providers when possible, while respecting federal and state privacy regulations. (See Policy Statement 8, Development of Intake Procedure, for an explanation of such privacy protections.)

■ | **Include in the programming plan provisions for periodic reassessments to be conducted during the inmate’s incarceration and for changes to be made in the plan accordingly.**

Once the programming plan has been drafted, the programming team should meet regularly to monitor the prisoner’s progress and to ensure that programs and services are effective and coordinated. Among the variables that predict recidivism, most are considered “dynamic” risk factors, which are defined by their amenability to change in response to treatment (e.g., substance abuse, depression, or deficient social skills). These factors must be re-assessed to allow the program planning team to identify individuals’ evolving needs and to adjust service delivery where necessary.

The timing of needed reassessments should be standardized within the institution (based on the nature of the facility, the average length of stay, and the availability of staff and programs), and a reassessment schedule should be set forth in the programming plan. By regularly reassessing the variables shown to affect recidivism, as well as monitoring the progress an inmate has made as a result of treatment, corrections and law-enforcement officials will be well-equipped to make informed decisions about the resources, intervention, and level of supervision necessary for successful re-entry. As reassessments occur and as the programming plan is adjusted to reflect new results and findings, the programming team should ensure that the programming plan and referrals change where appropriate and that all appropriate and required parties receive copies of the most updated materials.

EXAMPLE: Reentry Management Team, Community-Oriented Reentry, Ohio Department of Rehabilitation and Correction

Every six months, each inmate meets with his or her Reentry Management Team to discuss his or her progress in each of his or her current program areas, as outlined in the personalized Reentry Accountability Plan. If a change in programming is due, it might also involve a change in staffing for the Re-Entry Management Team. For example, if the person has obtained his GED, the educational representative may leave the team, but a vocational representative may replace him or her.

As the date of the person’s release from the correctional facility approaches, the membership of the program planning team may adjust further to include more community-based partners, including family members, mentors, or faith-based representatives. Program planners may also work more on programming elements specifically relevant to an individual’s transition into the community, such as finding appropriate housing. Again, copies of these plans should be provided to all relevant parties. Towards the time of release, that may include community-based service providers and law enforcement. The program team—having established a plan geared towards re-entry from the start and modifying it throughout the period of incarceration—will have a clear outline for making release decisions and establishing a supervision strategy. (See Policy Statements

17 through 24 for more on making plans for a person's release back into the community that capitalize on skills and strengths developed during incarceration.)

c | Establish and maintain a centralized record-keeping system as well as a system for regular communication among program planners and other prison-based staff and service providers.

To the extent that the programming plan encompasses many different offices, agencies, or representatives working with the same person in prison or jail, timely communication between the providers and any centralized programming planning team or team leader is critical to the success of the overall system. Corrections and other public safety agencies should also collaborate with program planners to share information regarding offenders at all stages of the criminal justice process. Information concerning a person's pre-sentence investigation, sentence, or criminal history, as well as victim contact and notification information, should be part of his or her electronic file upon admission to the facility. Regular communication among all the relevant stakeholders permits the programming plan both to meet the needs of the person and to account for potential risks to public safety.

Ideally, any relevant information about an inmate would be automatically shared and available through an electronic network. An electronic data management system should be systemwide, allowing program planners, counselors, and program coordinators to regularly update an inmate's file to reflect completed programming, reassessments, security assignments, sanctions, credits, risks, and needs. Issues of confidentiality must be addressed, using tools such as modern data encryption and password systems, or through the maintenance of a limited paper case file. While such electronic systems may require a substantial initial cost, the increased communication, efficiency, and paper reduction can offset that investment.

EXAMPLE: Transitions Project, Oregon Department of Corrections

Oregon's Department of Corrections creates a "Corrections Plan" for each individual in the facility. The Corrections Plan, which is entered into a computer file, identifies specific activities to be performed and skills to be learned (in the form of specific programs and services) to mitigate the risk factors identified in an individual's assessment process. Because the Corrections Plan is automated, it "travels" with the person during his or her entire incarceration and out into the community during any period of community supervision.

When such information is not available in the form of an integrated data management system, it is especially critical that the parties working with a particular individual meet to share information with each other on a regular basis. (See Policy Statement 5, Promoting Systems Integration and Coordination, for a discussion of appropriate information sharing and privacy protections.)

■ Creatively adapt the program planning model for shorter-term jail stays.

The program planning model described in this policy statement is directed towards people whose term of incarceration is sufficiently extensive to allow for a nearly month-long process of intake and referrals to programming options. Local and county jails, which have high population turnover rates and generally far shorter terms of incarceration, present serious challenges with respect to program planning. For this population, the goal shifts from program planning to a more immediate connection between individuals and community-based service providers. Even when a person is only briefly incarcerated, however, corrections employees may generally assess him and provide him with referrals.

EXAMPLE: Hampden County Correctional and Community Health Program, Hampden County Correctional Center (MA)

The Hampden County Correctional and Community Health Program focuses on health care needs of inmates living with HIV/AIDS, but does not restrict its services to long-term inmates. Significantly, about one-third of Hampden County inmates stay in jail for three days or fewer, and another third stay for 4 to 90 days. Even those who are only routinely examined, however, can obtain medical services through the corrections/provider networks. The flow of information and patients is facilitated by use of electronic medical records and pharmacy systems and by the proximity of the contracted community health centers to the Hampden County Correctional Center.

To make these timely connections, some organizations have learned to think creatively and even move beyond the traditional programming plan model, offering social services whenever and wherever they can reach offenders.

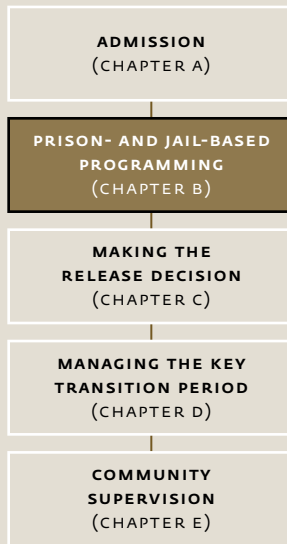
EXAMPLE: Center for Employment Opportunity, Rikers Island (NY)

Given the transient population at New York's Rikers Island institutions, the city of New York has funded a jobs creation program offering immediate work and immediate pay for individuals released from jail. Run by the Center for Employment Opportunities, the program meets offenders at the moment of their release, even ferrying newly released offenders from Rikers Island directly to work sites scattered across the city. The city program has two tracks, a two-week track and a six-week track (for those with the least work history). During the program, newly released inmates work four days a week, with one day of job counseling. The goal of the program is full-time job placement, and an aggressive outreach program identifies and engages employers willing to hire program participants for such positions.

CHAPTER B

Prison- and Jail-Based Programming

THE RE-ENTRY PROCESS:



People sentenced

to state prison after felony convictions serve an estimated average of two years—and nearly all are eventually released. The policy statements in this chapter make the point that a person’s period of incarceration need not and should not be merely a period of incapacitation; rather, it should serve as a significant opportunity to prepare for re-entry. The time that a person spends in prison or jail should center on treatment, education, and training. As detailed in Chapter A, Admission to the Facility, institutional programming should be systematized so that it is based on information obtained during the intake phase and structured according to an individualized plan designed by an interdisciplinary team.

What is repeatedly demonstrated in the following research and program examples is that such an investment is not about coddling people in prison or jail; it is sound corrections policy. Treatment and services that are tailored to address each individual’s criminogenic risk factors can improve recidivism rates and, ultimately, reduce public spending. In the immediate term, such programming can also protect individuals within the institution—both prisoners

and staff—by keeping inmates safe, healthy, and focused. The policy statements in this chapter cover a variety of subject matter areas ranging from health care (Policy Statement 10, Physical Health Care; Policy Statement 11, Mental Health Care; and Policy Statement 12, Substance Abuse Treatment) to family responsibilities (Policy Statement 13, Children and Families) and victim-based and cognitive-behavioral programming (Policy Statement 14, Behaviors and Attitudes) to employment (Policy Statement 15, Education and Vocational Training and Policy Statement 16, Work Experience).

In all aspects of prison- and jail-based programming, corrections officials are urged to work with community-based partners to increase capacity and promote continuity of care after release. Such collaboration may be particularly important for the millions of people who are booked into jails each year. Although jail sentences are generally much shorter than prison sentences, some form of programming should be implemented during even brief stays, if only as an introduction to community-based services.²

1 Matthew R. Durose and Patrick A. Langan, *Felony Sentences in State Courts* 2000, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 198821.

2 See *ibid.*, noting that the average jail sentence is six months.

POLICY STATEMENT

10

PHYSICAL HEALTH CARE

Facilitate community-based health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public health.

As described in Policy Statement 8, Development of Intake Procedure, a thorough intake procedure requires an immediate physical health evaluation, as well as a more complete assessment within the first two weeks of a person's admission to a correctional facility. Prisoners who are found to need further treatment, based on that assessment, should have that treatment incorporated into their programming plan (Policy Statement 9). Given the high rate of illness and infection in corrections populations and the damage those issues cause to individual and public health, this policy statement recommends comprehensive treatment for all prisoners with health care needs. To make such treatment available—and to build a foundation for continued treatment—in the community (Policy Statement 20, Planning Continuity of Care), corrections administrators should seek ways to collaborate with community-based providers, including inreach, telemedicine, and appropriate information sharing.

research highlights

The inmate population has significant and complex health needs.

The prevalence of chronic illnesses, communicable diseases, and severe mental disorders among people in jail and prison is far greater than among other people of comparable ages.³ Significant illnesses afflicting corrections populations include coronary artery disease, hypertension, diabetes, asthma, chronic lung disease, HIV infection, hepatitis B and C, other sexually transmitted diseases, tuberculosis, chronic renal failure, physical disabilities, and many types of cancer.⁴ There are also increasing numbers of frail elderly prisoners who suffer from dementia, strokes, or other debilitating conditions: as of 2002, 121,000 people age 50 and older were in state or federal prisons, more than twice as many as a decade earlier, according to the US Justice Department.⁵ The average cost of housing an inmate over 60 has been estimated at \$70,000 a year, or about three times the average cost for prisoners overall, largely because of health care expenses.⁶ Based upon the known prevalence of chronic illnesses among people who are incarcerated, it can be conservatively estimated that at least one-third of the over 600,000 people released each year from state and federal prisons have an identified chronic illness that should be evaluated further or treated on a long-term basis.⁷

Individuals who are incarcerated are legally entitled to receive some level of physical health care.

Over the past 30 years, the quality and availability of medical services for the prisoner population have been enhanced by multiple federal judicial decisions and by initiatives of a host of professional organizations.⁸ The pivotal legal principle articulated by the courts is that failure to provide adequate health care to prisoners violates their constitutional right under the Eighth Amendment to be free from cruel and unusual punishment.⁹ As a result, prisoners may in fact have greater access to medical care than persons with similar demographics who are not incarcerated.

The costs of providing health care to inmates are substantial.¹⁰

Current national expenditures for health services for individuals housed in US prisons and jails are nearly six billion dollars per year.¹¹ California alone spent nearly one billion dollars (about one-sixth of its total corrections budget) on health services for its 160,000 inmates in the 2002–03 fiscal year, nearly doubling its correctional health care costs from 1999.¹² According to the National Commission on Correctional Health Care, violence is a public health problem, and as such the cost of proper health care is a necessary expense to prevent, detect, and treat serious illnesses among prisoners and to maintain a lawful and safe environment within correctional institutions and the nation at large.¹³

3 National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Prisoners: A Report to Congress*, vol. 1 (Chicago: National Commission on Correctional Health Care, 2002).

4 Ibid.

5 "Elderly Inmates Swell Prisons, Driving Up Health Care Costs," *Associated Press*, February 28, 2004.

6 Ibid.

7 Ibid.

8 For example, in one study, 91 percent of state inmates reported seeing a health care professional since their admission to prison. Laura Maruschak and Allen J. Beck, *Medical Problems of Inmates*, 1997, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001), NCJ 181644.

9 National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Prisoners: A Report to Congress*, vol. 1 (Chicago: National Commission on Correctional Health Care, 2002).

10 Dr. Lambert King, Director, Department of Medicine, Queens Hospital Center, interview with author, March 5, 2004.

11 National Commission on Correctional Health Care, *CorrectCare* 17, no. 30 (2003).

12 Evan Halper, "Inmates' Medical Tab Nears \$1 Billion," *Los Angeles Times*, June 2, 2004.

13 Position statement of the National Commission on Correctional Health Care (on Correctional Health Care and the Prevention of Violence). Available online at www.nccchc.org/resources/statements/prevention.html (accessed on August 10, 2004).

However, the “value added” of these substantial expenditures on correctional health care can be achieved only if the efforts of in-prison health care providers are sustained as individuals return to the community.

Tackling the health care needs of returning inmates may positively affect the public health of the communities to which they return.

Prisoners account for a substantial share of the total population infected with HIV, AIDS, hepatitis B, hepatitis C, and tuberculosis. For example, in 1997, individuals released from prison or jail accounted for nearly one-quarter of all people living with HIV or AIDS, almost one-third of people diagnosed with hepatitis C, and more than one-third of those diagnosed with tuberculosis.¹⁴ Virtually all people in prison or jail are at high risk for many chronic and communicable diseases. Individuals in this population, when not incarcerated, are often among the hardest for the health system to identify, in part because the criminal justice system and health system rarely collaborate to discuss their shared population. Accordingly, periods of incarceration provide what the National Commission on Correctional Health Care describes as a “window of opportunity” for a variety of preventive, diagnostic, and treatment interventions that stand to benefit not only inmates, but also their families, partners, friends, and communities.^{15, 16}

recommendations

A | Engage community-based organizations to provide health care services for inmate populations prior to discharge.

Although, as noted above, the United States spends approximately six billion dollars per year in correctional health services, it is unclear whether these expenditures are as cost-effective as they could be.¹⁷ Major health delivery financing initiatives are required to merge the missions and harmonize the work of correctional health and community health professionals. By coordinating institution-based efforts with those of community-based service providers, jurisdictions across the country could not only realize a better return on their investment, but also begin to build capacity in communities currently unable to meet the health care needs of their residents. (See Policy Statement 4, Funding a Re-Entry Initiative, and

¹⁴ Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, “Health-Related Issues in Prisoner Reentry,” *Crime & Delinquency* 47, no. 3 (2002): 390–409.

¹⁵ National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Prisoners A Report to Congress*, vol. 1 (Chicago:

National Commission on Correctional Health Care, 2002).

¹⁶ Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, “Health-Related Issues in Prisoner Reentry” *Crime & Delinquency* 47, no. 3 (2002): 390–409.; Cheryl Roberts, Sofia Kennedy, and Theodore M. Hammett, “Linkages

Between In-Prison and Community-Based Health Services” (paper presented at the Urban Institute’s Re-Entry Roundtable, New York, Dec. 11–13, 2002).

¹⁷ National Commission on Correctional Health Care, *CorrectCare* 17, no. 30 (2003).

Policy Statement 5, Promoting Systems Integration and Coordination, for additional discussion of how such coordination could be effected.)

Innovative partnerships with community-based organizations such as universities, hospitals, and substance abuse programs enable correctional facilities to both improve the quality of care that they provide and reduce costly duplication of resources. For instance, by collaborating with outside providers, a correctional facility can provide basic health histories and other information gleaned through the intake process to these collaborators. In turn, the correctional facility can gain access to a variety of medical specialties and procedures that it cannot afford to provide on its own. Moreover, when a provider cares for a patient while he or she is a prisoner, the provider-patient relationship that develops can continue when he or she returns to the community, providing personal and public health benefits.

EXAMPLE: Project Bridge, Miriam Hospital (RI)

Project Bridge offers a holistic social support model based upon a partnership between the Miriam Hospital, the state corrections and health departments, Brown University Hospital, and numerous community-based providers of housing, substance abuse treatment, and related services. Project Bridge's infectious-disease specialists from Brown University and Miriam Hospital treat HIV-infected inmates throughout their incarceration and continue to treat offenders after their return to the community.

The greater the link between community providers and correctional facilities, the greater the likelihood that care will continue upon release and that investment in prison- and jail-based health care will pay off in public health dividends. In less comprehensive collaborations, community-based organizations often serve in a supportive or educational role (see Recommendation c, below, for more on relying on community-based organizations for health education).

EXAMPLE: AIDS in Prison Project, Osborne Association (NY)

The AIDS in Prison Project provides HIV testing, counseling, and discharge planning on-site to New York prisoners at Sing Sing, Fishkill, Downstate, and Green Haven Correctional Facilities. In addition, the organization sponsors a hotline for prisoners and their families that covers topics including information about HIV, AIDS, and hepatitis C, as well as prevention of communicable diseases, treatment, referrals, transitional planning, and advocacy.

Even non-physicians with proper training can provide limited clinical services and extensive advocacy and supportive services to supplement prison-based health care. Corrections administrators should also seek to engage state departments of public health to develop and implement effective care models that consider both individual and community health. (See Policy Statement 35, Physical Health Care Systems.)

b | Use telemedicine to deliver effective and cost-efficient health services.

By linking individuals in prison and jail to service providers in the community without incurring the high costs and complications of transportation and supervision outside the walls of a correctional facility, telemedicine can be a valuable tool for delivering improved health care to those individuals and preparing them for release to the community. Videoconferencing technology enables a community-based specialist to consult with a person who is incarcerated and his or her institutional health care providers and allows the specialist to actually see the patient through a television or computer monitor.

Telemedicine is, however, expensive: the initial investment in a telemedicine system ranges from \$50,000 to \$75,000, depending on the type of equipment and installation; and substantial hourly fees are incurred each time the system is used.¹⁸ Nonetheless, these costs may compare favorably with the alternative of transporting prisoners offsite to receive specialized care or, in some cases, of providing a full-time staff of physicians. Several state departments of corrections are developing telemedicine capabilities with an eye towards saving money. Indeed, a report by the National Institute of Justice found that the initial equipment investment for telemedicine might be recovered in about 15 months, with a monthly savings of \$14,200 thereafter.¹⁹

**EXAMPLE: Telemedicine Program,
Ohio Department of Rehabilitation and Correction**

The Ohio Department of Rehabilitation and Correction uses telemedicine to link individuals in state institutions with providers at the Ohio State University Medical Center. Reports indicate that Ohio saves between \$200 and \$1,000 for each use of telemedicine.²⁰

c | Integrate prevention, education, and good health promotion into correctional health care services and partner with community-based organizations to supplement this information.

The delivery of health care to people in prison and jail—a population that is largely underinsured and generally has limited access to health care in the community—provides a significant opportunity to affect the ongoing health and well-being of medically needy individuals. (See Policy Statement 35, Health Care Systems, for further discussion on health insurance in low-income communities.) Both treatment professionals and communi-

¹⁸ Chad Kinsella, *Trends Alert: Corrections Health Care Costs* (Lexington, KY: Council of State Governments, January 2004).

¹⁹ Abt Associates, Inc., *Telemedicine Can Reduce Correctional Health Care Costs: An Evaluation of a Prison Telemedicine*

Network, US Department of Justice, National Institute of Justice (Washington, DC: 1999), NCJ 175040.

²⁰ *Ibid.*

ty-based organizations can play a role in counseling people in prisons and jails to improve current health problems and facilitate future prevention.

First, when treating a prisoner for a particular ailment, health care providers should make sure to educate him or her about how to manage that illness. A patient with a communicable disease, for example, should receive information about preventing transmission of the disease to other people. Research supports the notion that people in prison or jail are interested in treatment and compliant with medical directives. For instance, patients treated for high “bad cholesterol” levels in the New Hampshire Department of Corrections were found to have a 95 percent compliance rate with drug therapy, and 71 percent of patients achieved clinical results consistent with national guidelines.²¹ A Rhode Island study of treatment for chronic hepatitis C infection among inmates also demonstrated patient compliance with treatment and clinical response rates comparable to those in the community.²² All state departments of corrections should have standardized clinical protocols for the evaluation, treatment, and education of inmates with chronic diseases, some of which disproportionately affect prison populations. In the absence of such protocols, it is impossible to measure and assure quality of care for persons suffering from chronic illnesses.

In addition, correctional health care programs should include instruction on general wellness issues. Health care professionals or their partners from community-based organizations can teach inmates about the importance of good nutrition, compliance with medication regimens, and protection from sexually transmitted diseases. Even in the absence of system-wide protocols, informal counseling from physicians on health issues can have significant results. For example, a number of community-based studies have shown that physician counseling can influence smokers to quit, a benefit that saves both lives and money. According to one University of California Department of Medicine study, the cost-effectiveness of brief, anti-smoking advice during routine office visits ranges from \$705 to \$988 per year of life saved for men and from \$1,204 to \$2,058 for women.²³ Among prisoners, who smoke at a rate more than three times the national average, the opportunity for such savings is dramatic. Given the likely benefits of such education, communities are wise to invest in providers who can seize the public health opportunity of educating incarcerated patients about health, well-being, and any diagnosed illness.

Significantly, however, such education need not come only from doctors. Departments of corrections can partner with other government

21 Judith E. LaForest and Thomas W. Algozzine, “An Evaluation of Cholesterol Management Within a State Correctional System,” *Journal of Correctional Health Care* 10, no. 1 (Spring 2003): 75–88.

22 Scott A. Allen et al., “Treatment of Hepatitis C in a State Correctional Facility,” *Annals of Internal Medicine* 138, no. 3 (February, 2003): 187–190.

23 S. R. Cummings, S. M. Rubin, and G. Oster, “The Cost-Effectiveness of Counseling Smokers to Quit,” *Journal of the American Medical Association* 261, no. 1 (1989): 75.

agencies (including public health departments) or community-based organizations to educate inmates about a range of health issues.

EXAMPLE: HIV Coordinators, Massachusetts Department of Public Health/County Sheriffs Departments (MA)

In this partnership, the Massachusetts Department of Public Health and sheriffs from all counties in the state each pay one half of the cost of providing HIV program coordinators to work with people in jail living with HIV/AIDS. Along with case management and testing services, the program coordinators facilitate counseling and education groups for program participants at county correctional institutions. Where appropriate, program coordinators also contact and engage other community-based stakeholders to work with inmates.

Inviting community-based, non physician providers to counsel inmates can be an efficient use of time and money. These providers may include former prisoners, or peers, who may be even more effective than professionals in educating people in prison or jail about health issues. (See Policy Statement 9, Development of Programming Plan, for more on building cultural competency by incorporating former prisoners into institutional programming.)

EXAMPLE: Get Connected, Centerforce (CA)

Centerforce staff (73 percent of whom have been incarcerated or have a family member who was incarcerated) provide 30 hours of health and skill-building training to people in correctional facilities who are interested in becoming peer health educators. Trained inmate health educators lead daily health education workshops for individuals newly admitted to San Quentin State Prison, Central California Women's Facility, and Valley State Prison. Program participants who received HIV counseling reported a preference for peer educators over other types of educators. Peer educators and Centerforce staff members also develop educational brochures, fact sheets, and videos for people who are incarcerated and their families to help both populations to address a number of family and health issues.

D | Maintain medical records so that they provide up-to-date information regarding a prisoner's condition and treatment, and ensure that a summary of the records follows the person as he or she transfers between providers.

It is important for health care providers treating individuals in prison or jail to record pertinent clinical information regarding each person's condition and treatment throughout his or her incarceration. Such records ensure that ineffective treatments are not repeated and that beneficial treatments are continued while the person remains in a correctional facility. In addition, the records can be useful for making future referrals and for providing information to health care providers in the community. While the full panoply of medical records may or may not be transferred to a community-based provider upon the individual's release, the records may serve as a resource for community-based providers who wish to have a more detailed medical history for a patient who was once incarcerated. Moreover, the records concerning his or her condition, treatment, status, and medication provide a helpful basis of information for the person

charged with creating a summary document at the time of an individual's discharge. (See Policy Statement 20, Planning Continuity of Care, for more on creating a portable "summary health record" for each person at the time of his or her discharge from prison or jail.)

Corrections systems must customize their medical record-keeping systems to meet their resources and needs. Ideally, all medical records should be recorded in an electronic format accessible to medical providers both in the institution and in the community. (See Policy Statement 5, Promoting Continuity and Integrated Case Management, for more on computerized information management systems.) Such a system would ensure continuity of care between providers both inside and outside the facility and would alleviate the need for the person who has been incarcerated to provide his or her own medical history (from memory or on paper) each time he or she visits a new provider. (See sidebar, "Confidentiality and the Health Insurance Portability and Accountability Act.")

EXAMPLE: Hampden County Correctional and Community Health Program, Hampden County Sheriffs Department (MA)
Hampden County Correctional Center uses an extensive shared database for inmate records, beginning with each person's health assessment information. The electronic system not only enables a diverse group of project partners (sheriff, jail medical director, local community health centers, providers, et al.) to share medical treatment and diagnosis information, but also incorporates an electronic pharmacy system.

In practice, many corrections systems still rely on a paper filing system to manage inmate health records. Even paper files, however, can be kept in a central location within the correctional facility and can be organized in a systematic manner that is accessible to all health care providers who have been trained to use the system. To the extent that corrections officials work with community-based partners to provide medical care (as suggested in Recommendation a, above) the community partners should have access to the records as well.

E | Promote comprehensive, integrated medical, mental health and substance abuse treatment services, both within correctional facilities and as a central component of corrections-community linkages.

The relationships between behavioral health (mental health and substance use) disorders and physical health disorders should be examined through com-

CONFIDENTIALITY AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Whether computerized or printed, medical personnel must protect the confidentiality of patient records. State and federal regulations regarding health records, including substance abuse data, present a challenge to cross-system collaboration. Corrections, health care, and substance abuse program administrators should seek ways to share information without violating these regulations. In recent years, information analysts have proposed system linkages in which confidentiality is maintained through the use of unique client identifiers that are used in more than one system. Passwords and varying levels of access may be other ways to maintain security within a computer system. In paper filing systems, the documents must be kept in locked drawers in a secure storage area where only authorized personnel are allowed to enter.

Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), health care providers must get permission in writing from an individual, following particular statute guidelines, to release his or her medical records. Patients must be informed as to how their personal information may be used, and individuals are allowed to control certain disclosures of their personal information.

prehensive screening, assessment, and treatment of individuals in prison and jail. (See Policy Statement 8, Development of Intake Procedure, for additional discussion of screening and assessment at admission to a correctional facility.) Substance use disorders are causally related to many blood-borne communicable diseases, such as HIV and hepatitis C, and mental illnesses are frequently associated with cognitive impairments that threaten medication and treatment compliance. Indeed, many prisoners will have not only dual diagnoses but also triple and quadruple diagnoses. This has implications for prevention and treatment strategies and poses the challenge to correctional health care providers of integrating a range of clinical interventions. Behavioral and physical health-related services should therefore be closely coordinated in the jail or prison setting. The more progress that can be achieved in this regard, the greater will be the effectiveness of in-house treatment interventions and the possibility of successful community transition for inmates with serious and complex health problems. (See Policy Statement 11, Mental Health Care, for a detailed discussion of appropriate treatment for individuals with co-occurring mental health and substance abuse disorders.)

Medication management of the multi-diagnosed individual presents unique complications. Drug interactions must be anticipated. Treating physicians should consider the impact of psychoactive somatic medications on individuals with behavioral health problems, and should avoid prescribing medications with potential for abuse or other negative results. These issues are best addressed when integrated record-keeping allows an accurate understanding of the complex needs of patients with two or more diagnoses. When an effective medication regimen has been established in a correctional institution, it is particularly important that it not be interrupted or changed upon the person's re-entry into the community. Challenges to coordinated medical, mental health, and substance abuse treatment are evident in the treatment of people who suffer from HIV disease, a condition that disproportionately affects people in prison and jail. Jurisdictions rarely provide aligned treatments for HIV, substance abuse, and mental illness, yet the complexity of the effects of these illnesses and their treatments can make such coordination critically important.²⁴

Individuals with multiple health issues have a wide range of service needs, and policymakers should consider implementing a range of service models that allow for individualized treatment solutions. The various models of service integration include consultation, collaboration, and integration. (See Policy Statement 11, Mental Health Care, for definitions of these terms established by the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors.) Further, there are several methods for realizing these

24 Karen McKinnon, Michael P. Carey and Francine Cournos, "Research on HIV, AIDS and Severe Mental Illness: Recommendations from the NIMH National

Conference," *Clinical Psychology Review* 17, no. 3 (1997): 327-331.

models, some of which, like multi-disciplinary teams, cross-training, co-location, and dual licensure, may be applicable in a corrections context.

Research shows that treatment—or lack thereof—for one disorder affects an individual’s treatment for a co-occurring disorder. For instance, when patients are treated for substance abuse disorders, the treatment improves the likelihood that they will benefit from adequate HIV treatment, particularly if integrated systems of care are used.²⁵ On the other hand, a failure to address a substance use disorder can negatively affect a person’s physical health treatment; substance abuse has been shown to impede individuals’ access to care for HIV/AIDS and their compliance with treatment recommendations.²⁶

The degree of disability increases when multiple disorders are present. This, in turn, can make it difficult for individuals with multiple diagnoses to succeed in vocational, social, and educational pursuits. Thorough and comprehensive programming for individuals with needs in multiple health systems requires attention to housing, income support and entitlements, and case management. Challenges to health can impede the ability of individuals to engage in many forms of institutional programming, and policymakers should seek to promote communication between service providers and to develop accommodations to allow individuals to participate as effectively as possible in all needed program areas.

EXAMPLE: Risk Reduction Services, The Osborne Association (NY)

Osborne’s Risk Reduction Services offers integrated treatment and support for people who are involved in the criminal justice system and are at risk for, or diagnosed with, a substance abuse disorder and HIV/AIDS or another infectious disease, such as Hepatitis C or tuberculosis. Each client is assigned both a case manager and a counselor, who provide clients assistance with getting tuberculosis or HIV tests, obtaining substance abuse treatment, finding housing, getting psychological and family counseling, receiving benefits and medical care, finding employment and training, and other issues. Although the Risk Reduction Services program is community-based, its model could be replicated in a correctional setting.

F | Ensure that even short-term inmates receive basic medical care and transition planning services.

Inmates who spend as little as 24 to 48 hours in a correctional setting may still benefit from correctional health care services. Condensed incarceration effectively means condensed services: the assessment, treatment, and discharge planning may all occur during one meeting. The APIC model is a demonstration of how to address the treatment needs of an individual

²⁵ Steven L. Batki and Stephen J. Ferrando, “Diagnosis and treatment of substance use disorders in patients with HIV infection,” *International Review of Psychiatry* 8, nos. 2–3 (1996): 245–252. Cited in Marcia Andersen et al., “Integrating medical and substance abuse treatment for addicts living with HIV/AIDS: evidence-based nursing practice model,” *American Journal of Drug and Alcohol Abuse* (November 2003): 847–859.

²⁶ Patrick G. O’Connor, Peter A. Selwyn, and Richard S. Schottenfeld, “Medical Care for Injection-Drug Users with Human Immunodeficiency Virus Infection,” *New England Journal of Medicine* 331, no. 7 (1994): 450–459. Cited in Marcia Andersen et al., “Integrating Medical and Substance Abuse Treatment for Addicts Living with HIV/AIDS: Evidence-Based Nursing Practice Model,” *American Journal of Drug and Alcohol Abuse* (November 2003): 847–859.

who briefly enters a correctional facility and will almost inevitably return to the community with ongoing treatment needs.²⁷ Although the model was initially developed for individuals with co-occurring disorders, it is equally applicable in the physical health context. The APIC model divides transition planning and treatment into four steps:

- *Assess* the individual's clinical and social needs and public safety risks;
- *Plan* for the treatment and services required to address his or her needs;
- *Identify* required community and correctional programs responsible for postrelease services; and
- *Coordinate* the transition plan to ensure implementation and avoid gaps in care with community-based services.²⁸

Providers can adapt the APIC model to varying social and health care needs, prioritizing elements under each step according to the time and resources available for a given inmate. For example, the “assessment” phase for someone who is incarcerated for only 72 hours might include only cataloging his or her psychosocial, medical, and behavioral needs and strengths; indeed, it may be no more than the initial screening process described in Policy Statement 8, Development of Intake Procedure. In contrast, “assessment” for someone who is incarcerated for several months could be much more comprehensive, including continual observation and testing, as well as information-gathering from third-party sources including law enforcement, courts, family members, and community treatment providers.²⁹ While APIC is not the only model for short-term jail stays, it is a critical reminder that even people who are briefly involved in the criminal justice system provide an opportunity to improve individual and public health. This gain is especially evident when institutional treatment includes referral to community-based services.

EXAMPLE: Hampden County Correctional and Community Health Program, Hampden County Sheriffs Department (MA)

Approximately one third of the inmates at Hampden County Correctional Center stay for three days or fewer. The program manages the size and turnover of the population by doing an early intake assessment of each person's medical, mental health, and dental needs; providing nurses in inmates' housing units to manage all non-emergency health care needs; keeping a full-time nurse and HIV health educator on staff; partnering with several community-based health and social work services; and linking all the parties with an efficient computer system.

²⁷ Fred Osher, Henry J. Steadman, and Heather Barr, *A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders: The APIC Model* (Delmar, NY: The National Gains Center, 2002).

²⁸ *Ibid.*

²⁹ For more examples on adapting the APIC steps to varying correctional situations, see *ibid.*

POLICY STATEMENT

11

MENTAL HEALTH CARE

Facilitate community-based mental health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public mental health.

Policy Statement 8, Development of Intake Procedure, outlined the process for both the preliminary, emergency mental health assessment and the subsequent, more complete mental health exam to be performed, if necessary, shortly after a person's arrival at a correctional facility. The results of those evaluations should be used to chart a person's course of mental health treatment throughout his or her incarceration, a series of steps that should be incorporated into the person's individualized programming plan, as described in Policy Statement 9, Development of Programming Plan. Collaboration between corrections and community-based providers is a critical factor in ensuring that a person's mental health treatment, including pharmacological, counseling, and other supportive services, can continue uninterrupted upon his or her release, as further discussed in Policy Statement 20, Planning Continuity of Care, and Policy Statement 27, Maintaining Continuity of Care. The following recommendations also call for investment in appropriate formularies and technology such as telemedicine to improve efficiency and effectiveness of treatment within correctional facilities. Further, this policy statement addresses the large number of individuals who have substance abuse issues in addition to mental illness. Those with such co-occurring disorders need individualized treatment that addresses both their substance abuse and mental health needs.

research highlights

People with mental illnesses are significantly overrepresented in prison and jail populations.

The incidence of serious mental illnesses, such as schizophrenia, major depression, bipolar disorder and post-traumatic stress disorder, is two to four times higher among prisoners than it is among those in the general population.³⁰ In fact, an estimated 8 to 16 percent of the prison population and 10 percent of the jail population has at least one identified serious mental disorder and is in need of treatment.^{31,32} The rate of mental illness varies significantly along gender lines, with female inmates more likely than males to be diagnosed as mentally ill.³³ Generally, mental health services—both in prison and in the community after release—are limited, and insufficient to meet the growing need.

Co-occurring substance abuse disorders are common among people with mental illness who are incarcerated.

Research has demonstrated that among prisoners with serious mental disorders, over 70 percent also have a substance abuse problem.³⁴ People in state prisons with a mental illness were more likely than other prisoners to have been under the influence of alcohol or drugs when they committed their most recent offense: 59 percent of those with mental illness indicated that they were under the influence at the time, as opposed to 51 percent with no reported mental health condition.³⁵ Importantly, whereas people with mental illnesses are no more likely to be violent than people in the general population, untreated mental illness (or mental illness and a co-occurring substance abuse disorder) is a strong predictor of recidivism.³⁶

People in prison or jail who have mental illnesses have special needs and require unique services.

People in prison who have a mental illness, in comparison to the general population, tend to have longer criminal histories involving violent offenses and are more likely to have been using drugs or alcohol when they committed their crime.³⁷ They are also more likely to have histories of homelessness and sexual and physical abuse.³⁸ Thus, meeting the needs of people in prison or jail who have a mental illness often involves treating the various issues with which they may be dealing, such as a history of physical and sexual abuse, often perpetrated by family members or intimate partners; addiction to alcohol and/or drugs;

30 Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390–409.

31 Arthur J. Lurigio, "Effective Services for Parolees with Mental Illnesses," *Crime and Delinquency* 47, no. 3 (2001): 446–461.

32 C. W. Harlow, *Profile of Jail Inmates 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

33 C. W. Harlow, *Profile of Jail Inmates 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

34 Karen M. Abram and Linda A. Teplin, "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy," *American Psychologist* 46 (1991): 1036–1045; Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390–409.

35 Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

36 Hank Steadman et al., "Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods," *Archives of General Psychiatry* 55 (1998): 393–401.

37 Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

38 *Ibid.*

and homelessness; as well as the problems every individual re-entering society after incarceration must face. To promote public safety and increase the likelihood of successful re-entry for inmates with mental illness, it is important to ensure that these individuals continue to receive treatment and that their treatment services are coordinated and tailored to their needs on an individual basis.³⁹

Over half of state prisoners with mental illnesses receive mental health treatment in prison; transition planning is a major issue for this population.

Sixty percent of state prisoners with mental illness have received some form of mental health treatment while in prison.⁴⁰ Of these, half reported taking prescription medication and 44 percent reported receiving counseling services. While comparable statistics do not exist for jails, 11 percent of all people in jails nationwide report receiving mental health services while incarcerated, with 9 percent taking a prescription medication for a mental health issue and 5 percent receiving professional counseling.⁴¹ Among people with mental health problems who receive medication and counseling while incarcerated, the intensity of treatment is rarely maintained upon release. The Bureau of Justice Statistics reports that 66 percent of states help inmates with mental health problems to identify and access community-based services postrelease.⁴² The extent of this assistance varies from a list of referrals upon release to established appointments with community providers. Even if every state were to provide prisoners who have mental illnesses with a list of referrals upon release, however, insufficient resources, deficient follow-up, the absence of social support systems, or a combination of such factors may result in poor outcomes for these releasees.⁴³ Further, parole agencies are generally ill-equipped to effectively identify and address the mental health needs of released inmates. Even when problems are identified, access to affordable services is often limited. A national survey of parole administrators found that less than one quarter of respondents indicated that they provide special programs for parolees with mental illness.⁴⁴

39 Hank Steadman et al., "Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods," *Archives of General Psychiatry* 55 (1998): 393–401.

40 Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

41 C. W. Harlow, *Profile of Jail Inmates 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620. (Note: These figures are for all jail inmates, not only those individuals who reported having a mental health issue).

42 Allen Beck and Laura Maruschak, *Mental Health Treatment in State Prisons*, 2000, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001).

43 Heather Barr, *Prisoners and Jails: Hospitals of Last Resort—The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illness in New York* (New York: Correctional Association of New York and Urban Justice Center, 1999).

44 Arthur J. Lurigio, "Effective Services for Parolees with Mental Illnesses," *Crime and Delinquency* 47, no. 3 (2001): 446–461.

recommendations

A | Engage the community-based mental health care system in providing pre- and postrelease services to inmates with mental health needs.

A person with mental illness who is incarcerated may or may not have a known history of mental health care and treatment. Regardless, once the need for mental health treatment is identified, the correctional setting provides an unparalleled opportunity to begin closely monitored treatment. The challenge is to treat the individual in a manner that recognizes and prepares for the likelihood of release, so as to ensure that services will continue when he or she re-enters the community. The logical way to do this is to engage the community-based mental health care system from the outset.

Upon intake to the facility, all individuals in jail or prison should be screened for mental health issues, and those who are screened as having potential challenges in this area should receive a comprehensive mental health assessment (See Policy Statement 8, Development of Intake Procedure, for more on mental health screening and assessment after admission to a correctional facility.) The first task for jail or prison health care personnel upon identification of an inmate's mental health needs is to determine whether the person has a history of treatment. Information gathering protocols should be implemented to enable cross-referencing. In many cases, the need for treatment and knowledge of a treatment history will surface at arrest or booking, so the process of establishing a treatment history and creating a linkage with the community-based system can begin even before the intake process formally starts. In such cases, law enforcement or corrections officials should be able to determine through formalized procedures whether the inmate is known to the community mental health system and, if so, what his or her treatment history reveals. The majority of inmates with mental illnesses will not have had recent contact with mental health providers. In a large number of other situations, however, the need for treatment may not become evident until some later point in the process.

EXAMPLE: Data Link Project, Maricopa County Sheriff's Office and Value Options (AZ)

When individuals are booked into the county jail, their name, date of birth, social security number, and gender are electronically sent by the Maricopa County Sheriff's Office to the management information system of the Regional Behavioral Health Authority (RBHA) of Maricopa County, Value Options. The system electronically and simultaneously cross-references the demographic information with the RBHA's roster of more than 12,000 clients who receive mental health services in the area. The data link provides for continued identification of clients throughout the day, regardless of booking charge, time of booking, or current mental status. It allows RBHA to access to the Maricopa County Sheriff's Office booking information in order to identify individuals who may be eligible for diversion from the criminal justice system.

In many communities, laws and/or common practice protect the confidentiality of such information. With more provisions of the federal Health Insurance Portability and Accessibility Act (HIPAA) becoming effective, confidentiality of health care information is becoming an even more complicated concept than it has been. Still, experience shows that confidentiality can be protected, even as information that will enable appropriate treatment is shared among treating professionals. Corrections and community health care providers have taken a number of different approaches to the problem of respecting confidentiality while ensuring appropriate treatment. The most foolproof appears to involve engagement of community providers in correctional settings, ensuring that information on each individual is closely held by a limited number of provider agencies. In most cases, recipients of mental health care services are willing to sign releases allowing information to be shared among the providers caring for them.

EXAMPLE: Jail Health Services, San Francisco Department of Public Health (CA)

Treatment services, including psychiatric care, are provided in the San Francisco jail system by employees of the San Francisco Department of Public Health. These staff members can access electronic information (a summary record) of treatment in the public health system for each inmate identified during jail screening as having a mental illness. The Department is in the process of converting to a new electronic medical record system that will make the complete record readily available to all providers in the system, including jail-based medical staff.

Engaging the community-based system in providing mental health care services to people in jails and prisons opens the door to a smooth transition from the correctional setting to the community. It ensures that treatment planning can take into account the predictable needs of an inmate upon release and the availability of services in the community to which he or she returns. Problematic interruptions in treatment or unnecessary changes in medication can be avoided. Just as important, appropriate psychosocial supports can be developed and adjusted by a single treatment team that knows the client and understands the dynamics of re-entry.

The challenge of making connections with treatment providers that are geographically far removed from prisons remains a significant barrier to smooth transitions. Even when great distances must be overcome, however, correctional facilities and inpatient or outpatient providers can establish meaningful links. Telephone contact and more advanced forms of telemedicine can ensure that a community connection is made (see Recommendation d, below). In many states, too, it will turn out that a relatively large number of prisoners returns to an area served by a single provider. In those places, relationships between prison health providers and their community counterparts—however far away—can be developed over time to aid in smooth transitions.

In its 2003 report, the President's New Freedom Commission on Mental Health decried the fragmentation of the nation's mental health care system. The Commission recognized the particular challenges of

accessing care for individuals re-entering their communities after periods of incarceration. As an important step in reducing such fragmentation and ensuring effective and continuous care, the Commission cited linking people with serious mental illnesses to community-based services upon their release to the community. Engaging community-based providers early, and solidifying their connection to individuals in prisons and jails, is critical to ensuring that no one with mental illness is overlooked by corrections and community-based mental health providers.

B | Ensure that prison and jail formularies provide access to the most appropriate medications.

The emergence of clinical evidence demonstrating the benefits of widespread access to appropriate psychoactive medications has increased pressure on corrections systems to ensure availability of these medications to those who need them. New, atypical antipsychotic medications (*e.g.*, Clozaril® (clozapine), Risperdal®, Zyprexa®, Seroquel®, Geodon®, and Abilify®) and selective serotonin reuptake inhibitors (SSRIs), new antidepressant medications (*e.g.*, Prozac®, Zoloft®, Celexa®, and Paxil®) have been shown to reduce unwanted side effects, increase medication compliance, and result in outcomes that are significantly improved over the outcomes of older medications.

The increased use of antipsychotic and antidepressant medication in jails and prisons in recent years has, however, added considerably to the medication budgets of most corrections systems, leading to more costly options being kept off formularies. The temptation to keep the more costly atypical antipsychotics and SSRIs off prison and jail formularies should be resisted. Ensuring that those who need them have access to these medications will produce benefits that may appear in other budget categories; failure to make them available will raise costs associated with prisoner and corrections officer injury, increased use of segregated housing, hospitalization, and recidivism. Indeed, individuals taking these newer medications may ultimately become more productive, more likely to enter the workforce, and less dependent on a wide array of social services. The newer, more expensive medications are not the most appropriate medications for every inmate with a mental illness, but their availability will help jails and prisons to provide effective treatment to a large number of inmates who would otherwise continue to suffer and display the symptoms of their illness.

If drug formularies are used, it is important that they be developed with input from a variety of sources. Certainly, physicians with experience in prescribing antipsychotic medications in correctional and community settings should be involved. People with mental illness who have taken psychotropic medications can also offer valuable insights into effectiveness, side effects, and other factors that might be considered in regulating drug availability. Finally, data on the costs, benefits, and cost-effectiveness of dif-

ferent medications continues to be collected in different venues. No decision on the availability of medications should be made without an attempt to gain an understanding of these complex factors.

EXAMPLE: Texas Medication Algorithm Project (TMAP), Texas Department of Mental Health and Mental Retardation (TX)

TMAP was a collaborative effort involving public sector and academic partners, parent and family representatives, mental health advocacy groups, and the Texas Department of Mental Health and Mental Retardation (TDMHMD). TMAP developed, tested, evaluated, and instituted a set of algorithms to illustrate the order and method for using various psychotropic medications. The TMAP algorithms have been adopted by the Texas Department of Criminal Justice for use in the state's prisons. TDMHMD ceased operations on September 1, 2004.

c | Provide appropriate psychosocial supports and services.

People with mental illnesses, regardless of whether they are in prison or jail or in the community, usually require therapeutic interventions that range well beyond their need for medication. Individuals in this population may need training in basic skills for daily living and socialization, peer support, or counseling to resume (or modify) productive routines that may have been compromised by their mental health issues. As with access to medications, access to services that help people with mental health disorders to acquire skills that increase their self-reliance and ability to cope in stressful settings will result in fewer hospitalizations and lower rates of recidivism. In addition, interventions that help in the development of social skills will enhance a person's ability to succeed in a community setting, especially in cases of long-standing, untreated mental illness. (See Policy Statement 14, Behaviors and Attitudes, for more on teaching people in correctional facilities social skills and activities of daily living.)

Certain individuals will need to be connected to trauma treatment services, while others should generally concentrate on specific problem-solving and skill-building needs. When counseling is needed, it should always be provided by trained professionals; many jurisdictions require case managers to hold counseling degrees and to deliver counseling along with program planning and transition planning in the correctional facility. Transition planners, whether or not they are trained counselors themselves, should be sure to incorporate access to counseling services in the plans of those individuals with mental illnesses who need them. Such counseling may be delivered through supportive housing providers, or corrections administrators may partner with state or local mental health agencies or other service providers to provide counseling in addition to clinical treatment.

Some people with mental health disorders will benefit from involvement in peer or community support groups or mentor relationships. Programs delivered in correctional and community settings have demonstrated the effectiveness of peer or family supports in helping people with

mental health conditions to develop skills and habits that will enhance their recovery.

EXAMPLE: The TAMAR Project, Maryland Mental Hygiene Administration

The TAMAR Project provides significant peer support to women with histories of trauma, substance abuse, and mental illness in Maryland's county correctional facilities. Meeting in groups, the women are encouraged to share their stories with one another and to engage in therapeutic activities such as art therapy and journal writing. A key feature of the TAMAR project is that the supports it provides in jail extend to the community; women engaged in the program are able to participate in a program populated by others who have "been there" upon release.

For the many inmates, male or female, with co-occurring mental health and substance abuse disorders, such supports can be especially important as a way to develop habits that will keep them stable and help them avoid further substance abuse problems or criminal justice system involvement upon release to the community. (See Policy Statement 12, Substance Abuse Treatment, for more on engaging community members or peer support systems.)

▫ Employ telecommunications technology to deliver effective and cost-effective services.

Telehealth and telemedicine are terms covering the practice of health care delivery using telecommunications technology. Telemedicine refers to the use of technology (often videoconferencing) to connect medical clinicians and patients who are geographically distant from each other. Telehealth is a broader category of telecommunications-based healthcare, which can include diagnosis, consultation, and treatment, but also encompasses non-clinical health functions, including transfer of medical data, education, and the dissemination of public health advisories or alerts via email or other technology. The use of telehealth and telemedicine can expand access to quality medical care and treatment in a cost-effective manner. While it is true that telemedicine can bring specific expertise to a jail or prison located in a remote area, for example, it should be noted that telemedicine is also an effective method for safely, efficiently consulting with a busy specialist who may be located in a medical center just a few miles from a correctional facility. (See Policy Statement 10, Physical Health, for more on telemedicine as a way of building treatment capacity.) For corrections administrators, one great advantage of telemedicine is its ability to reduce costs. Telemedicine can eliminate the expense and resource allocation involved in providing secure transportation to medical facilities. Further, its convenience may lend itself to early intervention, which prevents the exacerbation of symptoms that can lead to longer and more costly hospitalization and treatment. At the same time, telemedicine can enable correctional facilities to budget the time of on-site health care professionals more effectively.

Telemedicine can also provide a critical link to community-based services, resulting in greater continuity of care than might otherwise be possible. Telemedicine makes it possible for a community health care provider to establish a relationship with a re-entering inmate who will soon be under his or her care. Telehealth techniques such as email or other web-based technology also make it possible to ensure that appropriate charts, treatment plans, and other records are exchanged in a timely and effective manner.

The President's New Freedom Commission on Mental Health encouraged the use of technology and telehealth as one of its major recommendations. The Commission also noted, however, that public and private insurers/payers generally do not adequately cover the costs of telehealth services. While policies governing the use of telehealth practices require refinement, corrections officials should make every effort to employ these technologies as an effective way to provide people in prison and jails with cost-saving, evidence-based treatment.

EXAMPLE: Telepsychiatry, Texas Department of Criminal Justice and Texas Tech University Health Sciences Center

The Texas Department of Criminal Justice has contracted with Texas Tech University Health Sciences Center (TTUHSC) to provide health services to 26 adult institutions, where approximately 33,000 people are incarcerated. TTUHSC conducts approximately 2,000 telemedicine consultations per year for inmates, via closed circuit, interactive video technology. Approximately one-third of all telemedicine consultations are in telepsychiatry and telepsychology. Prior to the implementation of telemedicine, most inmates needing specialized medical care were transported from the prison to a specialist, hospital, or other facility. Each trip cost between \$200 and \$1,000. The use of telemedicine in appropriate circumstances has helped to save significant transportation expenses.

■ Establish protocols to address co-occurring substance abuse and mental health disorders.

According to a 1998 study by the US Department of Justice, approximately 16 percent of state prisoners and local jail detainees had a mental illness. Of these, 72 percent also had a co-occurring substance abuse disorder.⁴⁵ While only 48 percent of adults in the general population who have both disorders received any type of treatment (mental health or drug or alcohol treatment) in 2002, only 11.8 percent of this group received services for both disorders.⁴⁶ Because individuals in prisons and jails who have co-occurring substance abuse and mental disorders constitute a large population with distinct characteristics, considerable attention has been and should be paid to the development of appropriate and effective

⁴⁵ Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

⁴⁶ Joan Epstein et al., *Serious Mental Illness and Its Co-Occurrence with Substance Use Disorders*, 2002, Substance Abuse and Mental Health Services Administration, Office of

Applied Studies (Washington, DC: 2004), available online at www.oas.samhsa.gov/CoD/CoD.htm. Similar results were obtained when the analysis was performed using any substance use treatment instead of specialty substance use treatment.

approaches to serving their particular needs. Policymakers and treatment providers should seek to improve rates and methods of treatment to support the ability of these individuals to prepare for release from prison or jail.

The question of how best to address the needs of prisoners with co-occurring substance abuse and mental health disorders fits into a broader discussion of appropriate treatment and systems models for all those who have these overlapping conditions. In 2002, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) submitted a *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders*.⁴⁷ The purpose of the *Report to Congress* was to outline the scope of the problem of treating people with co-occurring disorders and to describe current treatment approaches, best practice models, and prevention efforts. Compiled with assistance from a broad group of stakeholders, the SAMHSA report represents a significant attempt to achieve consensus on treatment issues that have been subject to debate. As the report notes, there is a significant lack of data on the prevalence of co-occurring disorders. In seeking to address the needs of this population, policymakers should promote research to ensure that the aggregate need is accurately examined.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD) have developed a framework for improving coordination of services to meet the needs of each individual requiring services.⁴⁸ The framework attempts to account for the fact that in some individuals, one disorder or the other—or both—may be more or less serious. Representatives of the two treatment systems agree that cases marked by high seriousness for both disorders require integrated treatment, while cases of lower seriousness in both disorders may best be treated in a general healthcare setting. When either the substance abuse disorder or the mental illness is clearly more disabling than the other condition, it is recommended that treatment be centered in the corresponding system.⁴⁹ Through coordination of care models, the two systems can ensure that identification, engagement, and appropriate interventions occur in a timely and effective manner. Both the *Report to Congress* and the President's New Freedom Commission on Mental Health recognize the necessity of closer collaboration between the mental health and substance abuse treatment systems.⁵⁰

⁴⁷ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders* (Washington, DC: 2002).

⁴⁸ The NASADAD/NASMHPD framework calls for increased coordination between relevant agencies in order to lead initiatives that address the traditional separation between mental health and substance abuse treatment.

⁴⁹ National Association of State Mental Health Program Directors and National Association of State Alcohol and

Drug Abuse Directors, *National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders* (Alexandria, VA and Washington, DC: 1999).

⁵⁰ Recommendation 4.3 of the Commission's Final Report is: "Screen for co-occurring mental and substance abuse disorders and link with integrated treatment strategies." The President's Commission also commends SAMHSA for its *Report to Congress* and supports its five-year blueprint for action to develop integrated treatment programs.

Individuals with co-occurring disorders have varied needs, which can be determined only through comprehensive assessment; there is no single prescribed approach to treating them. Policymakers and treatment providers should develop and utilize patient placement criteria to ensure that each patient is sorted to the most clinically appropriate type, level, and intensity of treatment. The range of effective interventions for people in prison or jail who have co-occurring disorders includes individualized, flexible treatment provided by well trained staff employing a long term focus. Self-help and peer-support programs can be effective aids to successful treatment (especially when individuals transition back to the community), and therapeutic community models or cognitive behavioral methods can also be adapted for this group. (See Policy Statement 12, Substance Abuse Treatment for more on therapeutic communities and Policy Statement 14, Behaviors and Attitudes, for more on cognitive-behavioral therapy.) Whether such services are best provided through consultation between substance abuse and mental health providers, collaboration, or in a fully integrated model depends on the specific needs of each client.⁵¹ Cross-referral and linkage, cooperation, consultation, collaboration, and integration in a single setting or treatment model may each be appropriate strategies for different individuals.

Inevitably, treatment decisions will also be shaped by the constraints and resources of the systems involved, particularly in the correctional setting. To facilitate availability of a full array of programs, systems must be designed to include appropriate funding mechanisms that can support the continuum of services needs; address credentialing/licensing issues; and establish data collection/reporting systems, needs assessment, planning, and other related functions. Appropriate treatment for individuals with co-occurring disorders also involves service systems other than the substance abuse and mental health treatment systems. People with co-occurring disorders, particularly those in prison or jail, frequently have a wide range of other health and social service needs such as employment, benefits, and housing, all of which require attention during and after their incarceration if they are to succeed in the community. (See, for example, Policy Statement 15, Education and Vocational Training, Policy Statement 14, Identification and Benefits, and Policy Statement 19, Housing, for more

⁵¹ NASMHPD and NASADAD have jointly developed and approved the following definitions:

Consultation: Those informal and formal relationships among providers and practitioners that ensure both mental illness and substance abuse problems are addressed, especially with regard to identification, engagement, early intervention, and clinical advice in those cases in which one or both of the disorders exhibits mild to moderate symptomology. An example of such consultation might include a telephone request for advice regarding the addition of psychoactive medication for moderate depression in an individual undergoing treatment for alcohol abuse.

Collaboration: Those more structured relationships among providers and practitioners that ensure both mental illness and substance abuse problems are included in the treatment regimen. An example of such collaboration might include interagency staffing conferences where representatives of both substance abuse and mental health agencies specifically contribute to the design of a treatment program for individuals with co-occurring disorders and contribute to service delivery.

Integrated Services: Those relationships among mental health and substance abuse providers in which the contributions of professionals in both fields are merged into a single treatment setting and treatment regimen.

on corrections and transitional social services programming in employment and housing.) Policymakers should develop and promote strategies to help services and systems, to function across their funding and jurisdictional borders. Restrictive federal, state, and local funding streams and regulations, in particular, present significant impediments to cooperation and integration between these systems. In working towards appropriate treatment for re-entering individuals with co-occurring disorders, policymakers and practitioners must examine ways to remove financial barriers to effective treatment. (See sidebar, “Coordinating Funding Streams for Comprehensive Service Delivery,” in Policy Statement 4, Funding a Re-Entry Initiative.)

An appendix to SAMHSA’s *Report to Congress* examines financing of services for co-occurring disorders. It reports that studies on costs and cost-effectiveness of various types of treatment for co-occurring disorders yield mixed findings. One key challenge is that it is simply more expensive to treat a person with co-occurring substance abuse and mental disorders than it is to treat an individual with either disorder alone. People with co-occurring disorders—especially those with serious mental health needs—tend to receive more intensive treatment, often in hospitals or other inpatient facilities. Greater coordination in the provision of treatment to those relying on multiple systems, however, may result in overall cost reductions.

Of course, this assumes that individuals with co-occurring disorders are receiving treatment. In many instances, it is people who are not in treatment who enter jails and prisons. Thus, correctional facilities bear the cost of the unavailability of appropriate treatment in the community. In essence, they often act as the gateway to services for first-time clients whose presence adds costs to the system.

Critical to understanding the costs and cost-effectiveness of treatment for co-occurring disorders is the ability to understand the needs of the individuals in treatment. It appears that savings derived from collaboration and integration are more pronounced in cases involving more serious forms of mental illness. Where less intense treatment for mental illness is involved, the savings stemming from some form of integrated treatment may not be as high. Researchers caution that there is much more to be learned about both the cost-effectiveness of specific interventions for co-occurring disorders and the cost-offsets to be realized in service systems such as corrections or probation and parole.

EXAMPLE: Vermont Department of Health Division of Mental Health and Office of Alcohol and Drug Abuse Programs and Vermont Department of Corrections

The Vermont Department of Health Division of Mental Health and Office of Alcohol and Drug Abuse Programs and the Vermont Department of Corrections have collaborated in an effort to coordinate programming more effectively for individuals with co-occurring disorders who are involved with the criminal justice system. The program promotes public safety and public health by providing comprehensive substance abuse and mental health treatment to the individuals in the criminal justice population. The program includes individualized substance abuse treatment; a phase-oriented, motivational enhancement approach; stage-wise groups; and teams that are composed solely of clients with co-occurring disorders who are involved in the criminal justice system.

POLICY STATEMENT

12

SUBSTANCE ABUSE TREATMENT

Provide effective substance abuse treatment to anyone in prison or jail who is chemically dependent.

In earlier policy statements, this Report addressed the need to fully assess a person's substance abuse treatment requirements using standardized, validated instruments (Policy Statement 8, Development of an Intake Procedure), and the need for an individualized programming plan to respond to substance abuse and other issues raised during the intake process (Policy Statement 9, Development of the Transitional Plan). This policy statement goes into further detail about the substance abuse treatment aspects of that individualized programming plan. Because a history of using drugs and/or alcohol is common to so many people in prisons and jails—both generally and in connection with particular criminal offenses—it is especially key that addictions issues be addressed during the period of incarceration. Failing to capitalize on this opportunity to treat addiction poses risks to successful prisoner reintegration, public safety, and public health. Utilizing programs proven to be effective, prioritizing resources for those nearing release, and encouraging community-based aftercare will ensure better outcomes for re-entering prisoners and the communities to which they return.

research highlights

The majority of people in prison and jail has a history of substance abuse.

Eighty percent of state prisoners report a history of drug or alcohol use.⁵² In fact, more than half (55 percent) of state prisoners report using drugs or alcohol during the commission of the crime that resulted in their incarceration. The statistics are similar for those exiting our nation's jails: a full two-thirds of convicted jail inmates were "actively involved in drugs" prior to their admission and 36 percent were using drugs or alcohol at the time of the offense.⁵³ Drug abuse among prisoners does not vary significantly by race or gender, although it does vary by age, with inmates age 44 and under reporting rates of drug and alcohol use significantly below that of their older counterparts.⁵⁴

Relatively few individuals receive drug or alcohol treatment while incarcerated.

Nationally, only ten percent of state prisoners in 1997 reported receiving formal substance abuse treatment during their incarceration, down from 25 percent in 1991.⁵⁵ A closer look at soon-to-be released prisoners who were using drugs in the month prior to arrest suggests only slightly better findings, as 18 percent of this group received treatment prior to release.⁵⁶ Further, only three percent of jail inmates participate in formal treatment while incarcerated.⁵⁷ (Just 39 percent of jails have the capacity to provide formal treatment, as compared to 88 percent of prisons.^{58,59}) A larger share of individuals in prison and jail participates in self-help programs such as Alcoholics Anonymous and Narcotics Anonymous (20 percent of both state and federal prisoners and 8 percent of jail inmates).^{60,61}

52 Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 172871.

53 Doris James Wilson, *Drug Use, Testing, and Treatment in Jails*, Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 179999.

54 Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 172871.

55 Ibid.

56 Allen J. Beck, "State and Federal Prisoners Returning to the Community: Findings from the Bureau of Justice Statistics" (paper presented at the First Re-Entry Courts Initiative Cluster Meeting, Washington DC, April 13, 2000).

57 C. W. Harlow, *Profile of Jail Inmates, 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

58 James J. Stephan, *Census of Jails*, US Department of Justice, Bureau of Justice Statistics (Washington DC: 2001), NCJ 186633.

59 James J. Stephan and J. C. Karberg, *Census of State and Federal Correctional Facilities, 2000*, US Department of Justice, Bureau of Justice Statistics (Washington DC: 2003), NCJ 198272.

60 Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 172871.

61 C. W. Harlow, *Profile of Jail Inmates, 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

Substance abuse treatment can reduce both criminal activity and drug use, particularly when in-prison treatment is coupled with community-based aftercare.

Substance abuse treatment is cost-effective.

In-prison drug treatment has been associated with positive outcomes, including reduced use of injection drugs, fewer hospital stays for drug and alcohol problems, and decreased recidivism rates.⁶² The most successful outcomes are found for those who participate in both in-prison treatment and postrelease treatment in the community.⁶³ Inmates who participate in residential treatment programs while incarcerated have 9 to 18 percent lower recidivism rates and 15 to 35 percent lower drug relapse rates than their counterparts who receive no treatment in prison.⁶⁴ Several studies have examined the effectiveness of therapeutic communities, which isolate prisoners from the general population and provide them with intensive treatment.⁶⁵ One study found that those who completed both an in-prison therapeutic community program and community-based aftercare were significantly less likely to be reincarcerated than other comparison groups: only 25 percent of this cohort was reincarcerated while 64 percent of aftercare drop-outs and 42 percent of untreated prisoners went back to prison within three years of their release.⁶⁶

Studies have also found treatment to be cost-effective in reducing the costs of crime. For every dollar spent on treatment for this population, somewhere between three and seven dollars is gained in crime-related cost savings, increased earnings, and reduced health care expenditures. A study conducted in California, for example, reported that treating offenders for \$209 million saved taxpayers more than \$1.5 billion 18 months later, with the largest savings due to reductions in crime.⁶⁷ The study estimated that for every \$1 spent on treatment, approximately \$7 could be gained in future savings.

62 Gerald G. Gaes et al, "Adult Correctional Treatment," in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999).

63 Lana D. Harrison, "The Revolving Prison Door for Drug Involved Offenders: Challenges and Opportunities," *Crime and Delinquency* 47, no. 3 (2001).

64 Gerald G. Gaes et al, "Adult Correctional Treatment," in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999).

65 D. Dwayne Simpson, "National Treatment System Evaluation Based on the Drug Abuse Reporting Program (DARP) Follow-Up

Research," in Frank M. Tims and Jacqueline P. Ludford (eds.), *Drug Abuse Treatment Evaluation Strategies, Process, and Prospects*, National Institute on Drug Abuse, Research Monograph No. 51 (Bethesda, MD: 1984); Robert L. Hubbard et al., "Treatment Outcome Prospective Study (TOPS): Client Characteristics Before, During and After Treatment," in Frank M. Tims and Jacqueline P. Ludford (eds.), *Drug Abuse Treatment Evaluation Strategies, Process, and Prospects*, National Institute on Drug Abuse, Research Monograph No. 51 (Bethesda, MD: 1984); National Institute on Drug Abuse and National Institutes of Health, *Drug Abuse Treatment Outcome Study (DATOS), 1991-1995* (Bethesda, MD: 1996); Harry K. Wexler, Gregory P. Falkin, and

Douglas S. Lipton, *A Model Prison Rehabilitation Program: An Evaluation of the Stay 'N Out Therapeutic Community: Final Report to the National Institute of Drug Abuse* (Albany, NY: Narcotic and Drug Research, Inc., 1988).

66 Kevin Knight, D. Dwayne Simpson, and Matthew Hiller, "Three-Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas," *The Prison Journal* 79 (1999): 337-351.

67 Dean R. Gerstein et al., *Evaluating Drug Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*, State of California, Department of Alcohol and Drug Programs (Sacramento, CA, 1994).

recommendations

A | Determine the extent to which existing services are effective and sufficient to meet the demand for substance abuse treatment.

Before implementing new substance abuse treatment programs, corrections administrators or other policymakers should evaluate existing treatment programs in the facilities for which they are responsible. Research should be conducted to determine the number of prisoners or jail inmates with treatment needs and the characteristics of their need, as well as the number of individuals who are receiving treatment and the nature and effectiveness of their treatment.

This research can be conducted by an in-house evaluation staff or an external research organization that has been contracted to perform the survey. Researchers from universities or community colleges or researchers already working within the community-based substance abuse system may be able to provide expertise that is either difficult or not cost-effective to develop internally. In addition, these academic and/ or community-based researchers may have information about models and precedents for treatment capacity studies, as well as resources that may be available to fund the research. (See sidebar, “Examples of Substance Abuse Evaluation Studies and Resources.”)

In addition to determining needed and existing capacity, corrections administrators should evaluate programs to determine their validity and effectiveness. Corrections administrators should work with state alcohol and drug directors or other substance abuse systems administrators to develop common treatment standards and outcome measures and to collect data using established reporting methodologies. They should also take steps to share aggregated client-level data (data about the entire treated population, rather than about individuals) with other treatment providers, in order to promote better information gathering and analysis as well as, ultimately, improved treatment outcomes. (See Policy Statement 5, Systems Integration and Coordination, for more on client-level data aggregation.) Validated tools such as the Correctional Program Assessment Inventory (CPAI) can help corrections administrators determine whether a given program has an evidence base.⁶⁸ The CPAI is a structured approach to evaluating how well a program corresponds to what is known about effective offender rehabilitation. By assessing programs in a number of different areas such as client assessment and staff characteristics,

⁶⁸ Paul Gendreau and Don A. Andrews, *Correctional Program Assessment Inventory*, 6th ed. (Ottawa, Canada: Correctional Services Canada, 1996). Available online at

www.csc-scc.gc.ca/text/rsrch/reports/r139/r139_e.shtml.

the CPAI can provide a research-based estimate as to how successful the program may be in reducing recidivism. Finally, administrators should also set up some quality assurance features to ensure that ongoing treatment programs continue to provide the services and benefits they were designed to produce. (See Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative for further discussion of evaluation measures.)

EXAMPLES OF SUBSTANCE ABUSE EVALUATION STUDIES AND RESOURCES

Federal, state, and private resources may be available to provide research assistance to jurisdictions seeking to evaluate drug treatment needs and programs. Correctional administrators should work with community-based substance abuse systems administrators to tap the resources provided for research by programs like those listed below. Limited resources can then be used to leverage additional funds for studying treatment capacity and needs in the correctional system.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is the federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. In 1992, SAMHSA established the State Treatment Needs Assessment Program (STNAP) to assist states in measuring the prevalence of substance abuse in their respective jurisdictions by conducting a group of related population studies. Though the program has now been suspended, the resources made available through this program have also been used to analyze treatment needs and demand. — <http://www.samhsa.gov/>

National Institute on Drug Abuse (NIDA)

NIDA is the division of the National Institutes of Health charged with bringing science to bear on the problems of drug abuse and addiction. Currently, NIDA supports a five-year, nationwide initiative regarding drug treatment within the criminal justice system. Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) was established as a network of researchers in seven regional centers examining different integrated system-level treatment methods for criminal offenders throughout

the country. The purpose of this initiative is to expand knowledge about empirically supported treatment methods to improve offender outcomes and to unravel the barriers to effective drug treatment services within the criminal justice system.

— <http://www.nida.nih.gov/> or
<http://www.drugabuse.gov/>

Office of National Drug Control Policy (ONDCP) and National Institute of Justice (NIJ)

“Breaking the Cycle” (BTC) was a joint project of ONDCP and NIJ that tested the idea that early identification and assessment of drug-using defendants, followed by individualized treatment, intensive supervision, and strong judicial oversight, could reduce drug use and crime. The project was implemented in four diverse locations. A comprehensive evaluation was released in 2003 that concluded that the BTC model was an effective alternative to pretrial detention and suggested that coordinated intervention to address drug use among offenders was a valuable strategy.

— <http://www.ojp.usdoj.gov/nij/brekprog.htm>

The State of Wisconsin Department of Health and Family Services

The state of Wisconsin implemented a “Substance Abuse Treatment Needs Assessment Project” to examine drug use and treatment capacity among Wisconsin residents. Five studies were completed under this project: a State-wide Household Survey; a Pregnant Women Survey; an Arrestee Survey; a Treatment Capacity Survey; and a County Composite Indicators Study. Findings suggested that only 21 percent of those individuals in need of treatment were able to obtain services.

— <http://www.dhfs.state.wi.us/substabuse/NeedsAssess/needs.htm>

b | Assess candidates for program participation carefully, and prioritize treatment for drug-dependent prisoners and those approaching release.

Recognizing that a clear majority of prisoners and jail inmates has substance abuse histories, corrections administrators should establish guidelines to ensure that limited treatment capacity is filled by individuals who have the greatest need and are likely to show the greatest gains from treatment. To identify such individuals, trained corrections staff should, at a minimum, administer a validated substance abuse assessment instrument, such as the Addiction Severity Index or TCU Drug Screen to identify the level of need that each individual exhibits. (See Policy Statement 8, Development of Intake Procedure, for additional discussion of assessment protocols.) When possible, corrections staff should also draw on information such as the pre-sentence report or the nature and circumstances of the offense when assigning individuals to treatment programming, as information from these sources could indicate which inmates are drug-dependent or have chronic substance abuse problems. Substance abuse treatment for these individuals is more likely to result in behavior change and improved outcomes than it is for non-using drug sellers or recreational drug users, whose criminal behavior is generally not affected by their drug use.⁶⁹

Engaging individuals who are approaching release in treatment programs will also maximize the value of limited treatment budgets. An individual's commitment to change his or her behavior is a key component of successful treatment, and individuals preparing to return to the community are most likely to be motivated to address substance abuse issues. Individuals may also be motivated to change by coercive strictures. For instance, in a state where the releasing authority has discretion, making participation in substance abuse treatment a mandatory prerelease condition may provide the necessary incentive for a person to succeed in treatment. (See Policy Statement 17, Advising the Releasing Authority, for more on considering institutional programming in making release decisions.)

c | Implement evidence-based treatment services that make the best use of available resources.

Incarceration in a correctional facility can provide an opportunity that might not otherwise be available to provide individuals with effective substance abuse treatment. Incarceration can facilitate temporary prevention of access to drugs and alcohol, and therefore may provide a means to

⁶⁹ Marcia Chaiken and Bruce Johnson, *Characteristics of Different Drug Involved Offenders*, US Department of Justice,

National Institute of Justice (Washington, DC: 1988), NCJ 108560.

detoxification. But individuals with chemical dependencies are unlikely to remain sober unless they are also engaged in treatment that anticipates the challenges that they will face upon release to the community. Treatment in a correctional facility should seek to accomplish a variety of goals: motivating the individual to change; developing the prisoner’s ability to recognize his or her own patterns of behavior and identify alternative patterns; and engaging the person in the development of a transition plan that includes a focus on developing pro-social ties in the community.

There are a variety of options for corrections-based substance abuse treatment, although they do not all provide the same results. Research shows that treatment programs that are most effective for people involved in the criminal justice system employ a therapeutic emphasis on helping the person to change his or her behavior, include multiple levels of care, and use the leverage of the criminal justice program to retain him or her in treatment.⁷⁰ In addition, the length of time an individual is in treatment is related to treatment success and reduced recidivism rates—the longer the treatment lasts, the better the outcome is likely to be.⁷¹

STANDARDS FOR TCs IN CORRECTIONAL SETTINGS

The Office of National Drug Control Policy (ONDCP) offers a detailed listing of performance standards for TCs that fall under 11 domains. The following principles for TCs are excerpted from the ONDCP’s list of guiding standards for all corrections-based TCs:

- 1) Programs have solid grounding in the existing professional literature that describes the TC theory and treatment model.
- 2) Program participants identify with the TC and feel a sense of belonging to change their patterns of criminality and substance use.
- 3) Administrative and management staff interfacing with the contracting agency fully understand the TC and function synergistically.
- 4) Staff functions in a manner consistent with the philosophy and practice of the TC.
- 5) Environment supports participants’ primary identification with the TC culture in contrast with the prison culture.

- 6) Program components structured to address the common socialization and psychological needs of program participants.
- 7) The process of change in the TC unfolds as an interaction between the individual and the community.
- 8) Protocol prescribes three major program stages: induction, primary treatment, and re-entry.
- 9) Participants and staff are responsible for psychological and physical safety of the community.
- 10) Primary problem area of program participants, including mental health, must be assessed.
- 11) Community-based aftercare must continue for at least six months after release.

Source: Executive Office of the President, Office of National Drug Control Policy, *Therapeutic Communities in Correctional Settings: The Prison Based TC Standards Development Project, Final Report of Phase II* (Washington, DC: 1999), available from World Wide Web: www.whitehousedrugpolicy.gov/national_assembly/publications/therap_comm/thera_9.html.

⁷⁰ Faye Taxman, “Unraveling ‘What Works’ for Offenders in Substance Abuse Treatment Services,” *National Drug Court Institute Review* II, no. 2 (1999): 91-132.

⁷¹ Robert L. Hubbard et al., *Drug Abuse Treatment: A National Study of Effectiveness* (Chapel Hill, NC: University of North Carolina Press, 1989).

Corrections administrators should consider establishing therapeutic communities (TCs), which have been shown to be particularly effective in treating people in prison or jail with chemical dependencies. TCs are highly structured units of residential treatment where participants live (usually) for a year or longer. TCs offer the advantage of comprehensive, integrated treatment, ease of transfer to similar community-based programs, and the involvement of community- and faith-based services.

EXAMPLE: KEY/CREST Program, Delaware Department of Corrections

The KEY/CREST program is a three-stage TC. The first stage (KEY) is a prison-based treatment phase. The second stage involves participation in a work-release program (CREST) during the last six months of the incarceration period so that community-based employment is secured at the time of release. The third stage is an aftercare period that entails an additional six months of treatment after release. During this last stage, participants must remain drug-free, comply with frequent drug testing, attend weekly group and individual sessions, and serve as role models/mentors for clients participating in the work-release stage of the TC.

**EXAMPLE: Amity In-Prison Therapeutic Community,
Amity Foundation and the California Department of Corrections**

The Amity Foundation operates several TCs in California, including one located within the Richard J. Donovan Correctional Facility in San Diego. The San Diego program, which houses about 200 individuals, is divided into three phases and features an optional aftercare program following release. The treatment phase may last up to two years, depending on whether an individual engages in an additional year of aftercare.

Therapeutic communities that are housed within a corrections system are sometimes referred to as “modified” TCs because they have an increased professional staff and less client control over clinical issues. Modified TCs are most often isolated from the rest of the inmate population to develop a sense of community among TC participants.

EXAMPLE: Turning Point, ASAP Treatment Services Inc. (OR)

Turning Point is a substance abuse treatment program located in the Columbia Correctional Institution in Portland, Oregon. The program includes a 50-bed program for women and a 50-bed program for men. Turning Point emphasizes alcohol and drug education and treatment, improving family-related difficulties, independent living skills training, linkage to aftercare services, and modifying criminal thinking and living. To be eligible for this program, a person must have only 7 to 15 months remaining before his or her anticipated release from prison.

Although therapeutic communities are widely recommended as the most effective treatment modality for people in prison or jail with substance abuse problems, some jurisdictions do not possess the infrastructure required to implement this form of treatment. There are other substance abuse interventions that are more economical to implement in corrections systems and that can prepare participants for a more comprehensive treatment program following release.

When the period in which treatment can be administered in the correctional facility is relatively short, corrections administrators should consider implementing programming that addresses motivation or readiness to change. These programs can foster attitudinal “treatment readiness,” which researchers have shown correlates with continued engagement in

treatment in the community, even when no legal pressures are imposed to mandate compliance.⁷² (See Policy Statement 14, Behaviors and Attitudes, for more on treatment-readiness steps.) Connection to treatment after release is critical to the effectiveness of such treatment-readiness programs, which are typically made available in the last 60–90 days prior to release. (See Policy Statement 20, Planning Continuity of Care, for further discussion of making the link between prison- and community-based treatment.)

Educational programming is another increasingly popular component of substance abuse treatment in correctional facilities. It can be employed as a means to make people in prison or jail aware of the risks and consequences associated with substance use and to encourage behavioral change. Other types of programming designed to decrease substance abuse among this population include vocational training, case management, release planning, and group counseling. Group counseling is a favored approach as it enables prisoners to share their problems and identify with peers, and it provides a vehicle for change. This type of programming is relatively economical and can be provided by trained institutional staff.

Self-help or peer support groups are an additional substance abuse intervention that can be implemented with relatively few resources. Research supporting the efficacy of self-help groups (such as Narcotics Anonymous or Alcoholics Anonymous) is inconsistent, despite their widespread implementation in prisons and jails. However, self-help programs can provide a support network to increase motivation and may be a useful adjunct to more comprehensive programs.

Many prisoners with chemical dependencies have multiple risk factors or needs that must be considered in the development of effective treatment plans. For instance, substance abuse is particularly prevalent among prisoners with serious mental illness. (See Policy Statement 10, Mental Health Care, for more on co-occurring mental health and substance abuse disorders.) Other risk factors, such as a history of violence or physical health problems, should also play a role in determining the correct modality and prioritization of substance abuse treatment. (See Policy Statement 9, Development of the Programming Plan, for more on prioritization of programming for individual prisoners.)

72 Kevin Knight et al., "Legal pressure, treatment readiness, and engagement in long-term residential programs," *Journal of Offender Rehabilitation* 31, no. 1/2 (2000): 101–115.

▫ Engage the community-based substance abuse system to provide effective, culturally competent services to people in correctional facilities who are in need of treatment.

Corrections administrators should seek to tap the expertise of community-based substance abuse treatment providers and engage them in providing services to prisoners. Such specialists in substance abuse can provide a level of clinical experience and holistic programming that may be difficult or inefficient to develop within the corrections structure itself. In addition, engaging community-based providers can facilitate continuity of care by building long-term relationships between treatment providers and individuals in prison or jail that can endure after the program participants are released to the community. (See Policy Statement 20, Planning Continuity of Care, and Policy Statement 27, Maintaining Continuity of Care, for detailed discussions on the effectiveness of having the same treatment providers both before and after release.)

EXAMPLE: Project Success (FL)

Project Success is a treatment program for female prisoners based on a modified TC model. The program focuses on providing services in a holistic manner and draws upon the individual's desire to change. Project Success has agreements with community-based educational and housing partners to ensure that participants are adequately prepared for release and supported in the community during a 12-month aftercare case management phase.

Community-based providers are also likely to be more familiar with the community to which an individual will return after his or her incarceration than are corrections staff. This ability to identify with the person and his or her hometown may make community-based providers more credible to the program participant as role models or counselors. Furthermore, engaging community members in corrections-based treatment delivery can contribute to cultural competency. Such competency can be a key characteristic of successful treatment within the correctional facility. Although reported drug use by individuals prior to incarceration varies little by race, minority groups are significantly overrepresented among prisoners generally, and community providers may better reflect these demographics than do corrections staff. Accordingly, it may be easier for community providers to overcome some of the barriers to trust and cooperation that may exist between prisoners and other treatment staff. (See Policy Statement 14, Behaviors and Attitudes, for more on building relationships with prisoners to improve service delivery.)

Another strategy to address cultural competency and to improve the outcomes of treatment programs is to include former substance abusers or successful program graduates on the staff of such programs. Staff who share a history of both drug use and incarceration with program participants may be better able to engage them in treatment than staff whose backgrounds are not similar to those of the program participants. Program graduates or even senior program participants (in longer-term programs,

such as TCs) can serve as mentors who have an intimate knowledge of the challenges that participants face.

EXAMPLE: Stay'n Out, New York Therapeutic Communities, Inc.

Stay'n Out was established in the New York State corrections system by a group of past substance abusers who were also convicted of crimes. The Stay'n Out Program was one of the first effective therapeutic communities established in a corrections system, and it set the stage for numerous TCs nationwide.

Peer-to-peer counseling and other social support networks, when used in conjunction with clinically-based forms of substance abuse treatment and therapy, can be a valuable part of a person's recovery strategy. Individuals engaged in treatment may be more likely to maintain personal relationships with peers in recovery (such as 12-step program sponsors or faith-based mentors) after their release, rather than relationships with formal support agencies. Research shows that informal social controls exerted by family, peers, and community can have a more direct effect on offender behavior than formal controls such as supervision or law enforcement.⁷³ Furthermore, these social controls can endure after an individual's involvement with the justice system is terminated.

EXAMPLE: Recovery Mentor Program, Washington County Community Corrections (OR)

Washington County's Community Corrections Department contracts with a nonprofit agency to provide mentor services to individuals participating in substance abuse treatment. The recovery mentors, who are in recovery themselves, connect individuals with community support; accompany them to Alcoholics Anonymous and/or Narcotics Anonymous meetings; help them find clean and sober housing; and assist them with a variety of life skills, such as job searches, public transportation, and applications for public assistance.

73 Faye Taxman, "Supervision—Exploring the Dimensions of Effectiveness," *Federal Probation* 66, no. 2 (2002): 14–27; citing Michael R Gottfredson and Travis Hirschi, *A General Theory of Crime* (Stanford, CA: Stanford University Press, 1990); James Byrne, "The Future of Intensive

Probation Supervision and the New Intermediate Sanctions," *Crime & Delinquency* 36, no. 1 (1990): 6–41; and Robert J. Sampson and John H. Laub, *Crime in the Making: Pathways and Turning Points Through Life* (Cambridge, MA: Howard University Press, 1993)."

Make available services and supports for family members and children of prisoners, and, when appropriate, help to establish, re-establish, expand, and strengthen relationships between prisoners and their families.

Men and women who are incarcerated have a range of personal networks in the community, including family members who may rely on them for financial and other support and family members who can be a powerful support to them during incarceration and after release. Inmates should be assessed as early as possible to determine their family responsibilities and the strengths upon which they can draw (see Policy Statement 8, Development of Intake Procedure). Information gathered during the assessment process should help to shape each individual's programming assignments while incarcerated (see Policy Statement 9, Development of Programming Plan) and, in the aggregate, should help corrections administrators to determine what policies and programs should be offered to strengthen family support networks. This policy statement recommends expanding institutional parenting and family-focused programs and strategies to support the broad needs of inmates' children and family members of different ages. Effective prison- and jail-based family policies and programs help prepare prisoners and their families for release and the subsequent re-entry period (see Policy Statement 23, Victims, Families, and Communities).

research highlights

In 1999, 1.5 million children had a parent in prison—up 50 percent from the previous decade.

About half of all corrections agencies report policies or programs that benefit inmate relationships with their families.

The growth in the number of men and women incarcerated over the past several years has affected an extraordinary number of children and families. In 1999, an estimated 721,500 state and federal prisoners were parents to nearly 1.5 million minor children.⁷⁴ Further, more than seven million children are affected by the criminal justice system and can claim a parent in prison or jail, or under parole or probation supervision.⁷⁵ Children with an incarcerated parent in state or federal prison vary widely in age. Though the majority of these children (58 percent) are under 10 years old, a significant number (28 percent) are between the ages of 10 and 14.⁷⁶ Despite the lack of research exploring the impact of parental incarceration on children, it is clear that they are affected in many ways, and may exhibit a broad range of behavioral, emotional, developmental, and educational problems.⁷⁷ Many of these children are at greater risk for depression, aggressive behavior and withdrawal, and criminal involvement.⁷⁸ Two studies, each with a very small sample size, concluded that children of incarcerated parents may be more likely than their counterparts to become incarcerated themselves.⁷⁹

While many corrections agencies recognize the need for family-oriented programs for inmates, and report having a family-related initiative, only 35 percent indicate agency-wide policies and programs aimed at benefiting the children of inmates.⁸⁰ In addition, only 52 percent report agency-wide policies or programs that help inmates maintain supportive relationships with their families. One such program is Girl Scouts Beyond Bars, a national mother-daughter visitation program that organizes Girl Scout meetings twice a month (similar to any other troop meeting) during which the girls are transported to the facilities in which their mothers are incarcerated.⁸¹ The organization operates 20 initiatives in eight states. Another national parenting program, Long Distance Dads, operates in state correctional facilities in 23 states. In this program, incarcerated fathers are taught active and involved parenting skills; they participate in programs with their children; and they receive information and encouragement about child-support issues. Areas that warrant attention include visiting procedures, child living arrangements, parenting roles, family stability, and developmental issues of youth across all ages.

74 Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

75 Christopher J. Mumola, *1996 Survey of Inmates in Local Jails, 1997 Survey of Inmates in State and Federal Correctional Facilities, 2001 Annual Survey of Jails*, and *2001 National Prisoners Statistics Program* (paper presented at the National Center for Children and Families, Washington, DC, October 31, 2002).

76 Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

77 LIS, Inc. and NIC Information Center, "Services for Families of Prison Inmates," US Department

of Justice, National Institute of Corrections, *Special Issues in Corrections* (Longmont, CO: 2002). The NIC study received responses from 54 agencies, including 48 state department of corrections, the Federal Bureau of Prisons, District of Columbia, New York City, Guam, Saipan, and the Correctional Service of Canada.

78 Elizabeth Johnson and Jane Waldfogel, "Parental Incarceration: Recent Trends and Implications for Child Welfare," *The Social Service Review* 76, no. 3 (2002): 460–479.

79 Denise Johnston, *Jailed Mothers* (Pasadena, CA: Pacific Oaks Center for Children of Incarcerated Parents, 1991); Denise Johnston, *Intergenerational Incarceration* (Pasadena, CA: Pacific Oaks Center for Children of Incarcerated Parents, 1993); cited in Denise Johnston,

"Effects of parental incarceration," in Katherine Gabel and Denise Johnston (eds.), *Children of Incarcerated Parents* (New York: Lexington Books, 1995).

80 LIS, Inc. and NIC Information Center, "Services for Families of Prison Inmates," US Department of Justice, National Institute of Corrections, *Special Issues in Corrections* (Longmont, CO: 2002).

81 Marilyn C. Moses, *Keeping Incarcerated Mothers and Their Daughters Together: Girl Scouts Beyond Bars*, US Department of Justice, National Institute of Justice (Washington, DC: 1995), NCJ 156217.

The challenges correctional institutions and other service agencies face in helping incarcerated parents stay connected to their children are considerable.

Most prisons are located more than 100 miles from an inmate's last residence.⁸² With fewer facilities for women, mothers and their families are separated by an average of 160 miles.⁸³ Personal visits between inmates and their children occur infrequently; fewer than half of incarcerated parents reported receiving a personal visit from their children during their incarceration.⁸⁴ Jail and prison visiting policies and procedures, which tend to be oriented around security issues, can be uncomfortable and humiliating for parents and their children, and children for whom paternity or maternity is not legally established (such as those parented out of wedlock) may be barred altogether. In addition, the high cost of collect phone calls can make this form of contact expensive and potentially infeasible for families.⁸⁵ Combined, these barriers substantially burden family relationships during parental incarceration and can have long-lasting effects on family networks.

Parenting, even from prison and jail, can have a positive impact on outcomes for both children and parents.

The bond between incarcerated parents and their children often endures through times of crisis, and has the potential to influence children in positive ways. Despite the crimes incarcerated mothers and fathers have committed, most—like other parents—want to be good parents. Research highlights the importance of programs that facilitate and strengthen family connections during incarceration. These programs have been shown to reduce the strain of parental separation, reduce recidivism rates, and increase the likelihood of successful re-entry.⁸⁶ In addition, a recent study found that providing services to the families of prisoners can have benefits for the inmate, including lower rates of physical, mental, and emotional problems and reduced drug use and recidivism.⁸⁷

82 John Hagan and Juleigh P. Coleman, "Returning Captives of the American War on Drugs: Issues of Community and Family Reentry," *Crime and Delinquency* 47, no. 3 (2001): 352–67.

83 Ibid.

84 Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

85 A study commissioned by the Idaho State Legislature found that an 18-minute call placed by

an inmate within the region cost as much as \$8.91, and cost up to \$13.25 for in-state long distance calls; costs for the same type of call from a private residence ranged from \$1.80 to a high of \$9.00. The researchers found the rates for calls placed from Idaho state correctional facilities comparable to those in county facilities and in state facilities in Utah, Nevada, and Florida. Idaho State Legislature, Office of Performance Evaluations, *Inmate Collect Call Rates and Telephone Access: Opportunities to Address High Phone Rates* (Boise, ID: 2001).

86 Creasia Finney Hairston, "Family Ties During Imprisonment: Do They Influence Future Criminal Activity?" *Federal Probation* 52, no. 1 (1998): 48–52.

87 Eileen Sullivan et al., *Families as a Resource in Recovery from Drug Abuse: An Evaluation of La Bodega de la Familia* (New York, NY: Vera Institute of Justice, 2002).

recommendations

A | Provide parenting and other programs to address a range of family needs and responsibilities of people in prison or jail.

The information gathered during the intake phase at the outset of a person's incarceration should provide a template of needs and strengths in managing family relationships. (See Policy Statement 8, Development of Intake Procedure.) Corrections staff should collaborate with staff of social service agencies (including fatherhood and child-support programs) to develop programming and services at the prison to address a broad range of family issues and responsibilities. These may include the challenges faced not only by incarcerated mothers and fathers, but also those of inmates in other care-giving roles, such as those individuals who care for sick or aging friends or relatives. Corrections administrators may find it useful to seek input from and explore strengths of incarcerated caregivers who may lend support for mentoring or other programming efforts.

Enhancing parenting practices and the family environment is the most effective and enduring strategy for combating juvenile delinquency and behavioral, social, and emotional problems. The likelihood that youth will develop delinquency problems increases as family risk factors increase relative to protective factors. (See sidebar, Family Risk and Protective Factors Affecting Youth Development.)

DEFINING FAMILY

Family is a broad term. It covers the relationship between the incarcerated individual and:

- His/her children, both dependent and adult
- His/her current spouse or partner
- His/her former spouse(s) or partner(s) including the parent(s) of any dependent children and young adults
- Current caregiver for any children
- Family of origin—parents, siblings, extended kin
- "Family of choice" (friends that are so close that they act like family)

FAMILY RISK AND PROTECTIVE FACTORS AFFECTING YOUTH DEVELOPMENT

Protective Factors

- Supportive parent-child relationships
- Positive discipline methods
- Close monitoring and supervision
- Parental advocacy of their children, and
- Parental pursuit of needed information/support
- Payment of child-support/economic support

Risk Factors

- Poor socialization practices
- Modeling antisocial values and behaviors
- Poor supervision/monitoring
- Lack of a quality parent-child relationship
- Excessive family conflict/aggressive behavior in youth
- Poor parental mental health
- Sibling and peer drug use⁸⁸

Administrators should develop or reexamine and revise existing parenting programs within the correctional facility to address these factors. Parenting classes should include information on child development and parent-child interactions to help parents better understand their role in their children's emotional and intellectual development. For individuals with a history of violence or sex offenses, or when assessment determines a risk that participating individuals will commit such offenses, classes should specifically consider the impact of parental physical or sexual abuse on children. Programs should address the different child-rearing issues of mothers and fathers, single parents, and stepparents. Parents of all types need to learn how to more effectively manage their children's behavior at various ages and how to intervene when problems occur. While a number of parenting programs address the care of infants and young children, few focus adequately on issues involving teens or young adults. Parenting programs in prisons and jails should be based upon research-based programs that include development of parenting skills specific to the developmental stage of the child; mentoring and support that increase the parent's sense of mastery and confidence; didactic instruction combined with group practice; individualized follow-up tailored to the specific needs of the family; supervised practice with the child; and involvement of the whole family.⁸⁹

Programming should also be expanded to address broader family roles and responsibilities, such as attending to elderly or other dependent family members and developing interventions that build and maintain those relationships. Caring for family members over varying ages may raise a host of additional issues that need to be assessed, such as health and mental health, education, elder homecare, transportation, and recreational programs.

Additionally, programs should offer anger management or other domestic violence classes to inmates with a history of family violence. The evaluation of family violence history should explore whether there are successful strategies that the family has used in the past to curtail violence so that programming can build on those approaches.

EXAMPLE: Family and Fatherhood Program, McNeil Island Corrections Center (WA)

The program promotes positive family relationships and helps incarcerated men learn skills to be active and involved fathers. A Family Dynamics educational program deals with family relationships and responsibility. Participants look back at their roots and childhood to learn how to deal with family members in a positive manner. A violence prevention element is also included in this program to help participants learn to utilize other techniques and skills in dealing with stressful situations. The curriculum currently being used is "Strengthening Multi-Ethnic Families and Communities: A Violence Prevention Parent Training Program."

⁸⁸ Rose Alvarado and Karol L. Kumpfer, "Strengthening America's Families," *Juvenile Justice* 7, no. 2 (2001): 8–18.

⁸⁹ J. Mark Eddy and John B. Reid, "The Antisocial Behavior of the Adolescent Children of Incarcerated Parents: A Developmental Perspective" (paper presented at the US

Department of Health and Human Services' From Prison to Home conference, Washington, DC, January 30–31, 2002).

Parenting programs should also address child-support responsibilities, as they do in Indiana, Missouri, and other jurisdictions.⁹⁰ To help fund these programs, state child-support agencies could draw on their federal performance incentive payments—payments made by the federal government to state child-support agencies based on program performance in five areas (paternity establishment, order establishment, collections on current support, collections on arrears, and cost-effectiveness).⁹¹ State child-support agencies could also use federal grants specifically designated to support and facilitate noncustodial parents' access to and visitation of their children, including parenting classes, development of parenting plans, and visitation drop-off centers.⁹²

Programming should be careful to address cultural issues particular to raising black and Hispanic children and acknowledge differences among individual families within cultural groups. Nearly half of all incarcerated parents are black, about a quarter are white, and as many as 19 percent of state and 30 percent of federal prisoners are Hispanic.⁹³ Aggressive recruiting of staff that can identify with the language, background, and experience of inmates with parenting issues—or at least thoughtful, culturally conscious training for existing staff—may be needed to make a meaningful impact on prisoners with parenting issues. Whenever possible, programs should include approaches for tapping the skills of inmates who have demonstrated good parenting skills or other care-giving experience. For example, inmates can be trained to serve as peer mentors or facilitators of discussion groups.

While not all families or family members will wish to be involved in helping the offender to prepare for re-entry, programs should be designed to foster their involvement at any juncture in the incarceration or re-entry period. Corrections administrators should make information about the process easily accessible and provide referrals to services for family members who may be uncertain about whether they want to have contact with the offender during incarceration or upon his or her release. In some cases, lack of contact with family or other supportive social networks may serve as an indicator of an individual's need for services or programming to promote pro-social behavior or to build interpersonal skills. In other cases, such as for individuals with a history of victimization by family members, there may be good reasons to avoid contact. Corrections staff or staff of partner organizations should gather information and assess individuals and their families to determine such needs, ideally at intake to

⁹⁰ Esther Griswold and Jessica Pearson, "Twelve Reasons for Collaboration between Departments of Correction and Child-Support Enforcement Agencies," *Corrections Today* 65, no. 3 (2003): 90.

⁹¹ 42 U.S.C. § 658a(f); OCSEAT-01-04 (February 2, 2001). For federal fiscal year 2005, \$446 million has been allocated for state child-support incentive funds. States may use these funds for core child-support activities or (when approved by the Secretary of Health and Human Services) for any activity "which may contribute to improving

the effectiveness or efficiency" of the state child-support program. Among other activities, HHS has approved the use of child-support incentive funds for parenting and employment-related services for noncustodial parents who owe child-support.

⁹² 42 U.S.C. § 669b.

⁹³ Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

the facility. (See Policy Statement 8, Development of Intake Procedure, for more on conducting such assessments; see Policy Statement 14, Behaviors and Attitudes, for information on programming options to build interpersonal skills.)

Corrections administrators should also ensure that staff (or partners from family service agencies and other organizations) provide follow-up for prisoners at risk of losing custody of their children or other dependents. Corrections or community-based organization staff should develop a comprehensive understanding of the implications of a period of incarceration on custody and other child welfare regulations, in order to help parents anticipate and address issues that may arise during the course of their incarceration. (See Conclusion to Part II, Community Integration, for more on barriers to family reunification.)

In addition, policymakers should promote cross-training and other initiatives to educate child welfare and family services organization staff about the challenges of parenting from prison and jail and to engage the support of these organizations in providing services to ensure the best outcomes for prisoners and their children. To help children stay connected to incarcerated parents, child welfare agencies should develop policies which encourage stable kinship care placements. Further, incarcerated parents should be given a fair opportunity to participate in permanency planning and judicial proceedings. (See Policy Statement 3, Incorporating Re-Entry into Organizations' Missions and Work Plans, and Policy Statement 34, Children and Family Systems, for more on engaging and understanding family service agencies.)

B | Facilitate contact between inmates and their children and other family members during the period of incarceration, when appropriate.

Despite the challenges of families fragmented by incarceration, research demonstrates these families often have a resiliency that can be tapped as a source of strength and support.⁹⁴ Even with extended periods of parent-child separation and the complex feelings that come with it, most parents naturally want to continue to support their children, and children continue to need the love and guidance of their parents. Administrators should therefore look beyond expanding parenting programs to visitation and related policies. Visitation policies and environments should support positive interactions for all family members, while considering security needs as necessary.

Where appropriate, children should have regular contact with their parents during the period of incarceration. (In some instances, such as in

⁹⁴ The experience of La Bodega de la Familia, the direct service arm of Family Justice, Inc. located in the Lower East Side of Manhattan, has shown that families coping

with a range of challenges often draw upon collective and individual strengths as resources during re-entry which can reinforce resiliency.

cases where the inmate has been convicted of child sex abuse, visitation may be completely inappropriate.) It is also important that inmates have regular contact with other close family members, including family members who have taken on the responsibility of child-rearing during incarceration. Given the distance between many incarcerated individuals and their home communities, corrections officials must think creatively about how to provide contact opportunities to relatives who live far away, especially those who may not have the means to travel. Contact can take many forms, such as written or videotaped correspondence, email, telephone calls, and personal visits.

Correctional administrators and other policymakers should be aware that the elevated costs of collect calls (typically the only kind prisoners are allowed to make) must generally be absorbed by families, which may lack the resources to pay for them with the frequency needed to maintaining family relationships. Such hidden costs should be considered even when revenues of telephone contracts are reinvested in prison programming, and policymakers should consider seeking alternatives that place less of a cost burden on families. Legislation was passed in the state of Washington, for example, amending language in the corrections code that limits inmate calling options to collect calls and charging the secretary of corrections with finding other secure calling options.⁹⁵ The amount and type of contact will need to be determined based on each individual inmate's circumstances and the wishes of his or her family.

EXAMPLE: Father to Child Program, Hope House (DC)

Nearly 10,000 inmates from Washington, DC are serving their sentences in federal prisons across the United States. The Father to Child Program allows fathers who are incarcerated in a North Carolina prison to regularly communicate with their children in Washington. Every two weeks, the children visit Hope House to see and talk with their fathers using internet technology.

EXAMPLE: Grandma's House, Gracious Promise Foundation (KS)

Gracious Promise is using federal funds to build "Grandma's House" for infants born to incarcerated women. Staff will care for the babies while the mothers complete their sentences and study parenting skills. Staff members facilitate six weeks of breast-feeding visits to the mother in the facility, and then weekly visits thereafter.

A designated family area allows incarcerated parents to play and interact more informally with their visiting children of different ages. Women's institutions are more likely to have special visitation space for inmates and their children, but programs should also be developed for fathers to meet with their children.⁹⁶ Programs should also be examined to ensure that visitation areas support the engagement of older as well as young children. Visitation areas should be accessible to elderly family members and others who are caring for children in the inmate's absence. Visitation assistance, now available from corrections or other service agencies in at least five percent of corrections agencies in the United States, can provide support

⁹⁵ Wash. Rev. Code § 9.73.095.

⁹⁶ LIS, Inc. and NIC Information Center, "Services for Families of Prison Inmates," US Department of Justice,

National Institute of Corrections, *Special Issues in Corrections* (Longmont, CO: 2002).

⁹⁷ Ibid.

for transportation, lodging, or other needs of family members. Where visitation assistance is not yet available, corrections administrators should seek to implement it to mitigate challenges posed by the distance between correctional facilities and prisoners' home communities.⁹⁷

EXAMPLE: Living Interactive Family Education Program, Missouri Department of Corrections and the University of Missouri Outreach and Extension (MO)

The Living Interactive Family Education (L.I.F.E.) program is an enhanced visitation program at a maximum security prison in Mineral Point, Missouri. Jointly developed by incarcerated fathers and local 4-H staff, in partnership with the University of Missouri Outreach and Extension and the Missouri Department of Corrections, the program has two components: 4-H activities (arts and crafts, as well as curricula-based activities such as conflict resolution, substance abuse resistance, and character development) and parenting skills training (including communication, positive discipline, anger management and teamwork). The program promotes interaction beyond the traditional visitation rules, which require that fathers limit physical contact with their children and that fathers remain seated with their hands visible.

c | Increase collaboration between departments of corrections and child-support agencies to promote information about and access to the child-support process by incarcerated parents and their families.

As many as a quarter of state prison inmates (and half of incarcerated parents) have open child-support cases.⁹⁸ Roughly half of the parents with an open case have an existing support order, while the other half are waiting for paternity or a support order to be established.⁹⁹ By helping parents to understand and manage their child-support responsibilities while they are in prison, corrections administrators may improve the chances of successful reintegration after release.

EXAMPLE: Long Distance Dads, National Fatherhood Initiative

Long Distance Dads is a program developed by the National Fatherhood Initiative (NFI) to assist incarcerated men become more involved and supportive parents. State corrections staff and community agencies are trained by NFI staff to deliver the 12-week curriculum in correctional facilities. Coverage of child-support issues may include question-and-answer sessions, distribution of pamphlets from local and state child-support agencies, and presentations from local child-support agencies. The Long Distance Dads curriculum is currently being used in Washington, California, Pennsylvania, New Mexico, and other states.

Parents who can manage their child-support obligations may be less likely to enter the underground economy or to refuse to take a job where their wages would be reported and subject to garnishment. Further, par-

⁹⁸ Esther Griswold and Jessica Pearson, "Twelve Reasons for Collaboration between Departments of Correction and Child-Support Enforcement Agencies," *Corrections Today* 65, no. 3 (2003): 87.

⁹⁹ Esther Griswold, Jessica Pearson, and Lanae Davis, *Testing a Modification Process for Incarcerated Parents* (Denver, CO: Center for Policy Research, 2001); Nancy Thoennes, "Child-Support Profile: Massachusetts Incarcerated and Paroled Parents," in *Fathers in the Criminal Justice System: A Collaboration Between Child-Support Enforcement and Criminal Justice Agencies in Massachusetts* (Denver, CO: Cen-

ter for Policy Research, 2002). While these studies do include noncustodial mothers as well as fathers, mothers make up a small percentage (three percent) of the study population. This percentage may under-represent noncustodial incarcerated mothers because they typically have been involved with the child welfare system, rather than the TANF system, which automatically refers its participants to the child-support program.

¹⁰⁰ Jessica Pearson, "Building Debt While Doing Time: Child-Support and Incarceration," *Judges' Journal* 43, no. 6 (2004).

ents may be less likely to be put off by mounting arrearages and related tensions between family members when they are contributing to their children's support, even when the payments are modest.

When parents enter prison with a child-support order, they remain responsible for payments even though they usually cannot meet their responsibilities. Incarcerated parents with established support orders should be encouraged to initiate the review and adjustment process as soon as possible to modify their support orders to reflect their current circumstances. In addition, legal procedures may be available to re-open and correct support orders within a set time when the orders have been based on mistakes of facts or law, such as incorrect income. Inmates should learn how to avail themselves of these processes, depending on what options are available in a given state.

States, in turn, should simplify and speed up their standard review and adjustment process, and make this process readily available to parents.¹⁰⁵ Oregon, for example, has established a rebuttable presumption that an incarcerated parent with income of less than \$200 per month is unable to pay any support, and the state will modify an order to zero if

STATE POLICY ON CHILD-SUPPORT AND INCARCERATION

Currently, most states do not have procedures in place to suspend or reduce child-support obligations during incarceration. In almost half the states, incarceration is treated as "voluntary unemployment," which does not provide a legal basis for modifying an existing obligation.¹⁰⁰ In states that recognize incarceration as a basis for modification, one of the parents must affirmatively request the court or child-support agency to review and adjust the support order.¹⁰¹ If a review determines that the order does not accurately reflect the parent's current ability to pay, the order is supposed to be adjusted according to rebuttable state child-support guidelines. However, in most states, the existing process is time-consuming and its outcome is often unpredictable.¹⁰² In addition, most states do not systematically identify and track inmates with support orders.¹⁰³

In states that do not authorize suspension of support obligations during incarceration, state legislatures should revise their state laws to recognize incarceration as a basis for modification. In addition, state legislatures could consider enacting procedures to automatically suspend support obligations during incarceration. In North Carolina, for instance, a state statute directs the child-support agency to automatically suspend child-support obligations for inmates with no income or assets. The child-support agency conducts a data match with corrections records to identify eligible inmates, and suspend the support obligation during incarceration without the need for the parent to request a review.¹⁰⁴

¹⁰¹ Under H.R. 4, pending federal legislation to reauthorize the Temporary Assistance for Needy Families (TANF), states would be required to review and adjust the support orders of families receiving welfare benefits, even if neither parent requests an update.

¹⁰² Jessica Pearson, "Building Debt While Doing Time: Child-Support and Incarceration," *Judges' Journal* 43, no. 1 (2004).

¹⁰³ Federal law requires state child-support agencies to have the authority to access information maintained by

state and local corrections agencies. 42 USC 666(D)(j)(VIII).

¹⁰⁴ NC Gen. Stat. 50-13.10(d)(4). See Chapter 376 of Virginia Acts of Assembly 2000 (exempts inmates with no chance of parole from minimum order).

¹⁰⁵ 42 USC 666(a)(10).

¹⁰⁶ Ore. Administrative Rule 461-200-3300; Griswold and Pearson, "Twelve Reasons," 88.

requested. Moreover, the state provides inmates with modification forms and pre-paid envelopes, and consults with inmates on child-support payment plans.¹⁰⁶

Not every parent with an open child-support case enters prison with an established child-support order. Sometimes, paternity and support orders are established while the parent is in prison. However, typically, parents have no opportunity to participate in paternity or child-support proceedings while they are incarcerated. When parents do not participate, the risk of erroneous orders increases, and the likelihood of compliance after release decreases. Default paternity orders may incorrectly find that an inmate is the father of a child, while default support orders may be based on nonexistent income.¹⁰⁷

Corrections administrators should partner with child-support agencies to improve the knowledge of inmates about their child-support responsibilities and help them access child-support processes. Such collaborations would be strengthened by incorporating liaison staff into each agency, implementing cross-system data matching, integrating child-support into parenting and other prison programming, and coordinating funding and services (See Recommendation a, above, for a discussion of prison parenting programs.)

Corrections administrators and child-support agencies should work together to increase the participation of incarcerated parents at every stage of child-support proceedings. Parents who are incarcerated should be notified of all pending paternity and support order proceedings, and they should be allowed to participate as fully as possible through telephone hearings and opportunities for written submissions. Paternity proceedings, which establish the legal relationship between an unmarried father and child, should provide genetic tests free of charge. Support establishment proceedings should result in realistic orders based on the parent's actual ability to pay. They should minimize the use of default orders which impute income from assumed full-time, year-round jobs; limit the imposition of interest and other charges; and coordinate orders for multiple families.¹⁰⁸

107 Karen Gardiner, John Tapogna, and Michael Fishman, *Administrative and Judicial Processes for Establishing Child-Support Orders* (Falls Church, VA: The Lewin Group, 2002); Amy Hirsch et al., *Every Door Closed: Barriers Facing Parents with Criminal Records, An Action Agenda* (Center for Law and Social Policy and Community Legal Services, Inc., 2003), Fact Sheet no. 6.

108 Often, default orders are based on imputed (assumed) income using state median or minimum wages. Other charges sometimes added to orders include court costs, penalties, retroactive support owed back to the child's birth, Medicaid birthing costs, and genetic test costs. Amy Hirsch et al., *Every Door Closed: Barriers Facing Parents with Criminal Records, An Action Agenda* (Center for Law and Social Policy and Community Legal Services, Inc., 2003), Fact Sheet no. 6.; Elaine Sorensen et al., *Examining Child-Support Arrears in California: The Collectibility Study* (Washington, DC: The Urban Institute,

2003), ES 19–23; Jo Peters, *Washington Collectibility of Arrears*, Washington State Department of Social and Health Services, Division of Child-Support (2002), ES 8–10; Karen Gardiner, John Tapogna, and Michael Fishman, *Administrative and Judicial Processes for Establishing Child-Support Orders* (Falls Church, VA: The Lewin Group, 2002); Paula Roberts, *An Ounce of Prevention and a Pound of Cure: Developing State Policy on the Payment of Child-Support Arrears by Low Income Parents* (Washington, DC: Center for Law and Social Policy, 2001), 2–4, 8–13.; US Department of Health and Human Services, Office of Inspector General, *The Establishment of Child-Support Orders for Low Income Non-custodial Parents* (Washington, DC: 2001), OEI-05-99-00390; US Department of Health and Human Services, Office of Inspector General, *State Policies Used to Establish Child-Support Orders for Low Income Non-Custodial Parents* (Washington, DC, 2000), OEI-05-99-00391.

14

Provide cognitive behavioral therapy, peer support, mentoring, and basic living skills programs that improve offenders' behaviors, attitudes, motivation, and ability to live independently, succeed in the community, and maintain a crime-free life.

Considerable time and expense is invested in a comprehensive assessment and evaluation of a person's needs and strengths during intake (Policy Statement 8, Development of Intake Procedure) and developing an individualized programming plan for the period of his or her incarceration (Policy Statement 9, Development of Programming Plan). Although this is an appropriate and wise allocation of resources, it must be coupled with efforts to ensure the person understands the basis for his or her negative or criminal behavior. Without this understanding or certain basic skills, a person's ability to succeed in the community upon release from prison or jail may be severely limited.

The recommendations in this policy statement both buttress and supplement the other policy statements in this chapter, all of which relate to prison- and jail-based programming. Successfully engaging a person in cognitive behavioral treatment or mentoring, for instance, might mean that he or she has come to understand the importance of other services and is now ready to begin drug treatment (Policy Statement 12, Substance Abuse Treatment) or job training (Policy Statement 15, Education and Vocational Training). Further, teaching a person life skills, including social skills, may give him or her the building blocks needed to be responsible for managing his or her mental illness (Policy Statement 11, Mental Health Care and Policy Statement 20, Planning Continuity of Care) or to develop healthy family relationships (Policy Statement 13, Children and Families). On the other hand, such programs have merit even apart from other services. The most effective cognitive-behavioral programs have been shown to significantly affect recidivism rates, even among the highest-risk, hardest-to-reach individuals. Victim-based programming can also have positive effects on the community and on the victim, and both may get a chance to be heard and to obtain some form of reparation. The recommendations that follow provide several ways to ensure prison-based programming is effective: engaging inmates; building trust; training inmates around life skills; and preparing them for a life in the community.

research highlights

Prisoners often have behavioral and attitudinal issues that would benefit from services designed to enhance prosocial behavior.

Some individuals who are incarcerated may have cognitive deficits commonly linked to criminal thinking and behavior including procriminal attitudes; procriminal associates; impulsivity; weak socialization; below-average verbal intelligence; a taste for risk; weak problem-solving or self-control skills; the early onset of anti-social behavior; poor parental practices; and deficits in educational, vocational, and employment skills.¹⁰⁹ In addition to the social and psychological deficits individuals may bring with them to correctional facilities, some inmates may develop coping mechanisms that are suited to their current environment but may be unhealthy when they re-enter society.¹¹⁰ Such institutionalized behaviors include social withdrawal, diminished sense of self-worth and personal value, dependence on institutional structure and contingencies, and incorporation of the exploitative norms of prison culture. People in prison or jail who have mental illness, are developmentally disabled, or who spend a significant amount of time in solitary confinement are even more prone to developing negative and anti-social behavior patterns while they are incarcerated, factors that compound the already substantial barriers they will encounter upon release. In addition, prison diminishes the life management and daily decision-making skills needed for independent living. Improvement in such individuals' cognitive skills, behavioral patterns, and personal confidence may lead to better outcomes, including reduced criminal involvement and fewer victims, once they return home.¹¹¹

Services for the prisoner population have generally diminished over the past two decades; volunteers can provide some services to begin to fill the gap.

As more resources have gone into building new prison "beds" in recent years, less funding has been available for investing in services that reduce offender recidivism and thereby enhance public safety.¹¹² Volunteers and mentors from the community can, to some degree, augment corrections staff in providing these services. For example, although there has not been a great deal of outcome research on the effects of faith-based programming, some studies have found that prisoners who participate in faith-based programming while incarcerated receive fewer disciplinary infractions and are less likely to be arrested in the first year after their release than those who do not participate in such programming.^{113,114}

109 See Gerald G. Gaes et al., "Adult Correctional Treatment," in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999), referring to these cognitive deficits as "criminogenic needs."

110 This section draws largely from Craig Haney, "The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment" (paper prepared for the Urban Institute's Reentry Roundtable, Washington, DC, January 2002).

111 Mark W. Lipsey and Nana A. Landenberger, *Cognitive-Behavioral Programs for Juvenile and*

Adult Offenders: A Meta-Analysis of Randomized Controlled Intervention Studies (Nashville, TN: Vanderbilt University Institute for Public Policy Studies, 2003).

112 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003); James P. Lynch and William J. Sabol, *Prisoner Reentry in Perspective* (Washington, DC: The Urban Institute, 2001).

113 Byron R. Johnson, David B. Larson, and Timothy Pitts, "Religious Programs, Institutional Adjustment, and Recidivism among Former

Inmates in Prison Fellowship Programs," *Justice Quarterly* 14, no. 1 (1997); Florida Department of Corrections, *Impact of Inmate Participation in Chaplaincy Programs* (Tallahassee: Florida Department of Corrections, 2001).

114 Byron R. Johnson, David B. Larson, and Timothy Pitts, "Religious Programs, Institutional Adjustment, and Recidivism among Former Inmates in Prison Fellowship Programs," *Justice Quarterly* 14, no. 1 (1997).

Cognitive-behavioral programs are significantly associated with recidivism reduction and are cost-effective.

Numerous correctional program models exist inside and outside of prison settings to help individuals to accept their circumstances, improve their relationship and social interaction skills, and learn how to make better decisions. One particular model, cognitive-behavioral treatment, is significantly associated with reduced recidivism and is cost-effective. Cognitive-behavioral treatment programs, which aim to help participants develop better reasoning skills and, ultimately, to change their negative behavior, have been increasing in popularity among correctional institutions.¹¹⁵ A substantial body of scientific research has consistently found that participants in cognitive behavior programs have recidivism rates that are 10 to 30 percent lower than rates for offenders who did not receive such services.¹¹⁶ Among the general population of prisoners, cognitive behavior treatment decreased recidivism by 27 percent. Larger gains have been noted with higher risk prisoners, whose recidivism was reduced by nearly 60 percent after receiving interventions administered by providers with at least a moderate amount of training.¹¹⁷ Research has also demonstrated that adult cognitive-behavioral treatment programs can be particularly cost-effective relative to other therapy models. Studies have estimated economic returns of from \$2.54 to \$11.48 for every program dollar invested in cognitive behavioral treatment, while punishment-oriented interventions have yielded returns of only 50 to 75 cents for every program dollar spent.¹¹⁸

recommendations

A | Provide inmates with programs that include evidence-based cognitive-behavioral treatments.

Research suggests that programs that include a cognitive-behavioral component provide the greatest public safety benefits in terms of long-term outcomes.¹¹⁹ Cognitive-behavioral treatment seeks to help individuals understand that they can control their behavior—and their lives—by learning more effective, less antisocial ways of thinking in a process often known as “cognitive restructuring.” Instruction in social skills, problem-solving, and other behavioral controls may teach individuals to control their anger, adjust their habitual negative responses to difficult situations, and understand how some of their thinking patterns may be distorted. Ultimately, cognitive restructuring is designed to change the thoughts, values, and attitudes that have been demonstrated to foster the person’s criminal behavior or otherwise put him or her at risk of engaging in harmful activity.

115 Marta Nelson and Jennifer Trone, *Why Planning for Release Matters* (New York: Vera Institute of Justice, 2000).

116 Francis T. Cullen and Paul Gendreau, “From Nothing Works to What Works: Changing Professional Ideology in the 21st Century,” *Prison Journal* 81, no. 3 (2001): 313–338; Robert Ross and Paul Gendreau (eds.), *Effective Correctional Treatment* (Toronto: Butterworths Publishing, 1980); Paul Gendreau and Robert Ross, “Revivification of Rehabilitation: Evidence from the 1980s,” *Justice Quarterly* 4, no. 3 (1987): 349–408.

117 Ibid.

118 Lori Golden, *Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change* (Dallas: University of Texas Southwestern Medical Center, 2002); citing Steve Aos et al., *The Comparative Costs and Benefits of Programs to Reduce Crime: A Review of National Research Findings with Implications for Washington State* (Washington State Institute for Public Policy, 1999), doc. no. 99-05-1202.

119 Ibid.

A number of cognitive skills-based programs are now delivered in corrections settings, but some are more grounded in the recidivism-reduction principles than others. When choosing a cognitive-behavioral program, policymakers should select from among the several programs that are research-based when it comes to producing the desired result: minimizing future criminal activity. One study has suggested that the more effective programs address the development of thinking and reasoning skills in people who are incarcerated, as well as their social comprehension, and their problem-solving skills. The study further noted that the better programs have taught individuals to assess their own thinking; to stop, think and analyze consequences before acting; to reason in a means-end fashion; to understand other people's values; to recognize how their behavior will affect others; and to develop alternative pro-social ways of reacting to interpersonal conflicts.¹²⁰

EXAMPLE: Better People (OR)

The Better People program is designed to reduce recidivism in part through the use of a therapeutic approach called Moral Reconciliation Therapy (MRT). Working primarily with individuals convicted of drug offenses, the Better People program offers a cognitive-behavioral approach designed to change its participants' decision-making processes. The 12-step program meets twice a week for six months and places individuals in living-wage jobs with follow-up for one year. Those who sought and received MRT had significantly fewer new arrests in the six months following their last contact with the program than did other releasees who had not received such treatment.

B | Facilitate efforts of community and faith-based institutions, peer support groups, and other service providers to engage and mentor prisoners, and to foster relationships that improve trust and confidence in treatment and services.

Community and faith-based programs may be able to affect people who are incarcerated in a way that other prison-based programs do not. Such programming can help create the conditions for personal transformation, provide inspiration, and motivate individuals to succeed in all kinds of institutional programming. The example of others who have faced similar challenges and succeeded, the permission to talk about personal issues with and form attachments to a group of peers, a sense of religious faith, or other forms of inspiration can support an individual's mental resolve to complete a rigorous substance abuse treatment regimen, to get and maintain a job, or to peacefully manage family conflicts. For people in prison or jail who are parents, the desire to reunite with their children and to become better parents can also provide a compelling motive to change.¹²¹

¹²⁰ Lori Golden, *Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change* (Dallas: University of Texas Southwestern Medical Center, 2002); citing Robert Ross et al., "Rehabilitation Through Education: A Cognitive Model for Corrections," *Journal of Correctional Education* 39, no. 2 (1988): 44-47.

¹²¹ Amy E. Hirsch, *Some Days are Harder than Hard: Welfare Reform and Women with Drug Convictions in Pennsylvania* (Washington, DC: Center for Law and Social Policy,

1999), 43-46; Dan Bloom and Kay Sherwood, *Matching Opportunities to Obligations: Lessons for Child Support Reform from the Parents' Fair Share Pilot Phase* (New York: Manpower Demonstration Research Corp., 1994), 109-110. See also Timothy Ross, Ajay Khashu, and Mark Wamsley, *Hard Data on Hard Times: An Empirical Analysis of Maternal Incarceration, Foster Care and Visitation* (New York: Vera Institute of Justice and New York City Administration for Children's Services, 2004), 14-15.

Many programs that feature leadership or support from peers or volunteers focus on behavior, attitude, spirituality, or other factors that underlie more concrete steps (such as developing employment skills, learning to manage a mental illness, or taking parenting classes) to improving a person's chances of making a successful re-entry.

EXAMPLE: Prison Meditation Project, Centerforce (CA)

Centerforce instructors (many of whom were themselves incarcerated or have family members who were incarcerated) teach inmates and prison custody staff spiritual development, stress reduction, and anger management through half-day, full-day and multiple-day programs. Program participants also learn "mindfulness meditation," which helps them work on topics including addiction, anger and violence, and forgiveness.

EXAMPLE: Time to Change, Centerforce (CA)

Time to Change (TTC) is a coaching, training, and empowerment project that offers tools for rebuilding the lives of incarcerated individuals. TTC trains people in prison to become "co-active coaches" to their peers at San Quentin State Prison so that they can move out of patterns of victimization and into lives of choice, effectiveness, and fulfillment. Co-active coaching gives individuals in prison the skills they need to interact with their children, families, employers, and communities in healthy, successful ways.

Finding and enhancing a person's intrinsic motivation is central to the success of any behavioral change programming.¹²² Program staff can seek to build relationships with participants while delivering services to ensure their participation and to improve the attitudes of participants toward positive programming. In jails or prisons, staff might work to establish relationships of trust through repeated and consistent contact with participants during programming, in informal and unstructured settings, or even during meals and medication distribution times. In addition, attitudinal changes can result from participation in curriculum-based peer support groups.¹²³ A well-trained and committed core group of faith-based and/or secular volunteers can employ these approaches independently, or alongside prison-based staff, to enhance the effectiveness of prison- or jail-based programming.

Connecting people in prison or jail with community and faith-based programs prior to their release can help provide informal contact necessary to engaging prisoners and can offer support to them during the critical shift from the intense structure in prison to the lack of structure in the community.

EXAMPLE: Reintegration of Ex-Offenders Project, Conquest Offender Reintegration Ministries (DC)

The Reintegration of Ex-Offenders Project is a structured mentor program that emphasizes accountability and responsibility. Mentors work with individuals while they are still incarcerated in order to help them construct a transition plan. After the individual is released, Conquest Offender Reintegration Ministries (CORM) volunteers meet several times with the individual to help him or her find housing, clothing, and employment.

¹²² William R. Miller and Stephan Rollnick, *Motivational Interviewing: Preparing People for Change* (New York: Guilford Press, 2002).

¹²³ Dan Bloom and Kay Sherwood, *Matching Opportunities to Obligations: Lessons for Child Support Reform from the Parents' Fair Share Pilot Phase* (New York: Manpower Demonstration Research Corp., 1994), 104–116.

As the CORM program demonstrates, the faith-based community can contribute to successful re-entry by continuing their longstanding practice of providing in-prison and postrelease mentors from the community. Mentors can develop relationships with prisoners that might help them to invest in treatment programs or see their behavior from a new perspective. In fact, mentoring programs have been shown to have a significant effect on recidivism reduction.¹²⁴ To ensure that these relationships support the goals of the criminal justice system, mentors should receive appropriate training and fully understand their relationship to the corrections authorities as well as to the greater law enforcement community.

**EXAMPLE: Faith Community Partnership,
Court Services and Offender Supervision Agency (DC)**

Washington, DC's probation and parole administration office runs a faith-based mentoring program to provide support for people returning to live in the city after a period of incarceration. The program draws mentor volunteers from a diverse and growing list of over 40 religious institutions. Mentors are assigned to prisoners as they near their release dates, and many mentors establish relationships with individuals while they remain incarcerated. A video link allows people from Washington, DC who are housed in a federal prison in North Carolina to see and speak to their assigned mentors months or weeks before their actual release date.

c | Provide inmates with services that address their need for basic life skills, including relationship skills.

For nearly all people who have been incarcerated, the experience of having their daily schedules and activities closely managed and monitored can diminish independence, self-sufficiency, and initiative. Moreover, some offenders have never had the opportunity to learn the skills needed to manage the everyday routines of life. Individuals preparing to transition to the community need to learn or re-learn those basic tasks. Thoughtful programming, however, can compensate for at least some gaps or datedness in knowledge of life skills. Such skills can include everything from cleaning and cooking to shopping and money management. Training in these skills can be incorporated into other services, such as substance abuse treatment or employment training, or can be addressed in separate, independent programs.

In addition to such practical skill training, people in prison or jail may also need training or education in the area of acceptable social interaction. Research suggests that many offenders of all ages lack an adequate repertoire of socially acceptable responses, supporting the idea that lack of social skills can lead to antisocial behavior up to and including crimi-

¹²⁴ Joseph Tierney, Jean Grossman, and Nancy Resch, *Making a Difference: An Impact Study of Big Brothers/Big Sisters* (Philadelphia: Public/Private Ventures, 1995).

¹²⁵ Lori Golden, *Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change* (Dallas: University of Texas Southwestern

Medical Center, 2002). Citing Juliana Taymans and Steve B. Parese, "Cognitive behavioral interventions" (unpublished manuscript, 1997). B. J. Freedman et al., "A Social Behavioral Analysis of Skill Deficits in Delinquent and Nondelinquent Adolescent Boys," *Journal of Consulting and Clinical Psychology* 46 (1978), 1448-1462.

nal activity.¹²⁵ Further, “jailhouse culture,” with all of its attendant coping mechanisms and isolationist attitudes, must be unlearned in order to equip individuals with behavioral and communication skills that are effective in normal community interactions. Accordingly, people in prison or jail may need instruction in interpersonal discussion skills, self-advocacy, constructive assertiveness, patience, impulse control, and anger management. Properly trained community and/or faith-based organization staff may be particularly well-positioned to teach these building blocks of basic survival to inmates.

EXAMPLE: Kairos Horizon Communities in Prison (FL, OH, TX, OK, & AZ)

Trained volunteers from the faith-based community conduct programming on anger and stress management, family relations and fatherhood, financial management, addiction recovery, and education. Groups of six to eight prisoners answer questions from a workbook on a given topic prior to the session and then discuss their responses with their peers and a volunteer facilitator during the scheduled session. Kairos also sometimes involves people serving life sentences who are respected within the facility as peer educators or “encouragers” in these programs.

▫ | Compel unwilling and high-risk inmates to participate in behavioral and other related treatment services, and ensure that services for those who appear unresponsive to programs continue when those individuals return to the community.

People in prison or jail, like those in the general population, vary greatly in terms of their motivation to participate in treatment programs. Policymakers and practitioners often feel that providing services to those who want them is money well spent, while forcing services upon a recalcitrant group of individuals is a waste of resources. Indeed, evidence shows that behavioral change is more likely to occur when an individual has the self-motivation to improve.¹²⁶ Significantly, however, even involuntary participants in treatment services experience more success than similar groups of offenders who are not compelled to receive treatment or other services. To maximize the public safety benefits from corrections services, policymakers should therefore require both willing and reluctant offenders to obtain services, although no individual should be forced to participate in faith-based treatment or services.

Even after compulsory treatment or programs during incarceration, however, there are likely to be a number of individuals in prison or jail who will not respond to the targeted, well-planned, and intensive efforts to reform their behavior. There are no absolute criteria for identifying those who will be resistant to treatment. Researchers have not, for example, really studied the relationship between inmate institutional infractions, close custody inmates, and amenability to treatment services. Notwithstanding

¹²⁶ Brad Bogue et al., *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*

(Boston: Crime and Justice Institute and Washington, DC: National Institute of Corrections, 2004).

the paucity of empirical research on this important topic, policymakers and practitioners at the state and local levels generally agree that those inmates who commit excessive disciplinary infractions and have spent the most time in high security units are likely to be “resistant” inmates.

Regardless of their lack of interest in or response to treatment, most hard-to-manage inmates will eventually complete their sentences and be released to the community. As noted above, even these very resistant individuals should be obliged to participate in treatment because the margin for potential behavioral improvement among this high-risk population is so great. Thus, while low-risk offenders who are interested in treatment may do well in programming and may not recidivate, the fact that they are “low-risk” indicates that they were not statistically likely to recidivate even before they engaged in programming. What researchers have dubbed “the risk principle” holds that the greatest recidivism reduction benefit is achieved when the highest-risk offenders are provided with services.¹²⁷ Accordingly, corrections officials should redouble their service delivery, quality of service, and aftercare efforts with the most difficult, high-risk offenders.

Moreover, there is some indication that offenders who do not initially respond to, or do not receive interventions in prison may prove amenable to treatment and subsequent behavior change following their release. Research on the relationship between cognitive-behavioral programs and recidivism, for example, reveals that services delivered in a community setting can produce greater positive effects than the same services offered in prison. Indeed, one study reported considerably greater reductions in recidivism (up to three times greater) for those releasees who completed cognitive-behavioral programs in community-based settings compared to those who completed the same programs in prison.¹²⁸ This finding supports the need to continue engaging even high-risk individuals in cognitive-behavioral and social learning programs following their release from incarceration.

**EXAMPLE: Boston Re-Entry Initiative,
Boston Police Department Gang Intelligence Unit (MA)**

Members of the Boston Police Department’s Gang Intelligence Unit identify individuals entering the Suffolk County House of Corrections whom they feel are high-risk and then make recommendations about which ones should be enrolled in their Re-Entry Initiative. Within 45 days of entering the correctional facility, program participants begin working on a Transition Accountability Plan to address their program needs and attend one of the Initiative’s monthly community panel sessions. Each of the panel members (from social service, faith-based, or criminal justice organizations) addresses the inmates from the unique perspective of his or her organization. Following the panel, program participants are assigned caseworkers and faith-based mentors from the community who immediately begin meeting and working with the offenders in the prison setting.

¹²⁷ Don Andrews and James Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson Publishing, 2004).

¹²⁸ David Robinson, *The Impact of Cognitive Skills Training on Post-Release Recidivism Among Canadian Federal Offender* (Ottawa, Canada: Correctional Service Canada, 1995), Research Report No. R-41.

E | Provide (and encourage inmates to attend) victim impact panels, impact of crime classes, and other educational programs involving victims and/or victim advocates designed to convey the harm resulting from crime.¹²⁹

The principles of restorative justice mandate that people who commit crime understand, take responsibility for, and repair the harm done to any crime victim (including the community and their own families) as a step towards successful re-entry. Determining which program or programs to use in a particular jurisdiction may be a question of resources or criminal justice priorities. Corrections administrators should partner with local victim advocates to establish the programming which best suits the needs of their particular correctional setting and population. (See Policy Statement 23, Victims, Families, and Communities, for more on the role of victims and victim advocates in the re-entry process.)

Victims or victim advocates can help design and contribute to programs that attempt to foster reintegration by educating offenders and/or other community members about the effect of crime on victims generally. If successful, programs such as impact of crime classes, victim impact panels, or reparative boards can educate people who have committed crimes and instill remorse and understanding that can curb future criminal activity, increase accountability, and reduce recidivism. (See sidebar, Sample of Victim Programming, for a partial listing of victim-oriented programming.) Moreover, the programs may be a way to promote recovery for victims by providing them a voice for their experience.

Programs such as victim-offender mediation, family group conferencing, and sentencing circles are focused more specifically on the harm that one particular person has caused another. Many of these programs require or benefit from the victim's participation, often to confront the person who has committed the crime against him or her directly.

EXAMPLE: Reparative Probation Boards, Vermont Department of Corrections

Vermont's Reparative Probation Board consists of ordinary community members who meet with people who have been charged with criminal offenses to discuss the nature of the offense and its negative consequences. Board members then enter into a contract with the person that stipulates appropriate restorative sanctions. Volunteers reach out to victims to encourage their participation in the process. If a victim declines to participate, a volunteer surrogate speaks on the victim's behalf and requests reparative sanctions. Although this program is essentially used for diversionary purposes, its format provides an interesting way to incorporate the victim perspective into offender attitude programming.

Some communities integrate a variety of victim-related programs into their treatment toolbox, allowing for programs which vary in duration, nature, and type of offense. Like other programs, victim-centered projects

¹²⁹ Many of the ideas and programs described in this section derive from Susan Herman and Cressida

Wasserman, "A Role for Victims in Offender Reentry," *Crime and Delinquency* 47, no. 3 (July 2001): 428-445.

that begin their work inside correctional facilities and then continue in the community may be particularly effective in influencing attitudes and behavior of people re-entering the community.

**EXAMPLE: Resolve to Stop the Violence Project,
San Francisco Sheriff's Department (CA)**

Each year, Resolve to Stop the Violence Project (RSVP) requires 250 to 300 men to participate in an intensive jail-based curriculum designed to develop an understanding of the consequences of violence to victims and to change male beliefs about the male-role behavior that can cause violence. Individuals participate in education, drama, victim empathy and restoration, therapy, life skills, and group learning programming for 14 hours a day, six days a week, for a minimum of 60 days. Upon completion of their jail term, RSVP graduates return to the community under the supervision of Sheriff's County Parole and Alternative Programs. These graduates work with community and victims organizations in schools and community centers to perform violence-prevention services and education, including theater productions. They also continue mandatory participation in education, job placement programs, and violence-prevention men's groups.

SAMPLE OF VICTIM PROGRAMMING¹³⁰

Family Group Conferencing

During these voluntary meetings, the offender, the victim, and the family, friends, and key supporters of each can collectively decide the resolution of a criminal incident, address unresolved emotional issues, and determine specific terms of restitution.

Impact of Crime Classes

Victim organizations design and teach classes that explore the impact of all types of crime. The classes consider views of other people's rights, examine victim rights, discuss how childhood experiences can influence offender behavior, and offer ways in which nonabusive relationships can be fostered.

Reparative Boards

This community sanctioning device develops sanction agreements with offenders, monitors compliance, and submits compliance reports to the court. Reparative boards typically are composed of a small group of trained citizens who conduct public, face-to-face meetings with offenders ordered by a court to participate in the process.

Sentencing Circles

A community-directed process, conducted in partnership with the criminal justice system, is used to develop consensus on a sentencing plan that can address the concerns and need for healing of all interested parties, including the victim, the offender, their supporters, court personnel, police, and all interested community members.

Victim Impact Panels

In these forums, victims of different types of crimes publicly discuss the impact of the crime on their lives.

Victim-Offender Mediation Programs

Victims and offenders meet with a mediator to discuss what happened face-to-face. Offenders get to appreciate the consequences of their actions and victims can directly confront and question the offender. Together, the parties produce an agreement about what the offender will do to ameliorate the harm caused.

¹³⁰ US Department of Justice, National Institute of Corrections, National Institute of Justice, Office for Victims of Crime, and Office of Juvenile Justice and Delinquency Prevention, *Restorative Justice On-Line Notebook*. Viewed

online at www.ojp.usdoj.gov/nij/rest-just/ch5_toc.htm, accessed June 25, 2004. See "Promising Practices: Restorative Justice Fact Sheets."

15

EDUCATION AND VOCATIONAL TRAINING

Teach inmates functional, educational, and vocational competencies based on employment market demand and public safety requirements.

This policy statement addresses the educational and vocational aspects of the overall programming plan that was discussed in Policy Statement 9, Development of Programming Plan, and expands on ways to effectively use the educational and vocational assessment information described in Policy Statement 8, Development of Intake Procedure. When a person is incarcerated, a tremendous opportunity exists to provide him or her with basic reading, writing, and math skills; a trade that is useful in the marketplace; and, sometimes, an advanced degree. Too often, this opportunity is lost because the class slots available are limited, not varied, or poorly timed; because programming does not correspond to the person's skill levels; or because the individual is not sufficiently interested in participating in the programs. When vocational education is offered, the training often does not correspond to high-demand jobs or to those employment sectors that are forecasted to provide new job opportunities in the community to which the prisoner will return. The research and recommendations that follow outline ways to improve the quantity and quality of vocational and educational programs available to people during their incarceration, so that they are best prepared to return to the community.

research highlights

Most people in prison or jail have low levels of educational achievement, have limited job skills, and report low earnings prior to their incarceration.

The Bureau of Justice Statistics reports that only 46 percent of incarcerated individuals have a high school diploma or its equivalent, as compared to 82 percent of men aged 18 to 34.^{131,132} Significantly, one in six jail inmates reports that he or she dropped out of school because he or she was convicted of a crime, was sent to a correctional facility, or was involved in illegal activities.¹³³ Nearly 60 percent of black men who are high school dropouts have done time in prison by their mid-30's.¹³⁴ About two-thirds of people in prison and jail were employed—either full- or part-time—during the month before they were arrested for their current offense.¹³⁵ Despite this relatively high employment rate, research indicates that individual earnings prior to incarceration are low. For example, of those in jail who were employed before their most recent arrest, the median income was less than \$1,000 per month.¹³⁶

Involvement in educational and vocational programming is low, given that the majority of those in prison and jail would benefit from additional education and training.

Just over half of all state prisoners participate in educational programs at some point during their incarceration, a proportion that has been decreasing over time.¹³⁷ About one-third of prisoners participate in vocational programs at some point during their incarceration. At any given time, however, the percentage of prisoners engaged in educational and vocational programs is far lower than these figures suggest. While all federal prisons, 91 percent of state prisons, 88 percent of private prisons, and 60 percent of jails offer some type of educational program, the relatively low number of available program slots often limits rates of program participation. Demand for programming often exceeds supply, resulting in waiting lists for many programs.¹³⁸ In Maryland, 1,500 state inmates were on waiting lists to participate in educational or vocational programming in 2001.¹³⁹

While comparable participation rates are not available for jail inmates, the Bureau of Justice Statistics reports that secondary education classes are most commonly available, offered in 46 percent of jail jurisdictions.¹⁴⁰ Vocational program availability is very limited for jail inmates, with only five percent of jail jurisdictions offering vocational training. Many jail jurisdictions (33 percent) offer no educational or vocational training at all.¹⁴¹

131 C. W. Harlow, *Education and Correctional Population*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

132 US Census Bureau, "Educational Attainment in the United States: March 2002, Detailed Tables (PPL-169)," Table 1a. Available online at www.census.gov/population/socdemo/education/ppl-169/tab01a.pdf.

133 C. W. Harlow, *Education and Correctional Population*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

134 Marc Mauer, unpublished letter to the editor, July 19, 2004.

135 US Department of Justice, Bureau of Justice Statistics and Federal Bureau of Prisons, *Survey of Inmates in State and Federal Correctional Facilities* (Washington, DC: 1997).

136 C. W. Harlow, *Profile of Jail Inmates 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

137 C. W. Harlow, *Education and Correctional Population*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 195670.

138 Nancy G. La Vigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington DC: The Urban Institute, 2003); Jeremy Travis, Sinead Keegan, and Eric Cadora, *A Portrait of Prisoner Reentry in New Jersey* (Washington DC: The Urban Institute, 2003).

