The Jail Administrator's Toolkit for Reentry

MAY 2008

Montgomery County, Md. Correction and Rehabilitation

URBAN INSTITUTE
Justice Policy Center

JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

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Introduction

Welcome to ***The Jail Administrator's Toolkit for Reentry.*** As the title states, this handbook is all about jail reentry. Reentry means different things to different people, but here we mean the process of preparing inmates to transition from jail to the community.

To many in the field, reentry has become the new buzzword. Pick up any *American Jails* or *Corrections Today* magazine and you are likely to find more than one article publicly declaring the need to address the reentry issue. Such reentry phrases as prerelease planning, discharge planning, transition planning, continuity of care, community-oriented corrections, and transitional care are now used so often in the field that they compete with the get-tough-on-crime language of "lock 'em up and throw away the key" and "three strikes and you're out."

The process of how best to reenter inmates back into the community, however, is still evolving. This *Toolkit* is designed to move the reentry discussion forward. We recognize that jails perform many functions and incarcerate individuals for different reasons—pretrial detention, short-term sentences, step-downs from state and federal prisons, immigration detention, emergency mental health commitments—and for different periods of time ranging from hours to years. Our goal is not to focus on one type of inmate or one type of reentry model, but rather to offer a set of guidelines and principles accompanied by examples taken from the field that may assist you in developing reentry strategies that can serve specific jail populations in your jurisdiction regardless of whether an inmate is in your facility for one hour or one year.

What we hope you notice about this *Toolkit* is its practitioner-oriented focus, and its use of real language and examples from jails and criminal justice officials across the country. Our goal is not to bore you with statistics or studies that look good on paper, but are difficult to implement in the field or don't seem relevant to your work. Instead, the information in the *Toolkit* is straight from the source: small, medium, and large jails tackling the reentry issue on a daily basis. Jails differ from prisons so we only highlight county- and city-specific reentry

Toolkit Language

A quick note about the language used in the *Toolkit*. You'll notice that the *Toolkit* directly addresses the reader (i.e., you), which we hope isn't too forward. Our intention with the *Toolkit* is to start a conversation with you, as if we were sitting down together in person. To us, "you" are the jail leaders, sheriffs, county commissioners, department directors, wardens, program directors, and deputies and assistants who have the ability to implement reentry strategies.

At the same time, the term "inmate" will be used to describe the incarcerated jail population. Language is always changing, and we recognize the difficulty in finding a term that best describes the jail population where sentenced offenders are housed along with pretrial detainees who are presumed to be innocent until convicted in a court of law. The term inmate may not be ideal, but it's the term we will use throughout the *Toolkit.*

examples. Even among jails, urban, suburban, and rural facilities face different challenges. For example, there are typically fewer community resources in sparsely populated areas, and small, rural jails don't have the purchasing power their larger counterparts have. We don't want to understate the challenges of reentry in small, rural jails, and recognize that most of the *Toolkit* examples come from urban and suburban jurisdictions.

Of course, for all of you who are data-oriented, and even for those who aren't, we highly recommend that you review the more data-oriented companion report *Life After Lockup: Improving Reentry from Jail to the Community* to gain a more extensive picture of the jail reentry issue. The report also includes examples of 42 reentry efforts from around the country.

The information in the *Toolkit* was developed in 2006 when we convened the Jail Reentry Roundtable, bringing together jail administrators, correction and law enforcement professionals, county and community leaders, and service providers to discuss the role of jails in the reentry process. Link to www.urban.org/projects/reentry-roundtable/roundtable9.cfm for papers and presentations prepared for the Roundtable. The Roundtable discussions led to the outline for the *Toolkit*. The participants and a core of advisors brought a wealth of experience and knowledge to the table which we have incorporated throughout the *Toolkit*. In addition, they gave us the names of administrators and other criminal justice personnel to contact who are using cost-effective reentry strategies in their facilities.

Next, we worked the phones, calling your colleagues and saying, "We heard you have an easy-to-use needs assessment screen" or "Can we get a copy of the reentry brochure you give to community leaders?" We received their permission to reproduce the forms, brochures, and other written reentry materials in the *Toolkit* so you would have templates to work with when developing reentry strategies for your jurisdiction. There is no need to take the time developing new materials when information and wording is already out there that may meet your jail's needs.

Of course we understand that some of you may still need convincing that reentry strategies are necessary, and numerous examples from the field may not sell you on the idea. Even if you're on board, it's unlikely that everyone in your department and community will automatically support investment in reentry initiatives. Many haven't thought about the significance of helping inmates transition back into the community, or no one has ever explained to them in an easy-to-understand way why working with inmates before and after release is important.

The skeptics need some convincing and not everyone will buy in for the same reasons. The six reasons listed below are a good place to start explaining why attention to reentry issues makes good sense:

1. Reentry for Public Safety and Community Well-Being

Twelve million inmates are released annually from our city and county jails (Harrison and Beck, 2006). Using state prisoner-level data as a proxy measure for jails, we know that two-thirds of inmates are rearrested within three years (Bureau of Justice Statistics, 2007). It doesn't take a mathematician to realize the high levels of revictimization occurring to family, friends, and complete strangers every time an inmate is discharged from our jails.

Think of the number of crimes a person with substance abuse problems commits every week he or she is out on the street compared with the same amount of crimes committed if the addict had transitioned directly to an outpatient or residential drug treatment facility. We are not under the illusion that the majority of those released will just stop their criminal behavior, but reentry strategies can decrease the rates of victimization.