139 Nancy G. La Vigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington DC: The Urban Institute, 2003).

140 James J. Stephan, *Census of Jails*, US Department of Justice, Bureau of Justice Statistics (Washington DC: 2001), NCJ 186633.

141 Ibid.

Research indicates that prison educational and vocational programs can improve behavior, reduce recidivism, and increase employment prospects upon release.

Despite the longevity of prison educational and vocational programs within the corrections system, rigorous evaluative research on the effectiveness of these programs is limited. However, a number of recent studies have found that participation in prison education, job training, and placement programs is associated with improved outcomes, including reduced recidivism.¹⁴² The most effective programs are those aimed at released prisoners in the mid-twenties or older; these individuals may be more motivated to change their lifestyles than their younger counterparts. Results from the largest and most comprehensive correctional education and recidivism study to date show lower rates of recidivism among inmates who participated in these programs.¹⁴³ In this study of over 3,000 prisoners, reincarceration was 29 percent lower among education program participants than among nonparticipants. In addition, the study found that individuals who participated in prison education programs earned higher wages upon release than nonparticipants. There is also evidence that involvement in job training and placement programs can lead to employment and lower recidivism.¹⁴⁴ Recidivism rates of participants in prison education, vocation, and work programs have been found to be 20 to 60 percent lower than those of nonparticipants.¹⁴⁵ Participants in work programs are more likely to be employed following release and have higher earnings than nonparticipants.¹⁴⁶

recommendations

A | Develop programs that will enable inmates to be functionally literate and capable of receiving high school or postsecondary credentials.

Correctional facilities should make available programs to teach basic skills and literacy to those individuals who do not have, but are cognitively capable of, developing these skills. Many people in prison or jail have only a limited education. Moreover, for many, English is not their first language.

¹⁴² Gerald G. Gaes et al., "Adult Correctional Treatment," in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999); Kim A. Hull et al., "Analysis of Recidivism Rates for Participants of the Academic/Vocational/Transition Education Programs Offered by the Virginia Department of Correctional Education," *Journal of Correctional Education* 51, no. 2 (2000): 256–61; Kenneth Adams et al., "A Large-Scale Multidimensional Test of the Effect of Prison Education on Prisoners' Behavior," *The Prison Journal* 74, no. 4 (2001): 433–449.

¹⁴³ Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

¹⁴⁴ David Wilson, Catherine Gallagher, and Doris MacKenzie, "A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders," *Journal of Research in Crime and Delinquency* 37 (2001): 347–68.

¹⁴⁵ Shawn Bushway, "Reentry and Prison Work Programs" (paper presented at the Urban Institute's Reentry Roundtable, May 2003); Kim A. Hull et al., "Analysis of Recidivism Rates for Participants of the Academic/Vocational/Transition Education Programs Offered by the Virginia Department of Correctional Education," *Journal of Correctional Education* 51, no. 2 (2000): 256–61; Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

¹⁴⁶ Kenneth Adams et al., "A Large-Scale Multidimensional Test of the Effect of Prison Education on Prisoners' Behavior," *The Prison Journal* 74, no. 4 (2001): 433–449. Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

Accordingly, it is no surprise that many people enter correctional institutions lacking the skills needed for today’s workplace. At a minimum, program staff should ensure that inmates have, or are working to improve, basic skills in the areas of learning, language, math, and computers. Notably, however, such educational programming should take into account the cognitive abilities of the prisoners involved in the program. Some inmates with mental retardation, for instance, might not be able to participate in such programming.

Many of the skilled jobs being created in today’s marketplace require some postsecondary education. While it would be preferable to provide every inmate with the opportunity to achieve that level of education, this goal is probably not realistic. Providing educational opportunities that will enable most people to read at the eighth grade level—the level at which a person can be considered functionally literate—should be a universal goal within corrections. Providing the opportunity for interested and able individuals to obtain a high school equivalency or comparable degree should also be a target for most jurisdictions. Correctional institutions should maximize the value of any degree—and minimize the stigma of where it was earned—by ensuring that certificates awarded do not feature the name of the institution.

Functional literacy and a high school equivalency degree should be sufficient to obtain employment in many entry-level jobs in the rapidly growing service sector of the economy. While these jobs have limited pay, benefits, and advancement opportunities, they serve as an important first rung of the ladder for a long-term connection to work and a career.

EXAMPLE: Enhanced Job Skills Program, Lafayette Parish Correctional Center (LA)

The Enhanced Job Skills Program provides inmates with basic educational skills development as a precursor to job training. Inmates are not allowed into the program unless they have or are working towards their General Equivalency Degree (GED). Once in the program, inmates use a computer-based program called “Destinations” to build basic academic skills in more than 200 job categories. The Destinations program instruction begins at the individual’s current education level and seeks to move him or her toward the twelfth grade level. After the person works on this educational phase for approximately two months, he or she can begin the next phase of the program: the development of job-seeking skills and postrelease job placement.

EDUCATIONAL STANDARDS AND CERTIFICATION IN THE CORRECTIONAL SETTING

Correctional institutions should be required to operate within standards and to be credentialed by appropriate entities. In 1998, the Correctional Education Association (CEA) adopted 74 Standards for Adult and Juvenile Correctional Education Programs, to establish minimum criteria for education programs in any correctional setting. CEA conducts audits for agencies using the standards and provides consultation to those choosing to perform their own internal reviews. Whether adopted from the CEA or created on an institutional or statewide basis, the use of documented standards provides quality control for the programming. CEA’s standards include, for example, requirements that all policies, procedures, goals, and organizational structure be documented in manuals, and that teachers’ salaries be comparable to the salaries of teachers in the local public schools.

B | Analyze the job market in the area to which people in prison or jail will be returning.

To ensure that the education and training provided to people in prison and jail corresponds with the pre-

vailing job market, it is critical that corrections officials work closely with community-based workforce and employment services providers. Partnerships between corrections agencies and these organizations will ensure that program participants are receiving skills and training geared toward available jobs within the community to which they will return upon release. (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on collaboration between systems.)

Each state's Department of Labor or other state government agency typically gathers labor market information (LMI) for its respective jurisdiction, including detailed information on cities and counties. Workforce Investment Boards, One-Stop career centers, community colleges, universities, employment development offices, and similar resources can also be excellent sources of current labor market information. Many of these organizations supplement the LMI data provided by the state with their own information. Representatives of the criminal justice system should establish partnerships with local workforce and employment services providers to utilize such resources.

EXAMPLE: Project RIO, Texas Workforce Commission and Texas Department of Criminal Justice

The close collaboration of two state agencies—the Texas Workforce Commission and the Texas Department of Criminal Justice—allows institutional programming to be tailored to the needs of both prisoners and the market. Program employment specialists have immediate access on their office computers to the Texas Workforce Commission's entire database of labor market analyses and may arrange for specific employers to visit potential employees in prison. In addition, RIO staff work within the Windham School District, which operates in the state's prisons and is funded by the Texas Education Agency, collaborating on curriculum development and delivery.

c | Ensure that vocational and education classes target the needs of the job market.

To ensure that programming corresponds as specifically as possible to the needs of both the community labor market and people in prison or jail, corrections program managers should design and develop job skills programs that are consistent with current analyses of the labor needs of the communities to which those people will be returning. To that end, corrections administrators should partner with community employers, One-Stops, or other community-based employment service providers to audit current programming and ensure that market-responsive programs replace those that provide no benefit based on job market research.

EXAMPLE: Release Preparation, Federal Bureau of Prisons

The Federal Bureau of Prisons provides a wide range of occupational training programs that gives prisoners the opportunity to obtain marketable skills. Course offerings are based on general labor market conditions, institution labor force needs, and vocational training needs of inmates. In addition, many institutions have established apprenticeship programs in areas of particular skill development.

Policymakers and corrections administrators should also consider assembling an advisory group representing local employers, economic development agencies, Workforce Investment Boards, One-Stops, educational institutions, and targeted community-based organizations. Such an advisory group could use its familiarity with the local job market to provide helpful input on correctional programs to ensure that participants obtain the skills that they would need to learn so that they can find employment in that particular market when they re-enter. For example, local employers and employment agencies could inform the corrections administrators of the credentials required to obtain employment in a particular field, and then help to create institutional training programs that award the appropriate certification to program participants.

Corrections program planners and workforce partners should review existing vocational and related course offerings every 12 to 18 months to ensure that they are not only relevant in the current job market, but also up-to-date with advances in technology and methodology. In addition to keeping the programs current, this review can also serve to renew the partnership between corrections administrators and staff and community-based workforce developers and employers. Corrections officials should then assign researchers to evaluate the efficacy of any new training programs by tracking the number of people who enter jobs after release, the types of jobs they enter, and other performance benchmarks. (See Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative.) Corrections officials can therefore ensure that coursework and vocational offerings are consistent with both the job market and the skills of individuals released from their institutions.

**EXAMPLE: Welding Program,
Louisiana Department of Corrections and Avondale Shipyards**

The welding curriculum at Hunt Correctional Facility is closely based on the technical training curriculum at the area's largest employer, Avondale Shipyards, with the result that people who are successful in the program become strong candidates for job openings at the shipyards upon release. Northrop Grummond, which operates the shipyards, actively recruits job candidates from Hunt, visiting the facility to conduct skills assessments prior to their release.

▷ Encourage inmates to participate in educational and job training programs.

Participation in some type of education and training during incarceration is a critical step for people preparing for release and reintegration into the community. Yet, people who are incarcerated do not always choose to participate in education and vocational programs. A broader array of programs could lead to greater participation. Establishing basic and cognitive skills programs that prepare people in correctional facilities for more advanced educational and vocational programming can help to engage those individuals who would otherwise be excluded. (See Policy Statement 14, Behaviors and Attitudes, for more on cognitive, faith-based, and peer-oriented

programs that may serve as a stepping stone to other treatment programs.) People who are incarcerated may also be more likely to participate when they can be matched to programs that are consistent with their individual strengths and goals.

Some prisoners will not initially perceive the value of educational or vocational programming, and others may not be adequately motivated by that perception. Although training programs may have benefits even if enrollment is mandated, not all institutions require participation in vocational and educational programs. Corrections administrators should recognize the value of encouraging participation among even reluctant prisoners, and may wish to implement incentive systems to ensure as high a level of participation as possible. Incentives could include good conduct time, preferred living quarters, cash or commissary stipends, increased visits, certificates, or access to other services.

EXAMPLE: Transitions Project, Oregon Department of Corrections

The Department of Corrections rewards individuals for positive performance toward the fulfillment of transition plan goals through the Performance Recognition and Award System (PRAS). Under PRAS, Oregon provides prisoners with monetary awards and other incentives to encourage them to improve their participation in educational classes, training programs, work assignments, behavioral programs, and substance abuse treatment.

EXAMPLE: Correction Enterprises, North Carolina Department of Corrections and Department of Labor

The Correction Enterprises work program provides incentives for people in prison to participate in prison workforce training programs. Through a partnership with the Department of Labor, those who complete a classroom instruction component and then a period of work within a specific Correction Enterprises industry can develop advanced job skills and receive DOL certification as journeymen-laborers. In addition, participants may earn an incentive wage and quality and production bonuses of up to three dollars per day for their Correction Enterprises work.

Family members and other representatives of the community can be valuable resources for corrections administrators seeking to encourage prisoners to participate in work and educational programming. Some people who are incarcerated will resist programming that they feel is being forced upon them by corrections staff. Involving family and community members during the incarceration period can help prisoners to focus on the future and to recognize the value of these programs in preparing them for life after their release from the correctional facility.

For instance, during visiting hours, corrections officials might provide family members with printed materials about educational and vocational programs available to prisoners, as well as facts concerning the relationship between education, skills, job prospects, and successful, long-term re-entry. In such documents, or in meetings with transition planners, family members may be encouraged to then speak to their relative in prison or jail about the value of participation in such programming.

INCENTIVES AND THE PAROLE SYSTEM

Parole time-off or “good time” credits have been (and in some jurisdictions still are) related to participation in educational/vocational programming. In some jurisdictions, however, good time is no longer awarded. Experts fear that such changes in the parole system have reduced the incentives for inmates to participate in education and vocational programs. Reducing or eliminating time off for good behavior may have the effect of encouraging prisoners to simply wait out their sentences.

E | Engage community-based agencies, such as volunteer and faith-based organizations, to provide institutional job-skills programs.

Community-based organizations should be involved in delivering job-skills programming to the greatest extent possible. Volunteer and faith-based organizations, as well as other nonprofit service providers, can provide some of the most critical support systems available to individuals upon release. Early contact between these organizations and inmates provides a firm foundation for such relationships, which can encourage participation in programming and ensure that that engagement continues postrelease. Furthermore, incorporating staff from community-based organizations can shift the burden of service delivery away from corrections staff.

EXAMPLE: Fresh Start, Osborne Association (NY)

Fresh Start is a life- and job-skills program, run by the community-based Osborne Association, for male prisoners at Rikers Island, the New York City jail. Fresh Start offers a combination of job training (in culinary arts or journalism and computer skills) and counseling that begins during incarceration and continues after release.

EXAMPLE: INTUIT, Virginia Department of Corrections and Virginia Commonwealth University

INTUIT is a 13-week program that encourages participants to focus on the skills behind career planning and development, rather than just finding a job. Virginia Commonwealth University graduate and undergraduate students and community volunteers teach participants to conduct assessments of themselves, their life situations, and their environment; to obtain accurate and current career information; to communicate interests, skills, experiences, and values to employers; and to interact with successful role models, potential employers and community service providers.

When seeking to involve community-based organizations in institutional programming, jurisdictions should use a structured process for review and selection. Both corrections and community-based organizations need enough time to perform the necessary due diligence (tours, meetings, interviews, observation, document review, etc.), and build a foundation for long-term relationships that give confidence and stability to all parties. Formal contracts, agreements, Memoranda of Understanding, or similar legal instruments are valuable tools that can be used to establish partnership and delineate clear expectations and responsibilities. (See Policy Statement 1, Encouraging Collaboration Among Key Stakeholders, and Policy Statement 3, Incorporating Re-Entry into Organizations' Missions and Work Plans, for more on collaborative work between organizations working in the field of re-entry.)

F | When appropriate, provide prisoners with opportunities to gain occupational competence through postsecondary education.

Individuals who are able to meet the requirement for postsecondary education that prevails in today's labor market are more likely to obtain and maintain employment, which has been shown to reduce recidivism. Policymakers should seek to educate the public on this effect to counter potential negative reactions against public funding of postsecondary education for prisoners. (See Policy Statement 7, Educating the Public About the Re-Entry Population, for a discussion of marshalling public support for re-entry reform.) With the support of policymakers and the public, corrections administrators are more likely to be successful in encouraging educational institutions to make classes available to people in prison or jail and to award degrees recognized in the community.

Given the increasing number of jobs that require postsecondary education, correctional institutions, educational institutions, and state governments should study the feasibility of establishing agreements with in-state colleges, universities, and community colleges that would allow for the continuation upon release of the education started while incarcerated. Such agreements should also be pursued with private, for-profit universities that may better allow inmates to pursue degrees and education upon release. Programming staff seeking to facilitate the enrollment of incarcerated men and women in college or other higher education programs should be aware of restrictions on financial assistance for people with criminal records, including the Higher Education Act Drug Provision, the federal law that denies college financial aid to persons with drug convictions. (See PS 24, Identification and Benefits, and the Epilogue to Part II, for more information on these barriers.)

The possibility to attain advanced degrees, even through distance learning, will not succeed without the cooperation of outside institutions. The local community college system can be a vital partner. If state money is funding the college, the legislature can require that classes and services be provided to inmates as well as to the community at large. The corrections agency can assume the equipment costs for those inside the facility and can coordinate around the college's schedule.

Distance learning provides a new opportunity for people in prison or jail to earn advanced degrees. Distance learning is a viable option because inmates are "pooled" electronically with other students. When distance learning classes exist, the cost of adding students is minimal. Some correctional facilities are in the pilot phase of using digital technology in this manner.

EXAMPLE: Distance Learning, Iowa Department of Corrections

Since the mid 1990s, the Iowa Department of Corrections, through the Iowa Communication Network (ICN), has provided individuals who are incarcerated the opportunity to

take courses online at their personal expense. Some 15 to 20 students per semester take 10 to 15 courses at community and private colleges and universities over the ICN, earning college degrees and certificates.

**EXAMPLE: Educational videoconferencing,
Ohio Department of Rehabilitation and Correction**

Using videoconferencing technology, the Ohio Department of Rehabilitation and Correction (ODRC) has implemented an education network that allows prisoners to participate in distance education programs, leveraging the effectiveness of teachers. In addition, some staff education/training programs are now provided via the video network, allowing instructors to deliver quality information without traveling to multiple locations or requiring staff to drive to a central location.

Security concerns with the availability of email and Internet access may provide obstacles to the implementation of distance learning. New surveillance technology, however, helps to diminish security issues. Also, creative and effective facility management can create a “good behavior” system in which people in prison or jail can earn their computer privileges.

**c | Prioritize the allocation of education and training resources
when resources are limited.**

Education and training programs should be available to every person who would benefit from such programs during his or her incarceration. As a practical matter, however, corrections resources are often so limited that appropriate work and education programming is not available for all. Given this reality, corrections officials will need to prioritize their service delivery.

One way to prioritize is according to imminence of release dates: those who are closest to re-entering the community might receive the bulk of any available services, particularly the more targeted, expensive, occupational preparation programs. Alternatively, corrections staff might prioritize training for individuals who entered the facility with the least skills generally. In a similar vein, corrections staff could again examine the skills needed for available jobs in the local community and prioritize the prisoners who are most lacking in those marketable skills.

It is hoped that educational and vocational services will be available for and tailored to each individual. Insofar as there are resource constraints, however, corrections administrators must have a thoughtful way to prioritize their services. The lack of resources should also compel corrections staff to creatively draw on resources from community volunteers or peer tutors, particularly for basic skills training, such as literacy tutoring.

POLICY STATEMENT

16

WORK EXPERIENCE

Provide inmates with opportunities to participate in work assignments and skill-building programs that build toward successful careers in the community.

The preceding policy statement, Education and Vocational Training, addressed the value of teaching skills to prisoners and providing them with a basic (and sometimes advanced) education. Jobs that build towards a career and make prisoners more marketable to employers upon release should be made available inside prisons and jails to complement these education and training programs. Correctional work assignments that are offered without attention to labor market demands, such as cleaning and furniture-making, typically do not prepare prisoners for the skilled jobs available in the communities to which they will return. By considering the local labor market and expanding the range of work assignments to include volunteer, pre-apprenticeship, and work-release programs, corrections administrators are more likely to provide people in prison and jail with the skills and experience necessary to obtain gainful employment in the community.

research highlights

Just over half of the prison population works while incarcerated.

In 2000, 53 percent of state and federal prisoners (48 percent and 100 percent, respectively) who were eligible and able to work had a work assignment.^{147,148} The type and required skill level of work conducted by people in prison varies. The vast majority was assigned to general maintenance positions (39 percent of state prisoners; 83 percent of federal prisoners). Smaller numbers worked in correctional industry programs (6 percent and 23 percent) and in farming or agricultural work assignments (3 percent and 0.2 percent). Work assignments are less common in jails—not surprising given the short length of stay for many inmates. About one quarter of people in jail have institution-based jobs.¹⁴⁹

Another category of correctional work is work release. Work-release programs that permit soon-to-be-released individuals to work outside the prison walls during the day and to return to the prison or a halfway house in the evenings were popular with departments of corrections through the 1970s. More recently, poor research results (e.g., failure to realize cost-savings and no decrease in recidivism rates), a decline in federal funding, and political concern about high-profile re-offending by work-release inmates have reduced the prevalence of such programs.¹⁵⁰ In 2000, less than a third of all correctional institutions operated work-release programs, and only about two percent of the nation's inmates participated in them.¹⁵¹

The type of work assignments available to inmates often does not match the employment needs in the local labor market.

The general maintenance positions filled by most people in prison or jail are less likely than jobs in prison industries to provide participants with marketable skills that will lead to successful careers. The jobs that are believed to be most effective at providing skills are those that produce goods and services that are sold in the commercial market. But only a small percentage of prisoners can participate in such work due to a limited number of slots. For example, the Prison Industry Enhancement (PIE) program, which operates in 572 state (482), federal (68), and private (22) facilities, includes partnerships with private companies to provide jobs for people in prison or jail.¹⁵² However, the PIE programs provide space for only about three-tenths of one percent of the state prison population.

147 Camille Camp and George M. Camp, *The Corrections Yearbook 2000* (Middletown, CT: Criminal Justice Institute, 2000).

148 Rob Atkinson and Knut A. Rostad, *Can Inmates Become an Integral Part of the US Workforce?* (paper presented at Urban Institute's Reentry Roundtable, New York, May 2003). Eligible and able inmates are those who are not on a security- or medical-restricted status.

149 C. W. Harlow, *Profile of Jail Inmates, 1996*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1998), NCJ 164620.

150 Work-release programs have not been rigorously evaluated. The most ambitious study was an evaluation of Washington State's program, where participants served the final four to six months of their prison sentence in a community-based work-release facility. They were required to work, submit to drug testing, observe curfews, and return to the institution at night. A random assignment evaluation found that recidivism rates for the participants and the control group were about the same. In addition, the program did not save money. Susan Turner and Joan Petersilia,

Work Release: Recidivism and Corrections Costs in Washington State, National Institute of Justice Research in Brief (Washington DC: The National Institute of Justice, 1996).

151 James J. Stephan and Jennifer C. Karberg, *Census of State and Federal Correctional Facilities, 2000*, US Department of Justice, Bureau of Justice Statistics (Washington DC: 2003), NCJ 198272.

152 *Ibid.*

Research suggests numerous benefits from correctional work programs.

Studies indicate that recidivism rates for those who participate in prison industry or receive vocational instruction or apprenticeship training are lower than for those who do not participate.¹⁵³ Additionally, recidivism rates of participants in prison education, vocation, and work programs have been found to be 20 to 60 percent lower than those of nonparticipants.¹⁵⁴ Participants in work programs are more likely to both be employed following release and to have higher earnings than nonparticipants.¹⁵⁵ In addition, corrections officials report that reduced idleness leads to reduced tension within correctional facilities.¹⁵⁶ For example, a 1991 analysis of more than 7,000 program participants over a two-year period found that those who received training and work experience while in prison had fewer conduct problems and were less likely to be arrested the first year after release.¹⁵⁷ Jobs also allow individuals to learn workplace habits and practice their skills. The wages earned, particularly in industries and work-release jobs, help those in prison and jail and their dependents financially and allow them to contribute to court costs and restitution. In addition, these earnings provide prisoners with a sense of accomplishment, benefiting them emotionally and psychologically.¹⁵⁸

recommendations

A | Provide work assignments in prison or jail that correspond to the needs of the employment market.

Appropriate work assignments in prison and jail can help prepare individuals for postrelease employment and successful re-entry to the community. Most prisoners are assigned some work duties while incarcerated, but typically there are not enough jobs available to give each person a significant amount of work. Even when there are work opportunities, they rarely provide a meaningful work experience. In many corrections departments, for instance, job development focuses on the day-to-day needs of the facility

¹⁵³ William Saylor and Gerald Gaes, *The Effect of Prison Employment and Vocational/Apprenticeship Training on Long-Term Recidivism*, US Department of Justice, Federal Bureau of Prisons (Washington, DC: 1992).

¹⁵⁴ David Wilson, Catherine Gallagher, and Doris MacKenzie, "A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders," *Journal of Research in Crime and Delinquency* 37 (2001): 347–68; Shawn Bushway, "Employment Dimensions of Reentry" (paper presented at the Urban Institute's Reentry Roundtable, May 2003); Kim Hull et al., "Analysis of Recidivism Rates for Participants of the Academic/Vocational/Transition Education Programs Offered by the Virginia Department of Correctional Education," *Journal of Correctional Education* 51, no. 2 (2000): 256–61.

¹⁵⁵ Kenneth Adams et al., "A Large-Scale Multidimensional Test of the Effect of Prison Education on Prisoners' Behavior," *The Prison Journal* 74, no. 4 (1994): 433–449; Steven Steurer, Linda Smith, and Alice Tracy, *Three State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

¹⁵⁶ Rob Atkinson and Knut A. Rostad, "Can Inmates Become an Integral Part of the US Workforce?" (paper presented at Urban Institute's Reentry Roundtable, New York, May 2003).

¹⁵⁷ William Saylor and Gerald Gaes, *The Effect of Prison Employment and Vocational/Apprenticeship Training on Long-Term Recidivism*, US Federal Bureau of Prisons (Washington, DC: 1992).

¹⁵⁸ Rob Atkinson and Knut A. Rostad, "Can Inmates Become an Integral Part of the US Workforce?" (paper presented at Urban Institute's Reentry Roundtable, New York, May 2003).

or provides a way to stem the tide of institutional idleness. Rarely are work assignments made that correspond to employment opportunities outside the institution.

To begin addressing this problem, corrections administrators need to coordinate work assignments with institutional job training programs. Training and work should be developed in tandem, so work assignments can make use of skills that a person in prison or jail receives as part of his or her institutional vocational training. (See Policy Statement 15, Education and Vocational Training, for more on training in a jail or prison setting.) As always, the programming plan provides the roadmap for a person's preparation for re-entry during his or her incarceration. Each programming plan should contemplate the individual's education, vocational training, and work assignment on a continuum, with an eye towards making him or her more employable in the community. (See Policy Statement 9, Development of Programming Plan, for more on creating a personalized plan for institutional programming.)

EXAMPLE: Employment and Employability Skills Program, Correctional Services of Canada

Canada's Employment and Employability Skills Program starts at intake with a vocational assessment and a correctional plan. Inmates must have at least an eighth grade education to qualify, and they are assigned to work projects that help them develop competencies required for employment in the contemporary job market. Program participants are positioned to obtain short-term, generic certifications instead of more traditional, longer-term trades. The program represents a shift in focus away from solely operational needs of the institution because it considers the needs of the individual in designing work assignments.

In addition to focusing on individuals' skills, corrections administrators need to consider the existing job market. Administrators should partner with community-based workforce and employment services providers to identify gaps in the employment pool and create work programs to help fill those gaps. As administrators cultivate correctional industries or relationships with external companies, they can secure additional, more meaningful work opportunities and learn what skills would be transferable to the business community. By focusing on the needs of the community, corrections administrators can avoid channeling large numbers of prisoners into work assignments, such as furniture repair, for which there is little demand outside of the facility. At the same time, staff may develop new work programs such as computer repair and landscaping, which meet needs inside the prison and provide participants with useful, employable skills upon their re-entry to the community.

EXAMPLE: Apprenticeship Program, Ohio Department of Rehabilitation and Correction

The Ohio Department of Rehabilitation and Correction currently has 58 apprenticeship programs in operation in the 30 correctional institutions in Ohio under the auspices of the Ohio Multi-Crafts Joint Apprenticeship Council. A statewide advisory committee makes recommendations for program selection or modification; the committee was formed to ensure that apprenticeship programming would offer skills that are marketable upon release.

Completions of the apprenticeship programs can take from 2,000 to 10,000 hours depending on the requirements of the program. Since many individuals do not have enough time on their sentence to complete an entire apprenticeship program, the ODRC issues a 50 percent certificate that participants can take to a potential employer after release to show that some skills have been attained.

To complicate the issue for corrections administrators, prison-based industries, which have traditionally provided work opportunities to people who are incarcerated, have recently faced accusations of competing unfairly with small and mid-sized community businesses. With this in mind, program administrators should consider alternatives to traditional correctional industries. These alternatives may include partnerships with private businesses that allow some work to be conducted within the correctional facility under contract with the private business. Targeting industry jobs to economic sectors that need labor can help alleviate criticism. Even in a depressed economy, certain economic sectors may experience labor shortages. Sometimes these jobs would not sustain an individual outside of the institution, but they can at least provide experience and skills to the prisoner that can aid in his or her search for a better position upon release.

Partnering with external companies will be vital to the success of prison work experience programs. Companies can set up small training shops inside the prison. Once released, the person can go to work for the larger plant on the outside. Businesses have an incentive to participate; the inmate is already trained and is able to begin working for the larger company immediately.

**EXAMPLE: Apprenticeship Programs,
North Carolina Department of Labor and Department of Corrections**

The Department of Labor coordinates apprenticeship programs through which North Carolina residents can earn certification in skilled industries. Apprenticeship programs are established by private employers or under the sponsorship of joint labor-management committees. Through coordination between the Department of Labor and the Department of Corrections, prisoners are enrolled in training and able to gain work experience in such areas as printing and construction/engineering.

B | Develop pre-apprenticeship work assignments which provide a clear path into community-based apprenticeship programs in high demand occupations.

Creating opportunities for people in prison or jail to participate in pre-apprenticeship programs that will allow them to transition immediately into formal apprenticeship programs or make available other job prospects upon release is an effective way to engage individuals in workforce training. Partnerships can be explored with federal apprenticeship programs, labor unions, and other hosts of apprenticeships. Such programs are approximately 13 weeks in length, and can be initiated in the final six months of incarceration for interested and approved inmates. Pre-apprenticeships have the benefit of giving clear incentives and career paths to

those who know that upon release they will be eligible for enrollment in an apprenticeship program leading to a full-time, well-paying position in a demand occupation.

EXAMPLE: Prison Pet Partnership Program, Washington State Corrections Center for Women, Washington State University, and Tacoma Community College

The Prison Pet Partnership Program is a cooperative effort among Washington State University, Tacoma Community College, the Washington State Department of Corrections, trainers, and volunteers. This program helps people at the Washington State Corrections Center for Women learn how to train, groom, and board dogs that can assist people with disabilities. Many of the women who participate in the program do so as part of an apprenticeship program, and many achieve Pet Care Technician certification through the American Boarding Kennels Association or Companion Animal Hygienist certification under the auspices of the World Wide Pet Supply Association.

c | Establish work programs that involve nonprofit, volunteer, and community service organizations so that participants can gain work experience without competing with other potential employees in the community.

Partnering with nonprofit, volunteer, and community service organizations to provide work experience to prisoners can produce many of the benefits that similar partnerships bring to job skills programming. For people in prison or jail, relationships with these organizations can provide both meaningful work experiences during their incarceration and a foothold of civic support (or even employment) in the community after release. Another advantage to placing people who are incarcerated in nonprofit sector work programs is that it allows corrections officials to avoid displacing unemployed workers outside of the correctional facility with lower wage, incarcerated workers. Further, the work itself gives prisoners a chance to benefit the community. Thus, like partnering with private companies that cannot fill labor demand, partnering with nonprofit public agencies and community service organizations can provide people in prison or jail with meaningful work experience without incurring public opposition.

EXAMPLE: California Department of Forestry and Fire Protection, Los Angeles County Fire Department, and California Department of Correction

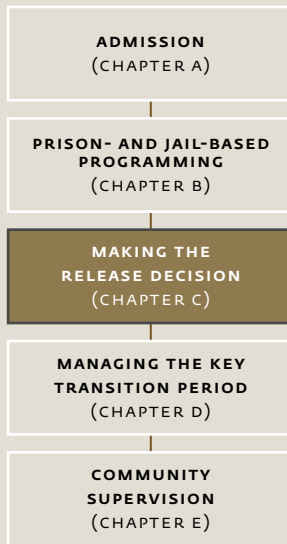
More than half of California's 3,800 full-time wildland firefighters are prisoners living in "conservation camps." Participants earn \$1.45 per day working on civic projects, and \$1 per hour for responding to emergencies, as they work off sentences for nonviolent crimes such as theft and drug possession. The program has 4,100 people in 38 conservation camps: 33 operated by the state Department of Forestry, five by Los Angeles County. Three of the camps—two state and one county—are for women.

In some instances, work with community-based organizations may be assigned through a work-release program, where program participants actually leave the correctional facility during the work day. In most instances, however, work-release programming is limited to individuals who are close to their release date. (See Policy Statement 22, Workforce Development and the Transition Plan, for more on work release.)

CHAPTER C

Making the Release Decision

THE RE-ENTRY PROCESS:



The divergence

among state practices regarding release may be greater than it is at any other phase in the continuum from intake to re-entry, making it difficult to present generally applicable, consensus-based recommendations

about release processes. How can one compare the release decision making in Texas (a state with an appointed parole board that has authority over who is released on parole, conditions of supervision, and revocation) with that of Oklahoma (where the governor makes the decision to release based on information from the parole board) or Maine (where parole was abolished in 1976)? (See Appendix, “Chart of Status of Parole by State,” for a state-by-state guide to the discretion allotted to each state’s decision makers concerning release from incarceration.)

What is clear is that, at some point during nearly every person’s incarceration, he or she faces either the possibility of release, in states where there is discretion in the release decision; or the certainty of release, in states where sentencing laws require mandatory release after a period of incarceration. Whether the releasing authority—such as a parole board, commission, governor, or judge—has discretion both in making the release decision and setting or adjusting the conditions of release, or just in setting the conditions of release, it must have some basis for making its determinations. (See sidebar, “Community Supervision: A Concise Guide,” in Policy Statement 17, for further explanation of “releasing authority” and other terms related to community supervision.) No matter the exact

provisions of their charge, these decision makers need information about the progress, risks, needs, and strengths of each re-entering individual. Such information should guide decisions even when

there will be no period of supervised release after incarceration, and therefore no enforceable conditions of release. In these cases, corrections officials and community-based service providers seeking to interrupt the cycle of recidivism must still determine transitional programming for the final stage of a person’s incarceration and facilitate linkages between the person and community-based resources that he or she can pursue voluntarily after release.

This chapter explores the information-gathering and analysis that shape decisions made as a person draws near the point of release, as well as the process and steps involved in making the decisions themselves. Without equating the divergent systems in different states, the policy statements that follow seek to provide common lessons and make recommendations that are relevant to many different kinds of release systems. Where a principle or directive refers to one particular model, however, it has been noted in the text. In general, Policy Statement 17, Advising the Releasing Authority, addresses the period in which information and recommendations are collected and presented to the releasing authority. Policy Statement 18, Release Decision, focuses more on the period in which a release decision is made or a pre-established release date is imminent.

POLICY STATEMENT

17

ADVISING THE RELEASING AUTHORITY

Inform the releasing authority about the extent to which the prisoner is prepared to return to the community (and the community is prepared to receive the individual).

As indicated in Policy Statement 9, Development of Programming Plan, each individual should have a programming plan that evolves throughout his or her period of incarceration. Programming planners and service providers, including doctors, counselors, and employment experts, should document the person's compliance (or lack thereof) with the programming plan and, where applicable, reassess his or her needs and assets on an ongoing basis. Several months before the moment of potential or certain release, a transition planning team should be formed to assess the inmate's status. Specifically, the transition planning team, with input from appropriate stakeholders, should gather information concerning the person's progress in his or her programming plan, any risk that he or she would pose to the community, and any strengths he or she could draw on or needs he or she would face if released to the community at that time. The collected information can provide the basis not only for the decisions of the releasing authority (Policy Statement 18, Release Decision) but also for the formulation of the steps that should be taken in the days or months before the individual's release (Chapter D, Managing the Key Transition Period). Indeed, such information may also be valuable in creating a supervision strategy that will implement any conditions set by the releasing authority and protect the safety of both the community and the individual (Policy Statement 25, Development of Supervision Strategy).

research highlights

For the majority of prisoners, the timing of release is constrained by a pre-determined mechanism such as mandatory release, and not by a discretionary authority, such as a parole board.

The absence of the discretion of a releasing authority reduces a person's incentive for good behavior, program participation, and postrelease planning during his or her incarceration.

Until the 1980s, most prisoners were released after parole boards deemed them “ready,” meaning the parole board believed that they were rehabilitated and/or had productive connections to the community, such as a job, a housing arrangement, and ties to family. Release decisions were therefore based on some generalized assessment regarding how a person would fare once released from prison.¹ Today, that is not the case. In 1976, 65 percent of released prisoners were released by a discretionary authority, such as a parole board.² By 2002, 16 states had abolished the discretionary parole function altogether.³ (See Appendix, Chart of Status of Parole by State, for a state-by-state itemization of releasing-authority policies.) Currently only a minority of prisoners—24 percent—is released through a discretionary process. The remainder—some 76 percent—is released under some predetermined mechanism such as mandatory release, a split sentence, or unconditional release.⁴ (Trends in methods of release from prison can be seen in the table “Method of Release from State Prison, for Selected Years, 1980–99.”)

Under systems of mandatory release, both prisoners who are ready and those who are not are released when their time is up. Under discretionary systems, inmates must prove that they are ready to be released. One of the factors that a releasing authority might consider is program participation and rehabilitation. When inmates are no longer required to appear before a parole board or other authority that will decide their release date, some incentive for program participation, which has been shown to improve in-prison behavior and to reduce the likelihood of recidivism after release, is lost.⁵ Studies have also found that individuals released to parole through the discretion of a releasing authority are more likely to successfully complete their parole term without being returned to prison than are those who are released through a mandatory system, even after taking into account type of offense committed and prior record.⁶

METHOD OF RELEASE FROM STATE PRISON, FOR SELECTED YEARS, 1980–99⁷

YEAR	ALL RELEASES	DISCRETIONARY PAROLE		MANDATORY PAROLE		OTHER CONDITIONAL		EXPIRATION OF SENTENCE	
		Number	Percent of all releases	Number	Percent of all releases	Number	Percent of all releases	Number	Percent of all releases
1980	143,543	78,602	55%	26,735	19%	9,363	7%	20,460	14%
1985	206,988	88,069	43%	62,851	30%	15,371	7%	34,489	17%
1990	405,374	159,731	39%	116,857	29%	62,851	16%	51,288	13%
1992	430,198	170,095	40%	126,836	29%	60,800	14%	48,971	11%
1995	455,140	147,139	32%	177,402	39%	46,195	10%	66,017	15%
1999	542,950	128,708	24%	223,342	41%	66,337	12%	98,218	18%

Opportunities for victims, family members and the community to influence the release decision (and subsequently conditions of supervision) have declined with the decreased use of discretionary release.

The abolition of discretionary parole in many jurisdictions has resulted in the elimination of an important public safety mechanism. Previously, parole hearings were opportunities to assess risk and identify needs associated with criminal behavior. At least theoretically, they were also forums where victims, families, and other community members could voice their concerns.⁸ With the decline of discretionary release, many jurisdictions no longer seek the counsel of prisoners' families or provide victims the opportunity to participate in release-related decisions. While almost all states have enacted legislation about victim input into the parole process, only 15 states notify victims that a parole hearing has been scheduled. In some other states, the victim must request notification. Six states do not permit victims to appear at parole hearings at all.⁹ While the involvement of families, communities, and victims in release decisions is not prevalent in corrections, such inclusion is a hallmark of restorative justice initiatives, which recognize that many people, individually and collectively, may be harmed by criminal behavior.¹⁰ Furthermore, inclusion in the process provides these stakeholders with an early opportunity to promote successful re-entry outcomes for the offender. This is particularly important as informal social controls exerted by family, peers, and community have been shown in some studies to have a more direct effect on offender behavior than formal controls such as supervision or law enforcement.¹¹

Validated assessments indicate the specific needs and services required for an individual to increase the odds of a successful return to the community from prison or jail.

Appropriate assessment data can indicate the specific needs and services required by an individual to increase his or her odds of a successful return to the community from prison or jail.¹² The quality, relevance, and effectiveness of the release strategy and case management plan depend on comprehensive and accurate information. Assessment instruments—such as the Level of Service Inventory-Revised (LSI-R)—can effectively guide classification decisions by identifying risks such as drug and alcohol abuse and gang involvement that, if addressed adequately, will reduce offender recidivism.¹³ (See sidebar, “Sample Risk Assessment Instruments,” in Policy Statement 8, Development of Intake Procedure, for further explanation of the the LSI-R and selected other risk assessment instruments.) Therefore, instruments and protocols that can assess risk through the identification of criminogenic needs can determine the behaviors and issues that should be incorporated into the conditions of release.

1 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

2 Timothy A. Hughes, Doris James Wilson, and Anthony J. Beck, *Trends in State Parole, 1990–2000*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001), NCJ 184735.

3 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

4 Jeremy Travis and Sarah Lawrence, *Beyond the Prison Gates* (Washington DC: The Urban Institute, 2002); see sidebar, “Community Supervision: A Concise Guide,” for further explanation of terms.

5 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

6 Timothy A. Hughes, Doris James Wilson, and Anthony J. Beck, *Trends in State Parole, 1990–2000*, US Department of Justice, Bureau of

Justice Statistics (Washington, DC: 2001), NCJ 184735; Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

7 Timothy A. Hughes, Doris James Wilson, and Anthony J. Beck, *Trends in State Parole, 1990–2000*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2001), NCJ 184735.

8 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003). Note that even when parole boards were more common, victim voice was an issue. For example, the 1982 *Final Report* by the President's Task Force on Victims of Crime urged parole boards to notify victims of parole hearings.

9 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

10 Dina R. Rose, Todd R. Clear, and Judith A. Ryder, “Addressing the Unintended Consequences of

Incarceration through Community-Oriented Services at the Neighborhood Level,” *Corrections Management Quarterly* 5, no. 3 (2001): 62–71; Dina R. Rose, Todd R. Clear, and Judith A. Ryder, “Incarceration and the Community: The Problem of Removing and Returning Offenders,” *Crime and Delinquency* 47, no. 3 (2001): 335–351; Jeremy Travis and Sarah Lawrence, “The State of Parole in America,” in Jeremy Travis and Sarah Lawrence (eds.), *Beyond the Prison Gates* (Washington, DC: The Urban Institute, 2001).

11 Faye Taxman, *Supervision: Exploring the Dimensions of Effectiveness* (College Park, MD: University of Maryland, 2002).

12 James Austin, *Findings in Prison Classification and Risk Assessment*, US Department of Justice, National Institute of Corrections (Washington DC: 2003).

13 Ibid.

- A | Convene a transition planning team to review the inmate's progress in the implementation of the programming plan and collect other information to advise the releasing authority and initiate the transition planning process.**

As noted in the introduction to this policy statement, depending upon the sentencing and release policies in a given jurisdiction, different types of decisions are made around the time a person becomes eligible for release from incarceration. Regardless of the specific decisions before a releasing authority, a transition planning team should be established to gather information about the prisoner and to provide it to the releasing authority or use it for transition planning. The team should have the authority to review any public safety information (including risk assessments, court records, and other law enforcement documents), the programming plan, and any reports describing compliance with the programming plan. If criminal justice agencies maintain an integrated data management system and the program planning team uses an automated record-keeping system that staff regularly update, a review of those records can provide a convenient, solid foundation for the work of the transition team. (See Policy Statement 9, Development of Programming Plan, for more on integrated data management.)

The transition team should also be charged with presenting to the releasing authority information and opinions from a variety of stakeholders about the development and possible future in the community of each individual being considered for release. Such stakeholders could include the prisoner's family, community-based service providers, peer supporters, religious leaders, victims or victim advocates, law enforcement representatives, and community corrections officials. The transition team should either include representatives from each of these perspectives or understand how to reach out to each of these sources for information and ideas that could assist in making thoughtful recommendations and decisions about release, conditions of release, and transitional plans. (See sidebar, "The Evolving Role of the Transition Team," for more on the composition of the transition team.)

THE EVOLVING ROLE OF THE TRANSITION TEAM

This Report uses the term "transition planners" or "transition team" to describe the person or team responsible both for providing information and recommendations to the releasing authority and for making final preparations for an individual to re-enter and helping him or her to establish the necessary linkages to community-based programs. The transition planning team may be simply what this Report calls the "program planning team" with a different title and mission, or it could be a subset of that team. Alternatively, corrections administrators could charge a single individual or contract with a community-based organization to collect and present the relevant information. The releasing authority may even appoint members of its own staff to gather the relevant materials. Each jurisdiction may have its own way of determining which individuals the team should comprise and whether the team should be separate from those which provide assessments and programming for individuals either during their incarceration or as they transition back to the community.

COMMUNITY SUPERVISION: A CONCISE GUIDE

Releasing Authority

A state parole board or commission vested with the statutory authority to grant the discretionary release of an individual from prison or jail prior to the service of his or her full term of imprisonment. For jurisdictions with determinate sentencing and, accordingly, no discretion for the timing of release, the releasing authority still may determine conditions of release. These agencies often have the authority to conduct revocation hearings for those under community supervision who violate the terms and conditions of their parole or other postrelease supervision.

Discretionary Release

The release of a person from prison decided by a parole board or other discretionary authority, generally following the service of a minimum period of imprisonment, but short of the maximum term of confinement.

Mandatory Release

The release of a person from prison or jail that is determined by statute or sentencing guidelines and not by the discretionary decision-making authority of a parole board. Under determinate sentencing codes, the exact prison term is set at the time of sentence, and the person is released following a prescribed period of confinement. In some instances, the person may have served the entirety of an indeterminate sentence and thus must be released.

Conditional Release

The release of an individual from prison to a period of community supervision, typically with a standard set of conditions he or she must abide by in order to remain on parole or other postrelease supervision. These conditions may include regular reporting, maintenance of a known residence, drug testing, compliance with a curfew, and other such conditions. Violation of the conditions of supervision may result in the imposition of sanctions. Such sanctions may be community-based or may result in the revocation of supervision status and a return to prison.

Unconditional Release

The release of a person from prison to the community without a requirement that a period of supervision

follow. Upon release, the person is no longer under the jurisdiction of the correctional system, or the justice system, and is not required to abide by any conditions of supervision. Such individuals cannot be found in violation of their conditions of release, and cannot be returned to prison absent a conviction for the commission of a new crime. Conditional release practices vary widely by state.

Parole

The traditional name for the period of community supervision imposed on an individual granted conditional release from prison by a discretionary authority (such as a parole board) prior to the expiration of the sentence. In some states this period is referred to as postrelease supervision, community punishment, and/or controlled release.

Conditions of parole typically include requirements for regular reporting, maintenance of a known residence, drug testing, compliance with a curfew, and other such terms. The supervision is often performed by a parole agency, though in some states the functions of probation and parole supervision are combined. Violation of the conditions of supervision may result in the imposition of sanctions permitting the person to remain in the community, and/or the revocation of parole and return to prison. Compliance with conditions of supervision may result in rewards or other positive reinforcements.

Split Sentence

Judgment made at the time of sentencing mandating that a defendant serve a certain portion of his or her total sentence in prison or jail. The balance of the sentence is "suspended" while the person serves a period of community supervision as a probationer, rather than as a parolee. If the person violates his or her terms of probation during that community supervision period, he or she may be brought for a hearing before the sentencing judge, instead of a parole board. The judge may then choose to revoke the period of probation and impose some additional sanction up to and including a period of incarceration equal to the suspended balance of the original sentence.

EXAMPLE: Reentry Management Team, Community-Oriented Reentry, Ohio Department of Rehabilitation and Corrections

Ohio's Reentry Management Team membership shifts as the needs of the person in prison shift. During the bulk of a person's incarceration, the management team includes a variety of program staff who are responsible for setting and monitoring a person's programming while he or she is in prison. Approximately six months prior to an individual's release, however, a family member and/or other community-based volunteer, such as a mentor from a local church, joins the group to plan for the person's transitional period and release.

B | Use a validated risk-assessment instrument and a comprehensive analysis of a person's criminal history and behavior in the institution to predict the risk he or she would present to the community if and when released.¹⁴

By mandating the use of a validated risk-assessment instrument to predict a person's risk to public safety in every release decision, policymakers can maximize the benefits of discretion while maintaining the sort of objectivity that mandatory sentencing guidelines provide. An objective, validated risk-assessment instrument is a far more effective way of measuring risk than a parole board officer's subjective evaluation, and it allows for more informed and appropriate clinical decision-making related to release and conditions of release.

While the significance of risk assessments and the importance of using validated instruments are detailed most extensively in Policy Statement 8, Development of Intake Procedure, there are important issues which distinguish risk assessments performed at this later juncture from those performed at intake. A risk assessment performed at intake may be designed to ascertain a person's risk of violence in a secure facility for the purpose of classification, for example, but it is not likely to be designed to ascertain the individual's risk of recidivism or committing new crimes, the questions generally at issue in a release decision. Accordingly, the same instrument should not automatically be used at both intake and the time of (or just preceding) release. Corrections administrators or other policymakers should select an instrument that reflects the goals of assessment at each juncture.

Although the instrument used at or near the time of release is likely to be different from that used at intake or at other points in the criminal justice system, it may well share some common data with other assessments. Most risk assessments will consider many of the same static factors, like age or criminal history, or dynamic factors (factors subject to change), like institutional behavior. (See Policy Statement 8, Development of Intake Procedure, for additional explanation of static and dynamic factors.) Yet, even where the same factors are measured, some factors that are measured as part of a risk assessment become more important to the risk

¹⁴ Tony Fabelo and James Austin, memorandum to the editor, July 6, 2004.

calculus as a person spends more time in the criminal justice system, and others become less important.

Risk assessments must also be normed, or proven reliable, for different types of populations. Thus, if officials from one jurisdiction adopt an “off the shelf” instrument from another jurisdiction, the assessment may not appropriately measure the risk about which they are concerned. For example, an assessment instrument used to determine parole risk among a set of prisoners who had limited access to substance abuse treatment programs during incarceration will likely not appropriately measure the risk for those individuals who resided in therapeutic communities throughout their time in prison. (See Policy Statement 12, Substance Abuse Treatment, for more on therapeutic communities.)

As further explained in Policy Statement 8, only trained corrections or community-based partner staff (who may or may not be members of the transition team themselves) should administer any risk-assessment instrument. Each person should be assessed shortly before he or she appears before the release authority. The transition team should then analyze the results of the assessment and provide the releasing authority with information and recommendations relating to the release decision, as well as to conditions of release. (For more on using results to inform release decisions and/or conditions of release, see Policy Statement 18, Release Decision.)

EXAMPLE: Parole Guidelines Score, Texas Board of Pardons and Paroles

In Texas, Institutional Parole Officers (IPOs) calculate a Parole Guidelines Score for each inmate eligible for parole review. Risk and severity classification factors are scored separately and then merged into a single Parole Guidelines Score ranging from one to seven, with seven indicating the greatest probability for parole success. Each composite score includes a probable parole approval rate. For example, individuals in the highest risk and highest severity category are scored as one and the approval probability for this level is zero to five percent. The Board of Pardons and Paroles reviews the Parole Guidelines Score in making parole decisions.

In addition to considering the results of the risk assessment, the releasing authority should also consider information about each individual’s criminal record (including how long the person will have served for the underlying offense at the time of the parole hearing) and his or her institutional behavior record. The criminal history and the institutional case file may contain information and analysis conducted by other criminal justice or partner agencies that offer insight beyond what an objective tool can provide, even one that considers these factors among others.

EXAMPLE: Legal Investigation, Georgia Board of Pardons and Paroles

Before the Georgia Board of Pardons and Paroles considers a person for parole, parole staff conduct investigations and provide detailed reports for inclusion in the Board’s case file. A parole officer studies arrest and court records and may talk with arresting officers, court officials, victims, and witnesses in order to write a “Legal Investigation” on the details of the potential parolee’s current offense and a summary of any prior offenses committed in the same county.

Information about a person’s criminal record and institutional behavior may be especially relevant to release decisions made in the jail context. Due to the great volume of people flowing through jails, most of whom stay for relatively short periods, the risk assessments performed in most jails will often not be as thorough as those used in prison settings. Corrections officials, probation officers, or whoever advises a judge or other releasing authority regarding a person’s release from jail should nonetheless employ validated assessments where possible.

Jail staff should also be charged with making appropriate referrals to support services for those individuals whose assessments indicate a high risk that they will re-offend upon their release to the community. This more limited approach may also be used for individuals who will be released from prison with no community supervision.

Finally, although there is evidence that risk-assessment instruments are accurate predictors of a person’s propensity to re-offend, it is important to note that these tools may not be validated for individuals with certain special needs. For instance, most instruments cannot accurately predict risk among those with mental illness.¹⁵ Therefore, it would be a mistake to rely too heavily on an instrument in cases involving offenders with mental illness. In such cases, mental health professionals (or other appropriate specialists) should be engaged to assess the mental health or other special needs of the person, as well as his or her chances for success in the community.

EXAMPLE: Contract for Risk Assessment Services, Missouri Parole Board

The Missouri Parole Board contracts for independent mental health assessment services to assist in identifying risk associated with the release of people with mental illnesses. The contract includes provisions for the board to consult in person with psychiatrists when seeking information on particular cases, should board members desire to do so.

c | Consider information related to the individual’s strengths and service needs insofar as these issues affect public safety and/or the establishment of terms and conditions of release.

While the risk assessment should provide an objective and validated prediction of future criminality and recidivism, it may or may not take into account all of the dynamic factors related to an individual’s strengths and needs. These factors may affect both decisions about the safety of releasing the individual and the release conditions that should be set. To that end, transition team planners should review the following factors as they pertain to each individual:

- *Employment*—ability to find work and the value placed on work in his or her life

¹⁵ Polly Phipps and Gregg Gagliardi, *Implementation of Washington’s Dangerous Mentally Ill Offenders Law:*

Preliminary Findings (Olympia, WA: Washington Institute for Public Policy, 2002), Appendix G.

- *Housing*—access to and/or ability to locate appropriate housing
- *Marital Status/Family*—value placed on being with family and the support he or she derives from family members, as well as risk or history of family violence
- *Physical/Mental Illness*—any physical or mental illness or disorder
- *Substance Abuse*—substance abuse history and value he or she places on living without reliance on alcohol and/or other drugs
- *Community Functioning*—knowledge of and necessary skills for daily living
- *Personal/Emotional Orientation*—value placed on being in control of his or her life and attitude towards the crime(s) for which he or she has been incarcerated.

Where a particular risk-assessment instrument does not take into account these dynamic factors at all or simply not to a sufficient level of specificity, it is particularly important that the transition team collect this information from the individual, his or her family, and any other records available.

EXAMPLE: Personal History Statement and Social Investigation, Georgia Board of Pardons and Paroles

In making release decisions, the Georgia Board of Pardons and Paroles reviews a Personal History Statement and a Social Investigation in addition to performing a legal investigation. The Personal History Statement, which the person seeking release dictates to a parole officer during an interview, consists of a series of demographic questions and the individual's account of his or her offense. The Social Investigation allows the parole officer to verify information in the Personal History Statement and gather additional details about the person's background and the circumstances of his or her offense through interviews with one or more family members.

▫ | Notify victims when the releasing authority is considering release of an offender and invite victims to provide input into the release decision and the terms and conditions of release.

During the preparation of materials for the releasing authority, the victim or victims should be notified that the releasing authority may be considering the release of an offender if the victim has requested such notification. (See Policy Statement 8, Development of Intake Procedure, for more on obtaining victim contact information as soon as a person enters a correctional facility, and Policy Statement 23, Victims, Families, and Communities, for more on notification of victims generally.) The transition team (or some other individual or agency that serves as a liaison for victims, such as a victim advocate affiliated with the correctional facility) should then give the victim the opportunity and support necessary to provide the releasing authority with his or her opinions as to whether release of the person would be appropriate and what the terms and conditions of release

should be. (See Policy Statement 23, Victims, Families, and Communities, for more on providing counseling and support to victims as offenders near their release date and transition into the community.) The victim should have a chance to communicate his or her interests regarding restitution, as well as to voice any concerns or fears he or she may have about the person's re-entry. Information from the victim can be used to assist release decisions and to create terms and conditions of release in two ways: (1) the victim may be able to provide information needed to secure his or her own safety; and (2) the victim may be able to provide helpful information to protect other members of the community because he or she may have intimate knowledge of the offender's behavior patterns and customs, particularly in cases of domestic violence. (See Policy Statement 18, Release Decision, for more on how release authorities should use information and opinions obtained from victims in making release decisions and crafting terms and conditions of release.)

Ideally, the victim would be offered the opportunity to present his or her comments to the transition planning team either orally or in writing. Alternatively, in some jurisdictions, the transition planning team may simply invite the victim to address the releasing authority personally, rather than gathering his or her input and providing it to the releasing authority along with other information relevant to the release decision.

EXAMPLE: Victim Impact Unit, New York State Division of Parole

Legislation passed in 1994 provides that victims can meet face-to-face with a member of the board of parole, or submit a written victim impact statement to the board. Procedures have been established allowing the Division of Parole to maintain contact with crime victims and, at a victim's request, to keep him or her apprised of parole interview dates and decisions as well as of the anticipated release date of the relevant offender.

State and local policymakers should work with local victim advocacy groups and service providers to educate victims as to their role in pre-release decision planning and release decisions, while keeping in mind that victim participation should always be voluntary. If the victim chooses not to participate in the release process, releasing authorities should access relevant case files, including any pre-existing victim impact statements, and seek to fashion a re-entry plan that will ensure the safety of the victim to the extent necessary and possible.

E | Gauge the willingness and capacity of family members to receive the person upon his or her release and ensure that they receive an opportunity to provide input into the terms of release.

A prisoner's family may have a critical role in facilitating or impeding his or her ability to successfully transition to the community. Accordingly, the transition team should incorporate information from and about the family into its recommendations for the releasing authority. (See Policy Statement 23, Victims, Families, and Communities, for more on addressing

the needs and capitalizing on the strengths of families when a relative is slated for release and transitioning into the community.) As is the case for the victim, the family may have critical information to protect itself, the offender, and the community.

First, the transition team should determine whether the family is willing and able to receive the family member who is eligible for release. While many families look forward to the release of a family member, the circumstances of the arrest and removal of the individual may have caused strain on family relationships and disrupted family life, which the release of the person may rekindle or exacerbate. In some cases, family members have been victimized by the relative in prison or jail—either in the current offense, or in reported or unreported instances of family violence, abuse, or neglect, or victimizing consequences of substance abuse (such as intra-family theft). In such cases, the transition team should ensure that family members have access to the support and services they need and can meaningfully advise the releasing authority. (See Policy Statement 23, Victims, Families, and Communities, for more on family supports and services during the transition period.) Families that are adequately advised about services and support that they might receive as part of their relative’s re-entry may be more willing and able to accept him or her upon release from incarceration.

Second, family members should have the opportunity to work with the transition team (and, if possible, a family advocate or family case manager) to craft suggested terms and conditions of release that can address the family’s concerns about its safety as well as the safety of the re-entering relative, who may be threatened with violence or neglect or encouraged to return to criminal behavior by other family members.

F | Capitalize on the familiarity of local leaders, including law enforcement, with the needs of their community to develop conditions of release that will enable the releasee to make meaningful contributions to the community.

Corrections administrators should also determine which (if any) community members, apart from crime victims and families, should be consulted concerning the specific conditions of a person’s release. To accomplish this, the transition planning team will have to identify which people and/or agencies can be responsible for representing the community and presenting its interests to the releasing authority. These should be agencies that reflect the neighborhood, culture, family, affiliations, and service needs of the individual. Religious leaders can be a particularly important resource, especially if the person who is being considered for release is already invested in a faith-based community.

Local law enforcement, if not already represented on the transition team, should be advised about the results of any risk assessments, and the input of law enforcement officers should be solicited on suggested

conditions of release. For instance, officers from a community policing station might have information about local drug activity that could make the neighborhood an inappropriate residence for a re-entering person with a long history of substance abuse. Similarly, if gang intelligence work reveals a particular threat to the person leaving prison or jail, law enforcement representatives could suggest conditions of release that might help protect the releasee from the gang-based threat.

Community leaders and service providers can be engaged in the formulation of specific conditions of release in a number of ways. A number of jurisdictions have established “community reintegration circles,” where the person who is being released and representatives of the community to which he or she is returning meet face-to-face to establish mutually acceptable expectations and conditions of release. Other jurisdictions have established community re-entry boards that function in a similar manner. Groups organized according to these models may help to craft conditions of release that can significantly enhance the probability that the returning individual will gain the support of his or her community and succeed in his or her efforts to reintegrate.

EXAMPLE: Vermont Restorative Re-Entry Partnership, Vermont Department of Corrections

Individuals serving a sentence of one year or more are required to develop and complete an Offender Responsibility Plan (ORP), which addresses the ways in which they can become productive community members and make reparations to the community and to victims. In some communities, Re-Entry Panels, comprising citizens from the community to which the individual is returning, provide input into the terms of the ORP and monitor the individual's progress from the time of intake at a correctional facility through the period of reintegration. During incarceration, the panel follows the person's progress through reports from the corrections department and through videoconferences with the prisoner. Upon release, the individual meets with the panel and continues to do so for a period stipulated by the ORP. Re-Entry Panels may sanction negative behavior related to the ORP. In addition, supervision officers may bring individuals before the Panel to acknowledge successful compliance with the terms and conditions of release. The Vermont Department of Corrections has received SVORI funds to assist in the implementation of these and other re-entry programs.

c | Gauge willingness and capacity of community-based service providers to receive the person upon his or her release from prison or jail.

The decision to release a person from incarceration should be informed in part by a survey of resources in the community to which he or she will return. The availability of resources that an individual needs upon release can greatly impact his or her likelihood of adhering to a transition plan and, ultimately, his or her chances of making a successful re-entry. If a person intends to return to a community that cannot provide needed services, such as mental health or substance abuse treatment, then the risk that he or she poses to that community may increase.

Although a person should not be kept in prison or jail simply because needed services are not available in his or her community, this information

can be important to a releasing authority. Ideally, collaboration between corrections and community-based providers, and corrections practices that support community-based efforts, will result in expanded capacity in communities. Keeping a person in prison or jail because of a lack of services, by contrast, and then releasing him or her after he or she has “maxed out” (completed his or her full sentence in prison) does not negate the problem of lack of capacity—it only delays the need to provide those services and adds the usually greater expense of more days of incarceration.

h | Present to the releasing authority a clear and concise analysis of all information deemed important to determining whether the inmate presents a risk to community safety.

Once the risk assessment has been administered and the relevant information described in the preceding recommendations has been gathered, the transition team needs to ensure that an analysis of this information is conveyed to decision makers in a clear and comprehensive manner. The transition team should organize these analyses into a written report that balances brevity, clarity, and comprehensiveness of information. The format of such reports should be standardized with supplementary written documents attached as necessary. Relevant parties should also have the opportunity to present oral arguments to the releasing body. Where the parole board members have been trained in understanding risk assessments, the results of any assessment should also be provided to them.

EXAMPLE: Offender Information Management System, Texas Board of Pardons and Paroles

Institutional Parole Officers compute a Parole Guidelines Score (which combines assessed risk and severity classification factors) online and document the results in a Decision Summary Form, which is transmitted electronically to members of the Board of Pardons and Paroles along with each inmate’s case file. Board members then vote electronically to grant or deny parole. (For more information on the Parole Guidelines Score, see Recommendation b in this policy statement.)

As stated earlier, this collected information is also helpful in determining conditions of release, a decision relevant to virtually all jurisdictions, regardless of how the release decision is made. Even for those who will be released unconditionally, such as those who have completed their full sentence in prison or jail, the information can help to shape a suggested roadmap of services to protect public safety and to keep the individual from recidivating or committing new crimes.

EXAMPLE: Georgia Board of Pardons and Paroles

All investigations by Georgia Board of Pardons and Paroles staff result in written reports to be presented to the board. In addition, before the inmate person a Parole Review Summary. This summary describes the inmate’s behavior, attitude, physical status, mental and emotional condition, participation in activities, and performance in work and training. The board may, at its discretion, request detailed psychological or psychiatric opinions. The case file reviewed by the board usually also includes a Federal Bureau of Investigation or Georgia Crime Information Center record of arrests and convictions, a Classification and Admission Summary (on the individual’s condition when he or she entered prison), disciplinary reports, and relevant material from written correspondence.

POLICY STATEMENT

18

RELEASE DECISION

Ensure that people exiting prison or jail who it is determined pose a threat to public safety are released to some form of community supervision; use the results generated by a validated risk-assessment instrument, in addition to other information, to inform the level and duration of supervision, and, for those states that have maintained some discretion in the release process, to determine when release would be most appropriate.

The preceding policy statement, Advising the Releasing Authority, explained how a team should be charged with collecting, analyzing, and delivering information relevant to a person eligible for release. The policy statement further explained that, even when the release decision is nondiscretionary, information drawn from risk assessments, criminal records, progress on a programming plan, family member interviews, and victims should be gathered for the purpose of making release plans or establishing conditions of release. The transition team makes recommendations using this information, but it is incumbent on the releasing authority to make the final decisions regarding release and conditions of release. Ultimately, these decisions provide the foundation for the supervision strategy when the individual re-enters the community, as further described in Policy Statement 25, Development of Supervision Strategy, and Policy Statement 26, Implementation of Supervision Strategy.

research highlights

Research suggests that prerelease assessments can help determine when a prisoner is ready to be released.

The use of assessment instruments to determine risk and needs levels has been widely adopted among parole agencies that make discretionary release decisions.¹⁶ These assessments, which identify an individual's risks, service needs, and response to treatment, can also be used to distinguish prisoners who will be at high or low risk of re-offending once they are released. Parole boards currently use assessments to deem low-risk offenders "ready" for release.¹⁷ Such assessments also provide releasing authorities with the opportunity to tailor the supervision period according to the risk that each individual presents with particularized interventions that are designed to maximize opportunities for successful re-entry.

About 1 in 5 individuals is released from prison without postrelease supervision; the vast majority of people released from jail is released "unconditionally."

In 1999, 18 percent of releases were unconditional—individuals were released to the community under no supervision and without any conditions attached to their release. The percentage of people released unconditionally has nearly doubled since 1990: more than 100,000 individuals, including high-risk prisoners, are now released unconditionally each year. After their release, these prisoners have no additional obligations to report to a parole officer, to participate in programming, or to abide by other conditions of release. Nationally, very little is known about the behavior and recidivism rates of prisoners released who are under criminal justice supervision compared with those who are not and about how the length of time a person spends on supervision corresponds to recidivism. The vast majority of jail inmates is released without supervision.

Many jurisdictions do not individually tailor conditions of release to the person about to return to the community.

Standard release plans frequently do not account for variations in the risk profiles and conditions of release for people re-entering the community. Yet research shows that individual characteristics influence an offender's responsiveness to different types of programming, suggesting that targeted interventions work best.¹⁸ Conditions of release that correspond to the tailored needs, risks, and environmental conditions of releasees are likely to be more meaningful for these individuals, and may have a greater likelihood of improving outcomes. It is also important to note that the roles of victims and family members in providing input into the conditions of release have diminished, as discussed in Policy Statement 17. These parties are often very knowledgeable about the behavior patterns of individual offenders, and could assist parole officers in developing effective supervision and response strategies.¹⁹

16 Don A. Andrews and James Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson Publishing Co., 1994); Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

17 For example, parole boards in Georgia, Missouri, and Texas use the results of risk assessments to guide their parole decisions.

18 US Department of Justice, National Institute of Justice, *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* (Washington, DC: 2004).

19 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

There is significant variation across states in post-release supervision practices.

States vary tremendously with regard to whether their prisoners are conditionally released or released without community supervision. For example, the vast majority of prisoners released in Oregon (virtually 100 percent), Rhode Island (96 percent), and California (94 percent) are placed under some form of supervision. On the other hand, Florida (59 percent) and Massachusetts (58 percent) release more than half of state prisoners unconditionally.²⁰

recommendations

A | Train releasing authorities to use and analyze the information provided to them objectively and effectively.

The goal of any releasing authority should be to make release decisions that are consistent and that accurately account for the risks that a person is likely to present to the community upon release.

The results from a validated, objective risk-assessment tool, along with salient supplemental information detailed in Policy Statement 17, Advising the Releasing Authority, can form the basis of the release decision. But, if members of the releasing authority are not qualified and properly trained to objectively and effectively apply the information they receive, the information cannot lead to reliable and consistent decisions.

Releasing authorities should be made up of professionals with experience in criminal justice and/or corrections who understand the process leading up to eligibility for release and the repercussions of release decisions. Although two-thirds of the states have no professional qualifications for parole board members, members of a releasing authority should be required to meet some professional criteria to ensure that expertise can be applied to release decision-making.²¹ (See Policy Statement 3, Incorporating Re-Entry into Organizations' Missions and Work Plans for more discussion about appointments related to releasing authorities.)

EXAMPLE: Ohio Parole Board

In Ohio (unlike in virtually all other states, the vast majority of which rely on gubernatorial appointments), the director of the Department of Rehabilitation and Correction appoints individuals to the parole board. State law mandates that appointees be qualified by "education or experience" in law, social work, or correctional work (broadly defined to include law enforcement, criminal

TPCI MODEL: RELEASE DECISION AND CONDITIONS

Under TPCI, the releasing authority will consider an offender's risk of re-offending, determined through the use of valid risk prediction tools, when making discretionary release decisions. The releasing authority should assign each person a tentative release date soon after he or she is admitted to prison. The tentative release date serves as a benchmark around which to develop the prisoner's transition accountability plan and to define the authorities' expectations for his or her behavior and accomplishments while confined.

In addition, under TPCI the releasing authority should specify conditions of supervision that are related to the person's individualized risk factors upon his or her release. States are encouraged to review standard and special conditions of supervision to determine whether they pose a substantial barrier to successful integration. Information obtained from objective risk and needs assessment tools can be used to set conditions related to a person's criminogenic needs.

20 Ibid.

21 Ibid.

prosecution, or victim advocacy).²² Currently, the majority of board members holds advanced degrees, including law degrees and doctorates. Further, members of the board have all held executive positions in county, state, or federal government, and have worked an average of 28 years in public service.

One way of ensuring that people who will make critical release decisions have the appropriate training and background is to require board members to obtain standardized certification. Administrators and policy-makers should consider collaborating with professional membership organizations or other associations that include paroling authorities to develop standards for board certification or training accreditation.

Given that so few states mandate professional or competency requirements for parole board appointees, additional professional education is vital to ensure that decisions are based on the best and most current research available. Members of the releasing authority should be trained in the proper use of objectively assessed risk factors and in the decision-making process generally. Even an experienced professional who believes in the use of objective data will not necessarily know how to use or interpret it properly. New members should therefore be required to attend training programs that are designed for their specific needs and that focus on the use of objective tools and their proper application to the decision-making process.

EXAMPLE: Training for New Parole Board Members, National Institute of Corrections and Association of Paroling Authorities International

The National Institute of Corrections (NIC) and Association of Paroling Authorities International (APAI) offer New Parole Board Training for individuals who have served fewer than two years of their parole board term. New parole board members are required to review an extensive series of materials (and complete discussion questions) before they can even participate in this first level of training. The four-day program features corrections experts addressing issues such as individualized interviewing, structured decision-making, risk assessment instruments, consequences of making the decision of whether to release, re-entry, legal issues, and “best practices” in managing supervision and violations.

Training need not be limited to new parole board members. In addition to training new parole board members, for instance, NIC and APAI provide ongoing training in sessions that vary from year to year. In 2004, for example, available sessions included Hearing Officer Training (for parole board members and others who participate in hearings related to parole or revocation) and Board Members Professional Development (for tenured parole board members).²³ Further, an annual conference for parole board chairs focuses on topical issues such as risk-assessment instruments for individuals who have been convicted of a sex offense and managing special populations. There are also more cost-efficient methods for increasing competency, such as internet and distance learning programs. NIC and APAI, for example, each offer written materials as well as video broadcasts that are accessible on the internet.²⁴

²² Ohio Revised Code 5149.10

²³ Association of Paroling Authorities International, “Training,” available at www.apaintl.org/Training.html, accessed August 24, 2004.

²⁴ National Institute of Corrections, “Training Resources,” available at www.nicic.org/Resources/TrainingResources.aspx, accessed August 24, 2004; and Association of Paroling Authorities International, “Publications,” available at www.apaintl.org/Publications.html, accessed August 24, 2004.

B | Ensure that, where risk assessment, criminal history information, and other factors reflect a likelihood of the person re-offending, the person is assigned to a period of community supervision after his or her release from prison.

In jurisdictions with discretionary release, parole boards have sometimes sought to protect the public by repeatedly denying parole to some of the most serious offenders, those few who have long criminal records and thick files full of institutional misconduct reports. But, it is often these very same individuals who then return to society with the least supervision because they have “maxed out” their sentences, having served every possible day in prison. Thus, while corrections administrators, releasing authorities, and the public may wish to keep offenders who pose a risk to the community incarcerated for as long as possible, they should bear in mind that nearly all prisoners will eventually be released. If individuals expend their entire sentence in prison or jail, the releasing authority will be unable to mandate any form of community-based supervision. To avoid such a scenario—or the scenario of any individual who needs services and support from returning to society without a structured system of supervision—every person should be supervised in the community upon his or her release from prison or jail when evidence shows that he or she is likely to recidivate if released. (See Policy Statement 25, Development of Supervision Strategy, and Policy Statement 26, Implementation of Supervision Strategy, for more on structuring supervision to reduce risk and increase public safety.)

In any state, the sentencing structure will determine what policies can and should be implemented to ensure that post-release supervision is imposed in appropriate instances. There is no evidenced-based formula for determining exactly how long a person should be supervised in the community. Where release is discretionary, releasing authorities should consider not only how much time a person should serve in prison for a particular offense, but also how much time he or she will need to readjust to the community under the supervision of a parole or probation office. In a jurisdiction that has a mandatory release system, sentences for high-risk offenders should always include provisions for community supervision. Legislation or regulations should mandate a minimum or maximum percentage of the sentence to be served in the community or specify an exact combination of incarceration and community supervision based on the type of offense or length of incarceration.

EXAMPLE: Parole eligibility,
United States Parole Commission

Unless the court has specified a minimum time for the offender to serve, or has imposed an “indeterminate” type of sentence, parole eligibility occurs upon completion of one-third of the term. If an offender is serving a life sentence or a term or terms of 30 years or more, he or she will become eligible for parole after 10 years.

Whether because of state law, corrections policy, or parole board discretion, there is inevitably a segment of the population not subject to community supervision, even though a risk assessment instrument indicates that they are likely to re-offend. For these individuals, policymakers could create a bridge between incarceration and the community by continuing to hold them in a secure facility, but gradually introducing community-based elements. Some substantial control mechanisms, such as a halfway house or electronic monitoring, may offer options for those individuals who would otherwise move directly from, in some cases, maximum security units to an outside world with no structure or supervision. (See Policy Statement 22, Workforce Development and the Transition Plan, for information on work-release programs, which offer one kind of structured environment.) Indeed, such programs may prove to be an effective transitional step for all individuals who will re-enter society.

EXAMPLE: Pre-Release Services,

Montgomery County Department of Correction and Rehabilitation (MD)

Montgomery County offers several programs that provide treatment, supervision, and monitoring to individuals who are within six months of their release date, including a residential work-release facility and the Community Accountability, Reintegration and Treatment (CART) Program. CART is a nonresidential, prerelease program that offers intensive supervision of offenders in their homes with the assistance of electronic monitoring equipment. CART staff work closely with offenders and their families to initiate treatment interventions and provide counseling services and support. Specifically, the program requires daily supervision by an assigned case manager as well as a sponsor (such as a family member, employer, counselor, or clergy).

Finally, in jurisdictions where prisoners are to be released to the community with no transitional step and no community supervision, local law enforcement officials should be notified of the release in a timely way, and the individuals being released should receive contact information for community-based support services.

EXAMPLE: Automatic notification, New York Department of Corrections

In New York, local law enforcement officials automatically receive notification when an individual is being released into the community, whether or not he or she will be under correctional supervision. The Inmate Records Coordinator at the facility from which a person is being released provides law enforcement officials with a packet that includes a fingerprint card, mug shot, the individual's new address (or, if that is unavailable, his or her address at the time of the crime), and, when applicable, the name of the individual's supervising officer and the duration of his or her parole supervision.

c | Ensure that proposed conditions of release are supported by research, recognize the particular strengths and needs of each individual and the resources of the community, and are consistent with the rules that the releasing authority is prepared to enforce.

Historically (and, in many places, currently), releasing authorities have set a long list of compulsory conditions that apply to all offenders uniformly. In some cases, these conditions of release may have been supplemented

by a few “special” conditions for the particular individual. This “more is better, one-size-fits-all” method tends to set up parolees for failure in two ways. First, the more conditions that are imposed, the more likely it is that a person will violate one, especially when some of the conditions are as broadly restrictive as precluding attendance at social occasions where alcohol is served. Second, generalized conditions are less likely to get at each person’s true criminogenic factors. Thus, a failure to thoughtfully establish individualized conditions of release may wind up costing more money (increased supervision over them means increased conditions and more money for bed space when people violate). At the same time, this approach offers less protection because the critical issues are either missing from or buried in the list of conditions. The releasing authority should be charged with taking the information and recommendations from the transition planning team and establishing conditions of release that are research-based, realistic, and relevant. (See Policy Statement 17, Advising the Releasing Authority, for more on information gathered and analyzed by the transition planning team to prepare the releasing authority for its final decisions.)

“Evidence-based practices” are those initiatives, programs, or actions that research has shown to be effective. In the context of re-entry, the term often refers to a practice that has had a demonstrable, positive outcome in terms of lowering recidivism, increasing victim satisfaction, or decreasing expenditures.²⁵ There must be an evidence base to both the method of assigning release conditions and the conditions that are ordered. Assigning conditions that target an individual’s criminogenic needs and capacities, instead of applying them universally or randomly, is most likely to enable that individual to make an effective transition to the community.

**EXAMPLE: Results Driven Supervision,
Georgia Board of Pardons and Paroles**

Georgia’s front-line parole officers and their managers developed the Results Driven Supervision (RDS) model by merging the latest recidivism research with the insight of hands-on experience. Researchers found that specialized intervention in four critical behavioral areas—education, substance abuse, employment, and cognitive skills—yielded significant results in deterring crime, even in offenders formerly considered intractable.

The releasing authority (perhaps in conjunction with the transition planning team) should perform an inventory of each of the conditions it orders as part of its current practices, examining current research and assessing the effectiveness of each one. (See Policy Statement 2, Developing a Knowledge Base, for more on surveying current policies and procedures related to re-entry.) Treatment or other interventions should be not only targeted and timely but also proven to meet the specific risks that the offender presents.

²⁵ National Institute of Justice, *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* (Washington, DC: US Department of Justice, 2004).

EXAMPLE: Matrix, Iowa Department of Correctional Services

Community Corrections in Iowa's Sixth Judicial District has developed an intranet-based management system called the Matrix that provides statistical analyses of the effectiveness of different treatment resources and supervision strategies, based on the success rates of district parolees.

Thus, before ordering a person to attend Narcotics Anonymous (N.A.) nightly, the releasing authority should seek evidence of the effectiveness of N.A. in reducing the risk of recidivism or achieving other goals of the releasing authority. In some cases, long-established conditions may be found to have little value (or little value for certain kinds of parolees, depending on the results of assessment instruments), and should therefore be omitted. In other cases, research will indicate new programs and treatment options that should be considered. Ultimately, a releasing authority's firm adherence to evidence-based practices should build capacity for more effective programs, especially when paroling authorities have the means to contract with community-based providers.

In addition to being research-based, the conditions of release should also be realistic, recognizing both the limitations of each individual and the issues likely to confront him or her upon release. For example, a blanket condition of release, such as obtaining a GED, may not be attainable by all offenders. The releasing authority should identify and measure the competency of the individual as well as the capacity of the community to provide services and support necessary for fulfillment of the conditions. Similarly, the completion of a substance abuse program should not be set as a condition of release if no spaces are available in such a program within the community to which a parolee will return. (See Policy Statement 17, Advising the Releasing Authority, for more on the transition planning team's survey of available community resources for re-entering individuals.) Only when conditions are achievable should the person under supervision be held accountable for lapses in compliance, although he or she should always be held responsible for any new crime committed.

To be most effective, the conditions of release should be responsive to the temperament, learning style, motivation, gender, and culture of the individual.²⁶ Finally, any release conditions should apply specifically to the particular probationer or parolee's criminogenic needs, as well as the needs of the community and the victim.

Soliciting community or victim input to the conditions of release, as indicated in Policy Statement 17, Advising the Releasing Authority, can help to ensure that these conditions will be relevant to the needs of the victims and the community as well. The releasing authority should recognize the unique knowledge and ability to inform recommendations that these stakeholders may have, and should carefully consider their interests. But above all, decisions relating to the conditions of release must reflect

²⁶ Ibid.

considerations of public safety and reintegration, rather than an individual's or community's emotion or desire for retribution.

By limiting the conditions of release to those that are research-based, realistic, and relevant, the releasing authority clearly communicates to community corrections officials what their priorities should be and communicates to the person being released what will be expected of him or her. It is critical, therefore, that the conditions set by the releasing authority have integrity. If the community corrections agency does not have the resources to enforce one or more of the conditions of release imposed by the releasing authority, then the set of release conditions as a whole will lose credibility. Even if the community corrections agency lacks resources, it should always strive to enforce release conditions essential to public or individual safety to maintain the overall credibility of the agency and the release process. Improved cooperation between the releasing authority and community corrections should ensure that the releasing authority is always appraised of community corrections' capacity.

D | Determine how various payments (e.g., restitution, child support, fines) expected from the prisoner upon his or her release will be incorporated into the conditions of release.

At the time of a person's release from prison or jail, he or she may have accumulated a host of debts. Some of these obligations, such as court costs or fines, may be traced to the sentencing court. Others, such as supervision fees or, in some cases, restitution, may be set by the releasing authority. And, of course, a person who is re-entering the community is also likely to need to make significant payments for housing and other necessities, in addition to any accumulated child support debt. Prioritizing these financial responsibilities may require releasing authorities to strike an especially careful balance between achieving reparative justice (for the victim or community), meeting the needs of the released person's family, and creating a manageable, if difficult, obligation for the individual.

Releasing authorities or other state decision makers must establish a clear consensus among their members for the prioritization of these expenses that takes into account the realities of a re-entering person's financial situation and acknowledges the policies behind each amount levied. On the one hand, in most states, prisoners can earn some wages during their incarceration (and more after their release). Accordingly, those releasing authorities that set conditions of release should order restitution or other fees where appropriate, instead of assuming that people who have been incarcerated are completely without resources to pay anything. On the other hand, when monetary payments are incorporated into the release plan, the releasing authority must consider whether the particular individual in question will be able to pay and, if so, how much and on what timeline.

In addition, the releasing authority should prioritize families and victims for payment, knowing that child support and restitution may have greater consequences for nonpayment than fees or fines. Releasing authorities should also be aware of potential legal repercussions—beyond possible revocation—for the individual if, for example, he or she is unable to pay child support. (See Policy Statement 8, Development of Intake Procedure, and Policy Statement 13, Children and Families, for more on what governments, corrections, and community-based agencies can do to help inmates manage child support debt and arrears). According to some victim advocates, court-ordered child support payments should have first priority, followed by restitution payments to individual victims, and then other court costs, fines, and fees.²⁷

EXAMPLE: Restitution/sentencing statute (WI)

Wisconsin's sentencing statute (Wis. Stat. 973.20) requires that the sentencing judge create a single order establishing all payments due from the defendant in each case. In determining whether and to what extent restitution should be ordered, the statute provides that the judge shall consider: (1) the victim's financial loss; (2) the financial resources of the defendant; (3) the present and future earning ability of the defendant; (4) the needs and earning ability of the defendant's dependents; and (5) any other factors that the court deems appropriate. Payments are to be directed first to satisfy the ordered restitution in full; then to pay any fines or surcharges under a particular list of such costs; then to pay other court costs, fees, and surcharges (apart from attorney fees); and finally, to reimburse county or state costs of legal representation.

In situations where it is unrealistic to think that the released prisoner will ever be able to make a restitution payment (such as when a permanent disability prevents the releasee from working) or where the total debt would place such a burden on the offender that it would be likely to increase his or her chances of recidivating, the releasing authority should mandate nonfinancial reparative or restorative activities, such as community service or formal gestures of apology. Corrections staff should impress upon the releasee that, whatever the nature of the reparative activity, it is not merely an obligation, but an opportunity to understand and show empathy for the harm he or she may have caused to the victim and/or the community.

E | Articulate in writing the reasons for the decision by the releasing authority whenever such decision is discretionary.

Every release decision should be fully documented; the results of the risk-assessment, the collection and analysis of related information, and the rationale for the release decision should accompany a standardized, objective decision-making process. Collection of this data is particularly important, given the rapidly changing nature of the risk assessment field.

²⁷ Anne H. Crowe, Morna A. Murray, and Melissa Hook, *Compendium of Promising Practices for Restitution* (Washington, DC: Office of the Victims of Crime).

Accurate record-keeping also allows the releasing authority and outside evaluators to gauge the effectiveness of the decision-making process, evaluate trends, and determine ways to improve the criminal justice system's response to the risks and needs of prisoners. (See Policy Statement 6, *Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative*, for a discussion of using documented results to shape release and other policies.)

F | Ensure that a procedure exists to modify and revise, as appropriate, the conditions of release, including the possibility for early discharge from the authority of the court or supervising administrative agency.

Both the releasee and the community are subject to change over time, and the conditions of supervision applied to the individual should be adaptable to those changes. Adaptability is especially important in states where people may remain under supervision for many years after release. A mechanism should always be available to modify, revise, or restructure the conditions of release—to make them more stringent, or more relaxed—as new issues arise or old issues are resolved.

EXAMPLE: Risk Management Teams, Washington Department of Corrections

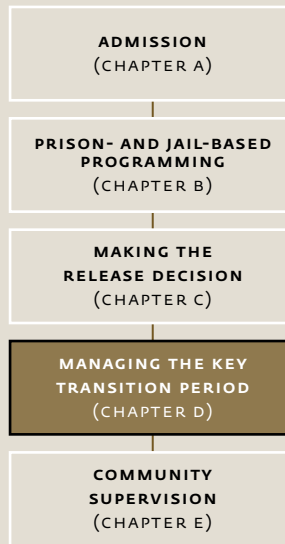
In Washington, the sentencing judge sets the conditions of an offender's release, which can be supplemented but not overturned by the Department of Corrections. Risk Management Teams—groups of criminal justice and noncriminal justice professionals hired by the Department of Corrections—collaborate with community corrections officers to review the conditions of release imposed by the court and oversee the supervision process. Community corrections officers incorporate the release recommendations of the Risk Management Team into an Offender Accountability Plan (OAP), which is presented to the individual prior to or at the time of release. Community corrections officers have the authority to modify the OAP as necessary during the period of community supervision. The Department of Corrections encourages community corrections officers to reconvene the Risk Management Team to discuss any modifications to the OAP and to ensure that community partners such as employers, family members, and victims are notified of any changes to the OAP that may impact them.

The individual should be advised that modifications may be made to the terms and conditions of his or her release, so that he or she understands the benefits and consequences of adhering (or failing to adhere) to the plan. Given the overwhelming evidence that positive reinforcements can reduce recidivism, releasing authorities and community corrections officers should be especially clear at the outset that eligible probationers and parolees will be considered for early termination of supervision. (See Policy Statement 26, *Implementing Supervision Strategy*, for more on modifying conditions of release.)

CHAPTER D

Managing the Key Transition Period

THE RE-ENTRY PROCESS:



In many jurisdic-

tions, planning for re-entry, if it occurs at all, does not commence until the last few weeks or months of a person's incarceration. This process is often referred to as release planning or transition planning, and its parameters may be largely limited to helping a person identify a place to stay upon release and, possibly, a source of income. In contrast, this Report has asserted that planning and preparation for re-entry should be an ongoing process beginning on the first day of incarceration.

There are, however, some activities and policies which make the final phase of incarceration distinct from other aspects of a person's journey through the criminal justice system. For instance, the practical reality of securing a home (as described in Policy Statement 19, Housing) can only really begin in earnest once a person's release date is known. Similarly, an individual who has been ineligible for public benefits during his or her time in prison may only be able to apply for their reinstatement shortly before he or she returns to the community (Policy Statement 24, Identification and Benefits). And people who have been receiving treatment for health, mental health, or substance abuse issues in the facility must make preparations to continue to receive that care after they return home (Policy Statement 20, Planning Continuity of Care). If, as recommended in this Report, a person has been building connections to community-based organizations and support systems throughout his or her incarceration, accomplishing these goals should be just the next step in a natural progres-

sion from intake to re-entry, rather than merely a last-ditch effort just before a person walks out the door.

The policy statements in this chapter also emphasize the importance of planning for long-term reintegration. Housing should not be just a way station that lasts for a few days or weeks, but should be planned with an eye towards permanency (Policy Statement 19, Housing). The work of educating and training a person during incarceration must be matched by efforts to place the person in complementary transitional or full employment in the community (Policy Statement 22, Workforce Development and the Transition Plan). And victims and families must be considered, consulted, and (when appropriate) meaningfully incorporated into the development of a transition plan (Policy Statement 23, Victims, Families, and Communities).

The creation of a strategy for community supervision should anchor the transition period. Such a plan for structuring, monitoring, and enforcing all of the conditions of release and services that will minimize the risk a released individual poses to the community (Policy Statement 25, Design of Supervision Strategy). An individual's successful completion of this critical phase, like so much of the re-entry process, depends on the collaboration between community members (including victims, families, and law enforcement) and corrections. Weaving these key threads together thoughtfully and thoroughly is fundamental to each aspect of the transition process that precedes the moment of release.

Facilitate a person's access to stable housing upon his or her re-entry into the community.

Housing, while addressed only briefly during intake (Policy Statement 8, Development of Intake Procedure), is a subject that becomes keenly important as a person prepares to leave a correctional facility and return to the community. Once a release decision has been made (Policy Statement 18, Release Decision), and a release date is known, transition planners should assess each individual's housing situation and begin seeking housing placement options that are appropriate for the particular needs and strengths assessed. Working alongside community-based housing and other social services providers, transition planners should be well versed in the residential options available in the home community of the individual approaching release, including housing possibilities, if any, with his or her family. Accordingly, the first set of recommendations in this policy statement fall under the subheading "Incorporating Housing into the Transition Plan." Subsequent recommendations are under the caption "Increasing the Housing Options Available," and refer to ways in which funding streams and collaboration with community organizations can be marshaled to increase the overall supply of housing stocks for re-entering individuals.

research highlights

Homelessness is prevalent among people released from prison and jail.

More than 10 percent of those coming in and out of prisons and jail are homeless in the months before and after their incarceration.¹ For those with mental illness, the rates are even higher—about 20 percent.² The rates are also higher for those returning to major urban areas. A California study, for example, reported that while 10 percent of the state's parolees were homeless, an estimated 30 to 50 percent of parolees in metropolitan areas such as San Francisco and Los Angeles were homeless.³ Looked at from the perspective of the homeless population, 49 percent of homeless adults reportedly spent five or more days in a city or county jail, and 18 percent had been incarcerated in a state or federal prison.⁴ City officials are increasingly noting this connection. In a 36-city survey on hunger and homelessness, prison release was identified by officials in six cities (Cleveland, Denver, New Orleans, Phoenix, Seattle, and Washington, DC) as a major contributor to homelessness.⁵ Recent studies in New York City reveal that more than 30 percent of single adults entering shelters under the Department of Homeless Services are persons recently released from city and state correctional institutions. Many of these individuals are those that continually cycle between incarceration and shelters.⁶

There is insufficient affordable housing available to people coming out of prison.

More specifically, there is not enough affordable housing to meet the demand of individuals in the general population who need it.⁷ Former prisoners comprise only a subset of the larger population in need. Given the overwhelming demand for and limited supply of affordable housing and the stigma of having a criminal history, it is unrealistic that individuals released from prison or jail would be given priority access to the affordable housing. At the same time, there is public safety and other implications to categorically excluding recently released individuals from this housing stock.

1 Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002), NCJ 193427.

2 Ibid.; Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

3 California Department of Corrections, *Prevention Parolee Failure Program: An Evaluation* (Sacramento: California Department of Corrections, 1997).

4 Martha R. Burt et al., *Homelessness: Programs and the People They Serve: Findings From the National Survey of Homeless Assistance Providers and Clients*, US Department of Housing and Urban Development (Washington, DC: 1999).

5 US Conference of Mayors, *A Status Report on Hunger and Homelessness in American Cities*, 2002 (Washington, DC: United States Conference of Mayors, 2002).

6 New York City Department of Homeless Services, "Summary of DOC/DHS Data Match" (draft of data analysis submitted for review as part of the New York City Department of Correction and Department of Homeless Services Discharge Planning Initiative, January 22, 2004).

7 Joint Center for Housing Studies, *The State of the Nation's Housing: 2003* (Cambridge: Joint Center for Housing Studies, 2003).

Of the affordable housing available, people with criminal records often are not eligible for it.

Due to a combination of federal and local policies, many people with criminal histories are excluded from federally subsidized housing. The US Department of Housing and Urban Development (HUD) has a number of policies, commonly referred to as the “One Strike and You’re Out” policy, that require all Public Housing Authorities (PHAs) or federally assisted housing providers to deny housing to a variety of categories of people: individuals previously evicted from public or federally subsidized housing for drug-related criminal activity; individuals subject to lifetime registry under state sex offenders registration programs; individuals convicted of methamphetamine production on public housing premises; individuals currently abusing alcohol in a manner that interferes with the health, safety, or peaceful enjoyment of the premises by other residents; and individuals currently using illegal drugs.

In addition, federal statutes authorize PHAs to reject from housing or terminate the lease of households where any household member’s drug use, alcohol abuse, or criminal behavior threatens other residents. While there is substantial local discretion in making these decisions, some assisted housing providers, including local housing agencies, have used their authority to make wholesale rejections of the application by persons with criminal histories. In 1997, for example, PHAs denied admission to a total of 45,079 individuals, attributing 43 percent of all rejections to the “One Strike” policy. Public housing evictions have increased since housing agencies began to use the new policy, and later the law, to regain management control of housing communities that were in some cases overcome by drug and gang crime.⁸

Families can often provide an immediate source of safe housing to people released from prison, but doing so may mean risking the entire family’s tenancy in publicly subsidized housing.

While studies indicate that the majority of recently released individuals live with a family member, close friend or significant other, this option is not possible for some.⁹ This may be the result of family conflict, the reluctance of family members to welcome a violent individual back into their lives, or the absence of immediate family. In some cases, conditions of parole may also prevent individuals from returning to the home of a friend or family member because of their past relationship or because the family member has a criminal record. In addition, a decision to live with family members who live in public housing puts their residential stability at risk, as they could be evicted for housing someone who is not on the lease, or may be subject to the exclusion policies described above.

⁸ Sudhir Venkatesh, *The Robert Taylor Homes Relocation Study* (New York, NY: Columbia University, Center for Urban Research and Policy, 2002). It is worth noting that people do not get evicted for having a criminal past. This is dealt with at the application/admission stage, when the background check is completed.

If the agency does not approve the person, he or she is not admitted. If the agency does admit the person with the background check showing a criminal history, he or she will not then be evicted on the basis of a conviction pre-dating occupancy.

⁹ Marta Nelson, Perry Deess, and Charlotte Allen, *The First Month Out: Post-Incarceration Experiences in New York City* (New York: Vera Institute of Justice, 1999). Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington, DC: The Urban Institute, 2003).

Individuals released from prison who have a connection to stable housing may be less likely to be re-incarcerated than their counterparts.

Transitional and supportive housing options may facilitate a successful re-entry, but they are not available in sufficient supply.

Although there is little research that squarely addresses the plausibility and extent of a link between stable housing and reduced recidivism, two studies are illuminating. In the first, researchers Métraux and Culhane tracked almost 50,000 individuals who were released from New York State prisons and returned to New York City between 1995 and 1998. Eleven percent of these individuals entered a city homeless shelter, and 33 percent of that group was re-incarcerated within two years of their release.¹⁰ Further, over half of those who entered a shelter did so within one month of release from prison. Importantly, shelter use, both before incarceration and after release, was associated with an increased risk of return to prison: risk of re-incarceration increased 23 percent with pre-release shelter stay, and 17 percent with post-release shelter stay. Individuals with links to the mental health system had considerably higher proportions of shelter stays and re-incarcerations. A second qualitative study by the Vera Institute of Justice found that parolees who entered homeless shelters in New York City after leaving state prisons were seven times more likely to abscond during the first month after release than those who had some form of housing.¹¹

Some state correctional systems (and the federal system) utilize halfway houses designed to transition individuals returning to the community from prison, as a “halfway” step between prison and freedom. Less than one-half of one percent of all inmates released in 1999 was reportedly served by halfway houses.¹² A wide variety of supportive housing programs funded by private and charitable foundations, grants, or subsidies from state and federal governments, also exist. These residences are generally run by nonprofit and faith-based organizations, and are targeted towards eligible homeless individuals and families, as well as other people with chronic health challenges such as mental illness or HIV/AIDS. Only a handful of supportive housing programs nationally are targeted specifically towards people leaving incarceration, and of these, only a few receive funding from correctional agencies. Despite their limited supply, these types of housing programs present extremely promising ways to improve the odds of successful reintegration.¹³ By providing a package of subsidized housing alongside a vast range of social services, these programs link recently released people to treatment, jobs, education, and assistance around family reunification—all components of successful reintegration and self-sufficiency.

¹⁰ Stephen Métraux and Dennis P. Culhane, “Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk,” *Criminology & Public Policy* 3, no. 2 (2004): 201–222.

¹¹ Marta Nelson, Perry Deess, and Charlotte Allen, *The First Month Out: Post-Incarceration*

Experiences in New York City (New York: Vera Institute of Justice, 1999).

¹² American Correctional Association, *Vital Statistics in Corrections* (Lanham, MD.: American Correctional Association, 2000).

¹³ Richard P. Seiter and Karen R. Kadela, “Prisoner Reentry,” *Crime and Delinquency* 49, no. 3 (2003).

HOUSING OPTIONS FOR PEOPLE RELEASED FROM CORRECTIONAL FACILITIES

TYPE OF HOUSING	FEATURES	BENEFITS
Private market rental housing	<ul style="list-style-type: none"> Individual secures apartment on the private rental market. 	<ul style="list-style-type: none"> Most universally available. May be partly or wholly paid for by public assistance.
Cohabitation with family members	<ul style="list-style-type: none"> Individual connects to family or other natural support system that accepts the individual into their homes. 	<ul style="list-style-type: none"> Likely to be immediately available. May coincide with efforts to rebuild family relationships. May provide emotional and/or financial support.
Public housing and Housing Choice Vouchers (HCVs), i.e., tenant-based assistance or Section 8	<ul style="list-style-type: none"> Priority for housing is decided locally. Tenant pays 30 percent of adjusted income towards rent or, with HCV, up to 40 percent. Section 8 uses a voucher system to subsidize rents based on a Fair Market Rent (FMR) system. HUD pays the difference between 30 to 40 percent of the family's income and the FMR for the unit. 	<ul style="list-style-type: none"> More affordable than private rental market housing. May include units specially designated for people with physical or mental disabilities, or the elderly. May be used anywhere the family chooses to live and can find housing within the FMR.
Nonprofit or privately owned and managed affordable housing	<ul style="list-style-type: none"> Financed using a variety of government subsidies (and limited private sources); generally, tenant pays 30 percent of income towards rent. Mission-driven to serve low-income or disadvantaged people. Often coordinated or run by community development corporations (CDCs) or neighborhood-based housing development organizations. 	<ul style="list-style-type: none"> More affordable than private rental market housing. Not bound by statutory restrictions that govern public housing. May provide on-site support services.
Halfway houses, programmatic or transitional housing	<ul style="list-style-type: none"> Provides housing for individuals close to or just after release, usually in a highly supervised environment. May be focused on behavior change, including substance abuse. Housing may be conditional on compliance with community-based services or other conditions. 	<ul style="list-style-type: none"> Offers transition between fully secure, structured, monitored environment of incarceration and the community. May have alternative funding streams, including Substance Abuse Prevention and Treatment block grants, which provide revolving loans to help people with substance abuse disorders to secure housing. May enable individuals to work during their residency while keeping their expenses (if any) very low.
Supportive housing (special needs and homeless housing)	<ul style="list-style-type: none"> Specialized form of nonprofit owned and managed affordable housing (see above). Tenant pays 30 percent of income towards rent, often from public benefits (Supplemental Security Income, etc.) Provides services to tenants using case-management model. Focus is on housing stability, not behavior change or treatment. Funded and subsidized by a variety of federal, state and local sources; heavily reliant on federal McKinney-Vento programs. 	<ul style="list-style-type: none"> May be the first available housing most people returning to communities can access. Offers affordable housing along with comprehensive social services, improving accessibility for recently released individuals. Tenancy is often longer-term and legally protected (not necessarily tied to compliance with services). Can lower the risk of detention and incarceration among formerly homeless people with mental illness.
Specialized re-entry housing	<ul style="list-style-type: none"> Shares many of the same features as supportive housing, but provides specific services for recently released individuals. May provide emergency, transitional or longer-term housing. Often linked to transition planning activities. 	<ul style="list-style-type: none"> Addresses specific housing and service needs of formerly incarcerated people. Nonprofit operators and staff are usually trained to interface with criminal justice personnel. May provide peer support and mentorship between releasees. May co-locate emergency with permanent or phased-permanent housing.

POTENTIAL LIMITATIONS

- Rental property owners may screen for, and refuse to, rent to people with criminal backgrounds under federal and state statutes in all 50 states.
- Individual must have ability to pay security deposit immediately and rent subsequently.
- Not all inmates maintain family ties.
- Family members must be willing to accept released individual.
- Reunification may produce additional financial, emotional, or other stresses on individual or family members.
- Under federal law, Public Housing Authorities may screen or refuse to house or accept vouchers from people who have been convicted of certain offenses, as may any federally assisted housing provider.
- Formerly incarcerated individuals may not be immediately considered “homeless” and therefore not prioritized for placement in agencies that use homelessness as a priority need.
- Availability is limited—waiting lists may be long.
- Public assistance may be denied to individuals with criminal records.
- Rental housing includes no supervision or service support to assist individual with maintaining housing.
- Unstable or risk-intense environments may put vulnerable returning individuals or their family members at risk.
- Legal status of family housing situation may be jeopardized by accommodation of individual with criminal record.
- Availability is limited—waiting lists may be long.
- The application process may be lengthy and intimidating. Income verification and a background check of all household members are required.
- May or may not make available additional service supports.
- Owners may exercise discretion to exclude people with criminal histories, though bound by Fair Housing laws.
- May be available for limited duration only.
- Availability is limited—waiting lists may be long.
- May not be desirable because of rigid structure, including possible limitations on visitation and freedom to come and go at will.
- Does not address post-sentence, post-parole or longer-term housing needs.
- Availability and funding may be limited from one jurisdiction to another.
- McKinney-Vento funded housing is targeted to homeless people as defined by federal statute, which excludes incarcerated persons who were not homeless (shelter- or street-dwelling) prior to incarceration.
- Many supportive housing programs are reliant on funding that may exclude people who have criminal records or are managed by PHAs and thus subject to restrictions against people with criminal records.
- Co-residency of released individuals may have a stigmatizing effect.
- Very limited availability—not available in most jurisdictions.
- Difficult to create due to lack of dedicated funding streams and community opposition to target population.

recommendations

INCORPORATING HOUSING INTO THE TRANSITION PLAN

- A | Ensure that transition planners, working with community-based organizations, are familiar with the full range of housing options available in each community and maintain lists or inventories of available housing.**

Finding viable housing placements for people re-entering the community from prison or jail is a daunting task, especially considering the vastness of housing possibilities and information required to make effective referrals and placements. Yet, some authorities have embarked on creative initiatives designed to increase available options. These include organizing special funding agreements to increase the provision of supportive housing, pioneering new specialized re-entry housing models, encouraging nonprofit organizations to develop housing for returning individuals, negotiating agreements with local and regional funding agencies to allow returning individuals to be considered homeless under certain circumstances, and coordinating with local PHAs to determine re-entering individuals' eligibility for public or Section 8 housing. (See Housing Options for People Released from Correctional Facilities, above, for key aspects of several types of housing available for individuals returning to the community.) Transition planners must be trained to develop a nuanced understanding of legal restrictions and other barriers to placing people with criminal records within the various housing options. They should also know, and be able to explain to people in prison or jail, the risks, restrictions, and benefits inherent in the particular housing placements discussed in this policy statement. (See Policy Statement 31, Housing Systems, for more on specific obstacles and challenges that exist in the housing system generally.)

Community-based service providers, which could include nonprofits, faith-based organizations, housing authorities, housing assistance providers, community development corporations, and other providers with expertise in siting and developing housing and supportive services, can be an extraordinary resource for transitional planners. When corrections staff collaborate with housing experts from the community, it improves the ability of each to understand the housing options available in the community, develop feasible housing plans for inmates, and respond to individual needs immediately upon release.

Community-based organizations (such as intermediaries or low-income housing advocacy organizations), national housing and community development trade organizations, can also assist transition planners in

preparing a housing directory. A housing resource guide or other compilation of information about housing options for which released individuals may be eligible can facilitate the collection and processing of information for assisting inmates with securing post-release housing. At a minimum, such directories should include the following information about each different housing option: type/category, description, location, contact information, eligibility requirements, application procedures, charge/conviction or other exclusions, and cost/rent.

EXAMPLE: Housing Handbooks, AIDS Housing Corporation (MA)

AIDS Housing Corporation has developed a guide for housing search advocates that provides education and best practices around performing housing searches, filling out applications, communicating with landlords, and obtaining housing advocacy. This guide, "In the Center of the Ring," is useful as a training resource for transition planners and any service providers who assist others with seeking and obtaining housing.

B | Determine on an individualized basis the particular housing needs for each person released from prison or jail.

To increase the chances of individuals finding housing as they return to the community from prison or jail, transition planners should begin assessing the housing needs of each person well in advance of his or her release. Ideally, every person should be released directly to appropriate housing, maximizing his or her opportunity for a successful transition to the community. Even when community resources are limited, however, release should not be postponed for or denied to any individual just because no housing options are available.

In developing the housing components of inmate transitional plans, corrections staff should build upon information collected through a housing assessment of the individual, including his or her previous housing histories, histories of homelessness and institutionalization, and eligibility for subsidized or special-needs housing. This assessment should be conducted as early as possible for inmates in jail. Particularly when the timing of a person's release is unpredictable, jail administrators may wish to integrate this assessment into the intake procedure. (See Policy Statement 8, Development of Intake Procedure, for more on prioritizing assessments for jail inmates.) For prisoners, this screening may be done briefly during the intake procedure, but a more extensive assessment should be conducted six months to one year prior to their release, with updates as needed. Identification of the correct option must account for each of the assessed needs and characteristics of the person, such as:

- Age of the re-entering individual
- Health, substance abuse, mental health, and/or mental retardation
- Length and stability of housing history

- Whether or not the individual has been living independently or with family
- Previous income and employment history
- History of living independently in subsidized, assisted, or supportive housing
- History of shelter use
- History of residential treatment or institutionalization (mental health or substance abuse)

Additional questions to consider regarding the individual's post-incarceration housing needs include:

- Can the person afford an apartment on his or her own, or will he or she need financial assistance or subsidies to help pay rent?
- Does the individual wish to reunite with parents, siblings, or family members? Are there family members identified who are able (both physically and financially) to receive and house the inmate?
- Does the person plan to reunite with or regain custody of children?
- Will the person need ongoing health support or help paying rent, managing money, cooking, cleaning, shopping, etc.? If so, will he or she need social services for only a short period or for an extended, or even permanent, basis?
- Does the individual seek or need the benefit of counseling, peer support, or a sense of community with others who may have similar experiences and backgrounds?
- Does the individual seek or need a structured environment to assist with treatment needs, such as substance use and addiction?

In county and local facilities where the term of incarceration is too short to allow for significant assessment activities, transition planners should at least provide inmates with basic information about how to access community-based housing resources.

c | Evaluate the feasibility, safety, and appropriateness of an individual living with family members after his or her release from prison or jail.

Once an individual assessment has been performed, transition planners and their community-based collaborators can begin to compare

the various housing options available to the inmate. As noted in the Research Highlights, above, a majority of people leaving prison or jail have connections to family members and may wish to reunite with them upon their release, particularly as an initial placement. Thus, when considering housing options, transition planners might well start by evaluating the benefits and risks of placement with the individual's family.

While for some prisoners, family reunification is a key goal of re-entry planning, an immediate transition back to a family home may not always be the safest option for anyone. (See Recommendation d, below, for more on how domestic violence may factor into housing decisions.) Family reunification is a viable option only for those individuals who maintain close ties to family or proxy family members. Among homeless and formerly institutionalized persons (such as persons with mental illness) and persons in prison or jail, ties to family members may have been lost for many years prior to the person's incarceration, which makes family reunification a challenging, if not impossible, option.

Transition planners, working alongside community corrections or housing organizations, should assess whether reuniting an inmate with family members will negatively impact the family, in some cases leading to family instability and disruption. Children, spouses, and partners will be affected by such changes. In some cases, the reunion of inmates with family members can lead to the eviction of the family from federally subsidized housing if the re-entering person does not apply for housing, pass the agency's screening process, and get added to the lease. Some individuals may have never been on the lease, or they may assume that the housing agency will simply reject their application. (See Research Highlights, above, for more on these restrictions.) On the other hand, for families that have children in foster care or are otherwise separated largely because they do not have safe, affordable housing, there may be opportunities to access Family Unification Program (FUP) housing vouchers, which enable families to purchase or lease to reunify parents whose children are in foster care because the parents lack safe, decent, and affordable housing. Further, FUP supportive services can address a range of issues that could affect reuniting families, including (among others) outreach, child care, job training/placement, case management, health care, transportation, education, life skills classes, counseling, housing search assistance, substance abuse treatment, parenting courses, mental health care, and budgeting advice.

Reunification will have an impact on the re-entering person as well. Families can be a source of support and encouragement for an individual leaving prison or jail; however, families can also contribute to that individual's instability and his or her risk of recidivism or relapse. In some cases, families simply may not have the means to support the addition of another family member, particularly one struggling with the numerous issues associated with leaving prison or jail. Such a strain on family resources can lead the returning individual to further criminal activity. In

other cases, family members may have been the source or cause of unsafe behaviors that led to the individual's criminal activity in the first place. Reunifying with family members should not set the individual up for failure in re-entry. Key questions to ask are:

- Is the prisoner in close and regular contact with family members? Have family members visited or attempted to visit him or her at the corrections facility?
- Who is the primary family contact? What is this person's relationship to the person in prison or jail?
- Is the person's family living in stable and permanent housing? What is the family's home situation and type (owned, rented, duration, etc.)?
- Does the family have an additional room or space to accommodate the re-entering family member? Does the family have the financial means of supporting him or her, even temporarily?
- Is the family's housing situation located within a safe and appropriate environment? Are there any potential threats to stability in proximity?

Whenever possible, corrections staff or housing specialists assisting with the transition plan should also seek information from others who have contact with the individual and/or his or her family while he or she is incarcerated. For instance, corrections unit staff may see how the person interacts with family members when they come to the facility; the warden may know that the person does not receive visits; and family members, former employers, friends, and neighbors may have information about the local environment into which the individual will be released. The transition planner, perhaps in conjunction with law enforcement or community corrections partners, should collect and analyze as much information as possible from all of these sources. Additionally, for re-entering parents with children in foster care, the transition planner should coordinate with the local child welfare agency to determine the availability of family reunification programs with supportive services, such as FUP.

EXAMPLE: La Bodega de la Familia, Family Justice (NY)

A New York State Division of Parole officer and one of La Bodega's family case managers visit the home of the family member(s) a participating parolee intends to live with upon release. The parole officer develops a "Community Prep Report," which approves or disapproves the proposed residence and provides a general evaluation of the home environment, including who lives there, sources of income, and other issues. The family case manager is present to help assess such issues as family physical and mental health needs, as well as to facilitate discussion and explain La Bodega's program of family-centered community supervision. In instances where the home is deemed not suitable or the family prefers that the returning family member not live in the home, the parole officer and La Bodega staff explore other housing options. The completed Community Prep Report is then transferred to institutional staff.

Transition planners should work with inmates and their families to determine: 1) if the family is willing and able to accept the individual upon or after release; 2) if the family can provide transportation from the corrections facility to their home; and 3) what supports and assistance the individual or family members might need after reunification. Transition planners or family case managers can also refer reunifying families to appropriate community-based services, including faith-based organizations and local re-entry programs, to help them prepare for reunification and to provide them with ongoing services. (See Policy Statement 23, Victims, Families, and Communities, for more on services to help families plan for and adjust to a person's release from incarceration.)

EXAMPLE: Kansas City Compassionate Ministry Center, Gracious Promise Foundation (KS)

At the Compassionate Ministry Center, families of incarcerated individuals participate in workshops to identify problems and determine solutions to issues related to the incarceration of the family member and to reunification. Family counseling (donated by a counseling services agency) and mentorship are available, as is direct assistance in the form of clothing, groceries, or assistance paying utility bills.

Once a family reunification plan is developed, transition planners can also assist in coordinating the person's release with family members. The transition planner should ensure that family members are aware of the date, time, and location of the inmate's release. Transition planners can then work with community-based organizations or community supervision staff to provide follow-up visits and assistance throughout the first few months after release.

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- **Ensure that family violence risks are recognized and addressed in the housing plan of any person whose return to the community may pose a risk to the individual or to his or her family or partner.**

One factor that should always be considered in constructing a housing transition plan is the threat of domestic violence. Housing may be a critical component of safety planning for any of the individual's past victims of domestic or other family violence. It may, at the same time, be a factor for those re-entering who have had a history of being victimized by domestic violence. Rather than a blanket policy prohibiting an individual from returning to live with those whom he or she has victimized or who have victimized him or her, transition planners need to carefully weigh the housing options against the interests and history of the parties involved.

To understand who may be at risk when a person leaves prison or jail, transition planners need to consider a variety of sources, all of which may have information about a history of violence or threats by or against the inmate. Transition planners should consult court or corrections records of past restraining orders or domestic violence cases; local law enforcement

officials, who may be familiar with particular neighborhood threats; any victim of the offense for which the person was incarcerated; the family of the person; community members who are familiar with the person and his or her family or neighborhood; correctional files that may reveal a risk of violence; and the individual himself or herself. When the victim chooses not to participate in the process or when the victim cannot be located, a victim impact statement from the original criminal case and/or a victim advocate may represent the victim's perspective. Similarly, victim advocates or community corrections officers may be able to represent the family's point of view in domestic violence cases. (See Policy Statement 23, Victims, Families, and Communities, for more on addressing victims and family members' concerns about a person's re-entry into the community.)

The information that a transition planning team finds in its research should inform any housing choices. For example, if family members express concern about a person's return to live in the residence, a placement outside the family home may be more appropriate. Alternatively, a family that expresses concern but is interested in reuniting with the individual may be willing to provide housing as long as counseling and other supportive services are available for the re-entering individual and/or his or her family.

By the same token, the person who is being released must also be protected from threats of domestic violence. To the extent that he or she is at risk of harm from other people in the community, such as family members who have threatened him or her in the past, the person leaving prison or jail should go to a housing situation that provides some geographic distance from that threat and a measure of confidentiality. By striving to create a housing plan that can help protect the individual, family, victims, and other community members, the transition planner maximizes the chances that the re-entry will be both safe and successful.

E | Identify the appropriate housing option for each incarcerated individual well in advance of release.

Where an individual is not returning to live with family members (or it is unclear whether this would be a viable option), transition planners should work with appropriate community-based partners to evaluate other potential housing opportunities. Just as they may have interviewed family members concerning the possibility of the incarcerated family member moving home, community supervision staff, possibly in conjunction with local law enforcement, can provide transition planners with preliminary determinations regarding the appropriateness of post-release housing plans identified by individuals who will be released on probation or parole. Community-based service providers can be key resources for transition planners seeking to find nonfamily housing alternatives, especially for those individuals with special needs.

EXAMPLE: Mentally Ill Offender Community Transition Program, Seattle Mental Health Community Reintegration Services (WA)

The Mentally Ill Offender Community Transition Program provides pre-release planning, housing, and case management to people with a diagnosed mental illness in the Washington corrections system. A program case manager meets in prison with individuals referred to the program by the Department of Corrections. Inmates admitted to the program must participate in a three-month pre-release program including a needs assessment, healthcare appointments, and contact with other assigned service providers.

It is important to consider both long- and short-term housing options. For example, if transition planners determine that programmatic or transitional housing is the most appropriate form of housing for the inmate immediately after release, they need to then consider how long the program will last, or how long the individual will be allowed to stay at the transitional home.

EXAMPLE: Cornerstone Program, San Fernando Valley Community Mental Health Center (CA)

This program provides housing, mental health, and benefit-identifying services to homeless adults who have severe and persistent mental illnesses and are leaving the Los Angeles County jail. The Cornerstone Program contracts for 25 emergency beds with a Los Angeles family housing shelter and has a memo of understanding with a landlord who finds short- and medium-term housing for program participants. The landlord remodels appropriate buildings and rents them to Cornerstone for slightly over market value. Because Cornerstone rents each building in its entirety, staff members are able to decide who moves into each unit. Cornerstone Program also owns nine duplexes, which it rents to participants for 30 percent of their income. Through the AB2034 Bill, the Cornerstone Program has 85 Section 8 vouchers to distribute amongst program participants. (See sidebar for more information on AB2034). AB2034 also provides the Cornerstone Program with funds to place participants in hotels and motels on an emergency basis.

Notably, using one form of housing in the transition plan can subsequently preclude a person from availing himself or herself of other kinds of subsidized housing at a later date. For example, an individual leaving prison or jail who obtains a private apartment may later realize that he or she needs supportive housing. Because this individual is no longer homeless (having obtained an apartment), however, he or she may not be able to access supportive housing since eligibility for supportive housing is often restricted to people presently and officially deemed homeless. For this reason, corrections staff and service providers should plan for not only immediate, but also permanent and future housing options.

Ultimately, it is the job of transition planners to collaborate with community-based housing providers to ensure that each inmate is promptly evaluated for, and ideally accepted into, the appropriate housing option and any needed services.

AB 2034 BILL

In 1999, the California State Legislature passed AB 34, a bill authorizing 10 million dollars for the creation of programs designed to provide integrated community outreach support to individuals who were homeless, at risk of homelessness or incarceration, and had a serious mental illness. Three counties—Sacramento, Stanislaus, and Los Angeles—initiated pilot programs, the first eleven months of which resulted in a 68 percent decrease in days hospitalized, a 79 percent reduction in days in jail, and a 73 percent reduction in days spent homeless among program participants. In 2000, approximately 55 million dollars was appropriated to expand the program to 23 additional counties under the auspices of AB 2034.

EXAMPLE: Community Orientation and Re-Entry Program, New York State Office of Mental Health, Department of Correctional Services, and Division of Parole; and NYC Link, New York City Department of Health and Hygiene

Inmates across New York who are identified as having serious and persistent mental illnesses and who will return to the greater New York metropolitan area are transferred approximately 90 to 120 days prior to release to the Community Orientation and Re-Entry Program (CORP) unit at Sing Sing Correctional Facility. Office of Mental Health (OMH) staff work with transition case managers from New York City Link (a program of the New York City Department of Health and Hygiene) to complete applications and facilitate referrals of program participants to supportive housing providers with vacancies in New York City. CORP staff completes the paperwork and NYC Link staff arranges interviews for housing providers (and sometimes accompanies them to the jails to conduct those interviews). When individuals are denied placements, OMH and NYC Link staff conference with the housing providers to analyze the reasons for rejection and to devise a suitable housing solution.

EXAMPLE: Transition Services Unit, Multnomah County Department of Community Justice (OR)

The Transition Services Unit (TSU) staff make contact with a re-entering individual one year prior to his or her release, at which point they conduct an assessment of housing needs. TSU staff then place individuals on waiting lists for appropriate housing, which they determine in close partnership with the county office of Facilities and Property Management. If an individual is eligible, TSU staff help him or her begin the application process for Supplemental Security Insurance.

F | Educate prisoners about strategies for finding and maintaining housing in the community, and teach them about their legal rights as tenants in the private rental market.

Any transitional plan should include training around the different types of housing available, the housing search process, and housing maintenance strategies. Transitional planners may collaborate with or refer individuals to housing advocacy groups to provide this information. Housing advocacy is a form of assistance that helps individuals with finding and applying for housing, advocating and negotiating with landlords, and providing counseling support to ensure the individual's housing stability once he or she is in the community. Housing advocacy services tend to be provided to specific populations, such as persons living with HIV/AIDS or persons with mental illness, but in some cases are available to the general population.

EXAMPLE: Housing Handbooks, AIDS Housing Corporation (MA)

The AIDS Housing Corporation has developed a handbook called *How to Get to a Place called Home* as a tool to provide inmates with information and education about finding housing in the community after release. This handbook is regularly sent to discharge planners in Massachusetts county and state correctional institutions so that they can distribute it directly to inmates.

Transition planners should also seek to ensure that the individuals that they assist understand the implications of certain local housing laws. In many states and localities, for instance, private landlords are able to access the criminal records of prospective tenants, and can refuse housing to persons based on their criminal histories. Federal fair housing laws, along with some state or local laws, may extend some rights against housing discrimination for people with criminal histories. In Madison, Wisconsin,

for example, individuals with an “arrest record or conviction record” are included as a protected class under fair housing laws by city ordinance.¹⁴ Transitional planners should work with community-based organizations, including local housing advocacy or legal services providers, to educate inmates about their rights as tenants.

c | Provide individuals who are entering the private rental market—and who demonstrate that they are without adequate resources to pay rent—with small stipends and/or housing assistance for the period immediately after release.

The majority of inmates and transition planners will likely think of independent private market housing as the first and most obvious housing option. But to obtain private rental housing, an individual must have the ability to pay rent regularly, as well as the security deposit and any required additional months of rent at the time of lease signing. Therefore, individuals seeking to obtain independent rental housing on the private market must have some form of income— which, in most cases, presupposes employment—sufficient to cover these costs. There are two main sources of financial assistance available for people seeking private housing after their release from prison or jail: public assistance and stipends.

In some cases, public assistance may help individuals pay for housing. Individuals returning to the community from incarceration are likely to be low-income and/or below the poverty line, and may therefore be eligible for public assistance. In many localities, such as New York City or San Francisco, public assistance or welfare includes a shelter allowance— additional financial assistance specifically used to offset the cost of housing. Some localities, however, have regulations that bar people with felony convictions or those leaving prison or jail from receiving public assistance as well as other entitlements and benefits. (See Policy Statement 24, Identification and Benefits, for more on restrictions to entitlements available to re-entering individuals.) Further, even in jurisdictions where recently released individuals are entitled to receive public assistance, if funding for that public assistance comes from the federal TANF program, additional housing allowances or stipends can be counted as client income, and can either make an individual ineligible for public assistance or reduce the individual’s monthly public assistance amount. Transition planners should therefore become knowledgeable about the regulations governing public assistance and other benefit program eligibility in their local area (and the areas to which the individuals will return), and they should educate people in prison or jail about their options for obtaining this kind of income support.

¹⁴ City of Madison Ordinance § 3.23 (4).

Providing individuals released from prison or jail with small stipends to assist in making the first few months' worth of rental payments may give these individuals a window of opportunity in which to gain employment and to become self-sufficient in housing. Private rental housing tends to be very expensive, especially in the urban areas to which most people return from incarceration.

EXAMPLE: Forensic Services, Office of Behavioral Health, Allegheny County Department of Human Services (PA)

The Office of Behavioral Health provides stipends to pay for housing for individuals for the first three months after their release from prison, even if they will live with family.

EXAMPLE: Being Empowered and Safe Together, Maui Economic Opportunity, Inc. and the Department of Public Safety (HI)

Being Empowered and Safe Together (BEST) provides transition assistance services to parolees on the island of Maui. Program participants work with a full-time housing coordinator and receive a \$200 stipend to subsidize their first month's rent payment. In addition to cash assistance, BEST offers substance abuse treatment, family reunification services, and cognitive skills training.

In the absence of a stipend program, corrections staff or housing specialists helping inmates find private market rental housing may have to focus on teaching the prisoner how to search for housing and familiarizing him or her with the application process, even if he or she cannot formally apply—much less inspect an apartment—until his or her release. Given the difficulties of conducting this search and adapting to life in the community (possibly without support services), the private rental housing market, with all of the responsibilities and stressors it imposes, is unlikely to be a first stop for most individuals released from incarceration. Instead, most of these individuals will either move into a temporary housing situation, in a transitional facility or with family members or friends, or they may enter a homeless shelter with the hopes of finding an apartment after a short period. As studies have shown, the first month after release from prison is a vulnerable and critical period during which the risk of becoming homeless and/or returning to criminal justice involvement is high. Entering an unstable housing situation during this first month can destabilize an individual's re-entry process and ability to remain crime-free altogether.

INCREASING THE HOUSING OPTIONS AVAILABLE

H | Tap state and local funding used for traditional public safety and criminal justice purposes and leverage those resources to finance the development of supportive housing.

Supportive housing is affordable housing that is enriched with on-site or easily accessible services that are made available to residents. In several studies, supportive housing has been demonstrated to improve the health

and stability of residents, and to reduce their involvement in prisons, jails and, other costly public systems.¹⁵ Despite its promise as a housing option for people leaving prison or jail, the difficulties associated with creating and developing supportive housing limit its availability significantly. Whereas public housing or affordable housing have relatively streamlined financing and development mechanisms, supportive housing must rely on the ingenuity of nonprofit developers to pull together the funding and resources from various systems to create a single project. Developers can and should pursue support from a range of funding streams, including funding streams for homelessness prevention, case management, mental health treatment, employment training, substance abuse counseling, and crime prevention. (See Policy Statement 4, Funding a Re-Entry Initiative, for more discussion on the use of varied funding streams.) Meanwhile, policymakers should recognize the great need for supportive housing options for the re-entering population and should help developers overcome legal and other barriers to the development of such projects. (See Policy Statement 30, Housing Systems, for a further discussion on the need for housing systems change.)

Several supportive housing projects have been successful in negotiating funding agreements with state and local corrections or law enforcement agencies to provide operating subsidies or other funding for supportive services so that they can set aside units specifically targeted towards individuals leaving prisons or jails.

EXAMPLE: St. Leonard's Ministries (IL)

The Illinois State Department of Corrections pays St. Leonard's Ministries, a local housing and services provider, just under what it costs the Department to supervise a given number of parolees. In return, St. Leonard's not only provides housing and other social services for the parolees but also assumes a large share of responsibility for their supervision.

In such agreements, the funding contribution from the corrections agency would last only for the duration of the person's parole term. The individual could stay in the housing, however, if the provider could identify and secure another source of rental subsidy through McKinney-Vento funding, a Section 8 voucher, or some other government housing initiative. (See Chart on Housing Options for People Released from Correctional Facilities, above, for key aspects of these programs.) In this way, corrections agencies can effectively purchase housing units and other services for individuals leaving their institutions and can contribute to the existing pool of resources used to house homeless and at-risk individuals.

EXAMPLE: Alliance Apartments, RS Eden and Alliance Housing (MN)

RS Eden has received a state grant through the Department of Corrections to provide support services to people coming out of incarceration. An RS Eden staff person assigned to the grant is stationed at Alliance Apartments, affordable housing units for low-income residents who maintain sobriety and productivity.

15 Dennis P. Culhane et al., "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," in *Housing*

Policy Debate 13, no. 1 (Philadelphia: Fannie Mae Foundation, 2002).

I | Develop “re-entry housing,” to meet the specific and unique needs of people released from prison or jail.

A few jurisdictions have created new models of specialized service-supported housing that specifically target people leaving correctional institutions. Although the number of these re-entry housing programs remains small—only a handful of experimental projects exist, and they are scattered across the country—these projects have demonstrated how dedicated nonprofit organizations can mobilize existing resources and funding to create a combination of housing and social services that can dramatically improve outcomes for people leaving incarceration.

Re-entry housing is built upon the supportive housing model. As with supportive housing, re-entry housing blends a multitude of funding sources, usually involves partnerships and linkages among multiple nonprofit providers with different areas of expertise, and offers residents a comprehensive array of service options in addition to affordable housing.

Re-entry housing differs from supportive housing, however, in that it is specifically designed to meet the needs of people being released from prison and jail, providing not only case management and counseling services tailored to releasees, but also a link within a continuum of services beginning in the correctional institution itself. In other words, prison- or jail-based transition planning services are provided through (or in coordination with) re-entry housing. Such services can include transportation from the corrections facility, entitlements and benefits advocacy, family reunification services, legal advocacy, and assistance with criminal justice supervision requirements. In addition to serving the general population of people leaving correctional settings, some re-entry projects include programming or units set aside for people with special needs, providing additional services designed to assist persons with mental illness, HIV/AIDS, and/or addiction.

EXAMPLE: Ridge House (NV)

The Ridge House provides residential and outpatient counseling to individuals recently released from prisons and jails who are struggling with substance addiction. In each phase of its program, Ridge House teaches what it calls “re-entry skills.” During the “stabilization” phase, clients simultaneously receive support from staff and learn the necessary skills for self-responsibility. The “habilitation” phase includes substance-abuse counseling along with vocational training, parenting classes, and other programming designed to prepare clients for re-integration into family and community life.

Transition planners should be encouraged by the fact that new re-entry housing projects are being developed every day. At one end of the spectrum of re-entry housing is the single-site, “congregate” facility, in which all units are located in a single location, such as a small-scale, rural re-entry housing project. At the other end of the spectrum are scattered-site, “noncongregate” models, where rental subsidies are used to rent units on the private rental market, including large-scale, urban apartment buildings. Some providers link single-site projects with scattered-site projects to provide a

continuum of housing options for people who have been released from prison or jail, and to encourage releasees who no longer need supportive services to live independently.

EXAMPLE: Heritage Health and Housing (NY)

Heritage Health and Housing is a nonprofit provider of housing and other services to people who are homeless and/or have mental illnesses. Heritage's specialized re-entry housing program targets parolees with serious mental illnesses and includes six service-enriched transitional beds (single-site, with on-site supervision and services) and 13 supported apartments (scattered site, mobile service staff) around upper Manhattan and the Bronx. Residents typically stay in the transitional beds for 4 to 12 months, after which they are placed into the scattered-site supported apartments or referred to Heritage's other supportive housing programs.

Another important difference between traditional supportive housing projects and re-entry housing is that many re-entry housing projects are intended to be transitional or temporary. While some people (parolees and others) with special needs may be content to live with peers in a single building, individuals who have been released from prison or jail may neither need nor desire to permanently live with other released individuals. For this reason, many re-entry housing projects are designed as “phased-permanent” housing, offering tenants month-to-month occupancy agreements rather than traditional annual leases. This arrangement can give re-entry housing tenants the option of leaving at any time after they no longer need the assistance that a supportive setting provides.

Another innovation in re-entry housing is the co-location of emergency housing with permanent or phased-permanent housing. Some projects, in fact, provide emergency housing in a building that also provides permanent housing. This housing can thus serve as a safe and stable shelter for numerous people released from prison or jail each year, while also providing a longer-term housing option with links to supportive services for those in need. These “built-in” housing continuums have proven an important component to re-entry housing, addressing both the immediate and longer-term housing needs of individuals returning to the community from incarceration.

In a sense, developers of re-entry housing face magnified versions of the challenges facing developers of nonprofit supportive housing. As indicated above, the number of funding sources available to nonprofits interested in building re-entry housing is even more limited than funds available for other housing projects. These nonprofits must also wrestle with the challenges of siting their facilities in unwelcoming communities. (See Policy Statement 30, Housing Systems, for more discussion of the NIMBY phenomenon.) As in the case of supportive housing, no system exists to facilitate the development of re-entry housing.

In a few instances, state or local corrections departments have used their resources in innovative ways to fund specialized re-entry housing projects. In these programs, the corrections department provides funding to cover or supplement the cost of supportive services provided to residents who return to the community from prison or jail.

EXAMPLE: Parole Support and Treatment Program, Project Renewal (NY)

Project Renewal, a New York City–based nonprofit social service agency, operates the Parole Support and Treatment Program, a 50-bed, scattered-site transitional housing model for people with serious mental illnesses who are released from New York state prisons on parole supervision. Providing subsidized apartments along with mobile case management and psychiatric services to residents, the project was funded through collaboration between the New York State Office of Mental Health and the New York State Division of Parole. In this collaboration, the Division of Parole allocated funds directly to the Office of Mental Health to cover the costs associated with delivering mobile services to parolees living in housing subsidized by the Office of Mental Health.

To find out if a re-entry housing project exists in a particular state or locality, transition planners can contact intermediary organizations and supportive housing trade associations, which may be helpful in identifying particular kinds of projects or providers that can meet the housing needs of individuals leaving prison or jail.

J | Encourage private sector or nonprofit housing developers or community-based organizations to develop housing accessible to people leaving prison or jail.

Private sector or nonprofit owned and managed subsidized housing offers individuals released from incarceration an opportunity to obtain affordable housing that is not public housing. Nonprofit housing is often structured similarly to public housing or Housing Choice Vouchers (HCVs) where tenants are responsible for paying 30 percent of their monthly incomes towards rent. Other forms of affordable housing are financed such that the rent structure accommodates families earning a certain fraction of the average income within a community. For example, a particular affordable housing project may rent apartments at an amount equivalent to 30 percent of the monthly income for a family that earns only 50 percent of the median income within a community, known as the Area Median Income.

Private sector or nonprofit affordable housing may be more accessible than even public housing or HCVs to individuals released from prison or jail who cannot afford market-rate. For instance, private sector or nonprofit affordable housing may be subsidized without the use of federal funding and therefore may not be bound by federal regulations that can restrict access for people with certain criminal convictions. (In general, eligibility for private sector/nonprofit affordable housing is income-based, and applicants must submit verification of income status, a credit check, and rental history.) As many nonprofit landlords are mission-driven to serve low-income and disadvantaged persons, they may be more willing to accept persons with criminal histories than would operators of federally assisted housing or even other private landlords.

Furthermore, similar to supportive housing, many private and nonprofit affordable housing projects provide access to on-site supportive services in such important areas as money management, housing main-

tenance, employment, and recreation. Such services can be an essential component to helping recently released individuals maintain housing and sobriety, find jobs, and avoid involvement in the criminal justice system. In some localities, community development corporations (CDCs) and nonprofit housing providers have stepped into the role of proactively creating housing for people leaving incarceration. Combining their expertise in housing development and management with their roles as community builders and organizers, CDCs have become a key component in many local continuums of re-entry assistance. Policymakers should support the role of such groups in providing re-entry assistance and seek to eliminate barriers to their success.

EXAMPLE: Druid Heights Community Development Corporation (MD)

Druid Heights CDC has partnered with the Maryland Department of Corrections and dozens of community-based service providers to establish the Re-Entry Partnership (REP) initiative. Together, these organizations develop strategies to successfully reintegrate individuals being released from Baltimore's Metropolitan Transition Center.

EXAMPLE: Developing Justice in South Brooklyn Program, Fifth Avenue Committee (NY)

The Fifth Avenue Committee (FAC), a CDC based in Brooklyn, New York, provides affordable housing and social services for residents of neighborhoods in South Brooklyn. In addition, FAC provides individuals who return from prison or jail both walk-in services and opportunities to lease or obtain housing in one of its 19 affordable housing developments.

Private and nonprofit housing providers that choose to serve people leaving prison or jail need to be prepared to make available the counseling and comprehensive services that many individuals will need as part of their transition from prison to the community. Unless integrated with other support services, nonprofit housing may not be a viable option for individuals with special needs, or even for those who need stabilization and temporary assistance immediately after leaving incarceration. Policymakers should therefore encourage collaborations between housing and other service providers, and transition planners and other boundary spanners should facilitate communication between these groups on a case-by-case basis whenever possible. (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on boundary spanning between agencies and organizations.)

κ | Consider individuals leaving prison or jail who have histories of homelessness as part of the homeless priority population, to facilitate their access to supportive housing made available under the McKinney-Vento Act.

Despite the great potential for supportive housing to reduce recidivism and prevent homelessness, there are several challenges that can impede a recently released individual's access to it. First and foremost, eligibility for most supportive housing is restricted to homeless people, typically defined

as persons living in shelters, on the street, or in other unsuitable locations. People at risk of homelessness, including people soon to be released from prison or jail, are often considered ineligible for homeless assistance or supportive housing projects.

Underlying this situation is the fact that the main source of funding for homeless assistance in the United States, the McKinney-Vento Act programs of the Department of Housing and Urban Development (HUD), uses a federal definition of homelessness that excludes people who are incarcerated.¹⁶ This part of the statute has been interpreted to mean that people leaving correctional institutions are not considered homeless, and are therefore ineligible for any housing and services funded through the McKinney-Vento Act.

Over the years, the availability of McKinney-Vento Act funds has resulted in the creation of thousands of homeless- and supportive-housing programs across the country. Many HUD officials and homeless advocates have expressed concern, however, that expanding McKinney-Vento eligibility to include all persons leaving prison and jail would only increase the pressure on the already overburdened federal homeless assistance resources. Indeed, levels of McKinney-Vento funding have not increased to meet ever-rising demand.

Nevertheless, without alternative funding streams available, many homeless assistance organizations continue to use McKinney-Vento resources to assist people who have been incarcerated. Such housing providers comply with federal regulations by essentially “making” people leaving prison or jail homeless by sending these individuals to spend a night, or several nights, in shelters before they can enter a housing program. In so doing, these providers take the chance that recently released individuals can withstand the risks of recidivism, relapse, mental health decompensation, or medical and health care emergencies associated with shelter environments. Ironically, HUD’s strict use of the definition of homelessness has resulted in the widespread reliance on homeless shelters as the default first stop for individuals coming out of prison or jail.

In some jurisdictions, community-based organizations have been able to negotiate eligibility determination procedures with local and regional HUD offices. Notwithstanding the restrictions in the McKinney-Vento statute, individuals being released from prison and jail may be considered homeless if correctional transition planners or community-based organizations can determine, prior to release, that those individuals are at serious risk of homelessness. Such procedures involve documenting attempts at locating families or exhausting other housing options first.

¹⁶ Specifically, 42 USC 11302(c) states, “the term ‘homeless’ or ‘homeless individual’ does not include any

individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.”

EXAMPLE: AIDS Housing Corporation (MA)

In Boston, the AIDS Housing Corporation was able to obtain a letter ruling from HUD which clarified that an individual set to be released from prison or jail could be deemed officially homeless if he or she met these criteria: 1) he or she had no identified housing options upon release from prison; 2) he or she had no ability to re-establish contact with family members or an alternative support network; and 3) successive attempts at identifying housing and/or support networks for the individual failed.

Elsewhere in the country, nonprofit homeless assistance providers avoid using emergency shelters to establish McKinney-Vento eligibility by placing individuals just released from correctional settings into their own shelter or emergency housing before placing them into McKinney-Vento funded supportive housing. This phased process satisfies federal eligibility requirements, while ensuring that individuals are placed in safe and stable settings and provided with a continuity of care.

EXAMPLE: Fortune Academy, Fortune Society (NY)

The Fortune Academy, a residential facility in West Harlem, provides 18 emergency and 41 longer-term beds for homeless individuals, as well as access to the Fortune Society's array of supportive services, many of which receive McKinney-Vento funds. Many of the individuals who occupy the Academy's emergency beds go on to live at the Academy for six months to a year.

Several recent attempts have been made to avoid this pitfall through the more precise targeting of homeless assistance resources to those subpopulations of discharged individuals that are believed to be at highest risk of homelessness. This has been particularly effective in jurisdictions where the historical use of homeless shelters can be tracked through data management systems, known as Homeless Management Information Systems. At-risk individuals are assigned a unique identifier code or number to help document their usage of shelters or other homeless resources. Local HUD staff or housing providers can then access coded records to confirm the eligibility of these individuals for homeless assistance upon their release from prison or jail. Communities can also target homeless assistance resources more effectively by matching their homeless shelter use data with jail or prison admissions data to identify individuals known to cycle regularly between jails and prisons and homeless shelters. In New York City, for example, the Departments of Correction and Homeless Services have initiated a formal collaboration in which they have matched their data systems to identify individuals that are frequently in contact with both agencies. These agencies are jointly developing an initiative that would target housing assistance resources to these at-risk individuals, with the goal of breaking the cycle of homelessness and incarceration.

L | Coordinate with the local Public Housing Authority (PHA) to determine the eligibility of people leaving prison or jail for publicly managed or Section 8 housing.

Transition planners and inmates often look to public housing as an important and viable source of housing for individuals leaving prison or jail because of its affordability and ubiquity (relative to specialized supportive housing). Depending on the nature of the offense(s) for which they were convicted and their family situation, however, these individuals may find it difficult to access public housing. Regulations frequently prohibit a person with a criminal record from living in public housing units. (See Research Highlights, above, for more details.) And, perhaps even more importantly, the demand for public housing far exceeds the supply. According to the National Low Income Housing Coalition, three-fourths of households eligible for housing assistance do not receive any such assistance.¹⁷ (See Policy Statement 31, Housing Systems, for more information on challenges to meeting the demand for affordable housing.) Waiting lists are typically long, and most housing agencies place priority on housing families with children. Transition planners should familiarize themselves with local waiting lists and the local agency's preferences for admission and screening policies to develop a more accurate picture of the likelihood of public housing for different re-entering individuals.

Despite the tremendous barriers that limit individuals' access to public housing and HCVs (sometimes known as Section 8), these two federal programs remain critical sources of housing assistance for releasees in many communities. Public housing agencies not only provide housing at rent levels attainable by most people leaving prison or jail, but also are usually mission-driven to offer access to self-sufficiency programs, adult education, substance abuse treatment, and other supportive services. HCVs may be an even more important resource, because of their flexibility and adaptability. In many communities that have no local or state affordable housing programs, federally subsidized housing remains the only housing resource for low-income individuals or individuals with disabilities. Especially in these localities, corrections administrators and transition planners should seek to understand the particular screening policies of local PHAs and to collaborate with them to ensure that individuals leaving prison and jail are not excluded without exception from accessing subsidized housing resources.

EXAMPLE: Legal Action Center (NY)

In winter 2001, the Legal Action Center (LAC) compiled summaries of the admission and eviction guidelines and procedures affecting people with criminal records in thirteen local housing agencies around the country, including the use of "One Strike" policies by these agencies. These summaries are available on the Publications page of the LAC website at: www.lac.org.

¹⁷ Joint Center for Housing Studies, *The State of the Nation's Housing: 2003* (Cambridge: Joint Center for Housing Studies, 2003).

Policymakers should work with PHAs to determine where exceptions or changes can be made to regulations or policies to increase access to public housing and Section 8 vouchers by individuals released from prison or jail. They should also encourage PHAs to recognize where they have discretion in screening people with criminal convictions, and to avoid categorically excluding this population from their housing units.

Notably, although federal laws do permit PHAs to deny housing to individuals with criminal records in many cases, there is a clear exception in the case of individuals who fall under the “physical or mental impairment” provision of the Fair Housing Act.¹⁸ The US Fourth Circuit Court of Appeals ruled that the refusal to rent to individuals participating in a drug and alcohol abuse program constituted illegal discrimination against handicapped individuals under the federal Fair Housing Act.¹⁹ The court’s ruling has been cited in subsequent actions, affirming that applicants in recovery must not be discriminated against based on their past history with alcohol and drugs. Although the courts have been clear that this protection does not apply to current illegal use of or addiction to a controlled substance including alcohol, PHAs can grant exceptions to individuals who are participating in treatment or social service programs, or who can demonstrate their completion of treatment or rehabilitation. Some states, in fact, provide individuals with “Certificates of Rehabilitation” upon successful completion of treatment programs, which these individuals can use to increase access to employment or to improve their applications for public housing or Section 8 vouchers.

Further exceptions can be made to public housing and Section 8 exclusions for those individuals reuniting with families that already reside in federally subsidized housing. Community-based organizations, working in partnership with local PHAs, should consider creative options that can promote family stability and public safety.

EXAMPLE: La Bodega de la Familia, Family Justice (NY)

La Bodega de la Familia, the community-based service arm of New York’s Family Justice, has successfully encouraged their local PHA not to evict families that accept their members returning from incarceration by emphasizing that the returning individual’s participation in La Bodega promotes community safety because it offers the individual (and his or her family) substance-abuse treatment and adherence to other conditions of release. La Bodega works in partnership with the New York City Housing Authority (NYCHA) to consider how existing exceptions to admission policies apply on a case-by-case basis. When they meet the conditions of admission, releasees and their families are allowed to remain in public housing as long as the families receive services to assist the returning family member to remain in treatment and maintain sobriety. With full support from NYCHA, a new satellite office of La Bodega will soon open in public housing space to offer more accessible support to families in federally assisted housing.

¹⁸ The Fair Housing Act, 42 USC 3602 (h), precludes discrimination against individuals based on “handicap,” which is further defined as “a physical or mental impairment which substantially limits one or more of [a]

person’s major life activities,” a record of such an impairment, or being regarded as having such an impairment.

¹⁹ *US v. Southern Management Corporation*, 955 F.2d 914 (4th Cir. 1992).

Prepare community-based health and treatment providers, prior to the release of an individual, to receive that person and to ensure that he or she receives uninterrupted services and supports upon his or her return community.

Policy Statement 10 (Physical Health Care), Policy Statement 11 (Mental Health Care), and Policy Statement 12 (Substance Abuse Treatment) all explained ways to address an individual's health needs during his or her incarceration, based on assessments in these areas administered upon the person's intake into a correctional facility (Policy Statement 8, Development of Intake Procedure). If the progress made in a prisoner's physical health, mental health, or substance abuse status is to contribute to his or her successful re-entry, however, that institutional treatment must serve as a foundation for ongoing care in the community. The collaboration between community treatment providers and correctional providers is a key step towards ensuring continuity of care. The scope of collaboration is something that may vary—from referring prisoners to community resources, to educating them on the importance of continuity of care, to importing community providers into the prison or jail so that individuals have the same caregivers inside and outside the facility. This policy statement illustrates how policymakers and practitioners can prevent a gap in treatment from occurring in those moments between a person's departure from a prison or jail and his or her commencement of community-based treatment, while supervised and supported by community corrections officers (Policy Statement 27, Maintaining Continuity of Care).

research highlights

Treatment regimens begun in prison or jail must often be continued upon release to be effective.

Recent studies document the need for correctional facilities to improve transition planning, community linkages, and continuity of care, especially for inmates with serious health problems.²⁰ In most cases, treatment regimens initiated in prison must be continued upon the release of the individual being treated, and stopping treatment before completion can pose serious risks to the individual and to public health.²¹ For example, the premature cessation of treatment for latent tuberculosis (TB) increases the chances that a patient will develop active TB disease.²² Those who are infected with HIV or who engage in risky behaviors such as drug use are also at particular risk if care is disrupted.²³

Transition planning for continued care upon release is a major problem.

Sound discharge planning is a critical component of ensuring continued care. For example, when individuals with mental illness are released from prison or jail, the failure to provide them with appropriate medication and connections to supportive services in the community may result in decompensation, increasing the risk of antisocial or criminal activity.²⁴ In most jurisdictions, no single entity or agency has the clear responsibility to connect released prisoners to health care systems and other support systems; consequently, efforts to ensure continuity of care after release from prison and jail are often inadequate.²⁵ Coordinated treatments for HIV/AIDS, substance abuse, and mental illness are critical to managing those ongoing health conditions (see Policy Statement 10, Physical Health Care, and Policy Statement 11, Mental Health Care). Yet a recent survey on discharge planning practices found that few state corrections systems have programs in place to help transition dually and triply diagnosed inmates from prison back to the community.²⁶ A variety of obstacles hinder transition planning, which is particularly deficient for inmates with serious health needs.²⁷ These include the distance between correctional facilities and communities, which may make it difficult for community providers to meet with inmates and plan for their release. In addition, some correctional facilities have policies that prevent external service providers from visiting the facility.²⁸

20 National Commission on Correctional Health Care, *The Health Status of Soon-To-Be-Released Prisoners: A Report to Congress*, vol. 1 (Chicago: National Commission on Correction Health Care, 2002). Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

21 Cheryl Roberts, Sofia Kennedy, and Theodore M. Hammett, "Linkages Between In-Prison and Community-Based Health Services" (paper presented at the Urban Institute's Re-Entry Roundtable, New York, December 11-13, 2002).

22 Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

23 Ibid.

24 Council of State Governments, *Criminal Justice/ Mental Health Consensus Project* (New York, NY: Council of State Governments, 2002).

25 Cheryl Roberts, Sofia Kennedy, and Theodore M. Hammett, "Linkages Between In-Prison and Community-Based Health Services" (paper presented at the Urban Institute's Re-Entry Roundtable, New York, Dec. 11-13, 2002).

26 Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

27 For example, preliminary results from a survey of the discharge planning procedures in 10 state departments of correction indicated that the staffing and resources devoted to discharge planning are generally inadequate for HIV

positive inmates and other inmates with sexually transmitted diseases. (Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.) Another recent survey found that among 31 of the 50 state correctional medical directors who responded, only 19 correctional medical programs scheduled post-release health care appointments. (Nancy A. Flanagan, "Transitional Health Care Planning for Ex-Offenders: Current Status in US Prisons," paper presented at the NCCHC National Conference on Correctional Health, Austin, TX, October 2003.)

28 Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

Engaging community-based providers to offer services to inmates is an important strategy that shows promise in reducing the adverse affects of the complex health problems of inmates.

New partnerships around mental health services show promise in improving mental health, recidivism, and cost outcomes.

Often prompted by limitations in resources, corrections officials have begun to explore innovative partnerships and financial arrangements with universities or community-providers that provide housing and health care services to inmates after release. These partnerships, such as Project Bridge in Rhode Island and the Hampden County Correctional Center in Massachusetts, have demonstrated positive outcomes among patients and show promise for the future of correctional health care. Project Bridge participants have kept an average of two appointments every two months, and average 19.5 encounters with social workers and 22 encounters with outreach staff every six months, at a cost of \$8,400 or less for the 18-month program. Initial findings of a three-year study of the Hampden County program indicate that it is cost-effective, has led to lower rates of re-incarceration, and has increased the number of released prisoners receiving medical care. In both programs improved outcomes have been attributed to the continuity of care that is achieved by partnerships between corrections and community agencies.²⁹

As discussed in Policy Statement 11, Mental Health Care, discharge planning and continuity of care are major issues for prisoners with mental illness as well. Several jurisdictions have begun to provide continuum of care services for this population. While data demonstrating the efficacy of these strategies is limited, there are promising indicators that such programs can improve outcomes for individuals. A review of seven such programs found that key components to supporting prisoners with mental illness after their release include extended assessment, motivational activities, a variety of group work, medication monitoring, relapse prevention, and linkage to community-based services.³⁰ Research has also shown that partnerships formed to provide mental health services can result in substantial cost savings. For example, a small study of 46 participants in Project Link in Monroe County, New York, found that the partnership between mental health organizations and government officials reduced the mean number of jail days per month among program participants from 9.1 to 2.1 days, and reduced the mean number of hospital days per month from 8.3 to 3 days. Based on per diem costs, this translates to a cost savings of more than \$23,000 in jail costs and more than \$155,000 in hospital costs for the 46 program participants.³¹

29 Daria Steigman, "Promising Practices in Home and Community-Based Services: Rhode Island—Case Management that Follows Offenders out the Prison Gates," *MEDSTAT Report* (March 2003); available online at www.cms.hhs.gov. Thomas J. Conklin, "A New Paradigm for Correctional Medicine: The Link to Community Health," *CorrectCare* (1996); Thomas J. Conklin, "A Public Health Model to Connect Correctional Health Care with Communities," *American Journal of Public Health* 88 (1998).

30 John F. Edens, Roger H. Peters, and Holly A. Hills, "Treating Inmates with Co-Occurring Disorders: An Integrative Review of Existing Programs," *Behavioral Science and Law* 15 (1997): 439–57.

31 Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York, NY: Council of State Governments, 2002).

- A | Prepare a summary health record containing information about important medical problems, prior diagnostic studies, allergies, and medications for each person released from prison or jail prior to his or her release.**

Each time a person moves between providers because of a transfer, referral, or lapse in treatment, he or she risks losing the valuable information about his or her condition and treatment that the first provider accrued. As a result, each new provider must at least re-interview the person for basic information. Worse, the provider might harm the person by re-administering medication or other treatment that has already been found to be ineffective or harmful to him or her. To avoid such inefficiency or risk to a person's health, jail and prison health staff should create and maintain an accurate and thorough summary health record, which would detail each person's condition and treatment for any serious physical, mental, dental, and substance abuse problems. Correctional health care providers should make sure to explain to prisoners what their confidentiality rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are, but should also encourage them to sign a limited waiver so that this summary health record can be shared with other providers in the community. (See Policy Statement 8, Development of Intake Procedure, for more on confidentiality laws.)

Many health care systems already use a standardized document that can move with a patient to present a current snapshot of his or her condition and care to new providers. The American Public Health Association (APHA) has developed a model for a prisoner's health care summary. According to APHA, such a document should include the following information upon a person's release from custody: pertinent history; physical and laboratory information; follow-up plans for therapy; scheduled consultations; and prescribed medications.³² A summary health record should also provide information such as diagnoses, allergies, and recent procedures. Whether adopting an established standard for the contents of a summary health record or creating a new summary health record format, corrections staff and community-based

MASSACHUSETTS CONTINUITY OF CARE RECORD

A coalition of health organizations in Massachusetts (comprising ASTM International, the Massachusetts Medical Society, the Health Information Management and Systems Society, and the American Academy of Family Practice Physicians) has been working to establish a computerized format and better technical compatibility for a "Continuity of Care Record," their version of a shared summary health record. The goal of this project is to enable a provider to easily access an individual's most relevant, timely information at the beginning of a first encounter with him or her and to easily update the information when the patient moves to another provider. Although this collaborative effort is not specifically directed towards correctional health care, it may in the future provide a useful link between correctional and community-based health care systems.

32 American Public Health Association Task Force on Correctional Health Care Standards, *Standards for Health*

Services in Correctional Institutions, Section III.H.3 (Washington, DC: American Public Health Association, 2003).

health care providers should collaborate to create a common form and develop a protocol for its use. The form would ideally be computerized so that, with proper authorization, community-based providers could upload and update summary health records created in a corrections facility, or vice versa.

Correctional health care providers typically begin to prepare a person's summary health record upon his first admission to the facility, and complete it toward the end of his stay. Even in a jail setting, where a person may stay for only a day or two, the information gleaned from the initial health screening could be used to start a summary health record. (See Policy Statement 10 for more on correctional health care for jail stays.) For a prisoner who stays in a facility for a longer period of time, providers could create a more comprehensive summary health record. What is most critical, however, is that the summary health record be completed just prior to the person's release from prison or jail.

By organizing and summarizing health information and the basis for the transfer (whether release to the community or some other reason), the summary health record enables health care professionals to lay the groundwork for effective and efficient medical care from future providers. While the summary health record is neither a comprehensive electronic medical record nor a clinical repository, the summary health record could draw from these sources of information—including, in this case, records created during an inmate's incarceration—to produce a distilled document that addresses an inmate's physical health, mental health, and substance abuse treatment. (See Policy Statement 10, Physical Health Care, for more on the importance of keeping medical records for people during their incarceration.)

Each person leaving prison or jail should receive a copy of his or her summary health record to bring to subsequent caregivers in the community. In addition, where possible and where the individual has signed a HIPAA-compliant release authorizing the disclosure, correctional health providers should also send a copy of the summary health record to any anticipated community provider(s) either electronically or by fax. However the community provider obtains the summary health record, the new provider should refer to the document during the initial consultation with the patient and then update it before discharging or transferring the individual again, if applicable.

B | Connect prisoners to treatment and health care providers in the community prior to their release to prevent gaps in treatment and services.

In order to achieve successful re-entry into the community, individuals with ongoing treatment needs must be connected to a community-based

provider prior to their release from prison and jail. The effort to effectively coordinate a person's treatment in a correctional institution with their treatment in the community depends in part on the availability and proximity of community-based health care and substance abuse treatment providers. Partnerships between corrections and community providers may therefore run the gamut from programs in which patients see the same primary providers or substance abuse professionals during and after incarceration, to those in which people develop relationships with community providers only during the final months of their incarceration, to those in which inmates simply learn about a community provider in a pre-release referral. (See Policy Statement 10, Physical Health Care and Policy Statement 12, Substance Abuse Treatment for more on engaging community-based providers in treatment of people during their incarceration.) Communities are also developing innovative ways to connect their mental health, substance abuse, and criminal justice systems in an effort to intervene, divert, and treat people with co occurring disorders. (See Policy Statement 11, Mental Health Care, for a more extensive discussion of treatment for co-occurring mental health and substance abuse disorders.)

Corrections officials who allow treatment providers from the community to establish a relationship with the individual while he or she is still incarcerated ensure the greatest continuity of care. For this reason, corrections officials in facilities that have policies preventing external service providers from even visiting the facility should consider eliminating such bans.³³ Many correctional facilities already provide medical care to inmates by contracting with private providers; contracting with those who also provide community-based health services can both improve continuity of care and increase capacity in communities to which people return from prison or jail. Corrections should encourage community-based organizations to establish a pre-release relationship with inmates either by providing direct services to the inmate during his incarceration, or by offering more general pre-release planning.

EXAMPLE: Project Bridge, Miriam Hospital (RI)

Project Bridge provides a variety of services for HIV-infected inmates within the Rhode Island correctional system. First, Brown University or Miriam Hospital-based infectious disease specialists treat HIV-infected inmates within the correctional system. In addition, approximately 60 days prior to a person's release, a two-person team from Project Bridge (an outreach worker and a social worker) approaches potential participants to develop a treatment plan. Upon release, project participants usually see the same medical providers they saw while they were in prison. Moreover, the team members provide reminders and transportation assistance for medical appointments, facilitate communication with hospital staff, and help participants obtain other social services, including substance abuse treatment.

³³ Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

EXAMPLE: Project Success (FL)

Project Success is an 18-month substance abuse treatment program for adult females that works with women both during and after their incarceration. Program staff visits the county jail monthly to inform women about Project Success. Women who are eligible to participate, have enough time remaining in their sentences to complete the six-month residential component of the program, and are interested in participating are admitted to the program. When the women return to the community, they enter a 12-month aftercare phase. During that phase, Project Success provides the women with case management services, including housing placements.

Even if the community provider does not actually work with the individual prior to his or her release, institutional health and substance abuse professionals should at least provide each outgoing prisoner with a referral to a community-based provider or program qualified to continue his or her treatment.

**EXAMPLE: Snohomish County Human Services,
Division of Alcohol and Other Drugs (WA)**

The Snohomish County Division of Alcohol and Other Drugs operates a variety of outpatient treatment programs to serve low-income county residents. One of the six treatment providers that work with the Division specializes in treating co-occurring substance abuse disorders in people with a diagnosed mental illness. At the request of the Department of Corrections, case managers from that provider will conduct assessments in the local prison or jail, so that individuals with co-occurring disorders can obtain appropriate treatment upon their release.

To refer a prisoner to a community health care provider effectively, prison service providers should consider the individual's summary health record and/or his or her transitional plan to determine ongoing treatment needs. Further, transition planners (perhaps in conjunction with public health officers or representatives from community-based organizations) should make the outreach and research efforts necessary to familiarize themselves with the services available in their particular community. For instance, in New York, a person with HIV/AIDS may receive better care at a designated HIV/AIDS center where the providers have specialized experience working with that disease. In another city, corrections officials, working through state agencies or hospital associations, may find that the best care comes from well-established community centers. Still elsewhere, a strong private hospital may be the best option for referrals. Ideally, this learning and outreach process will result in not only increased information for referrals, but also better relationships and increased partnerships between corrections and the community.

Transition planners should coordinate carefully with whichever community-based providers they determine to be appropriate, as well as with community corrections officers, to ensure that people leaving prison and jail have a safety plan to immediately obtain needed services upon release. Ideally, people who are leaving prison or jail will be able to continue their treatment with a program that shares the same or similar philosophy of care and treatment modalities as their institutional drug program. This explicit form of continuity of care is most efficient because it not only increases the duration of treatment but also builds on treatment methods

that are already familiar to the prisoner, rather than introducing a whole new set of interventions.

Corrections administrators need to provide as much advance notice as possible about the inmate's projected release date to the correctional health care providers or transition planners who are actually responsible for linking the inmate with community services. Two to three months' notice may be sufficient to make all the necessary preparations, but the more advance planning there is, the more careful and thorough the transfer can be. Corrections treatment providers can smooth the transition and maximize the likelihood of patient cooperation with treatment if they also promptly advise the community provider of the release date and send along the inmate's summary health record and any other specific referral information. Even such basic steps could enhance the continuity of care for many inmates re-entering the community.

EXAMPLE: Aftercare Planning in Health Services, North Carolina Department of Corrections Division of Prisons

Aftercare Planning in Health Services seeks to ensure continuity of care for every inmate identified as mentally ill, developmentally disabled, and/or medically needy. Approximately six months prior to the inmate's release, the inmate and social worker (along with other members of the institutional treatment team) complete an aftercare plan to coordinate the inmate's mental health, medical care, and other social service needs post-release. The program works with a host of community-based partners, including Duke University Medical Center, East Carolina School of Medicine, and the University of North Carolina hospital system, the Veterans Administration, community faith-based organizations, Alcoholics Anonymous, and Narcotics Anonymous.

Individuals who are in and out of jail in a period far shorter than two to three months would also benefit from well-established relationships with community providers. If nothing else, they can be directed to a community provider and given a copy of any initial assessment documentation. (See Policy Statement 10, Physical Health Care, for more on medical evaluations for short-term inmates.) People who have been in treatment for substance abuse issues during their incarceration should receive written and oral information about area walk-in substance abuse programs upon their release. At a minimum, transition planners should help any person leaving prison or jail who has substance abuse issues identify meetings of peer support groups (such as Alcoholics or Narcotics Anonymous) that are located near to where he or she will live and/or work. Probationers or parolees should then be able to provide proof of attendance to their community supervision officers upon their first meeting. As appropriate, refer-

TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES MODEL

One model for collaboration between the criminal justice system and the substance abuse treatment system is Treatment Accountability for Safer Communities (TASC). TASC is a case management and system intervention program that addresses the needs of individuals with substance abuse disorders who are involved with the criminal justice system. The TASC model links the criminal justice system with the drug treatment system by coordinating services for individuals at any point in the criminal justice system, including those who are reintegrating into the community. The TASC approach varies on a state-by-state basis, but most TASC initiatives are comprised of the following four activities:

- Identification of individuals involved with drugs and referral into the TASC program.
- Assessment of alcohol and drug treatment needs through an objective clinical assessment that determines the nature and extent of addiction, mental health, and ancillary services needs.
- Referral into the appropriate treatment placement.
- Continuous case management on a variety of levels to ensure compliance with criminal justice orders and treatment plan.

rals should be made for medical, dental, mental health, substance abuse, and/or cognitive/behavioral programs. Indeed, no inmate should leave the facility without a set appointment or appointments with a community-based provider or providers. Referring prisoners to community providers need not be a huge investment on the part of a department of corrections, particularly given that some materials already exist which identify low-income providers. In addition to public hospitals and clinics affiliated with state or local departments of health and mental health, resources such as the National Free Clinic Directory (www.medkind.com/scripts/modules/module6/a3.idc) can provide listings of free health care clinics nationwide.

c | Provide prisoners receiving medications with a sufficient interim supply of essential medications upon their discharge into the community.

To facilitate a baseline continuity of care, correctional health care providers or transition planners must ensure that a prisoner can continue whatever medication regimen he or she was following in the days preceding his or her release when he or she returns to the community. Generally, a person should leave jail or prison with a medication supply sufficient to cover the time lapse between his or her last medical appointment at the correctional facility and his or her first appointment in the community. When transition planners or correctional health care providers make an inmate's initial appointment for follow-up care with a community-based provider, they should determine precisely what this interval will be and provide for exactly the amount of medication needed. Where the actual time lapse is unknown, however, health care providers should estimate the time it would reasonably take the person to obtain follow-up care in the community to which he or she will return. At a minimum, in accordance with the American Public Health Association standards, health care providers should supply a person leaving prison or jail a two-week supply of medication upon his or her discharge.³⁴

EXAMPLE: Health Services, Georgia Department of Corrections (GA)

At the time of discharge, the Department of Corrections supplies all individuals with a minimum of two weeks' worth of medication. In addition, institutional nurses will set up appointments with community providers when possible and enroll eligible individuals in Medicare.

Whatever the amount of medicine given, providers must label all medications according to state pharmaceutical standards and explain to prisoners the proper self-administration of the medication.

A prescription is not an adequate substitute for the medication itself. Filling the prescription and paying for it present barriers to proper adher-

³⁴ American Public Health Association Task Force on Correctional Health Care Standards, *Standards for Health*

Services in Correctional Institutions, Section III.H.6 (Washington, DC: American Public Health Association, 2003).

ence to the treatment regimen. Indeed, the delay in most medical benefit programs makes it especially difficult for recently released prisoners to fill prescriptions immediately upon their re-entry. (See Policy Statement 24, Identification and Benefits, for more on obtaining timely health benefits for recently released prisoners.) Nonetheless, where corrections-based health care providers by law or by policy cannot provide people leaving prison or jail with an amount of medication to sufficiently cover the entire period between discharge and their first appointment in the community, they should give these individuals prescriptions to be filled when the original supply of medication is depleted.

▫ Educate people in prison and jail about continuity of care and provide them with the summary health record and other important medical records prior to discharge.

When people released from prison or jail do not obtain necessary medication or treatment, they often relapse into substance abuse (sometimes to self-medicate), experience renewed symptoms of their illness, and/or suffer complications from chronic disease. All of these possibilities can endanger the person's health, prompt unnecessary and expensive emergency department usage, and expose correctional health care providers to litigation and liability. It is therefore critical that correctional health care providers educate inmates about their need for continuing care upon release to the community. Ideally, a conversation about the meaning of and need for continuity of care in the community should conclude the process of health education initiated at the outset of the prisoner's care in the correctional facility. (See Policy Statement 10, Physical Health Care, for more on providing health education to people during their incarceration.) More specifically, the conversation should cover the person's treatment during incarceration and what he or she should expect from treatment (or the failure to obtain it) in the community. Correctional health care providers must educate people leaving correctional facilities about the proper administration of prescribed medication, as well as the critical importance of precise compliance with the medication regimen and follow-up treatment. Ultimately, an individual can sustain his or her health in the community only if he or she personally appreciates the need to seek and maintain health treatment and medication; it is up to the corrections-based health care provider, however, to equip the individual with the tools to reach that understanding.

As noted above, any person leaving prison or jail should receive a copy of his or her summary health record to take with him or her and should understand the importance of passing information about his or her current status along to community providers. Health care providers should also discuss pertinent laboratory and diagnostic tests with people who are

in prison or jail and give them additional copies for subsequent clinicians. As correctional health care providers advise re-entering individuals about their referrals to community providers, the corrections-based providers should make sure that they understand where and when they need to go to obtain treatment, as well as the nature of any preset appointments. In addition, people released from prison or jail should obtain contact information for the correctional health care providers who treated them, so that future providers may reach out to these providers for more information, if necessary.

**EXAMPLE: Aftercare Planning in Health Services,
North Carolina Department of Corrections Division of Prisons**

Aftercare Planning in the North Carolina Division of Prisons builds on the prisoner health education that begins upon intake or diagnosis of a particular health condition. Clinical staff engages in one-on-one consultations with affected individuals; a social worker then devises a holistic aftercare plan and completes a form with referrals to relevant service agencies in the community to which the individual will return. Upon release, each person receives a copy of the form and of his or her medical record in a packet that also includes information on other linkages, a social security card, driver's license, and records of programs that he or she has completed.

21

CREATION OF EMPLOYMENT OPPORTUNITIES

Promote, where appropriate, the employment of people released from prison and jail, and facilitate the creation of job opportunities for this population that will benefit communities.

Viable job prospects can be few and far between for people returning to the community from prison or jail, even for those that have benefited from the programming discussed in Policy Statement 15 (Education and Vocational Training) and Policy Statement 16 (Work Experience). The opportunities that do exist are limited further by laws, regulations, or policies that prohibit or discourage employers from hiring people with criminal records. Policymakers can increase the pool of potential employers by examining these barriers and eliminating those that have no real bearing on public safety. Further, businesses that do not currently employ significant numbers of people after their incarceration need to be educated about support available to employers who hire released individuals, including government financial incentives, third-party intermediaries, and community corrections supervision.

research highlights

There are barriers at the individual level that impede released individuals' efforts to secure and maintain employment.

Many of the communities that receive released individuals are ill prepared to absorb those with low employability.

Most employers are hesitant to hire released individuals.

Arrest and incarceration have some impact on the employment rates, and especially on the earnings, of people released from prison and jail.³⁵ The dearth of available jobs in certain neighborhoods and the stigma of having a criminal record both hinder the employability and earnings capacities of people released from prison or jail; surveys have found that 60 percent of employers, upon initial consideration, would not hire a released individual.³⁶ It is worth noting that the employment rates and earnings histories of individuals in prison and jail were often low before incarceration as a result of limited education experiences, low skill levels, and the prevalence of physical and mental health problems; a criminal record and recent incarceration only exacerbate these employment challenges.³⁷

Most inmates return to low-income, disadvantaged communities with limited employment prospects.³⁸ These communities often have large numbers of low-skilled residents and relatively few unskilled jobs, let alone skilled jobs offering long-term employment stability. Peer groups in these neighborhoods presumably provide relatively few contacts to the world of legitimate work.³⁹ All residents in these neighborhoods are adversely affected by what has been coined “spatial mismatch”—a surplus of workers relative to the number of available jobs in certain neighborhoods.⁴⁰ Weak networks and contacts will continue to exacerbate the employment difficulties of released individuals.⁴¹

Employers are often hesitant to hire released individuals for a number of concrete reasons. Besides the stigma of a criminal record and prevalent mismatches between job needs and skill levels of released individuals, state and federal laws prohibit individuals with certain felony convictions from working in certain occupations.⁴² In addition, employers can be legally liable for certain crimes committed by employees if they are found to have been negligent in their hiring.⁴³

35 Richard Freeman, “Crime and the Employment of Disadvantaged Youth” in George E. Peterson and Wayne Vroman (eds.), *Urban Labor Markets and Job Opportunities* (Washington, DC: The Urban Institute Press, 1992); Jeffrey Grogger, “The Effect of Arrests on the Employment and Earnings of Young Men,” *Quarterly Journal of Economics* 110, no. 1 (1995): 51–71; and Jeffrey Kling, “The Effect of Prison Sentence Length on the Subsequent Employment and Earnings of Criminal Defendants,” *Woodrow Wilson School Discussion Papers in Economics* 208 (Princeton, NJ: Princeton University Press, 1999).

36 Harry Holzer, Steven Raphael, and Michael A. Stoll, *Employment Barriers Facing Ex-Offenders* (Washington, DC: The Urban Institute, 2003); Fredrik Andersson, Harry J. Holzer, and Julia I. Lane, *The Interaction of Workers and Firms in the Low-Wage Labor Market* (Washington, DC: The Urban Institute, 2002); Harry Holzer, Steven Raphael, and Michael A. Stoll, *Can Employers*

Play a More Positive Role in Prisoner Reentry? (Washington, DC: The Urban Institute, 2002).

37 Ibid.; Jeremy Travis, Amy L. Solomon and Michelle Waul, *From Prison to Home: the Dimensions and Consequences of Prisoner Reentry* (Washington, DC: The Urban Institute, 2001).

38 Nancy G. La Vigne et al., *A Portrait of Prisoner Reentry in Illinois* (Washington, DC: The Urban Institute, 2003); Nancy G. La Vigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington, DC: The Urban Institute, 2003).

39 William Julius Wilson, *When Work Disappears: the World of the New Urban Poor* (New York: Random House, 1996).

40 Keith R. Ihlanfeldt and David L. Sjoquist, “The Spatial Mismatch Hypothesis: A Review of Recent Studies and Their Implications for Welfare Reform,” *Fannie Mae Foundation Housing Policy Debate* 9, no. 4 (1998); Michael Stoll and Steven Raphael, “Racial Differences in Spatial

Job Search Patterns: Exploring the Causes and Consequences,” *Economic Geography* 76, no. 3 (2000): 201–23.

41 Harry Holzer, Steven Raphael, and Michael A. Stoll, *Employment Barriers Facing Ex-Offenders* (Washington, DC: The Urban Institute, 2003). Harry Holzer, “Informal Job Search and Black Youth Unemployment,” *American Economic Review* 77, no. 2 (1987).

42 Joan Petersilia, “Parole and Prisoner Reentry in the United States,” in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999).

43 Employers have lost 72 percent of negligent hiring cases with an average settlement of more than \$1.6 million—see Mary L. Connerley, Richard D. Arvey, and Charles J. Bernardy, “Criminal Background Checks for Prospective and Current Employees: Current Practices Among Municipal Agencies,” *Public Personnel Management* 20, no. 2 (2001).

The willingness of employers to hire this population can be increased if a third-party intermediary is involved and if they are informed about financial incentives and protections.

Employers are more willing to hire released individuals who have been convicted of drug-related and property crimes than violent crimes.⁴⁴ They are also more willing to hire individuals who have not been released from prison recently, and who have had some work experience since prison.⁴⁵ Importantly, a survey of 600 employers by the Welfare to Work Partnership indicates that the willingness of employers to hire released individuals can be increased with the use of third-party intermediaries—such as a social service organization, faith- and community-based organization, case manager, or parole/probation officer—that can work with the new hire to help avert problems.⁴⁶ The survey also suggests that already existing incentives, such as the Federal Bonding Program, Work Opportunity Tax Credit, and Welfare-to-Work programs, can encourage businesses to hire released individuals. Employers need to be educated about current opportunities in this area, and there are an increasing number of resources that can help.⁴⁷

recommendations

- A | Educate employers about financial incentives, such as the Federal Bonding Program, Work Opportunity Tax Credit, Welfare-to-Work programs, and first-source agreements, which make a person who was released from prison a more appealing prospective employee.**

Businesses should be made aware that integrating individuals who have been released from prison and jail into the workforce can benefit the community and generate tax savings. To that end, workforce specialists and corrections administrators should determine what incentive programs are available to prospective employers of people released from prison or jail, and, when possible, facilitate connections between employers and program contacts.

The Federal Bonding Program is particularly relevant to the employment of released individuals, and corrections administrators and workforce developers should ensure that potential employers are aware of it. Many prisons provide information on the bonding program directly to the inmate upon their release. Thus, the actual implementation of the program relies heavily on the released individual marketing the program to potential employers. This marketing is more likely to be successful if employers have already been informed about the program.

⁴⁴ Harry Holzer, Steven Raphael, and Michael A. Stoll, *Employment Barriers Facing Ex-Offenders* (Washington, DC: The Urban Institute, 2003).

⁴⁵ Ibid.

⁴⁶ Welfare to Work Partnership, "Member Survey: Taking the Next Step," *The Welfare to Work Partnership 2000 Series*, no. 1 (2000).

⁴⁷ For more information, see the National H.I.R.E. Network at www.hirenetwork.org.

EXAMPLE: Project ReConnect, Office of Classification and Programs, Florida Department of Corrections

In order to encourage employers to hire people with criminal records, the program's literature concentrates on highlighting the availability of the Federal Bonding Program, as well as the Work Opportunity Tax Credit. Working in partnership with Workforce Florida, Inc., the program assists employers in accessing this funding.

In partnership with workforce leaders, departments of corrections can determine the best way to communicate with potential employers. Some states provide information packets to employers on general issues related to hiring released individuals.

Policymakers can also create first source agreements to require government or government-subsidized contractors to hire local residents or particular populations, including people with criminal records.

EMPLOYER FINANCIAL INCENTIVES FOR HIRING INDIVIDUALS RELEASED FROM PRISON OR JAIL

PROGRAM	DESCRIPTION
Federal Bonding Program	Created in 1966 by the US Department of Labor, the Federal Bonding Program helps to alleviate employer concerns that at-risk job applicants will be untrustworthy workers by allowing employers to request—free of charge—fidelity bonds to cover people who, like released individuals, cannot be covered by commercial insurance, such as offenders. A fidelity bond is a business insurance policy that protects the employer in case of any loss of money or property due to employee dishonesty. It is, in effect, a “guarantee” to the employer that the person hired will be an honest worker. Fidelity bonds issued through the Federal Bonding Program insure the employer, at no cost, against theft, forgery, larceny, or embezzlement by the employee. Either the employer or the job applicant can request that a bond be issued by the local agency certified by the Federal Bonding Program. <i>More information is available at www.doleta.gov/documents/fedbonding.asp.</i>
Work Opportunity Tax Credit	The Work Opportunity Tax Credit (WOTC), authorized by the Small Business Job Protection Act of 1996 (P.L. 104-188), is a federal tax credit that encourages employers to hire job seekers who might otherwise be perceived as less desirable by reducing employers’ federal income tax liability by as much as \$2,400 per qualified new worker. Among the nine categories of new hires who qualify for the tax credit are people who have been convicted of felonies and are members of low-income families. The WOTC was reauthorized in March 2002, to extend the period of eligibility to workers hired up until January 2004. ⁴⁸ <i>More information is available at www.usdoj.gov/wotcdata.asp.</i>
Welfare-to-Work Tax Credit	The Welfare-to-Work Tax Credit is a federal income tax credit that encourages employers to hire long-term family assistance recipients (which can include people released from prison or jail) who begin to work any time after December 31, 1997, and before January 2004. Established by the Taxpayer Relief Act of 1997, this new tax credit can reduce employers’ federal tax liability by as much as \$8,500 per new hire (depending on the amount that the new hire earns) over the first two years. Qualified wages are capped at \$10,000 per year. <i>More information is available at www.usdoj.gov/wtw.asp.</i>

⁴⁸ As noted, the WOTC (as well as the Welfare-to-Work Tax Credit) had an original reauthorization date of January 2004. Although the date

has passed, neither program has yet been reauthorized; however, both programs have been extended until Congress takes some further action.

EXAMPLE: Milwaukee Residency Preference Program (WI)

Chapter 309-41 of the Milwaukee Code of Ordinances stipulates that resident preference hiring is required for all construction contracting activities of the Department of Public Works. Twenty-five percent of worker hours must be performed by unemployed residents of “special impact areas,” those urban areas determined to have the highest employment rates by the Federal Economic Development Administration. Esperanza Unida and Milwaukee Urban League frequently link contractors with trained or qualified workers from impact areas. (Both organizations offer job training programs to prepare candidates for employment.) After being hired by the Department of Public Works, employees from special impact areas are considered “target residents” for five years. Contractors have access to their information and may recruit them for future jobs.

Identifying and supporting corporate champions and spokespeople for hiring individuals released from prison or jail will further promote education among potential employers and advance the goal of opening doors and removing barriers to employment. Chambers of Commerce and other employer associations may be excellent partners in the dissemination of materials to their members, hosting informational sessions, and even highlighting employers who successfully hire and retain released individuals. These associations may be hesitant to promote a stance that does not reflect the views of all of their members; therefore, workforce developers and corrections administrators should provide as much information and assistance as possible to allay these concerns.

EXAMPLE: Durham Reentry Initiative, Durham Chamber of Commerce (NC)

As part of the Durham Reentry Initiative, the Durham Chamber of Commerce has hired an employment specialist to market the program to employers and help them access resources such as the federal bonding program, tax credits, and on-the-job training incentives. The program is funded through a grant from the Governor’s Crime Commission.

The Welfare-to-Work Partnership, which works with a population that, like people with criminal records, faces numerous obstacles to employment, provides another valuable model for outreach, education, and business leadership. While the formation of a new coalition may not be feasible or appropriate, corrections employment specialists should establish partnerships with existing business organizations for the purpose of raising awareness and removing stigmas around hiring released individuals.

Finally, policymakers and workforce developers should recognize the public stigma that may be associated with hiring people with criminal records and work with employers to diminish the potential negative effects on business of that stigma. Employers who hire people released from prison or jail may wish to

THE NATIONAL H.I.R.E. NETWORK

The National Helping Individuals with criminal records Re-enter through Employment (H.I.R.E.) Network, a project of the Legal Action Center, has developed useful resources for people working to improve the employment prospects for people with criminal records. These resources, available at www.hirenetwork.org, include the following:

- A state-by-state analysis of employment restrictions and other laws that hamper the ability of people with criminal records to reintegrate into society
- Information for employers on utilizing incentives and supports available when employing people released from prison or jail
- State-specific guides for individuals with criminal records on how to obtain their records and prepare for a job search
- State-specific listings of employment and legal resources
- Guidelines for communities seeking to identify and implement strategies for the reintegration of individuals released from prison and jail

have these actions kept confidential, or to restrict the number of released individuals that they hire. Corrections administrators and workforce specialists should respect these wishes, while continuing the public education process that is critical to continued outreach and job development.

B | Determine which industries and employers are willing to hire people with criminal records and encourage job development and placement in those sectors.

Many employers will not consider hiring individuals with criminal records for a variety of reasons—legal restrictions, tight labor markets, concern about trustworthiness, or fear of being held liable. However, there are employers willing to hire individuals who have been incarcerated, and some industries are particularly welcoming to this population. According to the National H.I.R.E. Network, the industries most open to hiring people with criminal histories are services, manufacturing, construction, commercial food, distribution, and some transportation. Entry-level positions that require limited education but may emphasize ability and performance over criminal histories are available in the restaurant, warehouse, and production industries. Customer service, sales, and clerical positions may offer similarly appropriate starting points. The challenge for the workforce development practitioner is to determine which businesses and industries in a locality may be willing to hire people with criminal records, to develop relationships with them, and to support them so that they begin or increase such hires.

EXAMPLE: Offender Re-Entry Program, Suffolk County House of Correction (MA)

Among other supportive employment services, job counselors with the Offender Re-entry Program provide intensive job placement assistance to people who are incarcerated in Suffolk County. Over time, job counselors have developed the ability to steer released individuals to real employment opportunities—industries and companies that are open to hiring released individuals—and away from industries that because of statute, administrative regulation, insurance requirements, or bias exclude individuals with criminal histories.

EXAMPLE: Ex-Felon Employment Initiative, San Francisco District Attorney's Office and National Economic Development and Law Center (CA)

The San Francisco District Attorney's Office partnered with the National Economic Development and Law Center (NEDLC) in a project to move first-time, low-level drug dealers into employment and away from the courts and the streets. In its research, NEDLC found that special trade construction and social services were the two industries most accessible to people with felony convictions. This research culminated in a report on the findings and recommended strategies, and the report was presented to employers, people with felony convictions, government and justice system representatives, training providers, and other community stakeholders.

c | Review employment laws that affect the employment of people based on criminal history, and eliminate those provisions that are not directly linked to improving public safety.

There are a number of laws that govern the employment of people with criminal records. Some of these laws protect people with criminal records from discrimination based on their conviction record, and others restrict employers from hiring people with certain types of convictions. Policies and legal standards for the employment of people with criminal records are created primarily by state laws. To understand the legal and policy constructs which affect people with criminal records seeking employment, jurisdictions should review the relevant statutes and regulations in their states and consider eliminating any provisions which do not clearly bear on public safety and/or a person's ability to perform the job. The New Jersey Institute for Social Justice, for example, produced an exhaustive study of the "collateral consequences" or legal and regulatory framework which affects opportunities for former prisoners seeking to reintegrate into New Jersey communities, particularly in the area of employment. The study was a preliminary step in implementing a policy principle of "eliminat[ing] the structural and legal barriers to reintegration that are unnecessary to preserve public safety."⁴⁹

There is no explicit federal law governing the employment of people with arrest and conviction records. However, the Equal Employment Opportunity Commission (EEOC), the agency responsible for enforcing federal anti-discrimination employment laws, has offered guidance that employers governed by Title VII of the Civil Rights Act⁵⁰ must not exclude people based upon *arrests* that did not lead to conviction unless there is a "business justification"⁵¹ and must not exclude people because of criminal *convictions* unless there is if there is a "business necessity."⁵² People with arrest and conviction records whose civil rights are violated can sue under Title VII.⁵³

⁴⁹ Nancy L. Fishman, *Briefing Paper: Legal Barriers to Prisoner Reentry in New Jersey* (Newark, NJ: New Jersey Institute for Social Justice, 2003).

⁵⁰ Title VII covers all private employers, state and local governments, and education institutions that employ 15 or more individuals. It also covers private and public employment agencies, labor organizations, and joint labor management committees controlling apprenticeship and training. 42 USC 2000e-4.

⁵¹ A "business justification" must show that the applicant engaged in the conduct for which he or she was arrested, and that the conduct is both job-related and fairly recent. The EEOC guidance requires employers to give applicants a chance to explain their arrest records before they are disqualified from employment. See Equal Employment Opportunity Commission, Notice No. N-915-061, Policy Guidance on the Consideration of Arrest Records in Employment Decisions under Title VII of the Civil Rights Act of 1964 (September 7, 1990).

⁵² To establish "business necessity," the employer must consider: (1) the nature and gravity of the offense(s); (2) the time that has elapsed since the conviction and/or completion of the sentence, and; (3) the nature of the job held or sought. For example, business necessity exists where the applicant has a fairly recent conviction for a serious offense that is job-related. See Equal Employment Opportunity Commission, Notice No. N-915, Policy Statement on the Issue of Conviction Records under Title VII of the Civil Rights Act of 1964 (February 4, 1987).

⁵³ The applicable law is Title VII of the Civil Rights Act of 1964 which prohibits private employers and state and local governments from discriminating in employment based upon race, color, national origin, gender, or religion. This is because such policies often have a disproportionate impact on minorities, who are arrested and convicted at a significantly higher rate than their percentage in the population.

Employers may consider an applicant's conviction record and, in some cases, a person's arrest record. Generally, employers are permitted to ask job applicants if they have ever been convicted of an offense, and employers may legally consider an applicant's conviction(s) in making hiring decisions. Indeed, state law prohibits employers in certain fields from hiring people with criminal convictions. The types of jobs with such mandated background checks tend to be in the fields of childcare, education, security, nursing and home healthcare, where "vulnerable" populations are involved, though the range of restrictions has steadily grown in the last several years to include a larger number of occupations and a larger category of crimes. If an applicant fails to disclose such information or misrepresents the information, and the employer discovers the deception, the individual can be legally fired.

States should prohibit both public and private employers and occupational licensing agencies from inquiring about or using any type of arrest record or charge that did not lead to conviction as a basis to deny access to a job, promote, discharge, or make other employment-related decisions. Because an arrest has never been vetted through a judicial process, it is simply not a sufficiently reliable basis for precluding a person's employment. A number of states prohibit pre-employment inquiries and consideration of arrest information through their state's human rights or anti-discrimination employment statutes. For example, New York does not allow employers to ask about any arrest or criminal accusation that was terminated in the applicant's favor.⁵⁴ Rhode Island forbids any employment application questions pertaining to whether the applicant has ever been arrested or charged with a crime.⁵⁵

Increasingly, criminal records are available on the Internet for employers, landlords, and anyone else who may want to learn about a person's criminal record. While it may not seem troubling to make this information readily accessible to the general public, problems arise when people who are untrained to review rap sheets can see them and use the information to make employment decisions. Moreover, because many criminal records contain arrests that did not lead to conviction or errors such as missing disposition information, the material could be misinterpreted. This type of information should be available only to those with a legitimate need for it and those who are qualified to read and interpret it, such as criminal justice agencies and employers in sensitive occupations like childcare facilities. Given the possibility of misuse by employers, landlords, and others, state agencies should not make conviction information publicly accessible on the Internet.

⁵⁴ NY EXEC. LAW § 296(16).

⁵⁵ RI GEN. LAWS § 28-5-7(7).

D | Promote individualized decisions about hiring instead of blanket bans and provide documented means for people with convictions to demonstrate rehabilitation.

There are a range of factors that should influence an employer’s decision to hire a particular applicant, including his or her criminal record and its bearing on the job in question. States should prohibit categorical employment bans based solely upon conviction records, except in very narrowly tailored situations. For instance, while it may be appropriate to prohibit anyone convicted of a child sex offense from working in day care, it would be unreasonable to say that anyone who has ever been convicted of any offense should be prohibited from working with children. States should instead require employers to make individualized determinations that consider the relationship between the person’s conviction history and the position or license sought, including whether the conviction demonstrates that the applicant would be a threat to the safety of those around him or her or cannot be trusted to perform the job in question.

A number of states have enacted laws requiring occupational licensing agencies and public and private employers to make individualized assessments about job applicants’ conviction records, rather than allowing them to have blanket bans against hiring anyone with a criminal record. These laws recognize that people should be treated individually (based on his or her individual history, merit, and circumstances) but that employers should also retain discretion to decide whom to hire. In order to justify excluding an applicant on the basis of a criminal conviction, Kansas requires that the conviction be reasonably related to the applicant’s trustworthiness or the safety or well-being of employees or customers.⁵⁶ Hawaii allows employers to consider only rationally related criminal convictions that occurred within the past 10 years and only after a conditional offer of employment has been made.⁵⁷

Even in the absence of state laws that preclude employers from eliminating people with criminal records from consideration, employers should be encouraged to consider applicants individually. Workforce specialists or

RESPONDING TO EMPLOYER QUESTIONS

To help educate employers and others, the National H.I.R.E. Network has drafted suggested responses to questions about why employers should hire individuals with criminal histories. They are summarized as follows:

- The number of individuals affected by criminal record barriers is huge. More than 630,000 individuals are released from prison each year—1,700 each day. Approximately 25 percent of all Americans have criminal records.
- Helping individuals with criminal histories improves public safety, since people with jobs commit fewer crimes than those without jobs.
- Individuals who have paid their debt to society deserve a second chance.
- Communities benefit when qualified people have the right to earn a living. Instead of paying some \$30,000 a year to house an inmate in prison, it is more cost-effective to help individuals earn a living and contribute to the tax base.
- Employers should have the right to choose whom to hire and not be restricted by laws and policies that prevent them from hiring individuals because of their criminal histories.

⁵⁶ Kan. Stat. Ann. § 22-4710(f).

⁵⁷ Haw. Rev. Stat. § 378-2.5.

third-party intermediaries can play an important role in making sure appropriate referrals are made to employers so that only qualified, job-ready applicants whose convictions are either very old or not directly related to the job in question are sent to the employer. Further, employers tend to set aside many of their general concerns about hiring released individuals as they learn more about the individual cases of potential employees. Workforce specialists should therefore provide information about the potential employee to employers including the exact nature of his or her crime, his or her criminal record (as well as what to look for when reviewing a criminal record), and whether he or she is on parole or probation. Case studies about the exceptional skills of specific released individuals should also be included; employers will be more willing to trust the system if they see some hiring success stories.

EXAMPLE: Employer Outreach, Safer Foundation (IL)

In marketing to employers, Safer uses a brochure outlining cost-effective staffing solutions and bottom-line results. It lists the various employer incentives and employee programs beneficial to employers. In addition, Safer hosts an annual employer recognition event that honors employers and allows them to see the impact of the opportunities they provide.

EXAMPLE: Support and Training Result In Valuable Employees (National)

Support and Training Result in Valuable Employees (STRIVE), a privately funded, non-profit employment service, builds its relationship with employers one client at a time. In marketing to employers, STRIVE focuses on operating as a business and responding to employer needs for education, information, and support, even though it charges no fee.

States can further support the employment of qualified people with criminal records by providing a way for them to demonstrate rehabilitation. Arizona, Illinois, Nevada, New York, New Jersey, and California offer individuals with criminal records certificates of rehabilitation which effectively lift statutory bars to jobs or licenses that result from a conviction history. Certificates of rehabilitation also benefit employers, who can retain their discretion to individually assess every applicant and not have to forego the opportunity to hire qualified employees because of federal, state, and local laws or regulations that mandate categorical exclusions based on a criminal record.

In New York, two types of certificates (depending upon the criminal history) are available to remove occupational and licensing bars resulting from a conviction and create a presumption of rehabilitation.⁵⁸ In New Jersey, the Parole Board may grant certificates of good conduct to assist a qualified person's rehabilitation by precluding licensing authorities from disqualifying or discriminating against an applicant based upon a criminal conviction.⁵⁹ California offers certificates that provide evidence of rehabilitation to people convicted of felony offenses.⁶⁰

⁵⁸ NY Correct. Law §§ 700-03.

⁶⁰ CA Penal §§ 4852.01(a)-(d) and 4852.17.

⁵⁹ NJ Admin. Code tit. 10A, §§ 70-8.1 et seq.

To the extent that such programs exist in a given jurisdiction, corrections and workforce authorities should publicize them to people with criminal records. Moreover, the application process should be clear, uniform, and streamlined to facilitate their utility for people searching for jobs and applying for occupational licenses. The state repository of criminal records should be required to include the existence of a certificate of rehabilitation on a person's official state criminal record report.

E | Use community corrections officers and third-party intermediaries to assist employers with the supervision and management of people released from prison or jail.

Employers report that a third-party intermediary or the sponsorship of a community organization makes them more likely to hire a released individual. A third-party intermediary is a person or organization that provides support and guidance for an employee who has recently re-entered the workforce. The third-party intermediary can also serve as a go-between to improve the relationship between the employee and his or her new employer. So, for example, an employer could discuss concerns about an employee's tardiness with the third-party intermediary, who could run interference, act as a decision-making resource, or provide some counseling or supervision to ensure that the problem gets corrected. Workforce specialists should make employers aware of services and resources available to support their hiring of released individuals, including third-party intermediaries.

At a very basic level, probation or parole officers can serve as third-party intermediaries because they are already providing some supervision of the employee. The supervising agency has the power to sanction released individuals who do not comply with terms and conditions of release, which typically address employment matters such as regular attendance at work. The supervising authority may also provide incentives to the probationer or parolee who is successful in complying with conditions, such as maintaining a single job for an extended period of time. Corrections administrators can also facilitate communication with employers about a particular employee by establishing a single point of contact in the corrections system so that employers do not have to waste valuable time or resources to coordinate with various people regarding individual hires. If a prisoner is working with a transitional team, one person on the team (or one person before, and another after, release) should be the point of contact between the released individual and the employer. When the individual is released, the employer should be informed if the contact will change from a corrections staff person to an individual with a community organization, a One-Stop, or some other entity, or whether there will no longer be a contact other than the individual.

Because third-party intermediaries can make the difference between job placement, job retention, and job advancement, and because community supervision officers may only provide limited employment support, workforce developers and corrections administrators should engage community organizations, including faith-based organizations, to sponsor released individuals seeking jobs within their communities.

EXAMPLE: Ready-4-Work (National)

Ready-4-Work is a faith-based, reintegration employment project. Ready-4-Work helps businesses meet staffing needs in part by collaborating with community organizations that train and mentor individuals after they are released from prison.

This sponsorship could include help with obtaining appropriate clothing, transportation, daycare, or other supports. Employers can find and engage intermediaries by contacting local One-Stop career centers, United Way offices, or other organizations that aggregate local service organizations. Many existing employment-related organizations already provide networking services as third-party intermediaries.

EXAMPLE: Welfare to Work Partnership, Chicago Law Project (IL)

The Welfare to Work Partnership acts as a third-party intermediary to assist people released from prison or jail who are seeking work in Chicago law firms. Candidates are screened and then trained for 13 weeks. Two weeks into the training, each participant is placed in a part-time, paid internship with a law firm that has been engaged by the partnership. In addition, the individual is matched with a volunteer mentor from the firm. Upon completion of the training, the candidate is placed with a law firm full time and continues to receive support services (skill development, transportation, and child care assistance) for one year.

In the best-case scenario, there is typically a person at a community-based organization who acts as an intermediary between the employer and the employed released individual. This person supplements the work of the parole or probation agency by ensuring that the employer's needs are met and that the released individual fulfills the expectations of their parole or probation re-entry plan. Intermediaries may continue to engage with released individuals even after their term of community supervision is over.

Where third-party intermediaries exist, they should be promoted extensively by transition planners as a means of increasing released individual employment opportunity and as a support for employers. Employers who have had success with intermediary programs should be encouraged to share success stories in finding strong employees through Welfare-to-Work programs. These success stories, as well as lessons learned in the course of working with released individuals, should be highlighted for prison staff and other employers.

F | Identify community service opportunities and internships for people released from prison or jail who cannot find work so that they can acquire real work experience and on-the-job training.

Released individuals should be better incorporated into community service opportunities that serve a wide range of individuals who experience difficulty finding work or who need additional skill development to secure meaningful employment. Some of these opportunities may even be available to released individuals in prison or on work release, and corrections staff should encourage inmate participation in community service during the incarceration period. (See Policy Statement 22, Workforce Development and the Transition Plan, for more on using community service as work-release programming.) Individuals may also benefit from the work experience that can be obtained through community service after their release to the community.

EXAMPLE: Neighborhood Work Program, Center for Employment Opportunities (NY)

The Neighborhood Work Program (NWP) provides individuals released from Shock Incarceration, New York's six-month corrections boot camp, with short-term, minimum-wage employment through contracts with government agencies. NWP work crews do maintenance, repair and sanitation jobs for dozens of government facilities in the New York City area. NWP currently coordinates 35 to 40 work crews with five to seven members each.

Released individuals who are performing community service may still require other supportive services, and these should not be withdrawn because the “employment” is unpaid.

Connect inmates to employment, including supportive employment and employment services, before their release to the community.

Connecting each prisoner to a job in the community in advance of his or her release date is a critical step to facilitating a successful return to the community. Programming during incarceration (discussed in Policy Statement 15, Education and Vocational Training, and Policy Statement 16, Work Experience) can prepare the prisoner to take advantage of the expansion of workforce opportunities in the community, as outlined in the previous policy statement, Creation of Employment Opportunities. Many individuals will still require assistance in finding and obtaining appropriate positions, however. Corrections staff and employment services providers should seek to promote direct linkages to jobs by increasing the flow of information and resources between the institution and the community. Employers can visit a prison to learn more about potential employees, and One-Stop career centers can offer individuals their services even before they return to the community. Work-release programs that allow prisoners to gain experience in the community and written information provided upon release can also promote effective transitions. The key to all of these efforts is cooperation that reaches across prison walls to maximize efficiency and opportunity.

research highlights

Few inmates are connected to actual jobs—transitional or permanent—before release.

While being employed is associated with reductions in recidivism,⁶¹ most inmates leave prison without having an actual job in place. A large three-state recidivism study, for example, found that less than half of released prisoners had a job lined up upon their return to the community.⁶² Studies from other states reveal even more sobering findings. Of 400 male prison inmates from Chicago who were surveyed prior to their release, only 14 percent had a post-release job lined up at the time of their interview.⁶³

Inmates would benefit from pre-release programs that enhance their job-seeking skills.

Most prisoners would benefit from vocational guidance and direct support in identifying employment opportunities matched to their skills and experience and then, aid in approaching these potential employers about jobs. Even those who have job skills and are motivated to change may lack some of the basic skills needed to secure employment. These skills, such as résumé writing, interview protocol, completing job applications, and appointment scheduling, are necessary to find and secure employment. Job skills-enhancement programs coupled with transition planning and immediate employment opportunities have consistently improved the likelihood that a recently released individual will find and maintain gainful employment.⁶⁴

Few prisons and county jails currently provide job placement services.

State and county agencies responsible for the maintenance of prisons and jails rarely provide services that link soon-to-be released prisoners with jobs on the outside. Some wardens invite private employers to their facilities for job fairs, but there is little evidence of the success or effectiveness of these initiatives. There are a limited number of examples of institution-based programs that link inmates to post-release jobs. Project RIO (Re-Integration of Offenders), run by the Texas Workforce Commission, is a notable example of the promise of these types of programs. Providing job placement services to more than 16,000 parolees each year, Project RIO has found that its participants are more likely to be employed a year after release and less likely to be re-incarcerated in comparison to similar released individuals.⁶⁵ Most organizations that link former prisoners and employers do so only after release.

61 Christopher Uggen and Jeremy Staff, "Work as a Turning Point for Criminal Offenders," in Jesse L. Krienert and Mark S. Fleisher (eds.), *Crime & Employment: Critical Issues in Crime Reduction for Corrections* (Walnut Creek, CA: AltaMira Press, 2004); Shawn Bushway and Peter Reuter, "Labor Markets and Crime," in Joan Petersilia and James Q. Wilson (eds.), *Crime: Public Policies for Crime Control*, 2nd ed. (Oakland, CA: ICS Press, 2000).

62 Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

63 Christy Visher, Nancy G. LaVigne, and Jill Farrell, *Illinois Prisoners' Reflections on Returning Home* (Washington, DC: The Urban Institute, 2003).

64 Shawn Bushway, "Employment Dimensions of Re-Entry" (paper presented at The Urban Institute's Re-Entry Roundtable, Washington, DC, May 2003).

65 R. Menon et al., *An Evaluation of Project RIO Outcomes: An Evaluative Report* (College Station: Texas A&M University Public Policy Resources Laboratory, 1992); D. C. McDonald et al., *Transition Services and Supervision for Released Prisoners: Implications of Research Findings for Program Development* (draft report prepared for the US Department of Justice, National Institute of Justice; Cambridge: Abt Associates, Inc., 1995).

There are relatively few community-based organizations that specialize in linking former prisoners to work; they are mostly locally based, and cannot begin to accommodate the national demand for services.

Such job placement programs show promise for improving outcomes for people re-
turning from prison and jail, but exist only in a handful of communities.⁶⁶ The Safer
Foundation, for example, is a Chicago-based organization that provides job train-
ing and placement, as well as transitional housing and other supportive services
for released individuals. They place nearly 1,500 individuals each year, and report
significantly lower recidivism findings for their clients than nonparticipants.⁶⁷ An
evaluation of Safer found that 29 percent of clients who completed the program
(in 1996) committed a new crime in the first 180 days of release, as compared to
the 40 percent recidivism rate statewide that year.⁶⁸ The Center for Employment
Opportunities (CEO) in New York City is another example of a large-scale job place-
ment program, which serves an average of 1,800 clients per year (nonviolent felony
parolees, individuals on work release, probationers).⁶⁹ CEO clients have an average
annual placement rate of over 60 percent and average earnings nearly 50 percent
above minimum wage.^{70,71} The CEO model consists first of preparing the person
through job readiness training and an in-depth assessment with a job counselor,
then providing them with paid transitional employment to establish their self-suf-
ficiency and a sense of accomplishment. During their transitional employment,
participants receive job development training based on the feedback from their
temporary supervisors. Then, the individual is placed in a permanent job place-
ment and, for the next twelve months, receives support from a counselor. After the
one-year period has passed, CEO will continue to provide support and training as is
necessary.⁷²

recommendations

A | Initiate job searches before people in prison or jail are released using community-based workforce development resources.

As an inmate nears the date of his or her release, the transition planner should be spearheading a comprehensive job-search effort on his or her behalf. Workforce and employment services providers from outside the walls should be engaged in this job search. Trained corrections staff should also be able to help inmates take advantage of community-based resources and develop basic job searching skills through the use of technology.

⁶⁶ For more information on these and other programs that provide job training and placement services to released individuals, see Reentry National Media Outreach Campaign, *Outside the Walls: A National Snapshot of Community-Based Prisoner Reentry Programs* (Washington, DC: The Urban Institute, 2003).

⁶⁷ Safer Foundation, available online at www.safer-fnd.org.

⁶⁸ Illinois Department of Corrections, "Departmental Data" (Springfield, IL: Department of Corrections, 1999), available online at www.idoc.state.il.us/subsections/reports/fact_sheets/FY1999.pdf.

⁶⁹ Available online at www.ceoworks.org/about.htm.

⁷⁰ Mindy Tarlow, Executive Director of CEO, interview with editor, February 2004.

⁷¹ Peter Finn, *Successful Job Placement for Ex-Offenders: the Center for Employment Opportunities*, National Institute of Justice, Program Focus (Washington, DC: 1998), NCJ 168102.

⁷² Available online at www.ceoworks.org/ceo_model.htm.

EXAMPLE: Educational and Vocational Programs, Orange County Jail and Mid-Florida Technical School (FL)

The Orange County jail has two prerelease job assistance programs. The first program, staffed by four full-time corrections employees, helps inmates search for work. The second program, staffed by two job developers from Mid-Florida Technical School, helps inmates enrolled in Phoenix vocational courses find employment and addresses their medical, housing, and transportation needs.

One-Stops provide one source of employment assistance for individuals preparing to leave correctional facilities. Prisoners are eligible for the basic job-listing and search services available through One-Stops under the Workforce Investment Act (WIA), which is designed to provide “universal” service to all job seekers and employers. Many, if not most, prisoners meet the criteria for intensive services provided by the One-Stops, which include assessments, job counseling, and other assistance. Access to skills training programs offered in the community may also be available to some inmates under WIA.

Due to many programmatic limitations or reporting and evaluation disincentives, people in prisons or jails may not receive the type or level of services envisioned under many of the programs and services available through One-Stop career centers. Rather, many of these programs and services tend to go to incumbent and dislocated workers in the community who have some experience in the local job market and who can conduct self-directed job searches more easily than people who are incarcerated. People who are in prison or jail need more assistance and access to be able to truly benefit from the advantages of a One-Stop.

EXAMPLE: Offender Reentry Program, Suffolk County House of Correction (MA)

The Offender Reentry Program (ORP), available to selected inmates at the Suffolk County (MA) House of Correction, demonstrates that, with enhanced support, One-Stop centers can effectively serve released individuals. Funded by the US Department of Education, ORP provides individuals intensive support services during and after release. Job counselors under contract from The Workplace, a One-Stop career center in Boston, provide employment readiness classes both at a halfway house and at the Workplace’s downtown office, giving students the opportunity to become familiar with center resources. Halfway house residents also participate in weekly job-support meetings at the One-Stop for 12 weeks or until they find work.

States should also facilitate access to One-Stops for people in prison by developing satellite One-Stops in correctional institutions. When financial constraints prevent the placement of actual, staffed One-Stops in the institutions, corrections administrators should consider installing “virtual” One-Stops in the institution. The virtual One-Stop would consist of computer terminals with network links to the local One-Stop’s

THE WORKFORCE INVESTMENT ACT AND ONE-STOP CENTERS

What is the Workforce Investment Act?

The Workforce Investment Act of 1998 (WIA) replaced the Job Training Partnership Act (JTPA) as the nation’s guiding federal legislation on the training, retraining, and employment of youth, adults, and dislocated workers.

What is a One-Stop?

One-Stop career centers are either physical or virtual resources for employers and job seekers to find the assistance needed to realize positive and appropriate employment. WIA requires that local workforce investment areas establish at least one physical One-Stop to serve employers and job seekers. Local workforce boards may establish more than one physical One-Stop, and may also create virtual One-Stops at partner agencies, in community-based organizations, or in other facilities, such as prisons or churches.

website and job listings. Inmates could connect with One-Stop staff and the One-Stop job databases using the computer.

Prison staff members also need to know about general community resources that will be available to help people transition back to their community upon release from correctional institutions. Even apart from virtual One-Stops, the Internet can facilitate comprehensive job searches from within the correctional institution. State employment agencies and private employment services routinely post current job listings online, as do individual employers and media outlets such as local newspapers. A computer with an Internet connection will allow any inmate access to these listings, which can be sorted by region. While security is always a concern within correctional institutions, monitoring and blocking software is readily available that can be used to limit an inmate's ability to use the computer for unintended purposes. Software currently used in some libraries, for example, restricts access so that the computer user can visit only websites that are on a preset list.

Finally, inmates need assistance while incarcerated with the writing of résumés and the creation of work portfolios for use in the job search and interviewing process, and for the benefit of job coaches and employment counselors at One-Stops and community-based organizations.

EXAMPLE: Corrections Clearing House, Employment Security Department (WA)

The Washington State Corrections Clearing House (CCH), a branch of the Employment Security Department, works with corrections officials to provide services to enable inmates to secure employment, including educational courses, vocational training programs, offsite community service opportunities for minimum security inmates, and both prerelease and post-release job-search assistance. At five prisons, CCH instructors register their students with the Employment Security Department, enabling them to access the department's JobNet computerized job databank so that they can get job leads while still in prison. In job preparation programs, students are encouraged to use JobNet as a resource and place calls to the job leads that they find using the database.

B | Encourage employers to visit the correctional facility and meet with prospective employees before they are released.

Bringing employers to the correctional facility enables prisoners to establish connections with these employers prior to release and to build valuable professional networking skills. In addition, seeing employers in the institution encourages inmates to begin job searching prior to release. To these ends, corrections administrators should provide job fairs, private sector joint ventures, guest speakers, or mock interview sessions, or other programs that will engage employers.

EXAMPLE: Inmate Transition Branch, Federal Bureau of Prisons

The Federal Bureau of Prisons' Inmate Transition Branch assists in the implementation of job fairs and mock job fairs in federal prisons and (by request) in state prisons or jails. Its precursor, the Inmate Placement Program Branch, assisted with over 350 job fairs in 100 federal prisons. The Branch also distributes instructional publications such as a *Mock Job Fair Handbook* to corrections staff nationwide.

The type of facility and its location may make it particularly difficult for an employer to come to the institution. For example, people incarcerated in county jails are usually situated geographically close to where they will be released. It may be easier for employers and One-Stop staff to partner with county jails than it is to partner with state prisons, which may be a significant distance from the home communities of inmates and relevant potential employers.

State prisons are often far from the communities to which prisoners will return, which exacerbates the problems a person in prison faces when searching for a job. Corrections administrators should consider transferring prisoners to community-based facilities such as jails as they are nearing their release dates, in order to facilitate job searches as well as to allow prisoners to make other connections in the community. (See Policy Statement 25, Development of Supervision Strategy, for more on transferring state prisoners to local facilities prior to release.)

c | Engage community members and community-based services to act as intermediaries between employers and job-seeking individuals.

If corrections officials have not already linked individuals with community- or faith-based organizations for the purpose of assistance with finding or maintaining employment, they should do so in the critical prerelease period. This engagement should begin as early as possible, however, to allow time for the process of connection or reconnection between the intermediary and the individual. (See Policy Statement 21, Creation of Employment Opportunities, for more on engaging intermediaries to facilitate connections with potential employers of released individuals.)

EXAMPLE: Reintegration of Ex-Offenders Project, Conquest Offender Reintegration Ministries (DC)

Conquest Offender Reintegration Ministries (CORM) matches mentors with individuals while they are still incarcerated to work together to construct a transition plan. Once an individual is released, the CORM mentor will meet several times with that individual to help him or her to find housing, clothing, and employment.

EXAMPLE: Welfare to Work Non-custodial Parent Program, Pacific Mountain Workforce (WA)

Program participants receive a host of employment support services from employment readiness programs to driver's license renewal fees. Services are provided in the jail, in work-release facilities and in the community. During incarceration, inmates are interviewed and assessed for eligibility, and eligible individuals are enrolled. Those enrolled then receive pre-employment training including a job search portfolio, interest inventories and the development of career goals.

D | Promote use of work-release programs as a transition between work inside a correctional facility and work after release into the community.

Although work-release programs may be beneficial at any time during a person's period of incarceration, such programs should at least be employed for individuals in the final six to twenty-four months of their prison or jail term. (See Policy Statement 16, Work Experience, for a discussion on the merits of work-release programming prior to the transitional phase.) In addition to providing actual, community-based experience for people in prison just before they re-enter the community, work-release programs provide an opportunity to educate local employers about the benefits and risks of employing inmates, paving the way for greater understanding and collaboration between the institution and the private sector.

Integrating released individuals into the workplace prior to their release will also help with the development of certain “soft skills” needed to maintain employment. For example, in the controlled environment of work release, prisoners can learn the difference between appropriate interpersonal skills in prison versus those in the community and workplace. Inmates will get to see firsthand the type of work ethic needed in the workforce to avoid re-incarceration in the future. Moreover, the “temporary” placement during work release may become a foundation for permanent placement upon release.

EXAMPLE: Adult Transition Centers, Safer Foundation (IL)

The Safer Foundation administers two minimum security male residential Adult Transition Centers (ATCs) for the Department of Corrections. ATC residents remain Illinois inmates but are required to participate for a minimum of 35 hours per week in outside employment, education, life skills, and/or community service, while also assuming responsibility for daily in-house assignments. To ensure that participants are prepared for and find jobs, the Safer Foundation devotes case managers, job developers, basic skills programmers, and other supportive services staff to each ATC. Participants are transferred to Safer ATCs with a maximum of two years remaining in their sentences. They stay for an average of 10-11 months, and seldom for less than five months.

Because work-release participants will be in the community, however, corrections officials must be especially careful about selecting inmates to participate in such programs. Accordingly, violent or high-risk individuals should not be eligible for work-release programs. Further, work release should be reserved for those inmates who show an interest in improving their skills or securing stable and productive employment upon release. Indicators of eligible participants may include consistent participation, initiative, and advancement in skill-training courses, academic courses, or job-search and employability opportunities. In this way, corrections officials can use work release as an incentive or reward for good behavior.

The benefits that work release can provide are particularly important for those individuals whose release date is subject to the discretion of a releasing authority. Parole boards do not use the ability to find employment as criteria for release, but parole decisions are made on the basis of the

risk classification, the existence of a suitable home, and the assumption that the parolee will be working in one to two weeks. Work release greatly increases the chances of the inmate being able to meet this assumption.

On the other hand, some corrections officials may want work-release programs to target inmates who are approaching the end of their sentences and will be released to limited or no supervision. Because work release offers prisoners restricted, supervised involvement in the community prior to their release, it provides a good bridge between the completely monitored life of incarceration and the relatively unsupervised (or, for those with no probation or parole after release, completely unsupervised) life of the community.

In addition to deciding who is eligible for work release, corrections officials should set clear guidelines for work-release projects. For instance, work-release inmates should not be allowed to attend off-site or overnight work functions. Moreover, inmates who engage in inappropriate or uncooperative behavior, whether or not it relates to their work-release assignment, should be removed from the work release program.

For employers, there are many benefits to supporting work release programs: the department of corrections absorbs most of the risk, provides transportation, and provides low-wage workers in employment areas where there is a shortage of workers. Ideally, employers will extend full-time positions to work release employees upon their release.

EXAMPLE: Work-Release Correctional Facilities, Pioneer Human Services (WA)

Pioneer Human Services, an entrepreneurial nonprofit, operates several work-release facilities that provide residents with an integrated program of treatment, job training, support services and work at a Pioneer business. Probation violators and individuals in the last three to six months of their sentences are eligible. Pioneer provides comprehensive work, housing, counseling, and job-site services, including health insurance, to encourage and support independent living. When clients leave the work-release program, they can continue working with Pioneer.

When prisons are far from the communities to which released individuals will return, it can be very difficult for an inmate to establish relationships with potential future employers. Responding to this concern, some jurisdictions have created work release programs that enable prisoners to move closer to their home communities as they near their release date.

EXAMPLE: Jail Transition Program, Virginia Department of Corrections

The Jail Transition Program focuses on moving individuals from prisons to local jails and back into their communities. Selected individuals transfer to their local jails and receive pre-release transition services 90 days before and 45 days after release. Some participants begin work release while attending workshops. Serious offenders not eligible for work release attend additional classroom programs. Upon release, participants have had the benefit of intensive workshops, connections with community resources, focused career/life goals, and job search skills, and will benefit from continued support from the program.

Another way to provide people with skills as well as community-based experience during their incarceration is work release for community

service work. As with prison-based volunteer work, work-release community service will give the inmate the opportunity to maintain and, ideally, to improve his or her skills. Participating in community service projects also helps the corrections system politically because the community can actually see inmates “giving back” and providing restitution to the community. Some programs, such as the ones that have inmates work to clear land and then distribute the wood as firewood to the community, actually combine work release with community service.

EXAMPLE: Pre-Release Program, The Kintock Group (NJ)

The residential Pre-Release Program, operated by the nonprofit Kintock Group for the State of New Jersey, helps individuals within 18 months of parole transition from incarceration to employment and community life. In addition to job readiness and other educational programs, the Kintock Group requires that its participants perform community service before they can obtain overnight furloughs.

E | Encourage community networks to support prisoners who participate in work release programs.

The success of work-release programs may hinge on the community's acceptance and support for its goals and participants. Prison staff should also encourage public acceptance of work-release programs. Officials can emphasize the transitional benefits of work release, making clear that inmates who are participating in work-release programs are rightly preparing to re-enter the community. Another way to increase community support of work-release programs is to provide a liaison between the program and the public. Work-release centers should (and often do) have staff or volunteers who are able to address questions or concerns from the community. The community liaison could also report regularly to citizens in the community who fund work-release programs, to advise donors that the program is active and that prisoners are working effectively.

Mentors, faith-based groups, and other community groups can create community networks to provide support for inmates participating in work release. Because the inmates are the ultimate responsibility of the department of corrections, the department should ensure that mentors and community groups provide services that meet employer and corrections expectations. Volunteers need to be trained, monitored, and evaluated to ensure compliance with goals and rules of the program, as well to avoid liability. By establishing close ties with community or faith-based organizations and the business community, the department of corrections maximizes the chance of success for work-release program participants and creates a safety net if the work-release assignment is not a successful match.

EXAMPLE: Work-Release Correctional Facilities, Pioneer Human Services (WA)

Pioneer Human Services partners with community-based organizations, private-sector businesses, and local community colleges for its comprehensive work release program. The partners provide a range of support, educational, and employment opportunities for the program participants.

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- **Provide individuals, upon their release from prison or jail, with written information about their prospective employers or community employment service providers and official documentation of their skills and experience, including widely accepted credentials and/or letters of recommendation.**

It is critical that individuals be provided with the resources and support necessary to obtain or maintain employment as they leave custody and return to the community. If staff and community partners have been unable to connect the individual with a job prior to his or her release, he or she should have a series of interviews arranged for the first days back in the community. If nothing else, the individual should have an appointment with a job specialist at the nearest One-Stop career center in his or her home community.

Upon release every inmate should also have a pocket-card with one or more of the following listed, as appropriate:

- The name, address, and phone number of his or her new employer. The start date and time should also be listed, along with the name of the person to whom he or she should report on the first day. A list of documents needed for the first day of work should also be included.
- The names, addresses, and phone numbers pertaining to any interviews scheduled for him or her. The dates and times should be listed, as well as a list of documents needed for the interviews.
- The address and phone number of the One-Stop career center closest to the address where the released individual will be living upon his or her return to the community.

Providing people who are leaving correctional facilities with even more specific job documentation and information is particularly helpful. In addition to information about the local One-Stop, individuals should be provided a list of information on any and all employment resources available in the community to which they will be returning.

People re-entering the community workforce should also receive something in writing about any credentials they have earned or progress they have made during their incarceration. Credentials should, where possible, be “portable,” so that a trades-based or academic certification from the prison or jail is meaningful to employers in the community. Corrections officials will need to partner with community-based unions, community colleges, or trade schools to ensure that any certification or degrees awarded are accepted by schools and employers outside the correctional facility.

At a minimum, individuals should receive a letter from the staff that highlights the work skills they have demonstrated or acquired during incarceration. This should be included in the release packet, and can go a long way toward helping the inmate in the search for work. The letter should act essentially as a letter of recommendation, indicating what activities the individual participated in while incarcerated and what they can offer an employer.

**EXAMPLE: Corrections Organized for Re-entry,
Louisiana Department of Public Safety and Corrections**

Upon release, individuals who are participating in the federally-funded Corrections Organized for Re-entry (CORe) program receive a portfolio that includes the following documents: (1) Résumé; (2) Job certificates received during incarcerations; (3) Community resources directory for their region; (4) A discharge synopsis that includes information on their current employment status and any pertinent employment related appointments and programs; (5) OSHA card; and (6) educational grant information (where applicable).

Inmates who have expressed interest in faith-based programming should also be provided with a reference card that includes the phone number of a faith-based organization or community-based organization that will be able to provide emergency assistance, such as counseling, a place to sleep, or a referral to a clinic or other health provider.

Prepare family members, victims, and relevant community members for the released individual's return to the community, and provide them with protection, counseling, services and support, as needed and appropriate.

The release of any particular individual will likely have an immediate and direct impact on many other people in the community, including victims, neighbors, friends and family members. Information collected during intake to the facility about prisoner's personal relationships and responsibilities, and the risks that they may present to victims and others, can inform individual programming plans for the period of incarceration. (See Policy Statement 9, Development of Programming Plan.) Such information and planning serve as the foundation for engaging the individual and his or her family members in programming and supports that make best use of the period of incarceration and prepare them for the individual's release. (See Policy Statement 13, Children and Families, and Policy Statement 14, Behaviors and Attitudes.) This policy statement describes activities that should be initiated as the expected release date of an individual approaches. In some cases, key stakeholders will have been involved in the release process (see Chapter C, Making the Release Decision⁷³); in other cases, they will need to be engaged once the release decision has been made. The recommendations in this policy statement emphasize the importance of preparing victims, families, and community members for an individual's release from prison or jail. As these recommendations explain, these stakeholders need services, supports, and information that can be provided only through a coordinated effort among transition of individuals leaving prison or jail. They suggest strategies by which criminal justice, human services, and community-based agencies can coordinate efforts to meet their different needs of these central stakeholders.

The recommendations are divided into three sections that address separately the needs and concerns of victims, families, and communities. At times, these may be very similar. Indeed, in many instances, such as in cases of domestic violence, these populations actually overlap. For this reason, this policy statement addresses notification and support for all three groups. Yet it is important to consider areas where their needs diverge. Policymakers should seek to understand potential conflicts of interest and to create policy solutions that address them. For example, community members may have a keen interest in providing wrap-around services for a victim who, given a voice, would say that he or she wished to simply remain anonymous. It is only by considering the range of needs and interests of victims, families, and communities that the proper groundwork for a successful return for the individual, which ensures the safety of the community and satisfactory outcomes for key stakeholders, can be laid.

⁷³ Policy Statements in Part Two are clustered into chapters based on the corresponding stage of the criminal justice continuum. Part Two

consists of five chapters: admission; prison and jail-based programming; release; transition, and community supervision.

research highlights

Inmates return in large numbers to a small concentration of neighborhoods that typically face many challenges with limited resources.

Most released individuals return to major metropolitan areas across the country, often to a few neighborhoods within central cities.⁷⁴ For instance, the majority of prisoners released in Illinois returns to Chicago (51 percent); moreover, six of Chicago's 77 communities—Austin, Humboldt Park, North Lawndale, Englewood, West Englewood, and East Garfield Park—account for 34 percent of the Chicago returnees.⁷⁵ Similarly, most Maryland releasees return to Baltimore (59 percent) and are concentrated in a few Baltimore communities (such as Southwest Baltimore, Greater Rosemont, Sandtown-Winchester, and Harlem Park).⁷⁶ These high concentrations of returning prisoners generate substantial costs for the respective communities, including the costs associated with crime and public safety, greater public health risks, significant levels of family distress, and high rates of unemployment and homelessness. The communities to which the majority of individuals returns are often home to both the families and perhaps the victims of the released individuals.⁷⁷

Released individuals often return to live with their families.

Released individuals frequently look to their families to help with a range of immediate needs, including employment, housing, substance abuse treatment, financial well-being, physical and mental health, among others. One study indicates that 71 percent of inmates expected to live with their family upon release.⁷⁸ In many cases, family members are not in a position to provide support when individuals return home. Many families are already struggling with limited finances, feelings of resentment, relocation, or even new relationships. Even in those cases in which families are able to help the returning individual, meeting the needs of this person is still a tremendous challenge.

Victims and families are often not notified prior to an individual's release.

While almost all states have enacted legislation about victim input into the parole process, only 15 states notify all victims about the scheduling of a parole hearing.⁷⁹ In other states, the victim must request notification. Six states do not permit victims to appear at parole hearings.⁸⁰ Families and victims will benefit not only from notification of release, but also from information about probation and parole procedures, the custody status of the individual, and how the individual will be held accountable for his or her actions through paying restitution or other supervision conditions.

74 James P. Lynch and William J. Sabol, *Prisoner Reentry in Perspective* (Washington, DC: The Urban Institute, 2001).

75 Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Illinois* (Washington, DC: The Urban Institute, 2003).

76 Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington, DC: The Urban Institute, 2003).

77 Christy Visher et al., *Baltimore Prisoners' Experiences Returning Home* (Washington, DC: Urban Institute, 2004).

78 Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Maryland* (Washington, DC: The Urban Institute, 2003).

79 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

80 *Ibid.*

Parole and probation agencies are well positioned to provide and coordinate services for victims and families.

While the primary role of many probation and parole agencies may be supervision and services for individuals, these agencies are in a unique position to support a range of victim services, including assessment of victim impact, victim notification, restitution collection, service referrals, victim protection, and education. Additional innovative services include mediation, circle sentencing, and victim impact panels.⁸¹ These agencies are also well positioned to conduct a family needs assessment, address issues of physical or sexual abuse, and coordinate treatment and other social services for family members. Families with a history of domestic violence, child neglect and abuse, and other protective services issues require a re-assessment of these issues and an appropriate follow-up upon the return of an incarcerated family member, which could be conducted and overseen by probation and parole agencies.

Families can play an important role in facilitating successful reintegration.

Despite the challenges of families fragmented by incarceration, research demonstrates these families often have a resilience that can serve as a source of strength and support.⁸² Results of a recent study of a family-support re-entry program that serves released parolees with substance abuse problems and their families indicates that engaging released individuals and family members in re-entry planning is effective at improving re-entry outcomes. The study found that substance abuse and re-arrest rates were reduced for program participants, and family well-being was enhanced as well. Further, interview results indicated that reduced substance abuse was not the result of increased drug treatment (as expected), but rather a combination of informal pressure, motivation, and encouragement of family members and program staff.⁸³ This research highlights the connection between the stability of family networks and a returning prisoner's outcomes.

recommendations

VICTIMS

A | Provide notification and appropriate information to victims concerning the prisoner's release and re-entry process.

For many victims, the first and most important step in preparing for an individual's return to the community is notification about the timing and circumstances of the person's release back into the community. Indeed, as it does at many other points in the criminal justice process, notification provides the basis for victims to receive services, to exercise thoughtfully any other rights they may have to participate in the criminal justice

⁸¹ Ibid.

⁸² The experience of La Bodega de la Familia, the direct service arm of Family Justice, Inc. located in the Lower East Side of Manhattan, has shown that families coping with a range of challenges often draw upon collective

and individual strengths as resources during re-entry that can reinforce resiliency.

⁸³ Eileen Sullivan et al., *Families as a Resource in Recovery from Drug Abuse: An Evaluation of La Bodega de la Familia* (New York: Vera Institute of Justice, 2002).

process (in this case, to find out about and attend subsequent parole hearings), and to make decisions concerning their own safety. In some cases, especially when the victim or victims are of minor age or legally dependent on others, notification should be provided to families or other guardians of the victims. These people should be considered among the target population of victim services, and references to victim involvement throughout this policy statement and report presume their inclusion in the case of dependent victims.

Because notification is such an important part of victim involvement in the criminal justice system, a victim ideally should have been advised of his or her right to notification of different stages in the criminal justice process, as well as the consequences of choosing not to request such notification, as long as possible before the prisoner's re-entry. Such notification should be provided even when the exact date of release is not known, but may be imminent (as in the case of some jail detention). If the victim has previously been advised of his or her entitlement to notification about any release dates, appropriate contact information should be readily—though confidentially—available to corrections officials in the individual's institutional file or some other standardized location. It is incumbent on corrections officials to ascertain whether notification of release has been requested, even if that information is not already in the institutional file. What corrections officials learn about the victim's wishes determines the next step in terms of victim notification:

- *If no record of the victim's wishes related to notification is immediately available*, corrections officials should reach out to prosecutors, victims service agencies, the courts, or the victim to obtain this information. If the victim has not previously had the opportunity to request notification of all events to which he or she is entitled, he or she should be provided that opportunity before the individual's release. The victim should be fully educated about his or her notification options and any services that may be available to him or her as a victim.
- *If the victim has requested not to be notified of the prisoner's release*, that choice should be honored. If a victim has previously indicated no interest in notification, however, but then seeks to opt in to the process, he or she should be notified about the release and educated about other victim-related services just as if he or she had expressed the desire to participate from the beginning of the process.
- *If the victim has requested notification*, complete and timely information should be made available to him or her. Victims should be notified of the earliest possible release date of the individual soon after s/he is incarcerated, and should be told how, why, and to what extent that date might vary. (See Chapter C, Making the Release Decision, for a discussion of variables in the determination of release date). At a minimum, notification should include the date of anticipated release (including updates, if that date changes, up to and including the date

of actual release); the general area to which the individual will be released; and the availability of additional counseling and services for the victim.

Corrections officials should also create a system-wide policy establishing how information should be communicated to victims. Ideally, victims should be given information about the individual's re-entry face-to-face, by a trained, victim-sensitive person whom the victim trusts. The person or team who informs the victim of the release date must understand victim issues and be able, when necessary, to make appropriate referrals to clinically qualified counselors, therapists, or other service providers, as suggested in Recommendation b below.

Charging an individual, office, or team with providing services for victims generally is the best way to ensure that the victim will be sensitively notified. Depending on available resources, corrections officials could establish a victim advocacy office within the department of corrections and/or community supervision offices. Alternatively, a correctional facility could contract for these services with a community-based victim advocacy organization or volunteer group. Having an established liaison to victim services would also provide a qualified, clear contact for victims seeking information or support during the incarceration or re-entry of an individual.

VICTIM INFORMATION AND NOTIFICATION EVERYDAY

37 states currently use the Victim Information and Notification Everyday (VINE) system, an automated victim notification system created by Appriss, Inc. Local and state governments may contract with Appriss, Inc. to provide jails and prisons with the computer technology to route information about released individuals' status to Appriss' Data Center.

In some states, victims may need to obtain offender identification information from the District Attorney's office or Department of Corrections in order to be able to use VINE. Once victims have this information, they can call VINE and create a Personal Identification Number (PIN). The PIN will give them immediate access to information on the individual's current status from the VINE Data Center, including their state identification number, custody status, prison or community corrections location, scheduled release date, and community supervision expiration date. The VINE system allows callers to leave a phone number if they want to be called automatically when an individual's custody or supervision status

changes. In many jurisdictions, they can also talk to an operator who can provide them with further information or assistance, or a referral to a local victim service program (often in multiple languages, and with TTY access universally available). The victim can request at any time (with their PIN) for automated calls to cease.

Advocates and corrections officials should:

- Give victims information about how to register for and use this service
- Advise victims that they can also contact the Data Center at any time to receive updates about the status and location of the individual
- Include the toll-free telephone number for automated notification in all victim information resources
- Provide routine training to law enforcement about automated victim notification and how to offer victims information about this right and service.

VICTIM NOTIFICATION FORMS

One form should enable victims to request notification and information about all junctures in a case, including opportunities for participation or attendance at hearings. The earlier the form is made available to victims, the more effective it can be. For example, the Office of Victims' Services at the Arizona State Attorney General's Office provides such a form to victims at the time of sentencing. Once an individual has been sentenced, the Office of Victims' Services sends out a Post-Conviction Notification Request (PCNR) form to victims. Victims who request notification on the PCNR are entitled to receive information about the individual's custody status, prison or community corrections location, scheduled release date, and community supervision expiration date. The PCNR includes carbon copies for distribution to law enforcement, the correctional facility where the individual will serve his or her sentence, the prosecutor, and Community Corrections.

EXAMPLE: Victim notification process, Office of Victim Services and Restitution, California Department of Corrections

After an individual has been sentenced, the California Department of Corrections' Office of Victim Services and Restitution (OVS) sends out a written packet to victims, including a form titled "Request for Notification/Special Conditions of Parole," and a brochure that provides information about how the corrections system can serve victims of crime and their family members. The victim's requests become part of the confidential section of the individual's central file at the Department of Corrections and are also forwarded to the prison facility where the individual is serving time. Forty-five days prior to the individual's release date, the OVS sends letters to victims who have requested notification.

B | Offer counseling and support to crime victims preparing for the return of an individual to the community.

Nearly all state departments of corrections have victim services offices, and in addition, many states have victim compensation boards or offices located in other state agencies. In many cases, these offices are responsible for ensuring that opportunities for victim support, including financial assistance, exist.⁸⁴ When these agencies do not exist, however, or their services are limited, representatives from the correctional facility, releasing authority, and community corrections must assume the responsibility of performing outreach to victims, offering services to victims, and

ensuring that victims' input is incorporated (where appropriate) into the re-entry process. Whenever possible, criminal justice agencies should coordinate efforts to maximize their ability to reach victims and to provide them with a range of support services or referrals to appropriate community-based victim services. In addition, partnering with victim advocates and community volunteers maximizes the efficiency and efficacy of any corrections-based victim programs and services.

A victim advocate (either staff or volunteer in a corrections-based victim services unit or community-based organization) should be able to provide information to victims about the individual's status or about available support and services in the community, including peer support groups. The advocate may also develop a safety plan with the victim to help him or her to feel and to be protected as the release date nears. While historically such safety plans have tended to consider only the actions that victims themselves may take to ensure their safety, victim advocates and service providers should also consider how other stakeholders can support the victim. For example, the safety plan should be coordinated with

⁸⁴ Forty-eight states have corrections-based offices of victim services. Anne Seymour, co-chair, Committee on

Victim Issues, American Probation and Parole Association (interview with the editor, May 4, 2004).

planning for the individual's transition and supervision strategy, to ensure that appropriate constraints on the individual's are incorporated into those plans and made known to the victim.

EXAMPLE: Victim Wrap-Around Process, Washington Department of Corrections

The Victim Wrap-Around Process (VWAP) program provides direct safety planning for victims who are at risk during re-entry. Community Victim Liaison (CVL) Managers contact people (including prior victims) who they believe to be at risk three to six months prior to the release of the individual. If the victim chooses to participate, the CVL encourages him or her to take the lead in identifying which organizations they want to participate in and what they want to accomplish, and encourages community organizations to join together in support of the victim. Victim Wrap-Arounds are intensive, multidisciplinary, and designed to help victims to feel safe and be safe.

The pending release of an individual may revive a victim's past trauma or renew concerns about his or her safety. Accordingly, corrections administrators and other policymakers should ensure that supportive counseling is made available to victims before individuals are released. Notably, some victims need more professional counseling, therapy, or psychiatric treatment, which should also be made available to them. If an advocate is not trained or qualified to provide the appropriate level of counseling, he or she must be trained to make a referral to a qualified professional.

In addition to counseling, victims may need assistance with basic needs at the time of an individual's re-entry. For instance, an intimidated victim or witness who is at risk of harm when an individual returns to the community may be forced to re-locate, in which case he or she might require assistance with housing, food, clothing, transportation, employment, and child care. Victims may also have medical needs related to or aggravated by the original offense, including substance abuse treatment. Finally, some victims may need practical assistance in securing their homes, such as adding locks or installing a caller-ID system.

EXAMPLE: Office of Victim Services, Ohio Department of Rehabilitation and Corrections

As part of victim safety planning under the Ohio Plan for Offender Re-Entry, personnel at the Ohio Department of Rehabilitation and Corrections' Office of Victim Services will help a victim to develop a viable relocation plan if the victim chooses to relocate as a result of a particular individual's release.

FAMILIES

A | Ensure that family members receive adequate notification and information regarding the prisoner's impending release.

With sufficient preparation, counsel and support, the return of the individual to his or her family can be one of the most crucial and positive elements of his or her successful reintegration to community life. It can be a time of mixed emotions, changing relationships, and shifting roles for the returning inmate and family members as they readjust to life in the com-

munity together.⁸⁵ If the needs and strengths of the family are recognized and addressed or engaged, family members can provide needed stability and support for the individual and pave the path for successful reintegration. Conversely, if the family's needs are neglected during the process of incarceration, release, and re-entry, family members and the individual can be placed in a situation of substantial risk.

Transition planners or other corrections staff should first offer to family members, as with victims, information and a chance to be included in the process of their family member's return to the community. The prisoner's family should be notified of the date of release as soon as it has been established (as well as any updates, should that date shift). In addition, representatives of the department of corrections, alone or in conjunction with community-based family services providers, should encourage the family to learn about the responsibilities that their relative will have during community supervision. Making sure that the individual's family has basic information about his or her re-entry is the first step towards easing his or her transition back into the family.

EXAMPLE: Family and Friends, Multnomah County Department of Community Justice and Citizens United for Rehabilitation of Errants (OR)

Family and Friends is a series of orientations for family and friends of inmates who will be released within six months to post-prison supervision in Multnomah County. The orientations are designed to help friends and family members understand the goals and requirements of postprison supervision so that their loved ones will have a better chance of succeeding after they leave prison.

EXAMPLE: Re-Entry Management Team, Community-Oriented Re-Entry, Ohio Department of Rehabilitation and Corrections

Approximately six months prior to an individual's release, the individual can invite family members to a group family orientation day, where family members can learn about the Ohio's Reentry Project. If, following the orientation, certain family members wish to participate further, the family members are invited to the institution to join the inmate's Reentry Management Team. The Reentry Management Team, which is established at the start of the individual's incarceration, consists of the individual, service providers, a case manager, and a faith-based representative. The family members, who provides support, ideas, and assistance, join only toward the end of incarceration and may remain on the team even after the person who has been incarcerated transitions back to the community. The Reentry Management Team is one component of Ohio's Community-Oriented Reentry Program, which is funded by a SVORI grant.

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- Consider the needs and strengths of the individual's family and then build community networks to provide counseling, safety planning, and other services to help the family cope with the emotional, financial, and interpersonal issues surrounding the individual's return.**

Beyond notifying families about a relative's release from incarceration, there are a range of other steps that can be taken to improve re-entry outcomes for individuals leaving prison and jail and their families. Poli-

⁸⁵ Jeremy Travis, Elizabeth M. Cincotta, and Amy Solomon, *Families Left Behind: The Hidden Costs of Incarceration and Reentry* (Washington, DC: Urban Institute, 2003).

cymakers should ensure that the responsibility for taking these steps is clearly assigned. Ideally, a family case manager can coordinate the efforts of a family services team, involving corrections representatives, community-based service providers, and the family itself. In general, and especially where it is not possible to hire a family case manager, community service providers and probation and parole officers may require additional training in working effectively with families. These groups can learn techniques for working with each other, as well as for engaging families, including those that may be reluctant to interact with the criminal justice or social services agents.

EXAMPLE: La Bodega de La Familia, Family Justice (NY)

Family Justice's direct service arm, La Bodega de la Familia, has developed an innovative system of case management—*family* case management—as well as other tools to engage families that have a loved one under justice supervision. La Bodega emphasizes building trust among team members from probation and parole agencies, social service agencies, family members, and the released individual. Tailored training is provided to case managers and community corrections officers in family case management and in working with families.

Because there are so many different roles that families want to and do take when a family member is returning from prison, one of the first responsibilities for those working with families is a family assessment. Families of released individuals are likely to have both needs that should be addressed and resources that should be tapped if they are to contribute to a person's successful re-entry. Issues to be explored with the individual and his or her family include housing, employment, health care, counseling, substance abuse treatment, and economic assistance. In some areas, the family may provide assets or assistance to help a released individual comply with terms and conditions of supervision. For instance, one family member might be able to provide housing, while another may be able to assist with child care while the person re-entering the community looks for a job. Assessment may also reveal areas of need. The family of a person who has just been released is likely to have experienced, and may continue to experience, economic strain due to his or her involvement in the justice system and difficulty finding and maintaining employment. (See Policy Statement 8, Development of Intake Procedure, for more on considering the family's needs and strengths related to the individual.)

After a thorough assessment of the family, the family services team should then develop a family action plan and match the inmate and family members needing support to appropriate services, based on the issues raised by that particular family. For instance, the family services team should consider the possibility and appropriateness of family reunification. If the individual intends to return to live with his or her family, and the family is willing to accept his or her return, certain needs and strengths may require particular attention. If the family includes minors, preventive and protective services might be consulted and, where appropriate, engaged in providing any needed support to the household. Children of released individuals are at high risk of dropping out of school, delinquency, and substance abuse. (See Policy Statement 13, Children and

Families, sidebar on Family Risk and Protective Factors Impacting Youth Development.) Engaging positive prevention services for the children of released individuals and other minor children living in the individual's household may help prevent these children and other family members from being negatively affected by the re-entry and related risk factors.⁸⁶ Further, the individual and his or her co-parent, spouse, or partner might be encouraged to attend parenting skills training classes in the community, where appropriate. The case manager or the individual's community corrections officer should be able to refer parents to services that offer these or other family-support programs.

The relationship between members of the family services team, the individual released from prison or jail, and his or her family should continue beyond the development of the initial plan so that the family's changing needs can be addressed. For example, if reabsorbing a family member generates stress or conflict, the family case manager or a trained community corrections officer can identify family members in need of services and refer them appropriately to community providers for counseling. Where a family is struggling financially and the recently returned family member does not yet have the means to contribute support to the family, those who work with the family can intervene with community corrections officers to ensure that any payment plan imposed on the individual is achievable and can refer the family to assistance in the community.

EXAMPLE: Family support services, Gracious Promise Foundation (KS)

Gracious Promise provides material support for families that have a member who has been recently released from incarceration. In addition to other services, Gracious Promise provides access to donated food and clothing supplies. Currently, the organization is also developing a job training and placement program for both family members of incarcerated individuals and re-entering individuals.

Whatever issues the family faces when a family member has recently been released from prison, family case managers and community corrections agencies should partner with community-based organizations to provide the family with locally based services. Such partnerships will help to ensure that services are accessible and foster engagement of the individuals in the community, and can magnify the positive effects of neighborhood-focused caseloads for community corrections. When provided in the community context, family support services are likely to be successful in engaging the individual and encouraging him or her to remain crime-free, and thereby reducing the public safety risk to the community, including the risk of criminal justice involvement by the individual's children or other family members. (See Policy Statement 26, Implementation of Supervision Strategy, for a discussion of focusing caseloads and leveraging community-based networks.)

⁸⁶ When and if a parent returns home, child support agencies should also be notified. A parent who resumes living with his or her children may stop accruing child support arrears and may even have past arrears forgiven. Further, if the child support agency becomes aware of

family violence, it is required to place an indicator on its automated files and increase safety and confidentiality protections when enforcing support orders. 42 USCA. 654(26). (See Recommendation e for more information on child support processes.)

E | Create policies for child-support debt management and collection that encourage payment and family stability, and engage family members in creating a viable support strategy.

As an individual with a child-support order prepares to return to his or her home community, he or she will again have to face responsibility for regular child support payments. A parent may face years of child support arrears if he or she was unable to suspend or reduce payments during the period of incarceration. (See Policy Statement 8, Development of Intake Procedure, for strategies on suspending or reducing child support payments during or soon after intake.) Even if the parent had a temporary reprieve during incarceration, re-entry will require him or her to resume payments, perhaps in addition to several other, offense-related debt burdens.⁸⁷ There is evidence that child-support pressures may help drive some less-educated, low-skilled parents into the underground economy in order to increase their income or to avoid formal enforcement. Overwhelming debt may also create an additional barrier to family reunification and parent-child contact.⁸⁸

Child support policies that are responsive to parents with a recent history of incarceration and unemployment or low-wage jobs can increase the prospects that such individuals will maintain steady employment, regular support payments, and contact with their children. Child support policies should emphasize the importance of regular support payments whenever possible, even when those payments are small.⁸⁹ State policies that link nonpayment of child support to possible incarceration (such as revocation of parole and criminal contempt policies) should be carefully assessed for their impact on child-support compliance, participation in illegal income-producing activities, and recidivism.⁹⁰ On the other hand, there are many steps that policymakers can take to positive impact child support com-

87 Most child support is collected through payroll withholding. Under the Consumer Credit Protection Act, 15 USC 1673(b), 50–65 percent of a parent's disposable earnings may be deducted from an obligor's paycheck for child support. Other enforcement remedies include interception of unemployment compensation, veteran's, and Social Security benefits and tax refunds, suspension of driver's and occupational licenses, automatic seizure of bank accounts, and credit bureau reporting. Elise Richer et al., *Boom Times A Bust: Declining Employment Among Less-Educated Men* (Washington, DC: Center for Law and Social Policy, 2003), 7.

88 Shortly after the birth of a child, 30 percent of unmarried fathers reported informal earnings, mostly in combination with regular earnings. Lauren Rich, "Regular and Irregular Earnings of Unwed Fathers: Implications for Child Support Practices," *Children and Youth Services Review* 23, no. 4/5 (2001): 353–76; see Harry Holzer, Paul Offner, and Elaine Sorensen, *What Explains the Continuing Decline in Labor Force Attachment Among Young Black Men?* Forthcoming paper cited in Elise Richer et al., *Boom Times A Bust: Declining Employment Among Less-Educated Men* (Washington, DC: Center For Law and Social Policy, 2003), 7; Daniel Meyer and Maria Can-

cian, *W-2 Child Support Demonstration Evaluation Report on Nonexperimental Analyses: Fathers of Children in W-2 Families*, vol. II (Madison, WI: Institute for Research on Poverty, 2002), 61; Fred Doolittle et al., *Building Opportunities, Enforcing Obligations: Implementation and Interim Impacts of Parents' Fair Share* (New York: Manpower Demonstration Research Corp., 1998), 34.

89 Vicki Turetsky, *Realistic Child Support Policies For Low Income Fathers* (Washington, DC: Center for Law and Social Policy, 2000), 1.

90 In some states, payment of child support is a condition of parole. See Jessica Pearson and Lanae Davis, *Serving Parents Who Leave Prison* (Denver, CO: Center for Policy Research, 2001), 14. Other states require "purge" payments (lump-sum payments of child support) to avoid incarceration. Fred Doolittle et al., *Building Opportunities, Enforcing Obligations: Implementation and Interim Impacts of Parents' Fair Share* (New York: Manpower Demonstration Research Corp., 1998), 134. In 1997, 27 percent of parents in state prisons reported income from illegal sources in the month before incarceration. Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

pliance. Research from Wisconsin, for example, found that when child support is “passed through,” or paid directly to families instead of being kept by the state to reimburse welfare costs, fathers paid more support and were less likely to work underground.⁹¹ Potential state strategies to manage arrears include compromise or forgiveness of state-owed arrears, debt leveraging (reducing arrears in exchange for good behavior), and suspension of enforcement. In addition, a few states waive arrears when couples marry or when families re-unite.⁹² Setting realistic orders based on a parent’s actual ability to pay and helping parents manage arrears can help also parents to establish a pattern of compliance.⁹³

Corrections and community corrections administrators should collaborate with child support agencies to create policies that promote positive child support outcomes as well as successful reintegration of individuals released from prison or jail. For example, in Texas, the Attorney General’s office is engaged in a pilot program with the state jail system in Houston and El Paso, in which the attorney general will offer to hold an individual’s back child-support payments in abeyance for three years, predicated on his participation in fathering classes while incarcerated and in Project RIO (an employment program coordinated by the Department of Corrections and the state’s Workforce Investment Boards) upon release.

**EXAMPLE: John Inmann Work and Family Center,
Colorado Department of Corrections**

The Work and Family Center (a multiservice re-entry program) collaborated with the Denver child support program under a federal grant to review child support orders and arrears balances and develop more appropriate payment arrangements. In a 2001 evaluation, researchers found that parents served by the Center pay a higher percentage of their child support, and returned to prison in lower numbers, than others released from state prison.⁹⁴

Although federal child-support matching funds may not be used to pay for criminal justice functions or employment and training activities, states are permitted to use these funds for child-support case identification, tracking, referral, development of “work or pay” plans, and coordination with employment programs when a noncustodial parent has been

⁹¹ Daniel Meyer and Maria Cancian, *W-2 Child Support Demonstration Evaluation Report on Nonexperimental Analyses: Fathers of Children in W-2 Families*, vol. II (Madison, WI: Institute for Research on Poverty, 2002), 69. TANF reauthorization legislation pending in Congress, H.R. 4, would allow states to pass through all or more support to current and former TANF families.

⁹² Some practitioners are concerned that the Bradley Amendment to the Social Security Act, 42 USC 666(a)(9), bars compromise of arrears. The Bradley Amendment requires states to treat support obligations as judgments under state law as they become due each month. As with other judgments, child support obligations may not be modified retroactively but may be satisfied or compromised by agreement of the parties. The US Department of Health and Human Services has issued a series of policy statements on the Bradley Amendment, including OCSE PIQ-99-03 (March 1999).

See Office of Inspector General, OEI-05-99-00390, 19; Jo Peters, *Washington Collectibility of Arrearages*, Washington State Department of Social and Health Services, Division of Child Support (2002), ES 8-10, 121-134; Paula Roberts, *An Ounce of Prevention* (Washington, DC: Center for Law and Social Policy, 2001), 8-13.

⁹³ Vicki Turetsky, *Realistic Child Support Policies For Low Income Fathers* (Washington, DC: Center for Law and Social Policy, 2000), 1-2.

⁹⁴ During the Center’s first two years of operation, the Center was jointly administered, funded, and staffed by the Colorado Department of Corrections, the state and local child support agency, and the state AFL-CIO Jessica Pearson and Lanae Davis, *Serving Parents Who Leave Prison* (Denver, CO: Center for Policy Research, 2001), 39-51; Jessica Pearson, “Building Debt While Doing Time: Child Support and Incarceration,” *Judges’ Journal* 43, no. 6 (2004).

court-ordered to participate in work activities.⁹⁵ In addition, state child-support agencies may use their federal performance incentive payments and federal parental access and visitation grants to fund child-support case management services for incarcerated and re-entering parents.⁹⁶

Transition planners and supervision officers should also seek to engage directly with parents released from prison or jail and their families to develop strategies for those individuals to pay regular support to their families and to manage their debt. Transition planners can help minimize divisiveness if they engage family members in this discussion early in the re-entry planning process so that the terms of the agreement are known to family members prior to the return of the incarcerated parent. Child support agencies could consult with families (or family services teams) to develop a case plan that would address the needs of the child, yet recognize the financial limitations of the returning parent. The case plan could be developed directly by the child-support agency or could be incorporated into the plan developed through the family services team.

The child support plan could include a referral to employment and training and other appropriate services, initiate an expedited review and adjustment of the existing support order, address the resumption of monthly payments, include a negotiated agreement to compromise or waive arrears, and set the terms of arrears repayment.⁹⁷ The plan might also include a co-parenting agreement and specify other ways (i.e., non-financial) that the individual and his or her family can support the child during the transition period until support payments can resume. Unless domestic violence is a factor, mediated solutions should be sought as a first alternative.

COMMUNITIES

F | Ensure timely and appropriate notification of key representatives of the community.

In some jurisdictions, statutes provide for general community notification when an individual who was convicted of certain enumerated offenses (those involving sex crimes or arson, for instance) is slated to reside in that community following his release. Corrections staff or other criminal

⁹⁵ OCSEAT-00-08 (September 15, 2000). Under child-support “work or pay” rules, states may order parents of children receiving welfare who owe overdue support to (1) make payments under a negotiated repayment plan or (2) participate in certain employment and training activities. 42 USC 666(a)(15).

⁹⁶ 42 USC 658a(f); OCSEAT-01-04 (February 2, 2001) (federal incentive payments); 42 USC 669b (federal

access and visitation grants). In addition, authorization for new fatherhood funding is included in H.R. 4, TANF reauthorization legislation pending in Congress.

⁹⁷ When support has been assigned to the state to repay welfare costs, the state has the authority under federal law to compromise child support owed to the state, subject to state law. Most, but not all, states allow custodial parents to waive the child’s share of arrears.

justice officers charged with such notification should seek to understand any privacy rights that the individual may retain and to preserve them, and to make information available to the public in an appropriate and careful way, providing context about criminal justice practices and realities when necessary. If an individual about to be released has expressed any specific threat toward any individual in the community, the criminal justice system has a duty to warn that individual. The person who has been threatened should be advised of the threat, as well as of specific provisions that are being made to ensure his or her safety. In most cases, however, the question of whether anyone should be notified of the individual's release (and if so, whom), is more complicated.

Decisions about the expansiveness of community notification in cases where there is neither a statutory nor a particularized threat imperative should be made by the transition team, working in conjunction with local law enforcement.

**EXAMPLE: Dangerously Mentally Ill Offender Program,
Washington Department of Corrections**

If eligible individuals decide to participate in the voluntary Dangerously Mentally Ill Offender Program (DMIO) program, they join a transition planning team that includes representatives from mental health and substance-abuse services, community corrections, the individual's family, risk management specialists, and developmental disability services (when appropriate). Among other issues, the planning team considers whether to notify the community about the individual's release.

As a general matter, those who decide the level and extent of community notification should act based on a clearly established set of criteria. The risk assessment conducted during the release decision process, as well as a review of the individual's criminal history, should allow corrections staff to determine who may be at risk following the individual's release. (See Policy Statement 17, *Advising the Releasing Authority*, for more on risk assessments prior to making the release decision.) In determining a set of criteria for deciding who is to be informed of a pending release and how much specific information they should receive, corrections officials may want to seek input from the community members about their interests. Community meetings held to discuss such criteria would also provide an opportunity for corrections administrators to educate the public about how certain forms of notification can impede successful re-entry and, therefore, place the public at greater risk through recidivism. (See Policy Statement 7, *Educating the Public About the Re-Entry Population*, for more on the impact of sharing information with the community to promote successful re-entry outcomes.)

24

IDENTIFICATION AND BENEFITS

Ensure that individuals exit prison or jail with appropriate forms of identification and that those eligible for public benefits receive those benefits immediately upon their release from prison or jail.

Unless steps are taken to overcome them, the legal and logistical barriers to accessing identification and public benefits upon release from prison or jail can impede or prohibit individuals' access to services during the critical period immediately following their release. Assessments of a prisoner's eligibility for benefits that are conducted during intake (Policy Statement 8, Development of Intake Procedure) must be updated as the prisoner approaches release to reflect changes in entitlement system rules and his or her personal information. The first few recommendations in this policy statement urge transition planners to coordinate efforts to assess the eligibility of individuals for the complex array of possible benefits during this pre-release period, and to facilitate the completion of applications for individuals seeking those benefits, as well as identification cards, immediately upon release. Subsequent recommendations describe ways in which policymakers can minimize or modify policies that unreasonably exclude individuals who have served sentences in prison or jail from receiving benefits or entitlements. Promoting access to benefits through these actions is an important step towards ensuring continuity of care (Policy Statement 27, Maintaining Continuity of Care), overcoming obstacles to employment (Policy Statement 28, Job Development and Supportive Employment), and promoting full community reintegration.

research highlights

In most states, individuals are released from prison without any documents that would enable them to obtain a state-issued identification card.

People involved in the prison system often lose their birth certificate and social security card, leaving them with no form of identification upon release. Without such documentation, individuals are commonly released from prison with no way to obtain a state-issued identification (ID) card, as many state departments of motor vehicles (DMVs) do not accept prison documentation as proof of identity.⁹⁸ (According to a 2003 study, only two states—Illinois and Montana—have laws requiring the DMV to exchange a department of corrections-issued ID for state-issued ID, although 20 states' DMVs do accept some form of department of corrections documentation as proof of identity.⁹⁹)

The “personal responsibility and work opportunity reconciliation act” dramatically changed the American welfare system, and created several specific barriers to eligibility for public benefits for individuals with criminal records.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the “1996 welfare law”) includes a lifetime ban on eligibility for food stamps and benefits under the Temporary Aid to Needy Families (TANF) program for anyone who receives a felony drug conviction if both the conviction and the underlying conduct occurred after August 22, 1996.^{100,101} No one is exempt, including pregnant women or individuals participating in treatment. Children in the family, however, retain their TANF eligibility. The 1996 welfare law also prohibits states from providing TANF assistance, food stamps, supplemental security income (SSI), and public housing to anyone who is in violation of his or her probation or parole.¹⁰² The duration of ineligibility is different for each program. For SSI and food stamps, the ineligibility applies “during such month” and “during any period,” respectively, that the individual has either absconded or is out of compliance with the conditions of release.

State officials often have discretion in how they apply the 1996 welfare law and can opt out of the ban completely.

States can opt out of the welfare ban completely or narrow it, but only through legislation. Otherwise, the ban is permanent and continues regardless of a person's successful job history, participation in drug treatment, abstinence from drug use, or avoidance of recidivism. Seventeen states are enforcing the ban and denying TANF assistance and food stamps to all individuals with felony drug convictions.¹⁰³ Twenty-one states have enacted legislation to make individuals with felony drug convictions eligible for some or all TANF and food stamp benefits. For example, individuals who have completed treatment or who are currently in treatment remain eligible in Colorado, Hawaii, Iowa, Kentucky, Nevada, South Carolina, and Tennessee. Twelve states (Idaho, Maine, Michigan, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Utah, and Vermont) and the District of Columbia place no restrictions on TANF eligibility for individuals with felony drug convictions.

⁹⁸ National H.I.R.E. Network, “Nationwide Survey of Identification Requirements for Newly Released Prisoners,” September 2003, available online at www.hirenetwork.org/ID_Survey_Summary.htm.

⁹⁹ Ibid.

¹⁰⁰ Public Law 104-193.

¹⁰¹ § 115, as amended by § 5516 of the Balanced Budget Act of 1997 (P.L. 105-33).

¹⁰² Housing prohibitions are discussed in more detail in Policy Statement 19, Housing.

¹⁰³ Legal Action Center, “After Prison: Roadblocks to Reentry—A Report on State Legal Barriers Facing People with Criminal Records” (New York, NY: Legal Action Center, 2004).

For those who are eligible for public benefits, there is often a long application process delay.

The time between the application for and the receipt of benefits can be significant for anyone, including those coming out of prison. In addition, in some states and for some programs, application processes have become more difficult in the last several years. A 2003 study that examined the welfare application process in six locations, for example, described the complexity of New York City's TANF application process, which requires applicants to attend two eligibility interviews in two different locations, undergo fingerprinting and photographing for fraud prevention purposes, receive a home visit from an eligibility verification investigator, attend a mandatory workforce orientation, and attend daily job search classes for the duration of the 30-day eligibility determination period.¹⁰⁴

Public housing agencies and providers of section 8 and other federally assisted housing are statutorily required to deny housing to certain individuals.

As discussed in Policy Statement 19, Housing, individuals who have been evicted from public, federally assisted, or Section 8 housing because of drug-related criminal activity are ineligible for public or federally assisted housing for three years. Any household with a member who is subject to a lifetime registration requirement under a state registration program due to criminal conviction of a sex offense is permanently ineligible, as are households with a member who has been convicted of methamphetamine production on public housing premises. Public housing law also permits public housing agencies and providers of Section 8 and other federally assisted housing to deny housing to entire households if a single member has certain other kinds of criminal records or is currently using drugs illegally. Individuals who have engaged in (1) any drug-related criminal activity; (2) any violent criminal activity; or (3) any other criminal activity that would adversely affect others' health, safety, or right to peaceful enjoyment of the premises may also be denied public, Section 8, and other federally assisted housing if the criminal activity occurred a "reasonable" time before the person applied for the housing. The statute does not specify how recent a conviction must be to be considered a "reasonable" basis for denying housing.

Housing providers have discretion in how they apply the bans.

Housing providers have discretion to shorten the three-year ban for people evicted based on drug-related criminal activity if those individuals successfully complete a rehabilitation program approved by the local housing provider or if the circumstances leading to the eviction no longer exist. The housing provider may permit such individuals to be admitted or to remain if they demonstrate that they are not currently abusing alcohol or illegally using drugs and that they have been rehabilitated in any one of three ways: (1) participation in a supervised alcohol or drug rehabilitation program; (2) completion of a supervised alcohol or drug rehabilitation program; or (3) successful rehabilitation in some other manner.

¹⁰⁴ US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *The Application Process for TANF, Food Stamps, Medicaid, and SCHIP* (Washington, DC: 2003).

A drug provision added to the higher education act in 1998 renders many individuals with drug convictions ineligible for student financial aid.

Federal student aid applicants who reveal past drug convictions on their applications—including many individuals incarcerated in or released from prison or jail—face disqualification for that aid under federal law. The Drug Provision to the Higher Education Act (20 U.S.C. 1091(r)) suspends or revokes the eligibility of these individuals for “any grant, loan, or work assistance” for varying periods of time after their convictions, and in some cases, indefinitely. Department of Education data indicates that the provision has adversely affected more than 150,000 applicants. By law, individuals may re-establish eligibility by satisfactorily completing a drug rehabilitation program which includes two unannounced drug tests and meets certain other requirements.

CHARTING ROADBLOCKS TO RE-ENTRY

The Legal Action Center has produced a comprehensive study—“After Prison: Roadblocks to Reentry”—of the legal barriers in all 50 states that people with criminal records must overcome in order to lead productive, law-abiding lives and successfully rejoin society.

The report provides three key pieces of information:

- Documentation of state laws and policies that prevent qualified individuals with arrest and conviction records from obtaining employment, housing, food stamps and public assistance, and driver’s licenses, and from voting and becoming adoptive and foster parents.
- Grading of states on whether their laws and policies help or hinder the ability of people with criminal records to re-enter society successfully. This “Report Card” distinguishes between policies

that serve legitimate ends, such as enabling employers to screen out individuals whose criminal behavior demonstrates that they pose an unreasonable risk to public safety, and roadblocks that unfairly prevent those who do not pose a threat to public safety from successfully re-entering society.

- A blueprint for reform, outlining a series of legislative reforms that state and federal governments should enact to ensure that that people with past criminal records are able to re-integrate successfully.

The study’s complete findings, including specific information on the applicable laws in all 50 states, can be found on the Legal Action Center’s website at www.lac.org/roadblocks.html.

recommendations

A | Ensure interagency collaboration to effectively screen inmates for eligibility for TANF, Medicaid, supplemental security income, food stamps, and other benefits, and to facilitate successful pre-release application for these benefits.

Individuals are not eligible to receive supplemental security income (SSI) benefits or TANF assistance during incarceration, but screening for post-release eligibility and facilitation of the application process while the applicants are in prison or jail can avert problems that typically arise for people who must wait to receive benefits until some weeks or months after their release. Such assistance can ease the transition of these individuals back into the community by allowing them to access treatment or services that are often conditions of release and by enabling them to begin supporting themselves and their dependents without resorting to illicit activities, even if they cannot find work immediately.¹⁰⁵

The rules for eligibility for benefits are complex and can change over time or vary from jurisdiction to jurisdiction, so corrections administrators should seek to engage representatives of benefits administration agencies or specialized benefits counselors to help determine the eligibility of individual prisoners. In addition, eligibility for certain benefits can impact eligibility for and receipt of other benefits. Establishing the cooperation of all relevant benefits agencies in the screening and application process can promote efficiency and, ultimately, a higher proportion of successful outcomes.

The Social Security Administration (SSA) has procedures in place to allow for the processing of applications for incarcerated individuals who appear likely to meet SSI criteria when they are released.¹⁰⁶ State TANF and Medicaid agencies and distributors of food stamps should adopt similar prerelease procedures for their programs.

Example: COMPASS, Department of Public Welfare (PA)

COMPASS (Commonwealth of Pennsylvania Access to Social Services) is a website that allows individuals and community-based organizations to screen for, apply for, and renew a broad range of social programs. It serves as a single access point for benefits administered by different federal and local agencies, including Medicaid, Food Stamp Benefits, Cash Assistance, Long Term Care, Home and Community-Based Programs, and Low-Income Home Energy Assistance Program. By establishing an online service that integrates each of these applications, DPW has made the application process considerably quicker and more straightforward. While internet use is prohibited in most correctional facilities, DPW has been cleared to place a computer in the facility that connects solely to

¹⁰⁵ Food stamps, Medicaid, TANF (for individuals not ruled ineligible) and TANF non-assistance may, under certain circumstances, be used to fund at least part of inpatient treatment programs. In addition, some states have allocated TANF funds specifically for treatment. In a survey conducted of 51 TANF agencies, more than half (61 percent) of states reported that they invested TANF funds in alcohol and drug treatment in fiscal year

2002. Gwen Rubenstein, "The State of State Policy on TANF and Addiction: Findings from the 'Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients'" (Washington, DC: Legal Action Center, 2002).

¹⁰⁶ SI 00520.900 Prerelease Procedure—Institutionalization.

COMPASS, and DPW is currently training corrections staff to screen inmates for eligibility and provide general assistance.

B | Assess individuals in prison or jail for eligibility for veterans' benefits and services, and ensure access to those benefits for eligible individuals.

Many prisoners or jail inmates qualify for veterans' benefits. In New York, for example, 6 to 10 percent of inmates in Department of Correctional Services facilities acknowledge having military experience before their current incarceration. Corrections staff or transition planners should establish relationships with local Veterans Health Administration or Benefits Administration staff to assess individuals in prison or jail for benefits and service eligibility. Unlike other federal benefits, veterans' benefits need not be suspended while the eligible individual is incarcerated, although the level of benefits will likely be reduced. Linking inmates with a benefits counselor can ensure that both reduction and reinstatement of benefits occur in a timely way.

Veterans Administration (VA) outreach staff may be able to assess inmates in a range of different areas. The VA has developed a standard administrative form (Form X) structured to elicit information from inmates about military service, history of supportive services, and other information, including eligibility for both VA and non-VA benefits. These assessments can supplement or in some cases supplant assessment conducted by corrections staff and facilitate the development of a comprehensive transition plan. (See Policy Statement 8, Development of Intake Procedure, for more on engaging community-based organizations in the assessment process.)

EXAMPLE: Community Re-Entry Program, Veterans Administration, Los Angeles Ambulatory Health Center (CA)

The Los Angeles Sheriff's Department sends the names of inmates who report during screening that they are veterans to the Community Re-Entry Program. Outreach staff members from the program conduct assessments with the inmates in the facility and help these individuals to link to services upon their release, including VA health care, housing, and financial benefits. They can also serve as advocates for incarcerated veterans within the criminal justice system and in obtaining services from other community-based organizations.

EXAMPLE: Incarcerated Veteran Outreach Initiative, New York State Division of Veterans Affairs and New York State Department of Correctional Services

Outreach workers from the Division of Veterans Affairs coordinate with counselors from the Department of Correctional Services and representatives of other agencies (including the State Division of Parole and the Veterans Benefits Administration) to develop a transition plan for veterans in New York correctional facilities beginning (when possible) six to nine months prior to a person's release. Outreach workers assist in determining prisoner eligibility for veterans' benefits and other VA services, including substance abuse treatment and health care, employment programs, and supportive housing.

c | Help inmates identify and apply for appropriate benefits and identification as part of their transition plan.

Given the broad array of benefits for which a person leaving prison may be eligible, the complexity of the application process, and the need for benefits to start (or re-start) as soon as possible after release, the transition team should prepare the inmate for the benefits application process prior to his or her return to the community. For many jurisdictions, completing benefits applications (and actually submitting those applications, where permissible) is a primary objective of the discharge planning team. To the extent that state or federal law prohibits a person from actually submitting an application for particular benefits during his or her incarceration, the inmate should at least get assistance in filling out forms and in learning about benefits for which he or she may be eligible. Inmates with learning disabilities or other cognitive limitations will need particular assistance.

Transition planners should think broadly about possible benefits and should counsel inmates on state and federal benefits, including, but not limited to, SSI, Social Security Disability Insurance, Medicaid, Medicare, veterans' benefits, TANF, and educational benefits under the Workforce Investment Act (WIA) or other statutes. If limited resources make it impossible for transition planners to assist prisoners with applications for benefits or identification, corrections staff should at a minimum provide each inmate with a checklist of identification needs and benefits for which he or she may be eligible, as well as copies of the relevant applications.

d | Ensure that documents issued by departments of corrections are accepted as valid identification by other agencies.

Without proper identification, people with criminal records are often unable to find employment, secure housing, or apply for public benefits that may be necessary to obtain medication or other treatment. For released individuals who do find work, the lack of state ID can make it extremely difficult to cash paychecks or open a bank account. Better coordination and collaboration on identification issues between the state departments of corrections and other agencies with jurisdiction over identification would help individuals leaving prison obtain needed documents more quickly and efficiently, resulting in streamlining for the agencies as well.

EXAMPLE: Prison cards, Montana Department of Corrections

In Montana, inmates receive a prison card issued by the Department of Corrections that contains a photo or digitized image of the applicant, as well as the applicant's date of birth and adult offender number, discharge certificate, or parole order. Under Montana law, these documents can be exchanged within 60 days of release for a free state-issued ID.¹⁰⁷

¹⁰⁷ Montana Code Annotated 61-12-504.

EXAMPLE: License and identification card program, Louisiana Office of Motor Vehicles and the Louisiana Department of Corrections

The Louisiana Office of Motor Vehicles (OMV) is piloting a program at several Department of Correctional facilities where state ID cards and license renewals are being made on-site for inmates prior to release. OMV staff visit the correctional facilities quarterly, at which time inmates within six to eight months of scheduled release may request a card. Inmates are expected to pay out of pocket for the IDs unless they are eligible for welfare support. For individuals who wish to obtain a license after release, the state ID suffices as proof of identity. The IDs are included as part of the release packet.

E | Improve collaboration among agencies serving individuals re-entering the community.

Individuals who are re-entering the community from prison and their families may be involved in multiple public systems—including, among others, parole/probation, TANF, child welfare, addiction treatment, mental health, child support, SSI, and Medicaid. These public systems can have different expectations about how re-entering individuals should fulfill their respective agencies' requirements and can, accordingly, place conflicting requirements on the families involved in more than one system. For example, the work requirements of TANF and the food stamp program may make it impossible for an individual released from prison to participate in mental health or drug treatment that is required under the terms of his or her parole or probation.¹⁰⁸

The multiple systems involved in these families' lives should improve their collaboration to ensure that their requirements do not work at cross-purposes. To facilitate collaboration, these systems could assign staff liaisons to communicate information across agencies, establish formal cross-agency advisory groups, cross-train staff members, and use multi-agency teams to develop a joint service plan and jointly manage cases. Community-based, private agencies serving re-entering individuals, such as substance abuse treatment programs and employment agencies for people with criminal records, should also be involved in the collaborative process, where possible and appropriate.

Even after people have been found eligible for benefits, logistical issues, such as the lack of a bank account, can make it difficult for individuals to access the benefits and other assets (such as wages earned while incarcerated) to which they are entitled once they are released from prison. Corrections administrators and transition planners should seek to eliminate barriers to access through partnerships with other state agencies and community-based providers.

¹⁰⁸ Gwen Rubenstein, *Getting to Work: How TANF Can Support Ex-Offender Parents in the Transition to Self-Sufficiency* (Washington, DC: Legal Action Center, 2001).

EXAMPLE: Offender debit cards,

Oregon Department of Corrections and Oregon Department of Human Services

Building on the Oregon Trail Card model developed by the Oregon Department of Human Services (DHS) for food stamps and other public assistance, the Oregon Department of Corrections (DOC) now gives individuals leaving Oregon prisons “Offender Debit Cards” instead of checks for any money they have earned while incarcerated. The cards can be used at most automatic teller machines for cash or for purchases at point-of-sale machines in stores that accept the Oregon Trail Card. In addition, because the Offender Debit Card is identical to the Oregon Trail Card administered by DHS, inmates eligible for public assistance can access those benefits from the cards issued by the DOC.

F | Ensure timely access to Medicaid after release for eligible individuals by suspending, instead of terminating, Medicaid benefits during incarceration.

Under federal law, US government financial contributions (Medicaid “match”) are not available to provide services to individuals while they are incarcerated.¹⁰⁹ As a result of this restriction, individuals often lose eligibility for Medicaid and other related benefits once they are incarcerated. Termination of Medicaid benefits, however, is neither necessary nor required for all incarcerated persons.

The Center for Medicaid and State Operations (a division of the Centers for Medicare and Medicaid Services, within the US Department of Health and Human Services) has encouraged states “to ‘suspend’ and not ‘terminate’ Medicaid benefits while a person is in a public institution” (such as a correctional facility) to ensure that benefits are restored to eligible individuals immediately after they return to the community. In addition, unless a state determines that an individual is no longer eligible for Medicaid, it must ensure that incarcerated individuals are returned to the Medicaid eligibility rolls immediately upon release, allowing them to go directly to a Medicaid provider to receive services. Reinstating someone in Medicaid after his or her benefits have been terminated can take anywhere from 14 to 45 days (and sometimes longer), depending on the state.¹¹⁰

For these reasons, policymakers should consider measures to promote the continuity of care that is critical to successful re-entry, through policies that enable the rapid reinstatement of benefits upon release. (See Policy Statement 20, Planning Continuity of Care, for additional information on developing policies and programs that promote continuity.) Ideally, for those detainees eligible for Medicaid by virtue of their enrollment in the SSI program, authorities should terminate their Medicaid coverage only when SSI eligibility is terminated. (This occurs after 12 consecutive months of SSI suspension.) Notably, while the confirmation of a released individual’s qualification for Medicaid is pending, federal rules permit the reinstatement of the benefits for six months, although this reinstatement

¹⁰⁹ 42 CFR § 435.3, which references § 1905(a) of the Social Security Act.

¹¹⁰ Bazelon Center for Mental Health Law, *Finding the Key to Successful Transition from Jail to the Community: An Explanation of Federal Medicaid and Disability Program Rules* (Washington, DC: Bazelon Center, 2001).

may be terminated before six months have expired if state officials determine beforehand that the individual is no longer eligible for Medicaid.

Corrections administrators should develop relationships with local application-processing agencies for Medicaid and SSI to promote timely communication of projected release dates, to ensure quick reinstatement of benefits for those inmates in “suspended” status, and to enable the application process to begin before those inmates whose benefits were terminated are released.

c | Facilitate access to “nonrecurrent” TANF benefits by individuals with criminal records who are re-entering the community.

Individuals leaving prison may be eligible for short-term, nonrecurrent TANF benefits to meet personal and family needs during the critical period directly following release. Even individuals who are ineligible for regular TANF benefits may be eligible for nonrecurrent TANF benefits, which are limited to four months and are designed to deal with a specific crisis situation or episode of need, rather than recurrent or ongoing needs.¹¹¹

These benefits do not count as “assistance” and may be provided to any needy family, including those with a parent who would otherwise not be eligible for TANF assistance because of criminal activity.¹¹² Because TANF nonrecurrent funds may be used to end welfare dependence of needy parents by promoting job preparation and work, eligible parents leaving prison should be encouraged to apply for nonrecurrent TANF benefits for financial support as they search for appropriate employment.

h | Adopt a narrow definition of “in violation of a condition of parole/probation” for the purposes of TANF, food stamps, SSI & public housing.

Because the 1996 welfare law prohibits states from providing a variety of benefits to anyone who is in violation of his or her probation or parole, the definitions of “probation,” “parole,” and “in violation” are critical. Federal TANF regulations do not define these terms; instead, they leave it to the states to do so.

Clearly defining what constitutes a parole or probation violation, as well as the resulting period of ineligibility for benefits, has two major advantages. First, a narrow interpretation of “violation”—limited to vio-

¹¹¹ US Department of Health and Human Services, Administration for Children and Families, “*Helping Families Achieve Self-Sufficiency: A Guide to Funding Services for Children and Families through the TANF Program*”

(Washington, DC: 1999), available online at www.acf.dhhs.gov/programs/ofa/funds2.htm.

¹¹² § 260.31(b) of the final rule.

lations adjudicated by a court or administrative hearing—would avoid confusion about whether nonprosecuted, technical violations should lead to a loss of benefits. Such a definition would also allow states to continue to use alternative-to-incarceration programs, such as alcohol and drug treatment, for those parolees or probationers with technical violations. For example, a state could choose to allow a person in a drug treatment program to remain in the program and continue receiving the benefits that fund some or all of his or her participation in the program, even if he or she has technically violated a condition of his or her parole by testing positive for drugs. Second, clarifying that the period of ineligibility ends when the violator returns to compliance would ensure that benefits are available quickly and appropriately to support treatment or other needed services.

I | Adopt balanced admission and eviction policies for public housing that consider individual circumstances.

Public housing authorities (PHAs) have significant discretion in implementing federal housing laws at the local level. Blanket policies that deny decent, safe, and affordable housing to individuals with criminal records and their families for long periods create challenges not only for the returning individual and his or her family, but also for the community that must absorb the resulting criminal justice, shelter, and child welfare costs. Accordingly, PHAs should take advantage of their discretion by adopting fair and balanced admissions and eviction policies that consider individual circumstances. Such policies would reinforce national and community goals of encouraging successful reintegration of returning individuals into the community.

EXAMPLE: Housing Authority of Portland (OR)

The Housing Authority of Portland (HAP) conducts state and county background checks in screening applicants for admission, but primarily considers convictions, rather than arrests, in making admissions decisions, unless an individual has a particularly large number of arrests. An individual who has been denied admission because of a criminal record has 10 days to request a formal hearing where he or she can present information about why the application should be approved. He or she may bring an advocate (usually a parole officer or a counselor) as well as any applicable evidence or good landlord references, to support his or her case. The decision made at the hearing is based on information provided at the hearing by both HAP and the applicant. An impartial Hearing Officer presides over the hearing.

J | Ensure continued Medicaid coverage for TANF families with parents who are released from prison or jail.

States should ensure that qualifying individuals—both parents and children—remain enrolled in Medicaid, including those who are no longer eligible for TANF because of a criminal record. Medicaid eligibility is necessary for continued access to health care services by parents who have been released from prison or jail and whose children qualify for TANF

benefits, as well as for the children themselves. The Centers for Medicare and Medicaid Services (CMS) require that states determine whether individuals and families may have incorrectly lost their Medicaid coverage when their TANF cases were closed.¹¹³ In a 1998 class action lawsuit, New York public assistance recipients challenged the automatic termination of their federal Medicaid benefits when their public assistance benefits were terminated as a sanction for alleged violation of welfare-to-work program requirements. The court approved a settlement of the case, which mandated restoration of Medicaid for those whose benefits were illegally terminated and provided for monitoring to ensure future unlawful terminations do not occur.¹¹⁴

113 US Department of Health and Human Services, Administration for Children and Families, *Helping Families Achieve Self-Sufficiency: A Guide to Funding Services for Children and Families through the TANF Program* (Washington, DC: 1999), available online at www.acf.dhhs.gov/programs/ofa/funds2.htm.

114 *Mangracina v. Turner*, 98 Civ. 5585 (S.D.N.Y. 1998).

Review and prioritize what the releasing authority has established as terms and conditions of release and develop a supervision strategy that corresponds to the resources available to the supervising agency, reflects the likelihood of recidivism, and employs incentives to encourage compliance with the conditions of release.

Developing an evidence-based, individualized strategy for supervision in the community prior to an individual's release is critical to promoting public safety and reducing the likelihood that the individual will return to prison or jail. The process of developing the supervision strategy should begin as soon as possible following the decision to release, in jurisdictions in which release is discretionary, or from three months to a year prior to anticipated release. (See Policy Statement 17, Advising the Releasing Authority, and Policy Statement 18, Release Decision.) This policy statement describes the elements that should characterize supervision strategy planning, from the composition of the team that should be charged with the development of the supervision strategy, to the involvement of public safety officers in the community, to the manner in which the established strategy should be communicated to the individual who will be supervised. While the development of the supervision strategy should be completed prior to release, members of the team should retain some input and accountability during the supervision period, during which the strategy should be re-assessed and modified as necessary. (See Policy Statement 26, Implementation of the Supervision Strategy, for more on the post-release period.).

research highlights

Only 45 percent of parolees successfully complete their supervision term.

In 1984, 70 percent of parolees successfully completed their parole term. By 2002, that number had dropped to 45 percent. Put another way, in 2002, 45 percent of parolees—more than 200,000 individuals—returned to prison for parole violations or for committing new crimes. There is no conclusive research indicating whether noncompliance with technical conditions of release signals a pattern of criminal behavior and that returning such individuals to incarceration might prevent future crime; but of the parole violators returning to prison, only one-third return for committing a new crime—the remainder return for a technical parole violation.¹¹⁵ An additional nine percent of parolees—more than 40,000—are classified as on “abscond” status at any given time, meaning they cannot be found and have lost contact with their parole officers.¹¹⁶

Little is known about the relationship between parole supervision and deterrence; however, the most effective supervision strategies include a mix of surveillance and treatment.

Supervision strategies that simply increase the level of supervision, such as intensive community supervision, increased drug testing, and home confinement, have not been found to reduce re-offending.¹¹⁷ Rather, increased surveillance increases only the likelihood of *detecting* technical violations. Likewise, there is no decisive support for the conclusion that increasing parole supervision will, in and of itself, result in fewer crimes.¹¹⁸ The focus of the parole field has shifted from linkages to services to monitoring and enforcement, even as research indicates that strategies that include some level of rehabilitation or treatment in combination with surveillance techniques more effectively change behavior and reduce crime.^{119,120}

Validated assessments indicate the specific needs and services required for an individual to increase the likelihood of a successful return to the community from prison or jail.

Appropriate assessment data can indicate the specific needs and services required by an individual to increase his or her chances for a successful return to the community from prison or jail.¹²¹ The quality, relevance, and effectiveness of the release decision and supervision strategy depend on comprehensive and accurate information. Assessment instruments can effectively guide decisions about the level of supervision to assign to an individual by identifying risks such as drug and alcohol abuse and gang involvement that, if addressed adequately, can reduce recidivism.¹²² (See sidebar, “Sample Instruments” in Policy Statement 8, Development of Intake Procedure, for examples of risk assessment instruments.)

115 Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United States, 1998*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234.

116 Lauren E. Glaze, *Probation and Parole in the United States, 2002*, Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

117 Joan Petersilia, “A Decade of Experimenting with Intermediate Sanctions: What Have We Learned?” *Perspectives on Crime and Justice*

(Washington, DC: National Institute of Justice, 1998).

118 Joan Petersilia and Susan Turner, *Evaluating Intensive Supervision Probation/Parole: Results of a Nationwide Experiment*, US Department of Justice, National Institute of Justice (Washington, DC: 1993).

119 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

120 Lawrence W. Sherman et al., *Preventing Crime: What Works, What Doesn't, What's Promising, A Report to the United States Congress* (Washington, DC: National Institute of Justice, 1997).

121 James Austin, *Findings in Prison Classification and Risk Assessment*, US Department of Justice, National Institute of Corrections (Washington, DC: 2003).

122 *Ibid.*

Conditions of supervision will be most effective if they are clearly communicated to and agreed upon by parolees and probationers.

Both theoretical and empirical research suggest that the explicit communication of rules and the consequences of adhering to or breaking those rules—including the certainty that sanctions will be applied—shows promise in reducing criminal behavior among probationers and parolees.¹²³ The Boston Gun Project’s “pulling levers” strategy is a clear example of the value of communicating expectations and their implications to people with criminal records and at-risk youth. After this partnership implemented a strategy to deter gang violence that involved communicating expectations and planned responses clearly, responding as they had promised, and reaffirming those expectations again, youth homicide in the city of Boston fell by two-thirds.¹²⁴ An evaluation of the Washington, DC Drug Court intervention found that the “contingency contract” agreed to at the beginning of the program by both the participants and the judges gave participants a clear sense of expectations, which participants considered important.¹²⁵ The evaluation also found that drug use among program participants was reduced.¹²⁶

recommendations

- A | Engage community members, including representatives from community corrections, law enforcement, and community-based organizations, to serve on a transition team with corrections staff, and charge the team with the development of a comprehensive supervision strategy.**

Supervision narrowly conceived as monitoring of an individual’s criminal behavior, without parallel efforts to plan for housing, treatment, health care, and other aspects of re-entry, is unlikely to promote a person’s safe and successful return to the community. To achieve coordination (and, ideally, integration) of services and supervision; to manage potential conflicts among various service providers; to ensure that no aspect of the prisoner’s return to the community is overlooked; and to implement the releasing authority’s recommendations, each individual’s supervision strategy should be developed by a team. This team

TPCI MODEL: SUPERVISION STRATEGY

TPCI recommends that supervision agencies set policies that enable them to “triage” individuals on supervision. TPCI emphasizes establishing surveillance for a small group of highest-risk individuals—ones who empirical evidence indicates are not amenable to treatment—and placing the lowest-risk group of individuals on administrative caseloads. Targeted interventions should be employed for the remaining population of individuals. Appropriate programming should be modeled on evidence-based principles.

¹²³ David Kennedy, “Pulling Levers: Getting Deterrence Right,” *National Institute of Justice Journal*, no. 236 (1998); Mark A. R. Kleinman, “Controlling Drug Use and Crime Among Drug-Involved Offenders: Testing, Sanctions, and Treatment” (1999), in Phillip H. Heymann and William N. Brownsberger (eds.) *Drug Addiction and Drug Policy* (Cambridge: Harvard University Press, 2001); Adele Harrell, Shannon Cavanagh, and John Roman, *Final Report: Findings from the Evaluation of the D.C. Superior*

Court Drug Intervention Program (Washington, DC: The Urban Institute, 1999).

¹²⁴ David Kennedy, “Pulling Levers: Getting Deterrence Right,” *National Institute of Justice Journal*, no. 236 (1998).

¹²⁵ Adele Harrell, Shannon Cavanagh, and John Roman, *Final Report: Findings from the Evaluation of the D.C. Superior Court Drug Intervention Program* (Washington, DC: The Urban Institute, 1999).

¹²⁶ Ibid.

should comprise people who collectively represent the agencies, organizations, and individuals whose support and assistance is essential to the successful implementation of the transition plan and supervision strategy.

Transition planning team members will vary, depending on the situation of the person approaching release, but could include representatives of the institution, community corrections, human service agencies, community-based services, housing providers, local law enforcement, and the court system—in addition to advocates for the victim and family members. Peers or mentors of the individual approaching release (from substance abuse support groups, faith-based organizations, or other initiatives) may also be effectively engaged in developing a supervision strategy. When possible, the transition team should include the specific program staff and other people who have worked with the individual during his or her incarceration and/or will work with him or her upon release.

EXAMPLE: Case management teams, Missouri Department of Corrections

As part of its work under the Transition from Prison to Community Initiative (TPCI), the Missouri Department of Corrections is in the process of implementing a new re-entry planning process in its correctional facilities. Every individual serving a sentence will work with a case management team to develop a two-phase Transition Accountability Plan, which will include a programming plan for the period of incarceration (phase one), and a transition plan (phase two). The teams for each phase are distinct, though membership may overlap. In addition to Department of Corrections staff and the field probation and parole officer, the phase two team may include representatives from state agencies such as the Department of Social Services and the Department of Mental Health, community leaders, staff from community-based organizations, and the individual's family members.

BUILDING THE TRANSITION PLANNING TEAM

The team that develops the supervision strategy may be the same as the transition planning team (or a variant or subset of that team) described in Policy Statement 17, *Advising the Releasing Authority*, which is charged with making recommendations for the structure of the period leading up to release of an individual and for the conditions of release set by the releasing authority. Membership of this team and a team charged with creating an individualized supervision strategy (to be implemented after a person's release) is likely to overlap substantially. For that reason, this policy statement refers to the supervision strategy planning team as the transition planning team throughout, though some jurisdictions may choose to structure—or name—these teams differently.

Including representatives of each stakeholder system on every transition planning team may not be practical, or even feasible, in some jurisdictions. In those cases, corrections administrators should consider establishing a committee that will oversee the transition system established for all inmates in the institution. Such a steering committee could advise and guide a prisoner's transition team that is missing one or more important perspectives. (See Policy Statement 5, *Promoting Systems Integration and Coordination*, for more on ways to ensure that information and commitment to re-entry goals are shared across systems.)

One member of the transition planning team should serve as the “team leader” and coordinate the team's activities. Sometimes a corrections system invests this responsibility in the corrections staff member with the most comprehensive understanding of the agencies and organizations represented on the team. Other jurisdictions designate a specialized staff person, such as a case manager with expertise in transitions issues and programs, to be the lead transition planner. In some systems, leadership of the

team rotates periodically among the members, taking advantage of staff resources from the various organizations represented on the team when they are available. Alternatively, a designated community-based contractor or service provider could act as the primary transition planner, coordinating the overall transition strategy; this person could be employed by corrections or by another government agency represented on the team, or by some combination of the agencies.

EXAMPLE: HIV Coordinators, Massachusetts Department of Public Health and County Sheriffs Departments

In Massachusetts, the Department of Public Health (DPH) and County Sheriffs each pay one-half of the cost of HIV Program Coordinators—specialized corrections-based staff members who coordinate transition planning services for people living with HIV/AIDS who are incarcerated at county correctional institutions. DPH provides oversight and training for these coordinators. HIV Coordinators contact and engage other stakeholders in transition planning where possible and appropriate.

While the community corrections officer assigned to the released individual will have responsibility for monitoring and ensuring compliance with conditions of release, the transition team should be enlisted to initiate the individual's connection to post-release services. Prior to release, the team members should meet with the individual and with each other to develop a comprehensive strategy for balancing supervision and services in the community that is most likely to preserve public safety and promote the person's successful reintegration into the community.

Following release, if an individual fails to participate in those services that are prescribed in his or her transition plan or conditions of release, members of the transition planning team should be prepared to provide advice and help to the community corrections officer in addressing these gaps. When considering significant changes to the supervision strategy, the officer may wish to convene the transition planning team and have its members meet with the individual under supervision to remind the person of his or her accountability for the conditions of release. Although the transition team should never be a surrogate for the community supervision officer, it should be available as a resource to provide the officer with increased leverage. (See Policy Statement 26 for more on ensuring the implementation of the supervision strategy.)

B | Apply the information from risk- and needs-assessment instruments administered prior to the release decision, and re-assess inmates if necessary to determine appropriate supervision strategies.

The transition planning team should consult the information compiled by corrections staff or service providers during intake and the incarceration period, including assessed static and dynamic risk factors. (See Policy Statement 8, Development of Intake Procedure, for more on assessments

and other information gathering.) The team should also employ the most current information available, which in many cases will come from the report presented to the releasing authority to assist in its decision-making responsibilities. (See Policy Statement 17, Advising the Releasing Authority, for more on information gathered to inform the release decision.) The team should then design an individualized supervision strategy that takes into account this information about risks and needs.

Significantly, the risk assessment instrument used for making the release decision may have to be modified and re-administered to account for the goals of those charged with developing the supervision strategy. In some cases, it may be possible to rely on the same assessment instrument for making parole release decisions and for determining supervision levels, but this should be determined by examining the goals of each particular stage of the process and the populations affected. For example, while an instrument used to determine whether a person should be released might measure the general risk of recidivism, the transition team may need to know the person's risk of committing specific types of offenses in order to determine an appropriate supervision strategy. While a releasing authority might be particularly concerned with continued criminal thinking (*i.e.*, a lack of readiness to engage in pro-social activities) when the release decision has been made or mandatory release approaches, the transition planning team might be particularly concerned about the risks associated with an individual's returning to live with his or her family. Ultimately, measurement of different kinds of risks may require the use of different instruments.

Just as it is important to assess the risk factors of a re-entering person, it is important to recognize and assess those assets that the individual may possess or have at his or her disposal. Assessment instruments may identify assets such as education or skills that can be incorporated into the reintegration strategy. Such inclusion will promote ownership of the strategy by the person under supervision, and in turn, increase the likelihood that his or her re-entry will be successful.

c | Assign a supervision officer to each individual well before the date of his or her release and engage the officer on the transition planning team.

Interaction between the community corrections officer and the prisoner prior to release may improve the officer's understanding of the service needs that individual has, the risks that the individual will present to the community, and the role that family members and other parties can play in the individual's readjustment. Such interaction can also build trust between the person approaching release and the officer. This relationship, coupled with a familiarity with the community to which the prisoner will

return, should enable the community corrections officer to effectively inform the strategy for supervising the individual. The field officer can offer a valuable perspective on which terms and conditions will be valuable or reasonable for the individual in his or her particular community. If familiar with and invested in the reasons for the conditions of release prescribed by the releasing authority, the officer can serve as an effective representative of the corrections system in the community. Finally, the supervision officer should also be a channel through which community and family input can be presented to the transition team.

The value of connecting a community supervision officer to an individual before his or her release has been discussed for years, but there are significant obstacles to implementing this policy in a meaningful way.¹²⁷ Officer caseloads may be prohibitively large, so that meaningful communications are seldom possible, and correctional facilities may be located far away from the communities where supervision officers are based. Corrections and community corrections administrators should collaborate to ensure that these challenges are addressed. Transition planning responsibilities should be prioritized appropriately within the often already challenging caseloads that field officers carry, and creative strategies used to overcome barriers of distance between prisons and the communities to which individuals return after release. These may include teleconferencing or transferring individuals approaching release to facilities near the communities to which they will be released. (See Recommendation e, below, for more on the advantages of pre-release transfers).

Contact between the community corrections officer and the individual in prison or jail should begin at least three months prior to release and, if possible, as much as a year before the release date. The timing of the pre-release contact should be made on a case-by-case basis and be governed by the tasks to be performed and the community-based linkages to be made. These in turn will be informed by the conditions of release assigned by the releasing authority, and the timing of the release decision relative to the release itself.

EXAMPLE: Project Greenlight, Vera Institute of Justice, the New York Department of Corrections, and the New York Division of Parole

During this year-long pilot program, parole officers met with individuals up to two months prior their to release. Officers led classes for soon-to-be released inmates on such topics as cognitive and practical life skills, job readiness, substance abuse, and more. In addition, parole officers worked with the inmates to prepare individual release plans, so that the work of supervising these individuals in the community proceeded more smoothly and effectively.

¹²⁷ See, for example, David Altschuler and Troy Armstrong, "Aftercare Not Afterthought: Testing the IAP Model," *Juvenile-Justice III*, no. 1 (1996), pp. 15–22; David Altschuler, Troy Armstrong, and Doris MacKenzie, *Reintegration,*

Supervised Release, and Intensive Aftercare Washington, DC: US Office of Juvenile Justice and Delinquency Prevention, 1999).

Community corrections administrators should consider, in matching field officers to specific individuals in need of supervision, the proximity of the officer to the community where the individual will be returning. When the individual preparing for release has been assessed as having special needs, such as mental health or sex offense issues, administrators should also seek to assign them to supervision officers with specialized training.

EXAMPLE: Specialized Caseloads, New York Division of Parole

The New York State Division of Parole, in conjunction with the New York Office of Mental Health, has established specialized caseloads in certain New York metropolitan areas to service parolees with mental illness. Parole officers in this program receive specialized training on mental illness and carry a reduced caseload of approximately 25 cases. The specialized parole officers work with community mental health agencies to link parolees to appropriate services.

EXAMPLE: Special Management Unit, Connecticut Parole and Community Services

Parole officers assigned to the Special Management Unit supervise parolees who require ongoing intensive supervision or specialized treatment. The unit focuses primarily on supervision of paroled sex offenders but also works with parolees with severe mental illness. Special Management Unit parole officers receive training in supervision and in medical and mental health issues, and they each maintain a caseload of no more than 25 parolees. The unit emphasizes interaction between treatment providers and parole officers; officers participate in both group and one-on-one counseling sessions with parolees and treatment providers.

When connecting field officers to the individuals that they will supervise prior to release is not possible, the community corrections agency can assign to a prison a transitional community corrections officer who can facilitate contact between the individual and his or her field officer. This transitional officer should act as the representative of the community corrections agency on the transition team and before the releasing authority.

D | Seek information from, and promote cooperation with, law enforcement in the jurisdiction to which an individual will return before his or her release.

The transition team should engage members of the law enforcement community, who may have knowledge of the strengths and weaknesses of the community to which an individual will return after release, in the formulation of the supervision strategy. In recent years, with the development of the Community Oriented Policing Services (C.O.P.S.) model, police and sheriff's departments have been assuming an increasing role in broader quality of life and community issues—issues highly relevant to individual re-entry. Core components of community policing are partnerships, problem-solving, and organizational transformation, which should also characterize effective re-entry initiatives.

Corrections administrators and policymakers generally should encourage communication between police, parole officials, and community

service providers about how their agencies can collaborate to support the objectives of the overall release plan. The regular beat patrols of law enforcement officers offer an excellent resource for monitoring individuals under supervision and assisting in the enforcement of supervision conditions. In addition, local law enforcement may be able to work with community partners to prepare for the integration of the individual back into his or her neighborhood.

EXAMPLE: Knoxville Public Safety Collaborative, Knoxville Police Department, and the Tennessee Board of Probation and Parolees (TN)

Community corrections officers, social service providers, and police (representatives of over 26 Knoxville agencies) work together to formulate case management plans for individuals who are at risk of re-offending. A comprehensive case plan is developed for an individual before the individual is released to make sure that he or she receives the necessary services. Information is shared between agencies to observe the progress of these individuals, and joint site visits are also conducted.

The structure of a partnership between those in community supervision and law enforcement will depend upon the needs of both the police and the probation or parole agency. Formalizing such a relationship (with, for example, a Memorandum of Understanding) can ensure the commitment at all levels of each organization and help to clearly define roles and responsibilities in pursuing the joint objective of providing enhanced supervision and services to promote public safety. While demand for police services (such as calls for emergency assistance) and the size of the areas law enforcement officers must patrol place constraints on the time that they can spend on re-entry planning, an up-front investment in the supervision strategy development and implementation process may avert later conflicts and crime, creating efficiencies for both corrections and law enforcement.

In jurisdictions in which the sheriff's department has both law enforcement and jailing responsibilities, department staff should be able to offer helpful resources and knowledge about community assets and risks to guide strategies for individuals re-entering those communities from jail. Geographic proximity and local expertise may permit deputies to spend more time on these issues than they would be able to spend on issues of re-entry from prison.

EXAMPLE: Day Reporting and Re-Entry Division, Broward Sheriff's Department (FL)

The Day Reporting and Re-Entry Division provides case management and transitional services to individuals who are serving time in the Broward County jail. While individuals are serving their sentence, a case manager oversees the design of a supervision and re-entry plan, which includes the level of supervision, community service hours, programming, daily schedules, and any court-ordered conditions. Supervision specialists monitor each person's activity in the community once he or she is released from jail through random checks at his or her residence or place of employment and electronic monitoring. The Re-Entry Division also offers on-site counseling, treatment programs and educational and employment services.

Community corrections should also partner with other enforcement agencies beyond police and sheriff's departments. Certainly, local and

federal prosecutors' offices could be involved in planning for the return of individuals to a community. In Boston, for example, local district attorneys and US attorneys work with corrections representatives, faith-based mentors, and police to coordinate services and supervision for the individuals they have determined will have the greatest risk of re-offending. When a violation occurs, the partners share information to determine how it will be addressed and whether it rises to the level where further prosecution is merited. Public defenders could also be included in a local planning effort. In addition, particularly in large jurisdictions and rural areas, officers from agencies such as the Bureau of Fish and Wildlife or transit authorities may provide useful resources and assistance, depending on their patrol areas.

■ | Transfer state prison inmates as the release date approaches (and as appropriate and feasible) to correctional facilities nearest to the community to which the individual will return.

State correctional institutions in many states are located hundreds of miles from the communities to which the greatest number of individuals return after release. Individuals who have been incarcerated in a prison hours away from their home community are likely to find themselves particularly disconnected from the neighborhood to which they wish to return. Moving these prisoners to a facility located near their community can enable prerelease contact with family members, service providers, and community corrections officers. For individuals who have not located suitable housing to move into following release, transfer to a community-based facility may also allow them more time to determine an appropriate housing situation.

Corrections staff and the transition team should further consider transferring individuals nearing release to work-release facilities, when such facilities are available. Work-release facilities provide the opportunity for prisoners to prepare for economic independence, and can serve as an effective transitional phase between incarceration and release to the community. (See Policy Statement 22, Workforce Development and the Transition Plan, for more on the use of work release as a job preparation technique.)

EXAMPLE: Work-release facilities, Pioneer Human Services and the Washington Department of Corrections

The Washington Department of Corrections places inmates who are residents of Seattle (nearly one-third of the incarcerated population) and eligible for a work-release program in one of the six facilities it contracts with Pioneer Human Services, a private, nonprofit social enterprise organization. Individuals may enter a work-release program no sooner than six months prior to discharge. Work-release participants are overseen by community corrections officers, who help to staff the facilities and provide case management services, including assessments and program referrals. Participants must be employed or enrolled in a training program; stay in the work-release facility at all times, except those

approved for work and other appointments; remain alcohol- and drug-free; and pay approximately ten dollars a day for their room and board.

Some jurisdictions use the county jail system to facilitate transition planning in or near the community to which the person will return. While these jails may offer work-release opportunities and transition planning, state prison systems should not seek to transfer inmates to the local jail system as part of the transition process unless the destination jail has the resources and facilities to hold these inmates safely and can benefit their transition by enabling inmates to develop community connections. State policymakers and corrections administrators who wish to establish a jail transfer program should work with local jurisdictions to ensure that the proper treatment and rehabilitative services are available there. Jails should be reimbursed by the state for each inmate transferred from a prison facility. When properly reimbursed for expenses, jails may benefit from such a program through a reduction in the number of sentenced individuals waiting for prison beds that they hold at any given time. Jails would receive soon-to-be released inmates (who typically have low security needs) while recently sentenced individuals (who require greater security) could be transferred more quickly to the state prison system. Policymakers determining transfer procedures should recognize, however, that programming space is likely to be very limited in jails, even under the best of circumstances.

EXAMPLE: Jail Transition Program, Virginia Department of Corrections

In Virginia, the Department of Corrections prereleases state inmates to county jails for work release. While the state does not pay the counties a per diem cost for individuals on work release who are housed at local jails, the state does pay for 90 percent of the operational costs of local jails and ensures that sufficient staff are available to carry out the additional responsibilities associated with the state prisoners.

EXAMPLE: Community Transition Program, Indiana Department of Corrections

In Indiana, the state legislature enacted a law in 2001 which provides that state inmates can be remanded to local jails 60 to 180 days before their release date. This permits prisoners to participate in work release and transition programming as they move back to their communities. The state pays the local jail authorities 15 dollars a day for providing the programming.

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- ▮ **Provide each individual before release with a written copy of his or her terms and conditions of release and transition plan and explain them clearly, ensuring that he or she understands them.**

Where possible, the supervising post-release officer should participate in drafting the conditions of release of those on his or her caseload. The conditions should be specific and clearly written. (See Policy Statement 17, Advising the Releasing Authority, for more on including key stakeholders in determining the conditions of release.) This process should limit

the degree to which supervision officers regard specificity of conditions as constraining their ability to respond to an individual.

Releasing authority staff or the transition planning team should always ensure that the person to be released has a clear understanding of the expectations of the authority and of transition planners. The conditions of release and the transition plan should incorporate input from the individual, but he or she should not be assumed to understand the transition plan completely simply because he or she has had opportunity to participate in the development of the plan. Once the transition plan is complete and the conditions of release have been determined, a community corrections officer or transition team member needs to clearly explain them to the person under supervision along with both the consequences for failing to meet the terms and conditions and the benefits of successfully adhering to the supervision strategy.

In order to maximize the ability of the individual to comply with the conditions of his or her release, the transition planning team should ensure that the individual is aware of service providers that he or she will be expected to contact after release, and should facilitate such contact. When relevant service providers have not been engaged to participate on the transition team, the supervision officer should inform these service providers of the anticipated release of the individual and of the elements of the supervision strategy that may affect the service relationship.

In addition to a clear and concise oral explanation of the expectations of the releasing authority and the service providers who will serve as resources for him or her, the individual should receive a written copy of the conditions of release that outlines the rules that will apply to him or her in the community, the consequences of breaking any of these rules, and the potential benefits of successfully completing set time periods under community supervision. The document should set forward clear and straightforward standards to which all parties can be held accountable. Policymakers should recognize that many prisoners have limited literacy or may not be able to read documents in English and make translations or additional explanations available to these individuals.

EXAMPLE: Georgia Division of Parole

At the time of discharge, parolees receive a parole certificate and a copy of the terms and conditions of their release. Parole officers review the conditions of release with their parolees in a one-on-one session. In addition, some jurisdictions offer parole orientation sessions.

**EXAMPLE: "Division of Community Corrections Offender Handbook,"
Wisconsin Department of Corrections**

The Wisconsin Department of Corrections distributes an "Offender Handbook" to inmates being placed on probation or parole. The handbook explains what probation and parole mean and how the supervision process works. Specific topics covered by the handbook include resolving disagreements with the supervision agent, restitution, and payment of supervision fees.

WORKFORCE

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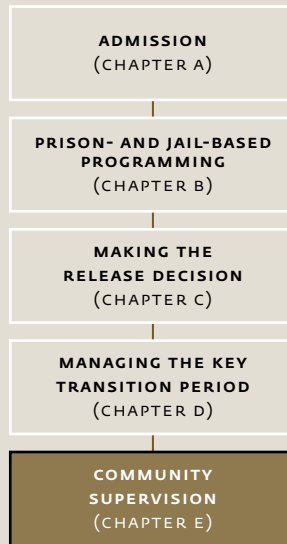
VICTIMS

PUBLIC SAFETY

CHAPTER E

Community Supervision

THE RE-ENTRY PROCESS:



Nationally,

nearly one in five people released from prison has completed his or her sentence while incarcerated, but the vast majority of people are released to some form of community-based supervision.¹ While it is unclear what percentage of people coming out of jail enter supervision, 37 percent of all probationers served time in jail (on a split sentence) prior to being released to probation.² On any given day, nearly 4.8 million people are under the supervision of community corrections.³

The budgets of community corrections agencies have not kept pace with appropriations to prisons and jails. At the same time, these agencies are under acute pressure from elected officials to prevent any of the high-profile tragedies that have previously thrust parole and probation into the spotlight from happening again. Furthermore, policymakers are increasing their expectations generally for agencies and organizations serving people released from prison or jail both to reduce revocations and returns to incarceration and to facilitate connections to employment, health care, housing, and other social services.

The policy statements in this chapter describe how parole and probation, in partnership with law enforcement agencies, can make improved use of information and existing resources to increase public safety in communities to which people released from prison and jail return while providing support and protection for their families and for crime victims (Policy Statement 26, Implementation of the Supervision Strategy, and Policy Statement 29, Graduated Responses). In addition, these policy statements review how community-based organizations, working with partners in the criminal justice system, should ensure continuity of care and employment for people released from prison and jail (Policy Statement 27, Maintaining Continuity of Care, and Policy Statement 28, Job Development and Supportive Employment).

1 Lauren E. Glaze, *Probation and Parole in the United States*, 2002, Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

2 Thomas P. Bonczar, *Characteristics of Adults on Probation*, 1995, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1997), NCJ 164267.

3 Lauren E. Glaze, *Probation and Parole in the United States*, 2002, Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of the person released, the victim, the community, and the family change.

Although fewer release decisions are being made by parole boards, the great majority of returning prisoners is still subject to some period of postprison supervision in the community. (This is not the case for jail inmates, most of whom have no postrelease supervision.) Policy Statement 25, Development of Supervision Strategy, detailed how a planning team comprising corrections, community corrections, and service provider staff should work with each individual prior to his or her release from prison or jail to develop a specific supervision strategy. This policy statement looks at ways community corrections officers can effectively implement this strategy, with the support of community corrections administrators, policymakers, and community members. The recommendations that follow emphasize the need to focus resources on the period directly following release and in the neighborhoods to which individuals return. They also highlight assessment and adjustment strategies for modifying the supervision plan. The supervision strategy should always be thoughtfully integrated with the engagement of the individual in needed services and/or employment, and community resources should be enlisted toward this effort. (See Policy Statement 27, Maintaining Continuity of Care, and Policy Statement 28, Job Development and Supportive Employment, for more on these aspects of the postrelease period.) In addition, the parameters of the supervision strategy should be reinforced through a system of graduated incentives and sanctions. This approach is further explained in Policy Statement 29, Graduated Responses.

research highlights

The majority of state prisoners—77 percent—is released from prison on to some type of conditional community supervision. A small share (albeit a large number) of jail inmates is released to probation supervision.

Parole and probation officer caseloads are typically high, translating to minimal personal contact and supervision.

In 1999, almost 420,000 inmates—or more than three-quarters of those released from state prisons—were released to community supervision, most frequently parole or probation.⁴ Individuals released to parole supervision are supervised for an average of just under two years.⁵ In 2002 there were 753,141 individuals on parole, up from 220,000 in 1980.⁶ In terms of demographics, most returning prisoners are male (88 percent); their median age is 34; and their median education level is 11th grade.⁷ In 1998, just over half of returning prisoners were white (55 percent), and 44 percent were black. Twenty-one percent of parolees were Hispanic (of any race).⁸ While it is unclear what percentage of people coming out of jail enter probation supervision, 50 percent of those on probation (nearly 2 million individuals) had received a “split sentence,” meaning that they were sentenced to serve a period of incarceration before being released to probation.⁹ Most of those individuals—37 percent of all people on probation—had served time in jail just prior to entering probation; another 15 percent had served time in prison.¹⁰ Therefore, the issue of effective postrelease supervision is pertinent to both parole and probation agencies.

The increase in the prison population has had the predictable impact of increasing the parole population, translating into bigger caseloads for parole officers. In the 1970s, the average parole officer supervised a caseload of 45 parolees.¹¹ Today, most officers are responsible for about 70 parolees—about twice as many as some consider an ideal caseload.¹² Such high caseloads necessarily translate into only nominal supervision. More than 80 percent of parolees are supervised on “regular” caseloads, meeting with a parole officer once or twice a month for an average of 15 minutes per visit.¹³ Probation caseloads are even higher than parole caseloads, averaging about 130 probationers per officer.¹⁴

4 Lauren E. Glaze, *Probation and Parole in the United States, 2002*, Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

5 US Department of Justice, Bureau of Justice Statistics, National Corrections Reporting Program, 2001 (Washington, DC: 2001), available online at <http://webapp.icpsr.umich.edu/cocoon/NACJD-STUDY/04052.xml>.

6 Lauren E. Glaze, *Probation and Parole in the United States, 2002*, Department of Justice, Bureau of Justice Statistics (Washington, DC: 2003), NCJ 201135.

7 Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United States, 1998*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234; Bonczar, T. (1997) *Characteristics of Adults on Probation, 1995*. Washington, D.C.: US Department of Justice, Bureau of Justice Statistics.

8 Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United States, 1998*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234.

9 Thomas P. Bonczar, *Characteristics of Adults on Probation, 1995*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1997), NCJ 164267.

10 Ibid.

11 Joan Petersilia, “When Prisoners Return to the Community: Political, Economic, and Social Consequences,” US Department of Justice, National Institute of Justice, *Sentencing & Corrections: Issues for the 21st Century*, no. 9 (November 2000)

12 Jeremy Travis and Joan Petersilia, “Reentry Reconsidered: A New Look at an Old Question,” *Crime & Delinquency* 47, no. 3 (2003).

13 Ibid.

14 Camille G. Camp and George M. Camp, *The Corrections Yearbook 2001* (Middletown, CT: Criminal Justice Institute, 2002).

Few probation and parole officers are based in the neighborhood where the majority of their clients lives.

Research suggests that the most critical period for a returning prisoner is immediately following release.

Caseloads for probation and parole officers are rarely allocated based on geography. Analysis of high-risk probation caseloads in neighborhoods in Brooklyn, New York, found that 218 high-risk probationers in a single police precinct were spread across 43 probation officers, even though the average caseload for probation officers was 76 probationers, and three officers could have covered all 218 cases.¹⁵ Many parole administrators have called for a “reinventing” of parole that may include the development of a community-centered approach to supervision.¹⁶

In a 15-state study, over two-thirds of prisoners were rearrested within three years of their release. Importantly, the first six months accounted for nearly half (44 percent) of all recidivism during the three-year period, with 30 percent of all releasees re-arrested in those first months.¹⁷ In the first year out, 44 percent of released prisoners were arrested. Property offenders were the most likely to recidivate. Almost three-quarters of all property offenders were arrested within three years of their release.¹⁸ Two-thirds of drug offenders and 62 percent of both public-order and violent offenders were rearrested within three years.¹⁹ The first months out of prison are also a high-risk, high-need period for housing and other services.²⁰

recommendations

A | Focus supervision resources on the period directly following release.

Community corrections administrators and transition planners should seek to concentrate supervision resources for each person on the first few months after his or her release from prison or jail, during which the statistical risk of re-offending is highest and connections to key services and other community linkages are especially important.

EXAMPLE: Going Home Prepared, Nevada Department of Corrections

Funded by a SVORI grant, the Going Home Prepared (GHP) program provides releasees classified as serious and violent offenders with up to 12 months of intensive supervision, after which time participants step down to a less intensive level of supervision. In addition to being monitored by a parole officer, GHP participants work with a Reentry Social Worker, who coordinates linkages and referrals to service providers, and report to Re-Entry Court at least once a month. Although the GHP program officially ends after 12 months, community partners will continue to provide participants with support and treatment for as long as needed.

15 Eric Cadora, “Criminal Justice and Health and Human Services: An Exploration of Overlapping Needs, Resources, and Interests in Brooklyn Neighborhoods” (paper presented at Urban Institute’s *From Prisons to Home* conference, Washington, DC, January 30–31, 2002).

16 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

17 Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2002) NCJ 193427.

18 Ibid.

19 Ibid.

20 Marta Nelson, Perry Deess, and Charlotte Allen, *The First Month Out: Post-Incarceration Experiences in New York City* (New York: Vera Institute of Justice, 1999); Dennis P. Culhane, Stephen Métraux, and Trevor Hadley, *The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems* (Washington, DC: Fannie Mae Foundation, 2001).

The period directly following release from prison or jail can be extremely difficult and stressful for people, especially if they were incarcerated for a significant period of time. Living with the rules and regulations of a correctional facility can make an individual's behavior institutionalized to the point at which it is very hard to adjust to life outside the walls.²¹ In addition, connections to family and community may have been eroded by geographic separation, the passage of time, or the stigma of incarceration.

The supervising officer should recognize the need for an adjustment period and tailor the supervision approach accordingly. He or she should know who plans to meet the individual upon his or her release and should be familiar with the living arrangements and appointments that the individual will be expected to keep during the first few weeks in the community. Where possible, community corrections administrators should ensure that the most recent releasees are distributed across caseloads to enable supervision officers to spend more time facilitating these initial linkages. The frequency and intensity of contact between the supervising officer and the individual being supervised may then be reduced if the individual successfully meets goals and observes the initial conditions of his or her release.

B | Ensure contact between the supervision officer and probationer/parolee corresponds to level of risk presented.

The degree of monitoring and the intensity of services provided an individual should correspond with the risk of re-offending that he or she poses. These risks and needs should be determined by the results of objective risk-and-needs assessment instruments, supplemented with additional information as appropriate. Community corrections administrators should develop workload formulas that help direct the supervision and intervention time and effort allotted to each individual's varying levels of risk and need. Resources spent on early assessment and accurate workload structuring are a worthy investment, ensuring the most efficient use of limited supervision resources in the long run.

Individuals with the greatest risk of re-offending should have the highest level of supervision and services available to help promote law-abiding behavior and pro-social behavioral development.²² High-risk individuals returning to the community should be required to adhere to structured supervision plans that govern their living situation, restrict contact with their victims and associates, and include monitoring by supervision officers day-to-day activities related to the assessed risk factors. Individuals who

²¹ Craig Haney, "The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment" (paper presented at the Urban Institute's Re-Entry Roundtable, Washington, DC: January 2002).

²² Don Andrews and James Bonta, *The Psychology of Criminal Conduct* (Cincinnati, OH: Anderson Publishing Company, 2003).

have been found to pose high risks also typically have additional treatment needs that require intensive monitoring and may merit priority access to services.

EXAMPLE: Day Reporting Center, Behavioral Interventions, Inc. and Illinois Department of Corrections

The Day Reporting Center program provides a continuum of intense supervision, monitoring, treatment, and educational services for high-risk parolees (parolees who have two or more prior incarcerations, have served a sentence of 10 or more years, and/or are 25 years or younger and sentenced for a violent crime) returning to neighborhoods in south Chicago. Each parolee begins at the most intensive level and works his or her way down by successfully completing the goals at each stage of the program. Parolees are assigned an individual case manager who supervises an extensive assessment process; developing an individualized supervision, treatment, and education plan; and meeting with parolees one to seven days a week.

It is unlikely that any release strategy can be successful if the supervision, treatment, and community adjustment resources needed to address the individual's level of risk are not available. (See Recommendation e, below, on engaging community support for the supervision strategy.) Halfway houses, day reporting centers and other early release and transitional facilities should be made available to the high-risk population.

EXAMPLE: Super-Intensive Supervision Program, Texas Department of Criminal Justice's Division of Parole

Individuals who are serving a sentence on a current or past conviction for an offense involving an act of violence may be selected by a panel of Board of Pardons and Paroles members to participate in the Super-Intensive Supervision Program (SISP). Participants are supervised by specially trained parole officers with caseload ratios of 14 parolees per officer. Officers are required to complete 15 total contacts each month, including six face-to-face, six "drive-by," and one home visitation. Individuals on SISP are on 24-hour electronic monitoring and must comply with a 24-hour-a-day schedule pre-approved in writing by their parole officer. They remain in the supervision program until they are discharged from supervision or until the designated Board Panel votes to remove the SISP special condition and allow the person to be placed on a less restrictive type of supervision.

In the absence of additional staff resources, community corrections administrators should establish "on-call" officers or specialized units who are dedicated to supervising higher-risk offenders and that function on a 24-hour basis. Policymakers should be careful to focus these specialized, intensive programs narrowly on those individuals most likely to present risks to public safety. Programs that permit only one or two

**UNDERSTANDING
CASELOAD SIZE**

No supervision officer can provide meaningful supervision when his or her assigned caseload is too high. Yet, debate continues on what caseload size should be targeted, and insufficient research exists to build consensus on this issue. Policymakers should promote the collection of data and research that affirmatively links the achievement of defined public safety objectives to workload measures in a results-driven approach. The American Probation and Parole Association has identified a ratio of one officer to every 30 supervised individuals as the minimum necessary for adequate supervision of high-risk individuals.²³ However, the amount of time that it will take to accomplish the tasks necessary to ensure effective supervision will vary depending on offender risk level, geography of a jurisdiction, staff competencies, and numerous other factors, including what tasks are required of community supervision officers in each jurisdiction. This workload variability is a critical component to understanding caseload size, and the figure will vary among jurisdictions.

²³ American Probation and Parole Association, *Restructuring Intensive Supervision Programs*:

Applying What "Works" (Lexington, KY: American Probation and Parole Association, 1994).

visits per month should not be considered intensive supervision; restricting the definition of high-risk can ensure the integrity of these programs and maximize the benefit of limited staff resources.

Officers who monitor high-risk individuals should receive training that pertains to field officer safety and should have access to protective equipment to ensure their personal safety when engaging in intensive supervision activities. When possible, they should also have access to specialized equipment, such as surveillance systems that utilize satellite technology, radio frequency home monitoring devices, case management information systems that allow various systems to share data, and portable drug and alcohol testing equipment. Supervision officers should be trained in the use of these new technologies and should learn the specialized skills required to facilitate behavior change.

Policymakers and the public should be educated about the power, the limitations, and strategies of community supervision. (See Policy Statement 7, Educating the Public About the Re-Entry Population, for more on creating an understanding in the community at large of re-entry and people who re-enter the community from prison or jail.) Community corrections administrators should seek to demonstrate how, given sufficient resources, they can meet the risks presented by each individual released from prison or jail with a proportional response and how the risks posed by even the most difficult individuals can be managed.

c | Supervise probationers or parolees in the community where they live.

Effective community supervision can be promoted by situating community corrections officers within the same communities that probationers and parolees on their caseloads live and ensuring that the officers become familiar with the particular resources and challenges of those communities. If community supervision officers work solely from an office (especially an office located far from the places that individuals under supervision conduct their lives), they will miss opportunities to access corroborative information on the activities of the individuals on their caseloads, to recognize the challenges or risks that these individuals may face, and to engage nontraditional community partners in efforts to improve the capacity and efficiency of community supervision. Potential partners such as community political leaders, faith-based leaders, and extended family members, make up a local culture that can support each individual's successful readjustment, fail to support such adjustment, or even create problems that hinder successful reintegration. A community corrections officer who works among these community members can become personally knowledgeable about the community's dynamics, personalities, resources, and tensions as they relate to the individuals on his or her caseload. With such

knowledge, the officer can serve as an advocate to ensure the strengths and resources of the community are leveraged to support each individual's readjustment; the officer can also identify community threats and risks and take steps to ameliorate them.

In order to facilitate the activities of supervision officers in the field, supervision agency administrators and other policymakers should consider setting up satellite offices within neighborhoods to which high concentrations of offenders return and should tailor caseloads to minimize the time that supervision officers or the individuals that they supervise must spend traveling to appointments. Co-locating community corrections offices with service providers (such as Workforce Investment Boards or benefits offices) can encourage compliance with conditions of release and successful engagement with those services.

EXAMPLE: Proactive Community Supervision, Maryland Division of Parole and Probation

Maryland's Division of Parole and Probation and the University of Maryland's Bureau of Government Research have undertaken a re-engineering of Maryland's supervision practices. Under Proactive Community Supervision, agents' caseloads are reduced so that they can spend more time in neighborhoods and work one-on-one with individuals whom they supervise. They develop relationships with the families, friends, and neighbors of these individuals to help establish an early-warning system and enable a quick response to problems that may arise. The agents have offices in the community, including in churches, and work closely with service providers. In one neighborhood, a facility has been developed which houses a clinic and employment training space in addition to the parole and probation offices.

Supervision agents should not have to rely on a traditional office for access to case files. With the advent of wireless, web-based technologies and the proliferation of cell phones, agents should be able to access agency information systems from remote locations easily. Used creatively, technology allows for the development of virtual offices, where agents can operate efficiently and effectively from the field.

EXAMPLE: Tablet PCs, Georgia Division of Parole

Georgia's parole officers are using tablet PCs (highly portable, laptop-like computers with detachable keyboards and screens that can function as writing slates) to record data about parolees while they are on duty. Before implementing this system, the Board of Pardons and Paroles found that information from notes taken by hand was sometimes not sufficiently thorough or was not properly entered into the data system. The Division of Parole is in the process of creating a statistical-analysis application to analyze data recorded by parole officers. Every night, officers will replicate their field-collected data to a server. A program will then look at different factors in the data and recalibrate risk levels to guide the allocation of supervision resources.

▮ | Coordinate the activities of local law enforcement and probation and parole agencies.

Front line police officers and community corrections officers should coordinate their regular activities when possible to most effectively achieve mutual objectives and operationalize supervision strategies developed

prior to release. (See Policy Statement 25, Development of Supervision Strategy, for more on engaging law enforcement in the supervision planning process.)

EXAMPLE: Operation Night Light, Boston Police Department and the Office of the Commissioner of Probation for Massachusetts

This probation-police partnership is set to enforce conditions of probation imposed on chronic youthful offenders. Probation officers ride along with police officers on regular police beat patrol and conduct evening visits to the homes of those on probation. More than a dozen other probation jurisdictions in Massachusetts have implemented similar programs.

So that the full benefits of joint coverage can be captured, local law enforcement should document interactions with individuals on supervision and share this information with supervision officers according to established standards. When possible, law enforcement and community corrections officers should have access to interoperable information systems to allow for an easy and timely flow of information between agencies. Any such information sharing protocols must be structured to conform to legally protected privacy rights. (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on establishing appropriate interagency linkages.)

EXAMPLE: National Safety Collaborative, Nashville Police Department and Tennessee Board of Probation and Parole

The Tennessee Board of Probation and Parole (“the Board”) issues people under supervision color-coded cards (coded by type of crime) with special instructions on the back. Individuals must present the card to officers when they are stopped or questioned, and officers download all such contacts at the end of their shifts. The supervising corrections officer is notified when someone on the caseload has been in contact with the police. All offenders under supervision are also mapped by the Knoxville Police Department and the information is shared with the Board. By 2003, a 44 percent recidivism rate reduction was obtained from the targeted group. This partnership also led to a more expansive formal collaborative locally and statewide.

EXAMPLE: Supervision, Management, and Recidivist Tracking (SMART) Partnership, Redmond Police Department and Washington Department of Corrections

Redmond police officers use Field Interview Report (FIR) cards to document any contact they have with supervised individuals. (When officers perform electronic name searches to verify individuals’ identities and to check for warrants, the system also informs the officer whether the subject is under community supervision.) These FIRs are then forwarded to the Department of Corrections and the SMART Partnership liaison, who forwards copies to the appropriate community corrections officers.

E | Leverage community-based networks to assist with the implementation of the supervision strategy, and consult family and community members regularly to determine their assessment of the person’s adjustment to the home and/or neighborhood.

The people who interact regularly with individuals released from prison or jails are likely to be the best resource for observing and encouraging progress toward reintegration of those individuals. Informal social controls exerted by family, peers, and community have been shown in some

studies to have a more direct effect on offender behavior than formal controls, such as supervision or law enforcement.²⁴ Families may also take the place of long-term involvement with social service systems and are likely to have historical information and perceptions gleaned from a lifetime of involvement with the family member who is under supervision. Community corrections officers should seek to capitalize on these influential ties in implementing the supervision strategy and determining whether it is working.

Community corrections officers should discern when it is appropriate to engage family or community members and learn which family or community members are interested in or willing to participate in the reintegration process. These individuals could most easily be tapped to provide input on the community supervision phase if they have previously been engaged on the transition planning team or worked with the community supervision officer. Selected relatives and community members should be involved in periodic reviews of the individual's behavior and the success or failure of the reintegration process, in addition to being invited to provide information to the supervising officer on an informal, at-will basis.

EXAMPLE: La Bodega de La Familia, Family Justice (NY)

Family Justice's direct service arm, La Bodega de la Familia, has developed a system of family case management that brings together the individual under supervision, family members, the supervision officer, and one of La Bodega's case managers. The team works together to identify the family's strengths and resources and to develop an action plan that includes goals and objectives for each team member to support successful re-entry. The team reviews the action plan periodically and may modify it as the circumstances of supervision change. Participating community corrections officers receive specialized training from Family Justice in family case management and in working with families.

Physically situating officers in the neighborhoods in which people they supervise live can promote these relationships and create opportunities for interaction and problem-solving. (See Recommendation c, above, for more on supporting the supervision strategy through strategically decentralizing offices and points of contact.) Additionally, community corrections administrators should support the participation of field officers on appropriate local community boards and task forces—such as neighborhood watch groups, neighborhood revitalization projects, drug prevention task forces, and nonprofit boards—to participate in problem identification as well as decision-making about the neighborhood where individuals they supervise reside.

Communities may also be defined by cultural, social, or professional boundaries. Community corrections agents should seek to recognize and tap these communities for insight, support, service, and supervision. For example, individuals on supervision may be involved in faith commu-

²⁴ Faye Taxman, "Supervision—Exploring the Dimensions of Effectiveness," *Federal Probation* 66, no. 2 (2002): 14–27, citing Michael R. Gottfredson and Travis Hirschi, *A General Theory of Crime* (Stanford, CA: Stanford University Press, 1990); James Byrne, "The Future of Intensive

Probation Supervision and the New Intermediate Sanctions," *Crime & Delinquency* 36, no. 1 (1990): 6–41; and Robert J. Sampson and John H. Laub, *Crime in the Making: Pathways and Turning Points Through Life* (Cambridge, MA: Harvard University Press, 1993).

nities that exercise influence on many aspects of their lives but are located outside of their neighborhoods. Communicating with faith leaders and others who interact with the individuals on supervision can help community corrections officers to recognize strengths and assets that these individuals can draw upon to comply with conditions of release and achieve supervision goals.

In addition, community corrections officers should maintain good communication with service providers who have regularly scheduled interactions with individuals on supervision. To the extent possible, field officers should coordinate appointments with these providers and the individual to limit the amount of travel and resources that the individual on supervision must expend to adhere to the supervision strategy.

EXAMPLE: Victim advocate, Special Management Unit, Connecticut Parole and Community Services

A full-time victim advocate is a member of Connecticut's corrections-based intensive supervision unit for individuals convicted of a sex offense. The advocate is included in announced field visits (with probation and treatment providers), group therapy sessions, weekly case reviews, and work with the offender's family.

For individuals with substance abuse concerns or mental illness, connection with a peer support group can offer both a mechanism for averting behavior that could result in a violation of the conditions of release and a means of reinforcing behavior that will lead to long term success in reintegration. In some cases, it may be appropriate for individuals to maintain participation after release in a group they first encountered in prison or jail. Transition planners or community corrections officers should consider engaging peer support groups as an adjunct to treatment programs, though never as a surrogate for treatment.

EXAMPLE: Trauma, Addiction, Mental Health, and Recovery Project, Maryland Mental Hygiene Administration Division

The Trauma, Addiction, Mental Health, and Recovery (TAMAR) Project, which provides support to female offenders with histories of mental illness, trauma, and substance abuse while in jail in Maryland, also provides a support group for those women when they return to the community.

Twelve-step programs such as Alcoholics Anonymous, while they may provide excellent peer support, typically do not have the capacity to address the mental health needs of someone with a co-occurring disorder and may not welcome recently released offenders.

Community corrections officers should also receive training to understand the influence of the community environment on individual residents and to understand that positive changes in the community will have a positive impact on those they are supervising. Officers should learn to recognize forces and factors that pose challenges to a community's sense of security and well-being and should be empowered to develop the skills and authority to help bring about positive change. Cross-training between community corrections officers and service providers or other agencies can promote understanding of mutual goals and strategies to achieve them.

F | Assess periodically the extent to which the individual's transition into the community is proceeding successfully and modify the supervision plan accordingly.

Even a carefully developed, detailed supervision strategy will need to be regularly reviewed and revised as variables change and an individual progresses. Achievements or failures in certain aspects of the plan will affect the probability of success or failure in other aspects, and these effects may multiply quickly in the early stages of reintegration. A person with a mental illness who stops following his or her treatment regimen but has no community corrections intervention may turn to illegal drugs to self-medicate and then may risk losing his or her housing or employment. Addressing such an issue at its inception, perhaps by increasing doctor visits, is the goal of proactive community supervision. In addition, many offenders remain on supervision for an extended period, during which time their need for monitoring and services is likely to vary significantly.

The development of a mutually agreed upon supervision strategy should delineate the responsibilities of not only the probationer or parolee, but also the supervising officer and other involved entities. Such plans should incorporate outcome measures to provide a means of determining the success or failure of specific activities. (See Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative, for more on assessing effectiveness of interventions.) Periodic assessments of the supervision strategy, the service needs of the individual under supervision, and the current risk he or she presents to the community should be conducted by supervision staff. On the basis of such reassessments, enhanced levels of monitoring or additional or different services can be engaged to intervene in the individual's life before he or she potentially becomes a renewed threat to the community. Conversely, if the offender is making good progress; is regularly displaying pro-social behavior; has developed or been afforded informal community support; or is otherwise determined to be in a positive, stable situation, unneeded resources might be redirected to other purposes.

Decisions to increase or decrease the level of supervision and/or services should be based upon the findings of an objective, validated assessment tool and the use of an outcome-based case supervision plan, rather than merely a predetermined passage of time or the subjective judgment of the supervising officer or other justice overseers. (See Policy Statement 8, Development of Intake Procedure, for more on assessing and reassessing individuals at appropriate intervals during their involvement in the criminal justice system.)

EXAMPLE: Matrix, Iowa Department of Correctional Services

In Iowa's Sixth Judicial District, Community Corrections Officers administer the Level of Services Inventory-Revised (LSI-R) and other risk assessment instruments every six months. They then use an intranet-based management system called the Matrix to help them interpret the results and modify supervision plans as needed. (See Policy Statement 29, Graduated Responses, for more on how officers apply sanctions and incentives in accordance with Matrix results.)

Community corrections staff should also conduct ongoing assessments of the potential risk the offender may encounter from the community at large. This is particularly salient with the advent of community notification laws that publicly identify certain releasees, such as individuals convicted of sex offenses, and pinpoint their residences. Supervision officers should consider risks that include, but are not limited to, physical harm to the probationer or parolee; ostracism of the probationer or parolee that forces him or her into an isolation that inhibits reintegration; inability to secure appropriate housing which effectively forces the person into an undesirable living situation; and the inability to find gainful employment. Supervision agencies need to engage the community and its allied agencies and initiatives, such as Partnerships for Safe Communities, Neighborhood Watch, and Weed and Seed, to assist them in identifying potential and real risks that the community poses for the person under supervision.

c | Facilitate compliance by recognizing that people under supervision will require an adjustment period, and address the issues that this period poses.

Relapse or temporary regressions into anti-social behavior do not necessarily correspond to an increased likelihood that a person will commit new crimes. Supervision officers should recognize and seek to distinguish behaviors that are shown to be affiliated with the risk of future transgression (abuse) from behaviors that are considered part of the process of reintegration and recovery (relapse). Though adjustment issues vary from inmate to inmate, most people face anxiety and take time to build up their sense of accountability. This period of adjustment will vary in length and can depend on the amount of time for which the person was incarcerated, the process by which the person was released, his or her mental stability, the environment to which he or she was released, and the type and amount of support provided to him or her.

The supervising officer and the transition team should incorporate responses into the supervision strategy that anticipate the possibility of relapse or the failure to meet goals. (See Policy Statement 25, Design of Supervision Strategy, for more on anticipating modifications that may be necessary after release; see Policy Statement 29, Graduated Responses, for more on using a spectrum of sanctions and incentives to promote compliance and successful reintegration.) Working with community partners such as police, family members, community-based organizations, and prosecutors, supervision offices can implement responses designed to promote public safety and successful reintegration without automatically returning the person to prison or jail.

Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing.

Policy Statements 10 (Physical Health Care), 11 (Mental Health Care), and 12 (Substance Abuse Treatment) offered guidance on incorporating effective, efficient treatment of prisoners' health needs into their respective individualized programming plans (Policy Statement 9, Development of Programming Plan) during their incarceration. Policy Statements 19 (Housing) and 20 (Planning Continuity of Care) outlined a number of preparatory steps necessary to prevent homelessness, mental health decompensation, drug relapse, or medical crisis. Stable housing and continuity of care are essential to enabling a person to comply with his or her conditions of release, and to reaping the benefits of the significant financial investment made to treat the person while he or she was incarcerated. This policy statement offers ways in which community supervision officers, working with community-based providers, can integrate treatment and supports into their supervision practices. Although the recommendations are divided by subject matter (substance abuse, mental health, physical health, and housing), these areas are integrally linked. Service providers, understanding the interconnectedness of these areas, often address some or all of these re-entry issues together. Further, community corrections officers may take a similar approach to implementing supervision strategies for mental health, substance abuse, and physical health issues. The recommendations in this section urge community corrections officers to understand and monitor these conditions, as well as to implement positive and negative reinforcements to encourage compliance with treatment programs. These steps are critical if jurisdictions want to maximize their investment on the in-prison side and ensure that the work of transition planners and others continues where it counts most—in the community.

research highlights

Effective treatment of most serious health problems depends on an individual's sustained, long-term engagement in health services.

When it comes to treating certain chronic and communicable diseases, mental illnesses, or substance abuse problems, short-term care is not sufficient. For example, patients on anti-retroviral treatment for HIV who fail to adhere to their treatment regimens may develop drug-resistant viral strains and become more contagious, causing both personal and public health concerns.^{25,26} For HIV, AIDS, and other conditions, treatment that begins while an individual is incarcerated must continue after release to maintain effectiveness. The same principle holds for substance abuse: research shows that outcomes are better when individuals stick with drug treatment for at least 90 days.²⁷

Community supervision officers can play a role in keeping parolees and probationers in treatment.

Without positive and negative reinforcements, incentives to adhere to treatment, and other mechanisms to encourage continued program participation, treatment attrition rates will be high. For example, in studies of compliance with preventive tuberculosis (TB) therapy regimens among individuals released from jail in San Francisco, only three percent of participants attended a public health clinic within one month of re-entry.²⁸ A similar program in Seattle found that only 30 percent of releasees completed the full course of preventive TB treatment.²⁹ In contrast, an outreach program for TB patients being released from New York City's Rikers Island showed a dramatic increase in participation in community-based treatment—from 20 percent to 92 percent—when small incentives were used to get the releasees to attend appointments.³⁰ Accordingly, probation and parole officers can play a key role in ensuring that people stay in treatment by tailoring and enforcing individuals' conditions of release around this goal. One study has already demonstrated that community supervision can play a key role in keeping people in treatment for those critical first 90 days.³¹

25 Robert H. Remien and Raymond A. Smith, "HIV prevention in the era of HAART: Implications for providers," *AIDS Reader* 10 (2000): 247–251.

26 As noted in Cheryl Roberts, Sofia Kennedy, and Theodore M. Hammett, "Linkages between In-Prison and Community-Based Health Services" (paper presented at Urban Institute's Re-Entry Roundtable, Los Angeles, December 11–13, 2002), "Most available insights come from examination of programs for HIV-infected inmates and releasees. However, it is important to note that programs for HIV-infected inmates are more extensive and better developed than

those available to other inmates, even though other inmates often have just as serious problems and just as critical needs for transitional assistance."

27 Gerald G. Gaes et al., "Adult Correctional Treatment," in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999).

28 Jacqueline Peterson Tulskey et al., "Screening for Tuberculosis in Jails and Clinic Follow-Up After Release," *American Journal of Public Health* 88 (1998): 223–226.

29 Charles M. Nolan et al., "Directly Observed Isoniazid Preventive Therapy for Released Jail Inmates," *American Journal of Respiratory and Critical Care Medicine* 155 (1997): 583–586.

30 Thomas R. Frieden et al., "Tuberculosis in New York City: Turning the Tide," *New England Journal of Medicine* 333 (1995): 229–333.

31 Gerald G. Gaes et al., "Adult Correctional Treatment," in Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999).

Large caseloads for parole and probation officers may reduce the likelihood of enhanced attention to the health and housing needs of releasees.

Increasing caseloads and diminishing budgets for parole services across many jurisdictions may reduce the likelihood that parole and other supervision officers can expand their role to work closely with their clients and community service providers on treatment, housing, and other special needs. The average parole officer carries a caseload of about 70 parolees.³² As a result, parole officers see their clients about twice each month, an average of 15 minutes per visit.³³ Probation caseloads are even larger, averaging roughly 130 probationers per officer.³⁴ With such demands on the capacity of community supervision staff, the need for cooperation and coordination between the criminal justice system and community-based service providers is paramount for successful re-entry.

There is often a dearth of available, accessible services for returning prisoners, particularly in their home communities.

Since inmates are disproportionately afflicted with many types of health problems, from communicable diseases to mental health and substance abuse issues, it is imperative for public safety, public health, and the well-being of the affected individuals to ensure that individuals are able to access mental and physical health care upon release from prison and jail. Studies indicate, however, that the availability and accessibility of services is insufficient to meet the needs of returning prisoners.³⁵ While some health services are located within the communities to which inmates return, this is often not the case. For example, one recent study found that of five zip codes identified as home to a high number of returning prisoners, only one was located near a substantial number and variety of postrelease services.³⁶ Moreover, even when services are present, information for releasees regarding the types of services available and how to access these services is often incomplete or unavailable.³⁷ Finally, the health services that are available may not meet the needs of individuals released from prison or jail or may not have the capacity to provide for those individuals.³⁸

Integration of services and housing can aid in transition after release.

Combining the provision of services with housing is a promising approach. There is evidence from the mental health field that it may be an effective way to improve outcomes for individuals involved with the criminal justice system. For example, a partnership between the City of New York and community-based providers sought to provide supportive housing services for homeless adults with severe mental illness. Approximately three percent of these adults had previously been incarcerated. An evaluation of this program found that participants had 22 percent fewer criminal convictions after receiving services than did similar nonparticipants. Those who received services were significantly less likely to later be incarcerated, and those participants who were incarcerated spent significantly less time behind bars than did non-participants.³⁹

32 Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York: Oxford University Press, 2003).

33 Michael Tonry and Joan Petersilia (eds.), *Prisons* (Chicago, IL: University of Chicago Press, 1999).

34 Camille G. Camp and George M. Camp, *The Corrections Yearbook 2001* (Middletown, CT: Criminal Justice Institute, 2002).

35 Jacksonville Community Council, Inc., "Services for Ex-Offenders: A Report to the Citizens of Jacksonville" (Spring 2001), cited in Shelli Rossman, "Services Integration: Strengthening

Offenders and Families, While Promoting Community Health and Safety" (paper presented at the Urban Institute's *From Prison To Home* Conference, Washington, DC, January 30–31, 2002); Jamie Watson et al., *A Portrait of Prisoner Reentry in Texas* (Washington, DC: The Urban Institute, 2004); Nancy G. LaVigne et al., *A Portrait of Prisoner Reentry in Ohio* (Washington, DC: The Urban Institute, 2003).

36 Jamie Watson et al., *A Portrait of Prisoner Reentry in Texas* (Washington, DC: The Urban Institute, 2004).

37 Shelli Rossman, "Services Integration: Strengthening Offenders and Families, While Promoting Community Health and Safety" (paper presented at the Urban Institute's *From Prison To Home* Conference, Washington, DC, January 30–31, 2002).

38 Ibid.

39 Dennis P. Culhane, Stephen Métraux, and Trevor Hadley, "Public Services Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," *Housing Policy Debate* 13, no. 1 (2002).

A | Train community corrections officers to understand—and respond effectively to—the special needs of individuals with mental illness on probation or parole.

Because of the high correlation between people on community supervision and people with mental illness, all community supervision officers should receive some basic training on working with individuals who have mental illnesses. Such training should include recognizing mental illness; safely and appropriately managing probationers and parolees with mental illnesses; and understanding the treatment options and community resources available. At a minimum, supervision officers should learn how to work with a person with mental illness and how to connect that person to community-based treatment providers. Community corrections administrators and other policymakers should consider implementing cross-training initiatives, which can reinforce learning and improve communication. Where possible, community corrections officials should further consider establishing a specialized office, division, or officer that is dedicated to serving a caseload of probationers or parolees with mental illnesses. Specialization will allow certain officers to develop a particular ability to work sensitively with people with mental illness and will further enable those officers to build effective working relationships with community providers. Because of the increased training and supervisory responsibility required to meet the needs of offenders with mental illnesses, the officers in such a division or office should have smaller caseloads.

Community corrections officers should seek to ensure that probationers and parolees who need mental health treatment have access to the providers, medication, and other supportive services they need to function in the community even when engagement in treatment is not a mandated condition of release.⁴⁰ Probation and parole officers have an interest in treatment for individuals who are released from prison and jail because, if a person's mental illness is not treated, he or she will almost inevitably be unable to comply with other conditions of release and may decompensate to the point where he or she returns to criminal activity. Ideally, mental health providers and community corrections officers can then work together to reinforce each other's efforts and increase the likelihood of the re-entering population's success in both systems.

⁴⁰ Supervision administrators and other policymakers should recognize the existing limits on funding for psychotropic and other medications in particular and the challenges those limits will pose to individuals in need of medication who are released to the community.

Currently the only category of disease for which medications are federally funded for individuals in the community who are not considered disabled is HIV/AIDS (Ryan White funding).

**EXAMPLE: Medically Recommended Intensive Supervision,
Texas Board of Pardons and Parole and
Texas Council on Offenders with Mental Impairments**

The Texas Council on Offenders with Mental Impairments (TCOMI) refers eligible inmates with mental and physical illness to a three-member Medically Recommended Intensive Supervision (MRIS) parole board panel to be considered for early release to parole. Individuals selected for the MRIS program are paired with specialized parole officers and parole division counselors who have received training related to mental retardation, mental illness, physical impairments, substance abuse, and community resources. These officers conduct assessments, make appropriate referrals, and ensure that there is intensive follow-up for the treatment needs of the people on their caseload. Services for this special population are provided via TCOMI contracts with the Department of Human Services and TCOMI/TDCJ contracts with local Mental Health/Mental Retardation centers. TCOMI reports back to the parole board at least once a quarter on the status of the program participant. On the basis of these reports, the MRIS panel can modify the conditions of release.

Cooperation between supervision officers and health providers begins with communication. Accordingly, probationers and parolees should be encouraged to release general information about their mental health treatment to their supervising officer. Community corrections officers and service providers should always take care to ensure that they observe legal privacy protections, notably those specified by the federal Health Insurance Portability and Accountability Act (HIPAA). (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on appropriate information sharing protocols.) With brief progress reports from treatment providers including notification when the probationer or parolee has stopped taking medication or attending therapy, or is otherwise heading toward decompensation, the community supervision officer can assist in the effort to get him or her back on track.

**EXAMPLE: Parole Restoration Project,
Center for Alternative Sentencing and Employment Services (NY)**

The Parole Restoration Project (PRP) serves detained technical parole violators with special needs, including individuals with mental illness. PRP staff assess the treatment needs of parolees, link them with community-based service providers, advocate for support of the treatment plan from parole field staff, and, when appropriate, recommend the reinstatement of parole. When PRP staff secure a reinstatement of parole for a person (in lieu of incarceration), the staff facilitate contact with providers and then monitor participant compliance through ongoing contact with community-based service providers. Staff also provide monthly reports to the Division of Criminal Justice Services, the Department of Correction, and the Division of Parole on participant progress and notify appropriate authorities in instances of noncompliance.

Unlike treatment professionals, community corrections officers can employ a system of rewards and sanctions for probationers and parolees who fail to comply with treatment and decompensate. Probation and parole administrators should therefore provide a system of graduated sanctions for officers to impose on people who violate conditions of release related to their mental health treatment, unless the violation is the commission of a new offense. In particular, rather than turning to re-incarceration as an automatic response to noncompliance, community supervision officers should work with health service providers to provide gradually more intensive treatment interventions, including increased supervision, participation in day treatment programs, additional therapy sessions, or even temporary hospitalization.

Community corrections officers should also offer positive incentives for individuals who adhere to the conditions of their release and their mental health treatment. Such rewards could include curfew extensions, reductions in supervision time, and other forms of assistance that lead to stability and self-sufficiency. Transportation assistance (such as bus or subway tokens) may be included among rewards, but where possible, should be provided as a foundational element of support. Within clear agency-wide guidelines, individual probation or parole officers should be given a measure of discretion to reward or sanction releasees who have special needs, such as mental illness. (See Policy Statement 29, Graduated Responses, for more on effectively structuring and modifying responses to individuals being supervised in the community.)

In some cases, an individual's decompensation may be attributable to a breakdown in the service delivery system. An individual who has sought mental health treatment but been turned away because of overcrowded waiting lists or who has been unable to attend appointments because of transportation difficulties should not be held accountable before a judge or parole board for violating his or her conditions of release. Service providers and community corrections officers should communicate closely to keep track of service availability or other access issues. Through cross-training or systems integration, community corrections partners may even be able to help mental health partners better understand and meet the needs of the mental health consumers. Caseload specialization can provide the critical perspective necessary to help community supervision officers understand whether a treatment issue is limited to a particular individual or is a systemic and ongoing problem that needs to be addressed at an institutional level.

B | Ensure that all community supervision officers know how to monitor people with substance abuse issues and how to engage probationers and parolees in treatment, where appropriate.

The vast majority of people coming out of US prisons and jails has a history of drug use and/or abuse prior to being incarcerated, and many will use drugs when they return to the pressures and temptations of life outside the prison walls. (See Policy Statement 12, Substance Abuse Treatment, Research Highlights, for more on the substance abuse trends among people who are incarcerated.) Indeed, even those who have been treated for their addictions during incarceration are likely to relapse at some point during their recovery process in the community. Community supervision officers should be educated as to how to address the issues they will inevitably encounter with individuals who use alcohol or drugs while under supervision. Individuals with substance abuse problems need

careful supervision that is geared not only towards successful termination of their probation or parole term, but also towards their long-term sobriety and effective use of community resources.

Supervision officers should seek to understand the nature of the alcohol or drug issues of individuals on their caseloads in order to most effectively address them. Simply knowing a person's drug of choice and substance abuse history can help community corrections officers to adjust the individual's supervision strategy to best promote compliance. Much of the information about a person's drug history may be covered in the pre-sentence investigation memo and/or institutional file, at least some part of which should follow the person when he or she leaves prison or jail. Additionally, the probationer or parolee should be engaged in providing input into his or her own treatment plan; not only can the supervision relationship benefit from this information, but engagement in the process can promote the probationer's or parolee's sense of responsibility for the success of the supervision and treatment at the outset.⁴¹ (See Policy Statement 20, Planning Continuity of Care, and Policy Statement 25,

Development of Supervision Strategy, for additional information on engaging individuals in planning for their transition to the community.) Community corrections administrators should also ensure that officers are trained to understand the implications of the types of substance abuse disorders that are prevalent among individuals that they supervise. As with training on mental health issues, cross-training between community corrections officers and substance abuse and other service providers can be especially effective. Recognizing the usefulness of such cross-training, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) of initiated the Substance Abuse and Infectious Disease Cross-Training Initiative in 1998 (see sidebar).

Probationers and parolees with a history of substance abuse should be regularly tested for substance use by an independent laboratory where the accuracy of the test results can be validated. Even if community corrections officers have access to their agency's own drug testing laboratories, they will likely have to collaborate with community-based substance abuse service providers to supplement their treatment capacity. Indeed, treating an entrenched drug habit requires expertise that is likely beyond the knowledge

**SUBSTANCE ABUSE AND
INFECTIOUS DISEASE
CROSS-TRAINING INITIATIVE**

Developed in 1998 by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), *Substance Abuse and Infectious Disease: Cross-Training for Collaborative Systems of Prevention, Treatment, and Care* is an initiative that provides training and technical assistance to state and local public health, mental health, criminal justice, and substance abuse health care delivery systems so that they can collaborate more effectively to serve individuals with concurrent substance abuse problems and/or communicable diseases such as HIV/AIDS, other sexually transmitted diseases (STDs) (e.g., gonorrhea or chlamydia), viral hepatitis, and tuberculosis (TB). The goal is to create synergy among providers that will result in improved care for individuals who have, or are at risk of having, concurrent conditions.

⁴¹ Faye Taxman, "Supervision—Exploring the Dimensions of Effectiveness," *Federal Probation* 66, no. 2 (2002): 14–27.

and experience of a probation or parole officer who has, in many cases, an overwhelming caseload and limited professional training related to substance abuse. In addition to analyzing drug test results, community-based organizations can administer a standardized substance abuse assessment instrument to ensure that the proper treatment interventions are ordered. (See Policy Statement 8, Development of Intake Procedure, for more on assessment instruments used to measure substance abuse issues.)

EXAMPLE: ACCESS Program, Division of Parole and Office of Alcohol and Substance Abuse Services (NY)

Parole officers refer parolees to ACCESS counselors in their local jurisdiction. ACCESS provides on-site, face-to-face assessments, referrals, and placements in treatment programs licensed by the Office of Alcohol and Substance Abuse Services for parolees in need of substance abuse treatment. ACCESS refers parolees to programs under contract with the New York Division of Parole, and also noncontract programs as needed.

Working with community hospitals and substance abuse providers can also help corrections officials to develop and implement a realistic and meaningful range of treatment options, from detoxification to inpatient treatment. In most cases, community-based organizations will actually provide the programming as well.

EXAMPLE: Oriana House, Inc. (OH)

The Oriana House treatment program is a residential treatment center (RTC) located in Akron, Ohio. The RTC is a six-month, modified therapeutic community providing residential treatment for men, primarily between the ages of 18 and 24. Its focus is to address addiction problems through the use of cognitive behavioral interventions. The Oriana House RTC assists residents in modifying their negative, self-destructive behaviors through chemical dependency treatment, cognitive skills development, and relapse prevention. The program is primarily directed towards individuals who have not had successful outcomes at other community treatment programs or who are in need of more long term care. Placement at Oriana House must be ordered by court or parole authority.

Cooperation between community corrections agencies and service providers will ensure that any treatment ordered is promptly delivered, so that a person who has been testing positive for drugs need not wait several weeks before beginning at least outpatient treatment. Such cooperation can also lead to greater efficiencies in both systems. For instance, if a person takes drug tests through his or her assigned probation or parole office, he or she may not need to be tested again through his or her community-based treatment program. Similarly, providers who work for community organizations might be tapped to do counseling or special groups for individuals under community supervision. Providing contracts to organizations in the communities where probationers and parolees live also builds treatment service capacity in those areas.

While it is clear that drug treatment should be mandated for individuals returning to the community who have a history of substance abuse, it is less clear how to manage that treatment, particularly with regard to likely relapses. Community corrections administrators should seek to partner with programs that focus on each individual's critical issues, rather than imposing so many restrictions that failure becomes virtually inevitable. Supervision officers should monitor and promote the drug treatment

of individuals on their caseloads by using a combination of sanctions and incentives, with a particular focus on incentives. For any such system of positive and negative reinforcements to be successful, the probationer or parolee must be focused on his or her own behavior and must be provided the following: (1) clear expectations about acceptable and unacceptable behaviors; (2) clear expectations about consequences for unacceptable behaviors; (3) clear expectations about incentives for acceptable behaviors.⁴²

When violations occur, the consequences should be rapid, measured sanctions of increasing severity. For instance, one positive test could result in a counseling session with the supervision officer or a substance abuse professional. Further positive tests might result in increased monitoring, mandatory attendance at a 12-step recovery program (such as Alcoholics or Narcotics Anonymous), outpatient treatment, or inpatient treatment. Although it may seem simpler or more appropriate to punish illegal drug use with revocation and a jail sentence, such a sanction fails to address the underlying drug habit or to have a lasting impact on public safety. If a person is revoked under these circumstances, he or she is likely to be released at the end of his or her sentence with the same addiction, but no supervision. In a program that includes sanctions for certain behaviors, it is essential that staff are trained and held responsible for imposing sanctions consistently.

Supervision officers should also use incentives to shape behavior. Incentives provide a formal response to positive behavior that mirrors the sanctions applied to negative behavior. Incentives, like sanctions, should be swift, certain, and progressive as a person makes progress towards goals or other benchmarks set at the outset of treatment.⁴³

Contingency management is a system that uses some form of reinforcement to modify behaviors of substance abusers in a positive and supportive manner. Examples of contingency management include offering certificates of achievement for individuals who attend a certain number of treatment meetings, or reducing compulsory meetings for drug users who maintain long periods of abstinence. Token economies are another such system of positive reinforcement. In a token economy system, program participants receive some form of marker (chips, check marks, etc.) for good behaviors. After acquiring a certain number of markers, the participant may exchange the markers for something of value to him or her: a reduction in supervision; a reduced fee for drug testing; or some other privilege. In an incentive-based model, supervision offers an opportunity for the officer to motivate a probationer or parolee to address the factors that contribute to criminal or other negative behaviors.⁴⁴

⁴² Faye Taxman, "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services," *National Drug Court Institute Review* 2 (1999): 91–132.

⁴³ Ibid.

⁴⁴ Faye Taxman, "Supervision—Exploring the Dimensions of Effectiveness," *Federal Probation* 66, no. 2 (2002): 14–27.

EXAMPLE: Allen Superior Re-Entry Court Project (IN)

Many of the individuals supervised by the Allen County Re-Entry Court were incarcerated on drug charges and are required to participate in substance abuse programming as a condition of their release. The Re-Entry Court team, which includes representatives of parole, can assign different levels of treatment programming (education, therapy, after-care, or relapse prevention) or recommend early release from supervision depending on each individual's demonstrated commitment to recovery and degree of compliance with release conditions.

Although drug treatment has been discussed above as a mandatory condition of supervision, community supervision officers should also serve as a resource to individuals on their caseloads who voluntarily seek out drug treatment. Promoting access and adherence to treatment programs for these individuals can help them to achieve recovery and to successfully comply with all conditions of their re-entry plans. As with compliance with mandated treatment, voluntary participation in treatment should be rewarded with positive reinforcements by the supervision officer.

EXAMPLE: Snohomish County Human Services, Division of Alcohol and Other Drugs (WA)

In Snohomish County, the Division of Alcohol and Other Drugs reaches out to local community corrections officers to inform them about the outpatient drug and alcohol services that the division offers. Probation or parole officers can refer their clients for outpatient assessment and treatment at ten different treatment locations. Where necessary, the division can also refer probationers or parolees to inpatient treatment.

c | Coordinate physical health services for individuals with special health needs.

Physical health problems, as with mental illnesses or substance abuse disorders, can pose serious challenges to an individual's reintegration into the community and compliance with terms and conditions of community supervision. A sick person may not be able to meet regularly with a probation officer, much less hold down a job. Community corrections officers should promote access to and compliance with health treatment services by probationers or parolees with physical ailments. They should also recognize when meeting these needs should take precedence over the fulfillment of other conditions of release or reintegration goals, such as community service or other programming.

Just as supervision officers should seek to bridge the gap between corrections-based and community-based providers for people with mental illness or substance abuse issues, they should facilitate the engagement of community-based providers for people who have physical health needs. The supervision officer wields a significant tool to promote compliance with treatment that the doctor or other health care provider does not: the ability to impose sanctions or provide incentives for an individual related to his or her supervision conditions. While community-based health care providers may be frustrated by appointment no-shows, their ability to

sanction such delinquency is limited. Health care providers and community corrections officers should collaborate to first encourage compliance and, if necessary, to sanction noncompliance. As in the case of substance abuse or mental health treatment, probationers or parolees should not be sanctioned for failures that occur as a result of problems with the delivery of services or that are otherwise beyond their control. Community corrections officers and health care providers should establish lines of communication to identify the cause of compliance failures and to address conflicts or systemic problems. Whenever sharing information relating to health records, health care providers and community corrections officers must be careful to comply with legal privacy protections and to seek releases from individuals when needed. (See Policy Statement 5, Promoting Systems Integration and Coordination, for more on sharing information appropriately.)

► Implement policies and programs that prevent people leaving prison or jail from entering emergency shelters or otherwise becoming homeless.

Supervision officers should work with transition planners and community-based providers to ensure that people leaving prison and jails secure appropriate housing and do not become homeless upon their release. Research shows that living in homeless shelters after release from prison or jail increases the risk that individuals will return to prison or will abscond from supervision.⁴⁵ Additionally, homelessness can exacerbate medical, psychiatric, or substance abuse issues. Supervision officers may also find individuals who are homeless harder to supervise; such individuals may be difficult or impossible to monitor using standard supervision techniques such as unannounced drop-in visits, and locating them may require additional time and resources.

Despite the dangers associated with homelessness and shelter involvement for released inmates, in many states and localities homeless shelters are the default housing for individuals released from prison or jail at the time of re-entry or shortly thereafter. Given the negative impact and tremendous costs associated with using shelters as default housing, policymakers should establish policies and practices that seek to limit the number of people who become homeless and enter emergency shelters in the first place. Although the limited availability of housing options makes it difficult to realize this goal, many states and localities have managed to employ strategies to divert people leaving prisons and jails from shelters. For example, in some jurisdictions, community corrections officials

⁴⁵ Stephen Métraux and Dennis P. Culhane, "Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk," *Criminology & Public Policy* 3, no. 2 (2004): 201–222; Marta Nelson, Perry Deess,

and Charlotte Allen, *The First Month Out: Post-Incarceration Experiences in New York City* (New York: Vera Institute of Justice, 1999).

inspect the safety and security of housing that an inmate reports he or she will be using upon release. Such advance work is the first step towards preventing homelessness among re-entering inmates.

EXAMPLE: Housing inspections,

Minnesota Department of Corrections' Community Services Division

In Minnesota, corrections staff from the Community Services Division of the Department of Corrections conduct annual reviews of all facilities that the work-release program contracts with for case management and boarding of work-release participants, including halfway houses and boarding and lodging establishments. Annual reviews cover housing safety issues as well as the quality of on-site supervision and case management services. Housing inspections are also a part of the Intensive Supervision Program (ISP) for high-risk offenders. Supervision officers investigate each ISP participant's proposed residence prior to his or her release from prison.

More comprehensive or systemic measures also exist to ensure that individuals do not become homeless or enter shelters after leaving prison or jail. Some communities have begun undertaking strategic planning efforts to prevent and end homelessness, including among people leaving the criminal justice system. For example, in Massachusetts, the Task Force on Housing and Homelessness established by the Governor included a Working Group on Discharge Planning. In its report, the group identified cross-system initiatives to improve housing outcomes for individuals released from prison and jail in Massachusetts and identified the avoidance of homelessness for this population as an important interagency goal.⁴⁶ This policy initiated a strategic effort to identify safer forms of housing for re-entering adults and prompted the criminal justice system to establish set-aside agreements with substance abuse treatment organizations and other providers of transitional housing. In addition, since the establishment of the federal Interagency Council on Homelessness in 2002, more than 120 cities have initiated the process of developing 10-Year Plans to end chronic homelessness.⁴⁷

While transition planners may be limited in their ability to work with individuals after release, supervision officers and community-based service providers should continue to work together to ensure that individuals connect with and remain in stable housing. Preventing homelessness among people released from prison or jail requires understanding the nature and needs of this population. By integrating information systems and coordinating client procedures, corrections departments and assistance agencies for homeless people can better understand the population that returns to and frequently “uses” both systems and can begin to identify the appropriate services needed to end the cycle of homelessness and incarceration among them. (See Policy Statement 19, Housing, for more on establishing relationships to secure housing for people released from prison or jail).

⁴⁶ The Commonwealth of Massachusetts, Executive Office for Administration and Finance, “Moving Beyond Serving the Homeless to Preventing Homelessness,” *Policy Report Series* (October 2000).

⁴⁷ Interagency Council on Homelessness, “News of the Interagency Council on Homelessness—2004,” viewed online at: www.ich.gov/2004.html.

Even the most thoughtful transition planning and comprehensive service delivery cannot prevent all people released from prison or jail from entering into homelessness. For this reason, communities should couple their efforts to prevent homelessness before someone is released with measures to support people released to the community who are headed toward homelessness. For example, specialized drop-in centers and community-based service centers can prevent homelessness among many people by catching them when they are first released, during the most vulnerable phase of re-entry.

EXAMPLE: Drop-In Center, Fortune Society (NY)

The Fortune Society has a 24-hour drop-in center in Queens for prisoners released from Rikers Island. The drop-in center stations staff to “meet and greet” at prisoner drop-off points in Queens and Manhattan. Vans provide transportation for individuals interested in visiting the center, where there are counselors to conduct needs assessments and connect individuals with support services including emergency housing at Fortune Academy. Hot meals are always available at the center, as well as a few spare beds.

E | Foster stability in housing for individuals released to the community.

As hard as it is for an individual leaving prison or jail to find housing initially, maintaining a stable residence after release may be just as hard. Housing can be endangered by changes or setbacks in employment, family situation, health, entitlement or benefits, or any of a range of other factors in an individual’s reintegration. Community corrections officers should work with community-based organizations not just to place individuals in housing, but also to stay informed about the housing situations of people that they supervise and the factors that affect the stability of that housing. For instance, community corrections officers should alert community-based providers if they become aware that a parolee or probationer is in financial trouble and may need assistance with rent payments or some other emergency plan to avoid eviction. Similarly, parole and probation officers can enlist the aid of community-based providers to ensure that individuals released from prison or jail obtain whatever benefits they are entitled to receive. Finally, when the root of a housing problem is something other than the housing itself—such as a family dispute that may lead to a probationer or parolee being expelled from his or her family’s home—supervision officers should assist the individual at risk of losing his or her housing with access to other community resources to address the issue.

Increased coordination between corrections and community services will also serve to educate corrections administrators about the capacity and limitations of the housing system. This education can form the foundation for partnerships to encourage the development of needed housing options in communities to which individuals will frequently return after jail or prison. (See Policy Statement 30, Housing Systems, for further discussion of basic issues related to low-income housing availability.)

28

JOB DEVELOPMENT AND SUPPORTIVE EMPLOYMENT

Recognize and address the obstacles that make it difficult for an ex-offender to obtain and retain viable employment while under community supervision.

Individuals released from prison or jail are likely to need support to maintain employment, or to find jobs if they have not done so prior to their release to the community. Preceding policy statements, including Policy Statement 15 (Education and Vocational Training), Policy Statement 16 (Work Experience), Policy Statement 21 (Creation of Employment Opportunities), and Policy Statement 22 (Workforce Development and the Transition Plan), have provided a blueprint for preparing people during their incarceration for employment and for stimulating job creation in the community. Community corrections officials can complement these strategies by assisting individuals after release with logistical barriers to employment, trying to accommodate the job requirements of these individuals in implementing the supervision strategy, and referring releasees to community-based organizations that provide more extensive employment services.

research highlights

People with criminal convictions face substantial legal and logistical barriers in obtaining a job.

Barriers to work faced by re-entering individuals include the stigma of a criminal record, spotty work histories, low education and skill levels, and physical and mental health problems.⁴⁸ Many individuals also lack necessary identification documents, access to transportation, and childcare for dependent children. To a lesser extent, many recently released prisoners have unstable housing situations that may prevent access to employment. Policies, such as restrictions on the type of employment an individual can obtain, and practices of supervision agencies may pose additional obstacles to obtaining and retaining employment for those under supervision. Predetermined reporting requirements and supervision fees may be particularly burdensome.

Most individuals are released from prison or jail without a job or transitional work placement.

Estimates of the share of prisoners that has a job secured before release range from 14 percent to just under 50 percent.^{49,50} Most of the remainder needs to secure employment; job placement organizations can play a key role in this area. Transitional employment can provide released prisoners with access to income, ready-made structure, and additional supervision to assist in the transition from custody to freedom. For instance, the Center for Employment Opportunities (CEO) in New York City places people in temporary employment while they are undergoing training and waiting for a permanent placement, which both aids them in their transition to working and reinforces their independence and sense of self-worth. Even after an individual is placed in his or her permanent job, a counselor continues to contact the person to provide support and guidance during the first year of employment; after the initial year, CEO remains a source of guidance and training for their graduates.⁵¹

Even when former prisoners do secure employment, job retention over the medium to long term is a challenge.

Conditions that pose obstacles to re-entering individuals in obtaining jobs also contribute to the difficulty they face in maintaining employment. According to a National Institute of Corrections study which incorporated findings from several focus groups and a survey of 512 practitioners, the obstacles to job retention cited most often were substance abuse (cited by 68 percent of respondents), limited transportation (63 percent), limited knowledge of workplace culture (34 percent), and limited support meaningful to the offender (29 percent).⁵² Accordingly, studies from even the best programs, such as the Safer Foundation and the Center for Employment Opportunities (discussed in Policy Statement 21), indicate that although the majority of individuals secures employment upon release, job retention is a challenge. For example, job retention for CEO participants in 1996 at one month of employment was 75 percent.^{53,54} This proportion dropped to 60 percent after

48 Harry J. Holzer, Steven Raphael, and Michael A. Stoll, "Employment Barriers Facing Ex-Offenders" (paper presented at The Urban Institute's Reentry Roundtable, Washington, DC, May 19-20, 2003).

49 Christy Visher, Nancy G. La Vigne, and Jill Farrell, *Illinois Prisoners' Reflections on Returning Home* (Washington DC: The Urban Institute, 2003).

50 Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD:

Correctional Educational Association, 2001).

51 Available online at www.ceoworks.org/ceo_model.htm.

52 Melissa Houston, *Offender Job Retention*, National Institute of Corrections, Office of Correctional Job Training and Placement (Washington DC: 2001).

53 Peter Finn, *Successful Job Placement for Ex-Offenders: The Center for Employment Opportunities*, National Institute of Justice, Program

Focus (Washington, DC: 1998), NCJ 168102; Peter Finn, *Chicago's Safer Foundation: A Road Back for Ex-Offenders*, US Department of Justice, National Institute of Justice, (Washington, DC: 1998) NCJ 167575. Available online at www.ncjrs.org/pdffiles/167575.pdf.

54 Peter Finn, *Successful Job Placement for Ex-Offenders: The Center for Employment Opportunities*, National Institute of Justice, Program Focus (Washington, DC: 1998), NCJ 168102.

three months and to 38 percent after six months.⁵⁵ In 1996, the retention rate for Safer Foundation participants who were still employed after the initial 30 days was 81 percent after two months, 75 percent after three months, and 57 percent after nine months.⁵⁶ Two-thirds of 18- to 21-year-old youth who completed Safer's basic employment education course were placed in school, training, or employment within thirty days; almost sixty percent were still employed, in school, or in training at 180 days.⁵⁷

recommendations

A | Update community corrections policy so that it encourages, rather than discourages, employing people on probation or parole.

Nearly all people on parole and probation are required to seek and maintain employment as a condition of their release. As noted previously, community supervision officers can assist their supervisees in complying with this responsibility by ensuring that any restitution or other financial obligations are not too overwhelming and are tied to the supervisee's earnings. (See Policy Statement 17, *Advising the Releasing Authority*, for more on the importance of setting realistic terms and conditions of release.) There are, however, other steps that community supervision officers can and should take to encourage and support the employment efforts of the people whom they are supervising.

Parole and probation officers should be trained to be sensitive to workplace issues and consider the impact of their interactions with someone under their supervision while that person is at work. Employers should never feel that their productivity would be reduced because they have to constantly accommodate the needs of the community corrections officer and the person he or she is supervising. Further, community corrections officers visiting a probationer or parolee's workplace should be considerate about wearing a weapon in obvious sight, singling out the individual unnecessarily, or searching the person's possessions conspicuously. Such actions would needlessly compromise the person's ability to succeed in the workplace and his or her standing with his or her employer.

Community supervision officers can also partner with the employers directly to ensure that community supervision work does not unduly interfere with probationers' and parolees' continued employment. In

⁵⁵ Ibid.

⁵⁶ Peter Finn, *Chicago's Safer Foundation: A Road Back for Ex-Offenders*, US Department of Justice, National Institute

of Justice, (Washington, DC: 1998) NCJ 167575. Available online at www.ncjrs.org/pdffiles/167575.pdf.

⁵⁷ Ibid.

jurisdictions where certain employers hire many ex-offenders, such communication between corrections and the community can be particularly useful.

EXAMPLE: Clark Construction and Court Supervision and Offender Services Agency (DC)

The DC community supervision office has worked with Clark Construction to create realistic and functional operating procedures for people under community supervision working for Clark on construction jobs. For example, if Clark is working overtime doing a concrete pour, people under community supervision may not be able to leave on time to meet parole or probation requirements, such as returning to a halfway house by curfew. An understanding between the two organizations means that these Clark employees may complete their work without risking a violation.

EXAMPLE: Greater New Orleans, Inc. and the Louisiana Department of Corrections

The Louisiana Department of Corrections (DOC) works closely with Greater New Orleans, Inc. (formerly MetroVision Economic Development Partnership), an arm of the New Orleans Regional Chamber of Commerce, to identify barriers to the employment of individuals released from prison and to find ways to overcome these barriers. The DOC employs job development specialists to cultivate relationships with employers who may be open to hiring people with criminal records. Once an individual is employed, his or her parole officer will check in with the employer once a week for the first 30 days to ensure that the employee is meeting expectations.

B | Assist, to the extent appropriate, people with criminal records seeking to surmount legal and logistical obstacles to employment.

A wide range of legal and logistical obstacles affect the ability of a person released from prison or jail to maintain successful employment. (See Policy Statement 21, Creation of Employment Opportunities, for an extensive discussion of legal and policy barriers to employment for offenders.) Community-based services, such as legal aid offices and employment services organizations, are available to help releasees identify and remove logistical and legal barriers to employment. Many offenders are unaware that such resources exist, however, and the resources that do exist are limited. Accordingly, probation and parole officers can help their supervisees surmount these obstacles to employment both by referring supervisees to outside agencies and by providing them with informal counseling.

Community corrections officers can refer probationers and parolees who are seeking to have a conviction removed from their records to legal services providers, including state bar associations. In some jurisdictions, people with criminal convictions are eligible for pardons three to five years after release. Although pardons may be relatively easy to obtain in some areas, few people are aware of the process or seek to apply for them. Other jurisdictions provide opportunities to have certain kinds of convictions set aside or expunged from a record. The hearing process may be lengthy (possibly including a waiting period of a few years) and detailed, and the requirements vary by state. A chance to wipe the record clean, however, could have powerful implications for a probationer or parolee seeking

to find and maintain employment. Oregon law (Or. Rev. Stat. § 137.225) provides a statutory right to apply to have a criminal record expunged or sealed. Once a motion to set aside, expunge, or seal a conviction is granted, an individual has the legal right to answer “no” to any questions (including those on a job application) that inquire about a history of arrests or criminal convictions.

Given the relative rarity that a conviction is set aside or pardoned, the network of community-based One-Stop Career Centers may be the best solution to the logistical impediments to employment for releasees. (See Policy Statement 22, Workforce Development and the Transition Plan for more information on One-Stops.) One-Stops are already designed to provide universal access to a wide range of services for job seekers and employers (who benefit from gaining skilled, supported workers, especially as the labor market tightens). Jurisdictions should continue to push at the state and federal level for full integration of services and resources through One-Stop Career Centers, centralizing job development services.

Aside from One-Stop centers, many community service organizations already provide general employment support and training for people released from prison or jail, regardless of whether they are still under community supervision. If someone in prison has not been connected to community-based employment support, community corrections officers should facilitate linkages between their supervisees and these organizations. Ideally, these employment services organizations will continue to work with people even after their term of community supervision is complete. Unfortunately, such programs do not have the capacity to meet the needs of all the unemployed workers who could benefit from their services. Accordingly, such programs should be expanded so that all workers, including people with criminal records, can have access to their services.

EXAMPLE: Delancey Street Foundation (CA)

The Delancey Street Foundation acts as a residential education center that assists individuals released from incarceration, former substance abusers, and people who were formerly homeless to acquire basic and employment-oriented skills and to achieve economic independence. The residents of Delancey Street live and work together, pooling all of their income earned through a variety of business schools. Using the principle of “each one, teach one,” Delancey Street has developed over 20 enterprises run completely by formerly unskilled people.

EXAMPLE: Developing Justice in South Brooklyn, Fifth Avenue Committee (NY)

Parole officers are one source of referrals to this program, which provides one-on-one assistance to individuals returning to South Brooklyn after at least one year in prison. Program counselors, who themselves are former prisoners, assist each participant in achieving their individual reintegration goals by connecting them to Fifth Avenue Committee employment and housing services, support groups and counseling, and by serving as a broker for other needed services like substance abuse treatment.

In addition to referring probationers or parolees to such community services, community corrections officers themselves can play a key role assisting releasees who are struggling with logistical hurdles that make it difficult for them to obtain and retain employment. For some less

specialized areas of need, community corrections officers can pick up where transitional planners have left off, offering basic logistical aid to the individuals on their caseloads. For instance, transportation can be a major hurdle for a person returning to a community, especially after many years of incarceration. Accordingly, the supervision officer should ensure that the probationer or parolee has an understanding of how he or she will arrange transportation to arrive promptly at his or her workplace. Community supervision agents should also provide information on the community's system of public transportation, including bus routes, trains, and subways. Such basic information can greatly enhance a person's ability to integrate back into the community.

c | Promote supportive transitional employment programs through community corrections.

For people released from prison or jail who are unable to secure a job immediately upon release, working in a transitional job can be the next best thing to permanent employment. Transitional jobs typically share these characteristics:

- Relatively low-skill, entry level positions for individuals without substantial experience in the labor force
- Frequent payment of wages, usually daily, so that employees have the money to support themselves immediately postrelease
- Close supervision, mentoring, coaching, and case management for the individual during the period of holding a transitional job
- Wage subsidies to the employer for a set period of time—often three months as a probationary period—that help to cover training and retention costs
- Assistance from the community corrections program staff in helping the employer apply for tax credits
- Training from community corrections on employability and soft skills.

Community corrections administrators should seek to establish transitional job programs in their communities.

EXAMPLE: Blue Jacket, Allen County Community Corrections (IN)

Allen County Community Corrections has established "Blue Jacket," a nonprofit social enterprise to train, place, and support recently released individuals through transitional employment. Built around 30 hours of intensive job readiness training known as an "Employment Academy," Blue Jacket operates in a manner similar to the temporary service agency, but is able to provide more intensive follow-up and mentoring services in its role as a community corrections provider.

Transitional jobs initiatives are most effective when they keep the individual focused on securing employment, provide clear guidelines and practices for achieving success, and work closely with employers to offer support and financial benefits for their willingness to hire an ex-offender. With these goals in mind, community-based employment services organizations should be engaged to combine transitional work, training, and support effectively.

EXAMPLE: Wildcat Service Corporation (NY)

Wildcat Service Corporation works in partnership with the state department of corrections to provide vocational and “work habits” training for chronically unemployed individuals, including those individuals participating in day reporting programs. Wildcat enrolls offenders in full-time subsidized and “supported” work for about six months and provides job placement for unsubsidized full-time employment, counseling, and referrals to other human and social support services.

POLICY STATEMENT

29

GRADUATED RESPONSES

Ensure that community corrections officers have a range of options available to them to reinforce positive behavior and to address, swiftly and certainly, failures to comply with conditions of release.

Policy Statement 18, Release Decision, detailed how the releasing authority could use information gathered and analyzed by the transition planning team (Policy Statement 17, Advising the Releasing Authority) to set conditions of release. How those conditions are translated into an actual plan of supervision for an individual in the community was discussed in Policy Statements 25 (Development of Supervision Strategy) and 26 (Implementation of Supervision Strategy). But all the risk assessments, planning, and programming discussed in those policy statements cannot guarantee a person's success in the community and compliance with conditions of supervision. Accordingly, part of the job of community corrections is to establish answers to both the lapses and the successes of individuals during their community supervision period. Smart, graduated responses, including both sanctions and incentives, delivered in a timely, systematic way, can promote compliance, increase public safety, and minimize the expensive and ineffective use of long-term re-incarceration as the unique reply to any probation or parole violation.

research highlights

A substantial number of individuals released to community supervision violate conditions of release after returning to the community.

As discussed in Policy Statement 25, Design of Supervision Strategy, individuals under supervision in the community often violate the conditions attached to their release. In 2003, 16 percent of individuals leaving probation and 38 percent of individuals leaving parole were returned to incarceration due to a rule violation or a new offense.⁵⁸ The number and nature of these violations vary widely. In 1997, fewer than one in three prison admissions for parole violations were for the commission of a new crime. Three out of five admissions were characterized as technical violations.⁵⁹ Technical violations are violations of supervision conditions and may include conduct that would otherwise not be considered criminal, such as consumption of alcohol, failure to attend mandated programs, default on court fee payment plans, failure to report as instructed, or change of address without prior permission. Notably, there is currently no conclusive research indicating that noncompliance with technical conditions of release signals a person's likelihood of criminal behavior or that returning such individuals to incarceration might prevent future crime.⁶⁰

Many states respond to violations by incarcerating parolees and probationers, while others have implemented systems of graduated sanctions.

Reincarcerating individuals who have committed technical violations is a common practice. However, due in part to perceived inefficiencies with this practice, many in the research and corrections communities have generally supported the use of graduated sanctions and incentives—which are less costly than incarceration—to respond to parolee violations and positive behavior and, consequently, to reduce recidivism rates.⁶¹ Such jurisdictions have developed continuums of sanctions that include, among other sanctions, loss of privileges, increased reporting or drug testing, the imposition of a curfew, community service requirements, and electronic monitoring.⁶² While most state practitioners would attest to using a system of graduated responses to violations, it is believed that few agencies have codified policies about their use.⁶³ An exception to this is the Georgia State Board of Pardons and Parole, which has fully implemented a comprehensive written system of imposing incentives for positive behaviors and sanctions for negative behaviors.

⁵⁸ Lauren E. Glaze and Seri Palla, *Probation and Parole in the United States, 2003*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2004), NCJ 205336.

⁵⁹ William J. Sabol et al., *Offenders Returning to Federal Prison, 1986-97*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182991.

⁶⁰ Joan Petersilia and Susan Turner, *Evaluating Intensive Supervision Probation/Parole: Results of a Nationwide Experiment*, US Department of Justice, National Institute of Justice (Washington, DC: 1993).

⁶¹ Madeline M. Carter, *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development*, US Department of Justice, National Institute of Corrections (Washington, DC: 2001); Mark A. R. Kleiman, et al., "Opportunities and Barriers in Probation Reform: A Case Study of Drug Testing and Sanctions," *CPRC Brief* (Berkeley, CA: University of California, California Policy Research Center, 2002).

⁶² Peggy Burke, *Policy-Driven Responses to Probation and Parole Violations* (Silver Spring, MD: Center for Effective Public Policy, 1997).

⁶³ Kermit Humphries, National Institute of Corrections, and Peggy Burke, Center for Effective Public Policy, interviews with the editor, February 2004.

Criminological theory, along with a limited body of evidence, suggests that swift, certain, graduated responses, when coupled with immediate offender accountability, can help increase compliance with conditions of supervision and may provide a more cost-effective approach than re-incarceration.

Responses that are treatment-oriented or that reward positive behaviors have also shown greater promise than the alternative of re-incarceration.

Under current practice, bureaucratic and logistical delays often create a large gap between the time a violation is committed and the implementation of the response.⁶⁴ Agencies also often send confusing messages to parolees because they fail to handle violations consistently and to ensure that consequences are certain.⁶⁵ Graduated sanctions may enable agencies to address these issues, but only if the sanctions applied are clear, specific, appropriate, realistic, and immediately enforceable.⁶⁶ Since the implementation of Georgia's Results Driven Supervision in 1997, for example, successful completions of parole have increased from 61 percent in FY1998 to 72 percent in FY2002.⁶⁷ It is also important to note that re-incarcerating parole violators is a costly response. A recent study in California—where parole violators accounted for over two-thirds of all prison admissions in 1999—revealed that the state paid almost \$900 million to re-incarcerate parole violators.^{68,69} It is estimated that reducing the share of prison admissions that are parole violators by half, to one-third of all admissions, would save California \$500 million a year.⁷⁰

Responses to violations that include treatment requirements may more effectively address specific violation behavior than re-incarceration.⁷¹ These sanctions may include requiring violators to remain at a probation facility during the working day for a set number of days, to reside at "halfway-back houses" (specialized facilities designed to hold parole violators for short terms), and to perform community service or unpaid labor. When offenders participate in treatment as a response to violation behavior, care should be taken to immediately reward compliant behavior in addition to sanctioning negative behavior. The combination of rewards and sanctions for positive and negative behaviors, respectively, may be more effective in teaching long-term behavior change than negative sanctions alone.⁷²

64 Peggy Burke, *Policy-Driven Responses to Probation and Parole Violations* (Silver Spring, MD: Center for Effective Public Policy, 1997).

65 Ibid.

66 Adelle V. Harrell et al., *Evaluation of Breaking the Cycle* (Washington DC: The Urban Institute, 2003); Madeline M. Carter, *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development*, US Department of Justice, National Institute of Corrections (Washington, DC: 2001); Mario Papparozi and Paul Gendreau, "An ISP that worked," (2004), in press; Faye Taxman, David Soule, and Adam Gelb, "Graduated Sanctions: Stepping Into Accountable Systems and Offenders," *Prisons Journal* 79 no.2 (1999): 182-205.

67 J. Brawley, "Georgia State Board of Pardons and Parole Results Driven Supervision" (paper presented at The National TASC Conference on Drugs and Crime, November 2003, Raleigh, NC).

68 Little Hoover Commission, *Back to the Community: Safe and Sound Parole Policies*, Report #172 (Sacramento, CA: Little Hoover Commission, 2003).

69 Ibid.

70 Jeremy Travis and Sarah Lawrence, *California's Parole Experiment* (New York: The Urban Institute, 2002).

71 M. Douglas Anglin and Yih-Ing Hser, "Treatment of Drug Abuse," in Michael Tonry and James Q. Wilson (eds.), *Drugs and Crime*

(Chicago, IL: University of Chicago Press, 1990); Douglas S. Lipton, "The Correctional Opportunity: Pathways to Drug Treatment for Offenders," *Journal of Drug Issues* 24, no. 1-2 (1994): 331-348.

72 Michael L. Prendergast, M. Douglas Anglin, and Jean Wellisch, "Treatment for Drug-Abusing Offenders Under Community Supervision," *Federal Probation* 59, no. 4 (1995): 96-105 (this article discusses the importance of consequences for both positive and negative behaviors in drug treatment); National Institute of Corrections, *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development* (Washington, DC: Center for Effective Public Policy, 2001), available online at www.nicic.org/pubs/2001/016858.pdf.

recommendations

A | Establish an organized structure to guide the imposition of sanctions.

Providing a series of graduated responses to lapses in community supervision compliance holds violators accountable for their conduct in a way that can be far more affordable and effective than re-incarceration.⁷³ Accordingly, policymakers or community corrections administrators should develop a set of guidelines or other formal response structure that takes into consideration the determined risk level of the individual, his or her previous violations, the nature of the particular violation, and the full range of potential responses, including a variety of community-based treatment and programming options. Any such system should also allow for consideration of mitigating and aggravating factors, and should provide responses that are standardized, predictable, and timely. The potential consequences of different behaviors should be clear both to those who are under community supervision and those who are supervising them. A matrix that maps certain violations to certain responses can clearly set these parameters for all parties involved.

EXAMPLE: Violation Response Grid, Missouri Department of Corrections

The Missouri Department of Corrections is in the process of implementing a violation response grid to guide parole officers in selecting violation responses. The response grid groups violations into three levels, each of which is then matched with a list of possible sanctions. Parole officers may use their discretion to impose sanctions on low-level violations, as long as they stay within the terms of the grid. High-level violations and cases where the parole officer chooses to deviate from the grid require approval of a supervisor, the Parole Board, and/or the Court.

EXAMPLE: Matrix, Iowa Department of Correctional Services

The Matrix, an intranet-based management system, is designed to assess the risk and needs of individuals under supervision and match them with available treatment resources and supervision strategies. The Matrix synthesizes data from several assessment instruments—such as the Level of Services Inventory-Revised (LSI-R), Client Management Classification, American Society of Addictive Medicine, the Brown for ADHD, and the Iowa Classification System—as well as information from the individual's case files, and

TPCI MODEL: GRADUATED RESPONSES

TPCI recommends that every jurisdiction establish graduated responses to violations of the terms of supervision. Establishing graduated responses does not necessarily require new funding; rather it requires setting revocation policies that guide the discretionary choices of supervising agents, and that link the severity and intensity of response to the seriousness of the violation. It also requires jurisdictions to identify gaps in intervention options, and to review and reallocate resources as needed to fill those gaps. Furthermore, supervision policies should provide incentives and rewards to motivate individuals to comply with conditions of release and to recognize and reinforce their positive accomplishments.

⁷³ See, e.g., Tony Fabelo, *Recidivism Rates and Issues Related to TDCJ Substance Abuse Treatment Programs 9* (Austin, TX: Criminal Justice Policy Council, 2002), available online at www.cjpc.state.tx.us/reports/adltrehab/RecidTDCJ.pdf (this report explains that the State of Texas saved \$29.9 million as a result of diverting prison/jail bound offenders into a multi-component state drug program); Arizona Supreme Court Administrative Office of the

Courts, Adult Services Division, *Drug Treatment and Education Fund, Legislative Report Fiscal Year 1997–1998* (Phoenix, AZ: Arizona Supreme Court, 1999), available online at www.csdp.org/research/dteftoday.pdf (this report finds that a voter-approved law in Arizona to divert nonviolent drug offenders from prison into treatment resulted in savings of more than \$2.5 million during the first year of operation).

EXAMPLES OF COMMUNITY-BASED SANCTIONS⁷⁴

- Counseling or reprimand by probation or parole officer
- Increased reporting requirements
- Loss of travel or other privileges
- Increased drug/alcohol testing
- Treatment and education referrals
- Restructuring payment plans
- Extension of supervision period
- Regular (or more frequent) check-ins at day reporting centers
- Community service
- Electronic monitoring
- Drug treatment
- Intensive supervision
- Remand to halfway house or other residential program

uses it to plot a position on a 16-cell matrix grid. The grid consists of two axes: risk (control) and need (treatment). Each axis comprises four levels, and each level has subgroups. Matrix placements are fluid, enabling an individual to move up and down on both axes, depending on his or her response to supervision. When an individual commits a violation, he or she is reassessed, and the supervising agent inputs information about the violation and new assessment into the system, which recalibrates the individual's grid placement and provides, among other things, a list of possible treatment or supervision strategies.

For a system of graduated sanctions to work, there must be a variety of escalating, community-based treatment programs and responses available to the supervision agent. Such responses might range from a reprimand given by a probation or parole officer, to treatment and education referrals, to remand to a halfway house. (See sidebar, “Examples of Community-Based Sanctions.”) Community corrections officers should think creatively and collaborate with community-based service providers to fashion a range of such options. A cooperative agreement or contract between community corrections and a drug program, for instance, might allow for treatment options ranging from outpatient counseling to a week-long detoxification program, to a six-month inpatient treatment regimen.

Effective use of a spectrum of options presupposes that the releasing authority has imposed a limited number of release conditions at the outset of a person's re-entry. If the list of mandated conditions of release is exhaustive, it may consume the options available to the community corrections officer seeking an appropriate response to conduct that occurs during supervision. (See Policy Statement 18, Release Decision, for more on the importance of making release conditions realistic, in part by limiting their number). The releasing authority should provide a clear guide for the community supervision officer, while leaving the officer enough room to impose responses that increase or decrease restrictiveness and surveillance according to the particular circumstances presented.

B | Consider revocation and re-incarceration as the most serious of many different options available for addressing violations.

Because of the expense and administrative effort involved in re-incarceration, limited public resources should not be squandered on using such a sanction as a matter of course, particularly for first time or low-level violations of release conditions. Revocation of probation or parole, followed

⁷⁴ Madeline M. Carter, *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development*,

US Department of Justice, National Institute of Corrections (Washington, DC: 2001).

by a return to incarceration for a lengthy period of time, is a sanction that should be considered just one of the many tools in the criminal justice toolbox for addressing violations of release conditions, and it should be reserved for those violations that can be shown to pose a substantial risk to the safety of the community. In most situations, less restrictive, less expensive, and more effective alternatives can be imposed to respond to technical violations and/or minor criminal offenses without jeopardizing public safety.

Even when incarceration is employed as a sanction, it need not involve revocation and completion of the original sentence. Policymakers and community corrections staff should consider instead the use of short-term or “shock” incarceration as a sanction. A short stay in a specialized revocation center, jail, or other local facility may serve to underscore the seriousness of the violation and promote compliance from the parolee or probationer, without expending the substantial resources that would be spent on revocation and imposition of the full term of incarceration.

EXAMPLE: Offender Accountability Act (WA)

Passed by the Washington State legislature in 1999, the Offender Accountability Act limits the sanction that can be imposed on technical violations to no more than 60 days of incarceration per violation. The Washington Department of Corrections has developed a Behavior Response Guide that operates as a sentencing grid for individuals who violate the terms of their release, and the Behavior Response Guide is designed so that only high-risk offenders who commit a high-risk violation are likely to be incarcerated.

Indeed, decision makers considering revocation should be mindful that, as with individuals who “max out” on their sentences initially, individuals who are revoked and re-sentenced to complete the rest of their term in prison or jail will ultimately be released to be the community with no supervision whatsoever. The result of this practice is that many individuals who represent the highest level of risk to community safety will be released directly into the community with no formal structure, monitoring, or assistance.

Fear of negative publicity, lack of necessary resources (*e.g.*, supervision staff, treatment options, or housing), misguided understanding of effective behavior change strategies, and political apprehension often pressure agencies and their staff into a revocation decision-making process that encourages unnecessary incarceration of technical violators. Policymakers should develop and implement clear protocols and parameters regarding appropriate situations for revocation and re-incarceration that can enhance public safety and that have the support of system and community leaders.

To this end, community corrections and court officials should seek to involve service providers and community leaders in developing and cultivating public support for policies and procedures that recognize long-term re-incarceration as a sanction that should only be considered as one among a host of possible options and, generally, a sanction of last resort. (See Policy Statement 7, Educating the Public About the Re-Entry Popula-

tion, for more on ensuring that community members can understand and appreciate necessary changes to correctional culture.) The political will to successfully reduce reliance on incarceration as the exclusive or primary public safety strategy turns on the degree to which internal and external stakeholders are willing to put personal feelings, beliefs, and values aside in favor of the growing and credible body of knowledge that demonstrates Americans will be safest if they pay attention to scientifically-based risk assessments and identified, non-incarceration-based principles for effectively reforming offender behavior.

c | Assess individuals who violate conditions of release to gauge the level of response needed.

Community corrections responses should be based on specific characteristics of the individual and the seriousness of the violation he or she committed. Clearly, in some cases, when the violation involves serious criminal activity, the conduct should be handled through normal criminal processes and may result in automatic revocation of a person's community supervision status. When the violation is technical, or there is otherwise room for discretion in responding to the violation, the calculus for addressing it is more complicated. As is the case at other critical points during the re-entry process, a risk-and-needs assessment instrument is a valuable tool to inform the appropriate course of action. (See Policy Statement 8, Development of Intake Procedure, for more on risk-assessment instruments). Community corrections officers should be properly trained to use and incorporate the results of one or more objective, validated assessment instruments into determining the best response to the particular violation in question, rather than responding subjectively.

Community corrections officials must be careful when selecting the assessment instrument they will use to evaluate parole or probation violations, as different assessments measure different things. Before assuming that the same risk-assessment tool can be used to inform the release decision and to determine the appropriate level of supervision, officials should ensure that the instrument is designed to apply in both situations. One purpose of an instrument applied before the release decision may be to ascertain the risk of the person being rearrested. But after a particular violation, the appropriate instrument may be one that assesses the likelihood of a person's success in a treatment program. Notably, even where different instruments are indicated, there may be an overlap of relevant questions and information between them that need not be repeated or reassessed.

Depending on the results that the assessment yields, the releasee may be reincarcerated or diverted to an appropriate community-based alternative. Regardless of the final decision, the assessment can serve as the basis

for informing programming (institutional or community-based) that is most likely to keep the person from violating conditions of release again and reducing recidivism in the long term. Accordingly, the results of an assessment conducted immediately before someone is returned to prison or jail for violating a supervision condition can be extremely helpful to a transition team attempting to ensure that the person performs better in the community upon his or her re-release.

EXAMPLE: LSI-R assessment, Iowa Department of Correctional Services

The LSI-R is the cornerstone of the assessment procedure administered by supervision officers in Iowa. When an individual commits a technical violation, his or her supervising officer administers the LSI-R as a first step towards determining the appropriate response options. (See Recommendation d, below, for more on translating the results of the LSI-R into a sanction or other response.) Even when no violation has occurred, Iowa's Department of Correctional Services administers the LSI-R every six months during an individual's supervision period.

d | Respond to technical violations of conditions of release by restructuring the conditions and expectations in a manner most likely to correct behavior and by imposing community-based responses.

The goal of restructuring the conditions of release in response to a violation is to address more effectively the problems, risks, and needs presented by the released individual, while avoiding expensive and unnecessary incarceration. Just as institutional programming and conditions of release should be targeted interventions, modifications to those interventions when problems arise during community supervision should be evidence-based and individualized. Not every technical violation should be considered equally serious, particularly depending upon the circumstances of the violation and the characteristics of the person involved. For a parolee who was convicted of a drug crime, being consistently late for appointments with the supervising officer might constitute a technical violation. But such a violation is not nearly as significant—and should not be treated in the same way—as the technical violation of a parolee who has been convicted of a child sex offense and is then found loitering in a schoolyard.

When a violation occurs, officials should begin with an assessment of the individual, as noted in Recommendation c, above. The supervision officer should integrate the results of this assessment with information from previous assessments and from his or her own knowledge of the individual. The officer should then apply a response from within the range of responses suggested by the matrix or other formal response structure described in Recommendation a. Imposing a response outside of the guidelines suggested by the matrix or any of the most serious sanctions (such as revocation) should require the approval of a community corrections supervisor or administrator, so that resources are allocated consistently and predictably where they are needed most.

For all but the most serious violations of release conditions, supervision officers should seek to employ community-based responses. Such responses can help the offender retain any positive connections he or she has established to the community, including family relationships, employment, housing, or a regular treatment regimen. While it is critical that community corrections officials respond, quickly and surely, to misconduct during a person's probation or parole, they should do so in ways that conserve the financial resources of the criminal justice system and safeguard the progress that the individual has made during the period of supervision.

E | Ensure meaningful positive reinforcements exist to encourage compliance with the terms and conditions of release.

Widespread research supports the basic theory that incentives, affirmations, and positive reinforcements stimulate constructive behavioral change. In their ground-breaking meta-analysis of effective corrections-based interventions, for instance, Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen determined that positive reinforcement should be utilized at a ratio of four-to-one over negative sanctions to successfully impart pro-social behaviors.⁷⁵ Thus, just as it is essential to have graduated sanctions for noncompliance with conditions of release, it is important to recognize the efficacy of reinforcing compliance with those conditions and encouraging a person's successful adjustment back into the community. To this end, community supervision officials should develop a system of graduated positive reinforcements that help to imprint pro-social behaviors and attitudes.

**EXAMPLE: Behavior Response and Adjustment Guide,
Georgia Board of Pardons and Paroles**

Supervision officers in Georgia use a Behavior Response and Adjustment Guide (BRAG) to assist them in determining responses to violations and rewards for positive behavior. BRAG classifies positive and negative behavior as "low," "medium," or "high" and provides response options for each of these categories. Positive behavior includes finishing a school semester, completing an outpatient program or cognitive skills class, and performing volunteer work. Rewards for positive behavior include letters of recognition, certificates of completion, six-month compliance certificates, supervision level reduction, and reduced reporting requirements.

Jurisdictions can create positive incentives simply by minimizing negative responses or requirements of supervision. Some community corrections systems provide for the level of supervision to be reduced incrementally as the released individual demonstrates responsible behavior, while others shorten the length of time a person must spend under supervision. Restoring an individual to full and positive citizenship

⁷⁵ Don A. Andrews et al., "Does Correctional Treatment Work? A Clinically Relevant and Psychologically In-

formed Meta-Analysis," *Criminology* 28, no. 3 (1990): 375.

is another way of recognizing significant achievement after re-entry. In New York, individuals with criminal records can work to obtain “Certificates of Relief from Disabilities” or “Certificates of Good Conduct” that provide a presumption of rehabilitation to employers, enable the individual to serve on a jury, and restore his or her eligibility for certain types of occupational licenses. (See epilogue for for on such certificates of rehabilitation.)

Direct positive reinforcements for compliance and successful adjustment should also be included among a variety of options on a structured response grid. (See sidebar, “Examples of Incentives or Reinforcements.”) Finally, regular feedback systems should be devised that allow individuals to chart their accomplishments. This tracking can be done through written progress reports, which might incorporate graphic depictions of progress.

▣ | Consider privacy and confidentiality issues when sharing information.

Collaboration between corrections and health-related service providers raises the issue of patient confidentiality. In addition to being bound by federal restrictions on information sharing, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or federal rules on Substance Abuse Patient Records, states may have their own widely varying confidentiality laws.⁷⁶ These statutes and regulations may require written authorization for the disclosure of confidential medical or substance abuse treatment information to or by representatives from the department of corrections, especially for non-contracted service providers. (See Policy Statement 8, Development of Intake Procedure, for more on sharing information while complying with privacy regulations.)

Officials from criminal justice agencies should work with medical and legal experts to ensure that they obtain sufficient information to effectively and appropriately evaluate compliance with conditions of release (such as a requirement that a parolee obtain mental health treatment), without running afoul of applicable privacy law. Numerous resources exist to help guide the creation of guidelines on privacy and confidentiality considerations, such as the Office of Justice Programs’ *Justice Information Privacy*

EXAMPLES OF INCENTIVES OR REINFORCEMENTS

- Removal of an electronic tracking or monitoring device
- Reduction or elimination of drug testing
- Gift certificates or other financial incentives
- Reduction in fines owed or mandatory community service work hours
- Letters of commendation
- Sobriety anniversary celebrations
- Graduation ceremonies
- Opportunities for leadership
- Restoration of civil rights
- Recognition by service clubs or faith organizations
- Verbal praise
- Certificates of achievement

76 42 USC § 290ad.

Guideline—Developing, Drafting and Assessing Privacy Policy for Justice Information System (available at www.ncja.org/pdf/privacyguideline.pdf).⁷⁷

c | Engage the community in the process of responding to parole and probation violations.

The community has much at stake when a crime or other violation of community supervision is committed. The quality of life in the community may be diminished in a variety of ways, including physical injuries to individuals, property damage, or social disorder. Involving community members in the design and/or management of less serious parole and probation violations can begin to repair the harm done to the community, as well as to expand the resources available to community corrections agencies seeking to respond to them. Moreover, an individual under supervision can learn the importance of community-based reparations, and the community may become more invested in the issue of re-entry. Accordingly, community corrections officials should be given the authority to collaborate with representatives from the community and from community-based organizations in responding to both successes and failures of individuals under community supervision.

Incorporating a community perspective into the process of determining and imposing intermediate sanctions can take a number of forms. Nonprofit organizations can work with community corrections officers to develop a menu of responses that are alternatives to re-incarceration and a plan for how the responses will be meted out on an individual or system-wide basis. Community corrections can also utilize the resources of community-based services in actually administering plans with both sanctions for noncompliance and rewards for compliance. Thus, by partnering with a community-based family services agency, a corrections agency might be able to create a grid of behaviors and responses that increases the number and kinds of intermediate sanctions at the disposal of the officers and may also have a resource where releasees might obtain programs and services. Further, community-based organizations can join other community representatives, including law enforcement officials, to create a system of responses to parole and probation violations which actively engages individual community members in decision-making in individual cases.

EXAMPLE: Community Review Boards (UT)

In Utah, Community Review Boards made up of local and state service providers, law enforcement staff, and other citizen representatives review technical violations of conditions of parole. The Boards conduct interviews with the supervising agent and the offender to determine their response to the person's violation. During training, Board

⁷⁷ National Criminal Justice Association, *Justice Information Privacy Guideline—Developing, Drafting and Assessing Privacy Policy for Justice Information System* (Washington, DC: National Criminal Justice Association, 2002).

members are encouraged to respond to violations with graduated sanctions and receive a list of possible sanctions, including treatment referrals, community service hours, letters of apology to victims, and increased supervision standards. The supervising agent forwards the Board's recommendation for sanctions to the Board of Probation and Parole or the Court for final approval.

Significantly, involving community representatives in the process does not eliminate the role of the community corrections department. Instead, the community perspective enhances the work of community corrections officials or releasing authorities, who still must oversee the process and ensure that monitoring and legal requirements are met.

Community-based organizations can be especially helpful to community corrections officers working with parole or probation violators who have special needs, such as substance abuse or mental health issues. In those cases, and particularly when the violation can be traced to the person's underlying substance abuse or mental health issue, responses that take the individual's condition and treatment regimen into account should be considered before a response of incarceration is imposed. Certainly, anything more than an identification of the problem will require the greater expertise of community providers.

The collaborative process of supervision and referral may result in aggressive treatment to stabilize the individual's mental health condition or substance abuse relapse much more effectively and economically than re-incarceration or other indiscriminate responses, which may actually exacerbate the problem. Community specialists and community corrections officers should together develop a specialized approach to supervision of these populations, so that all parties are in agreement as to how scenarios such as drug relapse or mental health decompensation will be handled.

EXAMPLE: Heritage Health and Housing (NY)

Heritage works with a dedicated parole officer to implement a treatment-oriented model for the reintegration of participants into the community. Heritage staff make the distinction between relapse and abuse (continued violations), and employ a spectrum of restrictions and leverages to respond to relapse, so that relapse does not automatically result in re-incarceration. In over two years of program involvement, only two of 40 participants referred from state prison were re-incarcerated.

H | Provide the victim with an opportunity to inform the imposition of graduated responses.

When feasible, relevant to the circumstances, and desired by the victim, the victim of the original offense for which the person was incarcerated may be involved in determining the imposition of graduated responses or, when applicable, the restructuring of the system of terms and conditions of release. Victim participation at this stage of the criminal justice process involves three primary aspects: education, notification, and input.

Victims must first be apprised of their rights in the particular jurisdiction as well as the limits to those rights. Through the community super-

vision officer, a representative from that office, or a partnering victim advocate, victims should learn basic information about the community supervision process, including the significance of the releasee's compliance, violation, and revocation. (See Policy Statement 23, Victims, Families, and Communities, for more on contacting victims and providing them with opportunities to stay apprised of relevant information.) Particularly when a jurisdiction has restructured its system of imposing sanctions or regularly using re-incarceration for violations, victims must be educated to understand that some violations may well not lead to revocation or incarceration. Victims should further be advised that, while they may have input into the process, the final decision regarding any change in supervision status, any positive or negative reinforcement, and any programming will be ultimately determined by community supervision officers and/or the releasing authority.

EXAMPLE: "The Revocation Process: A Guide for Victims,"
Wisconsin Department of Corrections

The Wisconsin Department of Corrections distributes a handbook on the revocation process to crime victims. The handbook explains the purpose of a revocation trial and informs victims of their rights if they are subpoenaed. Topics for victims include how to request that an advocate provide support for them at a revocation hearing and tips to prepare for testifying.

Each jurisdiction must establish a protocol regarding when and how victims should be notified when the person who has committed an offense against them is alleged to have violated his or her parole or probation. There should also be a standardized procedure regarding when and how victims should be invited to offer input into any response to the conduct. Such protocols should be set in a written policy so that all community supervision officers are aware of their responsibilities towards victims, especially since practices may vary from jurisdiction to jurisdiction. At a minimum, victims should be notified of any scheduled revocation hearing(s) and of their right, if applicable, to attend, testify, and learn the outcome of such a hearing. Victims should also be apprised of the reasons underlying any decision or restructuring of sanctions, as opposed to just the final decision rendered in a particular instance.

Providing victims with these opportunities and information can generate valuable information for community corrections officers, potentially enabling them to create a more comprehensive, effective matrix of sanctions to apply generally or in a particular instance. For instance, consultation with a domestic violence victim may help a community corrections officer to quickly identify a parolee's need for substance abuse treatment instead of re-incarceration when the individual begins showing signs of relapse. Although victim input is just one of many considerations to be balanced in any response mechanism, it can be an important one to promote public safety, as well as the safety of the individual victim.

I | Consult family members about graduated sanctions and incentives most likely to effect a change in behavior.

The releasee's family members should have input into graduated response decisions when they desire it and it is relevant to the circumstances. A community-based supervision strategy should enable the supervision officer to interact with the family so that these individuals, who likely know the offender better than anyone, can provide vital information. Indeed, they may provide information as to the incentives and sanction structure most likely to help the individual successfully reintegrate. (See Policy Statement 23, Victims, Families, and Communities, for more on the value of incorporating the releasee's family into the community supervision process.)

Informal contact between the community supervision officer and the family also enables family members to understand how particular graduated responses may impact them. For example, additional meeting requirements may affect the individual's ability to work additional hours and make more money to contribute to the household. On the other hand, the prospect of reducing check-in meetings for compliance with existing release conditions may inspire the family to help the individual meet his or her obligations by assisting with transportation or child care. To the greatest extent possible, the community supervision officer should work to ensure that the family is not unduly punished by the appropriate responses meted out to the individual and that the family works in concert with community corrections to promote the person's successful completion of community supervision.

EXAMPLE: COMPASS, Family Life Center and the Rhode Island Department of Corrections

The COMPASS program is hiring two specialized probation/parole officers, who will be assigned to the Family Life Center and will work with COMPASS staff to coordinate the case management of participants (who are serious and violent offenders who are returning to four inner-city zip codes in Providence) in family support services as well as mental health and addictions treatment, employment, housing, and victim services programs. Through this SVORI-funded initiative, probation and parole officers will collaborate with community living counselors to conduct in-depth family assessments and include family members in transitional planning as appropriate.

J | Provide judges who play a role in the supervision process with adequate information and training on how to tailor sanctions to the individual and the violation.

Judges and probation officers sometimes hold conflicting views as to how best to respond to alleged violations of terms and conditions of release, both substantively and procedurally. Cross-training can help produce better working relationships and information sharing between community supervision staff and judges, which may lead to more effective supervision of individuals released from prison or jail. The purpose of the training

should be to educate all stakeholders about the range of options available and about how supervision officers select certain options over others, particularly where a matrix is employed. In many cases, as this policy statement makes clear, rewards and sanctions may be administered without the involvement of a judge or other releasing authority. Accordingly, when and if parties appear before a judicial body for a review or revocation hearing, the court should be apprised of the individual's compliance record and any responses imposed by the supervision agency up to that point.

Because of judicial workload issues, it is critical that day-to-day case management be delegated to community corrections agencies. Such an arrangement is effective, however, only when judges are familiar with and trust the systems of those agencies. Criminal justice professionals in some jurisdictions may also consider delegating some or all of the judicial oversight role to one specialized judge, following the model of drug courts.

**EXAMPLE: Welcome and Resource Notification,
Iowa Department of Correctional Services**

The Department of Correctional Services in Iowa's Sixth Judicial District selects 25 high-risk parolees to participate in the Welcome and Resource Notification (WARN) program. Upon release, participants are supervised by an officer from a specialized parole unit. In addition, participants who violate the terms and conditions of their release must report weekly to an Administrative Law Judge, who works in conjunction with the supervising officer to determine sanctions. The Administrative Law Judge also serves as the judicial authority that imposes sanctions for participants in other specialized re-entry programs for individuals who have mental health disorders or have been dually diagnosed with mental health and substance abuse problems.

Re-entry courts offer another forum to encourage adherence to the conditions of supervised release and to monitor and address any violations. When a local court is empowered to sanction violations and reward compliance, it can make the decisions that guide the supervision process more transparent and allow for community-based collaboration, control, and decision-making. The formal, public nature of a court proceeding demonstrates the significance of parole and probation compliance and can educate and engage members of the community as observers, if not direct participants, in the process.

EXAMPLE: Re-Entry Court, Allen County (IN)

The Indiana Parole Commission has given supervising authority for individuals in the Allen County early release program to a re-entry court. A re-entry judge oversees the development of a Reintegration Plan for each participant and meets with individuals in court every two to six weeks to monitor their progress. The judge also has the discretion to impose sanctions in response to technical violations using a grid developed by Allen County Community Corrections. A re-entry team consisting of staff employed by community corrections helps to oversee participants in the release program and makes recommendations to the judge regarding sanctions for technical violations. The re-entry court receives funding from a SVORI grant.

κ | **Require that technical violations undergo review before a warrant can be issued for the arrest of a person under community supervision.**

Most agencies have policies and procedures that guide the process of issuing a warrant for arrest due to a violation of the conditions of release. Many of these agencies, however, do not recognize the costs associated with such policies. The system resources required by a warrant and the impact it may have on other issues that relate to an offender's compliance (e.g., employment, child support payments, and involvement in treatment programs) must be weighed against the immediate risk to public safety posed by the individual who has committed the violation and the overall benefits of the warrant process. It is critical that community supervision agencies have in place a system of prior authorization involving at least an immediate supervisor's approval for a warrant to be issued, particularly when it is a technical violation at issue.

Jurisdictions vary as to whether probation and parole officers are ever empowered to arrest or otherwise apprehend probationers or parolees. Under limited, clearly defined exigent circumstances, such as when the person is fleeing, community supervision officers should have the ability to arrest and detain probationers or parolees, provided that staff safety will not be jeopardized. Immediately following the arrest, however, staff should be required to undergo a review process similar to that which would apply in non-emergency circumstances. Finally, in jurisdictions where community supervision officers are not empowered to make warrantless arrests, probation and parole officers will have to coordinate closely with local law enforcement.

EXAMPLE: Warrant process, Missouri Department of Probation and Parole

Probation and parole officers are required to obtain approval of their supervisor before issuing a warrant for the arrest of an individual who has violated his or her supervision conditions. In emergency situations, officers may notify their supervisor immediately after issuing a warrant.

Epilogue to Part II: Integration into the Community

THE PRECEDING POLICY STATEMENTS IN PART

II of this report have all focused, in some measure, on preparing a prisoner—from admission to a corrections facility, through completion of sentence, and to transition to the community—for safe and successful re-entry. Even after prisoners have finished their sentence, however, their re-entry to the community is not, typically, complete. Criminal records, appropriately and necessarily in some cases but needlessly in others, can preclude someone who has been incarcerated from completely reintegrating into society.

Several policy statements address legal barriers, which impede access to low-income housing (Policy Statement 18, Housing), employment and professional licensing opportunities (Policy Statement 21, Creation of Employment Opportunities), and public benefits (Policy Statement 24, Identification and Benefits). Recommendations in those policy statements suggest steps policymakers and practitioners can take to ensure that people understand these barriers, and, when appropriate, eliminate them or limit their reach. There are additional legal barriers, state

SURVEYING LOCAL BARRIERS TO RE-ENTRY

This report repeatedly highlights the value of identifying and assessing in each jurisdiction the legal barriers to re-entry, to enable policymakers to improve awareness (and shatter any myths) about these laws and regulations. Indeed, in many areas, individuals enter into guilty pleas and judges impose sentences without awareness or notification of these kinds of collateral sanctions, some or all of which may remain even after a person is released from a term of incarceration or has completed a period of community supervision. An individual may first learn about a restriction when he or she files an application for a barbering license, seeks to obtain a driver's permit, or attempts to register to vote. A survey of state and local codes and regulations that catalogs all the mandatory and discretionary sanctions for particular offenses or offense categories can

therefore provide a key resource for those making and those affected by a range of legislative and policy-based collateral consequences.¹

Who could perform such a survey would vary from state to state. In some jurisdictions, a state criminal justice policy arm could be called upon.² In others, the survey might be a good project for a law school or state bar association committee. For those doing this work in any state, the Legal Action Center's report, *After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records*, along with its interactive website (www.lac.org), provides a good basis for the project, as it features state-by-state information on access to criminal records, public benefits, voting, employment, drivers' licenses, parenting, and public housing.³

1 The ABA Standards for Criminal Justice (Third Edition) Collateral Sanctions and Discretionary Disqualification of Convicted Persons, Standard 19-2.1 (2003) takes this recommendation a step further, asserting that a state legislature "should collect, set out [,] or reference all col-

lateral sanctions in a single chapter or section of the jurisdiction's criminal code," with clear reference to each of the offenses to which particular sanctions apply.

2 Nancy L. Fishman, *Briefing Paper: Legal Barriers to Prisoner Reentry in New Jersey* (Newark, NJ: New

Jersey Institute for Social Justice, 2003).

3 Legal Action Center, *After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records* (New York, NY: Legal Action Center, 2004).

and federal, not addressed in the preceding policy statements because there is no consensus about their appropriateness or usefulness. This afterward reviews several of these barriers, not to convey their merits or drawbacks, but rather to recognize their relevance to prisoner re-entry.

- *Higher Education:* Under the 1998 reauthorization of the Higher Education Act of 1965 (“HEA”), Congress established that students who have prior convictions for the possession or sale of controlled substances are ineligible for grants, loans, or work assistance authorized under the Act, including Pell grants, Stafford loans, and work-study programs.⁴ The law does not distinguish between old convictions, types of drugs, or amounts possessed or sold, nor does it affect individuals with other kinds of criminal convictions. It does, however, allow for suspension—rather than a lifetime ban—for a first or second conviction for possession or a first conviction for distribution; under certain conditions, an individual who completes a specified drug rehabilitation program may also have the suspension lifted.⁵
 - *Parenting and Adoption:* The federal Adoption and Safe Families Act of 1997 (ASFA) made several changes to the law governing families and adoption, which particularly affect re-entering individuals.⁶ ASFA bars people with certain convictions from being adoptive or foster
- parents. Most states make individualized determinations about an applicant’s suitability to be an adoptive or foster parent, taking into consideration the person’s criminal record, as well as evidence of rehabilitation.⁷ Specifically, 35 states consider the relevance of an applicant’s criminal record in deciding whether he or she may become an adoptive or foster parent, while 15 states have flat bars against people with criminal records becoming adoptive or foster parents.⁸ In addition, ASFA requires that states file termination proceedings against parents whose children who have been in state custody or foster care for 15 of the most recent 22 months.⁹ Given the average length of time served for felony convictions, parents whose children have been placed in foster care during their incarceration may be subject to such automatic termination proceedings.¹⁰
- *Voting:* Nearly all states place some limits on the right to vote for people with felony convictions. (See Appendix, chart, “Voting Restrictions for People with Felony Convictions.”) The restrictions range from five states that have a lifetime bar to 12 states (plus the District of Columbia) that preclude only individuals who are actually incarcerated from voting.¹¹ Maine and Vermont are the only two states that allow people to vote while they are incarcerated.¹²

4 P.L. 105-244

5 Ibid.

6 P.L. 105-89.

7 Legal Action Center, *After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records* (New York, NY: Legal Action Center, 2004).

8 Ibid.

9 42 USC § 675(5)(E).

10 For those entering Federal prison during 1997, the average time served was 47 months, up from 21 months for those entering during 1986. William J. Sabol and John McCready, *Time Served in Prison by Federal Offenders, 1986-97*, US

Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999) NCJ 171682.

11 Legal Action Center, *After Prison: Roadblocks to Reentry, A Report on State Legal Barriers Facing People with Criminal Records* (New York, NY: Legal Action Center, 2004).

12 Ibid.

CERTIFICATES OF REHABILITATION

A state-authorized and documented presumption of rehabilitation provides a way for qualified individuals with criminal records to demonstrate that they have paid their debt to society and therefore have earned the right to have statutory bars to jobs or other services lifted, as well as to have civil rights and public benefits reinstated. Through this certification, states can promote public safety and civic engagement, as well as the employment of people who have completed their sentences. Some states, including Arizona, California, Nevada, New

Jersey, New York, and Illinois, have enacted legislation to provide individuals with a way to remove barriers to employment or other post-release rights, benefits, or services, because of a conviction.¹³ Although such remedies are often referred to as “Certificates of Rehabilitation,” states use different nomenclature (New York, for instance, offers “Certificates of Relief from Disabilities” and “Certificates of Good Conduct”) and have created different eligibility requirements and forms of relief.

¹³ Ibid.

PART III

*Elements of Effective
Health and Social
Service Systems*

Policy statements and recommendations in preceding sections of the Report are predicated upon the availability of accessible and effective services and supports for people released from prison or jail. Too often, however, these services and supports are neither available nor accessible. For these reasons, policy-makers or practitioners planning or implementing a re-entry initiative in their jurisdictions should develop a general understanding of the organization and operation of these systems. Policy statements in Part III provide that information; they also explain how these systems must be transformed to receive people released from prison or jail.

The format of policy statements in Part III is distinct from the format of the preceding policy statements in this report. Each of the Part III policy statements first addresses the *target population* of a particular system, including its overlap with people released from corrections facilities. This section is followed by a description of *key issues* that system administrators face, and then an overview of *system organization and funding*. In each system the way that funds are provided and administered, and the way that services are monitored and delivered, varies widely, and this section orients the non-specialist to the elements that comprise the basic system structure.

Finally, each policy statement includes *recommendations*. In Part III policy statements these recommendations tend to be more sweeping in scope than those in earlier policy statements. Nevertheless, they are an invaluable resource for policymakers and practitioners who have historically focused on the criminal justice system, and, because of an interest in prisoner re-entry, find themselves determined to make health and social service systems better at assisting people who have criminal records.

Facilitate the development of affordable rental housing, maximize the use of existing housing resources, and identify and eliminate barriers to the development, distribution, and preservation of affordable housing.

TARGET POPULATION

Anyone who has attempted to assist people released (or scheduled to be released from) prison or jail find housing appreciates the extent to which housing systems are unable to meet the overwhelming demand among poor people generally for safe, affordable places to live.

Despite unusually strong income growth in the 1990s, in 2001 95 million Americans were living in crowded, substandard conditions or suffering from severe housing cost burdens, according to the 2004 *State of the Nation's Housing* report from the Joint Center for Housing Studies at Harvard University.¹ On any given night, 850,000 Americans are homeless.² These problems are overwhelmingly associated with the lowest-income families. Nearly half pay more than 50 percent of their monthly income on housing.³ Full-time workers anywhere in the country earning minimum wage are unable to afford a basic one-bedroom apartment.⁴

In sum, gaining access to safe, appropriate and affordable housing is a serious challenge for all lower-income persons living in and returning to communities in urban, suburban and rural settings alike—a challenge that typically cannot be met without the help of the public affordable housing system.

KEY ISSUES

The deterioration and gentrification of affordable housing is diminishing the stock of affordable housing, which is not replaced as quickly as it is demolished or repurposed. Government programs, including Low-Income Housing Tax Credits (LIHTC), bonds, HOME investment partnerships and USDA Rural Housing Services, have not been funded to address these problems comprehensively. Additionally, public housing agencies face statutory obstacles to developing new units, which were created to curb federal spending on housing subsidies. As a result, the task of meeting the demand for new affordable housing units falls primarily to small, nonprofit affordable housing developers that build many fewer than 100 units per year. Land supplies in metropolitan areas are limited; siting questions re-

¹ Harvard University Joint Center for Housing Studies, *The State of the Nation's Housing* (Cambridge, MA: 2004).

² Ibid.

³ Ibid.

⁴ Ibid.

main contentious; and environmental and other regulations on development, plus increasing development fees and community opposition to denser development, have made construction expensive.

Funds used to construct or rehabilitate housing are seldom provided by a single agency for a project. Instead, a developer, who also puts money into the deal, coordinates equity and debt from several funders. Federal, state, or local funds are said to be “leveraged” when the government’s initial investment attracts funds from multiple private and other public sources. Leveraged financing is a practical necessity now because of the high cost of construction and redevelopment, especially in older urban areas and places that are experiencing an influx of people.

Diverse housing-involved organizations, including state, local, and private agencies, increasingly turn to collaborative efforts to seek leveraged financing, as for the past several years Congress has chosen to provide no significant increases in housing and community development programs. The complexity of the coordination among funding, policy, planning and building systems essential to the development of affordable housing poses a serious challenge.

These factors—both decreasing supply of and lack of federal funding for affordable housing—have resulted in a national crisis in affordable housing, which some experts and advocates believe to be linked to rising rates of homelessness.

Still more acute than the shortage of affordable housing in general is the shortage of specialized supportive housing for people with special needs, such as people with mental illnesses or substance abuse disorders, people living with HIV/AIDS, survivors of domestic violence, youth and young adults, and people transitioning out of homelessness. Individuals in these groups may require various types of related services in order to access or maintain housing, even when affordable housing is available. People released from prison or jail are likely to fit into one or more of these categories, in addition to facing challenges specific to their criminal records or history of incarceration (see Policy Statement 19, Housing, for discussion of issues specific to released prisoners).

Understanding why people are unable to access housing, are severely cost-burdened by housing (or lack stable housing) and become homeless must be understood in terms of both the factors that lead to these problems and the effects of inadequate housing on these populations. Significant research exists on the causes of homelessness and the characteristics of the homeless population. (See sidebar, “Who is homeless?” for brief descriptions of some groups whose rates of homelessness are particularly high).

Inadequate housing impacts a range of other needs. People without housing have difficulty finding and maintaining jobs. Homeless people are at greater risk of becoming victims of violence, have higher rates of health problems, mental illnesses, and substance abuse disorders, and are less likely to access services. Several studies on the impact of accessing appropriate housing on prisoner re-entry outcomes show the role of housing in providing a starting point and foundation for engagement and participation in a range of services that increase former prisoners’ chances of success in re-entry. These studies indicate that housing is not simply a place to live, but also a service in itself—perhaps the most critical service leading to other services.

Supportive housing in particular is proven to help people who face the most complex challenges—individuals and families who are not only homeless, but

who also have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS—to live more stable, productive lives. Supportive housing has positive impacts on health, employment, treating mental health, and reducing or ending substance abuse. Supportive housing has been associated with decreases of more than 50 percent in tenants' emergency room visits and hospital inpatient days; a small Minnesota study showed supportive housing tenants maintained a 90 percent rate of sobriety, compared with 57 percent of those living independently.⁵

SYSTEM ORGANIZATION AND FUNDING

A broad array of federal, state, and locally based organizations play a role in addressing key housing issues and connecting as many Americans as possible to appropriate housing.

The US Department of Housing and Urban Development (HUD) is the federal agency responsible for most of the execution of federal housing policy. HUD determines how agency resources are used to create, preserve, or subsidize housing, as well as determining eligibility for its own forms of housing assistance. Since the

WHO IS HOMELESS?

Victims of Domestic Violence

- In a study of 777 homeless parents (the majority of whom were mothers) in 10 U.S. cities, 22 percent said they had left their last place of residence because of domestic violence.
- 34 percent of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness.
- Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence.

Veterans

- 40 percent of homeless men have served in the armed forces, as compared to 34 percent of the general adult male population.
- In 2001, the US Conference of Mayors' survey of 27 American cities found that veterans make up 11 percent of the urban homeless population.

People with Mental Illness

- Approximately 22 percent of the single adult homeless population suffers from some form of severe and persistent mental illness.
- According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5-7 percent of homeless persons with mental illness require institutionalization; most can live in the community with the appropriate supportive housing options.

People with Addiction Disorders

According to research sponsored by the US Conference of Mayors, 34 percent of homeless adults suffer from addiction disorders. While surveys of homeless populations conducted during the 1980s found consistently high rates of addiction (65 to 80 percent), particularly among single men, recent research has called the results of those studies into question.⁶

Source: National Coalition for the Homeless (www.nationalhomeless.org/index.html)

5 Corporation for Supportive Housing, *Supportive Housing: A Community Solution (Fact Sheet)*, available online at documents.csh.org/documents/communications/CSHFactSheet.pdf.

6 In a 2002 literature review, the National Health Care for the Homeless Council noted "Prevalence estimates of substance use among homeless individuals are

approximately 20-35 percent." Suzanne Zerger, "Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature" (Nashville, TN: National Health Care for the Homeless Council, June 2002), available online at www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.

1980s, when the federal government began reducing its role in the construction of affordable housing, HUD has primarily provided tenant vouchers (for disbursement by state-authorized Public Housing Agencies) under the Section 8 program and grants to private developers and communities. See chart, “HUD Initiatives,” for brief descriptions of some of these programs.

Other federal agencies provide housing assistance to specific groups. The Veterans Administration provides home loan assistance as well as programs for homeless veterans (including permanent supported housing) through the Veterans Health Administration. In rural communities, the Department of Agriculture provides rental assistance programs, home improvement and repair loans and grants, and self-help housing loans to low-income individuals and families through its Rural Housing Service (RHS), which maintains state offices. With the help of the RHS Rental Assistance Program, qualified tenants pay no more than 30 percent of their income for housing.

HUD AFFORDABLE HOUSING INITIATIVES

Housing Choice Vouchers (Section 8)

Housing Choice Vouchers are administered locally by public housing agencies (PHAs), which receive federal funds from HUD to administer the voucher program. A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. The voucher covers the difference between the Fair Market Rent (determined by HUD) for a particular type of unit and what the family pays in rent—usually between 30 to 40 percent of the family's adjusted income. About two million families use Housing Choice Vouchers, but waiting lists are closed in most localities, and those on the lists may wait several years for a voucher. PHAs may also distribute specialized housing choice vouchers through targeted initiatives such as the Family Unification or Welfare-to-Work Voucher programs.

McKinney-Vento Act (Continuum of Care) Funding—Shelter Plus Care and Supportive Housing Program

Shelter Plus Care (S+C) is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and HIV/AIDS or related diseases), and their families. Program grants are used for the provision of rental assistance payments through tenant-, sponsor-, and project-based rental assistance as well as through the Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings.

The Supportive Housing Program is designed to develop supportive housing and services that will allow homeless persons to live as independently as possible. Eligible applicants are states, units of local government, other governmental entities such as PHAs, and private nonprofits.

HOME Investment Partnerships program

HOME provides formula (block) grants to states and localities that communities use—often in partnership with local nonprofit groups—to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people. Each year HOME allocates approximately \$2 billion among the states and hundreds of localities nationwide.

Community Development Block Grant programs

A portion of Community Development Block Grant (CDBG) funds are allocated to large cities and urban counties, called entitlement communities, to carry out a wide range of community development activities directed toward revitalizing neighborhoods, economic development, and providing improved community facilities and services. Additional CDBG funds are allocated to states to distribute, according to criteria determined by the state, to units of local government that do not qualify as entitlement communities. No less than 70 percent of the funds must be used for activities that benefit low- and moderate-income persons.

Incentives to developers to create low-income housing are incorporated into the federal tax code, and these credits are monitored by the Internal Revenue Service (IRS) through the Low Income Housing Tax Credit Program (LIHTC). Created by the Tax Reform Act of 1986, the LIHTC program has been recently amended to give states the equivalent of nearly \$5 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households.

State governments contribute additional funds to developing housing and making it accessible, in addition to administering federal funding, in two different ways: by directly serving as grant recipients and implementing building or renovation projects or supportive housing initiatives; and by allocating federal and state funding (competitive grants) to local government, other public, or private entities to implement such projects. In allocating these funds, they judge applications according to preset criteria, make awards, and monitor the spending of the awards.

Tax credits and federal and state investments in housing development are typically channeled to developers through state Housing Finance Agencies (HFAs). State agencies also serve as the grant recipients for a portion (40 percent) of Community Development Block Grant funds to implement initiatives to revitalize neighborhoods and execute other activities associated with promoting access to appropriate housing.

Among the entities to which states distribute housing-related funds are Public Housing Authorities or Agencies (PHAs), Community Development Corporations (CDCs), and private developers. PHAs, authorized under state legislation to engage

RISK AND INEFFICIENCY IN AFFORDABLE HOUSING DEVELOPMENT

Entities that provide funding for housing development assume a certain level of risk that the project will be completed on time, on budget, and within quality requirements. The developer assumes this risk, too, and provides an assurance that the work will be completed as planned.

There is a certain inefficiency in developing affordable housing for extremely low-income families (those with incomes under 30 percent of the area median) driven by complex factors and constraints that have not yet been overcome through legislation, regulation or program design. In order to serve extremely low-income persons (those with incomes below 30 percent of the area's median income), it is often necessary to layer several funding sources in one housing unit. For example, it may cost \$100,000 to build a two-bedroom rental unit; using conventional financing to cover this expense, however, creates debt obligations, which translate into rent prices that are unaffordable to a low-income person.

In public housing, the average income is about \$10,000, well below any area's median income. Traditional public housing built prior to about 1995 is the only example of low-rent housing that can, through a single capital subsidy, exclusively house extremely-low income families.

In order to maximize the impact of direct investment, governments must implement policies to reduce inefficiency and risk. If some of the construction cost can be funded with the Low Income Housing Tax Credit (LIHTC), bond revenues, Housing Choice Vouchers, or other low-cost equity or capital or operating subsidy, or if a rent subsidy can be provided, then the rent needed to support the debt on the unit (a primary inefficiency) is greatly reduced, and the unit becomes affordable to a low- or very-low income person or family. When developers collaborate with local communities to reduce regulatory barriers (a practice that HUD favors in awarding grants), they diminish the risk that standards will not be met in an affordable and timely way.

in the development or administration of low-rent public housing, typically both manage public housing units and distribute direct rental assistance (vouchers). They may be administrated by a state, county, municipality, or other governmental entity or public body—for example, a PHA may be a public nonprofit corporation. CDCs and other developers engage in various types of construction, renovation, and revitalization initiatives but do not control direct rental assistance. They may bring a share of funding to the project themselves, or they may serve as the locus for funding from other sources, such as foundation grants.

The following recommendations suggest ways in which these diverse organizations can collaborate to improve access to appropriate and affordable housing for all Americans, including those with special needs. Policymakers who understand the stakeholders and challenges of the housing system will be well-positioned to address those challenges as they impact individuals released from prison and jail and the families and communities to which they return.

recommendations

A | Educate policymakers regarding the lack of affordable and supportive housing, and promote legislative options to improve access to affordable housing.

Policymakers in a position to impact federal, state, and community decisions relating to housing assistance and development should be informed of the rates of supply and demand for affordable housing in their jurisdictions. Any jurisdiction that receives the federal Community Development Block Grant and related funding is required to develop and submit to HUD a “Consolidated Plan” which examines and quantifies the need for housing, community services and economic development initiatives. Additionally, to comply with IRS regulations, states must have a Qualified Allocation Plan (QAP) to set forth the selection criteria, federal preferences, and state priorities for awarding the Low Income Housing Tax Credit to development projects (see discussion of these plans in recommendation c below). In most localities, construction does not come close to keeping pace with demand, and waiting lists for affordable housing units stretch for years. Policymakers should understand some of the root causes of this shortage, and the actual or potential roles of different organizations in creating and managing housing, in order to determine the best strategies to address community housing needs.

Furthermore, policymakers should be educated about current research on supportive housing models that have emerged to serve people with a spectrum of needs, in order to shape policies that encourage the

replication of these models. The housing needs of former prisoners, while unique in certain critical ways, share many of the same challenges and characteristics with the housing needs faced by other individuals and families, such as shelter-dwelling homeless persons, persons with mental illness, people living with HIV/AIDS, and youth aging out of the foster care system, all of whom may need some form of coordinated services in combination with housing assistance. A good resource for any policymaker learning about housing options in his or her jurisdiction is the Corporation for Supportive Housing's Resource Library, online at www.csh.org. The CSH Library provides expertise and information about models of supportive housing, its benefits to communities and neighborhoods, and ways to finance and develop it. The interactive online CSH Financing Supportive Housing Guide may be particularly helpful to those seeking to determine a possible funding basis for developing housing options.

Policymakers who appreciate the benefits to the community that supportive housing can provide, in terms of reducing crime and recidivism rates and the costs associated with providing emergency services, may use these factors to offset not-in-my-backyard ("NIMBY") attitudes. Promoting this understanding is a long-term endeavor that may take hold in some communities sooner than others.

Overall, policymakers should seek to join existing efforts to expand the pool of affordable housing resources, increase the government's investment into the creation of affordable and supportive housing, and examine new ways to create financing mechanisms to increase the stock of affordable and supportive housing, including the retooling of criminal justice funding resources.

B | Facilitate coordination and collaboration among the various areas of government and private entities to develop and manage affordable housing.

Like corrections administrators or personnel, public or assisted housing providers often find themselves at the nexus of many other systems (such as workforce development, substance abuse treatment, family services, mental and physical health care, and entitlement systems) that involve the same individuals. Each system is invested in the placement of their clients into housing, and the outcomes for those clients. In addition, the housing "system" itself is comprised in any given jurisdiction of very disparate entities with distinct processes and roles, even if their overall goals overlap substantially. Finally, because of the cost of developing affordable housing, a variety of different funding streams must generally be leveraged to support any particular project.

For these reasons, mutual understanding and cooperation among agency heads and program administrators is critical to the advancement

of housing solutions. Policymakers should seek to formalize relationships between organizations (for example, through memoranda of understanding) and to identify common goals to maximize the impact of resources available in their jurisdictions.

Recognizing the value of coordinating efforts to support housing, HUD requires that any jurisdiction applying for funds from Community Development Block Grant (CDBG), McKinney Act (homelessness) and HOME (affordable housing development) programs submit a Consolidated Plan as part of their application process.⁷ The Consolidated Plan is intended to sort out overlapping and inefficiently used funds, and must thoroughly describe what affordable housing and supportive services are planned for the community and how both local and federal housing resources will be mobilized. An Action Plan details the implementation of the Consolidated Plan from year to year.

Communities that receive funds for homelessness programs under the McKinney Act must also form consortia in order to coordinate sources and uses of scarce federal dollars. And the single state housing credit agency that coordinates each state’s allocation of the Low Income Housing Tax Credit Program credits must, under IRS rules, adopt a Qualified Allocation Plan (QAP) which sets forth the criteria and preferences by which credit will be allocated to projects.⁸

The Consolidated Planning process is overseen by a state, county, or local unit of governance, usually a Department of City Planning or state or local housing agency. Both the Consolidated and Action Plans, as well as the Qualified Allocation Plan, include a period of several months to allow for public comment. This public comment period offers agencies that may be impacted by housing system decisions, such as corrections, an opportunity to influence the Plans to address the particular conditions of the local context. Intermediary organizations such as the Corporation for Supportive Housing, the Local Initiatives Support Corporation, or the Enterprise Foundation can be consulted by policymakers interested in participating in these local planning processes.

c | Leverage resources not traditionally used for the expansion of affordable and supportive housing opportunities.

In addition to setting common goals and increasing communication, policymakers with a stake in housing should think creatively about ways to combine funding streams from different sectors or systems to support housing development. The pool of resources available for housing

⁷ Additional information about the Consolidated Plan is available on the US Department of Housing and Urban Development website, available at www.hud.gov/offices/cpd/about/conplan/index.cfm.

⁸ Tax Reform Act of 1986, as set forth in Section 42 of the United States Internal Revenue Code.

development should draw upon a blend of funds from all systems with a stake in ensuring that individuals have appropriate housing. Health, mental health, and homeless assistance funds are already being used in some jurisdictions; in recent years, state and local governments have been experimenting with innovative ways to use criminal justice funding to create set-asides within existing supportive or affordable housing projects.

Non-housing agencies may be able to contribute resources other than funding to increase the supply of affordable and supportive housing. Such resources can include unused land or buildings to offset the cost of land acquisition in housing development, political support in legislative proposals, or a convening role, bringing together relevant experts and policy-makers to comprehensively identify resources.

▫ Site housing facilities appropriate to the needs of communities, educate communities about the need for affordable housing, and build community support for increasing affordable housing.

Finding locations to site affordable and supportive housing facilities for special needs populations is always difficult. Policymakers should seek to address or even to pre-empt opposition from community members through a long-term program of public education; by facilitating public participation in determining the location and development of the facility; by developing solutions to address a community's concerns about their new neighbors; and by highlighting the ways in which such projects can benefit communities.

Because of market conditions, urban communities that are densely populated and have a demographic profile that is mostly minority and low-income are often disproportionately targeted in the siting of affordable housing projects. These communities also tend to have a high proportion of families receiving state or federal income supports, housing subsidies, medical coverage, or other forms of supports. Therefore, these communities may be strongly opposed to the introduction of special housing initiatives, even when the need for affordable housing among residents is acute.

Recent research provides consistent evidence on the underlying causes of NIMBY-ism and ways to overcome it.⁹ (See sidebar, "Siting Community Corrections Facilities: The Results of Four Focus Groups," for a description of one investigation into these causes as applied specifically to public

⁹ Housing Assistance Council, *Overcoming Exclusion in Rural Communities: NIMBY Case Studies* (Housing Assistance Council, 1994), available at www.ruralhome.org/pubs/development/nimby/contents.htm; see also National Multi-Housing Council, "New Research Refutes NIMBY Myth," Press Room, 8/25/03 press release, available at

www.nmhc.org/Content/ServeContent.cfm?ContentTitleID=2996&IssueID=164; see also National Low Income Housing Coalition, "The NIMBY Report on the Continuing Struggle for Inclusive Communities," August 2001, available at www.nlihc.org/nimby/0801.htm.

resistance to community justice facilities.) The most successful approach appears to be an educative and collaborative process that begins prior to siting the facility, and includes contributions to the community by the facility's sponsors. It is time-consuming, requires outlays of staff and resources, and does not work well if employed too close to the implementation date of the facility plans. Policymakers engaged in housing initiatives should be amenable to modifying project plans to address the concerns and incorporate the preferences of community members; communities in general do not support the efforts of those who seek to change the fabric of the community without appropriate input and discussion.

Importantly, individuals in need of housing assistance often have a range of other service needs that must be met in order to achieve positive community outcomes. Supportive and affordable housing should be placed near transportation so that tenants can gain access to job centers, support groups, education, and other services. Policymakers engaged in planning new housing initiatives should consider collaborating with administrators of these systems to co-locate supportive services with housing or with each other in accessible locations in the community.

SITING COMMUNITY CORRECTIONS FACILITIES: THE RESULTS OF FOUR FOCUS GROUPS

In 2002, the Center for Community Corrections commissioned a set of focus groups to examine public attitudes toward having various types of community corrections facilities in their neighborhoods. Study sites with proximity to a community facility were selected in New Haven, CT; Birmingham, AL; Washington, DC; and Fort Worth, TX. Several key findings in the report may suggest methodologies conducive to obtaining community support. Many of the participants had great empathy and concern for those returning from prison who sought to rebuild their lives—in fact, some of the participants were previously incarcerated. At the same time, the participants said that they did not trust the criminal justice system to make good decisions, especially about community safety and the relationship between a facility and its host neighborhood. Safety (especially of children and families) was a paramount concern.

While community members typically did not want control over the facility, they did want an ongoing, collaborative process for developing the facility. They wanted to maintain a relationship among community

residents and facility administrators, staff and residents. They called for regular, open communication with the community.

Respondents were deeply concerned about equity; that is, having all neighborhoods share in the burden of hosting community facilities. They found such facilities are disproportionately located in poor neighborhoods of which a majority of the residents were Black or Hispanic. Participants noted that one successful facility means less recidivism, and greater community acceptance. They felt it was important for the potential residents of the facility to be thoroughly screened, and said that the facilities should not be used to relieve prison overcrowding.

Existing abandoned or under-utilized buildings were frequently cited as the best choice for locating a facility. Renovation of a poorly kept building, they felt, had additional benefits for the community, including generating jobs.

Available online at www.communitycorrectionsworks.org (see New Releases).

E | Increase the range of affordable and supportive housing models offered by community-based providers.

Over the past decade, the affordable and supportive housing industries have become extremely sophisticated not only in financing and building new housing, but also in terms of the range of models that have been created. As these industries continue to grow and mature, they must continue to evolve to meet the challenges faced by new communities of people in need of housing. Accordingly, they must become adept at designing and retooling existing resources to create models of housing that effectively meet the unique housing needs of individuals with special needs and their families. While in a few cases (supportive housing models) housing providers will directly offer services, their role will generally be to coordinate and convene existing community services to assist those living in their properties. Some of the range of housing options that involve service coordination or integration, including supportive housing and re-entry housing, are discussed in Policy Statement 19, Housing.

Equip all jobseekers with the skills to find and maintain employment that will make them self-sufficient and will meet the needs of the business community.

TARGET POPULATION

The failure to find jobs undermines the efforts of Americans to support themselves and their families and generates high costs (both direct and indirect) for jurisdictions. Recent trends make clear that the struggle to find employment is widespread and that people at the low-wage and less-educated end of the employment spectrum face an increasingly uphill battle to find jobs that pay adequately. As the growth of the economy has slowed, job growth is concentrated in positions requiring skills that are hard to find among the unemployed. According to the Bureau of Labor Statistics, the overall unemployment rate in 2004 hovered at or about 5.5 percent; but for people over 25 who have less than a high school diploma (a description matching the majority of returning prisoners), the rate was more than 8.5 percent.^{10,11} The overall unemployment rates for African-Americans and Latinos were even higher (10.25 and 7.05 percent, respectively).^{12,13}

Earlier policy statements have articulated ways to link people who are in prison or jail to employment services while they are behind bars, immediately after their release, and during their period of community supervision. (See Policy Statement 21, Creation of Employment Opportunities for more on the employment of individuals released from prison and jails.) People re-entering the community after being in prison or jail are more likely to succeed when they find work and earn a wage on which they can live. Research has shown that well-run employment programs that serve people who are incarcerated (or recently released) can dramatically cut recidivism rates. An evaluation of Project RIO, for instance, a Texas program

¹⁰ US Department of Labor, Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey*, ID# LNS14000000, available at www.bls.gov/data/home.htm (accessed on November 19, 2004).

¹¹ US Department of Labor, Bureau of Labor Statistics, *Unemployment Rate—Less than a High School Diploma, 25 yrs. & Over*, ID# LNS14027659, available at www.bls.gov/data/home.htm (accessed on November 19, 2004). The median age of returning prisoners is 34, and the median education level is 11th grade. Thomas P. Bonczar and Lauren E. Glaze, *Probation and Parole in the United*

States, 1998, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 178234.

¹² US Department of Labor, Bureau of Labor Statistics, *Unemployment Rate—Black or African-American*, ID#LNS14000006, available at www.bls.gov/data/home.htm (accessed on November 19, 2004).

¹³ US Department of Labor, Bureau of Labor Statistics, *Unemployment Rate—Hispanic or Latino*, ID# LNS14000009, available at www.bls.gov/data/home.htm (accessed on November 19, 2004).

designed to help released prisoners find and maintain employment, revealed that 23 percent of program participants were reincarcerated, compared to 38 percent of the comparison group.¹⁴ The three-year return-to-prison rate for participants in the employment program at St. Leonard's Ministries in Chicago is 20 percent, compared to a 54 percent return rate for all state prisoners.

Despite the value of such programs, their availability is extremely limited, and fewer than half of released prisoners had a job lined up upon their return to the community.¹⁵ Further, a recent analysis of data collected from parole and probation violators returned to prison in Illinois in 2001-02 found that 43 percent were unemployed at the time of their violation.¹⁶

This policy statement focuses on the nation's workforce development system as a whole, not just those aspects that relate to re-entering individuals, and the strategies being implemented to support people entering or returning to the labor market. The success of these efforts carries the broadest of implications: individual communities and the national economy can thrive when the workforce system responds quickly and effectively to ever-changing economic conditions to develop job opportunities and to prepare and match people to these opportunities.

KEY ISSUES

Many people seeking employment have settled for jobs for which they are over-qualified and underpaid. The underemployment rate, which was calculated in June 2004 at 9.6 percent, adds three categories of people not captured by unemployment rates: (1) those who have accepted part-time jobs after failing to find full-time work; (2) those "discouraged job seekers" who were not looking for work specifically because they believed no jobs were available for them; and (3) those "marginally attached" to the job system because they wanted a job and had actively looked for one sometime in the most recent 12 months, but not in the most recent four weeks.¹⁷ In 1997, when the unemployment rate was significantly lower than it is currently, more than four million workers were forced to work part-time because full-time jobs were not available to them.¹⁸

For those with poor education backgrounds and other barriers to employment, the types of jobs available are often very low-paying. The shift from a goods-producing economy (with jobs like mining and manufacturing) to a service-producing economy has resulted in a growth in low-paying jobs. In fact, the largest amount of job growth has been in the two lowest-paying service sectors, the retail trade and the services industries.¹⁹ People who have left welfare rolls (whose education and job experience is often akin to that of returning prisoners) are concentrated in the

¹⁴ See also R. Menon et al., *An Evaluation of Project RIO Outcomes: An Evaluative Report* (College Station: Texas A&M University, Public Policy Resources Laboratory, 1992).

¹⁵ Steven Steurer, Linda Smith, and Alice Tracy, *Three-State Recidivism Study* (Lanham, MD: Correctional Educational Association, 2001).

¹⁶ Nancy G. LaVigne, Cynthia A. Mamalian, Christy Visher, and Jeremy Travis, *A Portrait of Prisoner Reentry in Illinois* (Washington D.C.: The Urban Institute, 2003).

¹⁷ Lawrence Mishel, Jared Bernstein, and Sylvia Allegretto, *The State of Working America 2004/2005 - Advance Edition* (Ithaca, NY: Cornell University Press, 2005).

¹⁸ Janet L. Norwood, Testimony before the US House of Representatives Ways and Means Committee, Subcommittee on Human Resources, Hearing on Unemployment Insurance Reform, April 24, 1997.

¹⁹ Janice Fine, "A New Progressive Agenda: Innovative Ideas for Work and Immigration Policy," 2004 CLASP Audio Conference Series: *The Squeeze: Helping Low-Income Families in an Era of Dwindling Resources* (Washington, DC: Center for Law and Social Policy, 2004).

three sectors that offer the lowest average hourly pay of all non-farm industries; retail, the industry in which this population is over-represented, offers the lowest pay of all.²⁰ These jobs tend to pay minimum wage, which at its current level is insufficient to keep a full-time worker with one child above the poverty line.²¹

Working even a low-paying job may disqualify individuals from receiving government subsidies or participating in income-based benefit programs, and may cause them to endure hardships without any safety net. 29.9 percent of individuals who left federal welfare rolls in 1997, and who were working full-time, full-year, faced at least one critical hardship (such as skipping meals or necessary medical care, being evicted, or having utilities shut off), while 76.8 percent had faced at least one serious hardship (such as not being able to make housing payments, worrying about food, or having telephone service disconnected).²² Those who left welfare rolls and were working part-time experienced hardships at even higher rates. (See sidebar, “Welfare-to-Work” for more on the relationship between welfare reform and workforce issues.) In addition, low-paid workers may struggle to meet costs associated with work, such as transportation and child care.

SYSTEM ORGANIZATION AND FUNDING

The national workforce system comprises a vast array of organizations and agencies, often working independently of each other, at the local, state, and federal level, to provide income supports to current and potential workers; to develop jobs and employment opportunities; and to provide job training and placement services.

Temporary Assistance to Need Families (TANF), which replaced the nation’s welfare system and its cash benefits in 1996, is a federal program that provides some support to low-income workers, especially those entering or re-entering the job market. In accordance with its design to move people from “welfare to work,” the 1996 welfare law requires that at least half of those receiving TANF benefits participate in work or work-related activities and sets a five-year lifetime limit for welfare benefits in most cases. (See sidebar, “Welfare-to-Work” for more on the relationship between welfare reform and workforce issues.)

The Workforce Investment Act (WIA) is the latest in a series of federal programs to better train and match workers with jobs. (See sidebar, “A Brief History of Federal Employment and Training Legislation,” for an outline of major workforce legislation leading up to WIA.)

The guiding philosophy of WIA is that employment, training, and jobs programs funded through the US Department of Labor should be driven as much by the demand side of the workforce equation (businesses) as they are by the supply side (jobseekers). (See sidebar, “Key Principles of the Workforce Investment Act of 1998.”) Regardless of training or skills, individuals should be able to obtain job training and placement services from career centers run by states and localities.

²⁰ Ibid.

²¹ Janice Fine, “A New Progressive Agenda: Innovative Ideas for Work and Immigration Policy,” 2004 CLASP Audio Conference Series: *The Squeeze: Helping Low-Income Families in an Era of Dwindling Resources* (Washington, DC: Center for Law and Social Policy, 2004).

²² Elise Richer, Steve Savner, and Mark Greenberg, *Frequently Asked Questions about Working Welfare Leavers* (Washington, DC: Center for Law and Social Policy, 2001), citing Heather Boushey and Bethney Gundersen, *When Work Just Isn't Enough: Measuring Hardships Faced by Families After Moving from Welfare to Work* (Washington, DC: Economic Policy Institute, 2001).

WELFARE-TO-WORK

One of the major goals of the 1996 welfare reform law was to move poor families with children into the labor force.²³ Since the welfare law was enacted, far fewer poor families have been receiving cash assistance and more poor families are working.²⁴ However, employment does not guarantee that families will escape poverty: more than one-fourth of all working families with children—and forty percent of minority working families—are poor or near-poor.²⁵ In addition, nearly all families that transition from welfare to work struggle to deal with child care, transportation, and medical insurance gaps; and they often have trouble accessing benefits that could help them supplement their limited earnings.²⁶

Families facing persistent and extreme poverty often have multiple and interrelated barriers to employment, and when they do work, they earn much less money than other working families. Both single mothers in these families and non-resident fathers of these children face issues including limited education, language barriers, poor job skills, physical and learning disabilities, chronic health problems, depression and other mental health problems, domestic violence, substance abuse problems, and a history of incarceration.^{27,28}

A BRIEF HISTORY OF FEDERAL EMPLOYMENT AND TRAINING LEGISLATION

Manpower Development and Training Act (1962) — Required government to identify labor shortages, as well as to train unemployed and underemployed individuals.

Comprehensive Employment and Training Act (1973) — Moved federal employment and training programs to states and localities.

Job Training Partnership Act (1983) — Targeted training to disadvantaged, dislocated workers.

Personal Responsibility and Work Opportunity Reconciliation Act (1996) — Established some support provisions for low-income workers, especially those entering or re-entering the job market.

Workforce Investment Act (1998) — Established One-Stop Career Centers and introduced greater flexibility in training.

KEY PRINCIPLES OF THE WORKFORCE INVESTMENT ACT OF 1998

- Training and employment programs must be designed and managed at the local level where the needs of businesses and individuals are best understood.
- Customers must be able to conveniently access the employment, education, training, and information services they need at a single location in their neighborhoods.
- Customers should have choices in deciding the training program that best fits their needs and the organizations that will provide that service. They should have control over their own career development.
- Customers have a right to information about how well training providers succeed in preparing people for jobs. Training providers will provide information on their success rates.
- Businesses will provide information, and leadership, and will play an active role in ensuring that the system prepares people for current and future jobs.

Source: www.doleta.gov/usworkforce/wia/Runningtext2.htm.

23 The Personal Responsibility and Work Opportunity Reconciliation Act, P.L. 104-193, codified in part as 42 USC § 601 *et seq.*; Child Trends Data Bank, *Children in Working Poor Families* (Washington, DC: Child Trends), available at www.childtrendsdatbank.org.

24 Tom Waldron, Brandon Roberts, and Andrew Reamer, *Working Hard, Falling Short: America's Working Families and the Pursuit of Economic Security*, Working Poor Families Project (Baltimore, MD: Annie E. Casey Foundation, 2004), 8-10; Richard Wertheimer, *Working Poor Families with Children: Leaving Welfare Doesn't Necessarily Mean Leaving Poverty* (Washington, DC: Child Trends, 2001).

25 A "near-poor" family of three is one that earned less than \$29,648 in 2003 far less than the median family income of \$53,911. Of those 9.2 million poor or near-poor working families, 2.5 million are officially in poverty (earning less than \$14,824 for a family of three.) Tom Waldron, Brandon Roberts and Andrew Reamer, *Working Hard, Falling Short: America's Working Families and the Pursuit of Economic Security*, Working Poor Families Project (Baltimore, MD: Annie E. Casey Foundation, 2004), 8-10.

26 Amy Brown, *Beyond Work First: How to Help Hard-to-Employ Individuals Get Jobs and Succeed in the Workforce* (New York, NY: Manpower Demonstration Research Corp.), 10-12, 52-53.

27 Child Trends Data Bank, *Children in Poverty* (Washington, DC: Child Trends, 2004); Amy Brown, *Beyond Work First: How to Help Hard-to-Employ Individuals Get Jobs and Succeed in the Workforce* (New York, NY: Manpower Demonstration Research Corp.), 10-12, 52-53.

28 Elise Richer, Abbey Frank, Mark Greenberg, Steve Savner, and Vicki Turetsky, *Boom Times a Bust: Declining Employment Among Young, Less-Educated Men* (Washington, DC: Center for Law and Social Policy, 2003).

The WIA statute recognizes that finding opportunities in the workforce for hard-to-place employees, including the disabled, immigrants, and the elderly, can be particularly challenging. It specifically includes among individuals who should be targeted to receive workforce services adults and juveniles involved with the criminal justice system.²⁹ The statute also authorizes funds to be used for educating individuals in correctional facilities.³⁰

The U.S. Department of Commerce's Economic Development Administration is one of many federal entities working to generate new jobs, retain existing jobs, and stimulate industrial and commercial growth in the United States. In addition, each state has its own economic development authority, and local communities may have from one to several such authorities. Understanding where jobs may be lost or created is complicated, and WIBs work closely with these and other agencies to foster employment opportunities and prepare the workforce to meet emerging needs and opportunities.

In general, federal funding for workforce development initiatives flows from the Employment and Training Administration (ETA), the Department of Labor office charged with administering federal government job training and worker dislocation programs, federal grants to states for public employment service programs, and unemployment insurance benefits. ETA distributes hundreds of millions of dollars in grants and contracts each year.³¹

While the Labor Department provides oversight, evaluation, and leadership towards the implementation of WIA through special projects and initiatives, each state has established both state and local Workforce Investment Boards (WIBs) to manage the nation's workforce system on a day-to-day basis. The WIBs are given broad responsibilities over the spending of their allocated funds, the design of workforce services and outreach, the selection of approved providers within the system, and the creation of a local workforce system that includes stakeholders in economic development, education, and labor, as well as community leaders, elected officials, and others. WIBs are chaired by local business leaders and must be comprised of a majority of business representatives. Fiscal accountability for the boards rests with the chief local elected officials in the various jurisdictions.

WIA is designed to create a workforce system with universal, locally based access points: governors designate local "workforce investment areas," each of which must establish at least one physical full-service "One-Stop" Career Center, which may be supplemented by other centers, electronic access points, or networks at affiliated sites. One-Stop Career Centers provide three tiers of services for adults, dislocated workers, and youth: core, intensive, and training services. Core services include labor market information, initial assessment of an individual's skill levels, and job search and placement assistance. Eligible unemployed individuals who have completed at least one core service program may receive intensive services, which essentially consist of one-on-one job counseling. Employed individuals who need additional services to obtain or keep employment that will lead to self-sufficiency are also eligible for intensive services. Finally, training services are available

²⁹ Workforce Investment Act of 1998, 29 USC §§ 2854, 2864.

³⁰ Ibid.

³¹ US Department of Labor, Employment and Training Agency, "Grants & Contracts," available at www.doleta.gov/grants/ (accessed on November 30, 2004).

to those who have met the requirements for intensive services but have been unable to obtain or keep employment.

In the summer of 2004, about 1,900 One-Stops were operating across the country. As indicated above, local WIBs enjoy a great deal of flexibility in designing the One-Stop service system for their area and coordinating with wide variety of providers, programs, and employers. Many, for instance, have begun to integrate their systems with the federal TANF program by helping jobseekers meet the requirements for work and work-related activities set forth in the statute. Others have formed partnerships with state and local economic development authorities to share information about employment trends and to implement job creation strategies, or with community-based providers, including local faith-based organizations, to increase outreach to both workers and employers.

As is the case with any national initiative, implementation of WIA varies greatly among investment areas across the country. Some jurisdictions have transformed their public workforce systems and operate in concert with WIA principles, while others have evolved more slowly and may not yet have adopted the locally based, customer-focused priorities of WIA. While Congress is in the process of reauthorizing the WIA statute, which may lead to significant changes, the effective and efficient growth of the workforce development system in its current structure depends greatly on the ability of advanced WIBs to solidify and extend their progress, and on other the ability of other WIBs to strengthen their performance.

In addition to these WIA-related workforce development providers, a vast constellation of public and private organizations, programs and policies provide job training to potential and current workers, training the former to enter the workforce, and helping the latter to upgrade their skills to meet the demands of an increasingly technological society. The United States boasts a robust network of post-secondary educational institutions, including public and private two- and four-year colleges and universities, proprietary trade schools, and community-based providers. In addition, private and public sector employers each spend an estimated 2.5 percent of payroll on training their employees.³²

The following set of recommendations outlines top priorities for moving the national workforce system forward. Policymakers and workforce practitioners can meet the employment needs of businesses and jobseekers by serving as nexuses of collaboration; by understanding the market and using that knowledge to inform the workforce development system; by addressing the full spectrum of needs of individuals seeking employment or career services; and by monitoring and evaluating the performance of workforce development programs to ensure that effective practices are identified and proliferated.

³² Brenda Sugrue and Kyung-Hyun Kim, 2004 *State of the Industry Report* (Alexandria, VA: American Society for Training & Development, 2004).

recommendations

A | Increase system collaboration through local Workforce Investment Boards and One-Stop Career Centers.

The Workforce Investment Act calls for a complete system overhaul, and in many communities, this transformation of the system is a work in progress, which will continue to evolve over the coming years. WIA identifies Workforce Investment Boards (WIBs) and One-Stops as instruments to address these employment sector goals:

- Meeting the employment needs of local business
- Improving outreach and service to under-represented, under-employed, and marginalized populations
- Building on educational programming from kindergarten to post-secondary
- Fostering economic development
- Creating a comprehensive vision for workforce development in communities
- Branding the workforce system to improve awareness and value among all customers and stakeholders
- Leading the public to understand the need for a new type of workforce to meet the economic realities of this century.

No individual organizations can accomplish these objectives alone. Coordination among economic development authorities, the private sector, community-based organizations, and the educational and labor communities is critical to the effectiveness of the local workforce system. WIB members can be pivotal in developing a collaborative system which draws from and builds on local strengths, and One-Stop Career Centers provide a centralized point where the needs and strengths of local service providers, businesses, and prospective employees can meet. To the extent that this system can marshal its federal resources and partnerships to find the common ground among these populations, it can fill critical labor gaps and enhance the likelihood that unemployed individuals will make a meaningful contribution to their communities and the economy.

B | Let the market drive the workforce development system.

A successful workforce development system must match employees to business needs. The public workforce system is the definitive source of

labor market information, and this information should be the foundation of strategic plans and activities at the local level. A demand-driven system can enable trainers and job placement specialists to maximize the efficient allocation of resources and make quick changes in their strategies to meet labor market demands. The workforce system should strive to meet these goals whether the labor pool includes high school graduates, community college students, post-graduate unemployed persons, or prisoners in training programs.

This requires workforce development professionals to quickly shift gears to prepare and retrain jobseekers for emerging industries and occupations. One-Stop Career Center personnel are charged with convening training academies, community colleges, four-year colleges, universities, and other vocational training providers to tailor workforce solutions for business. Training and placement services should target positions which are in demand in industries offering jobs with family-sustaining wages and career advancement opportunities. Customized training services, such as on-the-job, industry-specific, and school-to-career tracking, need to be available to businesses of all sizes.

For their part, business leaders must ensure that the entire spectrum of training and education providers—from nonprofit groups to faith-based organizations and community colleges to universities—is aware of the current and future needs of the local labor market. When businesses determine the skills they need in their workplaces, they can collaborate with WIBs and One-Stops to ensure that such skills are incorporated into training offered through the public workforce system. Business leaders can optimize outcomes by establishing industry standards for training, choosing the best trainers, and holding the system accountable for meeting performance standards.

One-Stop Career Centers are challenged to continually improve and expand their range of services to extend beyond examination of the workforce development aspects of local companies in order to recognize and assist them in addressing a wider range of issues that may prevent businesses from growing and remaining viable. In some cases, these efforts can result in new or retooled employment opportunities.

Policymakers should have an active role in facilitating market-driven systems. State and local officials can persuade local businesses to participate in planning and evaluation processes. Incentives such as tax benefits for public and private providers could encourage coordination of services and linkages with educational and vocational training schools.

Program flexibility and coordination between public and private providers can establish a framework to allow One-Stop systems and other job placement programs to tailor their services for local businesses and jobseekers, while meeting economic development needs in a rapidly changing environment. Under the auspices of Project RIO in Texas, for

instance, corrections officials coordinate with the state education agency and the state workforce commission to ensure that institutional training and curricula reflect the most current needs of the labor market. As a result, people leaving incarceration are prepared to immediately assume positions in the local workforce.

c | Ensure that workforce development providers address the full spectrum of needs of individuals seeking employment or career services.

Any prospective employee, regardless of background or work history, should be able to seek and receive the services he or she needs through the public workforce development system. This does not mean that the public system must be the provider of all services. Rather, the public system should be able to match the needs of jobseekers with available services and resources in any given community or region. The ability of a workforce development system to provide this robust level of universal service depends on identifying general supports needed by jobseekers and coordinating with service systems other than those directly concerned with employment to provide those supports.

Many poor people entering the workforce at the lowest levels face a host of financial barriers to employment, including transportation, childcare, appropriate work clothing, and supplies. The re-entering population shares the plight of these employment candidates, and may face additional legal and policy barriers noted in earlier policy statements. (See Policy Statement 14, Identification and Benefits, and Policy Statement 21, Creation of Employment Opportunities.) Overcoming these barriers in any lasting way requires far more than starting a minimum-wage job. It requires ongoing employment at a steady wage and support which will enable an employee to meet these and other, unexpected costs.

Through their efforts to serve all customers, Workforce Investment Boards and their partners should work with returning inmates to overcome individual obstacles to receiving entitlements and services, especially during the critical period of the first few months after release. For example, if a potential employee is actively using cocaine, he or she should be referred to substance abuse treatment before attending job readiness classes. This holistic approach to service delivery necessitates close coordination with a broad array of service providers. High-performing One-Stops have established partnerships with other service providers, including those who work in areas such as substance abuse and mental health treatment, housing, family counseling, childcare, and transportation.

Policymakers and workforce development professionals also should advocate for the repeal of laws that unnecessarily impede willing and able jobseekers from entering the workforce. Though it is appropriate to bar

individuals who pose a real security risk from certain jobs, in general public assistance should be carefully calibrated to reward work, rather than idleness. Individuals who need an extra boost to get on their feet, such as people leaving prison or otherwise entering the workforce without much job or income security, should be able to receive and maintain income supports or supportive services for a sufficient period to establish a viable, law-abiding lifestyle.

▫ | Locate employment services in neighborhoods where the need for them is highest, and provide continuity of services from one One-Stop or provider to another.

Ideally, all job placement and related supportive services would be integrated in one location. At a minimum, information about the range of services should be readily accessible through a single clearinghouse. One-Stop services should therefore consolidate most federal, state, and local workforce programs and services into centralized physical locations and electronic sites. Businesses and workers should be able to connect in real or virtual communities, to share information about the labor market and particular positions, as well as to gain access to education and training opportunities.

Employment center facilities should be situated in the communities where their services are most in demand. People being released from prison tend to return in high concentrations to neighborhoods where there is already a high degree of unemployment and limited local access to supportive services. Many re-entering individuals lack their own transportation; accordingly, the need to travel a distance to a series of career assessment and training appointments may present an insurmountable obstacle for even the most highly motivated among this population. Placing employment centers in high-need communities also helps staff understand the barriers encountered by jobseekers in their area and develop localized strategies to address them.

People should also be able to continue their course of job development services even if they switch service providers or move to a different town. Such portability is vital to people leaving prisons and jails since they may change residences frequently due to unstable living arrangements or family situations. WIA has authorized the creation of job training vouchers (Individual Training Accounts, or ITAs) to allow customers to “carry” their entitlement to financial support for particular employment services with them to another site if they relocate within the same workforce investment areas. To the extent that individuals travel outside the boundaries of their particular workforce investment area, however, their ITAs may not be portable. This barrier to seamless services should be removed or minimized.

E | Develop measures to monitor and evaluate the performance of workforce development programs.

WIA mandates that performance measures be defined, tracked, and reported. The mandated measures include job placement rates, retention rates, and earnings gains. Community leaders and state officials may track additional measures that provide broader and earlier indicators of workforce system outcomes for businesses and jobseekers, in order to evaluate economic and educational vitality, community opportunity, or other desired outcomes. For example, education or training achievement is highly correlated to future employment and is an early indicator of success, but it is rarely measured. Tracking such benchmarks can be particularly helpful for showing progress with hard-to-place populations, such as individuals returning from prison. (See Policy Statement 3, Incorporating Re-Entry into Organizations' Missions and Work Plans, for more on performance measures that provide incentives for workforce staff to assist released prisoners seeking employment.)

The process of determining local performance measures and performance outcomes should be transparent and readily available to the public. The performance results for each participating program should also be open for review, as businesses, workers, and jobseekers all need to know what services work. Further, taxpayers should be informed of the extent to which the expenditure of public funds yields outcomes beneficial to the community.

Providers and other partners that do not meet performance standards or advance the system's goals and objectives should receive technical assistance to improve their service delivery. If these organizations or individuals do not achieve better results, they should be sanctioned and ultimately dropped from the public workforce system. Funds should be tied to performance measurements which account for the particular challenges of working in different communities. Indeed, WIA permits job candidates to use training vouchers to select industry-recognized training or education programs that have been designated eligible training providers by local WIBs and the state because they have proven results.

Ensure that individualized, accessible, coordinated, and effective community-based substance abuse treatment services are available.

TARGET POPULATION

Substance abuse affects vast numbers of people through a litany of social ills—from the destruction of individual lives; to the devastation of families through child abuse, neglect, and domestic violence; to the ravaging of neighborhoods through open-air drug markets and violent street crime. In 2003, the estimated number of Americans 12 or older needing treatment for dependency on alcohol and/or drugs was 22.2 million, nearly 10 percent of the nation's population.³³ Because so many incarcerated people have a history of substance abuse (80 percent, according to the Bureau of Justice Statistics), this need is the rule, rather than the exception, for individuals under correctional supervision.³⁴ Ensuring that these individuals have access to substance abuse treatment upon their return to the community, and that the treatment available is effective and comprehensive, is critical to supporting safe and successful re-entry.

As the evidence showing that drug treatment is an effective recidivism reduction strategy has mounted, the federal government and many states have taken steps to improve both the quantity and quality of treatment services. An estimated 3.3 million Americans received some form of substance abuse treatment in the 12 months prior to being interviewed in 2003.³⁵

KEY ISSUES

Although many individuals receive some form of substance abuse treatment, there are many who have not received needed services. If the nation is to realize the full potential of treatment, there must be significant new efforts to improve both its availability and the effectiveness of the services and the systems that deliver them. Three large gaps—denial, treatment, and intensity—characterize the current system, and policy-makers must find ways to bridge them.

³³ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2003 *National Survey on Drug Use and Health*, available at www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm#highlights.

³⁴ Christopher J. Mumola, *Substance Abuse and Treatment, State and Federal Prisoners*, 1997,

US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 172871.

³⁵ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2003 *National Survey on Drug Use and Health*, available at www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm#highlights.

The denial gap comprises of alcohol or drug dependent users who do not feel the need for treatment or fail to seek it out. The 2003 National Survey of Drug Use and Health found that of the roughly 20 million people who needed treatment but did not receive it, only about one million (5.1 percent) reported that they felt they needed treatment.³⁶

The treatment gap refers to those who acknowledge the need for treatment, but never receive it. Indeed, of the one million who indicated that they needed treatment, the vast majority (73 percent) said they made no effort to find treatment, while the remaining 27 percent reported seeking treatment but not getting it.³⁷ Survey respondents' most common reasons for not obtaining treatment were the respondents' personal decisions that they were not ready to stop using, cost or insurance barriers, social stigma, and the sense they could kick their habits on their own.³⁸

The difference between the treatment that someone received and the full course of treatment they should have received is the intensity gap. Due to the abundance of outpatient services, for instance, many people with substance abuse disorders are counted as having received treatment but may have received once-per-week counseling for three months, when a clinically appropriate course of treatment would have been three months in residential placement, followed by three months in intensive outpatient services, then another six months in regular outpatient counseling.

SYSTEM ORGANIZATION AND FUNDING

Several federal and state agencies, as well as private insurers, are responsible for filling the denial, treatment, and intensity gaps. Understanding who provides substance abuse treatment services and who regulates those providers must precede any effort to improve coordination and promote access to effective treatment.

At the federal level, The Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the US Department of Health and Human Services, administers \$1.8 billion in federal funding and promotes federal policy on substance abuse treatment through its Center for Substance Abuse Treatment (CSAT). Most of the funds are awarded to the states in formula-driven block grants through the Substance Abuse Prevention and Treatment (SAPT) Block Grant program. Eighty percent of SAPT funds are for treatment; 20 percent must be spent on substance abuse prevention efforts.³⁹

The US Department of Justice provides treatment funding for initiatives involving criminal offenders through specific initiatives, such as the Drug Court program for non-violent offenders under supervision in the community.⁴⁰ Additional Justice funding for treatment comes through discretionary grants, both from federal agencies and from state criminal justice coordinating agencies that administer the federal Byrne formula grants, which provide support for certain local programs designed to improve functioning of the criminal justice system and enhance drug control efforts.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Additional substance abuse prevention funding and policy support is provided through SAMHSA's

prevention arm, the Center for Substance Abuse Prevention (CSAP).

⁴⁰ In previous years, DOJ funded the Residential Substance Abuse Treatment (RSAT) program for incarcerated individuals, but those funds were discontinued in 2004.

The Center for Medicare and Medicaid Services, and the Veterans Administration each play an important role in making substance abuse treatment available, but they tend to be involved primarily through their state and local organizations.

The White House Office of National Drug Control Policy (ONDCP) sets policies, priorities, and objectives for the nation's drug control program. The ONDCP seeks to reduce illicit drug use, manufacturing, and trafficking as well as drug-related crime, violence, and health consequences.

In many states, substance abuse prevention and treatment are coordinated by an Alcohol and Other Drug (AOD) agency. The AOD agency is often part of a state's department of health and/or human services. In a few states, the AOD agency is a cabinet-level position, which allows the AOD director to work directly with the governor.

AOD agencies in each state administer the federal SAPT Block Grant, in addition to other substance abuse treatment dollars, to support a wide variety of treatment programs. Some states directly employ clinicians and provide treatment to those with AOD abuse disorders, while most states contract out some or all treatment provision to private organizations. The state AOD director is responsible for determining the array of services available in a particular state—that is, the mix of residential, outpatient, medication-assisted, correctional, and other treatment modalities that receive funding. AOD agencies often are responsible for drug education and prevention efforts in addition to treatment.

AOD agencies also develop and enforce treatment standards for the substance abuse providers in their states. Each state has a unique set of provider standards based on research and practical experience unique to that state's organizational structure and treatment needs. Standards generally cover issues such as program governance, fiscal management, data reporting, client rights and responsibilities, and other administrative matters. Today, any organization or agency seeking to provide AOD treatment services is expected to be able to demonstrate its ability to meet the standards adopted.

State substance abuse treatment administrators must work closely with other state agencies that serve significantly overlapping populations, including agencies dealing with mental health, public health, and various public safety issues (such as law enforcement, courts, and corrections) for reasons of funding as well as service coordination. (See Policy Statement 5, Promoting Systems Integration and Coordination, and Policy Statement 4, Funding a Re-Entry Initiative, for further discussion of such collaboration between systems.) Benefits programs administered through the states can also serve as an important source of treatment funding for eligible drug dependent users. Under some circumstances, for instance, states can use federal welfare dollars (under the Temporary Assistance to Needy Families program) or Medicaid or Medicare to fund substance abuse treatment.⁴¹ (See Policy Statement 24, Identification and Benefits, and Policy Statement 34, Children and Family Systems, for more on federal benefits programs.)

Local entities, such as county governments, may also serve as a source of funding for substance abuse treatment, in parallel or in coordination with the state and

⁴¹ Anna Scanlon, *State Spending on Substance Abuse Treatment* (Washington, DC: National Council of State Legislatures, 2002).

federal agencies described above. In addition, non-governmental organizations or local government agencies are the direct providers of most substance abuse treatment, with the exception of treatment administered directly by state institutional providers, such as those based in corrections facilities or hospitals. In some cases providers are “quasi-public” and operate with a degree of autonomy outside of the typical city, county, or state organizing structure.

Treatment providers fall into two main categories, those that are drug-free providers and those that provide medication-assisted treatment (such as methadone) to wean users from addiction. Drug-free providers are licensed, certified, or accredited by state AOD agencies. Providers administering drugs are regulated by federal authorities, in addition to the state AOD agency.⁴²

Both types of providers often participate in professional membership associations, which may develop their own standards and principles and represent the collective interests of the providers to policymakers. The most widely accepted national health care accrediting bodies are the Joint Commission on Accreditation of Healthcare Organization (JCAHO), the Commission on Accreditation of Healthcare Facilities (CARF), the Council on Accreditation (COA) and, in the correctional field, the National Commission on Correctional Health Care (NCCHC).

The following recommendations outline the key actions that must be taken in order to maximize the ability of substance abuse treatment agencies and providers to fulfill their missions. These steps also are critical to the fulfillment of the overall national drug policy goals set by the White House: a 10 percent reduction in current use of illegal drugs in two years, and a 25 percent reduction in five years.⁴³

⁴² There are significant—and controversial—differences between these two types of providers. Providers who support the use of medication as a treatment modality may see it as an effective way to prevent withdrawal from and use of an illicit drug, such as heroin. Medication-assistance providers favor this form of treatment because it may allow a person to function normally while minimizing some of the negative consequences of drug use, including crime, illness, or disease transmission. Those who support drug-free treatment, on the other hand, see medication use as a mere substitution of one drug for another. Drug-free treatment providers

focus on users’ addiction in the context of their social and psychological deficits, and may emphasize that development of personal accountability and responsibility can help individuals to lead socially productive lives that do not depend on drugs. For more on differences among drug treatment regimens, see National Institute on Drug Abuse, National Institutes of Health, *Principles of Drug Addiction Treatment: A Research-Based Guide* (Washington, DC: 1999), NIH 00-4180.

⁴³ US Department of Health and Human Services, Office of National Drug Control Policy, *National Drug Control Strategy* (Washington, DC: 2002), NCJ 192260.

recommendations

A | Improve outcomes by delivering effective, evidence-based substance abuse treatment services.

A tremendous volume of research today supports the efficacy and cost-effectiveness of substance abuse treatment, especially for people under the supervision of the criminal justice system. Yet not all treatment is equally effective, and ensuring that drug-dependent individuals are treated according to evidence-based practices and treatment modalities is critical to improving outcomes, maximizing investment, and building support for further expansion of services.

The effectiveness of substance abuse treatment depends on a range of factors at both program and system levels. The National Institute on Drug Abuse, the federal government's research agency, has identified key

components of successful treatment (see sidebar, "13 Basic Principles of Effective Treatment"). While any approved provider can apply for and receive the Substance Abuse Prevention and Treatment (SAPT) Block Grant funding, state and local policymakers and agencies should engage and contract with only those treatment providers who consistently use evidence-based practices and adhere to evidence-based principles.⁴⁴

At the system level, the following functions are fundamental to a high-quality treatment delivery system:⁴⁵

1. Provide ready access to high-quality treatment for everyone who needs it.
2. Match people with the right treatment programs for their specific needs.
3. Make sure that clients transition smoothly from one program to another as their needs change.
4. Connect recovering people with addictions with the other types of help and support they need, such as employment, housing, and mental health services.

WHAT ARE EVIDENCE-BASED PRACTICES?

Evidence-based practices are interventions and treatment approaches that have been proven effective through a rigorous scientific process. Policymakers are increasingly looking to fund and implement programs and interventions that have been tested and found to produce positive results. Although evidence-based practices are being promoted in diverse public policy fields such as education, substance-abuse prevention, and health care, in the context of re-entry, this concept often refers to a practice which has had a demonstrable, positive outcome in terms of lowering recidivism, increasing victim satisfaction, or decreasing expenditures. (See Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative for more on systematically evaluating program effectiveness.)

⁴⁴ In some states, programs need only be licensed in order to be eligible for funds through the state. In other states, programs may only need to obtain certification.

⁴⁵ Faye Taxman, "Of Research and Relevance: Next Steps," *Criminology and Public Policy* 3, no. 2 (2004): 169-180; Faye Taxman and Jeffrey Bouffard, "Drug Treatment in the Community: A Case Study of Study Integration," *Federal Probation* (September 2003): 1-23.

5. Provide performance incentives both to people with addictions and treatment programs to get the best results.

As indicated in the “Key Problems” section above, three elements which are critical to establishing effective programs and systems are missing in many treatment systems across the country: adequate duration of care, adequate variety of treatment intensities or “modalities”, and appropriate science-based care strategies. Addressing them would dramatically improve treatment outcomes.

Duration of Care

Research is clear that treatment achieves the best results when clients are engaged in it at least 90 days. Yet many programs offer treatment that lasts 90 days or less, which is far too short a period for drug-dependent individuals to make lasting changes in their behavior. Some health insurance policies, including both private insurance and, depending on the state, Medicaid, limit treatment coverage, a policy which further encourages shorter lengths of stay in treatment. Longer courses of treatment must be made available both through new resources and shifting of current dollars. Behavioral health problems should be addressed with the same urgency as physical health problems. In addition, treatment programs must employ research-proven strategies to retain more voluntarily referred clients in treatment for longer periods, including the use of motivational interviewing techniques and providing performance incentives to clients who stay.

Variety of Treatment Intensities

In addition to a sufficient duration in treatment, it is essential for clients to receive the right intensity of treatment for their needs. The primary treatment modalities are outpatient, intensive outpatient, residential (short- and long-term), and medication-assisted, such as methadone. More severely addicted individuals tend to need more intensive services and more structure in their lives, often away from the people, places, and things that tempt them to abuse substances. But the vast majority of treatment services in the nation, about 85 percent, are basic outpatient services, which typically consist of one counseling session per week. In creating new services or redistributing existing

13 BASIC PRINCIPLES OF EFFECTIVE TREATMENT

1. Treatment needs to be readily available, on demand.
2. Treatment needs to focus on the multiple needs of the person, not just drug use.
3. Treatment needs to be continually monitored and modified to meet changing needs.
4. Length of time in treatment is crucial.
5. Individual and group counseling approaches are both effective.
6. Medications, when combined with counseling, increase the chance of success.
7. Detoxification is only the first step and is not effective by itself.
8. Treatment does not have to be voluntary to work.
9. No single treatment is appropriate for all individuals.
10. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated.
11. Treatment programs should provide assessment for infectious disease.
12. Possible drug use during treatment must be continuously monitored.
13. Recovery from drug abuse can be a long-term process with multiple episodes of treatment necessary.

Source: National Institute of Drug Abuse, *Principles of Drug Abuse Treatment: A Research-Based Guide*, NIH Pub No. 99-4180, Rockville, MD, 2003.

ones, systems must offer more intensive outpatient services (several sessions per week) and residential placements. This will allow clients to receive the right intensity of treatment and to “step up” or “step down” to another level of care as they progress or fail.

Effective Treatment Strategies

Studies have shown that certain types of treatment are more successful at changing behavior than others. Unfortunately, at present, there is a tremendous gap between evidence-based treatment modalities and the actual practices implemented by some treatment agencies and providers. For instance, research has shown that treatment is most effective when individual counseling is combined with group counseling, but in practice, most clients receive only group counseling.

Several proven treatment strategies have gained acceptance in the field; Cognitive-Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET) are the two best known. CBT is based on the “social learning” theory and focuses on interpersonal skill building, stress management, relapse prevention, and cognitive restructuring of maladaptive beliefs. (See Policy Statement 14, Behaviors and Attitudes, for more on cognitive-behavioral treatment programs.) MET is based on principles from cognitive and social psychology. It attempts to overcome any ambivalence an individual may have toward treatment and motivate them to change. MET has been proven effective in both inpatient and outpatient settings and found particularly successful with alcohol-addicted and marijuana-dependent clients.

B | Track treatment outcomes and reward performance.

The movement toward program evaluation and performance-based budgeting generally in government bodes well for the field of substance abuse. It will help reinforce the findings of research on the effectiveness of quality programs and help quantify, for the first time on a broad scale, the impact that treatment has on individuals and communities. Policymakers should require existing and new treatment initiatives to track a range of key outcome variables, including living and employment status, criminal justice involvement, and retention in treatment. (See Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative, for more on assessing program effectiveness.) Ready availability of state and program-level data on treatment effectiveness should significantly raise awareness and support for treatment among the public, the media, and policymakers. (See Policy Statement 7, Educating the Public About the Re-Entry Population, for a discussion of how increasing public information can lead to support for policy change.)

As part of a broader shift toward accountability in the public sector, many states have taken a leadership role in creating evaluation mechanisms. SAMHSA has been moving toward outcomes-measurement as well, with discussions of transitioning the SAPT Block Grant into a “Performance Partnership” Block Grant (PPG). A National Policy Panel convened by Join Together, a project of the Boston University School of Public Health, constructed a detailed argument for greater use of results-based management by federal funding agencies.⁴⁶

Federal authorities have demonstrated their willingness to work with the states to develop performance tracking systems. Chief challenges include the current lack of data collection and reporting infrastructure support and of agreement on cost-efficient and effective methods for tracking outcomes. Implementing SAMHSA’s grant-required “Performance Partnership” will require a significant investment of federal funds to create or enhance data infrastructure. Since each state data collection system differs from the next in terms of administration authority, systems used, hardware and software, and available resources, a great degree of flexibility will be necessary to attain the mutual goal of efficient outcome reporting. (See Policy Statement 5, Promoting Systems Integration and Coordination, for further discussion of the challenges of linking information systems.)

c | Maximize flexibility in funding and improve coordination between federal and state AOD agencies—as well as among federal agencies and among state agencies—with a stake in substance abuse treatment.

Existing resources and any new funding to close the treatment gap must be better coordinated to maximize the impact of treatment dollars. Partnerships between the state and federal systems, as well as between state and community agencies, should be strengthened by improved coordination that utilizes the unique assets of each system. Stronger collaboration would help identify and fill gaps in services and other resources, as well as boost accountability for publicly funded treatment programs across different funding sources. Indeed, while the degree of the persistent shortfall in substance abuse treatment has been a topic of considerable controversy, there is no doubt that there is a significant gap between the need for drug treatment and the national capacity to deliver it. Any effort to close these gaps will require an inter-agency collaboration that prioritizes expanding treatment capacity to meet the existing demand and clear current waiting lists.

In addition, states need more flexibility in spending federal treatment funds so they can both provide services to communities and populations

⁴⁶ Join Together Online, *Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems*, available at www.jointogether.org/quality.

that they determine are most in need or most at risk, and use the treatment methods most effective for those targeted areas and groups. For example, the current statute requires that states spend funds from the Substance Abuse Prevention and Treatment Block Grant program (the main federal treatment funding stream) on certain populations or services that may not match the unique priority needs of a particular state. As a result, the states are engaged in a process with SAMHSA to address the current legislative mandates and to develop performance measures for activities supported through the SAPT Block Grant. This effort, part of the transition into the PPG program, will contribute to the development of the prevention and treatment data necessary to inform efforts to close the treatment gaps.

A second coordination concern involves discretionary grants from various federal agencies that frequently bypass the state AOD agencies, going directly to various treatment programs themselves. There is usually no

mechanism in the grant or contract itself that requires notification to the state AOD agency of the award. This hinders or prevents these funds and programs from being considered in state needs assessments, state monitoring data collection, services coordination, and outcomes analysis. In addition, these programs often turn to state agencies for resources when their federal grants expire without giving the state adequate time to plan for the support of such requests. Direct and up-front state agency involvement can prevent the creation of programs that may be redundant, inefficient, disconnected, and often discontinued for lack of funding.

There also is a need for improved coordination among both federal and state agencies that provide supportive services or financial support to individuals in need of substance abuse treatment. Such streamlining and collaboration is critical to ensuring that treatment is delivered effectively and efficiently. A recent example of enhanced coordination federal coordination is the establishment of the Interagency Coordinating Committee on the Prevention of Underage Drinking, which includes representation from several key federal agencies (and relies on the states and other non-federal stakeholders as advisers). To facilitate coordination at the state level, state substance abuse administrators should seek memoranda of understanding (MOUs) or other formal partnerships with their counterparts in state benefits, mental health, physical health, housing, corrections, and other service agencies, in order to promote “no wrong door” access by individuals to needed supports.

ACCESS TO RECOVERY GRANT PROGRAM

In early 2003, President George W. Bush announced a three-year \$600 million initiative, *Access to Recovery (ATR)*, to supplement existing federal resources for substance abuse treatment. In August 2004, 14 states were awarded a total of \$100 million under the initiative, and the administration has requested an additional \$100 million for FY 2005. The administration contends that this additional \$200 million will close the treatment gap for individuals dependent on illicit drugs, providing access to 100,000 more people at an average cost of \$2,000 per treatment episode. *Access to Recovery* will seek to enable those individuals without health insurance to obtain treatment vouchers for addiction treatment services, including services from faith-based programs. Under the initiative, states will be expected to coordinate with a consortium of entities including community and faith-based organizations, workplaces, and schools. In an attempt to improve accountability, states also will be required to submit data on the outcomes from funded programs. *Access to Recovery* is a competitive grant program, and requires the governors of each state to apply for the funds.

Policymakers should focus particular attention on promoting coordination between substance abuse treatment and mental health agencies, given the high rate of co-occurring disorders.⁴⁷ Many people suffering mental health problems, such as depression, are unable or unwilling to seek psychological or medical treatment for their illness, and they turn instead to illicit drugs as a way of self-medicating. Addressing the full spectrum of needs of individuals with both substance abuse and mental health disorders is critical to promoting their successful recovery and ability to participate fully in community life.

▫ Support the development of the substance abuse treatment workforce.

A key challenge for many states in enhancing the quantity and quality of treatment services is recruiting, training, and retaining qualified treatment professionals. Effective addiction counseling is a skill that must be learned and developed. Salaries for counselors average about \$30,000 per year, which is low for such skilled and emotionally challenging work. Every state has a counselor-credentialing process, and most processes feature an entry-level credential for individuals interested in joining the field of addiction treatment, but there are no minimum educational standards. Some states have additional measures in place to boost the quality of treatment staff, but there is a shortage of trained counselors, and that shortage is likely to grow over the next several years. According to the Bureau of Labor Statistics, a total of 61,000 individuals were employed as substance abuse and behavioral disorders counselors in 2000; by 2010, the Labor Department projects there will be a need for an additional 21,000 counselors, a 35 percent increase.⁴⁸ A similar increase in demand is anticipated for licensed professionals who have received graduate-level educations.⁴⁹

Other disciplines within the public health care system are responding to similar anticipated staffing shortages by developing strategies to promote the recruitment and retention of qualified employees. Such strategies exist for positions such as personal and home care aides, medical assistants, physician assistants, home health aides, and physical therapy assistants. These models should be reviewed for programs, initiatives,

⁴⁷ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders* (Washington, DC: 2002). As described in this document, although a significant lack of prevalence data on co-occurring disorders exists, two extensive surveys conducted and analyzed over the past two decades document high prevalence rates: the Epidemiologic Catchment Area (ECA) study and the National Comorbidity Survey. Results from these surveys are compiled in D. Regier et al., *Comorbidity of mental disorders with alcohol and other drug abuse: results from the Epidemiologic Catchment Area*

(ECA) study (Rockville, MD: National Institute of Mental Health, 1990); R.C. Kessler et al., "Comorbidity of mental disorders with alcohol and other drug abuse: Results from the epidemiologic catchment area study," *Journal of the American Medical Association* 264 (1994): 2511-2518; and R.C. Kessler et al., "Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the national comorbidity survey," *Archives of General Psychiatry* 51: (1994) 8-19.

⁴⁸ D. E. Hecker, *Occupational Employment Projections to 2010*, US Department of Labor, Bureau of Labor Statistics (Washington, DC: 2000).

⁴⁹ Ibid.

ADDICTION TECHNOLOGY TRANSFER CENTERS (ATTCS)

Addiction Technology Transfer Centers (ATTC) are nationwide, multi-disciplinary resources that draw upon the knowledge, experience, and latest work of recognized experts in the field of addictions. Launched in 1993 by the Center for Substance Abuse Treatment (CSAT), a unit of the Substance Abuse and Mental Health Services Administration (SAMHSA), the network today comprises 14 independent regional centers and a national office. The centers have six main areas of emphasis:

1. Enhancing cultural appropriateness
2. Developing and disseminating tools
3. Building a better workforce
4. Advancing knowledge adoption
5. Ongoing assessment and improvement
6. Forging partnerships.

Source: www.nattc.org/

and funding mechanisms that can translate to the substance abuse treatment field. A new National Workforce Development Office within the Center for Substance Abuse Treatment should focus on these issues, as recommended at a major national treatment conference in 2000.⁵⁰

The proposed workforce development office would be in an ideal position to link with other federal agencies involved in addiction treatment, from the Bureau of Prisons to the Veterans Administration, to develop further resources for the cross-disciplinary training and compensation of counselors. The recruitment and retention of qualified substance abuse treatment professionals in agencies that operate treatment services parallel to state AOD agencies, including criminal justice, mental health, public health, social services, and child welfare agencies, is central to closing the three treatment gaps discussed above. Only a universally competent workforce can ensure that evidence-based treatment is effectively implemented in these various treatment settings, thereby maximizing the effectiveness and value derived from each treatment and supportive services dollar.

■ | Promote public understanding that addiction is a preventable and treatable disease.

Research has established that addiction is a disease and the result of complex neurochemical and neurobiological processes. Depending on individual vulnerabilities, experimental use can quickly grow into addiction, a disease that involves permanent and irreversible changes in the biochemical functioning of the individual's brain but that can be effectively treated.

Public awareness campaigns should highlight these and other research-based insights into the nature of addiction. Educating people about the realities and misperceptions about substance abuse would reduce the stigma associated with addiction. This, in turn, would help bridge the "denial gap," encouraging those in need of treatment to seek it, and help close the gaps in treatment availability and intensity by building support for a more robust treatment system.

⁵⁰ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Changing the Conversation: Improving Substance Abuse*

Treatment: The National Treatment Plan Initiative (Washington, DC: 2000).

Ensure that individualized, accessible, coordinated, and effective community-based mental health treatment services are available.

TARGET POPULATION

Many of the recommendations relating to mental health contained in this Report are predicated on the availability of effective mental health services in the community. In any year, millions of American adults have a serious mental illness—about five to seven percent of the adult US population, according to several nationally representative studies.⁵¹ The overlap in the populations that the corrections and mental health systems serve is significant: the US Department of Justice reported in 1999 that about 16 percent of the population in prison or jail has a serious mental illness.⁵² Frequently, the symptoms of mental illness contribute to individuals becoming involved with the criminal justice system in the first place and keep them incarcerated longer than other people. In addition, the stressful setting of a correctional facility can exacerbate mental illness and disrupt treatment.

KEY ISSUES

Co-occurring substance abuse disorders affect over 70 percent of prisoners with mental illnesses.⁵³ These prisoners are also more likely to have histories of homelessness and sexual and physical abuse.⁵⁴ Addressing this spectrum of needs is critical to ensuring adequate treatment and

⁵¹ Cited in US Department of Health and Human Services, President's New Freedom Commission on Mental Health Report, *Achieving the Promise: Transforming Mental Health Care in America: Final Report* (Rockville, MD: 2003); US Department of Health and Human Services, Office of the Surgeon General, *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General* (Rockville, MD: 2001); US Department of Health and Human Services, Substance Abuse Mental Health Services Administration, *National Household Survey on Drug Abuse: Volume I* (2002); R. C. Kessler et al., "The Prevalence and Correlates of Untreated Serious Mental Illness," *Health Services Research* 36 (2001): 987-1007.

⁵² Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, Bureau of Justice Statistics, US Department of Justice, July 1999. The prevalence statistic for mental illness in US jails and prisons was gathered through a combination of inmate self-reporting and past mental health treatment

history. Inmates in the sample qualified as having a mental illness if they met one of the following two criteria: "They reported a current mental or emotional condition, or they reported an overnight stay in a mental hospital or treatment program." To account for inmate underreporting of their mental health problems, admission to a mental hospital was included as a measure of mental illness. Ten percent of inmates reported a current mental condition and an additional six percent did not report a condition but had stayed overnight in a mental hospital or treatment program.

⁵³ Theodore M. Hammett, Cheryl Roberts, and Sofia Kennedy, "Health-Related Issues in Prisoner Reentry," *Crime & Delinquency* 47, no. 3 (2002): 390-409.

⁵⁴ Paula M. Ditton, *Mental Health and Treatment of Inmates and Probationers*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 1999), NCJ 174463.

promoting recovery, but requires a high level of coordination among corrections, mental health, and other systems—a level which, by and large, these systems have not yet achieved. These overlapping needs must be identified through screening and assessment, and met through services provided within and outside of correctional settings.

Stigma around mental illness presents another major obstacle to effective mental health care delivery. Bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance can deter individuals from seeking—and the public from wanting to pay for—mental health care. Stigma also reduces patients' access to resources and opportunities (such as housing and jobs), both through outright discrimination by providers and the public and by isolating and discouraging individuals with mental illness from pursuing full participation in society.⁵⁵

The mental health system today has powerful and effective medications and rehabilitation models with which to work, and the professionals in the system know how to meet the needs of the people it is meant to serve. But many individuals with mental illness still fail to access mental health services and many others are not provided with the quality of care necessary to facilitate their recovery and successful community integration. In 2003, the President's New Freedom Commission on Mental Health issued an interim and then a final report that together provided an unvarnished assessment of the nation's mental health care system, characterizing the delivery of mental health care across the US as fragmented and in need of fundamental transformation. (See sidebar, "Resources for Understanding Mental Illness and Treatment Systems," for more on the New Freedom Commission report.) While many jurisdictions are already making strides towards implementation of the Commission's broad array of policy goals and recommendations, it is critical that any policymaker preparing to engage with mental health administrators and practitioners on a re-entry effort recognize the complexity of the organizational structure that currently exists.

The fragmentation of this structure raises issues in two distinct areas. Issues in *access* to care include location of providers, exclusions (for example of people with criminal justice involvement, or with co-occurring substance abuse disorders) from particular programs or services, and funding—a particularly complex issue for mental health care (see sidebar, "Mental Health Care Funding"). Issues in *quality* of care include developing and promoting evidence-based practices and quality standards, including licensing, regulating, and monitoring care providers. While federal and local entities play significant roles in mental health care financing and delivery, it is primarily state agencies that must coordinate the disparate elements of the mental health system and address access and quality issues. These roles, and the organizations that assume them, are described briefly below.

SYSTEM ORGANIZATION AND FUNDING

Understanding how to address the array of issues relevant to individuals with mental illness who are released from prison or jail requires some familiarity with the dramatic shifts in mental health care over the course of recent decades. Few

⁵⁵ US Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: US Department of Health and Human Services, Substance

Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

systems have attempted so complete a change over the previous 40 years as has the nation's public mental health system. Once based predominantly on institutional care and isolation, the system has shifted its emphasis almost entirely to the provision of community-based support for individuals with mental illness. In 1955, state mental hospital populations peaked at a combined 559,000 people; in 1999, this number totaled fewer than 80,000.⁵⁶ There are many reasons for this change; fiscal reality, political realignment, philosophical shifts, and medical advances have all played a part. These forces and others have converged to create a reality that few could have envisioned when the Community Mental Health Centers Act was signed into law in 1964.⁵⁷

RESOURCES FOR UNDERSTANDING MENTAL ILLNESS AND TREATMENT SYSTEMS

Mental Health: A Report of the Surgeon General⁵⁸

The US Surgeon General's 1999 report on mental health was produced through the collaborative efforts of the National Institute of Mental Health (NIMH), which supports and conducts research on mental illness and mental health, and SAMHSA. The report reviews scientific advances in the nation's understanding of mental health and mental illness. The result is a comprehensive examination of the way mental health services are provided in this country and a series of recommendations for improvement. The report draws attention to the critical gap—lasting about 15 to 20 years—between knowledge and practice, between what is known through research and what is actually implemented in many public mental health systems across the country. A supplemental report produced in 2001 illuminates the special issues of culture, race, and ethnicity in mental health service delivery. The complete text of these reports can be found online at www.surgeongeneral.gov/library/mentalhealth/home.html.

Report of the President's New Freedom Commission on Mental Health⁵⁹

In 2002, a commission appointed by President George W. Bush examined the provision of mental health services in this country. Required by Executive Order to complete its work in one year, the President's New Freedom Commission on Mental Health in 2003 issued both an interim and a final report that critiques the fragmentation in the nation's system of mental health care. The Commission report also provides a vision for mental health services in this country, a vision marked by an understanding that recovery is possible and that access to effective treatments and supports brings a life in the community within range of most people affected by mental disorders. The work of the President's Commission provides a set of easily articulated guidelines for policy makers and advocates interested in improving the mental health system at the local, state, and federal levels. The complete text of these reports can be accessed online at www.mentalhealthcommission.gov/reports/reports.htm.

⁵⁶ T.A. Kupers, *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It* (San Francisco, CA: Jossey-Bass Publishers, 1999).

⁵⁷ The public, the media, and even some in the criminal justice and mental health systems have suggested that there is a causal connection between the dramatic reduction in the number of people in mental health institutions and the extraordinary growth of the prison and jail population. Some present two straight-line graphs to illustrate the point, implying that the very same people who used to be in mental health institutions are now in prison or jail. In fact, no study has proven that there has been a transition of this population from one institution to another. Indeed, while the gross number of people with mental illness who are incarcerated has increased significantly in recent years, there is no evidence that the *percentage* of people in prison or jail

who have a mental illness is any greater than it was 35 years ago, when the *Community Mental Health Centers Act* was passed. See Henry J. Steadman et al., "The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations, 1968-1978," *Journal of Criminal Law & Criminology*, 75, no. 2 (1984) 474-90.

⁵⁸ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

⁵⁹ US Department of Health and Human Services, President's New Freedom Commission on Mental Health Report, *Achieving the Promise: Transforming Mental Health Care in America: Final Report* (Rockville, MD: 2003).

Federal involvement in mental health care delivery occurs primarily through the relevant divisions of the US Department of Health and Human Services (HHS): the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Medicaid and Medicare Services (CMS). SAMHSA's Center for Mental Health Services (CMHS) administers the Mental Health Block Grant to states for providing mental health services to people with mental illnesses; this funding totaled \$434.7 million in 2004.⁶⁰ Medicaid and Medicare (administered by CMS) represent the greatest share of the federal contribution towards mental health care, though those funds are disbursed through state benefits agencies (rather than going directly to providers) and must be matched by state dollars. Veterans Administration health and cash benefits support mental health care services for individuals with military service records. The Social Security Administration oversees entitlements to individuals meeting poverty or disability criteria that enables them to obtain access to needed services and supports. The Department of Housing and Urban Development supports several housing programs targeted to persons with serious mental illnesses. Other federal agencies within the Departments of Labor, Education, Agriculture, and Transportation fund programs to assist persons with mental illnesses within community settings. In addition, the federal government plays an important role in promoting, implementing, and disseminating research through the National Institutes of Health, specifically the National Institute of Mental Health (NIMH).

Two recent federal initiatives have focused attention on the plight of individuals with mental illnesses and the nation's system of care. The US Surgeon General's 1999 Report on Mental Health has served as a comprehensive resource for administrators and providers alike. In 2002, President George W. Bush took the further step of establishing the President's New Freedom Commission on Mental Health to determine, and to make recommendations for improving, the state of mental health care delivery across the nation. (See sidebar, "Resources for Understanding Mental Illness and Treatment Systems," for additional information on these federal initiatives.)

State mental health agencies administer federal and state mental health dollars, certify and regulate mental health care providers, and frequently serve as providers themselves through hospitals, correctional institutions, or even some outpatient facilities. States have historically assumed, and currently maintain, responsibility for the development, implementation, and monitoring of public mental health services. As such, it is important for policymakers engaging with mental health systems to understand state standards, which vary widely.

As brokers of federal Medicaid and supportive services dollars, and through dissemination of state-specific funds, state agencies also serve as the primary financial supporters of mental health care. Typically, state mental health directors must forge close partnerships with state Medicaid directors and other benefits administrators, as well as state substance abuse treatment and physical health administrators.

Mental health services are primarily delivered at the community level, however, and it is there that policies prove to be effective or not. Policymakers and partners seeking change in community responses must be aware of the structure of the community mental health system in the towns and cities where they live. They should

⁶⁰ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Center For Mental Health Services Community

Mental Health Services Block Grant," available at www.samhsa.gov/budget/B2005/spending/cj_26.aspx.

focus not just on what exists, but most intently on what a community mental health system could look like if all the pieces were in place. These pieces include providers of community-based and corrections-based (jail) mental health care, substance abuse treatment, housing, social services, and wraparound services.

In addition to governmental agencies, important organizations and participants in the mental health care delivery system include advocacy organizations, consumers of these services, and family members. Whether representing themselves alone or organized in associations, these individuals are a key component of the mental health system in any jurisdiction, and often serve as boundary-spanners between systems and jurisdictions.

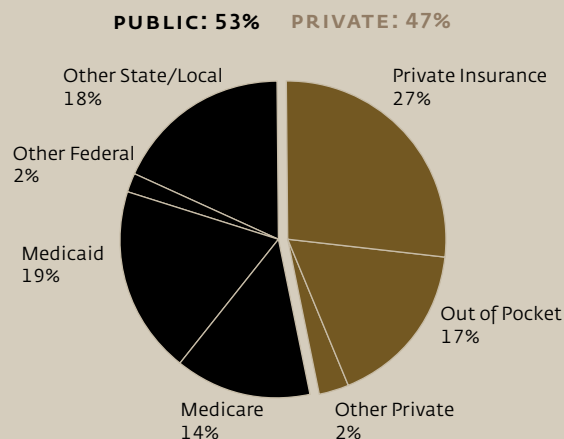
Coordination among this diverse array of stakeholders, across multiple levels of government, can be complicated. Policymakers should seek to capitalize on advances in communication and information technology to serve as tools for mental health systems to deliver the best treatment and to empower consumers and their families to become involved in their own care. Such tools can create efficiencies by bridging geographical gaps as well as by eliminating redundant information gathering.

MENTAL HEALTH CARE FUNDING

The majority of funding for mental health care is public. Public funding serves as the overwhelming source of care dollars for individuals with mental illnesses coming out of prison or jail, few of whom have any access to private insurance. And public funding for mental health services involves an exceptionally complicated mix of local, state, and federal monies. To provide the full spectrum of services to meet the needs of distinct individuals with mental illnesses, a local provider agency must weave together funds derived from sources that may have different guidelines, fiscal years, and stated purposes. Some funding comes to agencies on a per capita basis, some on a “fee for service” or reimbursement basis, and some comes in the form of grants for specific sub-populations with specific objectives. Some services are paid for regardless of who accesses them, while most require clients to qualify for programs by demonstrating poverty or disability. In some states, funds are funneled through federally approved managed-care frameworks while others adhere to federal program guidelines. In some states, counties present an additional level of administration.

It is important for those who use this Report to consider, at a minimum, three funding issues as they contemplate implementation of its recommendations regarding mental health care systems. First, are there sufficient funds available to the system for it to meet the expectations of its various constituents? Second, are funds allocated appropriately to ensure the system’s

priorities are met? And third, is there a mechanism to determine whether allocated funds are achieving the outcomes appropriators think they are purchasing?



Source: US Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999), Figure 6-6. From T. Mark, D. McKusick, E. King, H. Harwood, & J. Genuardi, *National expenditures for mental health, alcohol, and other drug abuse treatment, 1996* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998).

recommendations

A | Initiate and maintain partnerships between state mental health and other agencies to reduce fragmentation and ensure a full spectrum of care.

People with serious mental illnesses generally have service needs that extend well beyond core mental health treatments such as medication and counseling. This is especially true of people with co-occurring mental illnesses and substance abuse disorders (see Policy Statement 33, Establishment of Effective Substance Abuse Treatment, for more on coordination with substance abuse systems in particular) but applies to any person with mental illness who has concerns related to health care, housing, income supports and entitlements, or other requisite services. In many cases, these needs are best met by agencies or providers that can combine traditional mental health services with specific expertise in one of these additional service areas. It is certainly easier for clients to access services through providers able to link acute clinical services with necessary housing assistance, vocational rehabilitation, and educational services, for instance. Indeed, consumers often cite ease of access as an important reason for sticking with or abandoning treatment. Similarly, when they are served comprehensively by a single agency or by a well-coordinated partnership, consumers usually feel they are treated with greater respect. They are not asked for the same information again and again, and they may even be spared from filling out many forms.

From a clinical standpoint, provision of comprehensive, coordinated services simply makes sense. Even when a client sees different clinicians in the same agency, it is more likely that charts and records are consistent and there is agreement on treatment goals. To ensure similar coordination among multiple agencies, policymakers should promote formal agreements, such as memoranda of understanding (MOUs) to ensure the institutionalization of collaborative practices. These MOUs must always be translated into coordinated efforts at the point of contact with the consumer to achieve positive outcomes. (See Policy Statement 5, Promoting System Integration and Coordination, for more on coordinating different agencies through MOUs and information sharing.)

B | Maximize the use of all available resources to provide mental health care and supportive services to people with mental illnesses.

Greater coordination of services, as described in the preceding recommendation, can generate savings through reduction in the use of emergency services by individual consumers as well as through more accurate alloca-

tion of services, retention in services, and other efficiencies. To facilitate service coordination, there needs to be cooperative policies and administrative support at the system level. State, county, and local mental health authorities either promulgate, or are bound by, financing mechanisms and regulations that can facilitate or impede coordinated service delivery. In most states, for example, licenses for mental health and substance abuse treatment facilities are handled by two different state agencies with separate regulatory, financial, and oversight procedures. Financial incentives encourage front-line providers to do what is reimbursable, rather than what is clinically indicated, while the client suffers the consequences of ineffective care. New inter-organizational structures and policies are required to enable the seamless provision of requisite services. These structural changes do not necessarily require more resources, and coordination has the potential to be cost-efficient.⁶¹ (See Policy Statement 4, Funding a Re-Entry Initiative, for further discussion of generating economic savings by coordinating funding streams and overlapping services.)

Efforts should also be made to ascertain consumers' eligibility for all federal benefits and to ensure enrollment for eligible individuals with mental illnesses. For many people, access to appropriate services is determined by their ability to gain access to health benefits and other entitlements. People with mental illness who are found to be disabled by their illnesses, or who have little or no income as a result of their disability, are eligible for an array of income and reimbursement benefits. Many mental health and addiction services provided by community agencies are reimbursable through Medicaid and Medicare, which are generally available to people who qualify for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI). Qualification for income support also can lead to eligibility for housing supports. In any case, income support through SSI and SSDI provides funds with which an individual can pay rent and meet other basic needs. Other valuable benefits programs for which persons with mental illness may be eligible include Temporary Assistance for Needy Families (TANF), food stamps, and benefits available to veterans through the Veterans Administration.

Just as eligible individuals who are incarcerated often have difficulty enrolling in appropriate government benefits programs, people with mental illnesses sometimes have difficulty obtaining benefits to which they may be entitled. (See Policy Statement 24, Identification and Benefits, for more on improving prisoners' access to federal benefits.) Rules and procedures for disability entitlement programs may be too complex for many consumers to understand. There is also a shortage of staff members at community mental health agencies who are trained to provide assistance to clients who may qualify for federal or state benefits. It is more common than not for first-time applications for entitlements to be denied, at a min-

⁶¹ Kenneth Minkoff, *Psychiatric Services* 52, no. 5 (May 2001): 597-99.

imum causing a delay in benefits for qualified applicants. Because these benefits are frequently the only legitimate source of income for many with mental illnesses, such delays can lead to homelessness and such “survival crimes” as panhandling or shoplifting.

To ensure that everyone with mental illnesses receives appropriate care, and to spread the financial burden for mental health care by increasing the flow of federal dollars into the local and state service systems, mental health agencies hire and train staff to provide assistance with applications for SSI, SSDI, and the follow-up that is so often needed to secure these benefits. Further, they should ensure that case managers, employment counselors, rehabilitation therapists, and others who may be working with clients to secure employment are familiar with each client’s benefits profile. For some individuals, an increase in income can mean a reduction in, or an end to, benefits. When clients begin work, especially when they are doing so through “transitional employment” or “supported employment” programs, the impact on their benefits should be understood. The rules and regulations applied by the Social Security Administration to these programs can create challenges for staff to provide guidance to clients on entitlement and benefit matters. Training and prioritization of these services, which can be very time consuming, are nonetheless necessary if clients are to obtain supports to help them remain in appropriate treatment and integrate into their communities.

c | Promote access to evidence-based practices, and measure outcomes.

A great complaint about the mental health system—voiced not only by the New Freedom Commission but also by many advocates and other clinicians—is its failure to bring interventions and services of known effectiveness into common practice. While this “science to service” lag is not unknown in general health care, its effect in mental health seems particularly pronounced, perhaps because so much has been learned about the delivery of effective mental health services in the past quarter century.

The Surgeon General, the President’s Commission, and most other experts have encouraged more consistent use of evidence-based practices in the mental health field. At the same time, many practitioners note that innovation in the field has been critical to many advances that only now are demonstrating support in rigorously designed studies. Since scientifically validated services do not exist for every condition, providers should be encouraged to think systematically about what known interventions provide the best outcomes for each individual. Policymakers and consumers should demand that mental health care demonstrate a connection between practice and science—programs or policies should adhere to “practice-based evidence” in which the experience of consumers and clinicians is systematically monitored and considered with respect to the process and

outcome of a particular treatment or service. In many settings, however, the problem remains one of reluctance to embrace new practices of any sort, whether supported by scientific study or merely by the enthusiasm of creative practitioners.

Policymakers should ensure that practitioners employ effective mechanisms for dissemination of findings regarding promising practices and evidence-based practices in the systems they oversee. These mechanisms might include conferences, professional journals, academic partnerships, and regular in-service training opportunities. Contracts and grant awards should include bonuses or other incentives for the use of evidence-based practices as well as for training and other dissemination practices. Some state public mental health systems are accepting the challenge and taking steps to bridge the gap between research and practice. The Ohio Department of Mental Health, for example, has established “coordinating centers of excellence” responsible for disseminating evidence-based or promising practices across the state. In Illinois, funding from the state Office of Mental Health has helped to establish the Illinois Staff Training Institute for Psychiatric Rehabilitation at the University of Chicago.

Just as not all practices have an evidence base, not all evidence-based practices will have equal relevance to all mental health consumers. For that reason, emphasis must be placed on carefully screening and assessing individuals to ensure that they are connected with appropriate care strategies. (See Policy Statement 8, Intake, for a discussion of how these processes should be applied in the correctional setting.) Through appropriate assessment and apprehension of current evidence-based practice, mental health care providers can effectively match their practice to consumers’ needs. Promising trauma-based interventions, for example, can be made available to those whom research shows would be most likely to benefit from them.

Identifying common goals or outcome measures allows the mental health system room to deliver on the expectations of other systems, such as corrections, which in turn facilitates appropriate resource allocation. Policymakers must tie continued support of policies and practices to the development of such outcome measures, to evaluation of programming in accordance with those measures, and to communication from practitioners about progress toward shared goals. (See Policy Statement 6, Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative, for more on establishing performance measures and other program assessment techniques.)

▫ | Involve consumers and families in mental health planning and service delivery.

People whose lives have been affected by mental illnesses (and especially those who may have had contact with the criminal justice system) develop

a vast reservoir of experience that can be put to constructive use to meet their immediate needs, those of their peers, and, ultimately, those of their communities. In too many places, however, this reservoir still remains untapped, and consumers and families have little meaningful involvement in determining the direction of services and a system that are meant to meet their needs.

In the 1980s, Congress recognized the value of including consumers and families in mental health services planning when it created the precursors to today's statewide mental health planning and advisory councils. A major requirement for the composition of the councils is that at least 50 percent of their membership be drawn from the ranks of consumers or family members. The intention is to make councils responsive to consumers and family members by incorporating their perspective in the planning, delivery, and evaluation of mental health services.

Consumers and family members can also make important contributions to service delivery. Evidence is mounting to demonstrate the effectiveness of consumer-operated support services, for example, in which people with mental illness help others to gain insight into their illnesses and build coping strategies. Such preventive measures may diminish the need for, and use of, crisis services.

Similarly, some programs employ consumers to act as "peer educators," who can provide generalized information about handling mental illness in a manner that is authenticated by their own experiences. Peer educators frequently run groups for consumers at mental health service agencies in which they discuss issues of common concern. By removing the experience of mental illness from a wholly clinical approach, peer educator programs often allow people to make connections with one another and understand how to deal with their illnesses in a more individualized way. Consumer-operated services such as these should be implemented as part of the continuum of services that also includes professional services, not as a replacement for the professional system.

■ | Plan for, support, and train a skilled, culturally competent mental health workforce.

Like other segments of the human services field, the public mental health system is experiencing significant difficulty in attracting and retaining qualified personnel to provide appropriate services and to effectively manage the myriad agencies on which it relies at the community level. Constrained state budgets and tightly capped reimbursement rates result in salaries for line staff and other professionals that are barely competitive with fields requiring far less professional commitment and responsibility. Vacancy and turnover rates are high.

Mental health workers with the ability to provide services with particular sensitivity to cultural, language, or age-related needs are in especially short supply in many areas. This is a critical problem for re-entry initiatives where the vast majority of returning prisoners are from a minority culture; 63 percent of prisoners in 2003 were either of Hispanic origin or black.⁶² At a time when awareness of the need for culturally sensitive services has grown, it is a sad truth that providers in many communities simply cannot attract the workers needed to implement those services. (See Policy Statement 9, Development of Programming Plan, for further discussion of cultural competency in service delivery.)

Policymakers must plan to expand the mental health workforce in order to ensure that research is translated into practice by front-line providers. Consumers and family members with an intimate knowledge of system and individual needs, as well as individuals trained in cultural competency with the skills to reach underserved populations, should be recruited to join the ranks of providers.

F | Educate the public to destigmatize mental illness and build support for people with mental illnesses.

The stigma attached to mental illnesses inhibits support for the full integration of people with mental health needs into communities. Policymakers should seek to counter the negative effects of stigma by dispelling misinformation about mental illnesses, developing a common message across advocacy groups, and making the public aware of the experience and costs of untreated mental illnesses. Increased public awareness of the inefficiency stemming from the current allocation of resources will help to create the political will necessary to direct resources toward development and maintenance of comprehensive, high-quality public mental health programs. (See Policy Statement 7, Educating the Public About the Re-Entry Population for more on strategies to promote innovative and effective systems change by increasing public awareness of its realities and benefits.)

Without sufficient support, individual men and women with mental illnesses may fail to make contact with treatment providers, and engage in behaviors that puts them at risk of involvement with the criminal justice system. To prevent such isolation, a variety of peer support models have been developed in different jurisdictions. Support provided by a peer group made up of men or women who have shared experiences can have a powerful and long-term positive effect on consumers, and this empowerment can overcome many of the barriers created by stigmatizing public attitudes.

⁶² Paige M. Harrison and Allen J. Beck, *Prisoners in 2003*, US Department of Justice, Bureau of Justice Statistics (Washington, DC 2004), NCJ 205335.

Promote interagency efforts to enhance human services programs that support children and families, and ensure the availability of effective community-based programs to serve that population.

TARGET POPULATION

In large part, the array of programs and services that collectively form the children and families system are designed to meet the needs of low-income families. One in six children in the US lives in a family with an income below the poverty line, while one in three African-American and Hispanic children is poor.⁶³ Children raised in poverty are, in comparison to other children, at increased risk by a variety of measures; among them are failure to complete high school, teenage pregnancies, impaired health and development, behavior problems, and involvement with the child welfare and juvenile justice systems.⁶⁴

In 1999, an estimated 721,500 state and federal prisoners were parents to nearly 1.5 million minor children.⁶⁵ More than 10 million children have a parent incarcerated at some time.⁶⁶ Prisoners may also have cared for aged parents or other dependent family members. When people are incarcerated, their families typically experience a loss of financial support.⁶⁷ The incarceration of a parent or caregiver can precipitate a cascade of financial and related problems for his or her family including housing instability, mounting debt, and health problems.

This situation can also prompt custody issues or place burdens on other family members.⁶⁸ Of those children who have a parent in state prison, a small percentage are placed in formal foster care; a large portion, however, of these kids are cared for not by the remaining parent, but by

⁶³ The 2003 official poverty threshold was \$14,824 for a family of three (a typical poor family consists of a mother and two children). Although child poverty declined between 1993 and 2000, it has begun to increase again. In 2003, 17.6 million children were poor, compared to 16.7 million children in 2002. Carmen DeNavas-Walt, Bernadette D. Proctor, and Robert J. Mills, *Income, Poverty, and Health Insurance Coverage in the United States: 2003*, US Census Bureau, Current Population Reports, P60-226 (Washington, DC: US Government Printing Office, 2003); Kristin Anderson Moore and Zakia Redd, *Children in Poverty: Trends, Consequences, and Policy Options* (Washington, DC: Child Trends, 2002).

⁶⁴ Kristin Anderson Moore and Zakia Redd, *Children in Poverty: Trends, Consequences, and Policy Options* (Washington, DC: Child Trends, 2002), 3-5; Jeanne Brooks-Gunn and Greg J. Duncan, "The

Effects of Poverty on Children," *The Future of Children, Children and Poverty* 7 (Summer/Fall 1997): 55.

⁶⁵ Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

⁶⁶ Ibid.

⁶⁷ About 60 percent of incarcerated fathers in state prison reported having a full-time job before their arrest. Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

⁶⁸ Lois E. Wright and Cynthia B. Seymour, *Working with Children and Families Separated by Incarceration* (Washington, DC: Child Welfare League of America, 2000), 13.

their grandparents or other relatives or friends.⁶⁹ In general, children of people in prison face long and traumatic separations from their parents, especially as most prisons are located more than 100 miles from an inmate's last residence.^{70,71}

KEY ISSUES

Policies that improve job retention for parents increase and stabilize family income and decrease poverty make a real difference to children.⁷² Providing even a temporary package of work support to low-income parents as they leave welfare (such as an earnings supplement, health insurance, and child care) can have long-term positive effects for children, including improvements in school performance, behavior, and health.⁷³ (See sidebar, "Welfare-to-Work," in Policy Statement 31, Workforce Development Systems, for further discussion of the relationship between welfare reform and employment issues.)

RESOURCES FOR UNDERSTANDING FAMILY SYSTEMS

Opportunities for Collaboration Across Human Services Programs

This document was designed to provide human service administrators and other state policymakers with a brief overview of the major human service programs, highlighting the interdependence and opportunities for collaboration among the relevant agencies. The report is a joint project of American Public Human Services Association, Council of State Administrators of Vocational Rehabilitation, National Association for State Community Services Programs, National Association of State Alcohol/Drug Abuse Directors, National Association of State Directors of Developmental Disabilities Services, National Association of State Directors of Special Education, National Association of State Mental Health Program Directors, National Association of State Workforce Agencies, National Association of Workforce Boards, National Child Support Enforcement Association, and The Finance Project. (Washington, DC: American Public Human Services Association, June 2003).

Crossroads: New Directions in Social Policy

This report by the American Public Human Services Association describes challenges and recommendations for both congressional and administrative action concerning human services policy. The report is organized according to public program area, including sections on TANF, food stamps, child care, child support, child welfare, and Medicaid. (Washington, DC: American Public Human Services Association, February 2001).

2004 Green Book

This book, which has updates published every couple of years, provides program descriptions and historical data on a wide variety of social and economic topics, including Social Security, employment, earnings, welfare, child support, health insurance, the elderly, families with children, poverty, and taxation. It is compiled by the staff of the Committee on Ways and Means of the US House of Representatives. (Washington, DC: House 2004).

69 Three-fourths of children whose mothers are in state prison and one-fourth of children with fathers in state prison live with grandparents or other relatives, or friends. Overall, ten percent of children with incarcerated mothers and two percent of children with incarcerated fathers are placed in foster care homes. Christopher J. Mumola, *Incarcerated Parents and Their Children*, US Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 182335.

70 Ibid.

71 John Hagan and Juleigh P. Coleman, "Returning Captives of the American War on Drugs: Issues of Community and Family Reentry," *Crime and Delinquency* 47, no. 3 (2001): 352-67.

72 Child Trends Data Bank, *Secure Parental Employment* (Washington, DC: Child Trends, 2003); Nancy Cauthen, *Policies that Improve Family Income Matter to Children* (National Center for Children in Poverty, 2002).

73 Aletha C. Huston et al., *New Hope for Families and Children: Five-Year Results of a Program to Reduce Poverty and Reform Welfare*, Summary Report (New York, NY: Manpower Demonstration Research Corporation, 2003), 19-20; Pamela A. Morris et al., *How Welfare and Work Polices Affect Children: A Synthesis of Research* (New York, NY: Manpower Demonstration Research Corporation, 2001).

Those who have custody of children whose parents are incarcerated often turn to TANF, Medicaid, food stamps, child welfare, and other health and human services programs for support when a parent is incarcerated.⁷⁴ Forty-four percent of families caring for the children of an incarcerated parent rely on cash assistance.⁷⁵ A smaller proportion of children enter into the child welfare program.⁷⁶ In addition to financial supports and family services, children may also need mentoring services when separated from their parents.

When parents return home from prison, they typically return with few assets to meet many financial and other obligations. In addition, parents returning from prison or jail often need help from health and human services programs to stabilize their lives and reunite with their children.⁷⁷ Specialized services to improve family functioning (such as domestic violence services, family counseling, and early childhood programs) are crucial to helping children and families succeed.⁷⁸

SYSTEM ORGANIZATION AND FUNDING

Services to families with children are funded, monitored, and provided by agencies and organizations in a range of human services systems, including the family assistance (welfare), child care, child support, and child welfare (protective services and family support/preservation) systems. In addition, family services can include support for marriage initiatives, families with elderly or disabled adult dependents, and domestic violence prevention or intervention programs.

The federal government distributes the key streams of material assistance to families through a variety of federal agencies and programs. Two of the largest direct income-support programs are the Earned Income Tax Credit (EITC), administered by the Internal Revenue Service, and Supplemental Security Insurance (SSI), administered by the Social Security Administration. Other federal funds are provided as state matching funds, formula grants, or block grants, all of which permit varying levels of state discretion. Typically, such programs are “categorical,” that is, restricted to poor or near-poor families with children or other specifically defined groups. For such initiatives, including, for instance, the US Department of Agriculture’s food stamps and Women, Infants, and Children (WIC) nutrition

74 Jeremy Travis and Michelle Waul, eds., *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities* (Washington, DC: The Urban Institute Press, 2004).

75 Ibid.

76 Ten percent of incarcerated mothers and less than two percent of incarcerated fathers reported having a child in foster care. Jeremy Travis and Michelle Waul, eds., *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities* (Washington, DC: The Urban Institute Press, 2004), 19-20. Additional children receive child welfare services, but are not in foster care. No reliable data are available on exact number of children and families served by the child welfare system, but a federal study found that about 1 million children received child welfare services in 1994. About half of these children were in foster care. In 2004, an estimated 348,700 children received federally funded (IV-E) foster care payments, while 240,600 children received adoption assistance, and 100,000 received independent living services. US House of Representatives, Committee on Ways and Means, 2004 *Green Book* (Washington, DC: 2004), WMCP 108-6.

77 Amy E. Hirsch et al., *Every Door Closed: Barriers Facing Parents with Criminal Records* (Washington, DC: Center for Law and Social Policy, 2003), 27-40; Amy E. Hirsch, *Some Days are Harder than Hard: Welfare Reform and Women with Drug Convictions in Pennsylvania* (Washington, DC: Center for Law and Social Policy, 1999), ES v-vii.

78 Amy Brown, *Beyond Work First: How to Help Hard-to-Employ Individuals Get Jobs and Succeed in the Workforce* (New York, NY: Manpower Demonstration Research Corporation, 2001); Jane Knitzer, *Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence and Depression in the Context of Welfare Reform* (New York, NY: National Center for Children in Poverty, 2000), 3-6; Jane Knitzer and Nancy K. Cauten, *Enhancing the Well-Being of Young Children and Families in the Context of Welfare Reform: Lessons from Early Childhood, TANF, and Family Support Programs*, prepared for the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (New York, NY: National Center for Children in Poverty, 1999).

programs, states and localities control enrollment according to a combination of federal restrictions and their own criteria. For brief descriptions of some federal and state assistance programs, see the chart, “Key Assistance and Services Programs for Low-Income Families with Children,” below.

The majority of federal funding dedicated specifically to family support is channeled through the Administration for Children and Families (ACF) at the US Department of Health and Human Services (HHS). ACF funds state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families. ACF’s Office of Family Assistance oversees the Temporary Aid for Needy Families (TANF) program. Established by the Welfare Reform Act of 1996 to replace previous welfare programs, TANF is the primary vehicle for material family assistance through HHS, and it also provides supportive services and community program grants. ACF’s Child Care Bureau distributes the monies from the Child Care Development Fund to states to provide child care for families trying to become independent of public assistance.

For all ACF programs, actual services are provided by state, county, city, and tribal governments, and public and private local agencies. ACF assists these organizations through funding, policy direction, and information services.

Additionally, federal grants in other social service areas may include some portion of funding which is specifically targeted towards families, or which could serve as support for needy families. Medicaid—which provides health care to low-income individuals generally—gives eligibility preference to families with children and pregnant women, and serves as an important support to 25 million children. It also serves as the primary support for long-term care for older Americans. The major federal funding stream for child welfare initiatives is authorized under the Social Security Act as Foster Care and Adoption Assistance (Title IV-E) and provides for the cost of care for approximately 250,000 children in low-income families. The Office on Violence Against Women (OVW) of the US Department of Justice offers both discretionary and formula grants to states undertaking domestic violence initiatives. And the Social Services Block Grant and Substance Abuse Prevention and Treatment Block Grant each fund community-based organizations to provide a variety of services to families.⁷⁹

States organize their family assistance programs and services in different ways. State-based financial assistance, family programming, and the administration of federal family funds may be overseen by one agency or several. Typically, these programs are housed under the umbrella of a state human or social services agency, although some programs may be located in state employment or health agencies. These programs may have different names as well as different configurations.⁸⁰ In addition to material assistance, family services programs administered by the state typically include child support and enforcement, child care, child welfare, and other initiatives.

⁷⁹ Jane Knitzer, *Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence and Depression in the Context of Welfare Reform* (New York, NY: National Center for Children in Poverty, 2000), 23, fn 63.

⁸⁰ Even state offices which disburse the same federal funds may bear a different name in each state; for example, the TANF agency is called FIP (Family Independence

Program) in Michigan, CALWORKS (California Work Opportunity and Responsibility to Kids) in California, and WorkFirst in Washington, though it is called simply TANF in 12 states. The complete list of state names for TANF agencies is available on the Office of Family Assistance (OFA) website at www.acf.hhs.gov/programs/ofa/tfnames.htm.

KEY ASSISTANCE AND SERVICES PROGRAMS FOR LOW-INCOME FAMILIES WITH CHILDREN^{81,82}

PROGRAM	WHO IS ELIGIBLE?	WHAT ARE THE BENEFITS?
Child Care and Development Fund	Low-income children in families that need childcare because the adults are working, or in school or training programs. Some children in the child welfare system can also qualify for child care assistance. Families with 85% of state median income may qualify (as set by states).	Child care assistance
Child Support	Children living apart from either parent are eligible for child support services, regardless of income. Children receiving TANF cash assistance, Medicaid, federally funded foster care, and (at state option) food stamps must participate in the child support program. Other children may apply for services.	Services for custodial parents seeking support for their children: Custodial parents can receive assistance to establish paternity and to obtain, adjust, or enforce a child-support obligation owed by a non-custodial parent. (States keep a portion of collected child support to repay TANF cash assistance and foster care costs.)
Earned Income Tax Credit (EITC)	Low- and moderate- income (1) working families with children with 2004 incomes below \$35,458; (2) workers without children between 25-64 with incomes below \$12,490.	Refundable tax credit: Working families who file income tax returns can receive up to \$4,300 per year in 2004 as a tax credit refund, even if they do not owe taxes. Workers without children may receive up to \$390. Alternatively, they may elect to receive advance credit in each paycheck. Some states also offer a state earned income tax credit.
Food stamps	Households with gross incomes below 130% of the poverty line.	Food assistance: The maximum benefit is \$471 per month for a household of four.
Head Start	Low-income children	Preschool and support services
Medicaid	Low-income (1) families with children; (2) children; (3) pregnant women; (4) adults with disabilities; (5) elderly adults (as defined by states).	Health care coverage
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are at nutritional risk, with incomes below 100 to 185 percent of the federal poverty level (as set by the states).	Supplemental food assistance
Supplemental Security Income (SSI)	Low-income adults and children who are (1) unable to work because of a disability or (2) at least 65 years old.	Federal cash payments: In 2004, individuals could receive up to \$564 per month, while couples could receive up to \$846. Some states provide additional SSI benefits.
Temporary Assistance for Needy Families (TANF)	Low-income families with children (as defined by states).	Cash assistance and services: Families can receive short-term payments and in-kind benefits, including child care, transportation, employment and training, and child welfare services.

⁸¹ This chart is intended as a sampling of important programs to support families, but is not a comprehensive list of funding or service sources for this population. In 2004, the HHS

poverty guideline was \$15,670 for a family of three (the average poor family consists of a mother and two children). The HHS poverty guideline is similar, but not identical, to the

US Census Bureau poverty threshold, and is used by states to determine eligibility for human services programs. Available at aspe.hhs.gov/poverty/03poverty.htm.

POPULATION SERVED (NATIONWIDE)	WHAT AGENCY ADMINISTERS THE PROGRAM?
2 million children	State or county human services agency, or separate child care agency
18 million children receive services; money is collected for 9 million children.	State or local human services agency, state revenue department, state attorney general's office, local district or county attorney's office, or local or state court.
19 million workers	US Internal Revenue Service
24 million individuals (10 million households)	State or county human services agency
900,000 children	Local Head Start program
25 million children and 14 million non-elderly adults	State or county human services agency, or state health department.
7 million children and women	State or county human services agency, tribal agency, health clinic, hospital, community center, school, or other local agency
7 million individuals	US Social Security Administration
2 million families receive cash assistance, while additional families receive benefits and services.	State, county, or tribal human services agency

82 Chart adapted from conference materials prepared by Sharon Parrott, Center on Budget and Policy Priorities; Rutledge Hutson, *Providing Comprehensive, Integrated Social Services to Vulner-*

able Children and Families: Are There Legal Barriers at the Federal Level to Moving Forward? (Washington, DC: Center for Law and Social Policy, 2004), 11; US House of Representatives, Committee on

Ways and Means, *2004 Green Book* (Washington, DC: 2004), WMCP 108-6.

Some states have state-administered child welfare systems (typically housed in the state human or social services agency) while others have state-supervised, county-administered systems. The child welfare system is charged with helping families safely care for their children, or when that is not possible, finding the children another permanent home. State child welfare agencies perform a variety of functions, including investigating reports of child abuse and neglect, arranging for children to live with relatives and other foster families, finding permanent adoptive homes, helping youth leaving foster care to live independently, and providing supportive services to families where the children are placed (or are at risk of being placed) in foster care or kinship care settings.⁸³ (See sidebar, “Services Provided by Public Child Welfare Agencies,” for a complete roster of service areas.) Each state sets its own policies for triggering the involvement of child welfare agencies; these vary considerably, but they typically adhere to the requirements of the Federal Child Abuse Prevention and Treatment Act (CAPTA) and practice principles recommended by professional organizations such as the Council on Accreditation and the Child Welfare League of America.⁸⁴

The state may also relegate some family support and services responsibilities to local government entities. For instance, in many of the states that have large foster care populations, foster care services may be developed and administered by counties based on the needs of the local population. Finally, domestic violence services are primarily funded and administered by private, nonprofit organizations, with some state and federal support.⁸⁵

SERVICES PROVIDED BY PUBLIC CHILD WELFARE AGENCIES

Prevention/Family Support: services to keep children and families from entering the child welfare system in the first place. Public child welfare administrators believe that children belong with their families in a safe and stable home whenever possible.

Early Intervention/Family Preservation: services to address the needs of families at risk or in crisis. These programs seek to strengthen families, stabilize families, and prevent entry into the child welfare system.

Child Protective Services: investigation of cases of suspected abuse and neglect and provision of treatment services.

Foster Care: placement of children in out-of-home care.

Permanence: identification of a permanent home for a child, whether it be reunification with the biological

family, placement with an adoptive family or relatives, or guardianship.

Post-Permanency Services/After Care: services to support a permanent placement, such as reunification services, post-adoption, or guardianship services, or services to children and families in kinship-care arrangements.

Independent Living: services to prepare older youths or those who are aging out of the foster care system for self-sufficiency.

Source: American Public Human Services Association, *Crossroads: New Directions in Social Policy*. (Washington, DC: American Public Human Services Association, 2001). Available at www.aphsa.org/Publications/Doc/crossroads.pdf.

⁸³ National Clearinghouse on Child Abuse and Neglect Information, *How Does the Child Welfare System Work?* (Washington, DC: US Department of Health and Human Services, Administration for Children and Families, 2004).

⁸⁴ US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation,

National Study of Child Protective Services Systems and Reform Efforts. (Washington, DC: US Department of Health and Human Services, April 2003).

⁸⁵ The National Coalition Against Domestic Violence maintains a list of domestic violence coalitions in each state online at www.ncadv.org/resources/state.htm.

A | Promote access to appropriate health and human services for low-income families.

As discussed above, family supports and services comprise a wide range of human services programming and assistance; making sense of where to go for help can be complicated and confusing. Programs are often located in separate offices, forcing clients to take time off from work and long bus rides to keep multiple appointments.⁸⁶ Family needs are not consistently identified, and services are not always provided in a timely or flexible way. Application forms are often lengthy and duplicative, and explanations of program rules may be confusing, rote, and incomplete. Program requirements can accumulate to the point where they overwhelm families in crisis, curtailing their ability to obtain needed services.

Human service agencies can take a number of steps to make needed services more accessible to low-income families. First, agencies should *increase the physical accessibility to their programs* by locating satellite offices in high-poverty communities; co-locating programs in a single location (such as a joint One-Stop Career Center and welfare office); stationing intake workers in convenient locations (including community centers, public housing offices, public health clinics, hospitals, or parole offices); increasing telephone access to caseworkers; and covering transportation costs.

Second, agencies should *simplify intake*, by streamlining paperwork requirements, reducing required office visits, using one intake worker to screen and collect information for multiple programs, improving information exchange between program computer systems, and decreasing waiting periods. Family services administrators and other policymakers should implement the “no wrong door” approach, so that families that access any one supportive service can be connected to the full range of services that they need.

Third, they can *facilitate access to a range of programs* inside and outside of the health and human services system by developing stronger information, referral, and outreach procedures. Agencies should maintain up-to-date contact information for relevant programs, and develop some basic familiarity with the services offered by other programs. When families receive more specific information, they are more likely to follow up on a referral to additional services. To the extent practical, referrals to priority services should be “active,” meaning that a case worker facilitates the referral by directly contacting the appropriate agency.⁸⁷

⁸⁶ Sharon Parrott and Stacy Dean, *Aligning Policies and Procedures in Benefit Programs: An Overview of the Opportunities and Challenges Under Current Federal Laws and Regulations* (Washington, DC: Center on Budget and Policy Priorities, 2004), 1-2.

⁸⁷ Elise Richer, Hitomi Kubo, and Abbey Frank, *All in One Stop? The Accessibility of Work Support Programs at One-Stop Centers* (Washington, DC: Center for Law and Social Policy, 2003), 9.

B | Conduct family assessments of individuals receiving human services, and improve service delivery program compliance through a family-centered approach.

Families engaged in social service systems frequently have multiple and complex service needs. Typically, human services programs are oriented toward ensuring program eligibility and compliance, rather than on helping families solve problems. Providing families with individualized assessments, case management, and supportive services—the elements of a family-centered approach—may cost individual programs more than a limited, program-specific focus on determining eligibility and issuing benefits to those who manage to comply without support services.⁸⁸ However, investing in these elements can help families receive the services they need to move toward long-term self-sufficiency and safety. State-level or other boundary-spanning policymakers should seek to promote efficiencies and conserve resources across the board by determining goals that make sense across multiple agencies.

By conducting an individualized assessment of the family's service needs, human services programs can strengthen their capacity to identify and solve problems and to provide more tailored services to families. Comprehensive formal assessments should be conducted by specialized staff, should identify and address family circumstances, strengths, and service needs, and should lead to a customized service plan. Such an assessment can be designed for use by multiple programs.

When a program does not have the resources to conduct a formal assessment of every family that enters its caseload, program administrators should implement guidelines to better sort cases to target resources on families struggling with multiple problems. Administrators can also improve resource allocation by creating specialized units to address specific issues such as domestic violence, kinship care (placement of children with relatives), or parental incarceration. At a minimum, the agency should ask program applicants directly about their family members, what brought them to the agency, what they need to stabilize their family and move forward, and how they prioritize their own service needs. Families should be made aware of the reasons they are being asked for information, the extent to which information is shared with others, what they can expect from the process, and what choices they have.

In developing a service plan, program staff should (to the extent feasible) consult with family members, offer options, and involve families in decision-making. Frequent engagement with program staff can help

⁸⁸ Gayle Hamilton and Susan Scrivener, *Promoting Participation: How to Increase Involvement in Welfare-to-Work Activities* (New York, NY: Manpower Demonstration Research Corporation, 1999), 47, 52-55.

⁸⁹ Amy E. Hirsch et al., *Every Door Closed: Barriers Facing Parents With Criminal Records* (Washington, DC: Center for Law and Social Policy, 2003), 28-29.

isolated families “stay in touch with society.”⁸⁹ However, finding effective ways to work with family members can be challenging for any agency.⁹⁰ Providers can try to bridge such gaps by creating linkages to other programs which can help them reach family members who are not typically seen by the program, such as non-custodial parents and vulnerable teens. Further, existing programs often can expand and refocus the services they offer, finding additional ways to provide practical help before problems become unmanageable.

Policymakers and program administrators should understand the competing demands that different services, however necessary and appropriate, may place on families. The evidence suggests that severe sanctions do not necessarily increase compliance and that sanctions tend to be disproportionately imposed on the most disadvantaged families; better strategies can be employed to improve program participation and efficacy.⁹¹ Service providers should facilitate compliance with service plans, and keep individuals and families engaged, by coordinating and consolidating program requirements; providing clear, direct information about what to expect and the consequences of non-compliance; explaining program rules more than once; reminding program participants of appointments and deadlines and following up when these are missed; providing child care; and identifying barriers to compliance. These steps, combined with careful staff training and frequent interactions between staff and families, will enable family services providers to create a receptive, non-judgmental environment that holds families accountable while encouraging disclosure and problem-solving.

c | Strengthen access and service delivery for families in the child welfare program.

Child welfare programs deal with overwhelming caseloads, high staff turnover, poor information management systems, and limited resources.⁹² Judicial dockets are similarly strained: courts lack sufficient resources and tools to improve oversight of child welfare cases; and parents, foster parents, and children often lack quality legal representation.⁹³ Parents and foster parents report that they have trouble getting information and having a sufficient voice in decision-making.⁹⁴ At the same time, children and

⁹⁰ Shelli B. Rossman, “Building Partnerships to Strengthen Offenders, Families, and Communities” in Jeremy Travis and Michelle Waul, eds., *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities* (Washington, DC: The Urban Institute Press, 2004).

⁹¹ Gayle Hamilton and Susan Scrivener, *Promoting Participation: How to Increase Involvement in Welfare-to-Work Activities* (New York, NY: Manpower Demonstration Research Corporation, 1999), 30, 48, 59.

⁹² Amy E. Hirsch et al., *Every Door Closed: Barriers Facing Parents With Criminal Records* (Washington, DC: Center

for Law and Social Policy, 2003), 57; Lois E. Wright and Cynthia B. Seymour, *Working with Children and Families Separated by Incarceration* (Washington, DC: Child Welfare League of America, 2000), 28.

⁹³ Pew Commission on Children in Foster Care, *Fostering the Future: Safety, Permanency, and Well-being for Children in Foster Care* (Washington, DC, 2004), 9-10.

⁹⁴ Gloria Hochman, Anndee Hockman, and Jennifer Miller, *Voices From the Inside* (Washington, DC: Pew Commission on Children in Foster Care, 2004).

families often do not receive the services they need.⁹⁵ Critics find that the child welfare funding and program structure is inflexible and encourages over-reliance on the placement of children in foster care.⁹⁶

Given all of these concerns, the child welfare system should improve service delivery to children and families, including those with incarcerated parents, in a number of ways:

- Many experts agree that child welfare *financing should be reprioritized* at the federal level so that it encourages more individualized, family-centered, preventative, and innovative services to children and families, instead of focusing resources so heavily on foster care placements.⁹⁷
- Court resources should be allocated to *improve judicial oversight* of child welfare cases, parental access to judicial proceedings and mediation, effective collaboration with child welfare agencies, improved training, and accountability for child outcomes.⁹⁸
- Policies to *encourage kinship care arrangements*, which entail placement of children with relatives instead of an unknown foster family, should be adopted by the child welfare program. Such placements can help parents and children who are separated from each other maintain their relationship, while providing some stability for children.⁹⁹
- The program should *improve supportive services* to kinship families, as well as non-relative foster families.¹⁰⁰ Such services include mental health, substance abuse treatment, parenting courses, employment services, housing aid, and financial assistance.
- The child welfare *service mandate should be expanded* to include and improve services specifically designed for families of incarcerated parents. Further, the program should improve data collection and develop a research agenda focused on children with incarcerated parents.¹⁰¹

⁹⁵ Ibid.; Pew Commission on Children in Foster Care, *Fostering the Future: Safety, Permanency, and Well-being for Children in Foster Care* (Washington, DC, 2004), ES 1-2, 11-13.

⁹⁶ Pew Commission on Children in Foster Care, *Fostering the Future: Safety, Permanency, and Well-being for Children in Foster Care* (Washington, DC, 2004), 1.

⁹⁷ Ibid.; Kristen Shook Slack, "Making a Real Commitment to Prevention Efforts: Reforming the 'Front-End' of Child Welfare," *Poverty Research News* (Chicago, IL: Joint Center for Poverty Research 2002), 4-5.

⁹⁸ Pew Commission on Children in Foster Care, *Fostering the Future: Safety, Permanency, and Well-being for Children in Foster Care* (Washington, DC, 2004), 3 Center for Policy Research, *Family Group Decision-Making In Colorado* (Denver, CO: 2002), ES i-iii; Nancy Thoennes, *Dependency Mediation in Colorado's Fourth Judicial District* (Denver, CO: Center for Policy Research, 1999) ES 1-4.

⁹⁹ "Kinship care" refers to situations where a child is placed with a relative, rather than an unknown or unrelated foster parent.

¹⁰⁰ Elizabeth Johnson and Jane Waldfogel, *Where Children Live When Parents Are Incarcerated* (Chicago, IL: Joint Center for Policy Research, 2002), 2; Elizabeth Johnson and Jane Waldfogel, *Children of Incarcerated Parents: Cumulative Risk and Children's Living Arrangements* (New York, NY: Columbia University of Social Work, 2002), 3-5; Lois E. Wright and Cynthia B. Seymour, *Working with Children and Families Separated by Incarceration* (Washington, DC: Child Welfare League of America, 2000), 68-75; Mary Bissell and Jennifer Miller, *Using Subsidized Guardianship to Improve Outcomes for Children* (Washington, DC: Children's Defense Fund and Cornerstone Consulting Group, 2004), 1-2.

¹⁰¹ Cynthia Seymour, "Children With Parents in Prison: Child Welfare Policy, Program, and Practice Issues," *Child Welfare: Journal of Policy, Practice, and Program*, Special Issue: Children with Parents in Prison (Washington, DC: Child Welfare League of America, 1998), 470; Lois E. Wright and Cynthia B. Seymour, *Working with Children and Families Separated by Incarceration* (Washington, DC: Child Welfare League of America, 2000), 29, 51.

- The child welfare program should *collaborate with corrections departments* to provide families of incarcerated parents with needed supports; facilitate visits and other contact between incarcerated parents and their children whenever feasible and prudent; and help families plan for re-entry.¹⁰² (See Policy Statement 13, Children and Families, and Policy Statement 23, Victims, Families, and Communities, for more on facilitation of family relationships during an individual's incarceration and transition period.)
- *Permanency planning* for the children of incarcerated parents should take into account the special challenges of these families, including lengthy prison sentences that often exceed statutory time frames for presumptive termination of parental rights. (See Epilogue for more on federal restrictions for re-entering parents.) Child welfare programs should make reasonable efforts to encourage reunification where appropriate. Incarcerated parents, like all parents, should be given a fair opportunity to participate in permanency planning and judicial proceedings.¹⁰³

The child welfare program and the criminal justice system share many of the same families. By improving cross-system coordination and service delivery, the child welfare program can help improve the chances of successful family reunification after incarceration.

▫ | Increase coordination across programs for children and families and among service systems.

Human services agencies have significant leeway under federal law to coordinate and align services across programs and with other systems, such as the workforce, housing, and criminal justice systems.¹⁰⁴ Service coordination is a key strategy for facilitating information-sharing and improving

¹⁰² Shelli Rossman, "Building Partnerships" in Jeremy Travis and Michelle Waul, eds., *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities* (Washington, DC: The Urban Institute Press, 2004); Amy E. Hirsch et al., *Every Door Closed: Barriers Facing Parents With Criminal Records* (Washington, DC: Center for Law and Social Policy, 2003), 51.

¹⁰³ Johnson and Waldfogel, *Where Children Live*, 2; Philip M. Genty, "Permanency Planning in the Context of Parental Incarceration: Legal Issues and Recommendations," Special Issue: Children with Parents in Prison, *Child Welfare: Journal of Policy, Practice, and Program*, Washington, DC: Child Welfare League of America (Sept./Oct. 1998), 545-549; Timothy Ross, Ajay Khashu, and Mark Wamsley, *Hard Data on Hard Times: An Empirical Analysis of Maternal Incarceration, Foster Care, and Visitation*, Report to NYC Administration for Children's Services, New York, NY: Vera Institute of Justice, ES 1-3.

¹⁰⁴ For information about program coordination, see a series of papers developed as part of the Cross-System Innovation Project of the National Governors' Association, the Hudson Institute, and the Center for Law and Social Policy, including Rutledge Hutson, *Providing Comprehensive, Integrated Social Services to Vulnerable Children and Families: Are There Legal Barriers at the Federal Level to Moving Forward?* (Washington, DC: Center for Law and Social Policy, 2004); Sharon Parrott and Stacy Dean, *Aligning Policies and Procedures In Benefit Programs: An Overview of the Opportunities and Challenges Under Current Federal Laws and Regulations* (Washington, DC: Center on Budget and Policy Priorities, 2004); Thomas Corbett and Jennifer Noyes, "Service and Systems Integration: A Collaborative Project," *Focus 23* (Summer 2004): 27; Mark Greenberg, Emil Parker, and Abbey Frank, *Integrating TANF and WIA Into a Single Workforce System: An Analysis of Legal Issues* (Washington, DC: Center for Law and Social Policy, 2004). Also see Jodi Sandfort, "Why is Human Services Integration So Difficult to Achieve?" *Focus 23* (Summer 2004): 35.

the efficiency of service delivery within such systems by (1) developing collaborations across programs and between systems, and (2) coordinating and harmonizing policies and procedures among multiple programs.¹⁰⁵ Coordination across programs can help reduce service fragmentation, identify service gaps and duplication, increase the cost-effectiveness of service delivery, and increase flexibility through the use of multiple funding streams for eligible services. (See Policy Statement 4, Funding a Re-Entry Initiative, for more on combining funds.)

Such collaboration can help families by increasing points of access and providing a more comprehensive set of services. Families should be able to access the services they need, regardless of the program door they enter through. For example, a family applying for cash assistance should be able to access needed mental health and substance abuse treatment, while a family receiving child welfare services should be able to receive help with job training and child care.

A number of states have taken steps to improve service coordination among human services programs and across human services, workforce, and criminal justice systems. These efforts often include the TANF program because of the program's broad purposes, flexible funding, and central role within the human services system.¹⁰⁶ Service coordination efforts include:

- Improved data collection
- Integrated information management systems
- Review and alignment of policies and procedures, including eligibility rules, verification procedures, reporting, and certification procedures
- Single application procedures
- Multi-program screening, assessment, referrals, and case management
- Improved interagency coordination through co-location, stationing workers from one program in another program office, cross-program liaisons, multidisciplinary teams, and cross-training between programs
- Harmonized performance measures
- Coordinated and joint funding strategies

¹⁰⁵ Jeremy Travis and Michelle Waul, eds., *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities* (Washington, DC: The Urban Institute Press, 2004).

¹⁰⁶ The statutory purposes of the TANF program are to (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes

of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies; and (4) encourage the formation and maintenance of two-parent families. 42 U.S.C. § 601.

For several reasons, coordination among services is difficult to fully achieve. It takes top-down support, a vision of service delivery, clearly defined goals, and time. Successful alignment of programs and systems requires institutional change that can affect program structure, organization, and staff roles. Different program goals, competing priorities, complex organizational cultures, perceptions of skeptical staff, and resource restraints all have to be negotiated. (See Policy Statement 5, Promoting System Integration and Coordination for more on the challenges of harmonizing multiple systems and organizations.) Ultimately, an investment in addressing these obstacles and promoting thoughtful, institutionalized coordination may be necessary to achieve improved service delivery for program participants and their families.

■ | Partner with community-based organizations to improve service access and delivery.

Many families served by human services agencies face a range of challenges that lead to their involvement with other systems, such as criminal justice, workforce development, or housing. High rates of poverty and crime disproportionately concentrated in a few neighborhoods in each state destabilize those communities and the families who live there. Yet this overlap in criminal justice and human services caseloads offers an opportunity to create more cohesive, coordinated, and community-based service delivery systems for families engaged in these systems.

Programs located in the communities they serve, such as One-Stops or nonprofit or faith-based organizations can serve as a key intermediary among the human services, workforce, and criminal justice systems. By using funds from each system, community-based programs can deliver a mix of services to individuals with criminal records and their families and help bridge the service gaps when prisoners are released. As intermediaries, community-based programs can help connect multiple systems and improve the accessibility and responsiveness of human services programs, through informal consultation and problem-solving, client advocacy, cross-referrals, and cross-training. (See Recommendation a, above, for more increasing access to children and family services.) In addition, human services agencies can contract with community-based organizations that work with people released from prisons and jails and their families, including providers that focus on re-entry, family support, domestic violence, and responsible fatherhood programs. Such organizations, which often already have ties to this client population, can conduct assessments, provide case management, deliver program services, and serve as partners on cross-disciplinary teams.

Through their links to community-based organizations, human services agencies can extend their reach to the community of families

beyond those enrolled in TANF cash assistance and other government aid programs. For example, families just above the eligibility threshold, families who have dropped out of the system, families who move back and forth between programs, and family members who may not be directly served by human services programs (such as non-custodial parents) may fall through the cracks of most children and families programs but may nonetheless have service needs. Human services agencies can also inventory community resources and establish a whole network of relationships within the community among those working at community centers, public health clinics, schools, public housing offices, One-Stops, and community supervision agencies.

Notwithstanding their benefits, these relationships may be difficult. It can be awkward to negotiate the often divergent service goals and client relationships pursued by community-based programs and human services agencies. Limited resources, insufficient data collection, and restricted information-sharing also can present challenges to these collaborations.¹⁰⁷ However, working with community-based organizations, which are often closely knit into the fabric of the community, is critical to the success of the human services system and the families it serves.

¹⁰⁷ Ibid.

Increase positive health outcomes, reduce cost, and reduce transmission of communicable diseases by improving access to and raising the quality of existing public and private health care.

TARGET POPULATION

As earlier policy statements in this Report make clear, even if individuals receive high-quality health care during their incarceration, when they leave a correctional facility, they face the challenge of maintaining continuity of care in the community. (See Policy Statement 20, Continuity of Care, and Policy Statement 27, Maintaining Continuity of Care, for more on how individuals can work with institutional staff and other providers to continue treatment upon release.) Indeed, a person's access to quality health care is one of the major determinants of his or her health status, along with physical and social environment, behavior, and individual biology.¹⁰⁸ But the majority of individuals released from prison and jail find themselves in the predicament of many other poor Americans: seeking adequate care from a health care system that often provides only limited, fragmented, unaffordable services.

Just over 60 percent of working Americans receive commercial health insurance through their employers, paying part of the premiums out of their wages and paying for other health care expenses out-of-pocket.¹⁰⁹ Most people released from prison or jail, however, will not be employed in positions with richly funded health benefits. Indeed, the great majority of releaseses will have very low incomes, if they are employed at all.¹¹⁰ Many re-entering individuals will thus join the ranks of more than 44 million uninsured Americans, a number that has been increasing by more than one million per year for more than a decade.¹¹¹ Some health care experts estimate that that number will continue to grow, reaching between 51.2 to 53.7 million by 2006.¹¹²

108 US Department of Health and Human Services, *Healthy People 2010—Conference Edition*, 2nd ed. 2 vols. (Washington, DC: 2000).

109 Carmen DeNavas-Walt, Bernadette D. Proctor, and Robert J. Mills, *Income, Poverty, and Health Insurance Coverage in the United States: 2003*, US Census Bureau, Current Population Reports, P60-226 (Washington, DC: 2004).

110 Harry Holzer, Steven Raphael, and Michael Stoll, *Employment Barriers Facing Ex-Offenders* (Washington, DC: The Urban Institute, 2003).

111 Kaiser Commission on Medicaid and the Uninsured, "Health Insurance Coverage in America 2003 Data Update Highlights, Chartpack and Tables" 2004, available at www.kff.org/uninsured/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=46814 (accessed on November 19, 2004).

112 Henry E. Simmons and Mark A. Goldberg, *Charting the Cost of Inaction* (Washington, DC: National Coalition on Health Care, 2003).

KEY ISSUES

The key problems in the US health care system boil down to issues related to access, costs, and quality. As detailed below, health care is too expensive, and too many people, especially poor people, lack access to it (or, more generally, the insurance coverage which could pay for it). For those who do not have coverage, serious health troubles are virtually inevitable. Further, the treatment which is available is often substandard. For many, especially those without insurance, a gap remains between the care that should be provided with that which is actually delivered.

Spending on health care is one of, if not the most, challenging problems facing the health care system. Overall, the United States spends much more on health care than any other nation. On a per capita basis, health care costs in the United States are more than twice the median level for the 30 industrialized nations in the Organization for Economic Cooperation and Development (OECD).¹¹³ In 2002, health spending accounted for nearly 14.9 percent of the country's economy.¹¹⁴ According to the Department of Health and Human Services, health care spending in the US shot up 9.3 percent in 2002, the largest increase in 11 years, to a total of \$1.55 trillion, representing an average of \$5,440 for each person.¹¹⁵ Projections by the Centers for Medicare and Medicaid Services indicate that the health share of the economy will continue to grow and could reach 18.4 percent in 2013.¹¹⁶

Although the United States spends more per capita on health and health care than any other country—and there have been signs of the overall improvement in the health of our population—the health of some segments of the population has lagged behind.¹¹⁷ In general, health care access in low-income communities is limited.¹¹⁸ People living in poverty and near poverty remain at high risk for poor health outcomes and in need of greater access to health care.¹¹⁹ Among adults with a health problem, physician visits are correlated with family income, irrespective of race, ethnicity, or sex.¹²⁰ Poor women, for example, are nearly three times more likely to have gone without a physician visit in the past year than are high-income women.¹²¹

In general, people who obtain regular medical care can afford to do so because they have health insurance. Without health insurance, people either do not seek timely care or are not able to find it. Indeed, the uninsured poor are more than three times as likely as the insured poor to have no health care visits in a year.¹²²

¹¹³ National Coalition on Health Care, *Building a Better Health Care System: Specifications for Reform* (Washington DC: National Coalition on Health Care, 2004).

¹¹⁴ Robert Pear, "Health Spending Rises to Record 15% of Economy," *New York Times* (January 9, 2004).

¹¹⁵ *Ibid.*

¹¹⁶ Stephen Heffler, Sheila Smith, Sean Keehan, M. Kent Clemens, Mark Zezza, and Christopher Truffer, "Health Spending Projections Through 2013," *Health Affairs* (February 11, 2004).

¹¹⁷ Virginia M. Freid et al., *Health, United States, 2003, with Chartbook on Trends in the Health of Americans* (Hyattsville, MD: National Center for Health Statistics, 2003).

¹¹⁸ Nicholas Freudenberg, "Community Health Services for Returning Jail and Prison Inmates," *Journal of Correctional Health Care* 10, no. 3 (2003). Freudenberg notes that even programs that do exist in high-need communities tend not to focus on the "less deserving" poor, such as re-entering adults or those with substance abuse

issues; such programs instead often target children, families, and the elderly.

¹¹⁹ Virginia M. Freid et al., *Health, United States, 2003, with Chartbook on Trends in the Health of Americans* (Hyattsville, MD: National Center for Health Statistics, 2003).

¹²⁰ Elsie R. Pamuk et al., *Health, United States, 1998, with Socioeconomic Status and Health Chartbook*, US Department of Health and Human Services, Centers for Disease Control and Prevention (Hyattsville, MD: National Center for Health Statistics, 1998).

¹²¹ *Ibid.* "Poor" in the 1998 *Health Chartbook* is defined as below the federal poverty level; "high-income" persons have family incomes at least 200 percent of the federal poverty level and at least \$50,000.

¹²² Virginia M. Freid et al., *Health, United States, 2003, with Chartbook on Trends in the Health of Americans* (Hyattsville, MD: National Center for Health Statistics, 2003).

Compared to those who have insurance, the uninsured are less likely to do the following:

- Get cancer screening tests, delaying diagnosis and leading to premature death
- Receive care recommended for chronic diseases, like timely eye exams (to prevent blindness) and foot exams (to prevent the need for amputations) in persons with diabetes
- Obtain regular access to medications to manage conditions such as hypertension or HIV/AIDS infection
- Receive diagnostic and treatment services after a traumatic injury or a heart attack, resulting in an increased risk of death even when in the hospital.¹²³

In sum, Americans without regular health care are more likely than those with health insurance to receive too little medical care and to receive it too late; to be sicker and to die sooner; and to receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.¹²⁴ The Institute of Medicine estimates that 18,000 Americans die prematurely each year due to the effects of lack of health insurance coverage.¹²⁵

Failure to provide affordable preventive and ongoing treatment not only worsens health outcomes, but also puts an additional financial strain on the nation's economy, as early intervention and regular care are cost-effective in terms of both treatment and productivity.¹²⁶ The uninsured are up to four times more likely than the insured to experience an expensive, avoidable hospitalization or to require emergency care.¹²⁷ In fact, the cost of an emergency hospital visit is three to four times more expensive than a cost of a regular office visit.¹²⁸ The Institute of Medicine estimates that the diminished health and shorter life spans of Americans under age 65 who lack health insurance translates into costs ranging from \$65 billion to \$130 billion, even before taking into account the additional positive effects on health and longevity after age 65 for individuals who had continuous health coverage.¹²⁹

Even for those with insurance, many people do not receive care which is consistent with the key evidence-based practices and optimal standards of care. According to the National Committee for Quality Assurance (NCQA), an independent, not-for-profit organization whose mission is to improve quality of care, over 57,000 Americans die needlessly each year because they do not receive appropriate health care.¹³⁰ The majority—almost 50,000—die because known conditions are not

¹²³ Institute of Medicine, *Care Without Coverage: Too Little Too Late* (Washington, DC: National Academy Press, 2002).

¹²⁴ Ibid.

¹²⁵ Institute of Medicine, *Insuring America's Health: Principles and Recommendations* (Washington, DC: National Academy Press, 2004).

¹²⁶ Ibid.

¹²⁷ American College of Physicians, "No Health Insurance? It's Enough to Make You Sick—Scientific Research Linking the Lack of Health Coverage to Poor Health," November 1999, available at www.acponline.org/uninsured/lack-exec.htm.

¹²⁸ C. B. Forrest and B. Starfield, "The Effect of First-Contact Care with Primary Care Clinicians on Ambulatory Healthcare Expenditures," *Journal of Family Practice* 43 (1996): 40-48.

¹²⁹ Institute of Medicine, Committee on the Consequences of Uninsurance, *Insuring America's Health: Principles and Recommendations* (Washington, DC: National Academies Press, 2004).

¹³⁰ This statistic and many of the assertions in this paragraph derive from material in National Committee for Quality Assurance, *The State of Health Care Quality: 2003* (Washington, DC: National Committee for Quality Assurance, 2003).

adequately monitored and controlled; others die or are at increased risk of death because they have not received the right preventive or follow-up care. These are individuals who die not because of some mistake in medical judgment or because they did not have access to care. Rather, a lack of agreed upon standards, incentives for excellence, performance measurements, reporting of outcomes, and collaboration among health care organizations are issues which contribute to a sizeable gap between low-quality and high-quality care.

SYSTEM ORGANIZATION AND FUNDING

For elderly Americans and some non-elderly poor or disabled people, the federal government provides health coverage. Medicare, a form of federal health insurance, pays a large part of the medical bills (but not prescription drugs) incurred by Americans who are 65 and older and those who are disabled, regardless of age. Medicare is administered by the federal government and financed by a portion of the Social Security tax, premiums paid by recipients, and federal funds.

Medicaid, the nation's largest social-welfare program, also provides health care coverage for poor people.¹³¹ Medicaid helps cover some low-income Americans, but applicants must meet stringent income and asset eligibility standards. Typically, unless they are aged, blind or severely disabled, even the poorest individuals are generally ineligible if they do not have dependent children.¹³²

In addition to Medicaid and Medicare, the federal government provides direct, personal health care services to particular populations through agencies such as the Veteran's Health Administration, the Indian Health Service (for American Indians and Native Alaskans in 35 states), and the Department of Defense (for individuals serving in the armed forces). A host of other federal agencies, ranging from the Food and Drug Administration to the National Institutes of Health, are also involved in health and health care related issues such as regulation, licensing, research, occupational health, public health, and prevention. But for non-elderly, low-income adults who are not veterans, there are very limited opportunities for health coverage through federally funded entitlement programs.

The Department of Health and Human Services (HHS), the principal federal agency administering health care programs and funding, also has several administrative branches which provide funding related to the provision of health care in low-income communities. The Bureau of Primary Health Care, for instance, funds select community health centers in low-income communities and obligates these health centers to provide unreimbursed care to low-income, uninsured people.¹³³ These health centers are located throughout the nation in urban and rural areas. The Bureau of Primary Health Care also coordinates programs designed specifically for migrants, homeless people, and residents of public housing. The Health Resources and Services Administration (HRSA), also part of HHS, funds grantees to coordinate care in some communities for uninsured, low-income people through the Community Access Program and the Rural Health Grant Programs. These are just a sampling

¹³¹ With no changes to the current program, expenditures under Medicaid are projected to reach \$425 billion by FY 2008. See Centers for Medicare and Medicaid Services, "Medicaid: A Brief Summary," available at www.cms.hhs.gov/publications/overview-medicare-medicaid/default4.asp (accessed on November 3, 2004).

¹³² *Ibid.*

¹³³ US Department of Health and Human Services, Health Resources and Services Administration, "Bureau of Primary Health Care: Service Delivery Sites: Federally Qualified Health Centers," available at www.ask.hrsa.gov/pc, www.hrsa.gov/osp/dfcr/obtain/Freecare.htm.

of the existing federal health initiatives, but even collectively, these programs do not provide comprehensive care for the millions of uninsured Americans.

At the state level, the provision of health care is often dominated by the administration of Medicaid. Although the federal government funds the program in part, much of the funding is matched by the states. Moreover, in contrast to Medicare, the states administer the eligibility and funding for Medicaid. States also provide support for health care services through their own departments of health. To the extent that state agencies (or, in some cases, their county-based counterparts) provide funding for such programs, there is tremendous variation in their eligibility requirements, scope, and services.

Direct services at the local level are often provided by a fragmented mix of private and public individuals and entities, including both for-profit and nonprofit organizations. By law, hospital emergency departments are not allowed to turn away patients with life-threatening emergencies.¹³⁴ However, because of fiscal realities, hospitals do not supply unreimbursed care easily. Some of these local service providers receive government funding to support their work through fee-for-service payments (such as government insurance programs). When low-income people have Medicaid or other coverage, for example, they may be seen in private medical offices, either individually or through their practitioners' enrollment in Medicaid managed care programs. Other local health care entities receive government funding more directly, through contracts or grants, including the HHS grant initiatives detailed above.

Public health agencies are another major component of the nation's health care system, one which comprises federal, state, and local elements. Rather than providing individual treatment and personal care, public health departments generally focus on education, research, and outreach activities targeted toward promoting good health and preventing and controlling the spread of disease. For public health, just as for personal health care, federal and state funding supports local providers.

The primary actor in the public health field is the Centers for Disease Control and Prevention (CDC), another HHS agency. Among other programs, the CDC has national centers that fund state and local health departments to prevent transmission of communicable diseases such as tuberculosis, HIV/AIDS (and other sexually transmitted diseases), and viral hepatitis.¹³⁵ Through CDC and state categorical funding, state and local health departments provide care and follow-up for patients with contagious tuberculosis; latent tuberculosis infection; and sexually transmitted diseases such as syphilis, gonorrhea, and chlamydia. (See sidebar, "Coordinating Funding Streams for Comprehensive Service Delivery" in Policy Statement 4, Funding a Re-Entry Initiative, for more on categorical funding generally.) Some public health authorities also provide maternal and child care for the poor, although these programs have been largely eliminated by cutbacks in funding.

134 US Department of Health and Human Services, Health Resources and Services Administration, "Free Hospital Care, Nursing Home Care, and Care Provided in Other Types of Health Care Facilities Under the Hill-Burton Program," available at www.hrsa.gov/osp/dfcr/obtain/Freecare.htm (accessed on November 21, 2004).

135 The CDC also maintains surveillance of chronic and communicable disease in the nation, consults with state and local health departments, and assists with epidemiologic investigation of communicable disease internationally.

recommendations

A | **Improve access to health care services for the working poor by increasing cost-containment strategies and maximizing insurance coverage.**

In the current US economy, poor people are unable to pay for care out-of-pocket, so their access to comprehensive primary care is dependent on affordable coverage for health services, whether that coverage is provided by commercial health insurance or government entitlements such as Medicaid. Broad coverage to pay for health services is, therefore, more than a matter of convenience. There are two critical public policy questions that this raises: who will pay for care for the uninsured poor, and how will that care be delivered?

At the foundation of the need to provide health care to more individuals is the need to make such services more affordable. If overall costs of medical care were lower, premiums for services would be lower, and more people would be able to afford coverage. There are a host of controversial arguments as to how this could be done. Reducing overall benefits (either services covered or amount reimbursed to providers) for all who receive publicly financed health care benefits is one way to cut health care spending. Malpractice reform, so that doctors have less liability and less risk of spending resources battling non-meritorious cases, is another strategy for potentially saving health care dollars. Group purchasing for services and medications or increased regulation of pharmaceutical companies can also reduce overall costs. Less controversially, funding for delivery of services could be tied to identification and use of best practices, including measures to incorporate cost-saving technological advances in the delivery and administration of services. Streamlining services would ensure that treatment would not be duplicated among multiple providers, unnecessary care (or care that results in only marginal health improvements) would be eliminated, and chronic conditions would be more efficiently managed.¹³⁶ Finally, the complexity of the American health care system makes it very expensive to administer. Simplifying these processes would result in significant cost savings.¹³⁷

In addition to reducing costs, ensuring that more people receive health care coverage can increase overall access to care. Expanding participation in existing public programs is one means to this end. Every state uses its Medicaid program as the primary instrument for offering health care coverage to poor adults. Because of restrictions on eligibility, however, most low-income, uninsured adults—particularly if they are not parents—

¹³⁶ Anna Sommers, correspondence with editor, November 23, 2004.

¹³⁷ National Coalition on Health Care, *Building a Better Health Care System: Specifications for Reform* (Washington DC: National Coalition on Health Care, 2004).

do not qualify for Medicaid, despite a burden of illness such as chronic or communicable disease. (See chart, “Key Assistance Programs for Low-Income Families with Children” in Policy Statement 34, Children and Family Systems, for more on the Medicaid program.) Without access to care and coverage for medication, among those who are poor but do not qualify for coverage, particularly those with chronic conditions, physical health will deteriorate, causing progressive diminution of function, pain, and ultimately, premature death.¹³⁸

Medicaid does not preclude the states from extending their coverage for low-income, uninsured people. Indeed, states should consider providing coverage for this needy population through Medicaid to prevent the serious morbidity and mortality associated with interruptions in continuity of care and medication, as well as to diminish the costs associated with the lack of such care. State premium assistance programs are another way of helping individuals who may exceed the Medicaid eligibility threshold or who are prohibited from enrolling because their employer provides commercial coverage which they cannot afford. New York’s Affinity Health Plan, for instance, is a managed care program that provides services through a large network of primary care sites and a network of contract specialists and hospitals. It is administered through the state Medicaid program and is fully funded by the state to offer care for low-income individuals and families whose incomes exceed Medicaid or Medicare eligibility levels.

Notably, increasing state-funded Medicaid coverage is not the only strategy for increasing health care coverage. New or expanded federal programs could also meet this need. Alternatively, employers could be compelled to expand coverage to reach more people. Even where health care is not fully funded by public entities, federal, state, or local governments could assist individuals with health care subsidies to cover prohibitively expensive premium costs.

B | Encourage community-based health care providers to offer comprehensive primary care.

Primary care means coordinated, continuous health care from a provider who is trained to manage most of a person’s basic health care needs. For many, the primary care physician is “the family doctor,” who may be trained in family medicine, internal medicine, or general pediatrics. A complete primary care program includes health promotion; screening; medical, dental, and mental health care; laboratory and diagnostic testing; hospitalization and inpatient services; specialty care; and medication. A

¹³⁸ Among prisoners, this risk is especially great because of the risk that they may experience a lapse in care upon their release. As discussed in Policy Statement 24, Identification and Benefits, their eligibility for medical

benefits needs to be assessed they are still incarcerated, and enrollment should be expedited to prevent such a gap in services.

quality, comprehensive primary care system has a number of features, as follows:

- Care is based on continuous healing relationships
- Care is customized according to patient’s need and values
- The patient is the source of control
- Knowledge is shared and information flows freely
- Decision-making is evidence-based
- Safety is a system priority
- Transparency is a necessity
- Needs are anticipated
- Waste is minimized
- Cooperation among clinicians is a priority.¹³⁹

The primary care model is the treatment model most likely to maximize health outcomes for low-income people.¹⁴⁰ As opposed to episodic, discontinuous, and fragmented care, primary care offers individuals a reliable source of health care with the convenience of a single point of access and “one-stop shopping” for most health needs. The regular relationship with a provider can also promote prevention, treatment for general health care needs, and management of chronic and communicable diseases. An individual who knows his or her doctor personally—or at least has a regular clinic to visit—may be more likely to obtain treatment for a minor complaint or a chronic disorder before it becomes a serious or debilitating health issue.

A physician who serves as a gateway to other treatment providers is also well-positioned to coordinate care for those patients who have co-occurring mental health and substance abuse issues. (See Recommendation c, below, for more on coordination of care.) When care is episodic or handled by a number of different providers who have no connection with each other, the patient is more likely to receive redundant treatment or—even worse—treatment which conflicts with that of another provider.

c | Coordinate primary medical care with mental health care and substance abuse services, where appropriate, for patients diagnosed with co-occurring disorders.

Historically, medical care, mental health care and substance abuse treatment have been provided by distinct agencies and programs. There can be

¹³⁹ Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, DC: National Academy Press, 2001).

¹⁴⁰ *Ibid.*

inefficiencies or even risks with this type of multi-track care. For vulnerable populations (including individuals returning to the community from incarceration) who need to locate and organize a host of personal needs ranging from employment to child care, the need to juggle multiple providers can be a severe barrier to obtaining treatment.¹⁴¹ Minimizing the number of referrals and providers—or their geographic dispersion—is one way to address this hurdle.

When it is not possible or appropriate to consolidate treatment, providers should strive to coordinate their care. Since a patient's separate, uncoordinated providers typically do not share medical information with each other, prescribing physicians may not know what medications or treatments have been prescribed by other providers and thus may prescribe medications that have adverse effects or result in dangerous drug interactions. Citing valid patient privacy issues, mental health agencies and substance abuse treatment programs have been especially resistant to such communication. Yet many patients would derive great value from information-sharing among their care providers. Various jurisdictions have devised strategies for sharing information legally, some as simple as obtaining a valid waiver from a patient who has been informed of his or her right to privacy for medical information. Physical health, substance abuse treatment, and mental health specialists should not, therefore, simply assume that confidentiality restrictions summarily preclude them from coordinating or consolidating their care with other providers. Indeed, agencies that fund any of these programs should assure that their funded programs maximize appropriate clinical communication among the various providers of medical care, mental health care, and substance abuse treatment, while respecting the rights of patients to keep their personal information private. (See Policy Statement 8, sidebar, "Regulations Regarding Confidentiality," for more on federal privacy requirements.)

▫ | Promote program evaluation and provide incentives for programs which demonstrate measurable improvement.

The key elements of quality health care are continuity of care; affordability; health enhancement and well-being services; and access to effective, efficient, safe, timely, patient-centered care.¹⁴² Good program evaluation can drive improvement in performance through the measurement of access to care and the quality of clinical care.¹⁴³ However, there are insufficient studies comparing treatment modalities and the performance of different providers. Both patients and government agencies which fund care would

¹⁴¹ Nicholas Freudenberg, "Community Health Services for Returning Jail and Prison Inmates," *Journal of Correctional Health Care* 10, no. 3 (2003).

¹⁴² Committee on the Consequences of Uninsurance, Board on Health Care Services, *Insuring America's Health*:

Principles and Recommendations (Washington, DC: National Academies Press, 2004).

¹⁴³ National Committee for Quality Assurance, *The State of Health Care Quality: 2004* (Washington, DC: National Committee for Quality Assurance, 2004).

benefit from such comparative data. A system-wide effort to improve quality should increase investment in the generation and dissemination of information about effectiveness and cost-effectiveness to improve options available and patients' ability to make educated choices among those options.¹⁴⁴ Policymakers should therefore encourage performance studies of health programs, including analyses of the performance of managed care programs funded through Medicaid.

In addition to promoting evaluation generally, policymakers should promote well-managed, comprehensive primary care by offering financial incentives to providers that can demonstrate improvements in their efficiency, comprehensiveness, and quality.¹⁴⁵ Some performance-based tools which measure access to care and quality of care have already been established. The National Committee for Quality Assurance (NCQA) has developed one such tool. NCQA's Health Plan Employer Data and Information Set (HEDIS) is a set of standardized performance measures designed to evaluate performance of managed health care providers on a number of key care and service dimensions, including the value of selected treatment and prevention interventions for chronic and communicable diseases. The HEDIS performance measures are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. Providing such information to consumers, funders, and policymakers enables them to make educated decisions about their own health care and health care policy generally.

Further, policymakers should give financial incentives to government-subsidized primary care providers that demonstrate consistent improvement, including those funded through Medicaid. This would have the double effect of encouraging evaluation and encouraging high-quality care. Providers could be assessed for their HEDIS scores on access to care and quality of care. HEDIS is not the only standard for evaluation, however, and providers and researchers should be encouraged to develop other validated instruments.

Bonuses should also be granted to practitioners who demonstrate improved prevention strategies, such as immunization or screening for sexually transmitted disease. Improvements in care for conditions particularly prevalent among the poor, such as asthma, hypertension, diabetes, elevated lipids, viral hepatitis, and HIV/AIDS should also warrant recognition. Such measures would not only improve patients' health (and public health generally), but could produce efficiency and financial savings for states funding such care.¹⁴⁶ In Rhode Island, a statewide managed care

¹⁴⁴ National Coalition on Health Care, *Building a Better Health Care System: Specifications for Reform* (Washington, DC: National Coalition on Health Care, 2004).

¹⁴⁵ Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, DC: National Academy Press, 2001).

¹⁴⁶ Examples of cost-effectiveness studies include R. C. Eastman et al., "Model of Complications of NIDDM. II:

Analysis of the Health Benefits and Cost-Effectiveness of Treating IDDM With the Goal of Normoglycemia," *Diabetes Care* 20, no. 5 (1997): 725-734; J. C. Javitt et al., "Preventive Eye Care in People With Diabetes is Cost-Saving to the Federal Government: Implications for Health-Care Reform," *Diabetes Care* 17, no. 8 (1994): 910-917; D. B. Matchar, "The Value of Stroke Prevention and Treatment," *Neurology* 51, no. 3 (1998): S31-S35.

program which contracts with the state Medicaid agency has achieved significant gains in treatment outcomes by providing pay-for-performance incentives to community health centers and other high-volume primary care practices. For example, between 1999 and 2003, adolescent immunization increased from 45 percent to 76 percent; the proportion of diabetics whose conditions were well controlled rose from 53 percent to 60 percent; and the proportion of diabetics who were appropriately screened for elevated lipids increased from 51 percent to 89 percent.

As detailed above, early interventions protect against morbidity and mortality, as well as providing cost benefits. Closing quality gaps through concerted policy efforts, such as providing incentives and paying for high or improved performance, reduces the direct expense of medical care. For example, in the US each year, taxpayers stand to save \$573 million by improved control of diabetes and \$191 million through appropriate screening for colorectal cancer.¹⁴⁷

E | Providers of personal health care services should collaborate with public health departments to treat patients with and prevent the spread of communicable diseases.

Public health departments have a statutory responsibility to assure care for patients who may pose a risk to the public health and to make efforts to control the spread of infectious diseases. These departments have typically operated within the public health sphere, outside of the sphere of the “other” (personal) health care delivery system. Yet, treatment for patients with communicable diseases such as tuberculosis (TB), HIV/AIDS, other sexually transmitted diseases, and viral hepatitis, as well as efforts to immunize others from becoming infected, is part of a public health strategy that relies in part on individual health care providers.

Public health departments and personal health providers have a lot to offer each other. Shared information, such as electronic immunization registries and data on patient histories, is among the many potential strategies to improve care to patients and to protect the public’s health. While preserving anonymity, funding agencies should encourage, if not mandate, shared databases for information that is meaningful both to individuals seeking personal treatment and to the public health generally. For instance, this kind of collaboration has traditionally worked between TB control officers and private physicians. TB control officers are able to maintain longitudinal records on patients who may see multiple providers over time. These medical records are then uniquely helpful in making treatment decisions that may prevent the development of drug resistance, a benefit to both the individual patient and the public health. Another

¹⁴⁷ National Committee for Quality Assurance, *The State of Health Care Quality: 2004* (Washington, DC: National Committee for Quality Assurance, 2004).

example is the maintenance of registries that serve both individuals and the public health. Recently, states have developed centralized immunization registries so that personal physicians can inquire on a patient's behalf about his or her immunization history. Approximately 43 percent of children under age six are now on these registries.¹⁴⁸

Policymakers should encourage public health departments and organized health care delivery programs to collaborate on health promotion, disease prevention, and early detection programs through public policy and financial incentives. Areas for collaboration should be selected based on high prevalence of a particular disease or a high-risk of infection among a particular population. Where there is scientific data to prove that interventions reduce morbidity, reduce mortality, reduce cost, or reduce public health risks, public health officials should work with service-delivery providers. Such collaboration should focus on potentially high-yield activities, including:

- Health education in areas where behavior affects health outcomes, including nutrition, exercise, and smoking
- Detection of cancers and communicable diseases where early identification is cost-effective, such as cancer of the breast and cervix, tuberculosis, HIV/AIDS, and other sexually transmitted diseases
- Detection of chronic disease where early identification is cost-effective, such as asthma, coronary heart disease, diabetes, hypertension, and elevated lipids.

Expanding vaccine availability for adults is another specific strategy for improving the efficacy of a public health program. The nation has had substantial success with the Vaccine for Children Program, a federally funded program providing no-cost immunizations against various communicable diseases to poor children.¹⁴⁹ Poor adults are also at high risk for certain illnesses which can be prevented through vaccines, including viral hepatitis. Further, patients with chronic diseases such as asthma, diabetes, and HIV/AIDS are especially vulnerable to influenza and pneumococcal pneumonia; vaccines to protect adults from infection from both of these illnesses are available. Accordingly, substantial public health benefits may be achieved by expanding the Vaccine for Children program, or creating some other means for providing affordable immunizations to low-income, high-risk adults.¹⁵⁰

¹⁴⁸ US Department of Health and Human Services, Centers for Disease Control, "Immunization Registry Progress January—December 2002," *Morbidity and Mortality Weekly Report* 53, no. 20 (2004): 431-433.

¹⁴⁹ The program includes immunization against diphtheria, tetanus, pertussis, polio, H. influenza, S. Pneumonia, hepatitis B, varicella, measles, rubella, and mumps.

¹⁵⁰ Through its Advisory Committee on Immunization Practices, the CDC recommends annual influenza for

individuals who are at high risk of infection, either medically or through their occupation. The CDC also recommends immunization against hepatitis A, hepatitis B, and pneumococcal pneumonia for those in defined high-risk categories. US Department of Health and Human Services, Centers for Disease Control, "Recommended Adult Immunization Schedule—United States, 2002 – 2003," *Morbidity and Mortality Report Weekly* 51, no. 40 (2002): 904-908.

Appendices

Programs Cited as Examples in Report



Arizona

AGENCY/ORGANIZATION

Maricopa County Sheriff's Office and Value Options

PROGRAM TITLE

Data Link Project

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

11: Mental Health Care

OVERVIEW

The Data Link Project allows Value Options, the Maricopa County Regional Behavioral Health Authority (RBHA), access to the Maricopa County Sheriff's Office booking information in order to identify individuals who may be eligible for diversion from the criminal justice system.

DESCRIPTION

When individuals are booked into the county jail, their name, date of birth, social security number, and gender are electronically sent by the Maricopa County Sheriff's Office to the management information system of Value Options. The system electronically and simultaneously cross-references the demographic information with the RBHA's roster, which includes names and information for more than 12,000 clients who receive mental health services in the area. The data link provides for continued identification of clients throughout the day, regardless of booking charge, time of booking, or current mental status. The informa-

tion flows only one way: from the jail to the mental health provider.

Clients matching all categories are considered a full match, and their names are immediately sent electronically to the RBHA's jail diversion staff as well as the client's case manager. Full match screens contain the client's booking number, a maximum of three booking charges, court jurisdiction(s), and general demographic information. Clients matching at least one of the categories, with the exception of gender, are considered a partial match and are sent only to the jail diversion staff. The jail diversion staff further investigates partial matches, which are either converted to full matches or deleted from the system. If converted to a full match, the case manager then electronically receives notification of the client's admission to jail.

After full matches are determined, the jail diversion staff use various criteria to select candidates for the jail diversion program. The criteria include, but are not limited to, the nature of the current offense(s); history of incarceration; current mental status; availability of community mental health resources; public safety factors; and past performance in treatment settings.

The jail mental health diversion program consists of three types of intervention: Clients may be released from jail with conditions that include treatment; clients may be placed on summary (unsupervised) probation, which includes mandatory

treatment; or clients may be given the opportunity for deferred prosecution in an intervention that includes increased judicial participation and supervision, and required treatment participation over a specified period of time. Successful completion of all requirements results in dismissal of criminal charges. All three types of diversion programs require mandatory group therapy sessions, including integrated treatment group for co-occurring disorders, which accounts for about 70 percent of the diversion population.

For individuals who are eligible for diversion, case managers are required to send pertinent clinical and care information to the jail diversion staff within 24 hours. They also must visit the client in

the jail within 72 hours of incarceration, and at least once every 14 days thereafter until the inmate is released from jail.

OUTCOME DATA

Since the successful implementation of the data link, identification of clients and subsequent diversion have increased by 50%.

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California

AGENCY/ORGANIZATION

Amity Foundation and California Department of Corrections

PROGRAM TITLE

Amity In-Prison Therapeutic Community

YEAR ESTABLISHED

1990

POLICY STATEMENT(S)

12: Substance Abuse Treatment

OVERVIEW

Amity Foundation operates therapeutic communities in four California correctional facilities.

DESCRIPTION

Funded by the California Department of Corrections, the Amity Foundation operates in-prison therapeutic communities (TCs) in four prisons which span a variety of custody levels. 200 inmates are enrolled in the Amity TC at Level IV (California prison security levels range from minimum security Level I up to maximum security Level IV) Lancaster State Prison in Los Angeles; 200 are enrolled in the Level III Richard J. Donovan Correctional Facility in San Diego; 120 in the Level II Ironwood State Prison in Blythe; and 208 in the minimum security California Training Facility in Soledad.

While each of the TCs has unique characteristics based on the security level of the facility in which it operates, they share some common features. Participants take part in workshops, classes, and peer circles that try to help them understand their personal issues and accountability in criminality, violence, gang involvement, drug use, self-esteem, parenting, family dynamics, moral development, and relationship-building. Treatment is built on the peer circle group, which meets regularly and undergoes a 24–26 hour workshop every six weeks in which issues among the men are examined intensively. Amity also sponsors voluntary evening activities, which include classes on anger and violence, parenting, relapse prevention, grief and loss, family dynamics, grief and loss, as well as classes or tutoring for GED, in art, and 12-Step study classes.

Once a participant is paroled or released, he or she can take part in Amity's aftercare continuance residential facilities, as well as the numerous activities sponsored by the Amity Alumni Association. Prisoners who are not eligible for parole may serve as peer mentors and role models for inmates new to the program.

In the Lancaster facility, Amity participants live together and attend sessions in a separate

housing facility, but mix with the prison's general population for all non-Amity-related activities. Men in the Amity program at R.J. Donovan interact with the general population and take part in programming when they are not working or attending school and/or vocational training. At the Ironwood and California Training Facilities, inmates attend Amity programming on a rotational basis, although services are available throughout the day.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**California Department of Corrections, Office of Victim Services and Restitution****PROGRAM TITLE*****Victim notification process*****POLICY STATEMENT(S)**

23: Victims, Families, and Communities

OVERVIEW

The California Department of Corrections' Office of Victim Services and Restitution (OVSR) is responsible for sending crime victims a written packet that includes a request for notification of release. Forty-five days prior to an inmate's release date, the OVSR sends letters to victims who have requested notification.

DESCRIPTION

After an individual has been sentenced, the OVSR mails a packet to victims, including Form 1070 ("Request for Notification/Special Conditions of Parole") and a brochure that provides information about how the correctional system can serve victims of crime and their family members. The victim's requests become part of the confidential section of the inmate's central file at the Department of Corrections and are also forwarded to the prison facility where the inmate is serving time.

Forty-five days prior to an individual's release date, the OVSR sends letters to victims who have requested notification, informing them of the individual's release date, region of parole, the telephone number of a regional parole office,

and information about any special conditions of parole requested by the victim. The OVSR works closely with re-entry coordinators and parole representatives to help facilitate requests for special conditions. The Board of Parole has the option to approve or deny a victim's request for special conditions of parole. However, if a victim's requests are denied, the OVSR will advocate for the Board to reverse their decision.

The OVSR has established several impact of crime programs for offenders in the California correctional system. Currently, the OVSR is piloting a program entitled Victim Offender Mediated Dialogue Program (VOMD) at San Quentin Prison. The OVSR train staff and selected volunteers to act as mediators during one-on-one meetings within the correctional facility between the victim of a violent crime and the individual who committed the offense. These meetings take place prior to the inmate's release date.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**California Department of Forestry and Fire Protection, Los Angeles County Fire Department, and California Department of Correction****YEAR ESTABLISHED**

1980s

POLICY STATEMENT(S)

16: Work Experience

OVERVIEW

Working for the California Department of Forestry and Fire Protection, prison inmates respond to conservation emergencies such as wildfires and flooding. Inmates are housed in conservation camps throughout the state and receive intensive fire prevention training. Nonemergency relief work assignments consist of repairing roads and aqueducts and maintaining state parks and trails.

DESCRIPTION

More than half of California's 3,800 full-time wildland fighters are prison inmates, who earn \$1.45 a day and \$1 an hour while fighting fires.

Additionally, participating inmates earn two days off their sentences for each day of work.

At intake, prisoners are carefully screened and informed of the program; those interested are invited to submit an application. They must be physically fit and have no history of violent crime, sex offenses, arson or escape. Generally, the California Department of Correction (CDC) only selects individuals with little sentence time remaining in order to reduce the incentive for flight among participants.

Participants are housed in “conservation camps” across the state, which are located in the wilderness areas they are designed to preserve. Before participants are transferred to a camp, they must complete a rigorous two-week training program in the correctional facility. At the camp, the CDC oversees security and general operations. Camps are minimum security, consisting of about 10 buildings, including military-style barracks, a dining hall, administration building, and work areas. Approximately 90 inmates are housed at each of the state’s 38 camps.

The California Department of Forestry and Fire Protection (CDF) trains all inmate fire crews and supervises most camp crews on the fire line. 14 inmates generally serve on a single crew. Overseen by a Fire Department foreman, fire crews are “on-call” to respond to an emergency anywhere in the state. If not responding to an emergency, crews report at 8 A.M. for work assignment, which consists of road, park, and trail maintenance. At the end of the work day, which generally ends around 3:30, the inmates are returned to the camp in the custody of a CDC officer.

CONTACT INFORMATION

Inmate Camp Program
California Department of Correction
PHONE: (800) 799-6434
WEBSITE: www.corr.ca.gov/communicationoffice/publicsafetyps/fightingfires.asp

AGENCY/ORGANIZATION

Centerforce

PROGRAM TITLE

Get Connected

YEAR ESTABLISHED

1975

POLICY STATEMENT(S)

10: Physical Health Care

OVERVIEW

Get Connected is a multiservice demonstration project focused on health issues for inmates and their families at San Quentin Prison and the Central California Women's Facility.

DESCRIPTION

Get Connected provides the following services:

- *Peer Education:* Staff provide 30 hours of health and skill-building training to inmates who are interested in becoming peer health educators. Trained inmate health educators lead daily health education workshops for new inmates.
- *Re-Entry Education:* Centerforce staff, inmate peer educators, and community service providers conduct workshops on various health topics for inmates preparing for release.
- *Prevention Case Management:* Centerforce staff provide five months of intensive case management services to returning prisoners that includes development of an individual risk assessment and reduction action plan prior to release and postrelease support through facilitated referrals to community-based service providers.
- *Health Promotion Initiative:* Community health specialists provide workshops and resource fairs for inmates living with HIV and/or hepatitis C as they prepare for release.

OUTCOME DATA

Centerforce staff are involved in a number of research projects testing the effectiveness of their interventions and adding to the general knowledge base on the health status of correctional populations. One evaluation of their peer HIV education program for male inmates found that program participants were more likely to use condoms and to be tested for HIV than nonparticipants. Studies also find a significant difference between the intervention group and nonintervention group regarding their perception of risk of contracting HIV. Finally, the inmates reported a preference for peer educators over other types of educators.

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AGENCY/ORGANIZATION

Centerforce

PROGRAM TITLE

***Prison Meditation Project;
Time To Change***

YEAR ESTABLISHED

1975

POLICY STATEMENT(S)

14: Behaviors and Attitudes

OVERVIEW

Centerforce staff and volunteers provide services, including the personal change programs Time to Change and the Prison Meditation Project, to incarcerated individuals in jails and prisons in Northern California and the California Central Valley.

DESCRIPTION

Through the Prison Meditation Project, Centerforce instructors (many of whom were themselves incarcerated or have family members who were incarcerated) teach inmates and prison custody staff spiritual development, stress reduction, and anger management through half-day, full-day and multiple-day programs. Program participants also learn “mindfulness meditation,” which helps them work on topics including addiction, anger and violence, and forgiveness.

Time to Change (TTC) is a coaching, training and empowerment project that offers tools for rebuilding the lives of incarcerated individuals. TTC trains inmates to become “co-active coaches” to other prisoners at San Quentin State Prison so that inmates can move out of patterns of victimization and into lives of choice, effectiveness, and fulfillment. Co-active coaching gives inmates the skills they need to interact with their children, families, employers and communities in healthy, successful ways.

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www.timetochangeprisonproject.org/

AGENCY/ORGANIZATION

Delancey Street Foundation

YEAR ESTABLISHED

1971

POLICY STATEMENT(S)

28: Job Development and Supportive Employment

OVERVIEW

The Delancey Street Foundation acts a residential education center that assists individuals released from prison or jail, former substance abusers, and people who were formerly homeless to acquire basic and employment-oriented skills and to achieve economic independence.

DESCRIPTION

The Foundation encourages behavior change through a structured, supportive, “market driven” environment where individual responsibility and accountability are emphasized. Participants are required to stay in the program for two years, although the average stay is about four years. When participants arrive they live in dorm-style rooms with as many as nine roommates and take on basic chores such as mopping and cleaning the parks. The system at the Foundation is based on an “each one teach one” premise where participants learn from each other and hand down skills so that others can move into new work positions. One of the first goals set for participants by the Foundation is to pass a high school equivalency test. Afterwards, participants learn skills at one of the Foundation’s training schools, which include a moving and trucking school, a restaurant, and an automotive service center.

All the staff members at the Delancey Street operations have been incarcerated, were substance abusers, or were homeless. Most of the money from the Delancey businesses goes back into the community; residents get food, housing, and a small sum of money. Over 14,000 people have successfully graduated from the program and are leading independent lives. The Foundation has expanded over the years, and there are now about 1,000 residents in five facilities across the nation, located in New Mexico, New York, North Carolina, Los Angeles, and San Francisco.

Delancey is self-governed by a Board and resident councils that are one-third African American, one-third Latin American/American Indian, and

one-third Caucasian. The Delancey Street Foundation has developed the Delancey CIRCLE or Coalition to Revitalize Communities, Lives, Education, and Economies. This coalition's goal is to network with cities and states across the country to educate others about Delancey Street and to advocate for policies that support the Delancey Street model.

OUTCOME DATA

Delancey Street reports these outcomes for its programs generally:

- Over 10,000 formerly illiterate people have high school equivalency degrees.
- 1,000 people have graduated with a diploma from a state-accredited, three-year vocational program (which is taught by Delancey residents), and 30 students have received a bachelor of arts from the Delancey chartered college.
- The program has also moved about 1,000 violent gang members away from gangs and over 5,000 Delancey participants teach and mentor on nonviolence.
- Delancey participants have built and remodeled over 1,500 low-income housing units and trained over 800 individuals in the construction trade.
- The program also has developed over 20 ventures. These enterprises are run by Delancey graduates who teach other individuals who lack skills.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Los Angeles County Men's Central Jail

PROGRAM TITLE

Social Mentoring Academic and Rehabilitative Training (SMART) Program

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

9: Development of Programming Plan

OVERVIEW

The Social Mentoring Academic and Rehabilitative Training (SMART) Program provides health treatment, drug rehabilitation, GED classes, anger management, and life skills training to gay male inmates in LA County Jail.

DESCRIPTION

The SMART program provides services to gay male jail inmates. These men are centrally located in the Los Angeles County Jail on the basis of a 1985 federal court order that automatically segregated gay inmates. The program's founders, who are deputies at the jail, recognized that the recidivism rate among incarcerated gay men was higher than the general jail population, and determined that these men weren't accessing general education and rehabilitation programs.

The program is funded by private contributions, which come in large part from members of Los Angeles's gay community. Other organizations have assisted the program by providing jail-based services: the Hacienda La Puente Unified School District provides high school, GED, and computer classes; the Los Angeles County Department of Health Services tests inmates for sexually transmitted diseases; and the Tarzana Treatment Center provides treatment for inmates with HIV or AIDS. Program participants who are proficient in a certain area or skill are often put in charge of teaching their peers. Participants are also enrolled in a mandatory drug treatment program.

The jail-based phase of the program lasts 10 weeks. SMART staff also help connect participants with employers after release by reaching-out to organizations that oppose homophobia and prejudice towards people with criminal records.

OUTCOME DATA

Fewer than one third of SMART's 157 participants have been re-arrested. In contrast, prior to the initiation of the program there was a recidivism rate over 90 percent among gay male inmates Los Angeles County Jail.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

San Fernando Valley Community Mental Health Center

PROGRAM TITLE

Cornerstone Program

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

19: Housing

OVERVIEW

The Cornerstone Program provides housing, mental health, and benefit-identifying services to adult homeless offenders coming out of Los Angeles County Jail who have a severe and persistent mental illness.

DESCRIPTION

The Los Angeles County Sheriff's Department refers inmates to the Cornerstone Program. Cornerstone Program staff go to the jail to assess the inmate for mental illnesses, and to give referred inmates a psychiatric evaluation. Candidates may also enter the program as walk-ins or be referred by other service providers. Many participants in the Cornerstone Program are dually diagnosed with co-occurring substance abuse problems.

Case managers ensure that all participants are placed in short-term, transitional, or long-term housing. Case managers also ensure that participants are connected with any benefits for which they are eligible, that they receive mental health counseling and the medication they need, and that if necessary they are referred to substance abuse treatment programs. In addition, case managers work with parole and probation officers and the court systems. When appropriate, the Cornerstone Program provides vocational training and/or job placement services.

For emergency housing, the Cornerstone Program has a contract with a Los Angeles family housing shelter that offers 25 available beds. They also have funding for hotels and motels as directed by California law AB 2034.

For short-term housing (up to three months) and medium-term housing (three to nine months), the Cornerstone Program has a memo of understanding (MOU) with a landlord who finds property for the program that accommodates the constraints of the participants. The landlord

remodels appropriate structures and then rents them to the Cornerstone Program for slightly over market value, an arrangement that provides incentive for the landlord to participate. Because the Cornerstone Program rents each building in its entirety, they are able to decide who moves into each unit. They use these units mainly as transitional facilities. Participants may stay in these houses for a maximum of 18 months.

The Cornerstone Program also administers nine duplexes, which participants rent for 30 percent of their income. Through AB 2034, the Cornerstone Program has 85 Section 8 vouchers to distribute to amongst program participants, and these vouchers are used as an incentive to participants to comply fully with program suggestions and opportunities.

The Cornerstone Program is also building 36 apartment units through Community of Friends, a nonprofit developer. This construction is subsidized by the Supplemental Housing initiative for a span of 15 years and will be used for long-term housing.

The Cornerstone Program assigns resident managers to each house. Resident managers introduce themselves to neighbors but otherwise keep a low profile and do not initiate community meetings. One house did receive some opposition from the neighborhood, but the problem was resolved when the Cornerstone Program brought in its resident managers. Typically the Program promotes their service as serving the mentally ill and de-emphasizes the fact that its participants have served time in prison or jail.

In addition to housing assistance, the Cornerstone Program runs a full service outpatient drop-in center which targets the needs of all mentally ill homeless individuals with a nonexclusive emphasis on those who have been incarcerated. The center provides immediate assistance for basic survival needs, such as food, clothing, showers, and laundry facilities seven days a week.

OUTCOME DATA

The County and state routinely recover data on the effect of the program, and the statistics are available for review. Generally the program has significantly reduced the overall number of incarcerations and the number of days of incarceration occurring in its participant population.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

San Francisco Department of Public Health

PROGRAM TITLE

Jail Health Services

POLICY STATEMENT(S)

11: Mental Health Treatment

OVERVIEW

Treatment services, including psychiatric care, are provided in the San Francisco jail system by employees of the San Francisco Department of Public Health.

DESCRIPTION

Department of Public Health staff at both San Francisco General Hospital and the San Francisco County Jail have access to an electronic summary health record for those jail inmates identified as having a mental illness who have been treated in the public health system. The vast majority of treatment occurs within the jail itself, but some jail inmates are also treated in both psychiatric and medical facilities at the General Hospital.

The summary record is not a full record, but is rather made up of basic information such as clinical appointments and x-rays. The Department is in the process of converting to a new electronic medical record system that will make the complete record available to all providers in the system, including jail-based medical staff. Enabling jail-based medical staff access to complete medical records will foster improved disease prevention, as well as improved coordination with clinics that provide aftercare treatment.

Inmates have access to their summary health record on release upon request.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

San Francisco District Attorney's Office and National Economic Development and Law Center

PROGRAM TITLE

Ex-Felon Employment Initiative

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

21: Creation of Employment Opportunities

OVERVIEW

To improve job placement for first-time, low-level drug offenders, the San Francisco District Attorney's Office commissioned the National Economic Development and Law Center (NEDLC) to determine which industries had the best record of employing ex-offenders. NEDLC's research culminated in a report.

DESCRIPTION

The Ex-Felon Employment Initiative, based out of the the San Francisco District Attorney's Office, identifies ways to move first-time, low-level drug dealers into employment and away from both the courts and the streets. To supplant the Initiative, the DA's office partnered with NEDLC to determine industries in San Francisco capable of providing good wages and/or career advancement opportunities for criminal offenders.

This research culminated in a report, *Employing Offenders in San Francisco: A Sector Research Methodology*, which contained findings and some recommended strategies about how to work with ex-felons and employers in construction and social services. In researching the report, NEDLC staff reviewed demographic and labor market information and conducted focus groups with employers and ex-felons to learn more about these industries and the experiences of ex-felons in them. The data gathered were then used to identify a target industry that met specific criteria, including accessibility to the target population, demand for workers, high wages, and potential career ladders. The two industries that surfaced from this research were special trade construction and social services.

The report was presented to employers, ex-felons, government and justice system representatives, training providers, and other community stakeholders in spring 2003. In addition to identifying exemplary industries for employing ex-offenders, the report is also intended to help work-

force initiatives understand and make connections to the target population and develop essential partnerships with the community, employers, and training providers.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**San Francisco Sheriff's Department****PROGRAM TITLE*****Resolve to Stop the Violence Project*****YEAR ESTABLISHED**

1997

POLICY STATEMENT(S)

14: Behaviors and Attitudes

OVERVIEW

Resolve to Stop the Violence Project (RSVP) is a restorative justice program that integrates components for victims and members of the community with behavior and attitude change programming for offenders.

DESCRIPTION

RSVP is a "victim-driven" violence prevention program that attempts to heal the damage caused by violent crime and to prevent future violent crimes.

The San Francisco County Jail has 62 beds designated for the offender restoration portion of the RSVP program. Six days a week for 12 hours a day inmates take part in an intensive program that involves drama classes, group learning, and group counseling designed to help the participants take a hard look at the violence in their lives. After the men are released, they will continue their involvement in the program through a six-month substance abuse program or in the Post Release Education Program. The men are also required to participate in community restoration activities.

RSVP integrates the jail-based component with components aimed at victims and the community. The victim restoration component provides support to the victims of violent crime by

helping them assess the impact of the crime on their life, assisting with their living and financial situations and providing general support. RSVP promotes healing and helps victims to transform themselves into survivors and advocates.

For the component addressing community restoration and educating the public on issues of violence, RSVP conducts workshops and discussions at high schools and other public events to increase awareness about violent crime. There is also an annual theater production that brings together offenders and victims.

OUTCOME DATA

A new study from Harvard University shows that offenders who participate in the RSVP program for more than four months are 80 percent less likely to be re-arrested for a violent crime one year after being released.

CONTACT INFORMATION

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WEBSITE: www.ci.sf.ca.us/site/sheriff_index.asp?id=25413

AGENCY/ORGANIZATION**Veterans Administration and Los Angeles Sheriff's Department****PROGRAM TITLE*****Community Re-Entry Program*****YEAR ESTABLISHED**

1997

POLICY STATEMENT(S)

4: Funding a Re-Entry Initiative;
5: Promoting Systems Integration and Coordination

OVERVIEW

Outreach staff from the Community Re-Entry Program assess inmates with military service records in the LA County Jail prior to their release and provide links to needed services, including but not limited to services provided by the Veterans Administration itself.

DESCRIPTION

The Los Angeles Sheriff's Department sends the names of inmates who report during screening

that they are veterans to the Veterans Administration–run Los Angeles Ambulatory Health Center Community Re-Entry Program, allowing outreach staff from the program to identify and offer assessment and service linkages to eligible inmates.

Outreach staff provide connections to health care, housing, and financial benefits provided by the VA. They can also serve as advocates for incarcerated veterans within the criminal justice system and in obtaining services from other community-based organizations.

OUTCOME DATA

Specialized outreach services were found to be modestly effective in linking veterans who become

incarcerated with VA health care services, according to a two-year study of veterans contacted while they were incarcerated at the LA County jail and homeless veterans contacted in community settings (“Health Status, Service Use, and Costs Among Veterans Receiving Outreach Services in Jail or Community Settings,” *Psychiatric Services*, February 2003).

CONTACT INFORMATION

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Canada

AGENCY/ORGANIZATION

Correctional Services of Canada

PROGRAM TITLE

Employment and Employability Program

YEAR ESTABLISHED

2001

POLICY STATEMENT(S)

8: Development of Intake Procedure;

16: Work Experience

OVERVIEW

The Employment and Employability Program (EEP) consists of employment centers that provide intake assessments to determine job readiness and services that parolees may require. The centers also provide job placements and training opportunities. Assistance is also provided to enroll in educational programs.

DESCRIPTION

EEP starts its work at the institution and continues through its 25 nationwide employment centers designed specifically for individuals released from prison back into the community. There are 5 centers in the Atlantic Provinces, 8 in Quebec, 2 in Ontario, 4 in the Prairies, and 6 in British

Columbia. The program seeks to maximize the job readiness skills, competencies, and tools an individual possesses on release from prison so that he or she is better equipped to find stable employment. EEP links educational, vocational programs and all work assignments to address the deficits of inmates and former inmates and to match their interests and aptitudes.

Referrals to employment centers are made by parole officers. Program partners include the John Howard Society, Native Counseling Services, St. Leonard's Society and BC Technology for Learning. The program is funded by the Correctional Services of Canada and the Treasury Board.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Colorado Department of Corrections

PROGRAM TITLE

John Inmann Work and Family Center (WFC)

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

23: Victims, Families, and Communities

OVERVIEW

The Work and Family Center (WFC) is a multi-agency collaboration designed to facilitate the successful reintegration of individuals released from Colorado prisons and to help prevent recidivism. It provides participants with employment assistance, advises on child support issues, and aids the process of family reintegration, if applicable and desired.

DESCRIPTION

The WFC addresses an array of issues that individuals confront when they are released, from employment and family reintegration to child support. It was the first program in the United States to include child-support assistance among the services offered to paroled and released individuals. By August 2001, the WFC was serving approximately 70 new clients each month with nine full-time staff and four part-time workers/consultants. Since then, they have served an additional 1,000 clients a year, with up to 10,000 sign-ins annually.

Participants in the WFC have the opportunity to meet with a general case manager, an employment specialist, and a child support specialist, if appropriate. The WFC runs a job resource room and a pre-employment workshop. They also provide access to a family law attorney and a therapist to needful participants, and those participants who meet the requirements for Welfare-to-Work may qualify for other services, such as bus tokens and work tools. In addition, WFC staff provides clients with assistance with food, clothing, and referrals to other service agencies. Participants assessed as high-risk receive intensive case management, which begins at sign-in by agreement between the case manager and the participant, and includes both immediate and long-term planning. Case

managers carry a caseload of about 150 participants each.

The WFC helps participants locate jobs for which they are qualified that will fulfill their needs better than the low-wage jobs that they might otherwise find. The agency partners with workforce centers, colleges, and vocational-technical programs to place participants, and an Employer Advisory Council cultivates strong relationships with employers. WFC staff analyze employer needs in an attempt to match up participant-employees thoughtfully, and offer incentives to employers through the Work Opportunity Tax Credit and U.S. Fidelity Insuring Bonding program.

The WFC also offers three types of family reintegration services to its participants. One is the service of a professional mediator (including parent-teen intervention workshops). A second is a private meeting with a family law attorney, who explains custody and child support laws, and assists participants with filings such as a Motion to Establish Parenting Time (visitation). Lastly, the WFC facilitates supervised visitation.

A WFC specialist can provide information on child support to participants and make recommendations to the enforcing county. In Denver County cases, specialists may also advocate for participants, or help in filing for reduction of payments or debt, or for the reinstatement of driver's licenses that have been suspended for nonpayment of support and the suspension of other automated enforcement remedies.

The Work and Family Center is a cooperative effort between the Colorado Department of Corrections, Colorado Department of Human Services, Colorado Department of Human Services, Colorado Department of Labor and Employment, Colorado Department of Public Safety/Division of Criminal Justice, Mayor's Office of Workforce Development and Denver Department of Human Services. Funding for the Center is received from the partner agencies and grant money received

through the Drug Control and System Improvement Program, and the Welfare to Work Program.

OUTCOME DATA

The Colorado Dept. of Human Services' Center for Policy Research conducted a detailed assessment of the WFC in 2001, focused on 350 clients with minor-aged children who were known to the Colorado Child Support Enforcement Agency. The Center found that a smaller percentage of program participants returned to prison than did a control

group of individuals who did not show up for WFC appointments. Follow-up data collected by the WFC on this population since 2001, including tracking of employment, income, and recidivism, has proved similar to early findings.

CONTACT INFORMATION

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Connecticut

AGENCY/ORGANIZATION

Connecticut Parole and Community Services

PROGRAM TITLE

Special Management Unit

YEAR ESTABLISHED

1996

POLICY STATEMENT(S)

25: Development of the Supervision Strategy

OVERVIEW

Connecticut Parole and Community Services operates a Special Management Unit to supervise parolees requiring ongoing intensive supervision or specialized treatment.

DESCRIPTION

The Special Management Unit focuses primarily on supervision of paroled sex offenders but also works with parolees with severe mental illness. Special Management Unit parole officers receive training in supervision and in medical, and mental health issues and they each maintain a caseload of no more than 25 parolees. The unit emphasizes interaction between treatment providers and parole officers; officers participate in both group and one-on-one counseling sessions with offenders.

Additionally, this unit includes a full-time victim advocate, who participates in announced field visits (with probation and treatment providers),

group therapy sessions, weekly case reviews, and work with the offender's family.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Department of Mental Health and Addiction Services

PROGRAM TITLE

Jail Diversion Project

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

5: Promoting Systems Integration and Coordination

OVERVIEW

The Connecticut Department of Mental Health and Addiction Services (DMHAS) operates jail diversion programs in all 22 geographical area courts across the state. These programs work with the courts to link to treatment services people with mental

health and co-occurring substance abuse disorders arrested on minor offenses.

DESCRIPTION

In 1994 DMHAS developed the first jail diversion program in the state for defendants with mental illness in Hartford. The program was the outcome of interagency discussion about the frequent re-arrest of people with serious mental illness. Prior to this program, the courts were helping defendants with mental illness obtain mental health services by finding them incompetent to stand trial and admitting them to psychiatric hospitals. This approach, geared towards enabling the defendants to become competent to stand trial, generally did not focus on their long-term needs.

The jail diversion program allows the courts and community mental health centers to work together for the benefit of the defendant. The clinicians who operate the diversion programs work out of the local community mental health centers. When those centers are run by DMHAS, the clinicians are DMHAS staff; when the centers are not run by DMHAS, they receive funding and supervision from DMHAS. All of the clinicians are licensed practitioners (social workers, nurses, psychologists) who receive training from DMHAS Division of Forensic Services. The diversion programs also offer training to the local police departments to enhance police understanding of mental illness and the alternatives to arrest for certain individuals.

The goals of the diversion program include the following: reduce recidivism of people with mental illness by providing access to treatment; reduce incarceration of individuals with mental illness for minor offenses; free jail beds for violent offenders; provide judges with additional sentencing options; increase the cost-effectiveness of the courts, Department of Corrections, and DMHAS.

The diversion staff conduct assessments of individuals who may be eligible for diversion, generally prior to arraignment. The diversion staff then propose a treatment plan as an alternative to incarceration, and work with the court and the treatment providers to ensure that the defendant complies with the diversion conditions. The only

information that diversion staff provide to the court is a treatment plan and what options are available to the client. The nature of the illness and any diagnoses are kept confidential. The diversion team does not make the decision to divert; it simply offers options to the judges. If the client agrees to allow the clinician to share more information with the court it is easier to prepare a treatment plan that can be followed up by the court.

If the court does offer diversion to the defendant, possible outcomes include deferred prosecution with the condition of treatment, dismissal of charges, or probation with special condition of treatment. When possible, diversion staff follow-up on program participants to assess their success in the program.

OUTCOME DATA

In 1997, Connecticut's jail diversion program was selected as part of the SAMHSA study of the impact of jail diversion. Using initial data from that study, DMHAS prepared a report to the Connecticut General Assembly Joint Committee on the Judiciary, Public Health, and Appropriations. DMHAS's ability to demonstrate that individuals who participated in the programs spent significantly fewer days in jails and psychiatric hospitals helped convince the General Assembly to appropriate funding for an expansion of the program to all 22 geographical area courts in the state. Beginning in 1998, researchers in Connecticut have collected data comparing the experiences of two groups of defendants with mental illness—one group from courts with diversion programs and one group from courts without diversion programs.

The data collection period is complete and the study is currently in the data analysis phase. The researchers will look to compare the costs of serving the two groups, including costs associated with criminal justice services and mental health services.

CONTACT INFORMATION

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Delaware

AGENCY/ORGANIZATION

Delaware Department of Corrections

PROGRAM TITLE

KEY/CREST Substance Abuse Program

YEAR ESTABLISHED

1986

POLICY STATEMENT(S)

12: Substance Abuse Treatment

OVERVIEW

KEY/CREST uses therapeutic-based programming to treat and modify the behaviors of substance abusers in prison and in a work-release center. In both the prison and the work release center, program participants live in a therapeutic community where they learn to help themselves and other residents in order to change their behavior and to reduce their drug abuse. Inmates can volunteer for the program if they meet the eligibility criteria and are within 18 months of their release date.

DESCRIPTION

In 1987, the State of Delaware (with the assistance of the Bureau of Justice Assistance) established the first stage of the substance abuse treatment program, called the KEY. The KEY program is prison-based, but participants in the program are separated from the general correctional population. Participants are separated in a therapeutic community to create an atmosphere where participants will not encounter negative attitudes about drug abuse treatment and so that the participants will be held accountable for their actions. Offenders spend about 12 months in the KEY program, participating in substance abuse treatment and various behavior modification programs.

The second stage is a transitional treatment program at a CREST Outreach Center where participants spend another 6 months. The CREST component is a therapeutic community work-release center that builds upon the prison-based KEY program. The CREST Outreach Center was established with the help of the National Institute on Drug Abuse.

Inmates go through four phases of treatment at the CREST Outreach Center. During the “Entry” phase inmates go through an orientation and become acclimated to life outside prison. In the “Primary” phase counselors and inmates work on a transition plan and explore possible triggers of relapse. The third or “Job-seeking” phase requires that offenders work on interview skills and job-training skills. During the “Work-release” phase inmates maintain a job while living at the facility and attending drug treatment.

Participants are required to stay at the center for the first three months of this phase.

After completing the treatment program at Crest, participants may move to aftercare. The aftercare stage lasts for six months, during which nonresident participants maintain contact with the program. Aftercare participants must refrain from all drug and alcohol use, attend group sessions and counseling, and undergo periodic drug testing.

OUTCOME DATA

Evaluation by faculty of the Center for Drug and Alcohol Studies at the University of Delaware found that 77 percent of the inmates who participated in the in-prison treatment and work release treatment program had not been rearrested at the 18-month mark, compared to the control group where less than half (46 percent) had not been rearrested within 18 months. Also, 47 percent of the inmates who participated in both the in-prison treatment and work release treatment program were drug free at 18 months, compared to the control group where only 16 percent were drug free at 18 months.

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District of Columbia

AGENCY/ORGANIZATION

Conquest Offender Reintegration Ministries

PROGRAM TITLE

Reintegration of Ex-Offenders Project

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

22: Workforce Development and the Transition Plan

OVERVIEW

Conquest Offender Reintegration Ministries (CORM) is a Christian ministry that works to prevent crime and reduce recidivism by providing services and meeting the needs of individuals who have recently been released from incarceration. The Reintegration of Ex-Offenders Project offers services such as mentoring, case management, résumé preparation, assistance with obtaining important papers (such as a Social Security card), assistance with job hunting, food, and clothing for job interviews.

DESCRIPTION

In 1997, CORM began implementation of the Reintegration of Ex-offenders Project. This program is designed to have mentors work with individuals while they are still incarcerated in order to construct a transition plan. Once the offender is released, the CORM volunteers will meet several times with the individual to help him or her to find housing, clothing, and employment. This program is a structured mentor-based program that emphasizes accountability and responsibility.

A component of the Reintegration of Ex-offenders Project is the Transitional Housing and Aftercare Center. A limited number of homeless participants are provided with transitional housing for up to one year. These participants live in a structured Christian environment at the Center. Resident and non-resident participants receive Biblical counseling, financial management services, job training and life skills seminars, referrals to health services or legal services, and education assistance.

CORM has established several partnerships with local churches in the Washington D.C. area

and with other agencies. In 2001, the Court Services and Offender Supervision Agency began a faith-based initiative for its parolees. CORM joined the initiative in 2002. CORM is also a member of the Washington Ministry Delivery Team of Prison Fellowship Ministries (PFM).

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Court Services and Offender Supervision Agency and Clark Construction

PROGRAM TITLE

Employment partnership

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

28: Job Development and Supportive Employment

OVERVIEW

The Court Services and Offender Supervision Agency (CSOSA) works in partnership with Clark Construction, among other community employers, to create realistic and functional operating procedures for people under community supervision who are Clark employees.

DESCRIPTION

The Clark Construction Company and other private-sector employers have pledged their support for the Court Services and Offender Supervision Agency's Re-Entry System by offering jobs to qualified program participants. For its part, CSOSA has worked with Clark Construction to coordinate operating procedures for people under community supervision who are working for Clark so as to avoid conflicts between the needs of the employer (such as overtime work) and the parole or probation requirements (such as returning to a

halfway house by curfew) that individual employees must fulfill.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Court Services and Offender Supervision Agency

PROGRAM TITLE

Faith Community Partnership

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

14: Behaviors and Attitudes

OVERVIEW

The Court Services and Offender Supervision Agency (CSOSA) has engaged faith-based institutions in the District of Columbia in the Faith Community Partnership to provide support and assistance to individuals under supervision in the community.

DESCRIPTION

The Faith Community Partnership links individuals returning to D.C. from prison with faith-based institutions that offer the type of programming the participant needs—such as job training, parenting classes, or transitional housing assistance. Mentoring is a key feature of the program. Over 200 prospective mentors have received CSOSA-sponsored training to provide personal support to participants under community supervision.

Potential participants will be screened for program participation by CSOSA's Community Supervision Officers. Referrals will be processed through the Supervisory Community Supervision Officer of the branch to which the participant is assigned. The District of Columbia has been divided into three service areas, or clusters, for program matching and administration. Each cluster has a lead institution and a Cluster Coordinator. Referrals will be transmitted from the Supervisory Community Supervision Officer to the Cluster Coordinator, who maintains an inventory of that cluster's

resources (participating institutions, program slots available, mentors available, etc.). Every attempt will be made to place the participating individual in a program or mentorship in his or her cluster of residence.

Sex offenders, active mental health cases, repeat violent offenders, and offenders with a pattern of active drug use are referred for faith-based services but will be referred to CSOSA programming.

CSOSA's supervision model emphasizes integrating former prisoners into the community. Risk of new criminal activity decreases as the program participant develops pro-social, healthy relationships and activities. CSOSA believes that faith-based institutions provide an ideal setting for this type of positive socialization. Moreover, the District of Columbia's faith community has a history of outreach to incarcerated individuals. This initiative builds on that tradition to serve program participants in the community. Participation in any faith-based programming is voluntary.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Hope House

PROGRAM TITLE

Father to Child Programs

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)

13: Children and Families

OVERVIEW

Nearly 10,000 inmates from Washington, D.C. are serving their sentences in federal prisons across the United States. Hope House provides programming to help men who are incarcerated in prisons outside the Washington, D.C. area to stay connected to their families.

DESCRIPTION

Through the Father to Child Program, fathers who are incarcerated at a North Carolina prison can regularly communicate with their children back in

Washington. Every two weeks, the children go to Hope House in Washington, D.C. to see and talk to their fathers using internet technology. Hope House also runs a Father to Child Summer Camp, which brings children to prisons to spend a week with their fathers. The children are with their fathers in the prison each day for several hours. A staff of Hope House counselors guides them through crafts, drama, games, creative writing and other activities. Hope House currently hosts Summer Camps in prisons in Cumberland, MD, and in Winton, NC.

In addition to their visitation programs, Hope House also offers The Father to Child Reading Program and provides children's books for in-

mates to read into an audio tape recorder. When the recording is completed, the book (inscribed by the father) and the taped story are mailed to the inmate's child. Hope House offers this program in several federal and federal contract prisons. The Father to Child Reading Program is used by prisons as a companion to reading and literacy, parenting, and other education programs.

CONTACT INFORMATION

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Federal

AGENCY/ORGANIZATION

Federal Bureau of Prisons

PROGRAM TITLE

Inmate Transition Branch

YEAR ESTABLISHED

2004

POLICY STATEMENT(S)

22: Workforce Development and the Transition Plan

OVERVIEW

The Inmate Transition Branch integrates the responsibilities of its precursors, the Inmate Placement and Volunteer Management Branches of the Bureau of Prisons (BOP), including organizing prison job fairs and distributing instructional material to BOP staff.

DESCRIPTION

The mission of the Inmate Transition Branch includes strengthening existing and establishing new bureau programs that enhance the postrelease employment of federal prisoners. The branch assists in the implementation of job fairs and mock job fairs in federal prisons and (by request) in state prisons or jails. The Inmate Placement Program that the Branch replaces assisted with over 350 job fairs in 100 federal prisons

between 1996 and 2004. The ITB also distributes instructional publications such as a *Mock Job Fair Handbook* to corrections staff nationwide.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Federal Bureau of Prisons

PROGRAM TITLE

Release Preparation

YEAR ESTABLISHED

1996

POLICY STATEMENT(S)

15: Educational and Vocational Training

OVERVIEW

The Release Preparation program uses prerelease programming to prepare inmates exiting federal prison for successful community re-entry. It focuses particularly on workforce issues.



DESCRIPTION

Through the Release Preparation program, an inmate’s preparation for release begins at intake and continues throughout incarceration and until release. However, enrollment in the formal program begins no later than 30 months prior to direct release to the community or release through community corrections.

The Release Preparation program is based on a core curriculum of topics and courses organized into six broad categories: Health and Nutrition, Employment, Personal Finance/Consumer Skills, Information/Community Resources, Release Requirements and Procedures, and Personal Growth and Development. Generally, this program includes participation by United States Probation Officers and other community resources that help disseminate information that may help the individual being released.

All inmates committed to the Bureau of Prisons’ custody are expected to complete the Release Preparation program, except for those committed for study and observation, those serving less than six months, those committed with a sentence of death, those confined in an administrative maximum prison, and some deportable aliens.

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AGENCY/ORGANIZATION

National Institute on Drug Abuse

PROGRAM TITLE

Criminal Justice Drug Abuse Treatment Studies

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

12: Substance Abuse Treatment

OVERVIEW

The research arm of the US Department of Health and Human Service’s National Institutes of Health, the National Institute on Drug Abuse (NIDA) coordinates the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), a multi-agency research

consortium to improve drug treatment services for drug using offenders.

DESCRIPTION

The goal of CJ-DATS is to establish and utilize a research infrastructure to develop and test models for an integrated approach to the treatment of incarcerated individuals with drug abuse or addictive disorders, including both treatment in jail or prison and treatment as part of re-entry into the community.

CJ-DATS forges partnerships among NIDA, drug treatment and criminal justice researchers, criminal justice professionals, drug abuse treatment practitioners, and other health and social service providers who are involved in helping criminal justice-involved drug abusers return to their communities as productive, law-abiding members of society. The consortium comprises a coordinating center run out of the University of Maryland, and seven regional research centers, work in concert with each other and with NIDA to conduct multi-site and nationwide criminal justice-based treatment services research.

The studies are designed and conducted in three phases over five years. In the first phase, a Steering Committee developed a study plan to develop and test treatment system models. Phase II involves pilot testing of the data collection instruments, treatment service delivery strategies, and the research plans. Preliminary data is analyzed and the study plans will be revised according to findings from the pilot projects. In Phase III, multi-site research studies that test integrated drug abuse treatment models are implemented at the selected sites, including jails, prisons, and community treatment settings.

Along with NIDA, CJ-DATS is funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration; the Centers for Disease Control and Prevention; and by the National Institute of Justice, Drug Court Program Office, and Bureau of Prisons of the Department of Justice.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

**Office of National Drug Control Policy
and National Institute of Justice**

PROGRAM TITLE

Breaking the Cycle

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

12: Substance Abuse Treatment

OVERVIEW

Breaking the Cycle (BTC) is a demonstration project to test the effectiveness and impact of a comprehensive, fully integrated, system-wide criminal justice intervention for drug-involved individuals.

DESCRIPTION

BTC requires universal drug testing and needs assessment of all those entering the criminal justice system at four demonstration sites, followed by appropriate assignment to a combination of treatment, sanctions, and supervision options regardless of the status of the individual (in custody, on release, etc.) or the status of the case (pre-trial, post conviction, etc.). The project is implemented by a consortium of federal agencies, led by the Office of National Drug Control Policy (ONDCP) and the National Institute of Justice (NIJ), with support from the Bureau of Justice Assistance (BJA), the National Institute on Drug Abuse (NIDA), and the Center for Substance Abuse Treatment (CSAT).

BTC embraces the concept that systemic changes in the criminal justice system in the form of integrated drug needs assessment, testing, sanctions, and treatment can result in reduced drug use and reduced consequences of drug use. At its core, the philosophy behind BTC is simple:

perform a drug-use needs assessment, including testing, for every person entering the criminal justice system and, based on the results, apply the appropriate blend of treatment, sanctions, and supervision throughout the period in which the individual is under criminal justice system supervision.

BTC differs in significant ways from other testing and treatment programs. First, the testing and needs assessment component is universal, unlike other programs into which participants are screened. Second, BTC provides drug users with integrated access to a wider range of services and resources, ranging from in- and out-custody treatment, to employment counseling, training, and life enhancement skills courses. Such programs are available throughout the period in which the person is under criminal justice system supervision with the goal of eliminating an individual's drug use, and with progress regulated with sanctions, treatment and supervision.

Since its creation in Birmingham, Alabama in June 1997, two thousand individuals have participated in all aspects of the program as a condition of release from jail. The program was expanded in November 1998 to Jacksonville, Florida and Tacoma, Washington.

OUTCOME DATA

BTC has achieved compliance rates of 70 to 85 percent. So far, those completing the program have exhibited about a one percent rearrest rate.

CONTACT INFORMATION

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Florida

AGENCY/ORGANIZATION

Broward County Sheriff's Office

PROGRAM TITLE

Day Reporting and Re-Entry Division

YEAR ESTABLISHED

2004

POLICY STATEMENT(S)

25: Design of Supervision Strategy

OVERVIEW

The Day Reporting and Re-Entry Division provides case management and transitional services to individuals who are serving time in the Broward County jail. The Division also has two specialized tracks: (1) a Community Service Work Program for repeat misdemeanants as an alternative to jail; and (2) an Aftercare Program for the successful graduates of the in-custody Military Training Unit (boot camp).

DETAILED DESCRIPTION

The Day Reporting and Re-Entry Division helps reintegrate individuals back into the community following release from jail. It also provides an alternative to jail for repeat misdemeanants as well as an aftercare program for the graduates of the in-custody boot camp. It combines the benefits of intensive supervision with re-entry while ensuring public safety.

The Division provides individuals with support mechanisms needed to transition successfully back into the community, while at the same time monitoring their activity to prevent recidivism. The Division also provides services to persons released from prison who have no pending charges or outstanding sentence; these individuals are termed "walk-ins." After they are cleared for having no outstanding warrants, a case manager assesses their needs and refers them to services. All services available to court-ordered participants are also made available to walk-ins.

The program begins while individuals are serving their sentence in jail. A supervision and re-entry plan is designed and a compliance contract is signed. The plan includes the level of supervision, community service hours, job search, counseling, training, daily schedules, and any court-ordered conditions. Once released from jail,

the Field Supervision Unit monitors each participant's activity in the community through random checks at their residence or place of employment based on daily itineraries each individual is required to provide and comply with. The Unit also performs random drug testing, job and address verification, and curfew checks. All felony participants are also placed on an electronic monitor, providing an added level of security.

The Division has a menu of services available on-site and referral resources off-site to address the individual's needs. A case manager works with a person to build these services into their daily schedule and then works together with the Field Supervision Unit to monitor their compliance. The re-entry plan is designed to address each individual's specialized needs. Participants have access to employment readiness classes, support group meetings, treatment referrals, life skills, financial planning and budgeting, literacy programs, GED/ ABE classes, an on-site computer training lab, and stress and anger management programs.

Individuals are required to participate in an Integrated Cognitive Behavior Change Program crafted by the National Institute of Corrections. The Division places primary emphasis on assisting the individual in gaining employment. The Job Development Program assesses the job readiness of each person and, if necessary, requires them to first complete the Employment Skills Workshop before they are sent on job interviews. The Division has created partnerships with over 60 employers, employment agencies, and vocational technical schools to provide a variety of opportunities to these participants.

The Division also operates two specialized tracks; one is a Community Service Work Program for repeat misdemeanants as an alternative to jail. This specialized track entails all the services described earlier but emphasis is placed on the participant performing up to 128 hours of community restoration projects (picking up litter, painting, planting gardens, etc.) under the supervision of a uniformed deputy. The second specialized track is an Aftercare Program for those who successfully graduate from the in-custody 90-day Military



Training Unit (boot camp). This track provides reinforcement of the boot camp's training, and continuity of care.

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AGENCY/ORGANIZATION

**Florida Department of Corrections,
 Office of Classification and Programs**

PROGRAM TITLE

Project ReConnect

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)

21: Creation of Employment Opportunities

OVERVIEW

Project ReConnect provides individuals released from select Florida corrections facilities with job placement assistance, if they have completed a GED or vocational certificate during their time in prison. The program also offers referrals for housing, food, clothing, transportation, medical services and education programs.

DESCRIPTION

Project ReConnect offers employment assistance to inmates being released from prison who, in the eyes of the Florida Department of Corrections, have demonstrated a willingness to learn a trade, develop a skill, or advance their education while they were in prison. The program primarily targets male and female inmates 25 and under, but will accept older inmates if they have received either their GED or vocational trade certificate. The program offers assistance through job referrals and placements. ReConnect also concentrates on providing general referrals for other services, including housing, transportation, medical services and education.

Individuals who are eligible for Project ReConnect are identified 30 days prior to their release from one of the participating institutions

in the Florida corrections system. Currently, 51 out of 67 institutions and work camps participate in the program. Potential participants receive a packet with an invitation form, which they must fill out and return to the transitions assistance officer, who forwards it to Project ReConnect staff. During the pre-employment stage of the program, staff ensures that the participant has the resources needed to obtain a job. During the employment stage, program staff assists the individual in the actual job search.

Project ReConnect promotes its work by actively marketing to both potential participants and potential employers. In order to encourage employers to hire people with criminal records, it highlights the availability of the Federal Bonding Program, as well as the Work Opportunity Tax Credit. Approximately 4500 people have gone through the program since its inception, around 900 of them over the last year. The program is funded by the federal Grants to States for Workplace and Community Transition Training for Incarcerated Youth Offenders program. ReConnect is run in partnership with Workforce Florida, Inc.

OUTCOME DATA

Project ReConnect has been evaluated every year since 1999 by JVL Education, Inc. The evaluations spotlighted the number of participants being served as well as the various partnerships which have made the program successful. The program has placed approximately 600 participants in jobs; other participants have received housing, food, clothing, medical, transportation and education assistance.

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AGENCY/ORGANIZATION

Orange County Jail

PROGRAM TITLE

Jail Educational and Vocational Programs

YEAR ESTABLISHED

1987

POLICY STATEMENT(S)**22: Workforce Development and the Transition Plan****OVERVIEW**

The Orange County Corrections Division provides intensive educational and vocational programming for most inmates in its 3,300-bed jail.

DESCRIPTION

Staffed by 70 full-time instructors, Orange County Jail programming includes adult basic education, GED preparation, vocational training, life skills development, psychoeducation groups, and substance abuse education. Courses are carefully tailored to the short periods of time that jail inmates are incarcerated by focusing on core competencies, demanding an intensive schedule, identifying “early exit” points, and providing a self-paced substance education course. Programming typically runs six hours a day, five days a week.

At intake, individuals are assessed for grade level proficiency, vocational skills, and substance abuse. From this assessment, jail staff determine eligibility and placement. Inmates are not eligible for programming if they are classified as a security risk, as having a severe mental illness, or are sentenced for more than 60 days.

Inmates who agree to participate and avoid misconduct are eligible for privileges based on behavior, including sentence reduction; inmates who refuse to participate and those who misbehave remain in the main facility where they are denied certain privileges, such as contact visits, television, and recreation hours. Participants are supervised in facilities architecturally designed to allow maximum contact between staff and inmates without physical barriers.

The jail also has two prerelease job assistance programs. The first, staffed by four full-time corrections employees, helps inmates search for work and monitors the job performance of the 15 percent of former inmates who are placed on county probation. The second, staffed by two job developers from Mid-Florida Technical School, helps inmates enrolled in vocational courses find employment and addresses their medical, housing, and transportation needs.

The Corrections Division finances this programming from the inmate welfare fund, local and Federal grants, and State education disbursements to the county school board for adult basic education.

OUTCOME DATA

Evidence, provided in large part by an independent national auditing firm, suggests that the combination of programming, direct supervision, and incentives has reduced staffing needs, construction costs, and violent incidents, while it has increased inmate educational levels and job readiness.

Another independent evaluation found that, as long as 18 months after release, inmates who were housed 6 to 45 days in direct supervision facilities were less likely to re-offend than inmates who were housed in these facilities less than six days.

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AGENCY/ORGANIZATION**Project Success****YEAR ESTABLISHED**

2001

POLICY STATEMENT(S)

12: Substance Abuse Treatment;
20: Planning Continuity of Care

OVERVIEW

Project Success was established in 2001 with funding from the Federal Residential Substance Abuse Treatment (RSAT) grant program. Project Success is a six-month residential substance abuse treatment program for incarcerated adult females, followed by a 12-month after care case management phase.

DESCRIPTION

Incarcerated women may volunteer for the program or may be mandated to attend by a court order. Program staff visit the county jail to inform the women about Project Success on a monthly basis. If the women are eligible to participate and have enough time remaining in their sentence to complete the six-month residential component, they are admitted.

A “Modified Therapeutic Community” model is at the core of the program. This model focuses on providing services in a holistic manner and draws upon the individual’s desire to change. Women in the program also have a treatment plan where each participant and her counselor meet to establish a number of goals in order for the



participant to complete the program. The program includes, but is not limited to, parenting training, family therapy sessions, job and life skills development, computer literacy classes, financial management classes, and community linkages. Commitments from educational facilities in the area have been secured to provide job placement, training, mentoring and peer support upon re-entry into the community. The program also focuses on the women’s gender-specific needs, including previous victimization. Upon completion, participants

move into a 12-month aftercare case management phase. Project Success contracts with the Phoenix Houses of Florida to provide discharge-planning services to assist participants in making the transition back into the community.

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Georgia

AGENCY/ORGANIZATION

Georgia Board of Pardons and Paroles

PROGRAM TITLE

Results Driven Supervision

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

18: Release Decision

OVERVIEW

Results Driven Supervision is a risk assessment model that focus on four criminogenic risk areas, guiding parole officers in designing a supervision plan.

DESCRIPTION

Georgia parole officers and parole administrators, working with researchers in the Board of Pardons and Parole Office of Criminal Justice Research, determined that specialized intervention in four critical behavioral areas—education, substance abuse, employment, and cognitive skills—yields significant results in deterring crime, even in offenders formerly considered intractable. This model, known as Results Driven Supervision (RDS), allows parole officers to assess each parolee under their supervision to determine weaknesses in those areas and then, factoring in the unique circumstances of the case, establish “tracks” of short- and long-term goals to achieve objectives.

Failure to stay “on track” results in appropriate sanctions, including revocation to prison.

Parole board technology specialists created a tailor-made case management information system, the Field Log of Interactive Data (FLOID), enabling parole officers to record information attained from each parolee’s validated and automated risk assessment and legal and social histories. FLOID aids the parole officer in monitoring progress by the ease of its point-and-click case-entry, its action and deadline prompts, and its continuous summation of the parolee’s performance.

Using RDS as the supervision model and FLOID as the organizing tool, Georgia’s parole officers gain control over their extensive caseload documentation to provide what was more difficult to attain in a manual system: timely, progressive encouragement or punishment to prod the individual under supervision toward specified goals. By targeting releasees most likely to return to prison, matching them with intervention programs proven to reduce that likelihood, and tracking results electronically for real-time assessments, the Parole Board seeks to lower recidivism with the most efficient use of the state’s funds.

OUTCOME DATA

Since the Implementation of RSD in 1997, successful completions of parole have increased from 61 percent in 1998 to percent in FY2002.



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with community providers when possible and enroll eligible individuals in Medicare.

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AGENCY/ORGANIZATION

Georgia Department of Corrections

PROGRAM TITLE

Health Services

YEAR ESTABLISHED

1990s

POLICY STATEMENT(S)

20: Planning Continuity of Care

OVERVIEW

In addition to providing health care during the period of incarceration, the Department of Corrections writes up medical summaries and, in some cases, makes postrelease medical appointments for individuals being released to the community. Patients are also given a two-week supply of medication at the time of their discharge.

DESCRIPTION

The Georgia Department of Corrections offers its inmates various kinds of medical care, depending on the type and severity of an individual's medical condition. Since the mid-1990s, the Department of Corrections has run "chronic care clinics," which provide health care and health education for inmates with chronic illnesses, such as diabetes or HIV/AIDS. The Prerelease Planning Program (PPP) for HIV-positive inmates arranges for them to be seen at the Ryan White Clinic after their release.

Since the early 1990s, the Department of Corrections has supplied all individuals at the time of their discharge with a minimum of two weeks of medication. Mental health patients receive one month's worth of medication, since the transition to the care of a community-based provider typically takes longer than two weeks. For inmates with conditions other than HIV/AIDS, the ability of the DOC to facilitate postrelease treatment is contingent on the status of an individual's medical insurance. DOC nurses will set up appointments

AGENCY/ORGANIZATION

Georgia Division of Pardons and Parole

PROGRAM TITLE

Legal investigations; Behavior Response and Adjustment Guide; and Tablet PCs

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)

17: Advising the Releasing Authority;
26: Implementation of Supervision Strategy;
29: Graduated Sanctions.

OVERVIEW

The Georgia State Board of Pardons and Paroles has authority to grant paroles, reprieves, remissions, and pardons, and remove restrictions imposed by law. Parole officers supervise released offenders and facilitate their reintegration into the community under the direction of the Board, working closely with the Department of Corrections to manage prison bed space. To determine release decisions and manage effective community supervision, the Parole Board has introduced various innovative and effective procedures and programs.

DESCRIPTION

The Georgia Board of Pardons and Paroles has explored a range of new approaches in release decisionmaking and community supervision, in addition to its innovative Results Driven Supervision (see Program Example write-up). The Board has been recognized with several awards, and is one of the few parole boards accredited by the American Correctional Association, a distinction it has earned every year since 1994. Some of its approaches are described below.

To inform the Board's release decisions, parole staff conduct investigations and provide detailed reports for inclusion in individual case files. A parole officer studies arrest and court records for

each individual and may consult with arresting officers, court officials, victims, and witnesses to write a “Legal Investigation” on the details of his or her current offense and a summary of any prior offenses that he or she committed in the same county.

To assist supervision officers in determining responses to violations and rewards for positive behavior, the Board designed a Behavior Response and Adjustment Guide (BRAG). BRAG classifies positive and negative behavior as “low,” “medium,” or “high” and provides response options for each of these categories. Positive behavior includes finishing a school semester, completing an outpatient program or cognitive skills class, and performing volunteer work. Rewards for positive behavior include letters of recognition, certificates of completion, six-month compliance certificates, supervision level reduction, and reduced reporting requirements.

In order to facilitate convenient and thorough note-taking for parole officers in the field,

the Board has acquired Tablet PCs, computers about the size of a piece of paper weighing less than three pounds, to record data on the 22,000 individuals under community supervision in the state. Handwriting-recognition software allows parole officers, who each supervise an average of 60 individuals, to record notes in the field as they would with pen and paper while digitally capturing information. Before Tablet PCs, the Board of Pardons and Paroles found that information from notes taken by hand was often not thorough or properly entered into the data system, and laptops were found to be bulky and difficult to use for data-entry in the field.

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Hawaii

AGENCY/ORGANIZATION

**Maui Economic Opportunity, Inc.
and the Department of Public Safety**

PROGRAM TITLE

Being Empowered and Safe Together

YEAR ESTABLISHED

2003

POLICY STATEMENT(S)

19: Housing

OVERVIEW

Being Empowered and Safe Together (BEST), administered by Maui Economic Opportunity, Inc. in collaboration with the State of Hawaii Department of Public Safety (DPS), is designed to serve individuals who are preparing to return to the community from Maui Community Correctional Center (MCCC).

DESCRIPTION

By providing comprehensive transitional assistance to inmates and ex-inmates, BEST seeks to reduce the recidivism rate and increase public safety. The program serves over 200 male and female offenders returning to Maui communities who have been convicted of serious and violent offenses and incarcerated for over a year.

Each BEST client is referred by a BEST review committee or staff at the MCCC. Intake assessments assist BEST administrators and case managers to determine the level of services needed for each client. An Individual Service Plan (ISP) is developed through the collaborative effort of the BEST case managers and the social workers and case managers within DPS. DPS and BEST case managers meet weekly to be apprised of the client's needs and to achieve a seamless transition from prison to the community.

A Housing Coordinator works with clients to locate affordable rentals, and where appropriate BEST will provide financial assistance toward the first month's rent. Other programs include employment training, on-the-job training, mentoring, childcare and transportation assistance, cognitive restructuring, substance abuse and mental health treatment referrals, and family support and reunification services.

BEST is a collaborative effort coordinated by Maui Economic Opportunity and DPS, and includes representatives from local businesses, the Judiciary, the Maui Police Department, IMPACT Drug Treatment Program, the Department of Housing and Human Concerns, the Department of Health, Hawaii Paroling Authority, Workforce

Development of the Department of Labor, Maui Community College, and others. The BEST program is funded by a SVORI grant.

OUTCOME DATA

BEST's goal is to reduce the current recidivism rate of 62 percent to 25 percent over a three-year period.

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Illinois

PROGRAM TITLE

Day Reporting Center Re-entry Program

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)

26: Implementation of Supervision Strategy

OVERVIEW

The Day Reporting Center (DRC) provides a continuum of intense supervision, monitoring, treatment, and educational services for program participants immediately upon release from prison with the aim of reducing recidivism and thereby increasing public safety.

DESCRIPTION

The DRC program targets high-risk parolees returning to neighborhoods in south Chicago. For the purposes of this program, high risk is defined as parolees with two or more prior incarcerations, parolees who have served a sentence of 10 or more years, and/or parolees 25 years old or younger sentenced for a violent crime.

Parolees assigned to report to the DRC must do so within 24 hours of release. There are four

levels of supervision; each parolee begins at the most intensive level and works toward less intensive levels as he or she moves through the program. Parolees are assigned an individual case manager who meets with them at least once a week (and, in some cases, up to seven days a week).

All parolees undergo an extensive assessment upon entering the program that helps the case manager to develop an individualized supervision, treatment and education plan. Parolees may be assigned up to three separate rehabilitation activities per week including substance abuse education and treatment, adult basic education, GED preparation, parenting and family reintegration support group, anger management, employment skills training, and career development counseling.

Case managers prepare monthly reports for parole officers on parolees' progress in meeting the goals of their re-entry plan. Progression through the DRC is individually paced and based on the parolee's compliance with the requirements at each level of supervision. For instance, a parolee cannot move to a reduced level of supervision until he/she has been drug free for 30 days.

OUTCOME DATA

More than 1,500 parolees have participated in the Day Reporting Center Re-entry Program since it opened in 1998. Data analysis by the Department of Corrections on the first three years of the program (1998–2001) indicates a reduction in recidivism compared to a closely matched comparison group of parolees who did not participate in the program. For instance, 35 percent of the parolees admitted to the program in year 1 (1998) had been reincarcerated for a new crime three years after release, compared to 52 percent of the non-program group. After 2 years, 24 percent of the parolees admitted to the program in year 2 (1999) had been reincarcerated for a new crime conviction, compared to 45 percent of the comparison group. After 1 year, 10 percent of parolees admitted to the program in year 3 (2000) had been reincarcerated for a new crime, compared to 35 percent of comparison group. The Department of Corrections also estimates that the program saved \$3.6 million in correctional and court costs, given that the DRC program costs about \$925 per participant per month or \$11,000 a year compared to \$2,100 a month or \$20,000 a year to incarcerate a prisoner.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**Safer Foundation****PROGRAM TITLE****Adult Transition Centers (ATCs)****YEAR ESTABLISHED**

1983 (Crossroads); 2000 (N. Lawndale)

POLICY STATEMENT(S)

21: Creation of Employment Opportunities;
22: Workforce Development and Transition Plan

OVERVIEW

Adult Transition Centers (ATCs) offer selected Illinois offenders job training and placement prior to their release from custody as part of an integrated transitional program.

DESCRIPTION

The Safer Foundation administers two minimum security male residential transition centers totaling over 500 beds, on behalf of the Illinois Department of Corrections (DOC). One is the 350-bed Crossroads ATC and the other is the 200-bed North Lawndale ATC, both located in the Lawndale community on the near west side of Chicago. (Another eleven ATCs in Illinois are administered directly by the DOC.) During their stay at a Safer ATC, program participants remain Illinois inmates but are required to participate for a minimum of 35 hours per week in outside employment, education, life skills, and/or community service, while also assuming responsibility for daily in-house assignments.

To ensure that participants are prepared for and find jobs, the Safer Foundation devotes case managers and job developers to each ATC, along with Basic Skills program and other staff. The Foundation's overall emphasis is on employment placement, and over 30 years they have developed relationships with a large cross-section of employers willing to hire Safer program participants. Safer ATC staff works with individuals to identify their experience and strengths through skills assessment and when applicable provides job training on-site.

In addition, residents are provided with a range of supportive services, including case-management services, cognitive therapies, mental health services, substance abuse treatment and family support services. The Crossroads ATC now devotes an entire floor to substance abuse treatment, and Safer hopes to expand those services to the North Lawndale facility with state funding.

Participants are transferred to Safer ATCs with a maximum of 2 years remaining in their sentences. They stay for an average of 10–11 months, and seldom for less than 5 months. After release, they are encouraged to continue participating in Safer programs on a voluntary basis; the Foundation is currently advocating to make participation a mandatory condition of parole.

OUTCOME DATA

Dr. Arthur Lurigio, Chairman of the Criminal Justice Department of Loyola University, and two of his associates conducted a study in 2001 evaluating the results of Safer services.

1,281 Safer Foundation program participants who were parolees released from the Illinois Department of Corrections during the six-month period of July through December in 1997 were tracked over a three-year period (1997 through 2000) to determine their rate of recidivism. Based on the preliminary results, 23.8% of Safer Foundation program participants returned to the state criminal justice system. During this period, according to the agency's Statistical Presentation for 1999, the Illinois Department of Corrections (IDOC) was experiencing a recidivism rate of 42.5% of those parolees released to Cook County.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**St. Leonard's Ministries****YEAR ESTABLISHED**

1954

POLICY STATEMENT(S)**19: Housing****OVERVIEW**

As a transition center for formerly incarcerated individuals, St. Leonard's Ministries provides housing and case management services. Services include addiction counseling, life skills and job counseling, employment referral services, and education services.

DESCRIPTION

St. Leonard's House opened in 1954 as a product of the work of Father James Jones, Episcopal Chaplain at the Cook County Jail. In 2000, the agency name was changed to St. Leonard's Ministries.

St. Leonard's Ministries provides housing and case management services for ex-offenders transitioning back to the community. St. Leonard's

Ministries manages St. Leonard's House (emergency services for 40 men), Grace House (emergency services for 16 women), and St. Andrew's Court (second stage housing for 42 men who have completed programs at St. Leonard's House). Residents learn about the program when they are in prison from field service counselors or from their parole officers.

About 350 men and women between the ages of 18 and 65 use the services provided by St. Leonard's Ministries. These services include: ongoing addictions counseling; counseling related to life skills and coping skills; job counseling and employment referrals services; adult educational programs and educational referrals; aftercare/mentoring services; community networking opportunities; and recreational activities.

St. Leonard's Ministries works closely with the Illinois Department of Corrections, the Chicago Department of Human Services, the Illinois Department of Human Services, the United Way, and with other social service providers in the Chicago area. Other important collaborative partners include: the Cathedral Shelter of Chicago, which provides drug counseling and tutoring; Lakefront Supportive Housing, which helps provide post-program housing; Chicago Legal Assistance to Incarcerated Women, which provides counseling and support work, the Alder School of Professional Psychology, which provides psychological assessment and counseling services through a contract funded by the Chicago Department of Human Service.

OUTCOME DATA

St. Leonard's Ministries tracks former clients, and recently reported that the recidivism rate for those who completed the program is lower than 20 percent.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

The Welfare to Work Partnership

PROGRAM TITLE

The Chicago Law Project

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

21: Creation of Employment Opportunities

OVERVIEW

The Chicago Law Project matches people who have experienced barriers to employment in the past (including individuals released from incarceration) with law firms seeking qualified and productive entry-level employees, and provides training and support to these individuals once they are placed.

DESCRIPTION

An initiative of The Welfare to Work Partnership, the Chicago Law Project began in February 2000. Although the program does not specifically serve former prisoners, people with criminal records do fall into their broad target population of individuals with significant barriers to employment. Of the 30 people who have graduated from the program in its first two years, nearly 60 percent of the pilot class and nearly one-quarter of the subsequent class were former prisoners.

Candidates receive an initial screening that involves a skills assessment, drug testing and identification of any other potential health issues. Program participants then complete a 13-week training curriculum that covers both “hard skills” (reading, writing, math, spelling, communication and office skills) and “soft skills” specific to working in a law firm environment (office etiquette, prioritizing skills, and giving and receiving constructive feedback). The training also incorporates certain important life skills such as money management, handling stress and balancing work and family. Two weeks into the training

each participant is placed in a paid internship with a law firm where they spend two days at the firm and three days in class. In addition, the individual is matched with a mentor, a volunteer from the law firm, who meets with the candidate once a week to discuss their progress, identify challenges and help problem solve. Upon completion of the training, the candidate is placed with a law firm and continues to receive support services (skill development, transportation and child care assistance) for one year.

The Chicago Law Project relies on collaborative partnerships with community-based organizations to identify and refer potential candidates to the program. The Project also has community partnerships with Chicago area law firms, which agree to hire at least one person who completes the training program, provide a paid internship in a support staff role during the program, and provide a mentor for new hires. The 13-week curriculum was designed in collaboration between the Welfare to Work Partnership’s Business Resource Group and the participating law firms.

OUTCOME DATA

Since 2000, the Project has graduated two classes totaling 30 participants. Eight of the 12 participants from the pilot class (2001) have remained employed for 18 consecutive months. Thirteen of the 18 participants from the second class (2002) have remained employed for 90 days. Average earnings range from \$10 to \$16 per hour with full benefits.

CONTACT INFORMATION

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Indiana

AGENCY/ORGANIZATION

Allen County

PROGRAM

Re-Entry Court Project

YEAR ESTABLISHED

2001

POLICY STATEMENT(S)

29: Graduated Sanctions

OVERVIEW

The Allen County Re-Entry Court Project is an early release program in which the Re-Entry Judge oversees the development and implementation of a Reintegration Plan for each participant.

DESCRIPTION

Release to the 12-month Re-Entry Court Project is voluntary; offenders receive notification of eligibility 60 days in advance of early release. The court is intended for individuals already involved in the Community Transition Program, which was created by the Indiana state legislature in 1999 to transfer selected state inmates to a community corrections program or a program of supervision by a county probation office 60 to 180 days prior to their release date (see program example).

The court is led by the Judge, and staff, employed by Allen County Community Corrections, include re-entry case managers, mental health and substance abuse treatment professionals, parole and law enforcement officers, cognitive and behavioral experts, and staff from the community mental health center. The Judge has the authority to impose sanctions in response to technical violations using a pre-established grid developed by Allen County Community Corrections. The re-entry team helps to oversee participants and makes recommendations to the judge regarding sanctions for technical violations.

As soon as an individual is released to Re-Entry Court Project, he or she is interviewed by a forensic mental health professional and community corrections staff, and appears before the Judge for an initial hearing and introduction to court process. The individual is under 24-hour supervision, including six months of electronic monitoring and random home and work visits.

As part of the Reintegration Plan, the participant undergoes weekly substance abuse testing and a risk and needs assessment every 90 days. On the basis of these assessments, he/she is assigned to relevant programs. The participant appears before the judge every 2–6 weeks to review compliance to the Reintegration Plan.

The re-entry court, which has been approved as a supervising authority by the Indiana Parole Commission, receives funding from a SVORI grant.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

**Blue Jacket, Inc.; Allen County
Community Corrections**

PROGRAM TITLE

Employment Academy

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

28: Job Development and Supportive Employment

OVERVIEW

Blue Jacket, Inc. is a nonprofit organization that was created by and runs under the auspices of Allen County Community Corrections. The organization offers pre-employment job training, transitional job placement and support services for ex-offenders.

DESCRIPTION

Participants in the training program at Blue Jacket, “Employment Academy,” are referred through Allen County Community Corrections’ Re-entry Court and home detention programs. The Employment Academy consists of 60 hours of rigorous curriculum-based and on-the-job skills development, all of which takes place during a two-week time span. Students at the Academy spend 30 classroom hours learning “soft skills” such as job-searching, interviewing, filling out applications,

résumé writing, and workplace expectations. Ivy Tech State College provides class space and computers for students to write résumés and complete vocational and interest assessments. In addition to classroom time, students spend 30 hours a week at community service jobs, where they focus on effective communication and problem-solving.

After successful completion of the Employment Academy, a Job Developer screens and matches clients with employers using databases of employers with a history of hiring individuals with a criminal record. (The databases are available through Community Corrections and other organizations.) The Job Developer makes cold calls to employers to enquire about positions and sets up interviews for clients. Employment is contracted for three to six months, with the possibility of hiring the employee full time upon completion of the transitional term. Employers receive \$1,150 as reimbursement for training and retaining program participants. During the transitional term, a staff person will follow up on the employee over the phone and during scheduled meetings.

Blue Jacket currently receives its funding from Community Corrections. However, it is interested in becoming an independent social enterprise.

OUTCOME DATA

In 2003, Blue Jacket had a 81.75 percent employment rate among its 200 participants. About half of participants obtained job using Blue Jacket's placement services, while the other half found employment independently.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Indiana Department of Corrections

PROGRAM TITLE

Community Transition Program

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

25: Design of Supervision Strategy

OVERVIEW

In 1999, the Indiana state legislature enacted a law providing that state inmates can be transferred to a community corrections program or a program of supervision by a county probation office 60 to 180 days prior to their release date.

DESCRIPTION

Indiana courts can assign individuals who have been convicted of a crime to the Community Transition Program (CTP), a community corrections program, or (in a county that does not have a community corrections program) a program of supervision by the probation department. To be eligible for the CTP, individuals must be serving a sentence of at least two years, have Indiana residency status, and have no outstanding warrants and detainers.

Participants serve 60 to 180 days in the CTP, depending on the class of their crime, after which time they are discharged or released to parole or probation as ordered by the court. Sixty days prior to the date when an individual is eligible to begin the CTP, the Department of Corrections sends notification to his or her sentencing court. The court then decides whether to allow the individual to enter the program or not.

Individuals accepted into the CTP are transported by the Department of Corrections to their sentencing county, where they are supervised by either the local community corrections program or by probation. Programming is up to the discretion of each county but may include work release, home detention, and day reporting. Some counties use assessment instruments, such as the LSI-R, to determine programming for individuals being transferred to CTPs. Several counties have formed transition teams to work with participants, parole, and probation. Each county receives 35 dollars per day for each participant during the first thirty days of programming, after which time the rate changes to 15 dollars per day.

CONTACT INFORMATION

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Indiana Department of Corrections
Community Transition Program
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Indianapolis, IN 46204
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AGENCY/ORGANIZATION

Iowa Department of Corrections

PROGRAM TITLE

Distance Learning

YEAR ESTABLISHED

1995

POLICY STATEMENT(S)

15: Educational and Vocational Training

OVERVIEW

The Iowa Department of Corrections offers inmates the option to enroll in online courses offered by community and private colleges.

DESCRIPTION

Since the mid 1990s, the Iowa Department of Corrections, through the Iowa Communication Network (ICN), has provided incarcerated individuals the opportunity to take courses online at the individual's expense. Some 15 to 20 students per semester take 10 to 15 courses at community and private colleges and universities over the ICN, earning college degrees and certificates.

CONTACT INFORMATION

Director of Offender Education
Iowa Department of Corrections
420 Watson Powell Jr. Way
Des Moines, IA 50309
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risk and need of offenders and match them with available treatment resources and supervision strategies.

DESCRIPTION

This computerized assessment tool synthesizes results from a dozen individual validated risk assessment tools, each of which has been evaluated and sold by outside organizations. The Matrix enables community corrections officers in the Sixth Judicial District, which has purchased each of these individual tools, to enter results in a single form and adjust supervision methods accordingly.

The purpose of collecting this data on one form is to identify available treatment options and necessary accountability measures. The Matrix automates the process of identifying appropriate options, based on risk, need, and responsiveness, and presents those options to agents along with a range of information for decision support. It is also helping the District to develop protocols for delivering effective services while using resources wisely, and it provides administrators useful information for agency-wide resource allocation.

The Matrix consists of two axes: risk (control) and need (treatment). Four levels are possible on each axis: low, moderate, elevated, and high. The client population is divided into groups and subgroups, with specific control and treatment options available to each via Matrix screens. The Matrix interfaces with a database to provide agents data on offender success rates, program effectiveness, client profiles, and other information. With this information, staff select the appropriate option, and the Matrix automatically displays the aggregate success rate for the option selected as applied in the District.

Courts in the Sixth Judicial District have endorsed the Matrix and sentence people according to the graduated sanctions continuum—although the judge retains the ability to set specific sentencing criteria. By placing offenders on this continuum, community corrections can move them up and down as they see fit (based on outcomes from the Matrix). Community corrections officers, however, can not send a parolee to jail for technical

AGENCY/ORGANIZATION

Iowa Department of Correctional Services

PROGRAM TITLE

The Matrix

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

26: Implementation of Supervision Strategy

OVERVIEW

The Matrix is an intranet-based data management system developed by Iowa's Sixth Judicial District Department of Correctional Services to assess the

violations, but can send them to a halfway house and can move a parolee to an unsupervised level.

CONTACT INFORMATION

District Director
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WEBSITE: www.iowacbc.org/articles/matrix.htm

AGENCY/ORGANIZATION**Iowa Department of Correctional Services****PROGRAM TITLE*****Welcome and Resource Notification*****POLICY STATEMENT(S)**

29: Graduated Responses

OVERVIEW

Iowa's Sixth Judicial District places high risk parolees in a program that issues graduated sanctions through an Administrative Law Judge and leverages community resources by involving leaders from various neighborhood organizations.

DESCRIPTION

The Department of Correctional Services in Iowa's Sixth Judicial District selects twenty-five high risk parolees to participate in the Welcome and Resource Notification (WARN) program. Participants are generally career criminals or gang members

with a history of noncompliance who have not succeeded in prior treatment programs.

Upon release, participants are supervised by an officer from the high risk parole unit. In addition, participants who violate the terms and conditions of their release must report to an Administrative Law Judge, who works in conjunction with the supervising officer to determine sanctions. Once an individual has committed a violation, he or she must meet with the Administrative Law Judge on a weekly basis. The Administrative Law Judge also serves as the judicial authority that imposes sanctions for participants in the Sixth Judicial District's re-entry programs for individuals who have mental health disorders or have been dually diagnosed with mental health and substance abuse problems.

A number of community leaders also participate in the WARN program to represent the community and leverage resources for the transition process. These representatives include leaders from neighborhood associations, law enforcement officers, members of faith-based communities, and potential employers. Some WARN participants are linked to mentors from these groups.

CONTACT INFORMATION

District Director
Sixth Judicial District Department of Correctional Services
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Cedar Rapids, IA 52404
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FAX: (319) 398-3684

**Kansas**

AGENCY/ORGANIZATION**The Gracious Promise Foundation****PROGRAM TITLE*****Kansas City Compassionate Ministry Center, Grandma's House*****YEAR ESTABLISHED**

1995

POLICY STATEMENT(S)

13: Children and Families;
19: Housing

OVERVIEW

Through the Compassionate Ministry Center, Gracious Promise provides services, including food and clothing assistance, counseling, and shelter for families affected by the incarceration of a parent, guardian, or spouse. Grandma's House is a new facility designed to provide care for infants born to incarcerated women and improve the quality of the mother-child relationship.

DESCRIPTION

Gracious Promise staff visit a nearby privately run presentencing holding facility at the Leavenworth Prison complex twice a week to reach out to incarcerated individuals concerning family issues. They may also testify in court on behalf of offenders.

At the Compassionate Ministry Center, families of incarcerated individuals participate in workshops to identify problems and determine solutions to issues related to incarceration and reunification with a family member. Family counseling services (provided on a volunteer basis by a counseling services agency) and mentorship programs are available, as is direct assistance in the form of clothing, groceries, or assistance paying utility bills. Additional services include STEPS, a GED program which serves high-risk youth offenders and some adult offenders who participated in literacy programs while incarcerated.

The Compassionate Ministry Center hosts a monthly roundtable of representatives of up to 48

criminal justice agencies and service providers to discuss linkages and gaps in serving released individuals. Some released individuals work at the Compassionate Ministry Center to fulfill the community service requirements of their release plans.

Gracious Promise is currently building a Grandma's House to provide care throughout the incarceration period for infants born to incarcerated women. Gracious Promise will facilitate 6 weeks of breastfeeding visits, weekly visits, parenting skills training for mothers, and planning for housing and career-track jobs for the period after release.

CONTACT INFORMATION

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WEBSITE: www.graciouspromise.org



Louisiana

AGENCY/ORGANIZATION

**Hunt Correctional Facility;
Louisiana Technical College**

PROGRAM TITLE

Welding Program

YEAR ESTABLISHED

1987

POLICY STATEMENT(S)

15: Education and Vocational Training

OVERVIEW

The welding program at Hunt Correctional Facility provides training to inmates that prepares them for skilled jobs, and provides local employers with candidates whose skill sets match their needs.

DESCRIPTION

On average, a dozen inmates participate in a two-semester welding program taught on-site at Hunt Correctional Facility by staff from Louisiana Technical College. In order to qualify for the program,

individuals need to pass certain grade level requirements and have a release date that approximately coincides with the program's completion date.

The welding curriculum is closely based on Northrop Grummond's technical training curriculum, with the result that inmates who are successful in the program become strong candidates (upon release) for job openings at Northrop Grummond's Avondale Shipyards, the area's largest employer. Northrop Grummond actively recruits inmates from Hunt, visiting the facility to conduct skills assessments prior to their release. The Department of Corrections also works with the regional Department of Labor and probation officers to facilitate post-release job placement with smaller companies and employers.

As part of the welding program, inmates take courses to improve their literacy level and educational skills; these courses are taught by teachers from Louisiana Technical College, Department

of Corrections staff, and independent contractors funded with grant money.

CONTACT INFORMATION
Curriculum Coordinator
Hunt Correctional Center
P.O. Box 174
St. Gabriel, LA 70776
PHONE: (215) 319-4266

AGENCY/ORGANIZATION

**Louisiana Department of Corrections;
Louisiana Office of Motor Vehicles**

PROGRAM TITLE

State identification card program

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

24: Identification and Benefits

OVERVIEW

The Office of Motor Vehicles (OMV) visits correctional facilities in northern Louisiana on a quarterly basis to issue state identification cards to prisoners who are within six to eight months of their release date.

DESCRIPTION

Four times a year, staff members from the OMV visit Dixon Correctional Institute, Hunt Correctional Center, Louisiana State Penitentiary, Washington Correctional Center, and Avoyelles Correctional Center to administer the issue of ID cards to inmates. Any inmate within six to eight months of his or her release date may request to receive a state ID card. An inmate can also renew his or her state ID or driver license if it has not expired or has been expired for less than one year.

The OMV collaborates with the Department of Corrections (DOC) to ensure that inmates have the necessary identification for ID card issue. Prior to OMV visits, the DOC obtains information from the OMV about the status of all inmates requesting state ID cards. Individuals who are already in the OMV system can use their prisoner ID card as proof of identification for the state ID card. Individuals who are not already registered with the agency must also present a social security card and birth certificate. When necessary, DOC staff will help inmates to obtain proper identification.

Individuals are expected to pay for state ID cards out of pocket, unless they qualify for welfare funds. ID card renewals and first time issues cost between 18 and 21 dollars; driver's license renewals run between 21 and 25 dollars.

An inmate receives his or her state ID card at discharge, as part of the release packet. The state ID card will suffice as identification for an individual who wishes to acquire a license after their release.

CONTACT INFORMATION

Re-entry Program Coordinator
Dixon Correctional Institute
P.O. Box 788
Jackson, LA 70748
PHONE: (225) 634-1200

AGENCY/ORGANIZATION

**Louisiana Department of Public Safety
and Corrections**

PROGRAM TITLE

Corrections Organized for Re-entry (CORE)

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

22: Workforce Development and the Transition Plan

OVERVIEW

CORE seeks to enhance public safety and crime prevention through the organization and effective utilization of programs and resources to increase the ability of formerly incarcerated individuals to live lawfully in the community. Institutional and field staff coordinate efforts; combine resources, and; actively seek partnerships with local and state service agencies, community organizations and citizen volunteers throughout the re-entry process.

DESCRIPTION

CORE is driven by the commitment of the Department of Public Safety and Corrections to break the cycle of criminal activity and recidivism by offering program participants the resources, knowledge, and skills necessary to succeed in staying home after their release from custody. CORE is the primary component of and a pivotal factor in the successful reintegration of offenders into society.

To achieve this mission, the Department is committed to pursuing the following goals:

1. Encourage and assist inmates to make positive use of their time while in custody or under supervision by learning marketable skills, developing new behaviors, addressing deficiencies and beginning to think in concrete terms of creating a positive future for themselves and their families.
2. Provide inmates with an intensive period of planning and preparation three years prior to release or sooner. Emphasis will be given to education, job skills and practical survival matters, such as housing, job seeking, parole requirements and developing an individualized accountability plan that the offender will be expected to follow once in the community.
3. Support recently released individuals in their transition into the community and help them remain there as productive citizens by monitoring their behavior; identifying and referring them to community programs, and; developing partnerships with volunteer groups, local law enforcement, faith-based institutions, and other organizations that can help them maintain their good intentions and positive efforts.

CONTACT INFORMATION

Department of Public Safety and Corrections
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Capitol Station
Baton Rouge, LA 70804
PHONE: (225) 634-6027

AGENCY/ORGANIZATION**Greater New Orleans, Inc. and the Louisiana Department of Corrections****PROGRAM TITLE*****Supportive employment policies*****YEAR ESTABLISHED**

2000

POLICY STATEMENT**28: Job Development and Supportive Employment****OVERVIEW**

The Louisiana Department of Corrections works closely with Greater New Orleans, Inc., an arm of the New Orleans Regional Chamber of Commerce, to identify barriers to the employment of individuals released from prison and to find ways to overcome these barriers.

DESCRIPTION

The Department of Corrections employs job development specialists to cultivate relationships with employers who may be open to hiring people with criminal records. Many of these contacts are made through the regional Chamber of Commerce workforce development initiative Greater New Orleans, Inc. (formerly MetroVision Economic Development Partnership), which has gathered business leaders and employment service organizations to raise awareness and understanding of obstacles to employment faced by individuals returning from prison. Once an individual is employed, his or her parole officer will check in with the employer once a week for the first 30 days to ensure that the employee is meeting expectations. The officer imposes graduated sanctions, including verbal and written reprimands, on individuals they supervise who do not show up for work.

CONTACT INFORMATION

Community Resources Coordinator (Region IV)
Louisiana Department of Corrections
Adult Probation and Parole
731 St. Charles St., 3rd Floor
New Orleans, LA 70130
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FAX: (504) 568-6527



Maryland

AGENCY/ORGANIZATION

Druid Heights Community Development Corporation Inc.

PROGRAM TITLE

Ex-Offender Housing and Comprehensive Assistance Program

YEAR ESTABLISHED

1995

POLICY STATEMENT(S)

19: Housing

OVERVIEW

Druid Heights Community Development Corporation (DHCDC), a partner in the Maryland Re-Entry Partnership (REP) Initiative, is a non-profit community-based development organization located in Baltimore's Druid Heights. DHCDC was the first community-based organization in the area to set up its own transitional housing program for formerly incarcerated individuals.

DESCRIPTION

The Ex-Offender Housing and Comprehensive Assistance Program provides housing and supportive services to men after their release from incarceration. DHCDC has constructed and/or renovated a small number of transitional housing units, including a house with spaces for eight men and two individual apartment units within other buildings. Individuals can occupy housing for up to two years. A Case Manager and Client Advocate visit correctional facilities to meet with potential residents (called "clients") in group sessions, as well as individually. Residents of DHCDC housing must be employed and maintain sobriety.

A Case Manager works with each client to set up an individual case plan. Once the case plan is in place, a Client Advocate helps clients to achieve plan goals. The responsibilities of the Client Advocate include "shadowing" clients to make sure that they show up to work on time, arranging transportation to obligations such as job interviews and medical appointments, enrolling clients in school, and developing job contacts and referrals.

Clients of the Ex-Offender Housing and Comprehensive Assistance Program receive support

services such as job training, financial counseling, and GED tutoring through partner providers in the REP program. Funding for the program comes from the Department of Corrections and the Enterprise Foundation, both partners in the REP program.

CONTACT INFORMATION

Executive Director
Druid Heights Community Development Corporation
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Baltimore, MD 21217
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FAX: (410) 523-1374
WEBSITE: www.druidheights.com

AGENCY/ORGANIZATION

Maryland Division of Correction

PROGRAM TITLE

Partnerships for Reentry Programming

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

9: Development of Programming Plan

OVERVIEW

The Partnerships for Reentry Programming (PREP) serve as an umbrella for smaller initiatives, bringing together agencies to help individuals preparing for re-entry gain job skills and find employment.

DESCRIPTION

PREP divides potential participants into three groups based on the time that remains until their release. Individuals who are more than 12 but less than 24 months from release have access to the full spectrum of services; individuals who are less than 12 months but more than 90 days from release have access to an abbreviated set of services; individuals who are less than 90 but more than 30 days from release may receive an exit orientation.

The full spectrum of services includes life skills training, job and career training, trade skill training (if qualified), community resource information training, victim/offender impact and awareness training, and a coordinated pre- and

post-release case management plan. The Offender Employment Initiative, the Governor's Council on Management and Productivity, and state-use industries have linked with PREP to develop a business mentoring program, expand the Prison to Work program, and generally improve employment opportunities for released individuals.

The Division of Correction's project partners also include The Enterprise Foundation, the Mayor's Office on Criminal Justice, the Division of Parole and Probation, the Baltimore City Police Department, and Community Development Corporations (Sandtown-Winchester, Druid Heights, and Historic East Baltimore). Up to 28 different service providers may enter participating detention facilities at once in order to share information on available services with eligible inmates

OUTCOME DATA

PREP has served six institutions to date and hopes to increase that number to sixteen in the year 2003, enrolling 2600 inmates (1860 in classroom instruction, 740 in exit orientation).

CONTACT INFORMATION

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Baltimore, MD 21215-2341
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AGENCY/ORGANIZATION

Maryland Division of Parole and Probation and University of Maryland, Bureau of Government Research

PROGRAM TITLE

Proactive Community Supervision

POLICY STATEMENT(S)

- 3: Incorporating Re-Entry into Organizations' Missions and Work Plans;
- 26: Implementation of Supervision Strategy

OVERVIEW

Under proactive community supervision, Maryland parole officers work in neighborhoods and develop relationships with individuals associated with the person under supervision to help establish an early-warning system and enable a quick response to problems that may arise.

DESCRIPTION

With technical assistance provided by the University of Maryland's Bureau of Government

Research (BGR), the Maryland Division of Parole and Probation has re-engineered its supervision process. This new model of supervision emphasizes protecting public safety, holding offenders accountable to victims and the community, and to help offenders become responsible and productive members of society.

In practice, proactive community supervision utilizes information, sanction, and service tools; deployment strategies; information services, equipment and technology; and performance measurement and evaluation. Every agent in the proactive community supervision model is trained to make use of the information, sanction, and service tools and is deployed according to one of these strategies.

Agents' caseloads are reduced to appropriate levels so that agents can spend more time in neighborhoods working one-on-one with individuals to help them beat the drug and alcohol addictions that lead back to crime and violence, and get basic education and job skills so they can become contributing citizens. In the process, agents build relationships with the individuals' families, friends, and neighbors to help in the supervision process. The proactive supervision model enables agents to respond quickly when a person's behavior necessitates removal from the community, intervene before someone commits a new crime, and help participants rebuild their lives and stay on track.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Maryland Mental Hygiene Administration

PROGRAM TITLE

Maryland Community Criminal Justice Treatment Program

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)**10:** Physical Health Care;**11:** Mental Health Care**OVERVIEW**

The Mental Hygiene Administration (MHA) has implemented the Maryland Community Criminal Justice Treatment Program (MCCJTP) in 23 local jurisdictions to meet the comprehensive needs of individuals suffering from mental illness, and to reduce recidivism to state psychiatric hospitals, detention centers, and homelessness.

DESCRIPTION

Each participating jurisdiction is required to develop an advisory board which includes representatives from the various agencies that serve the client in the community such as mental health, alcohol and drug abuse, public defenders, the judiciary, parole and probation, law enforcement, social services, and consumers.

To receive the seed money from MHA to begin a program, each advisory board is required to develop a memorandum of agreement, which defines the specific services each agency will provide. The MCCJTP case manager serves the consumer holistically involving a multitude of agencies and services beginning in the detention center and continuing into the community. Meaningful daytime activities such as volunteer work and employment are an integral part of each consumer's service plan. The MHA funds \$1.5 Million annually to provide for case management and psychiatric services beginning in the detention center. All consumers meeting medical necessity criteria are provided an array of services through the Public Mental Health System. Local county governments and detention centers have also provided funds as well as local agencies providing in-kind services.

MCCJTP focuses on individuals who are 18 or older, have serious mental illnesses and/or are dually diagnosed, and are incarcerated in local detention centers or on intensive parole and probation caseloads. In FY2002, approximately 5,300 individuals were served.

CONTACT INFORMATION

Contact information
Maryland Community Criminal Justice Treatment Program
Mental Hygiene Administration
Division of Special Populations
8450 Dorsey Road
P.O. Box 1000
Jessup, MD 20794-1000
PHONE: (410) 724-3235
FAX: (410) 724-3239

AGENCY/ORGANIZATION**Maryland Mental Hygiene Administration****PROGRAM TITLE*****Trauma, Addiction, Mental Health, and Recovery Project*****YEAR ESTABLISHED**

1998

POLICY STATEMENT(S)**11:** Mental Health Care**OVERVIEW**

The Trauma, Addiction, Mental Health, and Recovery (TAMAR) project provides integrated, trauma-oriented services for women with mental illness and co-occurring substance abuse disorders in the correctional system.

DESCRIPTION

The TAMAR Project's goal is to provide integrated services for women held in local jails who have interrelated trauma, victimization, substance abuse, and mental illness issues. Meeting in groups, the women are encouraged to share their stories with one another and to engage in therapeutic activities such as art therapy and journal writing. Upon release, women in TAMAR are able to meet in continuing support groups.

A specialized Clinical Trauma Specialist works in the county detention centers and the community to develop an integrated network of childhood trauma-informed mental health and substance abuse treatment and social support services for program participants. In addition to establishing a psycho-educational group intervention for women in the detention centers, the Clinical Trauma Specialist assists project staff on the assessment and management of childhood violent victimization, as well as on the development of a 'one-stop-shop' model of service delivery for these women when they are released into the community. Cross-generational issues are addressed by providing coordinated case management across agencies to mothers and their children.

The TAMAR project was developed with a grant for \$824,331 from the Substance Abuse Mental Health Services Administration (SAMHSA). The program development phase of the project began in October 1998. The project is part of a broader study coordinated by the Center for Mental Health Services and the Center for Substance Abuse Prevention, both divisions of SAMHSA.

When federal funding is not available, the TAMAR Project has merged with the program formerly funded under the Byrne Grant, and becomes known as the TAMAR Program. The program is jointly funded by the Mental Hygiene Administration (MHA) and the AIDS Administration and serves men and women in eight county detention centers. The TAMAR Program treated approximately 715 individuals in State FY 2002. Plans are currently underway to expand to the Baltimore County Detention Center as well as community transitional housing programs in Baltimore City.

OUTCOME DATA

During federal fiscal year 2000, about 103 women were seen through this pilot project. The recidivism rate was less than 3 percent.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Montgomery County Department of Correction and Rehabilitation

PROGRAM TITLE

Pre-Release Services

YEAR ESTABLISHED

1970s

POLICY STATEMENT(S)

18: Release Decision

OVERVIEW

Through its Pre-Release Services (PRS) division, Montgomery County Department of Correction and Rehabilitation offers residential and non-residential programs that provide treatment, supervision, and monitoring to misdemeanor and felony inmates who are within six months of their release date.

DESCRIPTION

PRS operates a residential work-release facility, the Pre-Release Center, which has four units housing a total of up to 155 male and female offenders.

The Center offers a variety of comprehensive services designed to assist offenders with addressing problems and making positive changes in their lives as they re-enter into the community. In 2003, residents completed over 4,200 hours of community service. 92 percent of all residents were employed in the community, earning an average wage of \$10.02 an hour. Residents pay 20 percent of their salaries for room and board, which generates over \$250,000 annually for the County. Residents are released back into the community with a job, housing, cash savings, a community-based treatment program, and greater coping skills.

PRS also provides non-residential pre-release services through the Community Accountability and Reintegration and Treatment (CART) Program, which offers intensive supervision of participants in their homes with the assistance of electronic monitoring equipment. CART staff works closely with the individuals and their families to initiate treatment interventions and provide counseling services and support

A Community Advisory Committee was established in 1983 to maximize communication and coordination between staff of the PRS division and members of the community; assist PRS staff in ensuring that residents receive appropriate community-based services; assist PRS staff in developing community understanding and awareness of the re-entry and community reintegration process; serve as an advocacy group to speak out as isolated problems or issues emerge; and provide community perspective, advice, and guidance of correctional program development to the Chief of PRS, the PRS management team, and the total program in general.

Pre-Release Services programs serve approximately 580 offenders; 155 male and female are housed in the Pre-Release Center house, and 45 participate in CART.

OUTCOME DATA

PRS has a successful program completion rate of 90 percent.

CONTACT INFORMATION

Pre-Release Services
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Rockville, MD 20852
PHONE: (301) 468-4200



Massachusetts

AGENCY/ORGANIZATION

AIDS Housing Corporation

YEAR ESTABLISHED

1991

POLICY STATEMENT(S)

19: Housing

OVERVIEW

AIDS Housing Corporation (AHC) is a nonprofit organization that facilitates the creation of housing services in Massachusetts and other New England states for people living with HIV and AIDS, especially individuals who have mental health issues or substance abuse history and individuals released from correctional facilities.

DESCRIPTION

AIDS Housing Corporation provides community-based organizations with direct support related to all aspects of the housing development process, including design planning, fundraising, developing a service component, assisting with program management, and conducting program evaluations. In addition, AHC hosts conferences and training sessions on HIV/AIDS housing services and conducts community, regional, and state-wide assessments of housing needs for people with HIV/AIDS.

AHC has authored several publications that are regularly distributed to transition planners and/or inmates with HIV/AIDS. These publications include: “How to Get to a Place Called Home,” a guidebook to help people living with HIV/AIDS understand the housing search process in Massachusetts, and “In the Center of the Ring,” a training manual for HIV/AIDS housing advocates and housing search counselors.

In 2003, AHC completed an HIV/AIDS housing needs assessment for the state of Massachusetts entitled “Moving Forward,” which includes a section on the housing obstacles facing individuals released from correctional facilities and recommendations pertaining to the creation of housing opportunities for these individuals. AHC also collaborated with AIDS Housing of Washington and many other advocacy agencies to produce “From Locked Up to Locked Out: Creating and

Implementing Post-Release Housing for Ex-Prisoners,” a guide for planning and improving post-release housing and related services to support the transition of individuals from prison to the community. The guide includes examples of housing and service programs that are serving this population and offers references to numerous resources for further reading and research.

CONTACT INFORMATION

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FAX: (617) 927-0852

AGENCY/ORGANIZATION

Boston Police Department; Office of the Commissioner of Probation for Massachusetts

PROGRAM TITLE

Operation Night Light

YEAR ESTABLISHED

1992

POLICY STATEMENT(S)

26: Implementation of Supervision Strategy

OVERVIEW

Operation Night Light is a probation-police partnership intended to enforce the terms of probation placed on youthful offenders.

DESCRIPTION

Operation Night Light developed out of a collaborative effort between probation officers in the Dorchester District Court and Boston Police Officers in the Anti-Gang Violence Unit to respond to escalating rates of violent crime by youth. The success of the pilot project led to the establishment of a formal partnership between the Boston Police Department and the Office of the Commissioner of Probation for Massachusetts. Currently, more than a dozen other probation jurisdictions in Massachusetts have implemented similar programs.



Operation Night Light pairs one probation officer with two police officers to conduct surprise visits to the homes, schools, and worksites of high-risk youth probationers between the hours of 7 p.m. and midnight. Probation officers also accompany police officers on their night-time patrol routes. The Night Light team selects up to 15 probationers to follow on any given night, targeting individuals who are having difficulty complying with their terms of probation. The team's purpose is to establish whether or not the probationer is in compliance with probation restrictions, to reinforce the importance of observing conditions of probation, and to converse with family members about the behavior of the probationer both at home and in the community.

CONTACT INFORMATION

Chief Probation Officer
Dorchester District Court
510 Washington Street
Dorchester, MA 02124
PHONE: (617) 288-9500

AGENCY/ORGANIZATION

Boston Re-entry Initiative

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

14: Behaviors and Attitudes

OVERVIEW

The Boston Re-entry Initiative (BRI) is a partnership between the Boston Police Department, the Suffolk County Sheriff's Department, and the Massachusetts Department of Corrections designed to enhance public safety, prevent individuals being released from prison or jail from re-offending, and to help these individuals transition back to the community. The project seeks to communicate to its participants that there are resources and services in the community available to them and that they must be accountable for their own actions.

DESCRIPTION

The BRI focuses on individuals who are between the ages of 17 and 34 and are considered at high risk for continuing their involvement in crime. The Boston Police Department's Gang Intelligence Unit identifies individuals entering the Suffolk County House of Corrections who they feel are high risk and makes recommendations for program enrollment. This target population usually

has an extensive criminal background, a history of violence, a record of firearm-related offenses and/or gang association, and will return to communities that are designated as high-crime areas.

Within 45 days of entering the facility, program participants begin working on a "transition accountability plan" and attend one of the Initiative's monthly community panels. During the panels, representatives from law enforcement agencies, social service providers, and faith-based organizations form a semi-circle and sit across from 10-20 inmate participants. Each of the panel members address the participants from the unique perspective of their own organization. Social service and faith-based organizations talk about the resources and support that they can provide to assist participants in their transition both while they are in the prison and post-release; prosecutors and representatives from probation and parole discuss the consequences that await participants if they commit a crime after returning to their neighborhoods. Collectively, panel members convey a unified message that the participants have the power to choose their own destiny. The panel also serves to remind the participants that they are not doing their time anonymously and that information on their criminal histories, current incarceration, and planned released dates are shared among law enforcement agencies and with some community agencies.

Following the panel, program participants are assigned caseworkers and faith-based mentors from the community, who begin meeting and working with them immediately in the prison setting. Enrollment in education, substance abuse, and other institutional programs is coordinated as part of a participant's transition accountability plan. On the day of release, the institution arranges for either a family member or a mentor to meet them at the door. The participants returning to the community are encouraged to continue to work with their caseworkers, mentors, and social service providers during the period following release. For those individuals who leave the prison on conditional supervision, the supervising agency is asked to incorporate participation in the BRI as one of their stipulations of release.

OUTCOME DATA

The Boston Police Department monitors progress toward specific program-related performance

measures. For instance, among the 114 individuals who have participated in the panel sessions and have since been released, to date 58 percent have not been rearrested.

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AGENCY/ORGANIZATION**Hampden County Sheriff's Department****PROGRAM TITLE*****Hampden County Correctional and Community Health Program*****YEAR ESTABLISHED**

1996

POLICY STATEMENT(S)

- 8:** Development of Intake Procedure;
- 9:** Development of the Programming Plan;
- 10:** Physical Health Care

OVERVIEW

The Hampden County Correctional and Community Health Program is a collaborative effort between the county jail, four community health centers, and other agencies in Hampden County, which allows the same health care providers to care for patients in jail and after release in the community.

DESCRIPTION

The Hampden County program uses a public health model for preventing, detecting and treating various health issues among jail inmates at the Hampden County Correctional Center (HCCC). The model was originally created to provide continuity of care for individuals with HIV before, during and after incarceration. It has since been expanded to include medical, dental, and hospice care, mental health services, and substance abuse treatment. This public health model of correctional health care involves the following components: thorough disease screening and detection, early and effective treatment, patient education, prevention, and continuity of care after release.

The program staff includes four jail health teams integrated with four community health centers. Patients are assigned to a health team by zip

code or prior association with a community health center. Some team members are dually based in the jail and the community; physicians and HIV case managers are primarily health-center-based; nurses and nurse practitioners are primarily jail-based. The physician and case manager continue to follow patients at the community health centers after their release from jail so that an inmate's physician in jail becomes his/her physician in the community. Case managers work in both the community and the correctional center to develop individual discharge plans for HIV-infected inmates. In addition to medical services, the case managers also work with returning prisoners to address housing needs, vocational training, family reintegration, and other services.

OUTCOME DATA

The HCCC and Abt Associates are conducting a three-year evaluation of the Hampden County program. The goal of this research project is to examine whether the program model results in any significant changes in health care utilization, risk behavior, clinical status, or criminal activity among individuals after their release from HCCC. Initial findings indicate that the program is cost-effective, has led to lower rates of re-incarceration, and has increased the number of released prisoners receiving medical care.

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5 - AGENCY/ORGANIZATION**Massachusetts Department of Corrections****PROGRAM TITLE*****Child support modification process*****POLICY STATEMENT(S)**

- 8:** Development of Intake Procedure

OVERVIEW

In Massachusetts, a child support employee works full time at the state's main intake facility for male prisoners to assist incarcerated fathers in requesting modification of their support orders

and encourages them to work with the child support agency after release.

DESCRIPTION

The Department of Corrections' child support employee makes weekly presentations to and meets individually with new inmates who are found through automated data match to have child support cases. The agency files the modification requests with the court and serves the custodial guardian with a copy of the request. If the person in prison has more than one year left on his or her sentence, the request is scheduled for hearing during the period of incarceration, with the affidavit serving as his or her testimony. If the inmate has less than a year left on the sentence, the agency does not schedule a court hearing until after the person is released and contacts the agency independently. At the hearing, the agency recommends to the court that the order be adjusted to a below-guidelines amount of \$50 per month during incarceration and to reflect the parent's anticipated postrelease ability to pay support. The court can modify the order back to the date the modification request was served on the custodial guardian.

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AGENCY/ORGANIZATION

Massachusetts Department of Public Health/County Sheriff's Departments

PROGRAM

HIV Program Coordinators

YEAR ESTABLISHED

1993

POLICY STATEMENT(S)

10: Physical Health;
25: Design of Supervision Strategy

OVERVIEW

The Massachusetts Department of Public Health has partnered with County Sheriffs from all counties in the state to fund HIV Program Coordinators to work with inmates living with HIV/AIDS.

DESCRIPTION

In 1993, the Department of Public Health piloted a program to establish HIV Program Coordinators at county correctional institutions. By 1994, all 13 counties in Massachusetts were participating in the program.

HIV Program Coordinators are specialized corrections-based staff that coordinates services for people living with HIV/AIDS at county correctional institutions. Along with case management and testing services, the Program Coordinators facilitate counseling and education groups for program participants. Program Coordinators also contact and incorporate others from the community to work with inmates, where appropriate.

HIV Program Coordinators often work collaboratively with the Transitional Intervention Program (TIP), which provides statewide reintegration/case management services for HIV positive released individuals and soon-to-be-released inmates. HIV Coordinators typically call in TIP staff 3 months prior to a client's release date to develop a discharge plan. At the time of release, TIP works with clients to provide referrals for housing and ensure that they receive primary and/or HIV care, mental health, and substance abuse services.

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AGENCY/ORGANIZATION

Suffolk County and Hampden County Sheriff's Departments

PROGRAM TITLE

Offender Re-Entry Program

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

21: Creation of Employment Opportunities;
22: Workforce Development and Transition Plan

OVERVIEW

The Offender Re-Entry Program (ORP) is a collaborative effort between the Hampden County and Suffolk County Sheriff's Departments to provide

services both pre- and post-release in order to reduce recidivism and maintain public safety.

DESCRIPTION

The Hampden and Suffolk County Sheriff's Departments administer two of the largest prisons in New England, which account for over 25 percent of the total number of prisoners released from correctional institutions in Massachusetts. The Suffolk County House of Correction is a 2,000-bed facility located in Boston; the Hampden County House of Correction is a 1,600-bed facility located in the western part of the state, in the town of Ludlow. In addition to these facilities, the Departments also run county jails and community correction centers.

Both Departments operate Offender Re-Entry Programs that share certain common features. Each ORP is located in a community setting; participants, determined by proximity to release date, are enrolled in a 30-hour 4–6 week life skills class incorporating cognitive skills, workforce readiness, and basic education skills instruction; this class is supplemented by substance abuse and other treatment programming. Participants also receive extensive pre- and post-release case management services to address the multiple issues that serve as re-entry barriers, including identification cards, housing, transportation, child support, and health. Participants also receive mentoring services provided by faith-based organizations, which focus on helping make the cultural and social adjustment between confinement and community settings. The ORP also works collaboratively with the local workforce development system and its primary service providers, including one-stop career centers, community colleges, and non-profit social service providers for workforce readiness, job placement, and job retention support.

In developing the ORP in each site, the Departments have partnered with a variety of local community-based social service providers. The Hampden County Sheriff's Department collaborates with the Corporation for Public Management (CPM), which provides job readiness and job placement programs for special needs populations, such as welfare recipients and migrant farm workers. As part of the ORP, CPM introduces the program participants to the one-stop career centers in Holyoke and Springfield. The Sheriff's Department also contracts with local retirees—many

who come from public safety careers such as fire fighting—to serve as mentors. Finally, interested and qualified program participants are placed in a community service-oriented construction training program run by the Sheriff's Department.

In Boston, the Suffolk County Sheriff's Department's lead partner agency for the ORP is Bunker Hill Community College, which runs the program out of the Sheriff's Department's new community correction center. The college staffs the ORP director position, provides information technology support, and oversees fiscal operations for the grant. Instructors from the college provide instruction in life skills, computer skills, and basic education. The Workplace, a one-stop career center in Boston, provides job readiness training, placement, and support for ORP participants. Community Resources for Justice, a non-profit social service agency, manages several pre-release centers and provides a case manager for the ORP. Finally, the Ella J. Baker House, a faith-based non-profit organization, is a partner in the ORP and provides mentoring services to the inmates in the program. Often, the mentors from the Baker House also have a corrections history, and their role is to provide a model of success for ORP participants and to provide support and encouragement.

OUTCOME DATA

The Sheriff's Departments are collaborating on a future evaluation of the program, employing Ph.D. level staff that will assist in the evaluation, and are working with the Harvard-based National Center for Study of Adult Learning and Literacy (NCSALL). Early findings from the Hampden Offender Re-Entry Program are as follows:

- The average wage earned by participants in the program was \$8.27 per hour.
- 85 percent of the participants remained working for 30 days after the program, 65 percent remained working for 60 days after the program, and 45 percent remained working for 90 days after the program.

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PROGRAM TITLE

The Workplace

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

8: Development of Intake Procedure

OVERVIEW

The Workplace offers employment services to 12–20 high risk inmates who are serving time in the Suffolk County Jail.

DESCRIPTION

The Workplace, a One Stop career center, is a participant in the Boston Re-Entry Initiative (BRI), a partnership between the Boston Police Department, the Suffolk County Sheriff’s Department, the Massachusetts Department of Corrections, and community-based organizations. Participants in the BRI are high-risk individuals who have been selected to receive intensive case management, faith-based mentorship, and support services during incarceration and after re-entry.

Individuals are referred to the Workplace by jail officials on the basis of the nature of their charges and the risk of re-offending. Within the first 30 days after intake, a career counselor stationed at the Suffolk County Jail conducts a comprehensive educational and vocational assessment, which includes an interview, skills testing, a work history, and an interest history. The career counselor makes recommendations for the indi-

vidual’s service plan, provides one-on-one counseling services, and conducts group workshops. Through the Workplace, inmates have access to tools necessary to gain employment, including a career resource library, internet-ready computers, resume and cover letter materials, printers, an email account, and information about job openings. After release, individuals work with a job developer to build interview skills and to secure job placements.

Workplace staff are stationed in the jail four or five days a week to conduct workshops, and assess each participant once a month for reading and math levels, work history, vocational skills, and educational status. Once individuals are released, their career counselor helps them develop job-seeking skills, build relationships with employers, and better respond to prejudice towards individuals with criminal histories.

The Workplace began working with inmates at the Suffolk County Jail by visiting the jail to publicize and sign up interested inmates for job fairs after their release. This partnership led to a more formal contract through the BRI.

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Michigan

AGENCY/ORGANIZATION

Islamic Health & Human Services

PROGRAM TITLE

Shadow/Mentorship Program

YEAR ESTABLISHED

1992

POLICY STATEMENT(S)

4: Funding a Re-Entry Initiative

OVERVIEW

Islamic Health & Human Services (IHHS), a full service social service agency staffed by health care professionals, provides physical and psychological health care according to the laws and traditions of Islam.

DESCRIPTION

IHHS sponsors a volunteer mentorship program in Detroit, in which each returning prisoner is

given a mentor who provides information, support, and introduction into the Muslim community. The individual returning to the community is expected to maintain regular communication with his/her mentor and to follow the education curriculum set forth at the outset. In addition, when the person is in need of substance abuse services or mental health services, he or she may receive them through the agency, which is licensed by the State of Michigan.

IHHS also runs residential and out-patient care for formerly incarcerated individuals and their families, providing a range of re-entry services. To provide services, the program collaborates with the Hamtramck Medical Clinic, where medical care is arranged as needed, with St. John Detroit Riverview Hospital, through whom health insurance is provided without cost for those in need, and with many local Muslim business owners, who provide employment for those returning to society.

Through IHHS, volunteers provide services for incarcerated Muslims in the Michigan Department of Corrections. IHHS also provides training in Islamic Health Care to health care organizations which serve incarcerated and formerly incarcerated people.

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PROGRAM TITLE**Michigan Prisoner Re-Entry Initiative****YEAR ESTABLISHED**

2004

POLICY STATEMENT(S)

5: Promoting Systems Integration and Coordination

OVERVIEW

The Michigan Prisoner Re-Entry Initiative is a collaborative effort of the Governor's Office, multiple state departments, and stakeholders to implement a re-entry plan based on the National Institute of

Corrections' Transition from Prison to the Community Initiative (TPCI) model.

DESCRIPTION

Michigan's Governor initiated a State Policy Team led by the Governor's Criminal Justice Policy Advisor and comprising senior staff from the Department of Corrections (DOC), Community Health, and Labor and Economic Growth, and the state's Family Independence Agency.

The State Policy Team oversees the Executive Management Team (EMT), whose members head Decision Point Implementation Work Groups—subcommittees that explore policy implementation around seven key decision points identified in the TPCI model (e.g., admission, release decision, and other key decision points identified in the TPCI model developed by the National Institute of Corrections). A DOC Resource Team, with specialists in prison, parole, research, policy, and liaison issues, coordinates the Work Groups (and clusters of multiple work groups) and liaisons with the State Policy Team. Co-led by EMT members and DOC staff (to facilitate fluid relay of information through the Initiative), Work Groups incubate and support development sites and strategize for launching pilot sites.

Also informing the process is a 175-member Advisory Council, which comprises key state and local stakeholders in government and the community. The purpose of the Advisory Council is to provide recommendations and guidance for the State Policy Team and implement the Initiative's recommendations at an operational level.

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Minnesota

AGENCY/ORGANIZATION

RS Eden and Alliance Housing

PROGRAM TITLE

Alliance Apartments

YEAR ESTABLISHED

1995

POLICY STATEMENT(S):

19: Housing

OVERVIEW

Alliance Apartments is an affordable housing complex that includes both transitional and permanent housing units for homeless, single adult men and women who make a commitment to work, remain chemical-free, and live in a drug-free community. Supportive services are available to members of Alliance Housing through RS Eden.

DESCRIPTION

In 1995, Alliance Housing received 100 Section 8 Certificates to create affordable housing. Alliance partnered with RS Eden (then Eden Programs) to develop “sober” housing for single adult men and women—housing for which occupants are expected to maintain sobriety and productivity (a minimum of 25 hours per week or enrollment in an educational/training program). Once accepted into housing, occupants must furnish pay stubs as proof of productivity. Compliance with drug-testing based on reasonable suspicion is one of the conditions of the lease agreement. Most referrals for Alliance Apartments come from treatment programs, transitional housing, shelters, probation and parole officers, veterans’ organizations, and the Challenge Incarceration Program (CIP).

Alliance Apartments offers 100 permanent, affordable housing efficiency apartments and 24

units of transitional housing, where residents may stay for up to two years. On-site RS Eden staff provides case management, counseling, peer support networks, social and recreational events, and linkages to mental health services as well as education, training and work programs. Although Alliance Apartments doesn’t include units specifically designated for formerly incarcerated individuals, many tenants have recently been released from jail or prison. Program staff work on an informal basis with parole officers and supervision agents from the CIP.

RS Eden received a state grant through the Department of Corrections to provide support services to people coming out of incarceration. The grant is not specific to Alliance Apartments; however, a staff person assigned to the grant is stationed at Alliance.

The funding and development process for Alliance Apartments was a collaborative effort that included the Corporation for Supportive Housing, Central Community Housing Trust, and Mitchell Milner and Associates, a Chicago-based development consultant, in addition to Alliance Housing and RS Eden. Financial support for the project comes from a variety of sources, including the HUD, the Minnesota Housing Finance Agency, the Minneapolis Community Development Agency, and the Veterans Administration.

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Missouri

AGENCY/ORGANIZATION

Missouri Department of Corrections

PROGRAM TITLE

Case management teams

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

- 9:** Development of Programming Plan;
25: Development of Supervision Strategy

OVERVIEW

The Missouri Department of Corrections is in the process of implementing a new re-entry planning process in its correctional facilities, funded in part through an NIC Transition from Prison to the Community Initiative (TPCI) grant, which will match inmates with case management teams.

DESCRIPTION

Every individual serving a sentence will work with a case management team to develop a two-phase Transition Accountability Plan, which will include a programming plan for the period of incarceration (phase one), and a transition plan (phase two). The teams for each phase are distinct, though membership may overlap.

At intake, a case management team will form to create the first phase of a Transition Accountability Plan, which will outline a programming plan for the period of incarceration. With the consent of the participant, family members will be asked to be a part of this team, which will also include rehabilitation staff, the institutional parole officer, an institutional case worker, representatives of outside agencies, and the individual.

In addition to Department of Corrections staff and the field probation and parole officer, the phase two team may include representatives from state agencies such as the Department of Social Services and the Department of Mental Health, community leaders, staff from community-based organizations, and the participant's family members.

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AGENCY/ORGANIZATION

Missouri Department of Corrections and the University of Missouri Outreach and Extension

PROGRAM TITLE

Living Interactive Family Education Program

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

- 13:** Children and Families

OVERVIEW

The Living Interactive Family Education (LIFE) program is an enhanced visitation program at the maximum-security Potosi Correctional Center (PCC), in Mineral Point, Missouri. A partnership between the University of Missouri's Outreach and Extension program and the Missouri Department of Corrections, LIFE was developed jointly by incarcerated fathers and local 4-H staff to address the needs of children of incarcerated parents.

DESCRIPTION

The LIFE program consists of two main components: 4-H activities and parenting training. 4-H activities, which provide children and their incarcerated fathers with a comfortable visitation atmosphere that is conducive to positive physical and verbal interaction, are held monthly at the correctional facility. At the monthly meetings, children and their fathers work together on traditional 4-H club activities such as arts-and-crafts projects and other curricula-based activities that focus on subjects such as conflict resolution, substance abuse resistance, teamwork, and character development. By contrast, traditional visitation rules at the PCC require that fathers limit physical contact

with their children, and that fathers remain seated with their hands visible on the tabletop.

All fathers who participate in the LIFE program also attend monthly parenting skills classes. The parenting training component seeks to help fathers learn to be a positive influence in their children's lives. Classes focus on areas such as communication, anger management, teamwork, and positive discipline. The overall objective of the LIFE program is to promote a strong, healthy, and nurturing family environment for children of incarcerated parents, while helping incarcerated parents become positive role models and mentors.

Membership in the LIFE program was originally open only to fathers, grandfathers, and stepfathers who are incarcerated at the PCC, their children and grandchildren, and the legal guardians of the children and grandchildren. Eligibility criteria were subsequently modified to include incarcerated men who have a significant role model relationship with nieces, nephews, and other close relatives between the ages of four and nineteen.

The members of the LIFE program play an active role in managing the program. They developed the formal program bylaws, which set strict rules for membership. Potential LIFE participants are screened by current members to ensure that they meet a range of admissions requirements: participants cannot be sex offenders, they must not have committed any serious institutional violations, and they must be drug-free. The LIFE program Executive Committee decides membership through a voting process. The elected officers also perform a range of other program-related responsibilities.

The program is supported by a New Communities Project grant from the USDA-CREES Children, Youth and Families At Risk (CYFAR) program.

OUTCOME DATA

An evaluation of the LIFE program was conducted under the Children, Youth, and Families at Risk (CYFAR) Project at the University of Missouri. Guided by a program logic model (PLM), the CYFAR evaluation collected basic information on program participation in an output tracking system. The evaluation employed focus group research, which found that the program has intermediate effects on the parent-child relationship

that translate into long-term benefits for the child. Through a survey, CYFAR determined the greatest positive impact on children of incarcerated fathers were life skills, including include academics and learning, goal setting and goal achievement, decision making, problem solving, communication, social competencies, and self-esteem.

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AGENCY/ORGANIZATION

Missouri Department of Corrections

PROGRAM TITLE

Violation Response Grid

YEAR ESTABLISHED

2004

POLICY STATEMENT(S)

29: Graduated Sanctions

OVERVIEW

The Missouri Department of Corrections (DOC) is implementing a Violation Response Grid to guide parole officers in selecting violation responses.

DESCRIPTION

DOC has initiated a Violation Response Grid to provide parole officers guidance in determining appropriate sanctions and to promote consistency across the department in responding to violations. Currently a pilot project, DOC is determining whether the Response Grid impacts the number of technical violations reported and individuals returned to correctional facilities.

The Response Grid groups individuals under supervision based on whether the original offense was violent in nature. The Response Grid groups violations into three levels: felony, misdemeanor, and supervision condition. Based on this assignment and the nature of the original offense, the Grid suggests a list of possible sanctions.

Level 1 (lowest) sanctions, which are officer-initiated as long the officer stays within the terms of the Grid, include community treatment, curfew, increased supervision contact, a caution letter or

verbal reprimand, travel restriction, or community service. Level 2 sanctions include assignment to a residential facility, extension of probation, modification of supervision conditions, a court review hearing, a caution letter, electronic monitoring, or residential treatment. Level 3 sanctions include revocation (with or without programming) or jail shock time. High-level violations and cases where the parole officer chooses to deviate from the Grid require approval of a supervisor, the parole board, and/or the court.

OUTCOME DATA

DOC's Violation Process Policy and Procedure Development Task Force will evaluate the project

log sheets. These findings will subsequently be reported to the Violation Process Policy and Procedure Examination Team to evaluate the Grid's effectiveness.

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National

AGENCY/ORGANIZATION

National Institute of Corrections and Association of Paroling Authorities International

PROGRAM TITLE

Training for New Parole Board Members

POLICY STATEMENT(S)

- 3:** Incorporating Re-Entry Into Organizations' Missions and Work Plans;
- 18:** Release Decision;
- 29:** Graduated Responses

OVERVIEW

The National Institute of Corrections (NIC) and Association of Paroling Authorities International (APAI) offer periodic training sessions for parole board members who have served less than two years on their term.

DESCRIPTION

NIC and APAI sponsor training programs for new parole board members designed to provide information on parole decision-making, interviewing, legal issues, risk assessment instruments, consequences of making decisions to release and not to release, re-entry, supervision and responding to violations. The training, which is conducted over a four-day period, fosters an environment

that encourages open discussion, the sharing of information with colleagues from other jurisdictions, individual skill building and a focus on the practical application of information and materials to your work.

The training supports and enhances the topics covered in APAI's *Handbook for New Parole Board Members*. The Handbook reviews parole within the context of the criminal justice system and community at-large, the interviewing process, legal and ethical issues, victims' issues, transition and community supervision, and professional resources for parole board members. Training also builds on discussion questions sent to participants prior to the session in the *Resource Kit for New Parole Board Members*.

APAI also offers training Hearing Officers and professional development for sitting parole board members.

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AGENCY/ORGANIZATION

Kairos Horizon Prison Ministry

PROGRAM TITLE

Kairos Horizon Communities in Prison

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

14: Behavior and Attitudes

OVERVIEW

Trained volunteers from the faith-based community conduct programming on anger and stress management, family relations and fatherhood, financial management, addiction recovery, and education.

DESCRIPTION

Kairos Horizon works with male inmates prior to release to help them learn responsibility, accountability, and employability through engagement with the faith community. The program houses about 40 to 60 inmates in separate housing units in the prison. Program leaders emphasize spirituality, faith, family reunification, and employability. The men maintain their regular work or education assignments during the day. Programming usually takes place during the evenings, three times a week over a period of one year.

Programming varies by location, but typically includes the following components:

- *Godparents (or Outside Brothers or Sisters):* This piece of the program lasts for about six months and is an informal mentoring component where volunteers from local churches, synagogues, and mosques visit with the participants.
- *Journey:* This group-study session is about four months in length and focuses on self-discovery and the scripture.
- *Quest:* This program is seven months and emphasizes anger management, parenting skills, relationship skills, and life skills.
- *Family Relations:* This segment provides an avenue for participants to work on building relationships with their families through weekly letter-writing. During this time other special events are scheduled such as a family day, in an effort to facilitate family reunification.
- *Worship, Prayer, and Service:* The program ensures that certain times are scheduled for

worship and community prayer. The men in the program live in “family pods” with about six to eight other men, with scheduled weekly meetings to discuss “community” issues.

Other programs offered through Kairos Horizon include monthly workshops on prayer and meditation, substance abuse programming, computer-skill classes on Windows programming, GED classes, discussion groups on listening, cooperating, and problem solving, and a journaling series on fatherhood issues.

OUTCOME DATA

An external evaluation reported that the program instilled a “positive subculture” within the prison population. A survey of work managers found that improvement in the men’s work was seen in 70 percent of the clients and 58 percent of the clients had a “positive influence on others in the work environment.” The program also reports improved family relations that it credits to its mandatory weekly letter-writing to family members and other family-orientated programs.

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AGENCY/ORGANIZATION

National Fatherhood Initiative

PROGRAM TITLE

Long Distance Dads

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

13: Children and Families

OVERVIEW

Long Distance Dads, a national parenting program operating in correctional facilities in 19 states, provides education and peer leadership in order to produce responsible fathers who are less likely to draw upon the resources of local, state, and federal tax dollars.

DESCRIPTION

Long Distance Dads is a character-based education and support program that assists incarcerated men in developing skills to become more involved and supportive fathers. The program is facilitated by trained peer leaders in weekly sessions over four months in a small group format. While it has been primarily used in state correctional facilities, the program can be adapted for use in county institutions and other correctional facilities and programs in which men are incarcerated for a short time (e.g., halfway houses).

The curriculum focuses on universal aspects of fatherhood as well as the unique challenges faced by incarcerated fathers. It aims to help inmates recognize and describe positive family values; demonstrate an increased knowledge of parenting and family-relationship skills; identify realistic strategies for connecting with their families through increased appropriate contact; identify realistic strategies for fulfilling their responsibilities as fathers while confined and upon release; identify and describe the effects that their behavior and incarceration have on their families; develop a viable family-integration plan; identify and use positive skills for dealing with issues of loss, shame, and guilt; and clearly communicate to their children the negative effects of incarceration, without glorifying the status of inmate or “ex-con.”

The learning environment for incarcerated fathers is enhanced by the program’s small-group focus and the delivery of the curriculum by trained and certified program coordinators who are often inmates. The inmate groups are limited to between 10 and 15 participants. Because peers are fellow inmates, program participants can easily identify with them and vice-versa. The participants know that the peer leaders can relate to their struggles, which establishes a small-group rapport that enhances learning and growth for everyone involved.

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WEBSITE: www.fatherhood.org/liddads.asp

AGENCY/ORGANIZATION

Public/Private Ventures, Inc.

PROGRAM TITLE

Ready4Work Initiative

YEAR ESTABLISHED

2003

POLICY STATEMENT(S)

7: Educating the Public About the Re-Entry Population;
9: Development of Programming Plan;
21: Creation of Employment Opportunities

OVERVIEW

Ready4Work is a faith-based reintegration employment project funded primarily by the US Department of Labor.

DESCRIPTION

Ready4Work is a multi-site, \$22.5 million re-entry workforce development initiative of the Department of Labor’s (DOL) Employment and Training Administration and Center for Faith-Based and Community Initiatives (CFBCI). Through DOL’s grantee, Public/Private Ventures (P/PV), and national nonprofit partners—Prison Fellowship Ministries, the National Association of Blacks in Criminal Justice, and the National Jobs Partnership—Ready4Work mobilizes local coalitions in each of its sites to work together for sustainable re-entry, and to improve outcomes for released individuals and the communities in which they live.

Aimed at reducing crime and recidivism rates and providing lasting employment among participants, P/PV administers the Ready4Work Initiative in 14 cities across the nation. Each separate initiative engages local businesses, workforce development agencies, criminal justice personnel, and faith- and community-based partners to achieve its goals. The collaborative effort works to connect persons released from prison to the workforce, strengthen their social and support networks, and provide them with other support services (including transportation, child care, and drug rehabilitation).

Local sites offer support and referral services through mentors and case managers: faith- and community-based organizations are engaged to provide mentors and act as workplace liaisons for participants; local job-readiness organizations and businesses provide training and job placement; community-based organizations address a range of transitional needs; and criminal justice

agencies assist in identifying likely participants for the program and cooperating with the initiative to ease the individuals' transitions. Sites receive sub-grants for program delivery and technical assistance—coordinated by P/PV—to ensure effectiveness in implementation.

Ready4Work also has a juvenile initiative, which is implemented in 14 cities nationwide. The juvenile initiative, administered through P/PV, is supported through a grant from the US Department of Justice, Office of Juvenile Justice and Delinquency.

OUTCOME DATA

P/PV's research department is developing an information management system that sites can use for collecting information about participants; research and operations staffs are training site participants on how to utilize the system and how to collect and track data. P/PV's research department conducts regular research site visits to gather information about the initiative's implementation, which enables monitoring site progress and providing regular updates about successful strategies to funders, policymakers, and others.

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AGENCY/ORGANIZATION

Support and Training Result in Valuable Employees (STRIVE)

PROGRAM TITLE

Access Support and Advancement Partnership (ASAP)

YEAR ESTABLISHED

1984

POLICY STATEMENT(S)

21: Workforce Development and the Transition Plan

OVERVIEW

Support and Training Result in Valuable Employees (STRIVE) provides young adults who have experienced difficulty in securing and maintaining employment with tools to successfully enter the job market. Working in conjunction with several

other community-based organizations, STRIVE is a nationally recognized program operating in Boston, Chicago, Pittsburgh, Philadelphia, and Fort Lauderdale. Its central office is in East Harlem, New York City.

DESCRIPTION

STRIVE operates a three-week job readiness workshop focused on encouraging a positive attitude and teaching communication skills that are essential for finding and maintaining employment. The training model emphasizes rigorous self-examination, critical thinking, relationship management, and team building as a means to increase a participant's sense of empowerment.

STRIVE also offers a career development program called Access Support and Advancement Partnership (ASAP) for graduates who have successfully maintained employment for eight months. ASAP provides training to help program participants advance in the labor market and acquire jobs earning a livable wage in growth industries. ASAP training lasts from four to nine months and consists of courses developed or endorsed by employers in those fields to achieve specific skills, plus support services (both in training and after placement). Evening-hour training sessions are available to better suit program participants' work schedules. ASAP's goal is to help its graduates obtain jobs paying at least \$22,000 a year—about \$12 per hour—by preparing them for work in such fields as telecommunications, financial services, and computer technology.

Most ASAP students are black or Hispanic men and women, ranging in age from 18 to 40 years old.

OUTCOME DATA

Eighty percent of STRIVE graduates are consistently placed in jobs, and 75 to 80 percent of those placed are able to retain employment for at least two years. In 1997, STRIVE's New York-based operations placed 2,639 young men and women in private sector jobs. The most recent quarterly follow-up showed that roughly 77 percent were still employed.

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Nevada

AGENCY/ORGANIZATION

The Ridge House

PROGRAM TITLE

The Statewide Ridge House Collaborative

YEAR ESTABLISHED

1982

POLICY STATEMENT(S)

19: Housing

OVERVIEW

The Ridge House provides residential and outpatient counseling, including vocational rehabilitation and substance abuse counseling, mental health treatment, computer classes, parenting classes, and classes on developing careers.

DESCRIPTION

The range of services offered by the Ridge House is conducted in a “family-style therapeutic manner.” The program is broken into three phases—*stabilization*, *habilitation*, and *re-entry*. During the *stabilization* phase, clients are asked to sign a contract at intake outlining certain milestones they must meet, including finding employment within seven working days, paying for room and board, and contributing to household chores. During this initial phase, participants receive support from staff, including instruction on some of the necessary skills for self-responsibility. During the

habilitation phase, participants are provided with substance abuse treatment, GED classes, parenting classes, and life-skills training. During the *re-entry* phase, staff seeks to build on earlier programming, ensuring that clients have addressed their substance abuse issues and have built a strong supportive network. At this point, clients are transferred to the Ridge House aftercare component.

OUTCOME DATA

In collaboration with the Nevada Department of Corrections, Ridge House conducts regular analysis of the number of program participants who return to prison; since 1991, less than 30 percent of Ridge House clients recidivated within three years of release. The Statewide Ridge House Collaborative (two Ridge House programs located at opposite ends of the state) had a 20 percent rate of recidivism at the end of 2001. In addition, all program offices are expected to achieve an 85 percent participant satisfaction rate.

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New Jersey

AGENCY/ORGANIZATION

The Kintock Group

PROGRAM TITLE

Pre-release Program

YEAR ESTABLISHED

1987

POLICY STATEMENT(S)

22: Workforce Development and the Transition Plan

OVERVIEW

Kintock’s pre-release program in Bridgeton, NJ, is a residential program that helps individuals who have been released from jail or prison to gain employment and adapt to life with their families, neighborhoods, and workplaces.

DESCRIPTION

The Kintock Group is a nonprofit association that provides residential facilities, education, and training for individuals who have been released from jail or prison. Kintock is a unique combination of targeted holistic programming and effective public/private partnerships, including involvement of the faith community. The Kintock Group acts as a community corrections provider and contracts with the State of Pennsylvania, the Federal Bureau of Prisons, and the State of New Jersey in order to provide comprehensive services to over 3,200 clients.

The Bridgeport facility has 170 beds for work-release participants and 40 participants in substance-abuse treatment. Individuals are assigned to the program from the New Jersey Department of Corrections and are eligible when they are within 18 months of parole. All incoming residents undergo an extensive intake process to determine whether they start the substance-abuse treatment program or the work-release program.

The substance abuse treatment component includes participation in Narcotics Anonymous (NA), and Alcoholics Anonymous (AA), and lasts for 60 to 120 days. (Participants may be asked to leave the Kintock program if they do not complete the substance abuse treatment program within 120 days). If a resident successfully completes the substance abuse treatment program, they are evaluated to determine whether they are ready to begin the job-readiness component of the program. Kintock participants continue in NA or AA while they are conducting their job search.

The work-release program requires residents to take part in employment classes and work 40 hours per week, or take a full course load at an education center/institution. Every Kintock facility has an Employment Resource Center, which offers employment assessments, pre-employment workshops, life skills classes, employment placement, educational and vocational referrals, employment counseling, and job retention support. Another important piece of the program is the family orientation sessions. These sessions occur once per month and are designed to help residents and their families and friends understand the program.

Generally, the Kintock Group organizes its services around a four-level model. Level 1 is orientation, lasting about a month, in which residents and family members learn the rules of

the program, and participate in education and employment classes and community service. At Level 2, residents continue to attend classes and, if deemed ready by staff, begin their job search; if a resident has a job, they pay weekly maintenance fees and set up a bank account. During this phase in the program, residents may be given community time or travel time. At Level 3, residents may earn overnight trips if they complete a certain amount of community service and class time. Once a resident reaches Level 4 they are allowed “double overnight furloughs,” provided that no major disciplinary actions have taken place.

OUTCOME DATA

Kintock is working with the New Jersey Department of Corrections and other agencies on developing a means of tracking employment outcomes of program participants once they leave the program. Kintock also plans to conduct an evaluation to measure recidivism. Current research with Shippensburg University reveals that individuals under community supervision who participate in the program are more likely to retain their jobs and remain crime-free.

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AGENCY/ORGANIZATION

New Jersey Institute for Social Justice

PROGRAM TITLE

Equal Justice Initiative

YEAR ESTABLISHED

2003

POLICY STATEMENT(S)

5: Promoting Systems Integration and Coordination

OVERVIEW

The New Jersey Institute for Social Justice (NJISJ) co-sponsored the New Jersey Re-Entry Roundtable (October 2002 – October 2003), and served as consultant/facilitator for New Jersey's participation in the National Governors' Association's Re-Entry Policy Academy.

DESCRIPTION

NJISJ is a Newark-based urban research and advocacy organization dedicated to the advancement of New Jersey's urban areas and residents. Through its Equal Justice Initiative, NJISJ has facilitated and helped staff various re-entry initiatives.

NJISJ co-coordinated (along with the New Jersey Public Policy Research Institute) the New Jersey Re-Entry Roundtable, gathering stakeholders in the re-entry process from government and community-based organizations at the state and local level. Funded by private foundations, NJISJ convened the stakeholders to assess and develop a strategic response to state, local, and individual

challenges posed by re-entry in New Jersey. Based on the Urban Institute's Reentry Roundtable model, the New Jersey Re-Entry Roundtable released its final report in December 2003.

NJISJ also served as consultant and facilitator for New Jersey's participation in the Re-Entry Policy Academy, coordinated by the National Governors' Association.

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New York

AGENCY/ORGANIZATION

Center for Employment Opportunities

PROGRAM TITLE

**Center for Employment Opportunities,
Rikers Island**

YEAR ESTABLISHED

1996

POLICY STATEMENT(S)

**3: Incorporating Re-Entry into Organizations'
Missions and Work Plans**

OVERVIEW

The goal of the Center for Employment Opportunities (CEO) is to provide immediate, comprehensive, and effective employment services for men and women returning from prison and those under community supervision in New York City.

DESCRIPTION

Funded by the City of New York, CEO works with individuals released from New York's Rikers Island jail (which has a high transient population) offering immediate work and immediate pay for participants. The program meets individuals at the moment of their release, even ferrying newly released individuals from Rikers Island directly to work sites scattered across the city.

CEO was created in the late 1970s by the Vera Institute of Justice to respond to the employment needs of recently released individuals. Since 1996, CEO has been an independent nonprofit agency providing a highly structured set of employment services to participants. CEO serves about 1,800 non-violent felony offenders who are on parole, probation, or work release in New York City. The majority of CEO clients are men (90 percent), in their mid-twenties (90 percent), and many have children and families they hope to support upon release.

The CEO program involves seven structured steps to sustainable employment. Each participant begins the program by completing an orientation, intensive four-day "Life Skills" training workshop and initial meeting with their job counselor for an in-depth skills assessment. Participants are then put to work immediately on day-labor work crews. The crews are paid for by city and state agencies and involve a variety of assignments, including providing custodial services to government buildings, maintaining nature trails, painting classrooms, and cleaning up roadways. The program pays the crew members at the end of each work day. While the participants are employed through this program, they continue to work with CEO staff on job development and placement in

longer-term positions. CEO specializes in finding jobs in customer service, food industries, manufacturing, office support, and semi-skilled trades. CEO also provides a range of post-placement support services for a minimum of 12 months.

CEO has developed an expansive employment network with government agencies and a number of private sector employers. CEO has placed workers in over 300 area businesses and organizations.

OUTCOME DATA

CEO places 65 to 70 percent of its graduates in full-time jobs within 3 months. Of those, about three-quarters of placed participants were still working after one month; and 60 percent were still on the job after three months. The average hourly wage of placed participants is higher than minimum wage. Nearly two-thirds of the positions offered full benefits.

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AGENCY/ORGANIZATION

Corporation for Supportive Housing

PROGRAM TITLE

Neighborhood analysis

YEAR ESTABLISHED

2003

POLICY STATEMENT(S)

3: Incorporating Re-Entry into Organizations' Missions and Work Plans

OVERVIEW

Using maps that provide a geographic analysis of criminal justice resources in New York City neighborhoods heavily impacted by the criminal justice system, the Corporation for Supportive Housing (CSH) assessed what services and resources were available for low-income people in those neighborhoods, including people leaving prison or jail.

DESCRIPTION

CSH conducted a neighborhood analysis of a New York City neighborhood with a high number of individuals released from prison. CSH's study was

built on a similar analysis by the Open Society Institute (OSI), which examined the impact of the criminal justice system on several neighborhoods in New York City. OSI's analysis identified neighborhoods from which the majority of those who are prison-bound had originated, examined the allocation of criminal justice resources (such as parole officers) in those neighborhoods, and determined that a small, but consistent set of neighborhoods were most severely impacted by criminal justice and sentencing policy in New York.

Using Geographic Information Systems software, CSH combined the analysis conducted by OSI and assessed what services and housing were available in these neighborhoods. From this list, CSH identified programs and organizations serving low-income and homeless people in those neighborhoods, which could also potentially serve people leaving prisons or jails. These programs and organizations include supportive and special-needs housing, drug-treatment programs, and mental health and health clinics.

CSH believes that these maps can be used to match individuals released from prison by their service needs to appropriate and available services and organizations in the neighborhoods to which they are returning. By matching the service needs of individuals with organizations providing those services, the analysis can identify synergies between organizations who may not be currently serving formerly incarcerated people, but whose missions and capacity allow them to extend their services to this population.

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AGENCY/ORGANIZATION

Family Justice, Inc.

PROGRAM TITLE

La Bodega de la Familia /PARTNER

YEAR ESTABLISHED

2001

POLICY STATEMENT(S)

- 8:** Development of Intake Procedure;
- 19:** Housing;
- 23:** Implementation of Supervision Strategy;
- 31:** Workforce Development Systems

OVERVIEW

Developed by Family Justice's La Bodega de la Familia and the New York State Division of Parole, PARTNER (Parolees And Relatives Toward Newly Enhanced Relationships) allows government and communities to work together to improve the success rate for individuals returning home from prison under community supervision.

DESCRIPTION

PARTNER seeks to improve the success rate for individuals returning from prison under community supervision by involving family members and bridging the gap between the individual, family members, and the parole officer. Each member of the PARTNER team—the individual, family members, a La Bodega family case manager, and the parole officer—is charged with the responsibility of contributing to the success of the community supervision process, while simultaneously enhancing the well-being of all family members. This family-centered framework seeks to respond to drug addiction and related offenses with a public health model, rather than a criminal punishment model.

Before an individual is released from prison, the parole officer and La Bodega family case manager visit the individual's family to engage family members in the supervision process, assess their needs, and introduce them to the "Bodega model." Team members learn how to identify and tap family strengths and community resources. Mutual respect, trust, and understanding are the foundations of the PARTNERing relationship.

After release, the PARTNER team meets again to complete a family needs assessment, which utilizes mapping as a technique for gathering and visually organizing information about a participant's family and community. Family Justice uses two kinds of maps: a *genogram*, which diagrams the participant's personal network, and an *ecomap*, which displays the public and community resources utilized by and accessible to a client. This information is then used to create an action plan, developed and reviewed by all members of the team on a regular basis. The action plan provides

benchmarks that will guide the team through the months or years of community supervision.

OUTCOME DATA

A yearlong evaluation by the Vera Institute of Justice suggests that La Bodega's family-based approach has improved outcomes for individuals under community supervision, family members, parole officers, and family case managers. Individuals participating in the program recidivated at a lower rate in the first six months of parole. Compared with control groups, illegal drug use by individuals and family members participating in the program decreased significantly. The number of family members who reported that they had unmet needs for medical, social, housing, and mental health services dropped dramatically after only six months of participation in the program.

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AGENCY/ORGANIZATION

Fifth Avenue Committee

PROGRAM TITLE

Developing Justice in South Brooklyn

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

- 19:** Housing;
- 28:** Job Development and Supportive Employment;
- 30:** Housing Systems

OVERVIEW

The Developing Justice program seeks to help individuals reintegrate after a period of incarceration by providing assistance with employment and housing opportunities. The program fits into the greater Fifth Avenue Committee (FAC) objective of advancing social and economic justice in South Brooklyn by developing affordable housing, creating employment opportunities, and organizing residents and workers to combat displacement caused by gentrification.

DESCRIPTION

Developing Justice provides direct services to individuals released from prison in the form of job training and housing assistance and involves a community organizing and leadership development component grounded in the desire to change the criminal justice system. The program provides voluntary one-on-one assistance to people returning to South Brooklyn after at least one year in prison. Participants are referred to the program through outreach in prisons, with family members, community organizations, and parole officers.

Program counselors, who themselves are former prisoners, assist each participant in achieving their individual reintegration goals by connecting them to FAC employment and housing services, support groups and counseling, and by serving as a broker for other needed services like substance abuse treatment. Developing Justice also seeks to create systemic change by addressing fundamental “community justice” issues. The project not only helps participants and their families respond to the substantial obstacles they face in their lives, but also probes into the structural racism that pervades the criminal justice system and into the tradeoffs between public investments in incarceration and those in true community development.

Developing Justice has developed partnerships with other community-based organizations and correctional facilities to increase outreach for the program. The program is also exploring a linkage with the Red Hook Community Justice Center that would reshape the nature of community supervision in Red Hook/South Brooklyn. By working with the Red Hook community court to incorporate parole and/or probation, FAC hopes to provide a model for community support, alternative sanctions, and neighborhood-level planning as an alternative to the current parole approach. Developing Justice sees itself as a model for community development groups working in low-income communities to directly address criminal justice issues.

OUTCOME DATA

FAC received a grant from the Edna McConnell Clark Foundation to develop a tracking system that would help measure progress in meeting specific organizational goals. With regard to the Developing Justice program, since April 2000 they cite the

following measures of their progress in serving individuals released from prison. They have served 153 individuals; enabled 35 people to find meaningful, permanent employment; and placed 10 participants in stable housing situations. They have also integrated the Developing Justice project with the FAC skills training programs to allow an additional 32 participants to obtain tele-data cabling certification and commercial driver licenses. In addition, they have reunited 10 participants with their families. To date, only six program participants have been re-incarcerated.

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AGENCY/ORGANIZATION

Fortune Society

PROGRAM TITLES

Fortune Academy; Fortune Drop-In Center

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

19: Housing;
27: Maintaining Continuity of Care

OVERVIEW

The Fortune Society provides a comprehensive range of services to individuals being released from prison or jail including re-entry planning, HIV education, counseling and case management, individual and group counseling, job training and placement, court advocacy, substance abuse treatment services, family counseling and parenting workshops, transitional housing and long-term housing placement, and aftercare services.

DESCRIPTION

The Fortune Academy, a residential facility in West Harlem opened in 2002, provides 18 emergency and 41 longer-term beds and access to the Fortune Society’s array of supportive services. Whereas many housing programs—especially those that are government funded—exclude prospective clients with recent drug offenses and certain criminal backgrounds (drug or violent offenses), Fortune’s

criteria for admission is inclusive: prospective clients must be formerly incarcerated, homeless, pose no current risk of violence, and have an interest in and are appropriate for the services being provided.

Caseworkers at Fortune work with all short- and long-term residents to identify their needs and facilitate placement in support services, from treatment programs to job placement services. Because the Fortune Society offers such a broad range of services (from GED courses to peer education HIV programs) residents often receive all their support services in-house, either at the Academy or in one of Fortune's downtown service centers. Counseling is also available around-the-clock at the Academy.

Residents of the Academy are required to provide ten hours of service to the house and attend weekly house meetings. Although sobriety is not a requirement for placement in the housing facility, residents must demonstrate motivation to become sober. A daily eye-scan drug test is required of every resident. Individuals in emergency housing often go on to live at the Academy long-term. The duration of long-term housing is determined on an individual basis. Generally residents live in housing between six months to a year—until they have stabilized and can be linked to permanent housing, which is often coordinated by Fortune's housing specialists.

Fortune also recently developed a new 24-hour drop-in center in Queens for individuals released from Rikers Island. The drop-in center stations staff to "meet and greet" at prisoner drop-off points in Queens and Manhattan. Vans provide transportation for individuals interested in visiting the center, where there are counselors to conduct needs assessments and connect individuals with support services including emergency housing at Fortune Academy. Hot meals are always available at the center, as well as a few spare beds.

Fortune has long believed in having a strong representation of former prisoners on the board and among the staff. According to the organization's bylaws, one-third of the board must consist of former prisoners, including the board president. Currently, over two-thirds of the staff (which includes nearly all of the counselors) comprises former prisoners and/or people in recovery.

OUTCOME DATA

The Fortune Society has an in-house research and evaluation department that is responsible for the evaluation of its services, including collecting, maintaining, and analyzing program and client level data. The development of an in-house research department was made possible by more than 10 years of federal Ryan White funding for HIV services as a Special Program of National Significance. This funding has allowed Fortune to build and expand their research and program evaluation capacity, as well as to disseminate findings, lessons learned and replicable models to a variety of audiences. Fortune has also had the opportunity to partner with other community-based organizations and academic institutions with the goal of further bridging the gap that often exists between research and practice in the provision of social services.

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AGENCY/ORGANIZATION

Heritage Health and Housing

PROGRAM TITLE

Housing and Community Services

YEAR ESTABLISHED

1980

POLICY STATEMENT(S)

19: Housing;
29: Graduated Responses

OVERVIEW

Heritage Health and Housing owns and operates three residences and leases scattered-site apartments in New York City, in which they provide restorative services through a continuum of care, from 24-hour supervision to semi-independent living with counselor visits. Heritage serves over 500 individuals with special needs, including people recently released from prison or jail.

DESCRIPTION

Heritage Health and Housing is a nonprofit provider of housing and services to homeless persons and persons with mental illness. Heritage operates a specialized re-entry housing program, targeted toward individuals released from prison with serious mental illness, that includes six service-enriched transitional beds (single-site, with on-site supervision and services) and 13 supported apartments (scattered site, mobile service staff) around upper Manhattan and the Bronx. Residents typically stay in the transitional beds between four to twelve months, after which they are placed into the scattered-site supported apartments or referred to Heritage's other supportive housing programs.

Heritage works with a dedicated parole officer to implement a treatment-oriented model for the reintegration of participants into the community. Heritage staff makes the distinction between relapse and abuse (continued violations), and employs a spectrum of restrictions and leverages to respond to relapse.

OUTCOME DATA

In over two years of program involvement, only two of 40 participants referred from state prison were re-incarcerated.

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AGENCY/ORGANIZATION**Legal Action Center****YEAR ESTABLISHED**

1972

POLICY STATEMENT(S)

19: Housing

OVERVIEW

The Legal Action Center (LAC) is a nonprofit law and policy organization whose mission is to fight discrimination against people with histories of alcohol and drug dependence, AIDS, or criminal records, and to advocate for sound policies in these areas.

DESCRIPTION

LAC seeks to help people reclaim their lives, maintain their dignity, and participate fully in society as productive, responsible citizens. In addition to advocating for the civil rights of people in these populations by fighting stigma and discriminatory barriers to employment, housing and social services, and protecting confidentiality, LAC seeks to expand treatment, prevention, research, alternatives to incarceration, community corrections, sentencing reform, and other sound public policies.

LAC provides legal guidance on issues related to discrimination, confidentiality of records, managed care, and other issues to treatment and prevention service providers, health officials, community corrections agencies, government agencies, and consumers. In the last 15 years, LAC's work has expanded to include public policy advocacy and research as well as training and technical assistance to service providers, government agencies and policymakers.

Through its criminal justice program area, LAC seeks to do the following:

- Assist qualified people with criminal records in fighting discrimination and obtaining employment and services needed to re-enter society successfully
- Advocate for reform of mandatory sentencing laws to enable community sanctioning of appropriate—especially non-violent, often addicted—individuals, and the expansion of funding for community corrections, including alternatives to incarceration
- Analyze barriers facing people with criminal records as they seek to obtain employment and housing and otherwise become responsible and productive contributors to society, and devising innovative responses to these issues
- Provide training and assistance to service providers and government agencies on all these issues

LAC's criminal justice program aims to ensure safe and successful re-entry through the National HIRE Network, which is dedicated to increasing the number and quality of job opportunities available to people with criminal records by changing public policies, employment practices, and public opinion.

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AGENCY/ORGANIZATION**Legal Action Center****PROGRAM TITLE****National HIRE Network****YEAR ESTABLISHED**

2001

POLICY STATEMENT(S)

7: Educating the Public about the
Re-Entry Population

OVERVIEW

The National HIRE Network was created in response to the growing number of people who have criminal records and face challenges finding and retaining employment, and the fact that the field of employment for people with criminal records was underdeveloped and ripe for dramatic expansion.

DESCRIPTION

The Network is dedicated to increasing the number and quality of job opportunities available to people with criminal records by changing public policies, employment practices, and public opinion. The Network provides leadership on key public policy initiatives affecting the employment of people with criminal records on both the state and federal level. Through its range of publications, the Network serves as a national clearinghouse for information about best practices, local and state resources, legal issues, and potential funding sources. It also provides on-site training and technical assistance to interested stakeholders, a group that includes local service providers, criminal justice agencies, workforce development providers, employers, labor associations, policymakers, researchers, philanthropists, and people with criminal records.

One of the primary objectives of the Network is to increase the opportunities for nonprofit and government staff in the fields of workforce development and criminal justice to network, exchange ideas, and collaborate on issues related to the

employment of criminal records. In an effort to reduce legal barriers to employment, the Network uses its resources to encourage employers to make individualized determinations about a person's qualifications and policymakers to eliminate laws that categorically ban qualified people with criminal records from employment.

The Network is an initiative of the Legal Action Center, a nonprofit law and policy organization whose mission is to fight discrimination against people with histories of alcohol and drug dependence, AIDS, or criminal records, and to advocate for sound policies in these areas.

OUTCOME DATA

As an information resource, the Network measures success by the number of requests for technical assistance, the number of presentations made and audiences reached, and the number of publications developed and distributed. As a policy advocacy resource, the program measures outcomes by the level of awareness the work raises about the issues faced by individuals with criminal records in obtaining and retaining employment, as well as the introduction and passage of legislation and policy that promotes the employment of people with criminal records. The National HIRE Network has not yet been formally evaluated.

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AGENCY/ORGANIZATION**New York City Department of
Health and Hygiene****PROGRAM TITLE****New York City Link****YEAR ESTABLISHED**

1996

POLICY STATEMENT(S)

19: Housing

OVERVIEW

The New York City Link (NYC Link) program is a short-term case management linkage program that focuses on transition from incarceration to the

community for individuals with serious and persistent mental illness who are involved in the criminal justice system. The program provides the connection between services the individuals are receiving while incarcerated, and the community services that are needed for a successful transition with the goal of reducing recidivism.

DESCRIPTION

Case managers with NYC Link are responsible for implementing discharge plans that are created by mental health services at Rikers Island, as well as developing their own discharge plans for their community-based referrals. Link case managers provide court advocacy, complete psychosocial assessments, and assist with obtaining housing (including providing applications), entitlements, and medication. Follow-up is provided for two years from the date of release from incarceration.

The Link programs have access to the state-funded Medication Grant Program which guarantees that an individual will be able to obtain his/her psychotropic medication until Medicaid eligibility is determined. The Link programs provide peer support groups that are held at least weekly. These groups are co-led with peers and staff members.

The NYC Link programs are funded by the New York City Department of Health & Mental Hygiene. A program is located within each borough of New York City.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

New York State Division of Parole

PROGRAM TITLE

Specialized Mental Health Caseloads

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

25: Development of Supervision Strategy

OVERVIEW

The New York State Division of Parole (DOP), in conjunction with the New York Office of Mental Health (OMH), instituted a specialized caseload in which

parole officers receive extra training, and reduced caseloads, to serve parolees with mental illness.

DESCRIPTION

As part of a Memorandum of Understanding between OMH and DOP, DOP established specialized mental health caseloads for parolees in the New York City region. Since then, specialized mental health caseloads have been added in the Buffalo region. Parole officers in this program carry a reduced caseload of approximately 25 cases and work closely with community mental health agencies to help parolees engage in treatment.

DOP worked with its regional directors to establish this program without any specialized funding. The program recognizes that it often takes increased time and interagency coordination to serve parolees with mental illness. Accordingly, the program involves training tailored for parole officers in the program, reduced caseloads, and agreements between DOP and OMH.

Only individuals with serious and persistent mental illness, as defined by OMH, are currently eligible for the Specialized Mental Health Caseloads. DOP would like to expand the program to serve parolees who have mental health problems that do not fit the OMH standard of serious and persistent. There is, however, currently a waiting list for the program.

CONTACT INFORMATION

Deputy Director of Strategic Planning
New York State Division of Parole
97 Central Avenue
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AGENCY/ORGANIZATION

New York State Division of Parole

PROGRAM TITLE

Victim Impact Unit

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

17: Advising the Releasing Authority

OVERVIEW

The New York State Division of Parole's Victim Impact Unit addresses victims' rights with regard to the parole process.

DESCRIPTION

The Victim Impact Unit handles all victim impact statements in New York State. Crime victims can submit an impact statement to the Unit by phone, letter, or audio/video recording. A victim can submit a new statement every time an inmate is considered for parole. In addition, legislation passed in 1994 stipulates that crime victims who suffer physical violence or financial loss are eligible to make an in-person victim statement to a member of the Board of Parole. In these cases, the victims' statements are transcribed by the board member conducting the interview. The Board of Parole pays special consideration to victims' requests for special conditions of parole. Between 1999 and 2000, the Victim Impact Unit arranged and facilitated 133 face-to-face interviews between victims or their families and a Parole Board member.

CONTACT INFORMATION

Secretary of the Board of Parole and
Director of Executive Clemency
97 Central Avenue
Albany, NY 12206
PHONE: (518) 457-9667

AGENCY/ORGANIZATION**New York State Division of Probation and Correctional Alternatives****PROGRAM TITLE****TANF For Community Corrections****YEAR ESTABLISHED**

2000

POLICY STATEMENT(S)

4: Funding a Re-Entry Initiative

OVERVIEW

In collaboration with the State Office of Temporary and Disability Assistance (OTDA), the New York State Division of Probation and Correctional Alternatives (DPCA) issues contracts annually to 21 community-based organizations and local government programs totaling \$4 million for programming that brings about responsible parenting, gainful employment, and reduced recidivism among the individuals who been in the criminal justice system.

DESCRIPTION

DPCA is an executive department agency with regulatory control (as well as funding and program assistance) over the administration of county probation and the City of New York probation departments, and over the use of correctional alternative

programs throughout the state. Built around the four focus areas of the Department of Health and Human Service's Temporary Assistance to Needy Families (TANF) program, DPCA's TANF For Community Corrections' program seeks to do the following:

- Provide services to needy families so that children may be cared for in their own homes or in the homes of relatives
- End the dependence of needy parents on government benefits by promoting job preparation, work and marriage
- Prevent and reduce the incidence of out-of-wedlock pregnancies
- Encourage the formation and maintenance of two parent families

Programs target custodial and noncustodial parents as well as adult relatives who are the primary caretakers of eligible children. These programs also address job readiness and employment for probationers, parolees, and other individuals who have been in the criminal justice system and are among the most difficult to place into jobs. They may also provide family-focused interventions, life skills, or basic education, as well as case management and referral services for mental health, alcohol and other substance abuse treatment.

CONTACT INFORMATION

State Director
NYS Division of Probation and Correctional Alternatives
80 Wolf Road
Albany, NY 12205
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WEBSITE: www.dpca.state.ny.us/tanf.htm

AGENCY/ORGANIZATION**New York Therapeutic Communities, Inc.****PROGRAM TITLE****Stay'n Out****YEAR ESTABLISHED**

1977

POLICY STATEMENT(S)

12: Substance Abuse

OVERVIEW

Through the Stay'n Out program, New York Therapeutic Communities, Inc. provides chemical dependency treatment for inmates of facilities

operated by the New York State Department of Corrections.

DESCRIPTION

The Stay'n Out program currently encompasses a 180-bed Therapeutic Community for men at the Arthur Kill Correctional Facility and a 40-bed program for women at Bayview Correctional Facility, and is funded through the state Office of Alcohol and Substance Abuse Services, the state Department of Correctional Services, United Way, and the Federation of Protestant Welfare Agencies.

Individuals typically participate in Stay'n Out for between six to nine months, during which they go through four phases of programming: orientation, treatment, re-entry, and training. The orientation phase focuses on the assessment of inmates' needs and development of an individual treatment plan by substance abuse counselors.

Program participants are housed in units segregated from the general prison population, although they eat in a common dining room and attend morning activities with the other prisoners. Programming consists of several components: morning and evening seminars, peer counseling, encounter groups, and emotionality groups.

Participants who complete Stay'n Out are referred to an aftercare facility, such as New York Therapeutics Communities' Serendipity program, to help ensure a smooth transition to life in the community. Stay'n Out staff includes graduates of therapeutic communities and individuals with prison experience.

OUTCOME DATA

Evaluations of the Stay'n Out program have demonstrated a significantly lower post-release arrest rate for Stay'n Out participants than for cohorts who received other kinds of treatment or no treatment: 27 percent for participant males versus 41 percent for males who received no treatment, and 18 percent of participant females versus 24 percent of females who received no treatment. Evaluations also found a favorable effect of Stay'n Out participation on successful discharge from parole, that increased when participants spent more time in the program.

CONTACT INFORMATION

Regional Director
New York Therapeutic Communities, Inc.
Administrative Office
266 West 37th Street, 21st Floor
New York, NY 10018

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FAX: (212) 244-6796

AGENCY/ORGANIZATION

Osborne Association

PROGRAM TITLE

AIDS In Prison Project; Risk Reduction Services

YEAR ESTABLISHED

1931

POLICY STATEMENT(S)

10: Physical Health Care

OVERVIEW

The Osborne Association's AIDS in Prison Project and Risk Reduction Services address a range of health challenges faced by many individuals being released from prison or jail.

DESCRIPTION

According to Osborne, one in ten inmates in the New York state prison system is HIV positive. Prisoners can make initial contact with Osborne while in prison via the AIDS in Prison Hotline, the first such service in the nation. It is advertised within the facilities, accepts collect phone calls in English and Spanish from every prison in New York State. The hotline provides peer counseling and information on treatment and prevention and on how HIV-positive individuals can obtain discharge planning services at their facility and in the community.

Osborne also provides discharge planning services for people living with HIV/AIDS at four New York state prisons. These services include a full needs assessment and address such issues as transitional housing, substance abuse, and post-release benefits and medical care. Inmates learn about Osborne's discharge planning services through the hotline, word of mouth from fellow inmates, and from correctional officers. Upon release from prison, Osborne provides intensive case management services for HIV-positive individuals returning to New York City through the Risk Reduction Services Unit (RRSU). Working with a case manager/counselor team, RRSU clients receive assistance with living with HIV/AIDS, obtaining substance abuse treatment, finding housing, getting psychological and family counseling, receiving benefits and medical care, finding employment and training, and other issues.

The Osborne Association operates its in-prison HIV/AIDS services as part of the Criminal Justice Initiative of the AIDS Institute of the New York State Department of Health. This initiative was established to provide HIV/AIDS services to inmates and individuals being released from prison or jail throughout New York State. Each of the eleven non-profit agencies within the consortium provides discharge planning for people living with HIV/AIDS in New York State prisons, as well as case management for released individuals living with HIV/AIDS within that agency's geographic area. Osborne's AIDS in Prison Hotline serves as a statewide clearinghouse to inform prisoners whether HIV/AIDS-related discharge planning services are available at their facility and to assist them in identifying re-entry services in their community.

OUTCOME DATA

Osborne's Risk Reduction Services and HIV/AIDS services collect statistics on a number of program indicators. Eighty percent of clients of the RRSU, a program designed to last six months, remain in the program for at least four to five months. This time period allows program staff to begin addressing many of the clients' most pressing re-entry needs, such as accessing benefits and medical care, embarking on a job search, and enrolling in a substance abuse treatment program. An average of 75 clients annually are placed in permanent housing, and, of these, about 90 percent are still in their new homes after six months. Sixty percent of clients who access Osborne's independent living skills training, which assists individuals in establishing stable households, complete the program.

CONTACT INFORMATION

Executive Director
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AGENCY/ORGANIZATION

Osborne Association

PROGRAM TITLE

Fresh Start

POLICY STATEMENT(S)

15: Educational and Vocational Training

OVERVIEW

The Fresh Start program connects individuals who are released from incarceration with meaningful job training and placement services under the premise that stable employment reduces the likelihood of recidivistic behavior.

DESCRIPTION

The Osborne Association operates Fresh Start, a life- and job-skills program, for male prisoners at Rikers Island, New York City's jail. Fresh Start offers a combination of job training (in culinary arts or journalism and computer skills) and counseling that begins during incarceration and continues after release. Each participant receives a comprehensive discharge plan, which identifies the individual's most pressing needs and outlines a roadmap for meeting those needs. After release, program participants can continue to keep in touch with the counselors and instructors for mentoring and support and can attend support groups of program graduates.

Fresh Start staff (and staff of the related South Forty Employment and Training Services program) assist clients in accessing additional services they may require, such as substance abuse treatment, family counseling, support in living with HIV/AIDS, and assistance with housing and transportation. In many instances, other programs within Osborne itself may provide these services. Osborne is a member of New York City's Employment and Training Coalition, using the collective strength of a group of organizations working on similar issues to press for systemic change in workforce development policies.

OUTCOME DATA

In 2001, 80 percent of 66 individuals enrolled in the Fresh Start program completed it. Of those that completed the program, 85 percent had remained employed and avoided re-incarceration six months after release.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**Project Renewal, Inc.****PROGRAM TITLE****Parole Support and Treatment Program****POLICY STATEMENT(S)****31:** Workforce Development Systems**OVERVIEW**

The Parole Support and Treatment Program offers transitional scatter-site housing to mentally ill chemically addicted (MICA) clients who are on parole.

DESCRIPTION

The Parole Support and Treatment Program consists of a team similar to an assertive community treatment (ACT) team that provides supportive case management, psychiatric and nursing services, support groups and counseling to address issues related to mental health, substance abuse, and re-entry into the community. The apartments are located in the boroughs of Manhattan and the Bronx and were established in July 2002. The program facilitates re-entry by providing transitional housing and complete social services to ensure that people remain psychiatrically stable and maintain sobriety while making this difficult transition. The process begins with reach-in services to meet people while they are still incarcerated and maintains the relationship during the transition back to the community. The housing provides a stable environment during the re-entry period.

The New York Office of Mental Health funds the program housing while the New York State Division of Parole funds the ACT-like services. Inmates become involved with the program approximately three months prior to release, and information about the program is provided to pre-release coordinators in the prisons. Parole officers with a dedicated mental health caseload are also informed of the program and referral process. So far the program has served 32 participants since it began with a ratio of 70 percent male and 30 percent female participation.

The program serves individuals with serious and persistent mental illness, a history of substance abuse, and a parole term of at least six months.

OUTCOME DATA

A study is currently being developed in conjunction with the Vera Institute of Justice to evaluate the outcomes of the program.

CONTACT INFORMATION

Program Director
Project Renewal, Inc.: Parole Support and Treatment Program
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New York, NY 10014
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AGENCY/ORGANIZATION**Vera Institute of Justice****PROGRAM TITLE****Project Greenlight****YEAR ESTABLISHED**

2002

POLICY STATEMENT(S)**25:** Development of Supervision Strategy**OVERVIEW**

Project Greenlight is a collaborative effort between the New York State Department of Correctional Services, the New York State Division of Parole, and the Vera Institute of Justice. The project, geared toward inmates who are two to three months from their release date, aims to test new ways to prepare inmates for release back into the community and to ensure public safety.

DESCRIPTION

Inmates come to Project Greenlight from correctional facilities across the state and spend eight to ten weeks before their release date developing plans for how they will live, work, and interact with others after they are released. Participants joining the program first meet with their newly assigned case manager (either a corrections counselor or parole officer) and complete a thorough risk and needs assessment tool. Participation in the structured program begins immediately, with classes focused on cognitive skills, job readiness, family reintegration, substance abuse, practical life skills, and establishing connections with agencies in the community that can provide support services after release. Participants who acknowledge that they have a substance abuse problem spend four weeks in daily relapse prevention groups working with a counselor on ways in which they can avoid relapse when they are released.

The project currently only serves male inmates because the Queensboro facility is restricted to men. The Project accepts an average of 13 new people a week into the program, and has the

capacity to serve just over 100 inmates at any one time.

On a daily basis, participants have an opportunity to meet with representatives of community-based organizations that provide a number of support services. Throughout the program, participants also work with their case managers on a release plan. In conjunction with a field parole officer, an individual participant identifies his strengths and needs and develops a step-by-step plan for how he will address those needs and which community agencies to work with after release. Families are also involved in the process by meeting with project counselors and the soon-to-be-released family member.

Project Greenlight is a collaboration between a number of public and private partners. Government partners include the New York State Department of Correctional Services and the New York State Division of Parole, both agencies that work directly with prisoners before and after release. Community-based service organizations are also involved in Project Greenlight by participating in orientation sessions for soon-to-be-released inmates.

OUTCOME DATA

The Vera Institute of Justice is implementing a three-year evaluation of the program and plans to track the progress of everyone who graduates from the Project during the first 21 months of operation. On the most fundamental level, the evaluation will examine whether Project Greenlight participants have lower recidivism rates than individuals with similar circumstances released from prison who do not participate in the program. The study will also examine outcomes that influence recidivism. These include community resources, relationships between parolees and the officers who supervise them and relationships with family and friends, and the ability to secure stable housing and to find and keep a job.

Researchers will interview program graduates one month after release and at six months following their release date. Based on what they say about their own life circumstances, the researchers will determine whether the program leads to these positive intermediate outcomes. Finally, the evaluation will document which participants benefit most and what aspects of the program are most effective.

CONTACT INFORMATION

Project Director
Project Greenlight
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AGENCY/ORGANIZATION

Wildcat Service Corporation

YEAR ESTABLISHED

1972

POLICY STATEMENT(S)

28: Job Development and Supportive Employment

OVERVIEW

Wildcat Service Corporation works in partnership with the state department of corrections to provide vocational and “work habits” training for chronically unemployed individuals, including those individuals participating in day-reporting programs.

DESCRIPTION

Wildcat program participants include formerly incarcerated individuals and prisoners serving in work-release programs, as well as welfare recipients, former substance abusers, noncustodial parents, crime victims, youth dropouts and delinquents, and Latino populations with limited English proficiency. 35 percent of Wildcat’s clientele are individuals who have been involved with the criminal justice system.

Through its criminal justice program, Wildcat seeks to ensure that participants successfully reintegrate into their communities and become productive, self-sufficient, and law-abiding citizens through securing full-time mainstream employment. Wildcat provides a variety of programs for individuals who are incarcerated or recently released.

Partnering with the New York State Department of Correctional Services through the Inmate Job Development Employment Services, Wildcat provides vocational assessment, paid work experience, life-skills training, job placement and community support services for inmates in work release and day-reporting programs.

Wildcat also provides supported work for probationers, including job placement, counseling, and referrals to other human and social

support services as well as transitional employment services in unsubsidized jobs. Through the Vocational Training and Job Placement Services Reintegration Employment Program, Wildcat offers unsubsidized job placement assistance, supervised temporary-paid employment and supportive services all focused on enabling the parolees and inmates to succeed in the labor market, as well as reduce recidivism and re-incarceration.

CONTACT INFORMATION

Program Development and Planning
Wildcat Service Corporation
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New York, NY 10004
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WEBSITE: www.wildcatatwork.org



North Carolina

AGENCY/ORGANIZATION

**Health Services, North Carolina
Department of Corrections,
Division of Prisons**

PROGRAM TITLE

Aftercare Planning

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

20: Planning Continuity of Care

OVERVIEW

Aftercare Planning in Health Services seeks to ensure continuity of care for every inmate identified as having mental illness, being developmentally disabled, and/or medically needy by creating a complete aftercare plan for each individual; the plan builds on the prisoner health education that begins either upon intake or diagnosis of a particular health condition.

DESCRIPTION

Approximately six months prior to the inmate's release, the inmate and a social worker (along with other members of the institutional treatment team) complete an aftercare plan to coordinate the inmate's mental health, medical care, and other social service needs post-release. A social worker then completes a form with referrals to relevant service agencies in the community to which the individual will return. The program works with a host of community-based partners, including Duke University Medical Center, East Carolina

School of Medicine, the University of North Carolina hospital system, the Veterans Administration, community faith-based organizations, Alcoholics Anonymous, and Narcotics Anonymous.

Upon release, each person receives a copy of the aftercare planning form and of his or her medical record in a packet that also includes information on other agencies, a social security card, driver's license, and records of programs that he or she has completed.

CONTACT INFORMATION

Social Work Program Director, Health Services
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AGENCY/ORGANIZATION

**North Carolina Department of
Corrections and the Department
of Labor**

PROGRAM

***Correction Enterprises,
Apprenticeship Programs***

POLICY STATEMENT(S)

15: Educational and Vocational Training;
16: Work Experience

OVERVIEW

Correction Enterprises, a division within the North Carolina Department of Corrections, allows state inmates to learn job skills by producing goods and providing services for sale to the Department of Corrections, state, local and municipal governments, and nonprofit agencies. Inmates are given incentives to participate in the workforce training programs.

DESCRIPTION

Correction Enterprises administers thirty revenue-producing operations throughout North Carolina, including an optical plant, sewing plant, and furniture plant. A portion of Correction Enterprises' profits go to the Crime Victims Compensation Fund, and are also used to help defray the cost of operating the prison system. The program is self-supported by revenue earned from sales. In 2003, Correction Enterprises employed approximately 2,100 inmates.

Through a partnership with the Department of Labor (DOL), inmates can participate in apprenticeship programs, coordinated by DOL, that are established by private employers or under the sponsorship of joint labor-management

committees. Individuals who complete a classroom instruction component and then a period of work within a specific Correction Enterprises industry can develop advanced job skills and receive DOL certification as journeymen-laborers. In addition, inmates may earn up to three dollars per day as well as quality and production bonuses. Qualifying individuals may also receive a reduction in their sentence time.

Correction Enterprises also coordinates with Educational Program Services within the DOC to ensure that inmates receive appropriate job placements. Individuals compete for positions based on industry experience and interviews; they also must commit no infractions within a certain span of time to maintain eligibility.

CONTACT INFORMATION

Director
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North Carolina Department of Corrections
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PHONE: (919) 716-3600
WEBSITE: www.doc.state.nc.us/EPRISE/



Ohio

AGENCY/ORGANIZATION**Ohio Department of Rehabilitation and Correction****PROGRAM TITLE*****Community-Oriented Reentry (CORE)*****YEAR ESTABLISHED**

2003

POLICY STATEMENT(S)

- 3:** Incorporating Re-Entry into Organizations' Missions and Work Plans;
- 9:** Development of Programming Plan;
- 17:** Advising the Releasing Authority;
- 23:** Victims, Families, and Communities

OVERVIEW

The Ohio Department of Rehabilitation and Correction's CORE program offers substance-abuse

treatment, employment counseling, mental health services, life-skills courses, and various other programs deemed necessary by personalized Reentry management teams.

DESCRIPTION

CORE is a comprehensive, collaborative, and holistic approach which enables serious, violent, high-risk and high-need inmates aged 18-35 to successfully return to their communities and families after having served at least twelve consecutive months in confinement.

The CORE model focuses on linking the Ohio's Departments of Rehabilitation and Correction, Jobs and Family Services, Mental Health, Alcohol and Drug Addiction Services, Education, and the Office of Criminal Justice Services with corresponding governmental and service provider



partners in two of the state’s largest urban areas (Cuyahoga and Franklin counties) and one suburban/rural site (Allen County). These service providers will help participants returning home find stable housing, receive substance abuse treatment and mental health services, sustain long-term employment, reunite with their families, and become productive and law-abiding citizens in their communities.

The CORE program works by systematically linking participants to services in the community that augment the services provided within the institution. The CORE program seeks to provide a continuity of treatment, thereby decreasing recidivism rates. Reentry Management Teams consisting of institutional staff, treatment staff, family members, community agencies staff, faith-based organizations, and volunteers will work with Community Reentry Coordinators to assess participant needs and develop individual reentry plans prior to release. The teams will share information and coordinate service delivery. Program outcomes will be facilitated, tracked, and continuously refined by Reentry Steering Committees (made up of individuals at both the state and local levels), whose organizations will have the highest stakes in participants’ success in the community.

The program was instituted in February 2003, and has served 48 participants since its inception.

CONTACT INFORMATION

Project Director
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London, OH 43140
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WEBSITE: www.ojp.usdoj.gov/reentry/sar/oh.html

AGENCY/ORGANIZATION

Ohio Department of Rehabilitation and Correction

PROGRAM TITLE

Inmate Apprenticeship programs

YEAR ESTABLISHED

Early 1970s

POLICY STATEMENT(S)

16: Work Experience

OVERVIEW

The Ohio Department of Rehabilitation and Correction (ODRC) offers a range of apprenticeship

programs that provide real-life training in a multitude of career areas to inmates who can earn certificates of completion from the Department of Labor.

DESCRIPTION

The Ohio Department of Rehabilitation and Correction (ODRC) operates 58 apprenticeship programs in its 30 correctional institutions, under the auspices of the Ohio Multi-Crafts Joint Apprenticeship Council. A statewide advisory committee makes recommendations for program selection or modification; the committee was formed to ensure that apprenticeship programming would offer skills that are marketable upon release. All apprenticeship programs are approved through the United States Department of Labor.

Most programs are offered on-site within the institutions (with a few exceptions). Completion of the apprenticeship programs can take from 2,000 to 10,000 hours, depending on the requirements of the program. Since many inmates are not incarcerated long enough to complete an entire apprenticeship program, the ODRC issues a 50 percent certificate that individuals can take to a potential employer after release to show that some skills have been attained.

Ohio Penal Industries participates in training apprentices wherever applicable, as do maintenance, vocational, food service, vehicle maintenance, farms, water treatment plants, and other operations divisions. The apprenticeship programs employed 1,418 inmates in fiscal year 2003, and 218 Department of Labor certificates of completion were awarded.

CONTACT INFORMATION

Career Technical Director
Corrections Training Academy
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Orient, OH 43146
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FAX: (614) 877-0077

AGENCY/ORGANIZATION

Ohio Department of Rehabilitation and Correction

PROGRAM TITLE

Office of Victim Services

YEAR ESTABLISHED

2003



POLICY STATEMENT(S)

23: Victims, Families, and Communities

OVERVIEW

As part of the Ohio Plan for Offender Re-Entry, the Ohio Department of Rehabilitation and Correction's Office of Victim Services identifies and contacts victims of higher-risk inmates six months prior to release to alert them and offer safety planning services.

DESCRIPTION

Victim safety planning offered by the Office of Victim Services (OVS) to victims of higher-risk inmates includes helping a victim to develop a viable relocation plan if he or she chooses to relocate as a result of a particular prisoner's release. In conjunction with Citizens' Circles, a program of the Adult Parole Authority, victims are invited to participate in safety planning with appropriate department staff and staff of community-based organizations.

In addition, OVS is evaluating victim awareness programming currently offered throughout the Department of Rehabilitation and Correction.

CONTACT INFORMATION

Department of Rehabilitation and Correction
Office of Victim Services
1050 Freeway Drive North, Suite 302
Columbus, OH 43229
PHONE: (614) 728-1976
WEBSITE: www.drc.state.oh.us/web/victim.htm

AGENCY/ORGANIZATION

Ohio Department of Rehabilitation and Correction

PROGRAM TITLE

Videoconferencing technology and telemedicine program

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

10: Physical Health Care;
15: Educational and Vocational Programming

OVERVIEW

Using videoconferencing technology, the Ohio Department of Rehabilitation and Correction (ODRC) facilitates the practice of telemedicine, and has implemented an inmate education network to enable distance learning.

DESCRIPTION

The ODRC uses telemedicine to link individuals in state institutions with providers at the Ohio State University Medical Center. The telemedicine pilot project, linking the Ohio State University Medical Center with the Southern Ohio Correctional Facility (SOCF) and the Corrections Medical Center, launched in 1994 and was quickly expanded to all ODRC prison facilities. Today, ODRC conducts approximately 5,000 medical consultations each year using telemedicine/videoconferencing technology.

Following the success of the telemedicine program, ODRC has also implemented additional uses for videoconferencing technology. An inmate education network allows inmates to participate in distance education programs, leveraging the effectiveness of teachers, and a Job Linkage Program provides an opportunity for inmates close to their release dates to be interviewed by prospective employers in their home cities. Parole Board hearings and Central Office Board reviews are routinely conducted using videoconferencing. In addition, some staff education/training programs are now provided via the video network, allowing instructors to deliver quality information without traveling to multiple locations or requiring staff to drive to a central location.

OUTCOME DATA

ODRC calculates savings between \$200 and \$1,000 for each use of telemedicine.

CONTACT INFORMATION

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WEBSITE: www.drc.state.oh.us/web/bits.htm

AGENCY/ORGANIZATION

Oriana House, Inc.

YEAR ESTABLISHED

1981

POLICY STATEMENT(S)

27: Maintaining Continuity of Care

OVERVIEW

Oriana House provides a variety of chemical dependency treatment services for men and women in



Akron who are incarcerated, during their incarceration and after release.

DESCRIPTION

Oriana House, Inc. is a private, nonprofit agency that assists people in overcoming chemical dependencies and provides community corrections programs for those individuals who live in or are returning to the community. Oriana operates a variety of residential, non-residential, and prison- and jail-based treatment programs.

Oriana’s Residential Treatment Center (RTC)—a six-month therapeutic community providing residential treatment programming for men between the ages of 18 to 24—is directed towards persons who have failed other community treatment programs, or who have been assessed in need of long-term residential treatment as a result of a probation or parole violation. Individuals who are placed as a result of a violation of terms of supervision must be ordered by the court or the parole authority. Oriana operates a halfway house for adults convicted of felony, misdemeanor, and traffic offenses who are referred by the courts, probation departments, the Ohio Department of Rehabilitation and Correction or the Federal Bureau of Prisons. Program placement is in lieu of incarceration or as a part of efforts to reintegrate participants back into the community. Oriana also operates three Community-Based Correctional

Facilities (CBCFs), to which individuals convicted of felonies are sentenced in lieu of state prison commitments and provided highly structured programming, including substance abuse treatment, job training, educational services, cognitive skills, and a required completion of community service.

Oriana’s nonresidential programming includes a day-reporting program for probationers, parolees, court referrals or Oriana House transfers; a home incarceration program (with electronic monitoring); drug court, which accelerates the prosecution process, reduces felony drug charges to a first degree misdemeanor and mandates treatment/drug education for eligible offenders; discretionary rehabilitation programming, which diverts first-time offenders from conviction and sentencing to education sessions concentrating on skills and behavior management in order to avoid further criminal activity; bail supervision; family violence court; and a pretrial diversion program.

Staff from Oriana House also provide treatment services in Glenwood Jail.

CONTACT INFORMATION

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Oklahoma

AGENCY/ORGANIZATION

Oklahoma Marriage Initiative and the Oklahoma Department of Corrections

PROGRAM TITLE

Prevention and Relationship Enhancement Program

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

4: Funding a Re-Entry Initiative

OVERVIEW

The Oklahoma Marriage Initiative (OMI) is a statewide public/private partnership dedicated to strengthening families and helping couples who choose marriage for themselves gain access to services and supports to help them build and sustain healthy marriages. OMI’s core curriculum, Prevention and Relationship Enhancement Program (PREP), is administered in workshops in prisons, high schools, and other settings.

DESCRIPTION

PREP is a research-based skills-building curriculum designed to help partners communicate

openly, get to the heart of problems, avoid stand-offs, and connect with each other instead of pushing each other away. PREP emphasizes strategies geared towards lowering risk factors and raising protective factors to help marriages succeed. PREP is an education program rather than therapy. The curriculum has proven to be applicable to a wide variety of needs and is currently being used in numerous settings, including prisons, high schools and in first-time offender programs. PREP (both for prisoners and non-prisoners) is funded through the Department of Health and Human Service's Temporary Assistance to Needy Families (TANF).

The Department of Corrections (DOC) partnered with OMI to introduce pilot workshops at three correctional facilities. With feedback from participants about the applicability of these workshops to their relationships and personal situations, DOC decided to implement Prison-PREP as an official agency program, with a goal of training up to 50 additional prison personnel to deliver PREP workshops as part of the agency's reintegration services.

Prison-based workshops, attended by 10 to 20 inmates, are conducted four times a year over three days. Half of the sessions are without the presence of spouses, and during the other half spouses are brought into the facility. Participation is completely voluntary, and no credit is awarded. Based on a LSI-R screen, individuals who are married and assessed as having poor relationship skills scores are offered participation.

OUTCOME DATA

Workshop leaders issue tests before and after the workshop to evaluate PREP's effectiveness in changing attitudes, comparing this information with LSI-R scores.

CONTACT INFORMATION

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Oregon

AGENCY/ORGANIZATION

ASAP Treatment Services, Inc.

PROGRAM TITLE

Turning Point

POLICY STATEMENT(S)

- 4:** Funding a Re-Entry Initiative;
- 12:** Substance Abuse Treatment

OVERVIEW

Turning Point is a cognitive behavioral drug treatment program located in the Columbia River Correctional Institution in Portland, Oregon.

DESCRIPTION

Turning Point houses fifty inmates in a self-contained dormitory participating in an intensive residential alcohol and drug treatment environment for seven to nine months. Since many inmates are

dually diagnosed, Turning Point concentrates on substance abuse, mental illness, and criminality.

Based on the therapeutic community concept, Turning Point is built on joint resident- and staff-governance and an inclusive, pro-social attitude. The staff emphasizes pro-social and marketable interpersonal skills (such as appropriate body language), problem-solving skills, politeness, confidence, assertiveness, increased self-awareness, and self-care through learning to understand and follow community rules and guidelines. Accountability is continually reinforced using written "supports" for personal responsibility, which are incorporated into groups and leadership activities by the governing council.

Turning Point's treatment plan focuses on recognizing the impact of substance abuse and mental illness while confronting denial;

understanding alcoholism, addiction, mental illness, and the cycles of the disease/disorder; learning to manage mood and medication; recognizing and intervening in one's own criminal thinking patterns; accepting responsibility for one's behavior; developing and implementing a relapse prevention plan; and developing and using a support network. Treatment includes individual and group counseling, domestic violence counseling, symptom and medication management groups, recovery skills, twelve-step programs, GED tutoring, work assignments, lectures, anger management, life-skills training, family therapy, and community-transition preparation.

Individuals are eligible if they have a history of substance abuse problems, are classified as minimum custody, and have six to fifteen months remaining on their sentence.

CONTACT INFORMATION

Turning Point Alcohol and Drug Treatment Program
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AGENCY/ORGANIZATION

Better People

PROGRAM TITLE

Moral Reconciliation Therapy

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)

14: Behaviors and Attitudes

OVERVIEW

Better People combines a therapeutic approach called Moral Reconciliation Therapy with job placement and retention services for people who have criminal records in Portland, Oregon.

DESCRIPTION

The Better People program is designed to reduce recidivism in part through the use of a therapeutic approach called Moral Reconciliation Therapy (MRT). Working primarily with individuals convicted of drug offenses, the Better People program offers a cognitive behavioral approach designed to change its participants' decision-making processes.

The 12-step program meets twice a week for six months and places individuals in living-wage jobs with follow-up for one year.

OUTCOME DATA

According to a 2001 study conducted by professors at Portland State University in conjunction with Better People, during a six-month period, participants in the Better People program were arrested at a significantly lower rate (nine percent) than members of a comparison group (21 percent). The rates of indictment and re-incarceration for that time period were also significantly lower among participants than for a comparison group.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

East County One Stop

YEAR ESTABLISHED

1996

POLICY STATEMENT(S)

5: Promoting Systems Integration and Coordination

OVERVIEW

East County One Stop (ECOS) is a community alliance of over 40 partner agencies convened to manage and support a One Stop workforce development system to serve "high barrier" populations, including people with criminal records.

DESCRIPTION

In contrast to most One Stops, ECOS is a non-profit that receives funding through private foundations rather than the Workforce Investment Act (WIA). This arrangement enables ECOS to serve individuals who are more difficult to employ, whereas WIA-funding is categorically tied to a One Stop's employment placement rate. In the last five years, ECOS has raised nearly \$2 million from private foundations.

ECOS was initiated to create and maintain a collaborative workforce development system that can work together "without walls" to serve high-barrier populations. Through these partnerships, ECOS aims to increase the skill and ability levels

of the East County workforce which enhances business operations for employers, reduce the number of East County families living in poverty through the development of individual skills and removal of barriers that prevent greater employment opportunities, jointly identify solutions to gaps in the workforce and community development systems, and cultivate a greater understanding of complex community problems that require a holistic approach.

ECOS has paid special attention to enhancing services to underserved populations in its county, including individuals with criminal records, the disabled, and individuals with language barriers. ECOS coordinates the efforts of its partner agencies through collaborative problem solving, resource sharing, and multi-level communication to ensure the needs of the county residents are met.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**Lane County Sheriff's Office****PROGRAM TITLE*****Interim Incarceration Disenrollment Policy*****YEAR ESTABLISHED**

2001

POLICY STATEMENT(S)

8: Development of an Intake Procedure

OVERVIEW

The Interim Incarceration Disenrollment Policy in Lane County helps detainees and inmates retain their benefits when incarcerated for short periods of time. For those individuals who are not receiving benefits when they arrive at the jail, or whose benefits are suspended while incarcerated, the program helps to expedite their enrollment in appropriate benefits programs upon their release.

DESCRIPTION

At the behest of officials in Lane County, Oregon has adopted the Interim Incarceration Disenrollment Policy, which specifies that individuals cannot be disenrolled from their health plan during

their first 14 days of incarceration, during which period the state makes the Medicaid payments. In addition, Lane County officials have developed a relationship with the local application-processing agency for Medicaid and Social Security Insurance. Now, the application process for those individuals who did not have benefits prior to incarceration or whose incarceration period lasts longer than 14 days can begin while the detainee is still in custody.

The jail has also started an initiative to ensure that inmates in their jail diversion program—all of whom are diagnosed with severe and persistent mental illness—can access their state health plan benefits upon their release. First, the inmates receive help from jail employees in filling out the plan application. Then, staff members fax each application to the Senior and Disabled Services (SDS) office just before the inmate's release. The applications are processed rapidly. Finally, the SDS office faxes to the jail the inmate's temporary cards, which can be used immediately to access all health plan benefits. A permanent care provider is sent after the inmate has a managed care organization. In case there are problems or inmates need help with other issues, the jail staff stays in regular contact with former inmates.

Prior to developing this initiative, inmates had to wait several weeks for their applications to be processed, during which time they were without health care coverage.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**Multnomah County Department of Community****PROGRAM TITLE*****Transition Services Unit*****YEAR ESTABLISHED**

1980s

POLICY STATEMENT(S)

9: Development of the Programming Plan;
19: Housing

OVERVIEW

The Department created the Transition Services Unit (TSU) to provide better coordination and more cost-effective and efficient access to a variety of housing, case management and supplemental emergency services for individuals who are transitioning from correctional institutions or residential treatment services into the community.

DESCRIPTION

TSU counselors and parole officers provide pre-release planning, referrals, and/or connections to appropriate services and treatment programs for individuals transitioning into the community. These services and treatment programs include medical and mental health services, emergency, transitional, and permanent housing, and emergency services for individuals who are both recently released and those already supervised and living in the community. Additionally, TSU provides, as needed, re-entry case management for individuals with special needs for the first 90 days after their release.

Although TSU works with all people in prison, the unit prioritizes inmates who are low functioning (70 to 85 IQ), medically disabled, have a mental health disorder, and were convicted of a sex offense or other serious and/or repeat offenses. Planning begins four to six months prior to release. The transition plan must be appropriate to risk and needs, ranging from most restrictive to least restrictive release requirements.

TSU also provides transitional services to recently released individuals in the form of Subsidy Housing, transportation assistance, clothing and food referrals, and assistance with Oregon Health Plan application. If an individual is eligible, TSU staff help him or her begin the application process for Supplemental Security Insurance. In general, TSU attempts to link individuals due to be released or recently released to meet their immediate needs and connect them with services to assist in meeting long-term needs.

TSU actively works to build partnerships with community-based services and organizations, as well as other Multnomah County Departments to provide the continuum of care that is needed for recently released offenders, including transitional and permanent housing.

CONTACT INFORMATION

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Transition Service Unit

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AGENCY/ORGANIZATION

Multnomah County Department of Community Justice, Transitions Services Unit; Citizens United for Rehabilitation of Errants

PROGRAM TITLE

Family and Friends

POLICY STATEMENT(S)

23: Victims, Families, and Communities

OVERVIEW

Family and Friends is a series of orientations designed to help friends and family members of people in prison returning to Multnomah County to understand the goals and requirements of parole and post-prison supervision.

DESCRIPTION

Once a month, the Multnomah County Community of Justice Transitions Services Unit (TSU) offers evening orientation sessions for family and friends of inmates who will be released within six months to post-prison supervision in Multnomah County. The sessions are co-sponsored by Citizens United for Rehabilitation of Errants (CURE), a membership organization of prisoners, families of prisoners, former prisoners and other concerned citizens. Led by a TSU staff member, orientations cover the following topics:

- what happens on the day of release from an institution
- conditions of supervision
- the role of family and friends in assisting an individual's successful integration into the community after being released from a corrections facility
- community resources and referrals

A representative from CURE also participates in the orientation and provides handouts to family members, which include information about CURE's ongoing support groups for families of

individuals who have served time in prison. In addition, a Multnomah County Probation and Parole officer attends orientations to answer questions. TSU follows-up with family and friends who request information specific to their loved one, such as questions about the specific terms and conditions of his/her supervision plan.

On average, 15–20 people attend the orientation sessions every month. TSU sends out fliers twice a year to families and friends who will have loved ones released within the next 12 months. TSU obtains these names from the list of contacts collected by the Department of Corrections at intake. Release counselors at the Department of Corrections also distribute fliers to family members who visit inmates.

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AGENCY/ORGANIZATION

Oregon Department of Corrections

PROGRAM TITLE

Intake Center

POLICY STATEMENT

8: Development of Intake Procedure

OVERVIEW

The Intake Center utilizes an automated assessment program for every inmate to identify health and educational barriers that might contribute to criminal conduct. From the assessment program, the Intake Center develops a plan to address personal needs. Implementing the inmate's transition plan systematically enables the individual to acquire social and work skills while incarcerated, and to return to the community workforce and family life after release.

DESCRIPTION

The automated assessment program at the Intake Center identifies physical and mental health barriers to productive citizenship in the inmate community and to safe and successful re-entry. The program also identifies basic educational deficiencies that can prevent workforce training, as well as

existing work skills and aptitudes. Identifying an individual's barriers and assets enables a personalized response.

At intake, inmates receive an orientation manual and session, which encompass all available program services, the intake process, operational issues, and conduct requirements. The Intake Center is currently expanding this process to include audio and visual aids, which will provide consistency in the delivery of orientation materials.

After orientation, all inmates receive an initial health screening and tuberculosis testing. Later in the intake process, Health Services conducts a complete medical history and performs a physical/dental examination on each inmate. Psychometricians administer educational tests in a group setting to determine reading and math levels. Individuals with low scores are referred for individual testing and remedial education; individuals with a minimum reading score take a computerized test to identify mental health needs. The final group evaluation consists of a series of short tests and questionnaires to evaluate alcohol/drug use, existing work skills, eligibility for Measure 17 and inmate work programs, family status, ethnicity, residency, language, and religious background.

These documents are compiled into an Offender Profile Report, which is reviewed by professional staff from education, health, and mental health services. Inmates who require further medical, dental, educational, and/or mental health services are routed to the appropriate facility.

Drawing from these sources, staff prioritize a set of action steps designed to address personal and professional barriers to institutional and community adjustment.

Each inmate's personalized incarceration and transition plan focuses on essential treatments, basic education, work-based education, and the creation of employment options. As a whole, the plan helps an inmate develop skills essential to becoming a productive citizen both within the institution and after release.

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AGENCY/ORGANIZATION

Oregon Department of Corrections

PROGRAM TITLE

Transitions Project

YEAR ESTABLISHED

1999

POLICY STATEMENT(S)

9: Development of the Programming Plan;**15:** Educational and Vocational Training

OVERVIEW

The purpose of the Transition Project is to begin planning for an individual's re-entry at the time of sentencing in order to ensure a successful reintegration upon release from prison.

DESCRIPTION

In 1999, the Department of Corrections (DOC) established a steering committee comprising staff from county community corrections offices, the parole board, the sheriff's department, victims' advocates, and other state and local agencies to develop a statewide re-entry plan. The Transition Project evolved from these discussions and now has over 300 people from more than 70 agencies working in Oregon to improve outcomes for individuals being released from incarceration.

Once an individual is sentenced, s/he receives a comprehensive assessment by a collaborative team of corrections, courts, service providers, and family members. The team uses this information to develop a personalized transition and supervision plan. In order to increase communication and networking, information in the assessment and transition plan is shared with all relevant parties. 12 months prior to release, inmates are transported to a "regional re-entry institution," at which they address a range of issues, including substance abuse treatment, housing, and clothing.

The Inmate Performance Recognition Award System (PRAS) rewards participation and successful completion of work assignments and education, treatment, and self-improvement programs. PRAS refrains from using disciplinary reports, preferring instead a motivational approach that emphasizes self-initiative in working towards the goals of personalized plans.

The Transition Project also partners with other agencies to provide unique programming. As part of the Transition Project, the Children of Incarcer-

ated Parents Project was created in February 2000 to address the needs of children with incarcerated parents. The program includes on-call child advocacy, family orientation, therapeutic visitation, a child-friendly prison system, and a transition process plan to ease the return home of the parent. The Children of Incarcerated Parents Project partners with the Oregon Social Learning Center in order to create an educational parenting program aimed at the needs of incarcerated parents and their children. The parenting program specifically targets the inmate population and includes an intensive 36-session course which covers topics such as child development and discipline. The program also emphasizes hands-on learning by holding supervised family visitation sessions with inmates and their children.

CONTACT INFORMATION

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transition_project/welcome.shtml](http://www.doc.state.or.us/transition_project/welcome.shtml)

AGENCY/ORGANIZATION

Oregon Department of Corrections and Department of Human Services

PROGRAM TITLE

Oregon Trail/Offender Debit Card

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

24: Identification and Benefits

OVERVIEW

The Oregon Department of Corrections and Department of Human Services have partnered to provide inmates with an Oregon Trail Card ("Offender Debit Card") upon release. The cards allow individuals to access money that they have earned while incarcerated, as well as cash or food stamps to which they are entitled.

DESCRIPTION

Through this pilot program, the Department of Human Services provides the Department of Corrections with Oregon Trail Cards to distribute to

prisoners upon release. The DOC issues one of these cards instead of a check for the balance of the money that an individual has earned during incarceration (stored in the individual's Inmate Trust Account).

Approximately 30 days prior to an inmate's release, the Department of Corrections' Central Trust Unit activates the debit card, assigns a Personal Identification Number to the card, and mails the card to the institute where the inmate is going to be released. A week prior to release, the Central Trust Unit transfers the balance of the inmate's trust account to the Offender Debit Card account.

Upon release, individuals can immediately withdraw money from any Automated Teller Machine or Point of Sale Machine that accepts the Oregon Trail Card. (Unlike with a check, use of the card does not require additional identification or an independent bank account.) When an individual uses his or her card, the money comes from a private company, E-funds, contracted by the Department of Human Services. E-funds act as a "pseudo-bank" and bills the Department of Human Services for that money. The Department of Human Services then passes on the bill to the Department of Corrections.

Oregon Trail Cards can also be used to access benefits from the Department of Human Services. Once an individual applies and is approved for such benefits, he or she can access those benefits using the same card.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Washington County Community Corrections

PROGRAM TITLE

Recovery Mentor Program

YEAR ESTABLISHED

2001

POLICY STATEMENT(S)

12: Substance Abuse Treatment

OVERVIEW

The Recovery Mentor Program provides substance abuse assessment and treatment, supervision plan design, and assistance to individuals transitioning from state and county institutions back into their home communities in Washington County, OR.

DESCRIPTION

To more effectively support the community supervision process for individuals with substance abuse disorders, Washington County Community Corrections contracts with staff members from a nonprofit agency who are proficient in treatment and relapse prevention issues. The program assigns recovery mentors to meet with all program participants on a near daily basis and clinical staff to provide substance abuse treatment and aftercare services as determined by the program participants' treatment plans. Both recovery mentors and clinical staff help program participants achieve their transition goals, which could include finding employment, housing, and physical and behavioral health services.

The relationship begins one month prior to release and continues for two months post-release. To be eligible for mentor services, an individual must have participated in substance abuse treatment while in custody. Corrections staff are encouraged to identify and refer potential applicants. Participants are expected to attend regular twelve-step and home-group meetings, and cooperate in their sponsor relationship. Emphasis is placed on establishing drug-free affordable housing, stable physical and mental health, as well as active employment or vocational training.

The recovery mentors (who are in recovery themselves) connect individuals with community support (e.g. accompany them to Alcoholics Anonymous and/or Narcotics Anonymous), assist individuals with finding clean and sober housing, and assist them with a variety of life skills (e.g., job search, public transportation, applying for public assistance).

Close coordination with community treatment providers and regular urinalysis help hold individuals under supervision accountable. An on-site counselor provides substance abuse assessments in the county jail to expedite treatment and develop and transition plan. Program graduates are encouraged to remain a part of this sobriety-oriented network, sharing their experience, strength, hope, and mentorship to others.

OUTCOME DATA

The program evaluation uses data supplied by the recovery mentors, the clinicians, and county justice agencies. Goal One is to ensure that persons referred to the program become successfully engaged in services and meet their community transition goals. Objective A under Goal One is that 90 percent of the persons referred to the program become actively engaged in services. To meet this objective program participants can miss no more than three clinical appointments in the first six months of service. Objective B under Goal Two is that program participants achieve 80 percent of their transition goals within six months of entering the program. An achieved transition goal is removed from a program participant's treatment plan, marked "resolved" in the progress notes, and supported by clinical documentation.

Goal Two is to reduce the recidivism rate of program participants. Objective A under Goal Two is that among persons completing the program with a positive discharge from care, the two-year recidivism rate based on state definitions (arrest

and conviction) is less than 10 percent—compared to the estimated 32 percent for Washington County. The performance measure for this objective is that at two years after program completion, less than 10 percent of the program completers have a new felony conviction.

Goal Three is to increase positive case closures when compared to county baseline data. Objective A under Goal Three is that 90 percent of program completers will have a positive case closure from their supervising authority—compared to the current average of 73 percent for Washington County. Positive case closure is defined as a release from supervision based on completion of sentencing and supervision requirements.

CONTACT INFORMATION

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Pennsylvania

AGENCY/ORGANIZATION

**Allegheny Department of Corrections,
Allegheny Department of Health and
Human Services, and Allegheny County
Health Department**

PROGRAM TITLE

Allegheny County Jail Collaborative

YEAR ESTABLISHED

1996

POLICY STATEMENT(S)

4: Funding a Re-Entry Initiative

OVERVIEW

The Allegheny County Jail Collaborative provides coordinated leadership and a single conduit for multiple county agencies and service providers to help inmates transition from incarceration to community.

DESCRIPTION

The Collaborative pools staff and resources from Allegheny Department of Corrections, Department of Health and Human Services, and County Health Department's subcontractor Correctional Health, to provide transition programming and services for inmates in the County Jail. Programs and services provided through the Collaborative include case management, drug and alcohol treatment, physical and mental health services, vocational, employment, and training support, parenting classes, anger management and other services.

The Collaborative utilizes a comprehensive approach that begins by screening each jail inmate to identify strengths and weaknesses and to develop an individualized service plan. The service plan addresses the inmate's treatment, education, and/or job training needs during incarceration.

Postrelease planning starts well in advance, and providers strive to achieve continuity in the delivery of care and programming. The re-entry component begins one to three months prior to the targeted release date and continues through the end of the individuals first month back in the community. The re-entry plan focuses on continuity of treatment and emphasizes long-standing criminogenic factors, such as substance abuse, mental illness, health, repeat offenders; housing; employment; family needs and services; and victim/community concerns, such as safety, restitution, and reparation.

Collaboration occurs on multiple levels. Directors of the coordinating agencies hold regular planning meetings. Additionally, 15 to 20 staff members from the three departments meet monthly. Similarly, community providers, interdepartmental work groups and committees, and Allegheny County's Probation/Parole, Mental Health Court, and Drug Court are convened monthly.

The Collaborative receives state support from the Pennsylvania Commission on Crime and Delinquency, the Department of Public Welfare, and the Department of Labor and Industry's Workforce Investment Act. The Pennsylvania Department of Education provides support for the GED Program, Adult Education Program, and Computer Literacy Program. Federal funding streams help to support drug treatment and Mental Health Court. Additionally, the Collaborative receives funding from several foundations for specified projects.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Office of Behavioral Health, Allegheny County Department of Human Services

PROGRAM TITLE

State Forensic Support Program

POLICY STATEMENT(S)

19: Housing

OVERVIEW

Through the State Forensic Support Program, the Office of Behavioral Health provides stipends to pay for housing for individuals with mental illness for the first three months after their release from prison, as part of their case management programming.

DESCRIPTION

Forensic services in the Allegheny County Department of Human Services' Office of Behavioral Health cover a spectrum of mental health assessments and short-term supports and services for persons with mental illness, both when in custody and after release from the county jail. The goal of all Forensic Services case management is to assist people to access appropriate housing, treatment and support services, and to transition successfully to a community. Participants referred to the State Forensic Support Program receive stipends to pay for housing for up to 90 days after their release from a corrections facility, even if they will live with family.

CONTACT INFORMATION

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Rhode Island

AGENCY/ORGANIZATION

Family Life Center

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

- 1: Encouraging Collaboration Among Key Stakeholders;
- 4: Funding a Re-Entry Initiative

OVERVIEW

The Family Life Center (FLC) helps formerly incarcerated individuals and their families by providing long-term holistic case management services starting prior to release from prison and extending up to 18 months thereafter.

DESCRIPTION

FLC is a nonprofit one-stop social service center whose purpose is to support and advocate for the reintegration of individuals released from prison into the community. The organization's goals are to stabilize individuals returning to the community so that they are less likely to recidivate, strengthen families to help offenders reintegrate and reconnect with their loved ones, and remove barriers to reintegration for participants.

FLC calls on local residents to serve as Community Living Consultants (CLC) to work with the participants and his/her family members to develop a transition plan before he/she is released from prison. The transition plan takes into account the services received while in prison and identifies services that will be needed upon release to the community. CLCs serve as immediate connections back to the community and assist individuals in accessing community-based resources by providing referrals to partner agencies (faith-based organizations, housing, employment, and substance abuse treatment agencies). The same CLC agent also meets with the client on the day he/she is released from prison and continues to work with him/her and the family members for up to 18 months after release.

In addition to supporting individuals and their families, FLC advocates on behalf of communities affected by crime and incarceration. Through data

analysis, policy research, and community education, FLC promotes policies that improve overall community safety by reducing recidivism, removing barriers to reintegration, and focusing on preventing crime.

OUTCOME DATA

The Family Life Center is currently serving about 85 clients. They plan to conduct an evaluation of the impact of its services on recidivism as well as other program-specific measures.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Family Life Center and the Rhode Island Department of Corrections

PROGRAM TITLE

Challenging Offenders to Maintain Positive Associations and Social Stability

YEAR ESTABLISHED

2004

POLICY STATEMENT(S)

- 29: Graduated Sanctions

OVERVIEW

The Challenging Offenders to Maintain Positive Associations and Social Stability (COMPASS) program seeks to improve the re-entry process for male and female serious-crime and violent inmates under the age of 35 transitioning to four Providence neighborhoods.

DESCRIPTION

The Department of Corrections (DOC) received a \$2 million grant to support the program through the US Department of Justice's Serious and Violent Offender Reentry Initiative (SVORI), which provides funding to departments of corrections

and state re-entry steering committees to provide institutional, transitional, and community-based support for individuals convicted of series and violent crimes, when returning to the community.

DOC partnered with the Family Life Center (FLC), a nonprofit one-stop social service center whose purpose is to support and advocate for the reintegration of individuals released from prison into Rhode Island communities. Other state agencies involved in the COMPASS program include the Departments of Youth and Families, Human Services, Labor and Training, and Mental Health, Retardation and Hospitals.

Funding is channeled to the different state agencies and the FLC to provide a variety of support services, including supervision in the community, case management workforce development, housing services, mental health and addiction treatment faith-based mentoring, and victim service programs.

A Re-Entry Steering Committee, chaired by the Director of DOC, oversees COMPASS. Senior representatives from each of the state agencies and the Executive Director of FLC serve on the Steering Committee. Duties of the committee include providing ongoing coordination at the executive level of all statewide re-entry initiatives, developing a policy direction, and resolving the policies and practices that impede successful reintegration.

CONTACT INFORMATION

COMPASS

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AGENCY/ORGANIZATION

Leadership Rhode Island and Rhode Island Department of Corrections

YEAR ESTABLISHED

1981

POLICY STATEMENT(S)

3: Incorporating Re-Entry into Organizations' Missions and Work Plans

OVERVIEW

The mission of Leadership Rhode Island is to provide established and emerging leaders in the community with knowledge and access to resources which will enable them to positively affect their Rhode Island communities.

DESCRIPTION

Leadership Rhode Island seeks to identify and nurture a community of informed, visionary, and action-oriented leaders from the various geographic, ethnic, occupational, and economic segments of the state. By providing programs and information on issues and problems of the region, and presenting the perspectives of centrally involved individuals and objective observers, Leadership Rhode Island seeks to develop a leadership base which is empowered with knowledge, commitment, skills and respect for diversity. Simultaneously, the initiative hopes to create networks of civic-minded community leaders to improve collaboration among Rhode Island institutions, including business, nonprofit, educational, and governmental entities.

Criminal justice is one of the core program areas in the 10-month series of on-site, experiential, and highly interactive sessions. Partnering with the Department of Corrections (DOC), Leadership Rhode Island brings neighborhood leaders into the state's correctional facilities to help overcome common prejudices and fears regarding prisoners and the impact they will have on the community after release. The tours also provide an opportunity for DOC to increase public knowledge of corrections operations.

By reaching out to leaders in business, human services, faith, housing, and education communities, DOC prompts key stakeholders to start thinking about how they might play a role in the re-entry process. Leadership Rhode Island provides an opportunity for DOC to develop pivotal relationships with viable community partners, and for these organizations to develop relationships with one another to serve men and women leaving prison and jail.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

The Miriam Hospital

PROGRAM TITLE

Project Bridge

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

10: Physical Health Care;**20:** Planning Continuity of Care

OVERVIEW

Project Bridge provides discharge planning to HIV-positive individuals as they are exiting the state prison system.

DESCRIPTION

The goal of Project Bridge is to ensure continuity of health care for individuals exiting prison who are HIV-positive through social stabilization. Eligible participants are contacted by a Project Bridge social worker while they are still incarcerated. The social worker explains the program, and the inmate is given an opportunity to participate.

Once Project Bridge is initiated, a social worker works individually with the program participant to conduct a needs assessment and develop a discharge plan. This begins approximately three months prior to the release date; after release, the social worker and an outreach worker provide participants with intensive case management services for a period of 18 months. Case management teams oversee client care in the prison, shelters, substance abuse treatment centers, private homes, and wherever else clients may be.

While Project Bridge maintains no formal partnerships, it does have informal partnerships with numerous community agencies, including the Rhode Island Department of Corrections. The program is grant-funded through the Special Populations of National Significance Division of the U.S. Department of Health Resources and Service Administration, and the Rhode Island Department of Health Ryan White Title II.

Since its inception Project Bridge has served 134 participants, 35 of them in the last year.

OUTCOME DATA

Of 134 Project Bridge participants, 83 percent have completed the entire 18 month program. 5 percent were lost to follow up, while 3 percent

have died. 3 percent of program participants have been re-sentenced. 90 percent of participants stay engaged in medical care after program completion. Prison costs for participants can be \$40,000 per year, while Project Bridge costs \$8,400 or less for the 18-month program.

In the most recent survey conducted by an evaluator from the Boston University School of Public Health, 90 percent of program participants were unemployed, 52 percent were in danger of homelessness, and all had incomes below \$10,000 per year. Seventy-eight percent have Hepatitis C, 20 percent have AIDS, and two-thirds have been infected with HIV for 10 years or more. Participants have kept an average of two appointments every two months. Participants average 19.5 encounters with social workers and 22 encounters with outreach staff every six months.

In 2002, Project Bridge received the Russell E. Brady Award for Innovative Services Delivery from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Rhode Island Department of Corrections

PROGRAM TITLE

Individualized Program Plan

POLICY STATEMENT(S)

9: Development of Programming Plan

OVERVIEW

Transitional Services staff of the Rhode Island Department of Corrections (RIDOC) assigns a case manager to each inmate, who is the head of the team administering a holistic programming plan called an "Individualized Program Plan."

DESCRIPTION

Case managers oversee the development of inmates' individual program plans, which in turn guide the activities of that inmate during incar-

ceration and leading up to release. Case managers frequently are assigned to specialized caseloads, focusing (for example) on only one of the following special areas: individuals with serious mental illnesses; individuals who have been living in a therapeutic drug community; individuals who have HIV or other infectious diseases; individuals who are high-risk; and individuals from a particular neighborhood. Further, many of the treatment providers who work with people in prison are community-based, so people who need further services in the community can continue to work with the same providers after their release.

CONTACT INFORMATION

Transitional Services
Rhode Island Department of Corrections
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AGENCY/ORGANIZATION**Rhode Island Department of Corrections****PROGRAM TITLE*****Women's Mentorship Program*****POLICY STATEMENT(S)**

4: Funding a Re-Entry Initiative

OVERVIEW

The Rhode Island Department of Corrections (DOC) coordinates with volunteers to mentor women inmates within three to six months of release and for up to eight months after release.

DESCRIPTION

Mentoring is structured to supplement rehabilitation programming by allowing female inmates to work with someone who they can learn to trust and who will serve as a role model for healthy, pro-social behaviors. Mentors serve as a prototype for healthy, trusting relationships for inmates, many of whom have history of broken relationships, substance abuse, and/or mental illness. Mentors can

enter the facility outside of normal visiting hours, which ensures that their visits do not conflict with official business.

DOC recruits volunteers in a variety of ways—placing ads in newspapers, distributing information at job and volunteer fairs, speaking in churches, and hosting open houses for people recovering from addiction. Recruitment efforts are concentrated on college students, state employees, and corporate employees. Potential mentors are carefully screened. DOC requires applicants to complete an application, interview and provide references, and DOC staff observes applicants during the training period. Most potential volunteers enter the facility for the interview (others have phone interviews), during which time DOC staff are instructed to speak openly about their experiences to ensure that volunteers anticipate their experience accurately. Mentors are expected to make a year to 18-month commitment—usually three to four months prerelease and eight months postrelease.

One-on-one mentoring sessions occur once a week for about an hour. Mentors meet with inmates in a common area, cubicles, or private rooms. DOC staff holds monthly mentor meetings, which are run by a volunteer social worker, for the 30 to 40 volunteers involved at a time.

DOC recommends that mentors touch base with the individual they are mentoring every day for first week after release, gradually decreasing contact to once a week for a couple of months. In this process, mentors seek to connect individuals to other positive forces in the community.

CONTACT INFORMATION

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Tennessee

AGENCY/ORGANIZATION

Knoxville Public Safety Collaborative

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

25: Design of Supervision Strategy;

31: Housing Systems

OVERVIEW

The Public Safety Collaborative is a joint project of the Knoxville Police Department and the Tennessee Board of Probation and Parolees, to more effectively deal with individuals returning to the community from prison. The Collaborative enhances coordination capabilities between the two agencies, as well as with human service providers in the area.

DESCRIPTION

The Public Safety Collaborative strives to provide comprehensive services from a variety of agencies and partners. The Collaborative is premised on the idea that connections to mental health, alcohol, and drug treatment services, as well as vocational and education services, can greatly increase the probability that individuals released from prisons will remain in the community and out of prison. Case managers work closely with probation or parole officers to ensure that these individuals' needs are being met. In order to maintain collaborative efforts, community correctional officers,

social service providers and police from over 26 agencies work together in formulating case management plans for individuals who are at risk of re-offending in Knoxville. Information is shared between agencies to observe the progress of these individuals, and joint site visits are also conducted. A comprehensive case plan is developed for an individual with the help of other agencies right before the individual is released in order to make sure that he or she receives the necessary services.

OUTCOME DATA

The Collaborative conducted an evaluation covering a 30-month period (starting in 1998) comparing data for individuals released before and after the inception of the Knoxville Public Safety Collaborative. In this evaluation, the Collaborative found that individuals who participated in the program were re-incarcerated 38 percent less often than individuals released before the program was implemented. Additionally, nearly 45 percent fewer program participants were re-incarcerated within two years of release, compared to a population who did not participate in the program.

CONTACT INFORMATION

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Texas

AGENCY/ORGANIZATION

Texas Board of Pardons and Paroles

PROGRAM TITLE

Parole Guidelines Score; Offender Information Management System

YEAR ESTABLISHED

2001

POLICY STATEMENT(S)

17: Advising the Releasing Authority

OVERVIEW

The Texas Board of Pardons and Paroles uses a Parole Guidelines Score calculated by Institutional Parole Officers, and transmitted electronically to parole board members using the electronic Offender Information Management System, to rate the risk presented by an individual in release decisionmaking.

DESCRIPTION

Institutional Parole Officers (IPOs) calculate and present the Parole Guidelines Score to parole

board members to supplement individual assessment in making parole decisions. The Parole Guidelines Score provides Board members objective criteria, which makes discretionary parole decision-making more explicit and predictable to the public, the legislature, corrections officers, and those up for parole.

The Parole Guidelines Score merges data from the assessment of an inmate's risk level and the offense severity rating. The Risk Assessment instrument weighs both static and dynamic factors associated with the inmate's risk of recidivating. The Offense Severity Class is based a predetermined rating (conducted by Board members) of the 1,931 felony offenses in the Penal Code. Severity classes include low, moderate, high, and highest. An inmate's most serious active offense is assigned a rating.

After both factors have been considered, the two components are then merged in the Parole Guidelines Score matrix; scores range from "one" for an individual with the poorest probability for success, to "seven" for an individual with the greatest probability for success. Each composite score includes a probable parole approval rate. For example, individuals in the highest risk and highest severity category are scored as "one" and the approval probability for this level is zero to five percent.

Institutional Parole Officers compute a Parole Guidelines Score (which combines assessed risk and severity classification factors) online and document the results in a Decision Summary Form, which is transmitted electronically to members of the Board of Pardons and Paroles along with each inmate's case file. Board members then vote electronically to grant or deny parole.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

**Texas Board of Pardons and Parole and
Texas Council on Mentally Ill Offenders**

PROGRAM TITLE

***Medically Recommended Intensive
Supervision Program***

YEAR ESTABLISHED

1989

POLICY STATEMENT(S)

27: Maintaining of Continuity of Care

OVERVIEW

The Medically Recommended Intensive Supervision (MRIS) Program addresses inmates with mental illness applying for parole. It is a collaborative effort among the Texas Board of Pardons and Parole, the Texas Council on Offenders with Mental Impairments (TCOMI), correctional managed health care providers, and the Texas Department of Criminal Justice, Parole Division.

DESCRIPTION

The Medically Recommended Intensive Supervision Program was formerly known as the Special Needs Program, and was renamed in November 2001. TCOMI staff, in conjunction with Correctional Managed Health Care, identifies inmates who may be eligible for this program. Potential participants go before a three-member MRIS Parole Board panel, which determines whether the inmates should be considered for MRIS and, if so, what the conditions of release will be. TCOMI provides background information for this hearing, including the individual's treatment history while incarcerated; panel decisions are made by majority vote. TCOMI reports back to the parole board at least once per quarter on the status of the participant's progress. On the basis of these reports the MRIS panel can modify the conditions of release.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Texas Conference of Urban Counties

PROGRAM TITLE

Common Integrated Justice System Project

YEAR ESTABLISHED

2003

POLICY STATEMENT(S)

**5: Promoting Systems Integration and
Coordination**



OVERVIEW

The Texas Conference of Urban Counties (CUC) is developing a Common Integrated Justice System Project across 13 participating urban counties.

DESCRIPTION

Representing the collected interests of 37 Texas urban counties with populations exceeding 100,000 each (comprising over 80 percent of the state's population) with statewide agencies and the legislature, CUC supports and coordinates communication among member counties, studies policies and programs of the state of Texas that affect urban counties, advocates county issues at the state level, and provides training and education programs appropriate for urban county officials.

CUC is undertaking an initiative to integrate counties' justice information systems with 13 participant counties. Integration occurs at two levels: a comprehensive intra-jurisdiction system that serves the needs of all justice-related and law enforcement agencies within a county; and an inter-jurisdiction system with the ability to integrate a county's justice information with government agencies at other jurisdiction levels, including other local, state, and federal agencies. By the single entry of data in a county's justice information system, the information will be made available to all county agencies, as well as to cities, other counties, states, and the federal government.

CUC's goals are to provide significant financial savings for participating counties by reducing costs of justice administration through improved process efficiencies gained from having an integrated, real-time system; and to improve justice decisionmaking by making comprehensive, accurate, and up-to-date information readily available. To accomplish these objectives, CUC is designing a web-based data architecture that is scaleable, flexible, and fully-integrated; the system will be browser-based (but secure). All civil and criminal justice activities will be recorded, including those documented by law enforcement, courts, corrections, probation/parole, and child support systems.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Texas Department of Criminal Justice's Division of Parole

PROGRAM TITLE

Super-Intensive Supervision Program

YEAR ESTABLISHED

1997

POLICY STATEMENT(S)

26: Implementation of Supervision Strategy

OVERVIEW

The Super-Intensive Supervision Program (SISP) is the highest level of supervision and offender accountability provided by Texas Department of Criminal Justice's Division of Parole for individuals on parole or mandatory supervision.

DESCRIPTION

SISP was created to provide the level of supervision and monitoring for potentially dangerous individuals that best protects public safety. Before an individual is released to supervision, a panel of Board of Pardons and Paroles members determine whether the individual should be placed in SISP. Any individual serving a sentence on a current or past conviction for an offense involving an act of violence is referred to this panel. Individuals who were convicted of a sex offense are also referred to SISP.

SISP parole officers receive extensive training and have reduced caseloads of 14 parolees. Officers respond to all violations and request parole violation warrants 24 hours a day, seven days a week. Officers are required to complete 15 total contacts each month, including six face-to-face, six drive-by, and one home verification.

All SISP participants are supervised on electronic monitoring and are required to comply with 24-hour daily schedules, which must be pre-approved in writing by their Parole Officer. The Parole Division uses Global Position Satellites (GPS) to perform electronic monitoring of high-profile cases. Electronic monitoring allows a parole officer to electronically detect curfew and home-confinement violations.

Individuals remain in the program for the duration of their term of supervision or until removed by the Board of Pardons and Paroles. Technical violations committed by individuals supervised on SISP are not subject to the Division's



policy regarding the enforcement of graduated sanctions.

This year, 867 SISIP participants were released to supervision in Texas and 52 to detainees or out-of-state. At year's end, 1,175 SISIP participants were on electronic monitoring and 21 on GPS monitoring.

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AGENCY/ORGANIZATION

Texas Department of Criminal Justice and Texas Tech University Health Sciences Center

PROGRAM TITLE

Telepsychiatry

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

11: Mental Health Care

OVERVIEW

The Texas Technical University Health Sciences Center (TTUHSC) provides medical care in the western portion of Texas to inmates under the supervision of the Texas Department of Criminal Justice (TDCJ). In 1994, TTUHSC began using telemedicine to deliver health services, including mental health services, to adult inmates and juveniles in several facilities.

DESCRIPTION

TDCJ has contracted with TTUHSC to provide health services to 26 adult institutions with approximately 33,000 inmates. TTUHSC conducts nearly 2,000 telemedicine consultations a year for inmates via closed circuit, interactive video technology. Researchers are currently developing a newer computer-based desktop system.

The use of telemedicine in appropriate circumstances has helped to save significant transportation expenses. Prior to its implementation, most inmates needing specialized medical care were transported from the prison to a specialist,

hospital, or other facility, at the cost of \$200 to \$1,000 a trip.

Previously, TTUHSC had provided telepsychiatry and telepsychology to inmates on a limited basis. A recent telepsychiatry initiative, however, has more than doubled the number of telepsychiatry consultations that TTUHSC conducts. Approximately one-third of all telemedicine consultations are in telepsychiatry and telepsychology. TTUHSC telemedicine program has been recognized nationally as a leader in the field.

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AGENCY/ORGANIZATION

Texas Department of Mental Health and Mental Retardation

PROGRAM TITLE

Texas Medication Algorithm Project

YEAR ESTABLISHED

1996

POLICY STATEMENT(S)

11: Mental Health Treatment

OVERVIEW

The Texas Medication Algorithm Project (TMAP) is a collaborative effort between Texas Department of Mental Health and Mental Retardation (TDMHMR) and universities to improve the quality of care, and achieve the best possible patient outcome by establishing a treatment philosophy for medication management. TMAP developed and instituted a set of algorithms (or guidelines) to illustrate the order and method in which to use various psychotropic medications.

DESCRIPTION

The underlying principle of TMAP is that optimizing patient outcomes translates into the most efficient use of resources. TMAP is intended to develop and continuously update treatment algorithms, and to train staff from multiple agencies to utilize these methods to minimize emotional, physical, and financial burdens of mental disorders for clients, families, and health care systems.

TMAP was developed over the following four phases:

Phase One: Through the use of scientific evidence and the development of consensus among experts, TMAP developed guidelines, resulting in the establishment of algorithms for the use of various psychotropic medications for three major psychiatric disorders: schizophrenia, major depressive disorder, and bipolar disorder.

Phase Two: In this phase a feasibility trial of the project was conducted and the suitability, applicability, and costs of the algorithms were evaluated.

Phase Three: The third phase was a comparison of the clinical outcomes and economic costs of using these medication guidelines versus traditional treatment/medication methods.

Phase Four: The fourth phase, known as Texas Implementation of Medication Algorithms (TIMA), is the implementation of TMAP through-out clinics and hospitals of the TDMHMR.

Collaboration for this project includes public sector and academic partners, parent and family representatives, and mental health advocacy groups. Graphic presentations of algorithms and explanatory physicians' manuals are available on the TMAP Website.

TMAP was the first program in the nation aimed at establishing and implementing medication guidelines for treating psychiatric illness in the public sector. The effort is intended to lead to substantial improvements in quality of care and clinical outcomes, along with cost predictability for patients.

The research was supported by the National Institute of Mental Health, the Robert Wood Johnson Foundation, the Meadows Foundation, the Lightner-Sams Foundation, the Nanny Hogan Boyd Charitable Trust, TDMHMR, the Center for Mental Health Services, the Department of Veterans Affairs, the Health Services Research and Development Research Career Scientist Award, the United States Pharmacopoeia Convention Inc., and Mental Health Connections.

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AGENCY/ORGANIZATION

Texas Workforce Commission

PROGRAM TITLE

Project Reintegrating Offenders (RIO)

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

15: Education and Vocational Training

OVERVIEW

Project Reintegrating Offenders (RIO) is administered by the Texas Workforce Commission (TWC) in collaboration with the Texas Department of Criminal Justice (TDCJ), the Windham School District and the Texas Youth Commission (TYC). The goal of the project is to provide a link between education, training, and employment services during incarceration and after release.

DESCRIPTION

Services are offered to individuals pre- and post-release. An individualized treatment plan is developed to identify a career path for the participant and to guide placement decisions. Prior to release, a comprehensive evaluation is conducted to assess the needs of the individual and assist in the selection and placement in Windham, secondary education, TDCJ, and TYC programs. The evaluation process is a multi-step approach that includes information gathering, goal setting, program placement, and participant self-assessment.

Project RIO staff encourages participants to take advantage of educational and vocational services, and assists participants in obtaining documents necessary for employment. Unit or facility staff also provides placement services to give participants practical work experience in their areas of training.

After release, TWC Project RIO staff provides participants with individualized workforce development services, including job preparation and job search assistance. Project RIO participants attend structured job search workshops that focus on basic skills such as completing a work application, preparing a resume, and performing a mock interview.

Project RIO staff ensures that potential employers are aware of and take advantage of special incentives for hiring releasees by certifying prospective employees for the Work Opportunity Tax Credit program, which provides a tax incentive to



employers for hiring economically disadvantaged participants.

OUTCOME DATA

Nearly 12,000 individuals were served from October 2001 to October 2002. Of those over 1,300 were placed. A study conducted by Texas A&M University in 1997 demonstrated that the program saved the state more than \$10 million in potential reincarceration costs.

CONTACT INFORMATION

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Utah

AGENCY/ORGANIZATION

Utah Department of Corrections

PROGRAM TITLE

Community Review Boards

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

29: Graduated Responses

OVERVIEW

Community Review Boards are part of the Utah Department of Corrections' Re-entry Initiative. Each board is comprised of a group of citizens who, in conjunction with professional probation and parole staff, review technical violations of supervision conditions and recommend appropriate sanctions for violators.

DESCRIPTION

Community Review Boards provide communities with the opportunity to confront parole violators regarding their behavior and to recommend consequences. Board members, recruited by a Board Coordinator, are volunteers receiving no monetary compensation. Board members may be service providers or contractors with the Department of Corrections, or they may be community members with no direct affiliation with the criminal justice system, such as educators, business people, and religious officials.

Utah has at least one board in each of its seven districts. The oldest boards have been in existence for four years; other boards have been established within the past two years. Each board

meets a minimum of two times a month. In rural and resort areas, the boards review technical violations committed by both violent and nonviolent individuals (about 20 to 30 cases a meeting). Boards in urban areas review violations committed by non-violent individuals only (about 7 to 14 per meeting).

A probation or parole staff person attends board meetings to present each case. The individual under community supervision is then brought in to address the board about the violation. The Community Review Boards aim to understand the larger circumstances surrounding a violation and to make recommendations that incorporate graduated responses to that violation, such as substance abuse counseling or electronic monitoring. Reincarceration is considered a last resort.

Recommendations made by the boards go back to the supervising agent of the individual under community supervision, who forwards the recommendation to the Board of Probation and Parole or the court of jurisdiction. Fulfillment of the recommendation is monitored by both the supervising agent and the review board, which can request that the individual under supervision periodically appear before the board to report his or her progress. The supervising agent is also obligated to ensure that the individual is following through on the recommendations.

CONTACT INFORMATION

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Vermont

AGENCY/ORGANIZATION

Vermont Department of Corrections

PROGRAM TITLE

Reparative Probation Boards

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

14: Behavior and Attitudes

OVERVIEW

The central theme of the Reparative Probation Boards program is for an individual to come face-to-face with his or her victims and members of the community, to negotiate ways to make reparations to them.

DESCRIPTION

Reparative Probation Boards, consisting of community members nominated by community leaders and appointed by the Commissioner of Corrections, oversees community-based sentences for low-risk individuals. Although this program is essentially used for diversionary purposes, its format provides an interesting way to incorporate the victim perspective into attitude programming.

Each board designs appropriate sanctions that may include victim restitution, community service, mediation, cognitive skills development sessions, victim empathy programs, and decision-making programs. If successfully completed, the Board is authorized to terminate probation; non-compliance can result in return to the court system. The Board ensures that the individual makes restitution if ordered by the court, participates in mediation if requested by the victim, makes amends to the community through community service work, learns about the impact of crime on victims and the community by participating in a Victim Empathy Panel, and learns ways to avoid problems in the future by completing short educational programs designed to give them knowledge, skills, and techniques.

In addition to its role as a sanctioning mechanism, Reparative Probation Boards bring together the individual, victim, family members, witnesses, and whoever feels they've been impacted by the

crime, to discuss the crime and design a reparative contract. In a typical reparative contract, someone charged with vandalism might agree to write an apology and pay for the damaged property. Contracts can include pledges to return to school, get and keep a job (the community members at the meeting pledge to help with the job hunt), pay child support, do community service, or perform services directly for the victim. Volunteers reach out to victims to encourage their participation in the process. If a victim declines to participate, a volunteer surrogate speaks on the victim's behalf and requests reparative sanctions.

Vermont's approach takes into consideration the three-pronged approach of restorative justice: accountability, competency development, and safety and involvement of both the victims and the public.

OUTCOME DATA

According to the Department of Corrections, almost 85 percent of the individuals who go before reparative probation boards fulfill their contracts.

CONTACT INFORMATION

Vermont Department of Corrections

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AGENCY/ORGANIZATION

Vermont Department of Corrections

PROGRAM TITLE

Vermont Restorative Re-Entry Partnerships

POLICY STATEMENT(S)

17: Advising the Releasing Authority

OVERVIEW

The Vermont Restorative Re-Entry Partnership is built around the premise that in order to prevent recidivism and maintain public safety, re-entry planning should begin immediately upon entry into incarceration, and that the community should play a role in the re-entry and reintegration process.

DESCRIPTION

At the start of their sentence, inmates undergo a comprehensive assessment that will determine their enrollment in specific in-prison programs. Inmates are also required to participate in an educational curriculum focusing on restorative justice principles and instructions on how to develop an Offender Responsibility Plan (ORP). The ORP shifts the case planning emphasis from the individual's deficits, focusing more on incorporating the needs of victims and the expectations of the communities, while simultaneously encouraging and supporting the individual's success. The ORP serves as a basis for community re-entry and reflects activities that the individual being released will be involved in both while incarcerated and under community supervision.

In some jurisdictions, community and victim involvement is facilitated through re-entry panels, comprising of citizens from the community to which the individual is returning. Panel members are selected through Community Justice Centers or Court and Reparative Services Units. All members go through Department of Corrections (DOC) volunteer training/certification. The re-entry panel monitors the progress of the inmate throughout his/her period of incarceration, receiving DOC reports on issues and treatment progress and meeting with the inmates via video conferencing.

Prior to re-entry, the individual videoconferences with the citizen panel to explain what s/he has learned and accomplished while incarcerated and to further explain the specifics of his/her release plan. The panel will have opportunities throughout this process to provide input and recommendations to the individual and DOC staff. Upon release, the individual will meet face to face with the re-entry panel, and continue to meet throughout the supervision period. Re-entry Panels may sanction negative behavior related to the ORP. In addition, supervision officers may bring individuals before the Panel to acknowledge successful compliance with the terms and conditions of release.

Victims are contacted at the onset of this process to allow them the option for involvement.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

**Vermont Department of Health Division
of Mental Health and Office of Alcohol
and Drug Abuse Programs; Vermont
Department of Corrections**

PROGRAM TITLE

Co-Occurring Disorders Initiative

POLICY STATEMENT(S)

11: Mental Health Care

OVERVIEW

The Co-Occurring Disorders Initiative provides mental health, substance abuse, treatment and rehabilitation options for people with co-occurring disorders involved with the criminal justice system.

DESCRIPTION

The Vermont Department of Health Division of Mental Health, Office of Alcohol and Drug Abuse Programs, and the Vermont Department of Corrections have collaborated in an effort to coordinate programming more effectively for individuals with co-occurring disorders; the program promotes public safety and public health by providing comprehensive substance abuse and mental health treatment to the individuals in the criminal justice population. The program includes individualized substance abuse treatment, a phase-oriented motivational enhancement approach, stage-wise groups, and teams that are composed solely of clients with co-occurring disorders who are involved in the criminal justice system.

CONTACT INFORMATION

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Virginia

AGENCY/ORGANIZATION

Virginia Department of Correctional Education; Virginia Commonwealth University

PROGRAM TITLE

INTUIT

YEAR ESTABLISHED

2001

POLICY STATEMENT(S)

15: Educational and Vocational Training

OVERVIEW

INTUIT is a 13-week career- and life-planning intervention specifically designed to meet the needs of Virginia inmates.

DESCRIPTION

INTUIT is an enhanced version of what was originally called Project PROVE, a joint endeavor between staff of Virginia Commonwealth University and the Virginia Department of Correctional Education (DCE), which provides funding for the program. INTUIT is intended to complement and augment the brief attention given to work-related concerns during the “Productive Citizenship” component of DCE programming. The program is currently implemented in the Richmond Women’s Detention Center and supervised by a licensed psychologist, whose specialty area is career development and decision-making.

INTUIT encourages participants to focus on the skills behind career planning and development. Participants conduct assessments of themselves, their life situations, and their environment through reflective writing assignments and other exercises. Over the course of the program, participants learn to obtain accurate and current career information, communicate interests, skills, experiences, and values to employers, and interact with successful role models, potential employers, and community service providers. Among the program’s features are presentations by Community Panels, made up of employers and successful program graduates, and an 11-week simulation exercise, which follows the progress of a fictitious participant who makes life- and career-related decisions.

INTUIT is offered twice a year, in the fall and spring. Each session includes approximately 20 to 25 students, who are typically within weeks or months (and no more than a year) of anticipated release or transfer to a diversion facility.

Assessment tools are taken from those commonly used in career development services and are largely non-commercial and free, with the exception of Self-Directed Search and NEO Five Factor Inventory.

OUTCOME DATA

Standardized testing administered before and after participation in the INTUIT program showed that individuals who completed the program were more likely to engage in sound and rational decision-making than a control group that began with similar scores. INTUIT participants also showed a decrease in the tendency to shift responsibility for decision-making to others and increased confidence in their abilities to make career-related plans.

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AGENCY/ORGANIZATION

Virginia Department of Corrections

PROGRAM TITLE

Jail Transition Program

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

22: Workforce Development and the Transition Plan;
25: Development of a Supervision Strategy

OVERVIEW

The Virginia Department of Corrections pre-releases state inmates to county jails for transition programming and work release.

DESCRIPTION

In April 2002, the Department of Corrections initiated the Jail Transition Program, a pilot program to provide re-entry transition services to inmates through a partnership with a local jail. The DOC employs a Transition Specialist who works out of each jail and reports to the Division of Probation and Parole. The program currently operates in five jails, and will expand further contingent on additional funding from the legislature.

The Jail Transition Program includes three phases: pre-release, work release, and community release programming. Individuals serving sentences for murder, rape, or robbery are not eligible for the work-release component (phase two) of the program.

During phase one of the program, which lasts for a period of 45 days, participants attend daily workshops such as Life Skills, Cognitive Thinking, Employability, Conflict Resolution, Substance Abuse, Anger Management and Domestic Violence, for a total of 35 hours per week. DOC staff conducts the majority of the programming for these workshops. As needed, outside resources such as the local Virginia Employment Commission, Social Services, Community Service Boards, Pre-Release and Post Incarceration Services (PA-PIS) providers, Mental Health and other community agencies provide on-site resource information and assistance.

During phase two, eligible individuals participate in a 45-day work release program. During this phase, the individuals also participate in weekly programming. While the state does not pay the counties a per diem cost for inmates on work-release who are housed at local jails, the state pays for 90 percent of the operational costs of local jails, and makes provision for sufficient staff to be available to carry out the additional responsibilities associated with the individuals on work release.

Phase three of the program encompasses the transition of participants back into the community. Participants are required to attend twice-weekly programming conducted by Probation and Parole staff or partner agencies.

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AGENCY/ORGANIZATION

Virginia Department of Criminal Justice Services

PROGRAM TITLE

Integrated Justice Program

YEAR ESTABLISHED

2002

POLICY STATEMENT(S)

5: Promoting Systems Integration and Coordination

OVERVIEW

The primary objective of the Integrated Justice Program is to improve criminal justice processing and decision-making through eliminating duplicate data entry, increasing access to information that is not otherwise available, and timely sharing of critical data.

DESCRIPTION

Virginia's Integrated Justice Program (IJP)—an initiative of the Secretary of Public Safety and the Virginia Department of Criminal Justice Services (DCJS)—is a response to the growing need to obtain greater efficiencies in the criminal justice system through improved interagency cooperation and information sharing. IJP was initiated in response to DCJS's observation that many criminal justice workers are forced to perform their missions and make decisions without benefit of all potentially useful information, and that agencies often independently capture the same information.

The program is managed by DCJS, with guidance and assistance from several interagency committees and workgroups. IJP employs a variety of means to achieve integration, including program management, policy analysis, standards development, data quality improvement, and system engineering. The program has adopted a phased approach through a series of projects geared toward improving integration and reducing redundancies and potential for errors and inconsistencies.

Thus far IJP has undertaken several initiatives: The Charge Standardization Project (CSP) is implementing a unique charge identifier known as an Offense Tracking Number (OTN), a uniform statute table (UST), and common data standards. The Supreme Court's Magistrate System was identified as the best place to begin addressing these issues. Other IJP projects underway include documenting the functional data flows of criminal justice data in Virginia and evaluating alternatives for implementing a networking infrastructure to support these data flows. This evaluation will

include a determination of the role the Virginia Criminal Information Network (VCIN) should play in a statewide criminal justice networking infrastructure.

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Washington

AGENCY/ORGANIZATION

McNeil Island Corrections Center

PROGRAM TITLE

Family and Fatherhood Program

POLICY STATEMENT(S)

13: Children and Families

OVERVIEW

The Family and Fatherhood Program for men incarcerated at McNeil Island Corrections Center (MICC) promotes positive family relationships and helps incarcerated fathers learn skills enabling their role as active and involved fathers.

DESCRIPTION

The Family and Fatherhood Program is an umbrella term for a number of educational programs for incarcerated men and their families. "Family Dynamics," a program that deals with family relationships and responsibilities, encourages participants to look back at their roots and childhood to learn how to deal with family members in a positive manner. A violence-prevention element is also included in this program to help participants learn to utilize other techniques and skills in dealing with stressful situations. The curriculum currently being used is "Strengthening Multi-Ethnic Families and Communities: A Violence Prevention Parent Training Program."

In addition to its educational programming, MICC offers a wide variety of opportunities for inmates to spend time with family members, including the Extended Family Visit (EFV). The EFV is a visit between an inmate and his or her immediate family member(s) that occurs in a private housing unit. The visit can last up to 48 hours, with a maximum of one EFV every 30 days.

The Family and Fatherhood Program was developed with the input of the MICC Community Advisory Council, a committee comprising of representatives from local community governments, faith-based groups, local and national organizations, business leaders, and interested citizens. The council advises MICC on family and fathering issues, and looks for ways to partner with the community to provide services that will benefit incarcerated fathers and their families.

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AGENCY/ORGANIZATION

Pacific Mountain Workforce

PROGRAM TITLE

Welfare to Work Non-custodial Parent Program

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

22: Workforce Development and the Transition Plan

OVERVIEW

The Pacific Mountain Workforce Welfare to Work Non-custodial Parent Program provided a range of supportive services to address barriers and promote stabilization of individuals re-entering the community after incarceration.

DESCRIPTION

Program participants receive a range of employment support services which are provided in the jail, in work-release facilities and in the community. During incarceration, individuals are interviewed and assessed for eligibility. Those enrolled receive pre-employment training including a job search portfolio, interest inventories, and the development of career goals. The program is structured with strict guidelines and non-participation results in sanctions on supportive services.

Employment support services include employment readiness training, on-the-job training, job retention training, wage progression and career advancement counseling, and guidance and payment assistance for educational programs. Other employment-related provisions include monthly bus passes, driver's license renewal fees, auto repair and initial auto insurance, rental assistance, tools, food, and clothing.

The program pays for assessment fees and treatment until the participant stabilizes and can assume these costs. Court advocacy has also been offered to participants in need of this service in a program piloted by the Defender's Assistance Program (DAP) of the Tacoma/Pierce County Employment and Training Consortium in cooperation with the Tacoma Municipal Court and the Department of Corrections.

After release, Pacific Mountain facilitates participant engagement with neighborhood groups and mental health and substance abuse treatment transitional facilities. The program partners with

the Division of Child Support to help participants modify excessive support orders and decreasing payroll deductions. Additionally, Pacific Mountain partners with the WorkSource One-Stop facility, which provides pre-employment workshops and links to programs addressing barriers to re-entry employment. Pacific Mountain also seeks to engage businesses willing to hire participants; partner businesses are in customer services, construction, manufacturing, custodial work, transportation, mechanics, machine and equipment operation, food service, clerical, retail, and management services.

OUTCOME DATA

An evaluation was conducted in 2002 by the Tacoma/Pierce County Employment and Training Consortium. The program served 122 participants in one year, with 89 participants entering unsubsidized employment by September 2002. The program met or exceeded targets for numbers of people participating in recovery, earning an ABE/Basic Skills/GED certificate, earning a 15 percent wage increase and retaining employment for six months, and increasing child support payments. The Division of Child Support collected \$149,057.95 from participants between enrollment in 2000 and September 30, 2002. The program dropped 30 participants for refusing to meet program obligations.

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AGENCY/ORGANIZATION

Pioneer Human Services; Washington Department of Corrections

PROGRAM TITLE

Chance for Change

YEAR ESTABLISHED

1962

POLICY STATEMENT(S)

22: Workforce Development and Transition Plan;
25: Development of Supervision Strategy

OVERVIEW

Pioneer Human Services (PHS) is an entrepreneurial nonprofit organization that improves the lives of its clients through employment training, job placement, social services, and housing. PHS is recognized as a model example of a private, nonprofit social enterprise organization that successfully integrates self-supporting businesses with an array of training, rehabilitative services and housing. Since 1962, PHS has offered a “Chance for Change” to high-risk populations, including adults and juveniles who have been involved with the criminal justice system and individuals with substance abuse problems.

DESCRIPTION

The Washington Department of Corrections places individuals who are residents of Seattle (nearly one-third of the incarcerated population) and eligible for a work-release program in one of the six facilities it contracts with Pioneer Human Services, a nonprofit social enterprise organization. PHS integrates self-supporting businesses with an array of training, rehabilitative services and housing. Its fundamental mission is to improve the lives of its clients through job creation, service provision and housing. Its employment and training model is a job creation approach, rather than a typical short-term training program. In this model the program provides a wide range of services, including job training in aerospace manufacturing, food services, construction, and other areas.

One of the keys to the success of PHS has been the integration of basic services that individuals formerly in prison or jail need to succeed, (i.e., a job that pays a livable wage, effective counseling, and affordable shelter). To that end, the program provides 700 units of low-income housing as well as job training services. Individuals are allowed to remain in their positions after their job training is over, as long as they and PHS are satisfied with their work.

PHS is the largest local program serving individuals released from prison in the country. Initially, it relied heavily in the beginning on support from the Boeing Company, which was instrumental in helping grow the organization’s manufacturing capabilities. Today, nearly PHS’s entire \$55 million annual operating budget is raised from earned income from the sale of goods and services, rather than grants, special events, contributions, or any other funding mechanism upon which nonprofits traditionally rely.

OUTCOME DATA

During a review by the Ford and Casey Foundation in 2000, researchers found that two years after leaving work release, 6.4 percent of Pioneer trainees recidivated, compared to 15.4 percent of other work-release clients, and the general return rate of 22 percent for the remainder of the prison population in Washington State.

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AGENCY/ORGANIZATION

**Redmond Police Department;
Washington Department of Corrections**

PROGRAM TITLE

Supervision, Management, and Recidivist Tracking (SMART) Partnership

YEAR ESTABLISHED

1992

POLICY STATEMENT(S)

26: Implementation of Supervision Strategy

OVERVIEW

The Redmond, Washington, Police Department and the Washington State Department of Corrections (DOC) work collaboratively to increase the supervision and accountability of offenders who reside in or visit Redmond.

DESCRIPTION

The Supervision, Management, and Recidivist Tracking (SMART) Partnership consists of three separate but complementary components. The first component entails Redmond Police Officers monitoring high-risk individuals under community supervision who live or work in their patrol area. Officers are also responsible for developing working relationships with the community corrections officer (CCO) who supervises each individual. Officers conduct random house visits twice a month, primarily during nighttime hours. Direct monitoring during these hours is intended to discourage individuals under community supervision from violating their curfew or other conditions. Officers document the visit and forward the information to the individual’s CCO.

The second component of the program entails officers documenting “other” contacts that occur with supervised individuals. These contacts include, among other things, traffic stops, police investigations, and suspicious person contacts. In Washington, these types of contacts number in the thousands every year. When officers perform electronic name searches in the state of Washington to verify individuals’ identities and to check for warrants, the system also informs the officer whether the subject is under DOC supervision. Until SMART, these contacts had never been documented and the DOC never knew of them.

With this documentation system in place, officers use their pre-existing Field Interview Report (FIR) cards to document contacts for purposes of the SMART program. These FIRs are forwarded to the DOC and the SMART Partnership liaison. The liaison forwards a copy of the FIR to the subject’s supervising CCO. These FIRs provide a wealth of information to CCOs regarding activities uncovered by police contacts with supervised individuals. Police personnel note that SMART Partnerships give CCOs an enhanced 24-hour capability, with no overtime and little associated cost.

The third component, Homicide Investigative Tracking System (HITS), has been added to SMART. (HITS originally included information only on homicides, but now includes information on all violent crimes). HITS is a central database that includes detailed information on violent crimes collected from police and sheriffs’ departments across the state. Any CCO or participating law enforcement organization is able to access the database.

Since 1992, over 70 police departments and community corrections field officers in Washington State have received training in the implementation of SMART Partnerships.

OUTCOME DATA

One-third of FIRs have uncovered serious supervisory violations.

CONTACT INFORMATION

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AGENCY/ORGANIZATION

Seattle Mental Health Community Reintegration Services

PROGRAM TITLE

Mentally Ill Offender Community Transition Program

YEAR ESTABLISHED

1998

POLICY STATEMENT(S)

19: Housing

OVERVIEW

The Mentally Ill Offender Community Transition Program provides pre-release planning, housing, and case management to people with a diagnosed mental illness in the Washington correctional system.

DESCRIPTION

Eligible individuals—defined as those with a diagnosed mental illness whose crime was influenced by mental illness and who have the ability to sustain community living—are referred by the Department of Corrections. A case manager is sent to the institution to conduct a mental health and chemical dependency assessment and to talk to the inmate about the program. If the individual is interested in participating, the case manager forwards his/her application to a selection committee comprising of community members, mental health experts, and a representative from the Department of Corrections.

Once an individual is admitted, he or she must then participate in a three-month pre-release program, during which time a case manager works with the participant to create a transition plan and assess post-release needs. Case managers make appointments for the participant to see a physician, dentist, and any other service providers they might need to access in the first week of their release. They also prepare application forms to any state or federal benefits for which the individual may be eligible upon release. The same case manager that works with the participant while incarcerated works with him or her after their release.

The program leases one house with 18 private rooms, and also contracts with individual agencies to provide housing for hard-to-place clients (such as individuals convicted of sex crimes). At any given time, the program has a maximum of 25 contracted rooms. The house is equipped

with video monitors for safety and has an on-site manager trained to work with people with mental illnesses. Each unit is private with individual sleeping accommodations, but with a shared kitchen and eating areas.

Case managers work with Department of Corrections staff, Community Corrections officers, housing staff, and Seattle Mental Health staff to resolve issues such as rule violations and to develop guidelines. These collaborators try to pursue the least restrictive and most therapeutic intervention options. Case managers continually assess program participants, and at the appropriate time, participants move to a less monitored home to help transition to more independent living and permanent housing.

Program staff and the DOC Community Corrections Officer have developed a 24-hour crisis response protocol for all participants, each of whom has an individualized crisis plan that identifies risk factors, strategies that address community safety concerns, and recommended interventions. This plan is electronically available to the after-hour crisis response team, and includes access to a community corrections supervisor (for participants under community supervision) who may provide consultation and assistance with interventions as needed.

The program has had success finding employment for participants in the private sector including construction companies, dental offices, coffeehouses, and restaurants. Many participants return to school for vocational training such as computer programming, musical studies, training to be a dietician or dental receptionist, regular labor, mechanical, and electrical. A day-treatment program is offered for those who are unable to work. Volunteer work in the community is encouraged.

Upon program completion, individuals are connected to mental health services in their new local area (regardless where they relocate in the nation) and any additional support services necessary to maintain stability in their new community.

OUTCOME DATA

Of the 61 participants enrolled in the program and released to the community, 29 (45.5 percent) have committed no community corrections violations. Preliminary findings indicate substance-abuse relapse rates were cut in half when compared to the first year and projected felony recidivism reduced

by 35 to 40 percent when compared to a similar population. Data is from a preliminary report, however, and the final report (due in 2004) may not support the same conclusions.

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AGENCY/ORGANIZATION

Snohomish County Human Services, Division of Alcohol and Other Drugs

POLICY STATEMENT(S)

- 20: Planning Continuity of Care;
- 27: Maintaining Continuity of Care

OVERVIEW

The Division of Alcohol and Other Drugs assures that low-income and indigent Snohomish County residents have outpatient drug and alcohol services available to them, and coordinates between service providers and corrections personnel to ensure that all parties are aware of available services.

DESCRIPTION

The Division operates 10 different treatment locations through six different treatment providers in Snohomish County. Program staff assesses potential participants for clinical eligibility (i.e., symptoms of chemical dependency and a clinical need for treatment). During the assessment, individuals are also assessed for social needs.

The Division only offers outpatient treatment, but after an assessment, can refer individuals to inpatient treatment centers if required. Some treatment centers offer gender-specific treatment groups. Each treatment location determines the level of treatment needed based on the clinical needs of the individual. If the treatment location cannot offer the level of service the individual needs, they are referred to a treatment provider that can. Case managers refer individuals to housing providers and other service providers as needed. Individuals undergoing treatment are eligible to participate in specialized classes for employment services.

The Division ensures that community corrections officials and other service providers in the community know about the services that the division offers. Representatives from the Division attend community meetings four times a year at which they share information about their program and the services they can offer. Fees for services are determined on a sliding scale based on available income. Participants who are indigent or have very low income may meet the requirements for funding through the Alcohol and Drug Abuse Treatment Support Act (ADATSA).

The Division is currently developing a pilot project in collaboration with the Department of Social and Health Services, to enable case managers to fill out applications on behalf of eligible individuals to connect them with state public benefits.

Service providers sometimes have waiting lists for treatment spots. State regulations requires that providers give priority first to women who are pregnant, second to those infected with HIV/AIDS, and third to those who are parenting. There is no priority category for people who have been incarcerated; however in some cases they qualify under other priority categories.

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AGENCY/ORGANIZATION

Washington Department of Corrections

PROGRAM TITLE

Dangerous Mentally Ill Offender Program

YEAR ESTABLISHED

2000

POLICY STATEMENT(S)

23: Victims, Families, and Communities

OVERVIEW

The Washington State Legislature created the Dangerous Mentally Ill Offender (DMIO) program in 2000. The relevant statute requires identification of eligible individuals, provision for financial and medical eligibility determination for eligible individuals, collaborative pre-release planning, and a study of

the impact of the law. The statute also appropriates \$10,000 per person annually for up to five years to provide additional services to the individuals.

DESCRIPTION

The DMIO program requires substantial collaboration from the various criminal justice and mental health partners. The DMIO Implementation Council includes representatives from the Department of Social and Health Services (DSHS), Department of Corrections (DOC), Regional Support Networks (RSNs), WA Community Mental Health Council, National Alliance for the Mentally Ill-WA, Washington Advocates for the Mentally Ill, Washington Association of County Designated Mental Health Professionals, and mental health consumers.

After selection for the voluntary program, participants meet multiple times with a transition planning team that includes representatives from mental health and substance-abuse treatment services, community corrections, the participant's family, DOC risk-management specialists, and developmental disability services (when appropriate). The planning team considers a wide range of issues including notification of victims and communities, housing and mental health/substance abuse treatment service needs, eligibility for benefits, crisis plans, daily life and recreation issues, and others. The planning teams are expected to follow the program participant for at least thirty days after his or her release after which the Regional Support Networks (RSNs), components of the Washington State mental health system) and community corrections officers maintain oversight of the individual.

OUTCOME DATA

Preliminary findings of the effects of the legislation, conducted by the Washington State Institute for Public Policy and the Washington Institute for Mental Illness, were released in March 2002. This report detailed several challenges facing implementation of the legislation. First, the preliminary study suggests that the process for identifying eligible participants needs to be evaluated and standardized; there is currently insufficient consensus on what constitutes a "mental disorder" and "dangerousness." Second, insurance providers have placed the program in jeopardy by refusing to provide insurance to RSNs who accept DMIO participants.

Obstacles to implementation notwithstanding, the program has achieved significant early success in providing treatment for participants. The implementation analysis uses data from a previous study that tracked the transition of individuals with mental illness prior to the DMIO legislation Community Transition Study (CTS). Eighty-three percent of DMIO participants have received pre-release mental health services from community providers compared with 10 percent of CTS offenders. Similarly, 94 percent of DMIO program participants received community mental health services in the three months post-release compared with 29 percent of CTS offenders. Long-term recidivism rates are not yet available.

CONTACT INFORMATION

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AGENCY/ORGANIZATION**Washington Department of Corrections****PROGRAM TITLE*****Risk Management Team/
Victim Wrap Arouns*****POLICY STATEMENT(S)**

18: Release Decision;
23: Victims, Families, and Communities

OVERVIEW

The Washington Department of Corrections Risk Management Teams and Victim Wrap Arouns provide an opportunity for citizens to engage in normative actions directed at their neighborhood's safety.

DESCRIPTION

The Washington Department of Corrections (DOC) has hired Community Victim Liaisons for each of its five regions. They serve as a link to the local victim community in risk management activities. The DOC has also created Risk Management Teams (RMTs) that include a number of criminal justice and non-criminal-justice participants. Membership of the RMTs is generally case-specific, based on an individual's risk factors—identified through a risk assessment—and

the situational factors associated with the community he/she is being released to. The DOC utilizes the term guardian to designate and describe the role of the various team members.

An Offender Accountability Plan outlines the strategies for case supervision and the various interventions needed. This plan includes information related to the assigned risk level and dynamic risk factors identified in the case, the strategies and supervision conditions for addressing those risks, and the role of the various guardians in working with the program participant and in monitoring compliance. RMTs collaborate with Community Corrections officers to review/add to the terms and conditions of release imposed by the court and to oversee the supervision process.

While the RMT works with the individual in the re-entry process, the Victim Wrap Around is a separate meeting process in which criminal justice agents, victim advocates and service providers, and the victim's natural support system all work to develop safety plans for the victim. The various parties meet with the purposes of listening to the victim, offering support, and developing practical ways for the victim to enhance his/her feeling of personal safety.

OUTCOME DATA

Experience with this program in Washington State has been very positive. The victims and their families are surprised that the Corrections Department would create and facilitate such a meeting and are overwhelmed with the assistance and support offered by all that come to the table.

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AGENCY/ORGANIZATION**Washington State Employment Security
Department****PROGRAM TITLE*****Corrections Clearing House*****YEAR ESTABLISHED**

1976

POLICY STATEMENT(S)**22: Workforce Development and the Transition Plan****OVERVIEW**

The Washington State Corrections Clearing House, a branch of the Employment Security Department, works with correctional officials to provide services to enable inmates and those released from incarceration to secure employment.

DESCRIPTION

In Washington's correctional facilities, Corrections Clearing House (CCH) staff offers several pre-release employment-related courses, including "Job Dynamics" and "Transitional Employment," as well as "transition-to-trades" initiatives that provide apprenticeship and work opportunities for individuals prior to release. Minimum security inmates may participate in off-site employment (earning 40 cents an hour) on community service crews. A CCH staff person develops the jobs, schedules the crews, approves the sites, and supervises the custody staff who escorts the crews.

CCH offers both pre-release and post-release job search assistance. At five prisons, CCH instructors register their students with the Employment Security Department, enabling them to access the department's JobNet computerized job databank. In job preparation programs, students are encouraged to use JobNet as a resource and to place calls to pursue the job leads that they find using the database.

CCH contracts with six community-based organizations and one Employment Security Job Service Center to provide employment services to participants. Known as the "Ex-O" Program, the seven contractors provide individual vocational assessments, job counseling, help with resume writing and interviewing techniques, job search assistance, and the offer of ongoing post-placement services. The providers are also contracted to help clients gain promotions and pay increases.

CCH has been an agent in the bringing about a number of collaborative ventures. For example, CCH helped to coordinate funding for the Vocational Opportunity Training and Education (VOTE), a college program in Tacoma for individuals who have been involved in the criminal justice system and who are in recovery from chemical dependency, when it was in its pilot stage. CCH also coordinated the Case Management Resource Directory, a listing of 2,500 resources

in Washington, from free clothing to substance-abuse treatment.

OUTCOME DATA

Through contracts with community-based organizations, CCH provided job search assistance to 1,312 individuals in fiscal year 1996-97. The contracted community-based organizations helped place 776 of the 1,312 CCH clients (nearly 60 percent) in jobs at an average cost of \$276 per enrollee. 68 percent were still on the job after 45 days. 15 percent of 500 CCH clients who found employment had returned to DOC custody after five years, compared with a historic rate of 30 percent for all department releases.

A 1993 study conducted by CCH staff with the assistance of the DOC Office of Research compared the recidivism rates of 500 Ex-O clients who found employment with the historical recidivism rate for all department releases. The recidivism rate for Ex-O clients after one year was three percent, compared with 10 percent for all releases; after five years, the recidivism rate was 15 percent for the Ex-O clients compared with 30 percent for all releases.

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AGENCY/ORGANIZATION

Washington State University; Tacoma Community College; Washington State Department of Corrections

PROGRAM TITLE

The Prison Pet Partnership Program

YEAR ESTABLISHED

1981

POLICY STATEMENT(S)

16: Work Experience

OVERVIEW

The Prison Pet Partnership Program gives inmates at the Washington State Corrections Center for

Women the opportunity to learn valuable pet industry-related vocational skills to use in finding employment when they resume their lives outside of prison. The program originated as a cooperative effort among Washington State University, Tacoma Community College, the Washington State Department of Corrections, trainers, and volunteers, and has been incorporated as a separate not-for-profit organization since 1991.

DESCRIPTION

The Prison Pet Partnership Program allows inmates at the Washington State Corrections Center for Women to build vocational skills while at the same time assisting the lives of the disabled by training service animals. To be eligible, individuals must have a high school diploma, demonstrate adequate reading and writing ability, and cannot have committed crimes against any “vulnerable group”—such as children, animals, or the elderly. Participants are enrolled in the program for a minimum of two years and must serve at least one year of their sentence before enrolling. Currently in the process of expanding, the program has 10 participants.

The Prison Pet Partnership Program, which includes an office, kennels, and outdoor space for the animals, is housed entirely within prison grounds. Under the tutelage of program staff, participants learn how to train, groom, and board dogs for a variety of services, including seizure alert and animal therapy. Maximum security prisoners focus exclusively on boarding and grooming

because they are prohibited from taking the dogs back to their units, which is a component of service training. Volunteers assist by taking the dogs out into the community for socialization training since program participants are confined to the prison facility.

In addition to training, boarding, and grooming dogs for serving the disabled, inmates also gain clerical skills by staffing the organization’s office. Many of the women who participate in the program do so as part of an apprenticeship program, and achieve Pet Care Technician certification, through the American Boarding Kennels Association or Companion Animal Hygienist certification under the auspices of the World Wide Pet Supply Association.

All inmates receive a stipend for their work in the program, which is funded by both the Department of Corrections and the not-for-profit organization itself. Stipend amounts vary based on the types of service performed by the inmate. The program also provides assistance with job placement for participants who wish to pursue a pet-care vocation after being released from prison.

CONTACT INFORMATION

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Prison Pet Partnership Program
Washington State Corrections Center for Women
P.O. Box 17
Gig Harbor, WA 98335
PHONE: (253) 858-4240
WEBSITE: <http://members.tripod.com/~prisonp/>



Wisconsin

AGENCY/ORGANIZATION

Wisconsin Department of Corrections

PROGRAM TITLE

Victim and offender handbooks

POLICY STATEMENT(S)

25: Development of Supervision Strategy;
29: Graduated Responses

OVERVIEW

The Wisconsin Department of Corrections (WDOC) compiles information for victims and offenders in written documents, to ensure clarity and completeness.

DESCRIPTION

The Wisconsin Department of Corrections (WDOC) distributes a handbook on the revocation process to crime victims. The handbook explains the purpose of a revocation trial and informs

victims of their rights if they are subpoenaed. Topics include how to request that an advocate provide support for them at a revocation hearing, and tips on how to prepare for testifying.

The WDOC also distributes an “Offender Handbook” to inmates being placed on probation or parole. The handbook explains what probation and parole mean and how the supervision process works. Specific topics covered by the handbook include resolving disagreements with the supervision agent, restitution, and payment of supervision fees.

CONTACT INFORMATION

Office of Victim Services and Programs
Wisconsin Department of Corrections
P.O. Box 7925
Madison, WI 53707-7925
PHONE: (800) 947-5777 or (608) 240-5888
FAX: (608) 240-3353
WEBSITE: www.wivictimvoice.org

AGENCY/ORGANIZATION

Milwaukee Department of Public Works

PROGRAM TITLE

Residency Preference Program

YEAR ESTABLISHED

1994

POLICY STATEMENT(S)

21: Creation of Employment Opportunities

OVERVIEW

In Milwaukee, legislation stipulates that 25 percent of worker hours contracted by the Department of Public Works must be performed by unemployed city residents.

DESCRIPTION

Chapter 309-41 of the Milwaukee Code of Ordinances (effective 1994) stipulates that resident-preference hiring is required for all construction contracting activities of the Department of Public Works. Unemployed residents of “special impact areas,” those urban areas determined by the Federal Economic Development Administration to have the highest unemployment rates, must perform 25 percent of worker hours. Esperanza Unida and the Milwaukee Urban League frequently link contractors with trained or qualified workers from impact areas. (Both organizations offer job training programs to prepare candidates for employment.)

After being hired by the Department of Public Works, employees from special impact areas are considered “target residents” for a duration of five years. Contractors have access to their information and may recruit them for future jobs.

CONTACT INFORMATION

Department of Public Works
Room 516
Municipal Building
841 N. Broadway
Milwaukee, WI 53202
PHONE: (414) 286-2209

Parole Status by State

STATE	DOES THE PAROLE BOARD HAVE DISCRETION?	COMMENT
ALABAMA	YES	The Board cannot parole on life w/o parole or some other sentences.
ALASKA	YES	
ARIZONA	YES, <i>very limited</i>	Only have discretion for those who committed an offense prior to January 1, 1994.
ARKANSAS	YES, <i>very limited</i>	Only discretion for cases whose crimes were committed prior to 1994.
CALIFORNIA	YES, <i>very limited</i>	Only had 10 paroled in 1997, 12 in 2000 and in 2001, respectively.
COLORADO	YES	Mandatory parole periods (up to 5 years) except certain sex offenders who committed their crime after 11/1/98, who have lifetime supervision. Mandatory parole applies to all inmates subsequent to 1993, except sex offenders who are discretionary.
CONNECTICUT	YES	Inmates with sentences exceeding two years who have been convicted of non-capital felonies are eligible for parole.
DELAWARE	YES, <i>very limited</i>	Parole has been abolished for all those convicted individuals who committed their crime after 6/30/90. There are still 400 persons in the system eligible for parole. The Board recommends modification of sentences to sentencing courts upon DOC application. The Board has authority over parole and mandatory release violators.
FLORIDA	NO, <i>still some authority</i>	Abolished parole in 1983 with the implementation of sentencing guidelines. The Board did retain paroling authority over pre 1983 inmates. The Board still does medical paroles, sets terms and conditions of supervision for statutorily mandated released inmates. There were 5961 parole eligible inmates in the system in 1997. Effective 10/1/97 the Board may order five year re-interviews for certain categories of inmates as opposed to a two year interview previously required.
GEORGIA	YES, <i>limited</i>	A 1994 law mandated a minimum 10 year prison sentence on first conviction for anyone convicted of the 7 most violent crimes. There is no parole for this group. The second conviction of this type is a life sentence without parole. All others are eligible for parole. Felony offenders convicted of nay fourth felony are not eligible for parole.
HAWAII	YES	Court does impose mandatory minimum sentences at their discretion for repeat offenders and those crimes which under statute have mandatory minimum sentences attached to the conviction.
IDAHO	YES	

Source: Association of Paroling Authorities International, Parole Board Survey 2002

STATE	DOES THE PAROLE BOARD HAVE DISCRETION?	COMMENT
ILLINOIS	NO, <i>with some authority</i>	All individuals who committed a crime after 2/1/78 are on determinate sentences. About 480 inmates in a prison population in 1997 of 40,000 remained eligible for parole. The Board is the paroling authority for juvenile offenders in the system. For those inmates serving determinate sentences the Board sets conditions of release, determines when violators are to be returned to prison, screens and makes recommendations for clemency petitions to the Governor.
INDIANA	NO	Discretionary parole was abolished in 1977, but still have parole supervision. Board may grant parole to offenders for crimes committed prior to 10/1/77 and re-parole those who fall within this guideline.
IOWA	YES	Life means natural life.
KANSAS	YES, <i>very limited</i>	Individuals whose crimes were committed after 7/1/93 receive a determinate sentence.
KENTUCKY	YES	Certain violent offenders must serve a minimum time before eligible for parole. Deleted all forms of early parole consideration except for medical paroles. Final discharges from parole are no longer issued prior to reaching maximum expiration date of sentence. Parole consideration for defined violent offenders was increased from 50% to 85%. Life without parole for capital offenses. Sex offenders can not be paroled until they have completed treatment. No person who commits a certain specified offenses who was armed or wore body armor can not be paroled.
LOUISIANA	YES	All crimes against person cannot be paroled.
MAINE	NO	They abolished parole in 1976 and only a few cases that still can be considered for parole.
MASSACHUSETTS	YES	The Board has parole authority over all cases except a few sex offenders who under an old law are not eligible.
MARYLAND	YES	Certain crimes of violence and repeat offenders are not eligible for parole.
MICHIGAN	YES	Once the prisoner serves the minimum sentence less good time, the Board has jurisdiction to parole. The Board may now parole certain lifers sentenced for 650 grams or more of cocaine after 15 to 20 years depending on other prior convictions and cooperation with police.
MINNESOTA	NO	Discretionary release programs are in jeopardy. Intensive Community Supervision has been shut down and the Challenge Incarceration Program and Work Release Program have had their criteria significantly tightened.
MISSOURI	YES, <i>with limits</i>	Statutes restrict some cases from parole eligibility. The offender must be sentenced under the specific statute before restrictions apply. Drug trafficking first degree for some methamphetamine offenders are no longer eligible for parole.

Source: Association of Paroling Authorities International, Parole Board Survey 2002

STATE	DOES THE PAROLE BOARD HAVE DISCRETION?	COMMENT
MISSISSIPPI	YES, <i>very limited</i>	The Board has discretion only if the crime was committed prior to 7/1/95. There were 3715 still in prison in 1997 eligible for parole.
MONTANA	YES	Lifers do have to serve a minimum time before they are eligible for parole.
NEBRASKA	YES	Individuals are eligible for consideration after serving ½ of their minimum term. No such reduction of sentence shall be applied to any term imposing a mandatory minimum
NEVADA	YES	The Board has discretion until the last year of the prison term then parole is mandatory.
NORTH CAROLINA	YES, <i>very limited</i>	Only on cases prior to 4/10/94.
NORTH DAKOTA	YES	
NEW HAMPSHIRE	YES	
NEW MEXICO	YES, <i>with limits</i>	
NEW JERSEY	YES	All inmates are eligible after serving 1/3 of their sentence except life without parole for 1st degree murder, and for habitual offenders, whereby the sentencing judge can set parole eligibility.
NEW YORK	YES, <i>new limits</i>	The majority of the inmates are serving indeterminate sentences and subject to discretionary release. However, second violent offenders get determinate sentences and are not eligible for parole. A recent sentencing reform acts have limited the Parole Board's discretionary release authority. It extended determinate sentencing to first time violent felony offenders. Inmates with determinate sentences may be conditionally released when 6/7ths of the sentence has been served.
OHIO	YES, <i>very limited</i>	All sentenced for crimes committed after 7/1/96 are not eligible for parole. The Board does set conditions for those released on determinate sentences. The Board is empowered to impose "bad time" for institutional rule infractions that would be a criminal offense outside prison. "Bad Time" extends the sentence imposed by the sentencing court and may be imposed in increments of 15, 30, 60, 90, days per infraction with accumulation not to exceed half of the original determinate sentence.
OKLAHOMA	YES, <i>very limited</i>	The Board only recommends to the Governor, who is the final releasing authority. Anyone committing certain violent offenses on or after March 1, 2000 will have to serve 85% of their sentence (generally offenders serve 1/3) before parole eligibility.
OREGON	YES, <i>very limited</i>	Only for crimes committed before 1989. Only a small number remain eligible.

Source: Association of Paroling Authorities International, Parole Board Survey 2002

STATE	DOES THE PAROLE BOARD HAVE DISCRETION?	COMMENT
PENNSYLVANIA	YES	Offenders become eligible for parole at the expiration of their minimum sentence. Offenders with sentences of less than two years remain under the courts jurisdiction.
RHODE ISLAND	YES	All inmates are eligible after serving 1/4 of their sentences except life without parole. The Board now has the responsibility of sexual offender community notification. The Board determines the risk level for reoffense and carries out community notification with local police.
SOUTH CAROLINA	YES, <i>some limits</i>	Discretionary parole was abolished for certain crimes sentenced to 20 years or more committed after 1/1996.
SOUTH DAKOTA	YES, <i>very limited</i>	Only inmates who committed their crime prior to 7/1/96 are eligible.
TENNESSEE	YES, <i>limited</i>	There is no parole for a person who committed a crime against persons of-fense on or after 7/1/95. Others must serve a minimum time before they are eligible.
TEXAS	YES	The board has authority over who is released on parole or discretionary mandatory supervision, conditions of supervision, and revocation. They also make executive clemency recommendation to the Governor
UTAH	YES	Life without parole and death sentences that are commuted shall have life without parole.
VIRGINIA	YES, <i>very limited</i>	Only those who committed a crime prior to the 1995 abolishment of parole are eligible.
VERMONT	YES	
WASHINGTON	YES, <i>very limited</i>	Parole was abolished in 1984. Only those who committed a crime prior to 1984 are still eligible and in 1997 about 700 were still in the system.
WEST VIRGINIA	YES	Must see everyone yearly, except lifers who can be given a three year set-off.
WISCONSIN	YES, <i>very limited</i>	The truth and sentencing law that took effect in January of 2000 eliminated parole for individuals arrested after that date. Anyone sentenced to less than one year is eligible. The Board still has authority over old code cases.
WYOMING	YES	Inmates must serve a minimum before paroled. Cannot parole lifers.
DISTRICT OF COLUMBIA	NO	Congress abolished parole for certain felonies committed on or after 8/5/00. U.S. Parole Commission took over parole function 8/5/98.
U.S. PAROLE COMMISSION	YES, <i>limited</i>	Offenses committed on or after 11/1/87 are not eligible for parole. There were still 5888 in the system who were eligible for parole in 1997. On 8/5/98 the Commission assumed paroling authority over some 7000 District of Columbia cases.

Source: Association of Paroling Authorities International, Parole Board Survey 2002

An Explanation of Justice Mapping: Three Examples

Justice Mapping Center
Eric Cadora, Director
Charles Swartz, Associate Director
info@justicemapping.org

THE VAST MAJORITY OF INCARCERATED PEOPLE comes from and returns in concentration to a small set of inner-city neighborhoods. Geographical Information Systems (GIS) analysis, otherwise known as computer mapping, has become key to understanding how the removal and return of so many people from a single neighborhood is having an impact on the health, housing, employment, and social networks in those communities. When information about where other government needs-based program populations reside is added, the overlap between criminal justice and other needs-based services populations becomes starkly apparent.

By developing a neighborhood-level account of criminal justice populations and resources, “justice mapping” reveals the extent to which re-entry constitutes a critical backdrop to a range of other government services and neighborhood activities. More important, justice mapping is highly suggestive of opportunities for cross-sector government collaborations and pooled investments that can achieve substantial economies of scale. The following set of maps provides three examples of how justice mapping can suggest new solutions to the challenges of re-entry and help states and local jurisdictions identify opportunities for using existing resources in more effective ways.

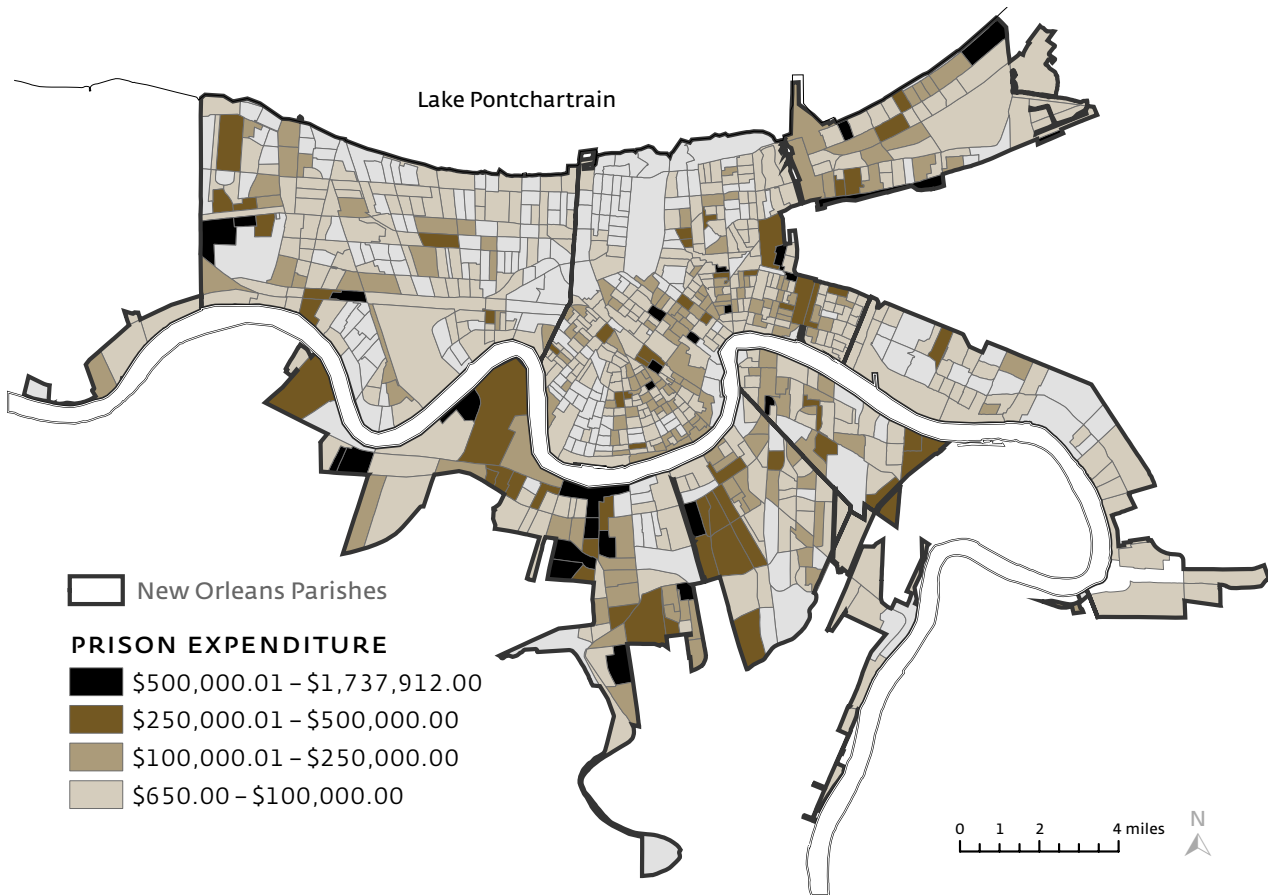
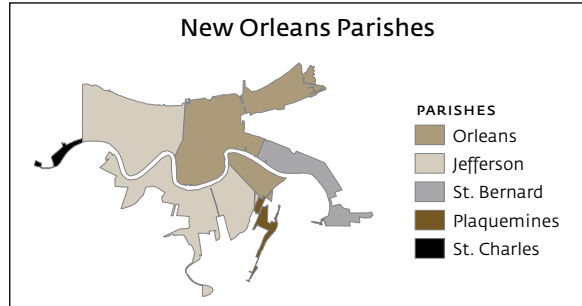
The first map (of New Orleans, Louisiana) provides a neighborhood-by-neighborhood estimate of how much the state spends each year to incarcerate residents of those communities. The individual, case-by-case decisions to remove and return residents to and from prison add up to considerable expenditures for the well-being of particular neighborhoods. In some neighborhoods, mapping reveals “million dollar blocks,” in which more than a million dollars are spent to incarcerate and return residents from that block in a single year. Cumulatively, over \$87 million dollars are spent to imprison people from the city each year, over half of which (\$46.5 million) is accounted for by people admitted to prison due to parole violations. One reason it is important to take account of the deployment of resources for any particular geographical location is that when added up the cumulative resources may have a social impact that is unanticipated by any of the individual decisions. And when considered as a pool of resources, more strategic options to affect positive changes in the neighborhood as a whole may become apparent.

The second map (of Brooklyn, New York) compares the rates of incarcerated residents and residents receiving Temporary Assistance for Needy Families (expressed in terms of standard deviations from the mean). The substantial overlap identified in the highest

PRISON EXPENDITURE IN NEW ORLEANS, 2003

by Census Block-Group with Parish Boundaries

Parole violators accounted for approximately \$46.5 million (53%) of the city's \$87 million annual prison costs in 2003



ADMISSION TYPE	COUNT	EXPENDITURE	% OF TOTAL
New commitment	946	\$40,675,258	46.63%
Non-technical PV	937	\$25,065,338	28.74
Technical PV	952	\$21,487,585	24.63
TOTAL	2,835	\$87,228,181	100%

PARISH	POP.	ADMISSIONS	EXPENDITURE	% OF TOTAL
Orleans	465,906	1,652	\$47,624,980	55.78%
Jefferson	428,638	1,026	\$36,055,784	42.23
St. Bernard	60,035	86	\$1,614,470	1.89
Plaquemines	5,319	3	\$74,715	0.09
St. Charles	3,127	2	\$9,209	0.01
TOTAL	963,025	2,769	\$85,379,158	100%

Justice Mapping Center (JMC) with JFA Institute | Map produced by Eric Cadora & Charles Swartz
Data Source: Louisiana Department of Public Safety and Corrections, All Prison Admissions in 2003

concentration neighborhoods suggests that these may be coincident populations. One important implication of this very close overlap is that considerable resources are being invested in the same place by different government agencies without coordination, which may represent policy interventions which at best do not take advantage of opportunities to blend resources in more effective service combinations, and which at worst may be working against one another.

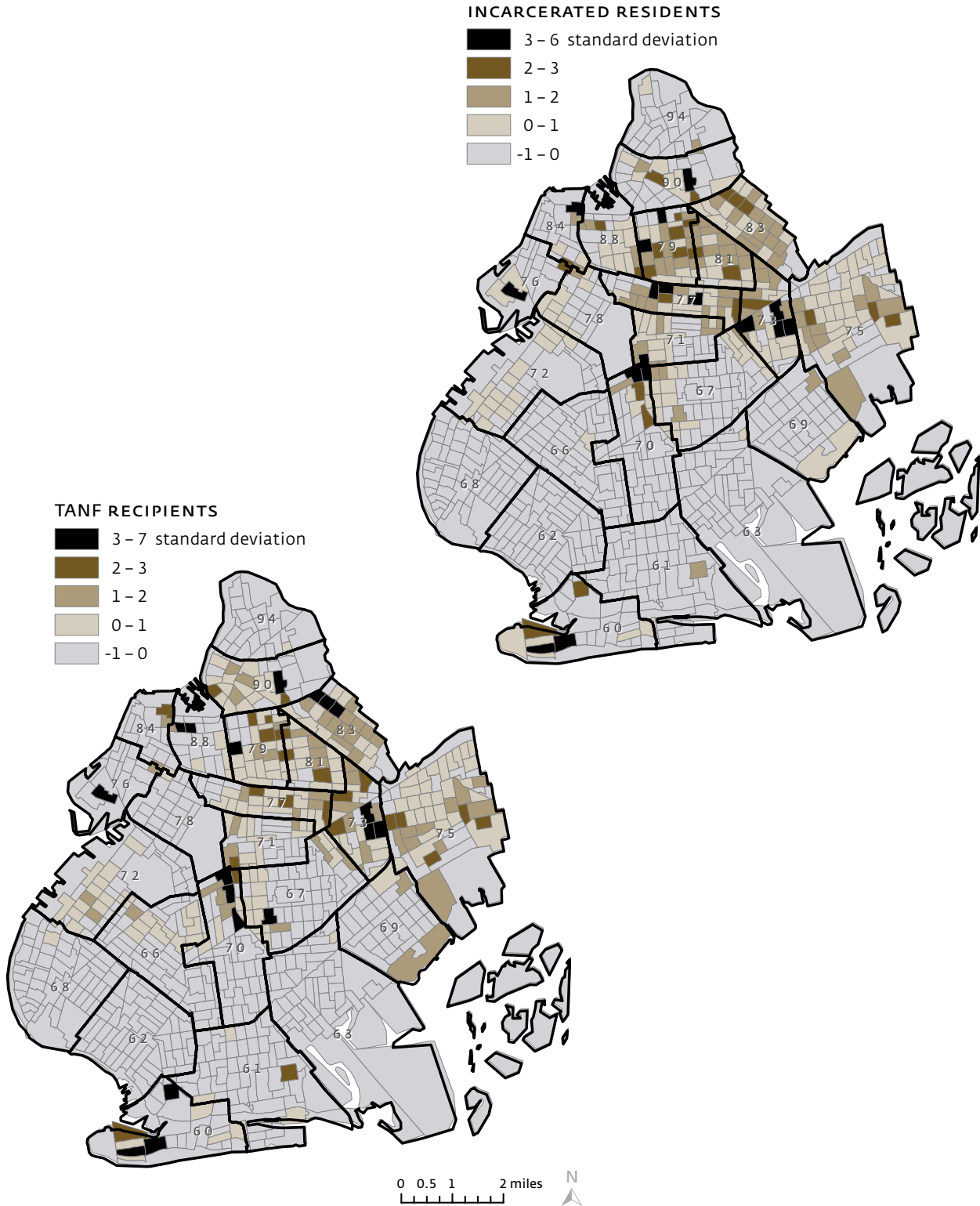
The third map (of New Haven, Connecticut) shows an example of how most probation and parole departments in the country are not currently organized around geographical concentrations of their populations. As with incarceration expenditures, the deployment of probation and parole supervision resources is important to understand geographically. For example, this map shows the residences of one probation officer's caseload in New Haven. That officer supervises people who are assessed to be "Level 2" or moderate risk probationers. The officer's caseload is 93 probationers. Focusing on just one neighborhood (the Hill), highlighted in this map, reveals that in that single neighborhood there are 142 Level 2 probationers—about the size of one and

one-half caseloads. These 142 probationers, at current, fall into the caseloads of eight different officers. The opportunity made evident by this geographical caseload analysis is that all the moderate risk probationers in this neighborhood could theoretically be assigned to two instead of eight different officers. Moreover, if they worked in the precinct instead of the downtown office, they would have a substantially greater understanding of the neighborhood in which their probationers resided.

As the coincidence between criminal justice populations and populations served by other government programs becomes increasingly apparent, opportunities for collaboration begin to emerge. Although the re-entry phenomenon is currently understood as a criminal justice issue, solutions to the challenges that are posed by so many people returning to their neighborhoods from prison cannot be found within the justice system alone. Instead, these solutions will require a coordinated effort among a range of actors stretching from state officials to neighborhood associations. By drilling down to the community level, justice mapping can help foster these collaborations.

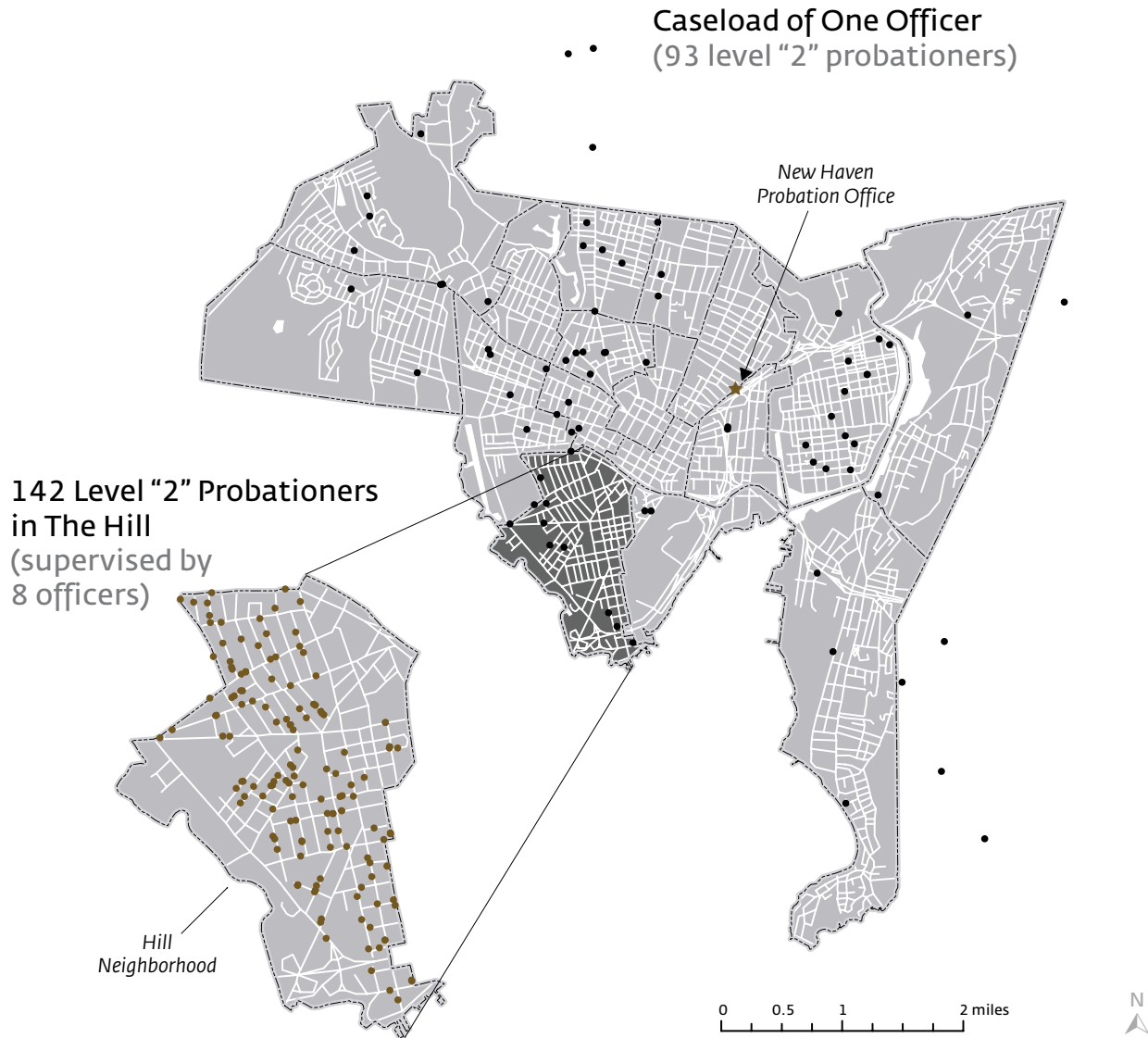
CRIMINAL JUSTICE AND NEED-BASED PROGRAM POPULATIONS

Expressed as Standard Deviations from the Mean
by Census Tract in Brooklyn, New York



PROBATION CASELOAD DISTRIBUTION EXAMPLE

with New Haven Neighborhoods



Voting Restrictions for People with Felony Convictions

STATES HAVE ABSOLUTE POWER TO DECIDE whether someone with a criminal record can vote. *All but two states place some restrictions on the right to vote for people with felony convictions.*

- 12 states have lifetime bans on voting for some or all people convicted of crimes, 5 states prohibit voting for life by those convicted of certain classes of crimes; 7 states have a lifetime bar that may be lifted only if the state grants a formal “restoration of civil rights.”
- 18 states bar people from voting while they are incarcerated or serving parole or probation sentences.
- 6 states bar people from voting while they are incarcerated or on parole.
- 12 states deny voting rights to people only while they are incarcerated.

No restrictions	Cannot vote while incarcerated	Cannot vote while incarcerated or on parole	Cannot vote until completion of sentence	Lifetime bar that can be lifted	Lifetime bar
Maine Vermont	Hawaii Indiana Illinois Massachusetts Michigan Montana New Hampshire North Dakota Ohio Oregon South Dakota Utah	Alaska California Colorado Connecticut New York Wisconsin	Arizona Arkansas Florida Georgia Idaho Kansas Louisiana Minnesota Missouri New Jersey New Mexico North Carolina Oklahoma Pennsylvania Rhode Island South Carolina Texas West Virginia	Alabama Iowa Nebraska Nevada Virginia Washington Wyoming	Delaware Kentucky Maryland Mississippi Tennessee

Source: Legal Action Center. “After Prison: Roadblocks to Re-Entry—A Report on State Legal Barriers Facing People with Criminal Records.” New York, NY: Legal Action Center, 2004.

Project History / Methodology

THE Report of the Re-Entry Policy Council IS THE RESULT OF DOZENS OF DAYS of meetings among leading policymakers and practitioners representing a broad spectrum of systems; surveys administered to state and local government officials in communities in 50 states; hundreds of hours of interviews with administrators of innovative programs; and thousands of hours reviewing materials describing research, promising programs, policies, and legislation. This appendix describes the history and the methodology of this project in greater detail.

PROJECT ORIGINS

At its 2001 Meeting, the Executive Committee for the Council of State Governments (CSG) passed a resolution regarding offenders' re-entry into communities. The resolution described the bipartisan concern of state government officials about prisoner re-entry, their desire to inform state policymaking made around this issue, and their interest in federal government initiatives that recognize the uniqueness of each jurisdiction.

The Committee identified this issue as particularly pressing for several reasons. Unprecedented numbers of people are being released from US prisons and jails. Recidivism rates are high, creating a costly cycle of incarceration, release, and return. Corrections budgets have soared to accommodate increasing numbers of inmates at a time when fiscal crises in most

states are forcing cuts in critical services. Newspaper headlines describe tragedies related to the uncoordinated, wholesale release of individuals that might have been prevented with a better allocation of scarce resources.

The resolution established a national Re-Entry Policy Council charged with developing a comprehensive, bipartisan set of recommendations for policymakers to use to improve the likelihood that adults released from prison or jail will avoid crime and become productive, healthy members of families and communities. As a model for engaging key stakeholders and structuring the process of the RPC initiative, CSG drew on its experience as coordinator of the Criminal Justice / Mental Health Consensus Project, an initiative which was then in the middle of an unprecedented two-year effort to prepare specific recommendations to improve

the criminal justice system's response to people with mental illness. That effort resulted in a comprehensive report, released in June 2002, which garnered national media attention and inspired legislative activity on a federal level and in states across the US. The consensus-building structure was echoed in the formation of the Re-Entry Policy Council, and some participants in the Consensus Project became valuable RPC members.

PROJECT ORGANIZATION

CSG worked with numerous organizations—many of whom later designated staff to serve on the RPC Steering Committee—to plan the first meeting of the Re-Entry Policy Council. In addition to planning the format and agenda for the meeting, this Planning Committee identified leading constituents in their organizations who could serve on the RPC and serve as ambassadors to their respective associations.

On May 14-15, 2001, CSG convened a cross-section of stakeholders, both Republicans and Democrats, who play key roles in ensuring the successful transition of individuals from prison to the community. This initial, bipartisan meeting consisted of approximately 30 policymakers and practitioners. The group generated preliminary recommendations that became a framework for later deliberations concerning the substance of the Report recommendations.

Following this meeting, in order to best span those systems and to invoke expertise from a range of important, highly relevant viewpoints, CSG established a Steering Committee to the Re-Entry Policy Council, a partnership among representatives from ten organizations:

- American Probation and Parole Association (APPA)
- Association of State Correctional Administrators (ASCA)
- Corporation for Supportive Housing (CSH)
- National Association of Housing and Redevelopment Officials (NAHRO)

- National Association of State Alcohol/Drug Abuse Directors (NASADAD)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Association of Workforce Boards (NAWB)
- National Center for State Courts (NCSC)
- Police Executive Research Forum (PERF)
- Urban Institute.

The Steering Committee decided to organize the RPC into three advisory groups: Public Safety and Restorative Activities, Supportive Health and Housing, and Workforce Development and Employment Opportunities. APPA, NAHRO, and NAWB, respectively, coordinated these advisory groups. The vast majority of the participants in the May 2001 planning meeting subsequently served on one or more of these advisory groups and, in one or two cases, a participant from the initial meeting made a presentation to advisory group members. In the end, only a few of the participants from the original group, owing to retirement from public service or other issues, did not serve as active participants in the advisory groups to the Re-Entry Policy Council.

In forming the advisory groups, members of the Steering Committee identified practitioners and policymakers widely respected by their counterparts across the country, ensuring an impressive level of expertise across the project. Advisory group members included legislators, law enforcement officials, judges, corrections officials, community corrections administrators, probation and parole officials, public housing administrators, state health officials, workforce investment board members, service providers, researchers, people with criminal records, crime victims, prosecutors, and other stakeholders and experts. Many of the advisory group members served in leadership positions in their respective associations, such as the American Jail Association and the National District Attorneys Association.

Collectively, members of the advisory groups represented a wide array of local and state jurisdictions, both rural and urban, across the country. They hailed from government organizations, as well as nonprofit groups and the private sector.

ROLE OF ADVISORY GROUPS AND FOCUS GROUPS

Over the course of the next three years, the advisory groups met separately and collectively on several occasions. For each round of meetings, the three advisory groups adhered to a similar agenda, format, and set of goals. At the first round of meetings, in May-June 2002, each advisory group reviewed draft policy statements generated by the initial cross-section of policymakers that CSG and the Planning Committee had convened. During these meetings, the advisory groups revised and expanded upon the initial draft of policy statements and agreed upon a methodology to identify programs, policies, and legislation to inform further discussion at the next round of meetings.

At the second round of meetings, in December 2002–January 2003, each advisory group reviewed draft reports that incorporated comments received during the first round of meetings as well as program and policy examples identified by staff on the Steering Committee.

For the third and final round of meetings, the advisory groups met together in November 2003. At this conference, advisory groups reviewed and commented on the latest iteration of the draft document, which by then included policy statements, recommendations for the implementation of the policy statements, and examples that illustrated how some jurisdictions and programs had addressed a particular aspect of re-entry. Advisory group members also had an opportunity to exchange comments on the work of the other advisory groups and to hear from key officials representing the US Depart-

ments of Justice, Labor, and Health and Human Services.

In December 2003 and February 2004, CSG, together with NAHRO and APPA, convened two focus groups meetings: one on issues concerning children and families, and another to address the role of victims in prisoner re-entry. Although both of these constituencies had been represented on the advisory groups, these topics required stand-alone meetings to ensure they were addressed comprehensively in the policy statements.

The Re-Entry Policy Council issued a preview to its Report in July 2004. Foreshadowing and promoting the complete project to be released a few months later, the preview explained the organization of the complete document and briefly highlighted its findings.

REPORT PREPARATION

Steering Committee members served as the primary authors of the policy statements (and the text under those policy statements) corresponding to their area of expertise. RPC members with extensive expertise in areas such as victim services, legal barriers to re-entry, family issues, and physical health care contributed additional text.

CSG staff served as editors of the overall document. Although CSG staff were the lead writers of the policy statements in Part I (Planning a Re-Entry Initiative), all parts of the *Report of the Re-Entry Policy Council* reflect an extensive, collaborative effort among the members of the Steering Committee and the members of the advisory boards.

The project partners developed and maintained a common vision for the Report by communicating regularly—often speaking by telephone or emailing each other several times a day. In addition, over the three-year lifespan of the project, the Steering Committee met for half- or full-day discussions on a half dozen occasions.

Bibliography

Abram, Karen M., and Linda A. Teplin. "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy." *American Psychologist* 46 (1991): 1036–1045.

Abt Associates, Inc. *Telemedicine Can Reduce Correctional Health Care Costs: An Evaluation of a Prison Telemedicine Network*. Washington, DC: National Institute of Justice, 1999. NCJ 175040.

Adams, Kenneth, and others. "A Large-Scale Multi-dimensional Test of the Effect of Prison Education on Prisoners' Behavior." *The Prison Journal* 74, no. 4 (2001): 433–449.

Allen, Scott A., and others. "Treatment of Hepatitis C in a State Correctional Facility." *Annals of Internal Medicine* 138, no. 3 (February, 2003): 187–190.

Altschuler, David, and Troy Armstrong. "Aftercare Not Afterthought: Testing the IAP Model." *Juvenile Justice* III, no. 1 (1996).

Altschuler, David, Troy Armstrong, and Doris MacKenzie. *Reintegration, Supervised Release, and Intensive Aftercare*. Washington, DC: US Office of Juvenile Justice and Delinquency Prevention, 1999.

Alvarado, Rose, and Karol L. Kumpfer. "Strengthening America's Families." *Juvenile Justice* 7, no.2 (2001): 8–18.

American College of Physicians. "No Health Insurance? It's Enough to Make You Sick—Scientific Research Linking the Lack of Health Coverage to Poor Health." November 1999. Available at www.acponline.org/uninsured/lack-exec.htm.

American Correctional Association. *Vital Statistics in Corrections*. Lanham, MD: American Correctional Association, 2000.

American Probation and Parole Association. *Restructuring Intensive Supervision Programs: Applying What 'Works.'* Lexington, KY: American Probation and Parole Association, 1994.

American Public Health Association Task Force on Correctional Health Care Standards. *Standards for Health Services in Correctional Institutions*. Section III. H.3. Washington, DC: American Public Health Association, 2003.

———. *Standards for Health Services in Correctional Institutions*. Section III.H.6. Washington, DC: American Public Health Association, 2003.

Andersen, Marcia, and others. "Integrating Medical and Substance Abuse Treatment for Addicts Living with HIV/AIDS: Evidence-Based Nursing Practice Model." *American Journal of Drug and Alcohol Abuse* (November 2003): 847–859.

Andersson, Fredrik, Harry J. Holzer, and Julia I. Lane. *The Interaction of Workers and Firms in the Low-Wage Labor Market*. Washington DC: The Urban Institute, 2002.

Andrews, Don A. "The Psychology of Criminal Conduct and Effective Treatment." In James McGuire, ed. *What Works: Reducing Re-Offending*. West Sussex, England: John Wiley & Sons, 1995.

Andrews, Don, and James Bonta. *The Psychology of Criminal Conduct*. Cincinnati: Anderson Publishing, 2004.

- Andrews, Don A., and others. "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis." *Criminology* 28, no. 3 (1990): 375.
- Anglin, M. Douglas, and Yih-Ing Hser. "Treatment of Drug Abuse." In Michael Tonry and James Q. Wilson, eds. *Drugs and Crime*, Chicago: University of Chicago Press, 1990.
- Aos, Steve, and others. *The Comparative Costs and Benefits of Programs to Reduce Crime: A Review of National Research Findings with Implications for Washington State*. No. 99-05-1202. Washington State Institute for Public Policy, 1999.
- Arizona Supreme Court Administrative Office of the Courts. Adult Services Division. *Drug Treatment and Education Fund, Legislative Report Fiscal Year 1997–1998*. Arizona: Arizona Supreme Court, 1999. Available online at www.csdp.org/research/dteftoday.pdf.
- Associated Press. "Elderly Inmates Swell Prisons, Driving Up Health Care Costs." February 28, 2004.
- Association of Paroling Authorities International. *Training*. Available online at www.apaintl.org/Training.html. Viewed August 24, 2004.
- . *Publications*. Available online at www.apaintl.org/Publications.html. Viewed August 24, 2004.
- Atkinson, Rob, and Knut A. Rostad. *Can Inmates Become an Integral Part of the US Workforce?* Paper presented at the Urban Institute's Re-Entry Roundtable. Washington, DC. 2003.
- Austin, James. *Findings in Prison Classification and Risk Assessment*. US Department of Justice. National Institute of Corrections. Washington, DC: 2003.
- Austin, James, and Tony Fabelo. *The Diminishing Returns of Increased Incarceration*. Austin, TX: The JFA Institute, July 2004.
- Austin, James, Kelly Dedel-Johnson, and Dana Coleman. *Reliability and Validity of the LSI-R for the Pennsylvania Board of Probation and Parole*. Washington, DC: The George Washington University, 2003.
- Automatic Geographic Reference Center. Available online at agrc.utah.gov/agrc_aboutagrc/historyagrc/historyintro.html
- Barr, Heather. *Prisoners and Jails: Hospitals of Last Resort—The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illness in New York*. New York: Correctional Association of New York and Urban Justice Center, 1999.
- Barreras, Ricardo, and Eric Drucker. "The Concentration of Substance Use and Criminal Justice Involvement in the Families of Drug Offenders." Paper presented at the New York Academy of Medicine's Second International Conference on Urban Health. New York. 2003.
- Barnhill, Sandra, and Paula Dressel. "Three Generations at Economic Risk When Daughters Go to Prison." Paper presented at the Association of Black Sociologists. Cincinnati, OH. August 1991.
- Batki, Steven L., and Stephen J. Ferrando. "Diagnosis and Treatment of Substance Use Disorders in Patients with HIV Infection." *International Review of Psychiatry* 8, nos. 2–3 (1996): 245–252.
- Bauer, Lynn. *Justice Expenditure and Employment in the United States*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2002.
- Bazon Center for Mental Health Law. *Finding the Key to Successful Transition from Jail to the Community: An Explanation of Federal Medicaid and Disability Program Rules*. Washington, DC: Bazon Center, 2001.
- . *Federal Benefits for Individuals with Serious Mental Illness Who Have Been Incarcerated*. Available online at www.bazon.org/issues/criminalization/factsheets/benefits/index.htm#veteransbenefits. Viewed September 14, 2004.
- Beck, Allen. "State and Federal Prisoners Returning to the Community: Findings from the Bureau of Justice Statistics." Paper presented at the First Re-Entry Courts Initiative Cluster Meeting. Washington, DC. April 13, 2000.
- Beck, Allen and Laura Maruschak. *Medical Problems of Inmates, 1997*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2001. NCJ 181644.
- . *Mental Health Treatment in State Prisons, 2000*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2001. NCJ 188215.
- Bissell, Mary, and Jennifer Miller. *Using Subsidized Guardianship to Improve Outcomes for Children*.

- Washington, DC: Children's Defense Fund and Cornerstone Consulting Group, 2004.
- Blanco, Kathleen. Speech to NAACP Banquet in Baton Rouge. August 19, 2004. Available online at www.gov.state.la.us/Speeches_detail.asp?id=102.
- Bloom, Dan, and Kay Sherwood. *Matching Opportunities to Obligations: Lessons for Child Support Reform from the Parents' Fair Share Pilot Phase*. New York: Manpower Demonstration Research Corporation, 1994.
- Bloom, Barbara, and others. *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. US Department of Justice. National Institute of Corrections. Washington, DC: 2003.
- Bogue, Brad, and others. *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Boston: Crime and Justice Institute; and Washington, DC: National Institute of Corrections, 2004.
- Bonczar, Thomas P. *Characteristics of Adults on Probation, 1995*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 1997. NCJ 164267.
- . *Prevalence of Imprisonment in the US Population, 1974–2001*. US Department of Justice, Bureau of Justice Statistics. Washington, DC: 2003. NCJ 197976.
- Bonczar, Thomas P., and Lauren E. Glaze. *Probation and Parole in the United States, 1998*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 1999. NCJ 178234.
- Boushey, Heather, and Bethney Gundersen. *When Work Just Isn't Enough: Measuring Hardships Faced by Families After Moving from Welfare to Work*. Washington, DC: Economic Policy Institute, 2001.
- Braga, Anthony, and others. *Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire*. Washington, DC: National Institute of Justice, 2001.
- Brawley, J. "Georgia State Board of Pardons and Parole Results Driven Supervision." Paper presented at The National TASC Conference on Drugs and Crime. Raleigh, NC. November 2003.
- Brooks-Gunn, Jeanne, and Greg J. Duncan. "The Effects of Poverty on Children." In *Children and Poverty* 7 (Summer/Fall 1997).
- Brown, Amy. *Beyond Work First: How to Help Hard-to-Employ Individuals Get Jobs and Succeed in the Workforce*. New York, NY: Manpower Demonstration Research Corporation, 2001.
- Burke, Peggy B. *Policy-Driven Responses to Probation and Parole Violations*. Silver Spring: Center for Effective Public Policy, 1997.
- Burt, Martha R., and others. *Homelessness: Programs and the People They Serve—Findings From the National Survey of Homeless Assistance Providers and Clients*. US Department of Housing and Urban Development. Washington, DC: 1999.
- Bushway, Shawn. "Employment Dimensions of Re-Entry." Paper presented at the Urban Institute's Re-Entry Roundtable. Washington, DC. May, 2003.
- . "Re-Entry and Prison Work Programs." Paper presented at the Urban Institute's Re-Entry Roundtable. Washington, DC. May, 2003.
- Bushway, Shawn, and Peter Reuter. "Labor Markets and Crime." In Joan Petersilia and James Q. Wilson, eds. *Crime: Public Policies for Crime Control*, 2nd ed. Oakland, CA: ICS Press, 2000.
- Byrne, James. "The Future of Intensive Probation Supervision and the New Intermediate Sanctions." *Crime & Delinquency* 36, no. 1 (1990): 6–41.
- Cadora, Eric. "Criminal Justice and Health and Human Services: An Exploration of Overlapping Needs, Resources, and Interests in Brooklyn Neighborhoods." Paper presented at the US Department of Health and Human Services' "From Prisons to Home" conference. Washington, DC. January, 2002.
- California Budget Project. *Did California Spend Its Way into the Current Fiscal Crisis?* May 2003. Available online at www.cbpp.org/2003/030519spending.pdf.
- California Department of Corrections. *Prevention Parolee Failure Program: An Evaluation*. Sacramento: California Department of Corrections, 1997.
- Camp, Camille G. and George M. Camp. *The Corrections Yearbook 2001*. Middletown, CT: Criminal Justice Institute, 2002.
- . *The Corrections Yearbook 2000*. Middletown, CT: Criminal Justice Institute, 2001.

- Carcieri, Donald. Press release. March 1, 2004. Available online at www.doc.state.ri.us/Media/030104.htm.
- Carter, Madeline M. *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development*. US Department of Justice. National Institute of Corrections. Washington, DC: 2001.
- Cauthen, Nancy. *Policies that Improve Family Income Matter to Children*. National Center for Children in Poverty, 2002.
- CBS News. *Soft On Crime*. March 7, 2003. Available online at www.cbsnews.com/stories/2003/03/07/politics/main543146.shtml.
- Center for Policy Research. *Family Group Decision-Making In Colorado*. Denver, CO: 2002.
- Centers for Medicare and Medicaid Services. "Medicaid: A Brief Summary." Available online at www.cms.hhs.gov/publications/overview-medicare-medic-aid/default4.asp.
- Chaiken, Marcia, and Bruce Johnson. *Characteristics of Different Drug Involved Offenders*. US Department of Justice. National Institute of Justice. Washington, DC: 1988. NCJ 108560.
- Child Trends Data Bank. *Children in Poverty, Children in Working Poor Families, Long-Term Poverty, Long-Term Dependence, Secure Parental Employment*. Washington, DC: Child Trends Data Bank, 2004.
- Coalition for Evidence-Based Policies. Website homepage. Available online at www.excelgov.org/evidence. Viewed September 13, 2004.
- Committee on the Consequences of Uninsurance. Board on Health Care Services. *Insuring America's Health: Principles and Recommendations*. Washington, DC: National Academies Press, 2004.
- Conklin, Thomas J. "A New Paradigm for Correctional Medicine: The Link to Community Health." *CorrectCare* (1996).
- . "A Public Health Model to Connect Correctional Health Care with Communities." *American Journal of Public Health* 88 (1998).
- Connerley, Mary L., Richard D. Arvey, and Charles J. Bernardy. "Criminal Background Checks for Prospective and Current Employees: Current Practices Among Municipal Agencies." *Public Personnel Management* 20, no. 2 (2001).
- Corbett, Thomas, and Jennifer Noyes. "Service and Systems Integration: A Collaborative Project." *Focus* 23 (Summer 2004): 27.
- Corporation for Supportive Housing. *Supportive Housing: A Community Solution (Fact Sheet)*. Available online at documents.csh.org/documents/communications/CSHFactSheet.pdf.
- Council of State Governments. *Building Bridges: From Conviction to Employment*. New York, NY: Council of State Governments, 2003.
- Council of State Governments. *Criminal Justice/Mental Health Consensus Project*. New York, NY: Council of State Governments, 2002.
- Cross, Terry L., and others. *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children who are Severely Emotionally Disturbed*. Washington, DC: Georgetown University Child and Adolescent Service System Program Technical Assistance Center, 1989.
- Crowe, Anne H., Morna A. Murray, and Melissa Hook. *Compendium of Promising Practices for Restitution*. US Department of Justice. Office of the Victims of Crime. Washington, DC: 1999.
- Culhane, Dennis P., Stephen Métraux, and Trevor Hadley. "Public Services Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate* 13, no. 1 (2002).
- . *The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems*. Washington, DC: Fannie Mae Foundation, 2001.
- Cullen, Francis T., and Paul Gendreau. "Assessing Correctional Rehabilitation: Policy, Practice, and Prospects." *Criminal Justice 2000. Vol. 3: Policies Processes, and Decisions of the Criminal Justice System*. US Department of Justice. National Institute of Justice. Washington, DC: 2000.
- . "From Nothing Works to What Works: Changing Professional Ideology in the 21st Century." *Prison Journal* 81 no.3 (2001): 313–338.

- Cummings, S. R., S. M. Rubin, and G. Oster. "The Cost-Effectiveness of Counseling Smokers to Quit." *Journal of the American Medical Association* 261, no. 1 (1989): 75.
- DeNavas-Walt, Carmen, Bernadette D. Proctor, and Robert J. Mills. *Income, Poverty, and Health Insurance Coverage in the United States: 2003*. US Census Bureau. Current Population Reports, P60-226. Washington, DC: 2004.
- Ditton, Paula M. *Mental Health and Treatment of Inmates and Probationers*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 1999. NCJ 174463.
- Doolittle, Fred, and others. *Building Opportunities, Enforcing Obligations: Implementation and Interim Impacts of Parents' Fair Share*. New York: Manpower Demonstration Research Corp., 1998.
- Drake, Robert E. Paper presented at National Corrections Conference on Mental Illness. Boston, MA. July 2001.
- Durose, Matthew R., and Patrick A. Langan. *Felony Sentences in State Courts, 2000*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2003. NCJ 198821
- Eastman, R. C. et al. "Model of Complications of NIDDM. II: Analysis of the Health Benefits and Cost-Effectiveness of Treating IDDM With the Goal of Normoglycemia." *Diabetes Care* 20, no. 5 (1997): 725–734.
- Eddy, J. Mark, and John B. Reid. "The Antisocial Behavior of the Adolescent Children of Incarcerated Parents: A Developmental Perspective." Paper presented at the US Department of Health and Human Services' *From Prison to Home* conference. Washington, DC. January 30–31, 2002. Available online at www.urban.org/UploadedPDF/410631_AntisocialBehavior.pdf.
- Edens, John F., Roger H. Peters, and Holly A. Hills. "Treating Inmates with Co-Occurring Disorders: An Integrative Review of Existing Programs." *Behavioral Science and Law* 15 (1997): 439–57.
- Epstein, Joan, and others. *Serious Mental Illness and Its Co-Occurrence with Substance Use Disorders, 2002*. Substance Abuse and Mental Health Services Administration (SAMHSA). Office of Applied Studies. Washington, DC: 2004. Available online at www.oas.samhsa.gov/CoD/CoD.htm.
- Fabelo, Tony. *Recidivism Rates and Issues Related to TDCJ Substance Abuse Treatment Programs*. Austin, TX: Criminal Justice Policy Council, 2002. Available online at www.cjpc.state.tx.us/reports/adltrehab/RecidTDCJ.pdf.
- Fine, Janice. "A New Progressive Agenda: Innovative Ideas for Work and Immigration Policy." *2004 CLASP Audio Conference Series: The Squeeze: Helping Low-Income Families in an Era of Dwindling Resources*. Washington, DC: Center for Law and Social Policy, 2004.
- Finn, Peter. *Chicago's Safer Foundation: A Road Back for Ex-Offenders*. US Department of Justice. National Institute of Justice. Washington, DC: 1998. NCJ 167575.
- . *Successful Job Placement for Ex-Offenders: The Center for Employment Opportunities*. US Department of Justice. National Institute of Justice. Washington, DC: 1998. NCJ 168102.
- Fishman, Nancy. *Briefing Paper: An Overview of Prisoner Re-Entry in New Jersey*. Newark, NJ: New Jersey Institute for Social Justice, 2002.
- . *Briefing Paper: Legal Barriers to Prisoner Re-Entry in New Jersey*. Newark, NJ: New Jersey Institute for Social Justice, 2003.
- Flanagan, Nancy A. "Transitional Health Care Planning for Ex-offenders: Current Status in US Prisons." Paper presented at the NCCHC National Conference on Correctional Health. Austin, TX. October 2003.
- Florida Department of Corrections. *Impact of Inmate Participation in Chaplainry Programs*. Tallahassee: Florida Department of Corrections, 2001.
- Forrest, C. B. and B. Starfield. "The Effect of First-Contact Care with Primary Care Clinicians on Ambulatory Healthcare Expenditures." *Journal of Family Practice* 43 (1996): 40–48.
- Freedman, B. J., and others. "A Social Behavioral Analysis of Skill Deficits in Delinquent and Nondelinquent Adolescent Boys." *Journal of Consulting and Clinical Psychology* 46 (1978), 1448–1462.

- Freeman, Richard. "Crime and the Employment of Disadvantaged Youth." In G. Peterson and W. Vroman, eds. *Urban Labor Markets and Job Opportunities*. Washington DC: The Urban Institute Press, 1992.
- Frieden, Thomas R., and others. "Tuberculosis in New York City: Turning the Tide." *New England Journal of Medicine* 333 (1995): 229–333.
- Gabel, Katherine and Denise Johnston, eds. *Children of Incarcerated Parents*. New York: Lexington Books, 1995.
- Gaes, Gerald G., and others. "Adult Correctional Treatment." In Michael Tonry and Joan Petersilia, eds. *Prisons*. Chicago, IL: University of Chicago Press, 1999.
- Gardiner, Karen, John Tapogna, and Michael Fishman. *Administrative and Judicial Processes for Establishing Child Support Orders*. Falls Church, VA: The Lewin Group, 2002.
- Gendreau, Paul, and Don A. Andrews. *Correctional Program Assessment Inventory*, 6th ed. Ottawa, Canada: Correctional Services Canada, 1996. Available online at www.csc-scc.gc.ca/text/rsrch/reports/r139/r139_e.shtml.
- Gendreau, Paul and Robert Ross. "Revivification of Rehabilitation: Evidence from the 1980s." *Justice Quarterly* 4 no.3 (1987): 349–408.
- Genty, Philip M. "Permanency Planning in the Context of Parental Incarceration: Legal Issues and Recommendations." *Child Welfare: Journal of Policy, Practice, and Program* 77(Fall 1998): 543.
- Gerstein, Dean R., and others. *Evaluating Drug Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*. State of California. Department of Alcohol and Drug Programs. Sacramento, CA: 1994.
- Glaze, Lauren E. *Probation and Parole in the United States, 2002*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2003. NCJ 201135.
- Glaze, Lauren E., and Seri Palla. *Probation and Parole in the United States, 2003*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2004. NCJ 205336.
- Golden, Lori. *Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change*. Dallas: University of Texas Southwestern Medical Center, 2002.
- Gottfredson, Michael R., and Travis Hirschi. *A General Theory of Crime*. Stanford, CA: Stanford University Press, 1990.
- Greenberg, Mark, Emil Parker, and Abbey Frank. *Integrating TANF and WIA Into a Single Workforce System: An Analysis of Legal Issue*. Washington, DC: Center for Law and Social Policy, 2004.
- Griswold, Esther, and Jessica Pearson. "Twelve Reasons for Collaboration Between Departments of Correction and Child Support Enforcement Agencies." *Corrections Today* 65, no.3 (2003): 90.
- Griswold, Esther, Jessica Pearson, and Lanae Davis. *Testing a Modification Process for Incarcerated Parents*. Denver, CO: Center for Policy Research, 2001.
- Grogger, Jeffrey. "The Effect of Arrests on the Employment and Earnings of Young Men," *Quarterly Journal of Economics* 110, no.1 (1995): 51–71.
- Hagan, John, and Juleigh P. Coleman. "Returning Captives of the American War on Drugs: Issues of Community and Family Re-Entry." *Crime and Delinquency* 47, no. 3 (2001): 352–67.
- Haigler, Karl O., and others. *Literacy Behind Prison Walls*. US Department of Education. Office of Educational Research and Improvement. Washington, DC: 1994.
- Hairston, Creasie Finney. "Family Ties During Imprisonment: Do They Influence Future Criminal Activity?" *Federal Probation* 52, no.1 (1998): 48–52.
- Halper, Evan. "Inmates' Medical Tab Nears \$1 Billion." *Los Angeles Times*. June 2, 2004.
- Hals, Kristina. *From Locked Up to Locked Out: Creating and Implementing Post-Release Housing for Ex-Prisoners*. Seattle, WA: AIDS Housing of Washington, 2003.
- Hamilton, Gayle and Susan Scrivener. *Promoting Participation: How to Increase Involvement in Welfare-to-Work Activities*. New York, NY: Manpower Demonstration Research Corporation, 1999.

- Hammett, Theodore M., Cheryl Roberts, and Sofia Kennedy. "Health-Related Issues in Prisoner Re-Entry." *Crime & Delinquency* 47, no. 3 (2002): 390–409.
- Haney, Craig. "The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment." Paper prepared for the Urban Institute's Re-Entry Roundtable. Washington, DC. January 2002.
- Hardyman, Patricia L., James Austin, and Johnette Peyton. *Prisoner Intake Systems: Assessing Needs and Classifying Prisoners*. US Department of Justice. National Institute of Corrections. Washington, DC: 2004.
- Harlow, C. W. *Education and Correctional Populations*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2003. NCJ 195670.
- . *Profile of Jail Inmates 1996*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 1998. NCJ 164620.
- Harrell, Adelle V., and Barbara Smith. *Evaluation of the District of Columbia Superior Court Drug Intervention Program*. Washington, DC: The Urban Institute, 1996.
- Harrell, Adele V., Shannon Cavanagh, and John Roman. *Final Report: Findings from the Evaluation of the DC Superior Court Drug Intervention Program*. Washington DC: The Urban Institute, 1999.
- Harrell, Adelle V., and others. *Evaluation of Breaking the Cycle*. Washington DC: The Urban Institute, 2003.
- Harries, Keith. "Applications of Geographical Analysis in Probation and Parole." *Journal of the American Probation and Parole Association* 4 (2002): 26–3.
- Harrison, Lana D. "The Revolving Prison Door for Drug Involved Offenders: Challenges and Opportunities." *Crime and Delinquency* 47, no. 3 (2001).
- Harrison, Paige M., and Jennifer C. Karberg. *Prison and Jail Inmates at Midyear*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2003. NCJ 198877.
- Harrison, Paige M. and Allen J. Beck. *Prisoners in 2003*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2004. NCJ 205335.
- Harvard University Joint Center for Housing Studies. *The State of the Nation's Housing*. Cambridge, MA: 2004.
- Hecker, D. E. *Occupational Employment Projections to 2010*. US Department of Labor. Bureau of Labor Statistics. Washington, DC: 2000.
- Herman, Susan, and Cressida Wasserman. "A Role for Victims in Offender Re-Entry." *Crime and Delinquency* 47, no. 3 (July 2001): 428–445.
- Heymann, Phillip H., and William N. Brownsberger, eds. *Drug Addiction and Drug Policy*. Cambridge: Harvard University Press, 2001.
- Hirsch, Amy E. *Some Days are Harder than Hard: Welfare Reform and Women with Drug Convictions in Pennsylvania*. Washington, DC: Center for Law and Social Policy, 1999.
- Hirsch, Amy, and others. *Every Door Closed: Barriers Facing Parents with Criminal Records, An Action Agenda*. Fact Sheet 6. Washington, DC: Center for Law and Social Policy and Community Legal Services, Inc., 2003.
- Hochman, Gloria, Anndee Hockman, and Jennifer Miller. *Voices From the Inside*. Philadelphia, PA: Pew Commission on Children in Foster Care, 2004.
- Holzer, Harry. "Informal Job Search and Black Youth Unemployment." *American Economic Review* 77, no.2 (1987).
- Holzer, Harry, Paul Offner, and Elaine Sorensen. "What Explains the Continuing Decline in Labor Force Attachment Among Young Black Men?" Forthcoming paper cited in Elise Richer, and others. *Boom Times A Bust: Declining Employment Among Less-Educated Men*. Washington, DC: Center For Law and Social Policy, 2003.
- Holzer, Harry, Steven Raphael, and Michael A. Stoll. *Employment Barriers Facing Ex-Offenders*. Washington DC: The Urban Institute, 2003.
- . *Can Employers Play a More Positive Role in Prisoner Re-Entry?* Washington DC: The Urban Institute, 2002.
- Housing Assistance Council. *Overcoming Exclusion in Rural Communities: NIMBY Case Studies*. Housing Assistance Council, 1994. Available online at

www.ruralhome.org/pubs/development/nimby/contents.htm

Houston, Melissa. *Offender Job Retention*. National Institute of Corrections. Office of Correctional Job Training and Placement. Washington DC: 2001.

Hubbard, Robert L., and others. *Drug Abuse Treatment: A National Study of Effectiveness*. Chapel Hill, NC: University of North Carolina Press, 1989.

———. “Treatment Outcome Prospective Study (TOPS): Client Characteristics Before, During and After Treatment.” In Frank M. Tims and Jacqueline P. Ludford, eds. *Drug Abuse Treatment Evaluation Strategies, Process, and Prospects*. National Institute on Drug Abuse. Research Monograph No. 51. Bethesda, MD: 1984.

Hughes, Timothy A., Doris James Wilson, and Anthony J. Beck. *Trends in State Parole, 1990–2000*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2001. NCJ 184735.

Hull, Kim A., and others. “Analysis of Recidivism Rates for Participants of the Academic/Vocational/Transition Education Programs Offered by the Virginia Department of Correctional Education.” *Journal of Correctional Education* 51, no. 2 (2000): 256–61.

Huston, Aletha C. and others. *New Hope for Families and Children: Five-Year Results of a Program to Reduce Poverty and Reform Welfare*. New York, NY: Manpower Demonstration Research Corporation, 2003.

Hutson, Rutledge. *Providing Comprehensive, Integrated Social Services to Vulnerable Children and Families: Are There Legal Barriers at the Federal Level to Moving Forward?* Washington, DC: Center for Law and Social Policy, 2004.

Idaho State Legislature. Office of Performance Evaluations. *Inmate Collect Call Rates and Telephone Access: Opportunities to Address High Phone Rates*. Boise, ID: 2001.

Ihlanfeldt, Keith R., and David L. Sjoquist. “The Spatial Mismatch Hypothesis: A Review of Recent Studies and Their Implications for Welfare Reform.” *Fannie Mae Foundation Housing Policy Debate* 9, no. 4 (1998).

Illinois Department of Corrections. *Departmental Data*. Springfield, IL: Department of Corrections,

1999. Available online at www.idoc.state.il.us/subsections/reports/fact_sheets/FY1999.pdf.

Institute of Medicine. “Care Without Coverage: Too Little Too Late.” May 2002. Available online at www.iom.edu/Object.File/Master/4/160/0.pdf.

———. Committee on the Consequences of Uninsurance. *Insuring America’s Health: Principles and Recommendations*. Washington, DC: National Academies Press, 2004.

———. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press, 2001.

———. “Insuring America’s Health: Principles and Recommendations.” January 2004. Available online at www.iom.edu/report.asp?id=17632.

Interagency Council on Homelessness. “News of the Interagency Council on Homelessness—2004.” Available online at: www.ich.gov/2004.html.

Jacksonville Community Council, Inc. “Services for Ex-Offenders: A Report to the Citizens of Jacksonville.” Cited in Shelli Rossman. “Services Integration: Strengthening Offenders and Families, While Promoting Community Health and Safety.” Paper presented at the Urban Institute’s *From Prison To Home* Conference. Washington, DC. January 30–31, 2002.

Javitt, J. C. and others. “Preventive Eye Care in People With Diabetes is Cost-Saving to the Federal Government: Implications for Health-Care Reform.” *Diabetes Care* 17, no. 8 (1994): 910–917.

Johnson, Byron R., David B. Larson, and Timothy Pitts. “Religious Programs, Institutional Adjustment, and Recidivism among Former Inmates in Prison Fellowship Programs.” *Justice Quarterly* 14, no.1 (1997).

Johnson, Elizabeth, and Jane Waldfogel. *Children of Incarcerated Parents: Cumulative Risk and Children’s Living Arrangements*. New York, NY: Columbia University School Of Social Work, 2002.

———. “Parental Incarceration: Recent Trends and Implications for Child Welfare.” *The Social Service Review* 76, no.3 (2002): 460–479.

- . *Where Children Live When Parents Are Incarcerated*. Chicago, IL: Joint Center for Policy Research, 2003.
- Johnston, Denise. “Effects of Parental Incarceration.” In Katherine Gabel and Denise Johnston, eds. *Children of Incarcerated Parents*. New York: Lexington Books, 1995.
- . *Intergenerational Incarceration*. Pasadena, CA: Pacific Oaks Center for Children of Incarcerated Parents, 1993.
- . *Jailed Mothers*. Pasadena, CA: Pacific Oaks Center for Children of Incarcerated Parents, 1991.
- Join Together Online. *Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems*. Available online at www.jointogether.org/quality.
- Joint Center for Housing Studies. *The State of the Nation's Housing: 2003*. Cambridge, MA: Joint Center for Housing Studies, 2003.
- Kaiser Commission on Medicaid and the Uninsured. “Health Insurance Coverage in America 2003 Data Update Highlights.” Available online at www.kff.org/uninsured/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=46814.
- Kansas City Police Department. *Response Time Analysis: Volume II: Part I—Crime Analysis*. Washington, DC: US Government Printing Office, 1980.
- Kennedy, David. “Pulling Levers: Getting Deterrence Right.” *National Institute of Justice Journal*, no. 236 (1998).
- Kessler, R. C. and others. “The Prevalence and Correlates of Untreated Serious Mental Illness.” *Health Services Research* 36 (2001): 987–1007.
- Kinsella, Chad. *Trends Alert: Corrections Health Care Costs*. Lexington, KY: Council of State Governments, January 2004.
- Kleiman, Mark A. R. “Controlling Drug Use and Crime Among Drug-Involved Offenders: Testing, Sanctions, and Treatment” (1999). In Phillip H. Heymann and William N. Brownsberger, eds. *Drug Addiction and Drug Policy*. Cambridge: Harvard University Press, 2001.
- Kleiman, Mark A. R., and others. “Opportunities and Barriers in Probation Reform: A Case Study of Drug Testing and Sanctions.” *CPRC Brief*. Berkeley, CA: University of California Policy Research Center, 2002.
- Kling, Jeffrey. “The Effect of Prison Sentence Length on the Subsequent Employment and Earnings of Criminal Defendants.” *Woodrow Wilson School Discussion Papers in Economics* 208. Princeton, NJ: Princeton University Press, 1999.
- Knight, Kevin, D. Dwayne Simpson, and Matthew Hiller. “Three-Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas.” *The Prison Journal* 79 (1999): 337–351.
- Knight, Kevin, and others. “Legal Pressure, Treatment Readiness, and Engagement in Long-Term Residential Programs.” *Journal of Offender Rehabilitation* 31, no. 1/2 (2000): 101–115.
- Knitzer, Jane. *Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence and Depression in the Context of Welfare Reform*. New York, NY: National Center for Children in Poverty, 2000.
- Knitzer, Jane, and Nancy K. Cauthen. *Enhancing the Well-Being of Young Children and Families in the Context of Welfare Reform: Lessons from Early Childhood, TANF, and Family Support Programs*. New York, NY: National Center for Children in Poverty, 1999.
- Krienert, Jesse L., and Mark S. Fleisher, eds. *Crime & Employment: Critical Issues in Crime Reduction for Corrections*. Walnut Creek, CA: AltaMira Press, 2004.
- Kupers, T.A. *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It*. San Francisco, CA: Jossey-Bass Publishers, 1999.
- LaForest, Judith E., and Thomas W. Algozzine. “An Evaluation of Cholesterol Management Within a State Correctional System.” *Journal of Correctional Health Care* 10, no. 1 (Spring 2003): 75–88.
- Langan, Patrick A., and David J. Levin. *Recidivism of Prisoners Released in 1994*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2002. NCJ 193427.
- LaVigne, Nancy G., and others. *A Portrait of Prisoner Re-Entry in Ohio*. Washington, DC: The Urban Institute, 2003.

- . *A Portrait of Prisoner Re-Entry in Illinois*. Washington DC: The Urban Institute, 2003.
- . *A Portrait of Prisoner Re-Entry in Maryland*. Washington DC: The Urban Institute, 2003.
- Legal Action Center. “After Prison: Roadblocks to Re-Entry—A Report on State Legal Barriers Facing People with Criminal Records.” New York, NY: Legal Action Center, 2004.
- Lipsey, Mark W., and Nana A. Landenberger. *Cognitive-Behavioral Programs for Juvenile and Adult Offenders: A Meta-Analysis of Randomized Controlled Intervention Studies*. Nashville, TN: Vanderbilt University Institute for Public Policy Studies, Center for Evaluation Research and Methodology, 2003.
- Lipton, Douglas S. “The Correctional Opportunity: Pathways to Drug Treatment for Offenders.” *Journal of Drug Issues* 24, no. 1-2 (1994): 331–348.
- LIS, Inc., and National Institute of Corrections. “Services for Families of Prison Inmates.” US Department of Justice. National Institute of Corrections. *Special Issues in Corrections*. Longmont, CO: 2002.
- Little Hoover Commission. *Back to the Community: Safe and Sound Parole Policies*. Report #172. Sacramento, CA: Little Hoover Commission, 2003.
- Lurigio, Arthur J. “Effective Services for Parolees with Mental Illnesses.” *Crime and Delinquency* 47, no. 3 (2001): 446–461.
- Lynch, James P. and William J. Sabol. *Prisoner Re-Entry in Perspective*. Washington, DC: The Urban Institute, 2001.
- Mark T. and others. *National expenditures for mental health, alcohol, and other drug abuse treatment, 1996* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998).
- Martin, Steven S., and Frank R. Scarpitti. “An Intensive Case Management Approach for Paroled IV Drug Users.” *Journal of Drug Issues* 23 no.1 (1993): 43–59.
- Massachusetts Executive Office for Administration and Finance. “Moving Beyond Serving the Homeless to Preventing Homelessness.” *Policy Report Series*. October 2000.
- Massachusetts Governor’s Office. “Crime Panel Backs Mandatory Post Release Supervision.” April 5, 2004. Available online at www.mass.gov/portal/govPR.jsp?gov_pr=gov_pr_040405_crime_commission_report.xml.
- Massachusetts Governor’s Office. “Harshbarger Commission Recommends Blueprint for Reform.” June 30, 2004. Available online at www.mass.gov/portal/govPR.jsp?gov_pr=gov_pr_040630_harshbarger_report.xml.
- Matchar, D. B. “The Value of Stroke Prevention and Treatment.” *Neurology* 51, no. 3 (1998): S31–S35.
- Matthews, Sharon D. “The Need for Public Policy Advocacy to Reduce Barriers to Employment for Ex-Offenders.” Paper prepared for the Council of Advisors to Reduce Recidivism Through Employment (C.A.R.R.E.). Chicago: Safer Foundation, 2002.
- Mauer, Marc. *The Crisis of the Young African American Male and the Criminal Justice System*. Paper presented at the US Commission on Civil Rights. Washington, DC: April 1999.
- McDonald, D. C., and others. *Transition Services and Supervision for Released Prisoners: Implications of Research Findings for Program Development*. Draft report prepared for the US Department of Justice, National Institute of Justice. Cambridge: Abt Associates, Inc., 1995.
- McKinnon, Karen, Michael P. Carey, and Francine Cournos. “Research on HIV, AIDS and Severe Mental Illness: Recommendations from the NIMH National Conference.” *Clinical Psychology Review* 17, no. 3 (1997): 327–331.
- Menon, R., and others. *An Evaluation of Project RIO Outcomes: An Evaluative Report*. College Station: Texas A&M University Public Policy Resources Laboratory, 1992.
- Métraux, Stephen, and Dennis P. Culhane. “Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk.” *Criminology & Public Policy* 3, no. 2 (2004): 201–222.
- Meyer, Daniel, and Maria Cancian. *W-2 Child Support Demonstration Evaluation Report on Nonexperimental Analyses: Fathers of Children in W-2 Families*. Vol. II. Madison, WI: Institute for Research on Poverty, 2002.

- Miller, William R., and Stephan Rollnick. *Motivational Interviewing: Preparing People for Change*. New York: Guilford Press, 2002.
- Minkoff, Kenneth. *Psychiatric Services* 52, no. 5 (May 2001): 597–99.
- Minneapolis–St. Paul MetroGIS. Available online at www.metrogis.org/index.shtml.
- Mishel, Lawrence, Jared Bernstein, and Sylvia Allegretto. *The State of Working America 2004/2005*. Advance Edition (Ithaca, NY: Cornell University Press, 2005).
- Moore, Kristin A., and Zakia Redd. *Children in Poverty: Trends, Consequences, and Policy Options*. Washington, DC: Child Trends, 2002.
- Morris, Pamela A., and others. *How Welfare and Work Policies Affect Children: A Synthesis of Research*. New York, NY: Manpower Demonstration Research Corp, 2001.
- Moses, Marilyn C. *Keeping Incarcerated Mothers and Their Daughters Together: Girl Scouts Beyond Bars*. US Department of Justice. National Institute of Justice. Washington, DC: 1995. NCJ 156217.
- Mumola, Christopher J. *Incarcerated Parents and Their Children*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2000. NCJ 182335.
- . *Substance Abuse and Treatment, State and Federal Prisoners, 1997*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 1999. NCJ 172871.
- . “1996 Survey of Inmates in Local Jails.” Presented at the National Center for Children and Families, Washington, DC, October 31, 2002.
- . “1997 Survey of Inmates in State and Federal Correctional Facilities.” Presented at the National Center for Children and Families, Washington, DC, October 31, 2002.
- . “2001 Annual Survey of Jails.” Presented at the National Center for Children and Families, Washington, DC, October 31, 2002.
- . “2001 National Prisoners Statistics Program.” Presented at the National Center for Children and Families, Washington, DC, October 31, 2002.
- . *Veterans in Prison and Jail*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2000. NCJ 178888.
- National Association of State Mental Health Program Directors and National Association of State Alcohol and Drug Abuse Directors. *National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders*. Alexandria, VA, and Washington, DC: 1999.
- . *Financing and Marketing the New Conceptual Framework for Co-Occurring Mental Health and Substance Abuse Disorders*. Washington, DC: 1999.
- National Clearinghouse on Child Abuse and Neglect Information. *How Does the Child Welfare System Work? US Department of Health and Human Services. Administration for Children and Families, 2004.*
- National Commission on Correctional Health Care. *The Health Status of Soon-To-Be-Released Prisoners: A Report to Congress*, vol. 1. Chicago: National Commission on Correction Health Care, 2002.
- . *CorrectCare* 17, no. 30. 2003.
- . “Correctional Health Care and the Prevention of Violence.” *Position Statement*. Available online at www.ncchc.org/resources/statements/prevention.html.
- National Committee for Quality Assurance. *The State of Health Care Quality: 2003*. Washington, DC: National Committee for Quality Assurance, 2003.
- . *The State of Health Care Quality: 2004*. Washington, DC: National Committee for Quality Assurance, 2004.
- National Criminal Justice Association. *Justice Information Privacy Guideline—Developing, Drafting and Assessing Privacy Policy for Justice Information System*. Washington, DC: National Criminal Justice Association, 2002.
- National H.I.R.E. Network. “Nationwide Survey of Identification Requirements for Newly Released Prisoners.” September 2003. Available online at www.hirenetwork.org/ID_Survey_Summary.htm.
- National Institute of Corrections. *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development*. Washington, DC: Center for Effective Public Policy, 2001. Available online at www.nicic.org/pubs/2001/016858.pdf.

———. *Training Resources*. Available online at www.nicic.org/Resources/TrainingResources.aspx. Viewed August 24, 2004.

National Institute on Drug Abuse and National Institutes of Health. *Drug Abuse Treatment Outcome Study (DATOS), 1991–1995*. Bethesda, MD: National Institute on Drug Abuse, National Institutes of Health, 1996.

———. *Principles of Drug Addiction Treatment: A Research-Based Guide*. Washington, DC: 1999. NIH 00-4180.

National Low Income Housing Coalition. “The NIMBY Report on the Continuing Struggle for Inclusive Communities.” August 2001. Available online at www.nlihc.org/nimby/0801.htm.

National Multi-Housing Council. “New Research Refutes NIMBY Myth. Press Room, 8/25/03 press release. Available online at www.nmhc.org/Content/ServeContent.cfm?ContentItemID=2996&IssueID=164.

Nelson, Marta, and Jennifer Trone. *Why Planning for Release Matters*. New York: Vera Institute of Justice, 2000.

Nelson, Marta, Perry Deess, and Charlotte Allen. *The First Month Out: Post-Incarceration Experiences in New York City*. New York: Vera Institute of Justice, 1999.

Nolan, Charles M., and others. “Directly Observed Isoniazid Preventive Therapy for Released Jail Inmates.” *American Journal of Respiratory and Critical Care Medicine* 155 (1997): 583–586.

New York City Department of Homeless Services. “Summary of DOC/DHS Data Match.” Draft data analysis submitted for review as part of the New York City Department of Correction and Department of Homeless Services Discharge Planning Initiative. January 22, 2004.

New York State Data Sharing Cooperative. Available online at www.nysgis.state.ny.us/datacoop.htm.

Norwood, Janet L. Testimony before the US House of Representatives Ways and Means Committee. Subcommittee on Human Resources. Hearing on Unemployment Insurance Reform. April 24, 1997.

O’Connor, Patrick G., Peter A. Selwyn, and Richard S. Schottenfeld. “Medical Care for Injection-Drug

Users with Human Immunodeficiency Virus Infection.” *New England Journal of Medicine* 331, no. 7 (1994): 450–459.

Osher, Fred, Henry J. Steadman, and Heather Barr. *A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders: The APIC Model*. Delmar, NY: The National Gains Center, 2002.

Elsie R. Pamuk et al. *Health, United States, 1998, with Socioeconomic Status and Health Chartbook*. US Department of Health and Human Services, Centers for Disease Control and Prevention. Hyattsville, MD: National Center for Health Statistics, 1998.

Papparozi, Mario, and Paul Gendreau. “An ISP that worked.” In press.

Parrott, Sharon and Stacy Dean. *Aligning Policies and Procedures in Benefit Programs: An Overview of the Opportunities and Challenges Under Current Federal Laws and Regulations* (Washington, DC: Center on Budget and Policy Priorities, 2004).

Pear, Robert. “Health Spending Rises to Record 15% of Economy.” *New York Times*. January 9, 2004.

Pearson, Jessica. “Building Debt While Doing Time: Child Support and Incarceration.” *Judges’ Journal* 43, no. 6 (2004).

Pearson, Jessica, and Lanae Davis. *Serving Parents Who Leave Prison*. Denver, CO: Center for Policy Research, 2001.

Peter D. Hart Research Associates, Inc. “Changing Public Attitudes toward the Criminal Justice System.” Telephone survey of 1,056 US adults and six focus groups (Open Society Institute: May–December 2001).

Peters, Jo. *Washington Collectibility of Arrearages: ES 8-10*. Washington State Department of Social and Health Services. Division of Child Support, 2002.

Petersilia, Joan. “A Decade of Experimenting with Intermediate Sanctions: What Have We Learned.” *Perspectives on Crime and Justice*. Washington, DC: National Institute of Justice, 1998.

———. “Community Corrections.” In Joan Petersilia and James Q. Wilson, eds. *Crime: Public Policies for Crime Control* (Oakland: ICS Press, 2004).

- . “Parole and Prisoner Re-Entry in the United States.” In Michael Tonry and Joan Petersilia, eds. *Prisons*. Chicago, IL: University of Chicago Press, 1999.
- . *When Prisoners Come Home: Parole and Prisoner Re-Entry*. New York: Oxford University Press, 2003.
- Petersilia, Joan, and Michael Tonry, eds. *Prisons*. Chicago: University of Chicago Press, 1999.
- Petersilia, Joan, and Susan Turner. *Evaluating Intensive Supervision Probation/Parole: Results of a Nationwide Experiment*. US Department of Justice. National Institute of Justice. Washington, DC: 1993.
- Pew Commission on Children in Foster Care. *Fostering the Future: Safety, Permanency, and Well-being for Children in Foster Care*. Washington, DC: 2004.
- Phipps, Polly, and Gregg Gagliardi. *Implementation of Washington’s Dangerous Mentally Ill Offenders Law: Preliminary Findings*. Olympia, WA: Washington Institute for Public Policy, 2002.
- Prendergast, Michael L., M. Douglas Anglin, and Jean Wellisch. “Treatment for Drug-Abusing Offenders Under Community Supervision.” *Federal Probation* 59, no. 4 (1995): 96–105.
- Re-Entry National Media Outreach Campaign. *Outside the Walls: A National Snapshot of Community-Based Prisoner Re-Entry Programs*. Washington DC: The Urban Institute, 2003.
- Remien, Robert H., and Raymond A. Smith. “HIV prevention in the era of HAART: Implications for providers.” *AIDS Reader* 10 (2000): 247–251.
- Rhodes, William, and Michael Gross. *Case Management Reduces Drug Use and Criminality Among Drug-Involved Arrestees: An Experimental Study of an HIV Prevention Intervention*. US Department of Justice. National Institute of Justice. Washington, DC: 1997.
- Rich, Lauren. “Regular and Irregular Earnings of Unwed Fathers: Implications for Child Support Practices.” *Children and Youth Services Review* 23, no.4/5 (2001): 353–76.
- Richer, Elise, and others. *Boom Times A Bust: Declining Employment Among Less-Educated Men*. Washington, DC: Center For Law and Social Policy, 2003.
- Richer, Elise, Hitomi Kubo, and Abbey Frank. *All in One Stop? The Accessibility of Work Support Programs at One-Stop Centers*. Washington, DC: Center for Law and Social Policy, 2003.
- Richer, Elise, Steve Savner, and Mark Greenberg. *Frequently Asked Questions about Working Welfare Leavers*. Washington, DC: Center for Law and Social Policy, 2001.
- Roberts, Cheryl, Sofia Kennedy, and Theodore M. Hammett. “Linkages Between In-Prison and Community-Based Health Services.” Paper presented at the Urban Institute’s Re-Entry Roundtable. Washington, DC. December 11–13, 2002.
- Roberts, Paula. *An Ounce of Prevention and a Pound of Cure: Developing State Policy on the Payment of Child Support Arrears by Low Income Parents*. Washington, DC: Center for Law and Social Policy, 2001.
- Robinson, David. *The Impact of Cognitive Skills Training on Post-Release Recidivism among Canadian Federal Offender*. Research Report No. R-41. Ottawa, Canada: Correctional Service Canada, 1995.
- Rose, Dina R., Todd R. Clear, and Judith A. Ryder. “Addressing the Unintended Consequences of Incarceration Through Community-Oriented Services at the Neighborhood Level.” *Corrections Management Quarterly* 5, no.3 (2001): 62–71.
- . “Incarceration and the Community: The Problem of Removing and Returning Offenders.” *Crime and Delinquency* 47, no.3 (2001): 335–351.
- Ross, Robert, and Paul Gendreau, eds. *Effective Correctional Treatment*. Toronto: Butterworths Publishing, 1980.
- Ross, Timothy, Ajay Khashu, and Mark Wamsley. *Hard Data on Hard Times: An Empirical Analysis of Maternal Incarceration, Foster Care and Visitation*. New York: Vera Institute of Justice and New York City Administration for Children’s Services, 2004.
- Ross, Robert, and others. “Rehabilitation Through Education: A Cognitive Model for Corrections.” *Journal of Correctional Education* 39, no.2 (1988): 44–47.
- Rossman, Shelli B., and others. *Confronting Relapse and Recidivism: Case Management and Aftercare Services in the OPTS Programs*. Washington, DC: The Urban Institute, 1999.

- Rossman, Shelli. "Services Integration: Strengthening Offenders and Families, While Promoting Community Health and Safety." Paper presented at the Urban Institute's *From Prison To Home* Conference. Washington, DC. January 30–31, 2002.
- Rossman, Shelli B., and others. *Impact of the Opportunity to Succeed (OPTS) Aftercare Program for Substance-Abusers*. Washington, DC: The Urban Institute, 1999.
- Rubenstein, Gwen. *Getting to Work: How TANF Can Support Ex-Offender Parents in the Transition to Self-Sufficiency*. Washington, DC: Legal Action Center, 2001.
- . *The State of State Policy on TANF and Addiction: Findings from the 'Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients.'* Washington, DC: Legal Action Center, 2002.
- Sabol, William J., and others. *Offenders Returning to Federal Prison, 1986–97*. US Department of Justice. Bureau of Justice Statistics. Washington, DC: 2000. NCJ 182991.
- Sampson, Robert J., and John H. Laub. *Crime in the Making: Pathways and Turning Points Through Life*. Cambridge, MA: Howard University Press, 1993.
- Sandfort, Jodi. "Why is Human Services Integration So Difficult to Achieve?" *Focus* 23 (Summer 2004): 35.
- Saylor, William, and Gerald Gaes. *The Effect of Prison Employment and Vocational/Apprenticeship Training on Long-Term Recidivism*. US Department of Justice. Federal Bureau of Prisons. Washington, DC: 1992.
- . "PREP Study Links UNICOR Work Experience with Successful Post-Release Outcome." *Research Forum* 1 no.3 (1992): 1–8.
- Scanlon, Anna. *State Spending on Substance Abuse Treatment*. Washington, DC: National Council of State Legislatures, 2002.
- Scheirer, Mary Ann. "Designing and Using Process Evaluation." In Joseph S. Wholey, Harry P. Hatry, and Kathryn E. Newcomer, eds. *Handbook of Practical Program Evaluation*. San Francisco: Jossey-Bass, 1994.
- Seiter, Richard P., and Karen R. Kadela. "Prisoner Re-Entry." *Crime and Delinquency* 49, no.3 (2003).
- Seymour, Cynthia. "Children With Parents in Prison: Child Welfare Policy, Program, and Practice Issues." Special Issue: Children with Parents in Prison. *Child Welfare: Journal of Policy, Practice, and Program*. Washington, DC: Child Welfare League of America, 1998.
- Sherman, Lawrence W., and others. *Preventing Crime: What Works, What Doesn't, What's Promising: A Report to the United States Congress*. Washington, DC: National Institute of Justice, 1997.
- Slack, Kristen Shook. "Making a Real Commitment to Prevention Efforts: Reforming the "Front-End" of Child Welfare." *Poverty Research News* 6, no. 1 (January–February 2002).
- Simmons, Henry E., and Mark A. Goldberg. *Charting the Cost of Inaction*. Washington, DC: National Coalition on Health Care, 2003.
- Simpson, D. Dwayne. "National Treatment System Evaluation Based on the Drug Abuse Reporting Program (DARP) Follow-Up Research." In Frank M. Tims and Jacqueline P. Ludford, eds. *Drug Abuse Treatment Evaluation Strategies, Process, and Prospects*. National Institute on Drug Abuse. Research Monograph No. 51. Bethesda, MD: 1984.
- Sorensen, Elaine, and others. *Examining Child Support Arrears in California: The Collectibility Study*. ES 19-23. Washington, DC: The Urban Institute, 2003.
- Spelman, William, and Dale K. William. *Calling the Police: A Replication of the Citizen Reporting Component of the Kansas City Response Time Analysis*. Washington, DC: Police Executive Research Forum, 1981.
- . *Calling the Police: Citizen Reporting of Serious Crime*. Washington, DC: US Government Printing Office, 1984.
- Stanton, Glenn. Acting Director. Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations. Letter to State Medicaid Directors and CMS Associate Regional Administrators for Medicaid. May 25, 2004. Available online at www.cms.hhs.gov/medicaid/homeless/smd052504.pdf.

- Steadman, Hank J. "Boundary Spanners: A Key Component for the Effective Interactions of the Justice and Mental Health Systems." *Law and Human Behavior* 16:1. 1992.
- Steadman, Hank J., and John Monahan. "The Role of Co-Occurring Substance Abuse and Mental Illness in Violence: Workshop Summary." Washington DC: National Academy of Sciences, Division of Neuroscience and Behavioral Health, 1999.
- Steadman, Hank, and others. "Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods." *Archives of General Psychiatry* v55 (1998): 393–401.
- . "The Impact of State Mental Hospital Deinstitutionalization on United States Prison Populations, 1968–1978." *Journal of Criminal Law & Criminology* 75, no. 2 (1984): 474–90.
- Steigman, Daria. "Promising Practices in Home and Community-Based Services: Rhode Island—Case Management that Follows Offenders out the Prison Gates." *MEDSTAT Report*, March 2003. Available online at: www.cms.hhs.gov.
- Stephan, James J. *Census of Jails*. US Department of Justice. Bureau of Justice Statistics. Washington DC: 2001. NCJ 186633.
- Stephan, James J., and J. C. Karberg. *Census of State and Federal Correctional Facilities, 2000*. US Department of Justice. Bureau of Justice Statistics. Washington DC: 2003. NCJ 198272.
- Steurer, Steven, Linda Smith, and Alice Tracy. *Three-State Recidivism Study*. Lanham, MD: Correctional Educational Association, 2001.
- Stoe, Debra A., and others. *Using Geographic Information Systems To Map Crime Victim Services*. Washington DC: National Institute of Justice, 2003.
- Stoll, Michael and Steven Raphael. "Racial Differences in Spatial Job Search Patterns: Exploring the Causes and Consequences." *Economic Geography* 76, no. 3 (2000): 201–223.
- Sugrue, Brenda, and Kyung-Hyun Kim. *2004 State of the Industry Report*. Alexandria, VA: American Society for Training & Development, 2004.
- Sullivan, Eileen, and others. *Families as a Resource in Recovery from Drug Abuse: An Evaluation of La Bodega de la Familia*. New York: Vera Institute of Justice, 2002.
- Taxman, Faye. "Of Research and Relevance: Next Steps." *Criminology and Public Policy* 3, no. 2 (2004): 169–180.
- . "Supervision—Exploring the Dimensions of Effectiveness." *Federal Probation* 66, no. 2 (2002): 14–27.
- . "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services." *National Drug Court Institute Review* 2 (1999): 91–132.
- Taxman, Faye and Jeffrey Bouffard. "Drug Treatment in the Community: A Case Study of Study Integration." *Federal Probation* (September 2003): 1–23.
- Taxman, Faye, David Soule and Adam Gelb. "Graduated Sanctions: Stepping Into Accountable Systems and Offenders." *Prisons Journal* 79 no.2 (1999): 182–205.
- Taymans, Juliana, and Steve B. Parese. *Cognitive Behavioral Interventions*. Unpublished manuscript. 1997.
- Thoennes, Nancy. "Child Support Profile: Massachusetts Incarcerated and Paroled Parents." In Nancy Thoennes, ed. *Fathers in the Criminal Justice System: A Collaboration Between Child Support Enforcement and Criminal Justice Agencies in Massachusetts*. Denver, CO: Center for Policy Research, 2002.
- . *Dependency Mediation in Colorado's Fourth Judicial District*. Denver, CO: Center for Policy Research, 1999.
- Nancy Thoennes, ed. *Fathers in the Criminal Justice System: A Collaboration Between Child Support Enforcement and Criminal Justice Agencies in Massachusetts*. Denver, CO: Center for Policy Research, 2002.
- Tierney, Joseph, Jean Grossman, and Nancy Resch. *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures, 1995.
- Tonry, Michael, and James Q. Wilson, eds. *Drugs and Crime*. Chicago: University of Chicago Press, 1990.
- Tulsky, Jacqueline Peterson, and others. "Screening for Tuberculosis in Jails and Clinic Follow-Up After

- Release.” *American Journal of Public Health* 88 (1998): 223–226.
- Turner, Susan, and Joan Petersilia. *Work Release: Recidivism and Corrections Costs in Washington State*. US Department of Justice. National Institute of Justice. Washington, DC: 1996.
- Travis, Jeremy, and Sarah Lawrence. *Beyond the Prison Gates*. Washington DC: The Urban Institute, 2002.
- . “The State of Parole in America.” In Jeremy Travis and Sarah Lawrence, eds. *Beyond the Prison Gates*. Washington, DC: The Urban Institute, 2001.
- . *California’s Parole Experiment*. New York: The Urban Institute, 2002.
- Travis, Jeremy, and Joan Petersilia. “Re-Entry Reconsidered: A New Look at an Old Question.” *Crime & Delinquency* 47, no. 3 (2003).
- Travis, Jeremy, Elizabeth M. Cincotta, and Amy Solomon. *Families Left Behind: The Hidden Costs of Incarceration and Re-Entry*. Washington, DC: The Urban Institute, 2003.
- Travis, Jeremy, Sinead Keegan, and Eric Cadora. *A Portrait of Prisoner Re-Entry in New Jersey*. Washington DC: The Urban Institute, 2003.
- Travis, Jeremy, Amy L. Solomon, and Michelle Waul. *From Prison to Home: The Dimensions and Consequences of Prisoner Re-Entry*. Washington, DC: The Urban Institute, 2001.
- Turetsky, Vicki. *Realistic Child Support Policies For Low Income Fathers*. Washington, DC: Center for Law and Social Policy, 2000.
- Tyler, John H., and Jeffrey Kling. *What is the Value of a Prison GED?* Providence, RI: Brown University, 2002.
- Uggen, Christopher, and Jeremy Staff. “Work as a Turning Point for Criminal Offenders.” In Jesse L. Krienert and Mark S. Fleisher, eds. *Crime & Employment: Critical Issues in Crime Reduction for Corrections*. Walnut Creek, CA: AltaMira Press, 2004.
- US Census Bureau. *Educational Attainment in the United States: March 2002, Detailed Tables (PPL-169)*. Table 1a. Available online at census.gov/population/socdemo/education/ppl-169/tab01a.pdf.
- US Conference of Mayors. *A Status Report on Hunger and Homelessness in American Cities, 2002*. Washington, DC: United States Conference of Mayors, 2002.
- US Department of Health and Human Services. Administration for Children and Families. *Helping Families Achieve Self-Sufficiency: A Guide to Funding Services for Children and Families through the TANF Program*. Washington, DC: 1999. Available online at www.acf.dhhs.gov/programs/ofa/funds2.htm.
- . Centers for Disease Control and Prevention. *Health, United States, 2003, with Chartbook on Trends in the Health of Americans*. Hyattsville, MD: National Center for Health Statistics, 1998.
- . Centers for Disease Control and Prevention. “Immunization Registry Progress January–December 2002.” *Morbidity and Mortality Weekly Report* 53, no. 20 (2004): 431–433.
- . Health Resources and Services Administration. “Free Hospital Care, Nursing Home Care, and Care Provided in Other Types of Health Care Facilities Under the Hill-Burton Program.” Available online at www.hrsa.gov/osp/dfcr/obtain/Freecare.htm.
- . Health Resources and Services Administration. “Bureau of Primary Health Care: Service Delivery Sites: Federally Qualified Health Centers.” Available online at www.ask.hrsa.gov/pc.
- . Office of Disease Prevention and Health Promotion. *Healthy People 2010—Conference Edition, Two Volumes* (Washington, DC: 2000).
- . Office of the Assistant Secretary for Planning and Evaluation. *The Application Process for TANF, Food Stamps, Medicaid, and SCHIP*. Washington, DC: 2003.
- . Office of Inspector General. *The Establishment of Child Support Orders for Low Income Non-Custodial Parents*. Washington, DC: 2001. OEI-05-99-00390.
- . Office of Inspector General. *State Policies Used to Establish Child Support Orders for Low Income Non-Custodial Parents*. Washington, DC, 2000. OEI-05-99-00391.
- . Office of the Surgeon General. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: 2001.

- . President's New Freedom Commission on Mental Health Report. *Achieving the Promise: Transforming Mental Health Care in America: Final Report*. Rockville, MD: 2003.
- . Substance Abuse and Mental Health Services Administration. "Center For Mental Health Services Community Mental Health Services Block Grant." Available online at www.samhsa.gov/budget/B2005/spending/cj_26.aspx.
- . Substance Abuse and Mental Health Services Administration. *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative*. Washington, DC: 2000.
- . Substance Abuse Mental Health Services Administration. *National Household Survey on Drug Abuse: Volume I (2002)*.
- . Substance Abuse and Mental Health Services Administration. *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders*. Washington, DC: 2002.
- . Substance Abuse and Mental Health Services Administration. *2003 National Survey on Drug Use and Health*. Available online at www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm#highlights.
- . Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, and National Institute of Mental Health. *Mental Health: A Report of the Surgeon General*. Rockville, MD: 1999.
- US Department of Justice. Bureau of Justice Statistics. *Prisoners Released Unconditionally from State or Federal Jurisdiction, 1977–98*. Available online at: www.ojp.usdoj.gov/bjs/dtdata.htm#time.
- . Bureau of Justice Statistics, and Federal Bureau of Prisons. *Survey of Inmates in State and Federal Correctional Facilities*. Washington, DC: 1997.
- . Bureau of Justice Statistics. *National Corrections Reporting Program*. Washington, DC: annual.
- . Bureau of Justice Statistics. *Correctional Populations in the United States, 1998*. Washington DC: 2002. US Department of Justice, Bureau of Justice Statistics. Available online at www.ojp.usdoj.gov/bjs/pub/pdf/cpus98.pdf.
- . Bureau of Justice Statistics. *Prisoners Released Unconditionally from State or Federal Jurisdiction, 1977–98*. Viewed online at www.ojp.usdoj.gov/bjs/dtdata.htm#time, accessed April 7, 2004.
- . National Institute of Corrections. *Evidence-based Practices for Offender Risk Management*. Available online at www.nicic.org/resources/topics/effectiveinterventions.aspx.
- . National Institute of Justice. *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Washington, DC: US Department of Justice, 2004.
- . National Institute of Corrections, National Institute of Justice, Office for Victims of Crime, and Office of Juvenile Justice and Delinquency Prevention. *Restorative Justice On-Line Notebook*. Available online at www.ojp.usdoj.gov/nij/rest-just/ch5_toc.htm, accessed June 25, 2004.
- US Department of Labor. Bureau of Labor Statistics. *Employment Situation Summary: October 2004*. Available online at <http://www.bls.gov/news.release/empsit.nr0.htm>.
- . *Labor Force Statistics from the Current Population Survey*. LNS 14000000. Available online at www.data.bls.gov/cgi-bin/surveymost.
- . Bureau of Labor Statistics. *Unemployment Rate—Black or African-American*. LNS 14000006. Available online at www.data.bls.gov/cgi-bin/surveymost.
- . Bureau of Labor Statistics. *Unemployment Rate—Hispanic or Latino*. LNS14000009. Available online at www.data.bls.gov/cgi-bin/surveymost.
- . Bureau of Labor Statistics. *Unemployment Rate—Less than a High School Diploma, 25 yrs. & Over*. Available online at www.data.bls.gov/cgi-bin/surveymost.
- . Employment and Training Agency. Grants & Contracts. Available online at www.doleta.gov/grants.
- US House of Representatives. Committee on Ways and Means. *2004 Green Book* (Washington, DC: 2004), WMCP 108-6.
- Van Voorhis, Patricia, and Lois Presser. *Classification of Women Offenders: A National Assessment of Current*

- Practices*. US Department of Justice. National Institute of Corrections. Washington, DC: 2001.
- Venkatesh, Sudhir. *The Robert Taylor Homes Relocation Study*. New York, NY: Columbia University Center for Urban Research and Policy, 2002.
- Visher, Christy, Nancy G. LaVigne, and Jill Farrell. *Illinois Prisoners' Reflections on Returning Home*. Washington DC: The Urban Institute, 2003.
- Visher, Christy, and others. *Baltimore Prisoners' Experiences Returning Home*. Washington, DC: The Urban Institute, 2004.
- Waldron, Tom, Brandon Roberts and Andrew Reamer. *Working Hard, Falling Short: America's Working Families and the Pursuit of Economic Security*. Baltimore, MD: Annie E. Casey Foundation, 2004.
- Warren, Meredith. "Out of Jail and on Their Own." *Eagle-Tribune* (MA). February 29, 2004.
- Washington Department of Corrections Website. Available online at www.doc.wa.gov/planningresearch/planningresearch.htm.
- Watson, Jamie, and others. *A Portrait of Prisoner Re-Entry in Texas*. Washington, DC: The Urban Institute, 2004.
- Welfare to Work Partnership. "Member Survey: Taking the Next Step." *The Welfare to Work Partnership 2000 Series*, no. 1 (2000).
- Wertheimer, Richard. *Working Poor Families with Children: Leaving Welfare Doesn't Necessarily Mean Leaving Poverty*. Washington, DC: Child Trends, 2001.
- Wexler, Harry K., Gregory P. Falkin, and Douglas S. Lipton. *A Model Prison Rehabilitation Program: An Evaluation of the Stay' N Out Therapeutic Community—Final Report to the National Institute of Drug Abuse*. Albany, NY: Narcotic and Drug Research, Inc., 1988.
- Wholey, Joseph S., Harry P. Hatry, and Kathryn E. Newcomer, eds. *Handbook of Practical Program Evaluation*. San Francisco: Jossey-Bass, 1994.
- Wickline, Michael R. "Prison Costs, Glut Worry Lawmakers." *Arkansas Democrat-Gazette*. January 7, 2003.
- Wilson, David, Catherine Gallagher, and Doris MacKenzie. "A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders." *Journal of Research in Crime and Delinquency* 37 (2001): 347–68.
- Wilson, Doris James. *Drug Use, Testing, and Treatment in Jails*. Department of Justice. Bureau of Justice Statistics. Washington, DC: 2000. NCJ 179999.
- Wilson, William Julius. *When Work Disappears: the World of the New Urban Poor*. New York: Random House, 1996.
- Wright, Lois E. and Cynthia B. Seymour. *Working with Children and Families Separated by Incarceration*. Washington, DC: Child Welfare League of America, 2000.
- Women's Prison Association. "Barriers to Re-Entry." *WPA Focus on Women and Justice Series*, 2nd Focus (October 2003).
- Workforce Learning Strategies. *Conducting a Community Audit*. Contracted by US Department of Labor. Washington, DC: 2000.
- Zerger, Suzanne. "Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature." Nashville, TN: National Health Care for the Homeless Council, June 2002. Available online at www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.

Glossary

A

activities of daily living (ADLs) — Activities that are basic to survival, including bathing, toileting, eating, and ambulation.

affordable housing — General term for rental or ownership housing provided at lower-than-market costs through public subsidies. Developed or offered by non-profit community-based organizations, private for-profit developers, or quasi-public agencies known as Public Housing Authorities. The last varieties are known as ‘public housing’ or ‘Section 8 Housing Choice Vouchers’ and are the most widely available. See ‘Low-Income Housing.’

atypical antipsychotics — The latest class of drugs used to treat psychosis, these medications are safer and have fewer medication-related adverse effects compared with older medications.

C

case management — A range of services provided to assist and support people in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human needs; and forming linkages to and training in the use of community resources. Staff dedicated to case management generally provides these services.

categorical funding — Federal and state grants that are prescribed in authorizing legislation for certain identified populations, providers, or services. Grant recipients must prepare budget documents to demonstrate that these funds are expended within the guidelines set by the authorizing statute.

circle sentencing — A community-directed process, conducted in partnership with the criminal justice system, to develop consensus on an appropriate sentencing plan that addresses the concerns of the victim and supporters, the offender and supporters, judge and court personnel, prosecutor, defense counsel, police, and all interested community members. The experience is intended to give all parties an opportunity to speak openly and try to come to terms with the event, and to mutually identify the steps necessary to assist in healing and to prevent future crimes.

cognitive-behavioral therapy (CBT) — A manual-driven course of structured counseling aimed towards increasing awareness of one’s thoughts, behaviors, and actions, as well as the consequences of each. CBT is often used to address specific problem areas such as anger management, moral reasoning, criminal thinking, addiction, relapse prevention, and relationships.

communicable disease — A disease that can be transmitted from one person to another, such as tuberculosis, viral hepatitis, HIV, and sexually transmitted diseases. Correctional facilities often have a high prevalence of people with communicable diseases, placing many inmates at high risk of infection with such ailments.

community corrections — The provision of corrections services to offenders in a community or neighborhood, rather than in an institution. Community corrections typically includes probation/parole, electronic monitoring, and/or alternative, low-security living arrangements where individuals under

supervision may have access to paid or volunteer work and/or be living within their own homes.

Community Development Block Grant (CDBG) —

Administered by local government agencies and funded through the US Department of Housing and Urban Development, community development activities include many different programs that provide assistance to a wide variety of grantees. Begun in 1974, the CDBG program provides annual grants on a formula basis to many different types of grantees through several programs. For more information, see www.hud.gov/offices/cpd/communitydevelopment/index.cfm

community development corporations (CDCs) —

Non-profit housing and community development organizations that provide affordable housing for low-income consumers and economic development in low-income communities by combining expertise in housing, development and management with their roles as community builders and organizers. CDCs often play a key role in many local continuums of re-entry assistance.

community service — A type of restorative activity that allows an individual with a criminal conviction to improve his or her skills, develop community connections, and complete sentencing requirements.

community supervision — The placement of a defendant under supervision for a specified length of time, as ordered by a court, with court-imposed rules and conditions, generally instead of or as follow-up to confinement. The defendant, in turn, must abide by conditions imposed by the court which are designed to help him or her lead a more pro-social lifestyle. If the defendant fails to abide by these conditions, the court has the option of imposing a term of imprisonment by revoking the his or her supervision.

conditional release — The release of an inmate from prison to a period of community supervision, typically with a standard set of conditions he or she must abide by in order to remain on parole or post-release supervision. These conditions may include regular reporting, maintenance of a known residence, drug testing, compliance with a curfew, and other such conditions. Violation of the conditions of supervision may result in the imposition of sanctions. Such sanctions may be community-based or may result in the revocation of supervision status and a return to prison.

consumer — The term most frequently applied to a person who receives mental or physical health services.

continuum of care — Coordination between corrections administrators and community-based partners to ensure that when an inmate is released, none of the time and effort invested to date in his or her successful re-entry is lost.

co-occurring disorders — Two or more disorders occurring simultaneously. Generally, the term refers to mental health and substance abuse disorders, but can refer to mental health, physical health, developmental, or other disorders.

criminogenic factors — Elements of an individual's character and environment that might contribute to his/her committing offenses, and which may therefore provide a valuable resource for predicting and responding to recidivism.

D

decompensation — A temporary return to a lower level of psychological adaptation or functioning, often occurring when an individual is under considerable stress or has discontinued psychiatric medication against medical advice.

distance education — An educational situation in which time, location, or both separate the instructor and students. Education or training courses are delivered to remote locations either as real-time, online, instructor-led interaction; or intermittent, time-delayed interaction. Means of instruction include written correspondence, text, graphics, audio- and videotape, CD-ROM, online learning, audio- and videoconferencing, interactive TV, and FAX. Distance education does not preclude the use of the traditional classroom.

diversion — A process that offers an individual charged with a criminal offense an alternative to traditional criminal justice proceedings on a voluntary basis. Diversion occurs in the period between the filing of formal charges and a final adjudication, and results in a dismissal of charges, or its equivalent, if the divertee successfully completes the diversion process.

dual diagnosis — A classification for an individual with severe and persistent mental illness who is simultaneously addicted to alcohol or other drugs.

dynamic criminogenic factors — Changing conditions of an individual's character and environment that might contribute to criminal behavior, including changing attitudes, beliefs, thinking patterns, and peer groups.

E

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) — A federally funded program to provide preventive health care, including immunizations, to low-income children eligible for Medicaid. One of the essential purposes of the program is to ensure that eligible children are screened regularly for potential health problems, including developmental evaluations and screening for physical health, lead poisoning, vision, hearing, and dental problems. Early identification leads to improved health outcomes.

evidence-based practices — Interventions and treatment approaches that have been proven effective through a rigorous scientific process. In the context of re-entry, this often refers to a practice that has had a demonstrable, positive outcome in terms of lowering recidivism, increasing victim satisfaction, or decreasing expenditures.

expungement — The process by which a record of arrest or conviction is destroyed.

F

Fair Market Rent — The Department of Housing and Urban Development's assessed value of actual market rent for a unit of housing based on the cost of building and managing a rental property or the prevailing rent in the area. This estimate is updated and published on a yearly basis.

family group conference — Voluntary meetings to decide the resolution of a criminal incident involving the network of people most affected by the crime: the victim, the offender, and the support groups of both. The affected parties are brought together by a trained facilitator to discuss how they and others have been harmed by the offense and how that harm might be repaired. The offender may participate only if he or she admits to the offense.

Federal Bonding Program — A US Department of Labor program designed to alleviate employer concerns about at-risk job applicants by allowing employers to cover people who, like individuals with

criminal convictions, cannot be covered by commercial insurance. Fidelity bonds issued through the Federal Bonding Program insure the employer, at no cost, against theft, forgery, larceny, or embezzlement by the employee. Either the employer or the job applicant can request that a bond be issued.

felony — Usually considered a more serious offense, for which there is typically a term of imprisonment for one year or more.

formularies — A standard list of the most commonly used medications and preparations approved for use within an institution.

functional skills — Essential academic and personal abilities necessary for a person to succeed in the workplace. Traditionally referred to as basic education skills, including reading, writing, and arithmetic. In recent years, the category has been expanded to include a number of cognitive and interpersonal abilities, such as the capacity to think and solve problems; communicate information in oral, written, and electronic forms; work effectively alone and in teams; and take personal responsibility.

G

geomapping — Computer-based mapping research that identifies the geographic distribution of certain resources and services in comparison with a target population. In the context of re-entry, geomapping provides a geographic analysis of criminal justice and social service resources in neighborhoods from which individuals in prison and jail originate. These geomaps can be used to identify gaps between available resources and the needs of those released from incarceration, as well as the funding which is directed to particular geographic areas.

good time credit — Credit towards a reduced sentence for good behavior, such as program participation, while in jail or prison.

H

halfway house — A highly supervised residential environment designed to help individuals returning to the community from prison, or to provide housing for individuals awaiting trial. Less than one-half of one percent of all inmates released in 1999 were reportedly served by halfway houses.

Health Insurance Portability and Accountability Act (HIPAA) — Legislation intended to provide portability of employer-sponsored insurance from one job to another in order to prevent the inability to change jobs because of the fear of losing health insurance. This act also makes it illegal to exclude people from coverage because of pre-existing conditions and offers some tax deductions to self-employed people who pay their own health insurance premiums. The act also directs the federal government to standardize billing codes and to develop privacy standards related to individually identifiable health care information.

high-barrier population — A group of people that faces great obstacles in attaining employment, such as migrant workers or elderly, disabled, or recently incarcerated individuals. Obstacles may include illiteracy, low-skills, cost and availability of quality childcare, lack of transportation, lack of quality housing, job discrimination, substance abuse, mental or physical health, etc.

Housing Choice Voucher (HCV) Program — See *Section 8*.

Housing Tax Credit Program (HTC) — Provides federal income tax credits to individuals or organizations that develop affordable housing through either new construction or acquisition and rehabilitation. The tax credits provide a dollar for dollar reduction in the developer's tax liability for a ten-year period. Tax credits can also be used by nonprofit or public developers to attract investment to an affordable housing project by syndicating, or selling, the tax credit to investors.

I

inmate — An individual remanded to the custody of a local, county, state, or federal correctional facility, including jails and prisons.

intrinsic motivation — Stimulation or drive stemming from within oneself. Finding and enhancing a person's intrinsic motivation is central to the success of any behavioral change program for individuals who are incarcerated or under supervision.

J

jail — A correctional facility designed to detain individuals pending judicial hearings or to provide brief periods of incarceration, generally less than one year,

for sentenced inmates. Jails are typically operated by local or county jurisdictions.

job-seeking skills — The skills necessary to search, apply for and obtain employment.

job skills — Specific knowledge, skills or abilities that allow an individual to perform required tasks that are related to specific jobs.

L

life skills — Skills that arise from the everyday routines of life, including everything from cleaning and cooking to shopping and money management. The experience of having daily schedules and activities closely monitored while in a correctional facility can diminish an individual's independence and self-sufficiency.

low-income housing — Specific type of affordable housing that is developed and offered for households with incomes less than 80 percent of area median income, usually subsidized through federal, state or local programs, of which the federal Low-Income Housing Tax Credit is the largest.

M

mandatory minimum sentencing — Sentencing statutes or regulations requiring convicted criminal defendants to a period of incarceration based on the type of offense and/ or the individual's criminal history. Along with other types of mandatory sentencing guidelines, including determinate sentencing and Truth-in-Sentencing laws, many states have enacted mandatory minimum sentencing since the 1970s.

McKinney-Vento Act — 1987 legislation that empowers the Department of Housing and Urban Development (HUD) to create homeless and supportive housing programs throughout the United States. The legislation uses a federal definition of homelessness that excludes people incarcerated or otherwise detained under state or federal law; therefore, individuals re-entering the community from prison or jail are ineligible for any housing and services funded through the McKinney-Vento Act.

Medicaid — Medicaid is a jointly funded, federal/state health insurance program for low-income and disabled people who meet needs-based eligibility requirements. Nationally, it covers approximately 36 million individuals including children, the aged,

the blind, the disabled and people who are eligible to receive federally assisted income maintenance payments.

memorandum of understanding (MOU) — A document providing a general description of the responsibilities that are to be assumed by two or more parties in their pursuit of some goal(s). More specific information about methods of achieving declared goals may be provided in an associated Statement of Work (SOW).

mental health assessment — An examination, more comprehensive than a screening, performed on each newly admitted inmate soon after arrival at an institution. It usually includes a review of the medical screening, behavior observations, inquiry into any history of mental illness, and an assessment of suicide potential.

Mentally Ill, Chemically Affected (MICA) — A classification for an individual with mental illness who is simultaneously addicted to alcohol or other drugs. Recently, the term has *dual diagnosis* has been used in favor of MICA.

mental illness — A term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior, and are associated with distress and/or impaired functioning.

serious mental illness — A term defined by federal regulations that generally applies to mental disorders that interfere with some area of social functioning such as psychosis and major mood disorders.

misdemeanor — Usually a petty offense—a less serious crime than a felony—that is generally punishable by less than a year of confinement.

moral reconnection therapy (MRT) — A cognitive-behavioral therapeutic approach aimed at systematically altering an individual's reasoning abilities in order to foster social and moral growth and assist in decisionmaking. MRT is used system-wide in the states of Washington and Oklahoma, and in Oregon's Washington County.

morbidity — State of ill health produced by any departure from a state of physiological or psychological well-being. Morbidity rates usually provide measures of incidence during a defined period of time

or prevalence of a disease or condition diagnosed or reported for a population at a single point in time.

Motivational Enhancement Therapy (MET) — Based on principles from cognitive and social psychology, MET attempts to overcome any ambivalence an individual may have toward treatment and motivate them to change. MET has been proven effective in both inpatient and outpatient settings and found particularly successful with alcohol addicted and marijuana-dependent clients.

N

NIMBY ("Not In My Backyard") — A term for community-driven resistance to placement of special-needs housing or other types of facilities in neighborhoods.

O

One-Stop Career Centers — The foundation of the workforce development system under the Workforce Investment Act (WIA), One-Stops are the entry point for any person seeking job training or employment services, and any employer seeking workforce services such as hiring or training. WIA requires that local workforce investment areas establish at least one physical One-Stop to serve employers and job seekers. Local workforce boards may establish more than one physical One-Stop, and may also create virtual One-Stops at partner agencies, in community-based organizations, or in other facilities, such as prisons or churches.

"One Strike and You're Out" — A term for the US Department of Housing and Urban Development (HUD) policy that requires all public housing authorities or federally-assisted housing providers to deny housing to individuals who have been evicted from public or federally-subsidized housing due to drug-related criminal activity; individuals subject to lifetime registry under state registration programs for criminal conviction of a sex offense; individuals convicted of methamphetamine production on public housing premises; individuals who are currently abusing alcohol in a manner that interferes with the health, safety, or peaceful enjoyment of the premises by other residents; and individuals currently using illegal drugs.

P

pardon — Relief from the legal consequences of a crime. May also mean excusing or forgiving a conviction.

parole — A process whereby inmates can be released from incarceration and transferred to community supervision prior to the end of their sentence, given exceptional behavior and rehabilitation during incarceration and a comprehensive review by a parole board. Parole has been abolished in a number of states in recent years.

parole board — A discretionary panel of individuals usually appointed by the governor which examines an inmate's institutional adjustment and future life plans in order to make a release decision. Today, less than one-quarter of prisoners are released by a parole board, as the vast majority are released according to mandatory sentencing guidelines. In most cases, a parole board sets the terms and conditions of release, even for those released by sentencing guidelines.

phased-permanent housing — Specialized re-entry housing that offers tenants month-to-month occupancy agreements rather than traditional annual leases, allowing the option for tenants to leave at any time after they no longer need the assistance that a supportive setting provides. Often, phased-permanent housing is co-located near emergency housing and serves as safe and stable pass-through settings or shelters while also providing a longer-term housing option linked to supportive services for those in need.

prison — A correctional facility that houses inmates generally sentenced to a period of incarceration exceeding one year. Prisons are typically operated by state corrections agencies, although private companies also operate prisons in some states.

prison industries — Operations, whether manufacturing- or service-oriented, in both state and federal correctional facilities that are designed to employ and provide skills training for inmates. Operating in a self-sustaining manner, prison industries produce market-price, quality goods for sale to federal and state governments and the public.

probation — A sentence imposed by the court on an individual who has committed an offense that requires him or her to abide by specified conditions

for a period of time under community supervision by a probation officer.

public assistance — Benefits provided by state or federal programs to eligible recipients. These benefits may be used by releasees to acquire treatment or housing, but in some cases may be denied to individuals with criminal records. The current federal public assistance program is called *Temporary Assistance to Needy Families (TANF)*.

public health — A branch of medicine concerned with improving the health of the population, rather than treating the diseases of individual patients. Public health functions include health surveillance and analysis; investigation of disease outbreaks; establishing and managing health promotion and disease prevention programs; enabling and empowering communities to promote health and reduce inequalities; creating and sustaining intergovernmental partnerships to improve health; ensuring compliance with regulations and laws to protect and promote health; and maintaining a well educated and trained, multidisciplinary public health workforce.

public housing — Housing assisted under the provisions of the US Housing Act of 1937 or under a state or local program having the same general purposes as the federal program. Distinguished from privately financed housing, regardless of whether federal subsidies or mortgage insurance are features of such housing development.

Public Housing Authority (PHA) — Any state, county, municipality, or other governmental entity or public body authorized under state enabling legislation to engage in the development or administration of low-rent public housing or slum clearance.

public workforce system — A market-driven employment training, placement, and support system which brings together public funding, One-Stop career development services, and members of state and local Workforce Investment Boards in order to increase employment, job retention, and earnings; reduce welfare dependency; and enhance national productivity and competitiveness.

R

recidivism — The return of a released ex-inmate to custody in a correctional facility. Different jurisdictions tend to have unique definitions for the types

of offenses that result in recidivism, ranging from re-incarceration only after arrest for a new crime, to re-incarceration for technical violation of the conditions of release.

re-entry — The process of transitioning from prison or jail to the community.

re-entry court — A specialized court that offers a forum to monitor and address any violations in the terms and conditions of supervised release, allowing for community-based collaboration, control, and decisionmaking. If empowered to sanction violations and reward compliance, a re-entry court may eliminate some of the complications resulting from the multiple tiers of the supervision process.

re-entry housing — Built upon the supportive housing model, re-entry housing provides prison- or jail-based transition planning services. Like supportive housing, re-entry housing blends a multitude of funding sources, usually involves partnerships and linkages among multiple non-profit providers with different areas of expertise, and offers tenants/residents a comprehensive array of service options in addition to affordable housing.

registration — A statutory requirement that individuals who are convicted of a sex offense must notify authorities of their address, identity, or other personal facts for a determined period of time. If these individuals are re-incarcerated, their time on the registry is placed on hold until they are released. An individual's term of registration is based on a number of statutory requirements, including the type of offense for which he or she was convicted; whether he or she has multiple convictions or a history of convictions for crimes that constitute sexual offenses; or if he or she been convicted of specified crimes against victims who are minors.

reintegration — The process of adjusting from a socially isolated correctional environment back into active community involvement.

relapse — Resuming the addictive behavior for which an individual has received treatment. The term may also be used to describe the worsening condition of a patient with a chronic medical problem.

release date — The date a prisoner returns to the community, according to terms set by a parole board, mandatory release statute, or sentencing guidelines.

release from supervision — Successful completion of the guidance, treatment, and regulation process by an individual under community supervision.

releasing authority — The decisionmaking body and/or individual who has the responsibility to grant, deny, and revoke release from a correctional institution or program of supervision. In some jurisdictions, it is called the parole board or the parole commission.

reparative activities — Community service programs designed to repair community relationships and focus on the harm that the crime caused. Also known as restorative activities.

reparative board — A community-sanctioning device, commonly in response to youth or nonviolent offenders, that develops sanction agreements with offenders, monitors compliance, and submits compliance reports to the court. These boards are typically composed of a small group of citizens prepared for their role by intensive training, board members conduct public, face-to-face meetings with participating offenders.

responsivity principle — The principle of correction's practice which stresses the importance of delivering correctional treatment services using methods and techniques matched to individual learning style and motivational level.

restitution — Payments, generally monetary, made by an offender to a victim or victim's family to compensate for harm caused to the victim. The payments are often allocated from wages earned either while in prison or in postrelease employment.

restorative justice — A nonpunitive justice approach that emphasizes the importance of the roles of the victim, the offender, and the community in fashioning genuine and long-lasting solutions to crime. As such, the emphasis is not upon sanctions for the sake of sanctions, but rather upon remedies that work best to instill accountability and the opportunity for true change in the offender; to restore financial losses for the victim; and to initiate the re-establishment of community ties that have been damaged and/or broken by the commission of a crime.

revocation — A sanctioning mechanism whereby a technical violation of the conditions of probation or parole is punishable by re-imprisonment.

risk and needs assessment — A comprehensive examination that looks at both dynamic and static criminogenic factors and usually includes a recommendation for interventions, supervision levels, and in some cases sentencing if a new crime is involved.

risk management — Case management of an offender that minimizes the risk to the public by addressing the risk areas of a particular offender. This may include supervision, special conditions, treatment, or any combination of these.

risk principle — The belief that the greatest reduction in recidivism can be achieved when the highest-risk individuals are provided with services. According to this principle, corrections officials should redouble their service delivery, quality of service, and aftercare efforts with the most difficult-to-serve individuals.

S

safety plan — A plan developed for and/ or by the crime victim to increase the victim's feeling of security and safety as the release date for the person who perpetrated the crime against him or her nears.

scattered site housing — Affordable housing in which rental units are not located in a single location, and generally referring to single-family properties. Some owners and managers of scattered site housing are CDCs and public housing agencies. This type of housing is often utilized by individuals recently released from prison or jail and their families. This arrangement may encourage offenders who no longer need supportive services to live independently.

sealing — The process by which access to a record of arrest or conviction is suppressed or restricted. The record typically remains available to the individuals working in the criminal justice system. In some cases, when a record has been sealed or expunged, the subject of the record is legally permitted to deny the existence of the record if asked about it on an employment application. This term is often used interchangeably with expungement, though the effect of these processes is technically different.

Section 8 — A federal rental subsidy program providing assistance either to an individual or a property. The US Department of Housing and Urban Development (HUD) provides both vouchers to individuals and subsidies to the landlord for the difference

between the contract rent (set by HUD at Fair Market Rent) and the total tenant payment. Tenants in the Section 8 program generally pay 30 to 40 percent of their household income for rent. Under federal law, public housing authorities or federally assisted housing providers may screen or refuse vouchers to people who have been convicted of certain offenses (see “*One Strike You’re Out*”). In most areas of the country, there are considerable waiting lists for vouchers and Public Housing Authorities can set local preferences for issuing vouchers. Also known as *Housing Choice Voucher (HCV) Program*.

Selective Serotonin Reuptake Inhibitor (SSRI) — A class of antidepressant medications that is primarily used in the treatment of depression and obsessive compulsive disorder. The emergence of clinical evidence demonstrating the benefits of appropriate psychotropic medications has increased pressure on corrections systems to ensure appropriate availability of these medications.

services engagement model — A treatment strategy in which service providers seek to build relationships with clients while delivering services to ensure client participation and to improve clients' attitudes toward positive programming. In jails or prisons, such engagement involves repeated and consistent contact with program staff, as well as the use of informal and unstructured settings.

shelter allowance — A component of public assistance that is intended for the specific purpose of offsetting the cost of housing.

Social Security Disability Insurance (SSDI) — A federal program in the Social Security Administration providing monthly benefits to disabled workers and their dependents. A person builds protection through employment covered under Social Security. Disability is defined as an inability to engage in substantial gainful activity because of any medically determinable, permanent physical or mental impairment. The disability length of time necessary for eligibility is at least five months.

split sentence — A sentence explicitly requiring the convicted person to serve a period of confinement in a local, state, or federal facility followed by a period of probation.

static criminogenic factor — Unchanging conditions of an individual's character and environment that might contribute to criminal behavior, including

personal employment, family, substance abuse, and medical histories.

Substance Abuse Prevention and Treatment Block Grant (SAPT) — A federal grant issued to the states by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the Department of Health and Human Services to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse. A formula grant, the amount of each SAPT Block Grant is awarded based on a statutory formula prescribed in USC Title 42.

supervised release — Transferring an individual from the custody of a correctional facility into community supervision.

supervision — See *community supervision*.

supervision plan — A probation or parole plan for supervising offenders under community supervision based on an assessment of the offender's needs and his or her level of risk to society.

Supplemental Security Income (SSI) — A Federal income supplement program funded by general tax revenues rather than Social Security taxes. SSI is designed to help aged, blind, and disabled people who have little or no income by providing cash to meet basic needs for food, clothing, and shelter.

supportive housing — Affordable housing that is enriched with on-site or easily accessible services that are available to residents, but not mandated. Services may include regular staff contact and assistance as needed with household chores, as well as the availability of crisis services or other services designed to prevent relapse, such as mental health, substance abuse, and employment services. Unlike public or affordable housing, supportive housing must rely on the ingenuity of nonprofit developers to pull together the funding and resources from various systems to create a single project.

T

technical violation — Procedural infractions of parole conditions, which may include behaviors that would otherwise not be considered crimes, such as consumption of alcohol, failure to attend mandated programs, default on court fee payment plans, fail-

ure to report as instructed or changing an address without prior permission.

Temporary Aid to Needy Families (TANF) — A federal program that provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. Overseen by the Office of Family Assistance (OFA) in the US Department of Health and Human Services, TANF was created by the Welfare Reform Law of 1996, and replaced what was then commonly known as welfare: Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training (JOBS) programs.

therapeutic communities (TCs) — Highly structured units of residential treatment which cluster selected inmates away from the general population for a year or longer to provide intensive treatment for chemical dependencies. TCs offer the advantage of comprehensive, integrated treatment; ease of transfer to similar community-based programs; and the involvement of community- and faith-based services.

transition planner — Based in correctional facilities, transition planners develop and administer an inmate's programming plan to ensure that inmates are taking steps to prepare for re-entry throughout their incarceration. Transition planners coordinate with a multidisciplinary team of professionals, including representatives from facility- and community-based organizations, to work on programming elements specifically relevant to an individual's transition into the community. Transition planners, who are essentially facility-based case managers, are also referred to as program planners.

Treatment Alternative to Street Crime (TASC) — A case management and system intervention program that links the criminal justice system with the drug treatment system by coordinating services for offenders at any point in the criminal justice system including those who are reintegrating into the community. The TASC approach varies on a state by state basis yet usually includes identification and referral of drug involved offenders; objective, clinical assessment of alcohol and drug treatment needs; referral into the appropriate treatment placement, and; continuous case management on a variety of levels to ensure compliance with criminal justice orders and treatment plan.

treatment principle — The belief that treatment, particularly in cognitive-behavioral therapy, should be applied as an integral part of the sentence/ sanction process through case management and delivery of targeted and timely treatment interventions.

Truth-in-Sentencing laws — Sentencing statutes that require individuals convicted of a crime to serve a substantial portion of their sentence in a correctional facility, as opposed to under some form of community supervision, thereby reducing the apparent discrepancy between the sentence imposed and actual time served in prison. Along with other types of mandatory sentencing guidelines, including determinate sentencing and mandatory minimum sentencing, many states have enacted Truth-in-Sentencing laws over the last three decades.

V

validated risk-assessment instrument — A mechanism for making discretionary release decisions that facilitates informed, effective, and appropriate decisionmaking, diminishing the effect of prejudice and personal opinion in the release decision process.

victim — The person, family, and/ or community harmed by an offender's behavior.

W

Welfare-to-Work Tax Credit — A federal income tax credit that encourages employers to hire long-term public assistance recipients – which can include people released from prison or jail or their family members. Established by the Taxpayer Relief Act of 1997, this tax credit can reduce employers' federal tax liability by as much as \$8,500 per new hire (depending on the amount that the new hire earns) over the first two years. The Welfare-to-Work Tax Credit, as well as the Work Opportunity Tax Credit, had an original reauthorization date of January 2004. Although the date has passed, neither program has yet been reauthorized; however, both programs have been extended until Congress takes some further action.

Work Opportunity Tax Credit (WOTC) — A federal tax credit that encourages employers to hire job seekers who might otherwise be perceived as less

desirable by reducing employers' federal income tax liability by as much as \$2,400 per qualified new worker. Among the nine categories of new hires who qualify for the tax credit are people who have been convicted of felonies and are members of low-income families. The WOTC, as well as the Welfare-to-Work Tax Credit, had an original reauthorization date of January 2004. Although the date has passed, neither program has yet been reauthorized; however, both programs have been extended until Congress takes some further action.

Workforce Investment Act (WIA) — 1998 federal legislation that aims to integrate national, state, and local job training programs to increase employment, job retention, and earnings of participants; reduce welfare dependency; and enhance national productivity and competitiveness. WIA replaced the Job Training Partnership Act (JTPA) as the nation's guiding federal legislation on the training, retraining, and employment of youth, adults, and dislocated workers. It streamlined JTPA's patchwork of federal job training programs into a locally driven service delivery system built around One-Stop career centers.

workforce investment area — The term for the local area which serves as the administrative region for Workforce Investment Boards. Regional designations are determined by the Governor, and may be done in consultation with local officials.

Workforce Investment Board (WIB) — A panel of individuals who serve at both the state and local level to design and implement workforce development and employment strategies in a designated workforce investment area. These boards were established by the Workforce Investment Act of 1998.

work release — A form of correctional work that permits soon-to-be released prisoners to work outside the prison walls during the day and to return to the prison, a halfway house, or other secure facility in the evenings.

wraparound services — Nonclinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual's access to and retention in primary supportive services.

9 WAYS TO USE THE RPC REPORT

1. Engage a policymaker or other official key to a prisoner re-entry initiative

Often there has been at least one person key to a jurisdiction's re-entry effort whose investment in the initiative has been tenuous at best. The RPC Report was guided by 100 leading policymakers and practitioners—Republicans and Democrats from around the country—and can be used to demonstrate to a state or local government official that a counterpart in another jurisdiction has been actively involved in thinking about, and addressing, the issue of prisoner re-entry.

2. Focus interest in re-entry on a particular aspect of the problem

Coalitions or task forces formed to tackle prisoner re-entry are often overwhelmed by the enormity of the problem. Constant analysis of the issue can become paralyzing. The dozens of policy statements in the RPC Report present a menu of options for such groups, helping them to translate their commitment into tangible action steps.

3. Determine how to address a particular obstacle that has impeded people's safe and successful transition from prison or jail to the community

Whether it is connecting people in prison to housing before their release or prioritizing the use of limited drug treatment slots, the RPC Report provides detailed recommendations that can inform efforts to address longstanding roadblocks to successful re-entry.

4. Assess comprehensiveness of an existing re-entry effort

Officials in a state or county interested in identifying any shortcomings of current re-entry efforts can use the RPC Report as a checklist to inventory their existing programs, policies, and practices.

5. Find out what other jurisdictions are doing

Elected or appointed officials presented with a proposal for a new or modified program or policy can learn about other jurisdictions that have successfully implemented the proposed approach.

6. Learn about relevant research

Although many key research questions regarding prisoner re-entry remain unanswered, studies and reports analyzing different aspects of re-entry abound. With research condensed into easy-to-use highlights, the RPC Report is an ideal resource for readers wondering what the evidence says about a particular aspect of re-entry.

7. Advocate for change

The RPC Report provides a bipartisan platform which can be invaluable to advocates who are unanimous in their commitment to make prisoner re-entry safe and successful in their jurisdiction, but divided about how best to accomplish that goal. Furthermore, the Report provides specificity and pragmatism to advocates whose efforts may otherwise be undermined by an agenda that is ambiguous or unrealistic.

8. Respond to public pressure generated by a recent tragedy

Too often, public policy is shaped in the immediate aftermath of a tragedy that has been reported widely in the media. The atmosphere in such situations is typically not conducive to the development of thoughtful policy. The RPC Report is an ideal resource in such situations, as it provides hundreds of carefully-considered recommendations, each of which has bipartisan support and the backing of public safety officials and service providers alike.

9. Educate the media

Journalists faced with re-entry related stories can use the RPC Report to contextualize a particular event or issue for their audience.

PROJECT PARTNERS

American Probation and Parole Association ■ Association of State Correctional Administrators ■ Corporation for Supportive Housing ■ National Association of Housing and Redevelopment Officials ■ National Association of State Alcohol/Drug Abuse Directors ■ National Association of State Mental Health Program Directors ■ National Association of Workforce Boards ■ National Center for State Courts ■ Police Executive Research Forum ■ Urban Institute