Effective reentry strategies benefit inmates and their families, as well as victims and the entire community. Reentry holds the promise that when

inmates are released from jail, they are more likely to work and begin paying taxes, restitution, and child support. Reentry services aim to divert many away from the overburdened shelter system off the street and into basic housing. Such services may also improve family involvement and promote greater civic responsibility. What community policing strategies have taught us is that community well-being is a vital component of public safety, and one that reentry strategies can improve.

2. Reentry for Public Health

Jails are the new mental health institutions and drug treatment centers of our nation. Released inmates account for a large percentage of the population with health problems, in particular communicable diseases. It is estimated that 20–26 percent of the HIV/AIDS population, 39 percent of those with hepatitis C, and 12–15 percent of the population infected with hepatitis B spend time in a correctional facility in any given year. In addition, discharged inmates with undiagnosed and/or untreated communicable diseases (e.g., tuberculosis, hepatitis B and C, sexually transmitted diseases [STDs], and HIV/AIDS) who are not given the proper medication, education, and outreach will increase the transmission rates to the general population (New York City Commission on HIV/AIDS, 2005). Without proper planning, many released jail inmates wind up on the street and in homeless shelters, and as their medical condition worsens, so does their danger to public health.

3. Reentry Saves Public Dollars

County and city governments no longer have the funds to build their way out of the crime problem. Nationwide, $20 billion a year is spent on local corrections. Jails will always be needed, but we can get more for our money when we include intervention as part of the jail experience. Many jails in this country are perpetually overcrowded, and reentry can help systems allocate their scarcest resources—the hardened jail cell—for those that really need it, while diverting others to less expensive and more effective correctional programs. The direct and indirect savings are real. Reducing the recidivism rate by even a few percentage points can save municipalities thousands if not millions of dollars annually. Public health savings also add up by directing unhealthy individuals away from costly emergency-room visits to federally funded, qualified community health clinics after release.

4. Reentry for Legal Reasons

Few things get the attention of a county commissioner, sheriff, or jail administrator more than a lawsuit. It's time to be proactive. From California to Georgia, recent court rulings and statutory changes now mandate that correctional facilities address reentry issues for certain inmates.

5. Reentry for the Correctional Profession

Reentry planning not only improves a correctional system's ability to provide constitutionally mandated care and custody, but also creates a more positive and productive correctional culture that benefits the inmates and the correctional professionals that run our jails. With reentry, inmates are engaged more fully in programs and focus their attention toward the future day of release, rather than being idle, bored, or causing trouble. Often, the cleanest and most secure jails in the country with the lowest staff turnover are those that have learned that "community" preparation is the fourth "c" in the mantra of care, custody, and control.

6. Reentry for Your Constituents

Polls indicate that Americans want the criminal justice system to do a better job reentering inmates back into society. At the minimum, they want law enforcement to know who is returning from local, state, and federal custody, and would most likely be astounded to find that there is little preparation or notification to law enforcement when jail authorities release inmates in most jurisdictions. The general public wants reentry preparation.

Using This Handbook

The *Toolkit* is designed so you can quickly find the reentry information you need. Key language and ideas are numbered, bolded, or bulleted. Content boxes highlight important issues and web addresses are provided to link you to additional sources. Exhibits of written reentry materials from jails and criminal justice agencies around the nation, which we hope are the most helpful part of the *Toolkit*, are located in the back of each section.

The goal is not to be overwhelmed. You don't have to start off implementing a comprehensive reentry program. Begin with one or two reentry strategies and evaluate their success. For example, your facility may have never distributed to inmates a list of community-based service providers willing to work with them. We include examples of one- to two-page postrelease resource information sheets in *Section 4: Reentry Strategies* that take little time to produce. Unless otherwise noted, all reentry examples provided in the *Toolkit* can be modified and reprinted to suit your reentry needs.

The *Toolkit* identifies new ideas on how to implement reentry strategies for your jail but also serves as a great resource when a question arises. Let's say, for example, the court mandates that you implement a transitional health care program for seriously and persistently mentally ill inmates. Flip to the section on this issue, read up on what other jails are doing, and get a list of resources you can contact if you have further questions.

We recognize that we do not have all the answers and look at this as a "living" *Toolkit*. The guide is intended to help jails start thinking about the issues while the jail reentry field emerges. We want to hear from you, so feel free to e-mail us examples of reentry strategies or tools your jail has developed. We hope a second edition of the *Toolkit* can incorporate new lessons learned from the field.

The APIC Model

Assess	**A**ssess the inmate's clinical and social needs, and public safety risks.
Plan	**P**lan for the treatment and services required to address the inmate's needs.
Identify	**I**dentify required community and correctional programs responsible for postrelease services.
Coordinate	**C**oordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.

Source: Osher, Steadman, and Barr (2002)

Key Elements of Reentry

The *Toolkit* includes nine sections. Each section focuses on a key element of the reentry process. *Sections 3* through *6* are based on the APIC Model, one of the more developed, understandable templates used when outlining the elements needed for successful reentry. We also like the APIC Model because it's adaptable to both short- and long-term reentry strategies (Osher, Steadman, and Barr, 2002).

Section 1—Getting Started focuses on the importance of the jail administrator in the reentry process. Issues of finding the time and money for reentry as well as the importance of having a leader who can facilitate communication, collaboration, and coordination across agencies are among the issues discussed in this section.

Section 2—Jail Staff Issues identifies the complicated issue of incentivizing your staff to support and participate in inmate reentry.

Section 3—Assessment Screens gives you the tools for quick and easy-to-use screens when evaluating inmates. Remember that reentry starts at intake and knowing the risk and needs of your population is necessary to develop appropriate reentry strategies.

Section 4—Reentry Strategies discusses and provides concrete examples of various reentry strategies based on inmate need, length of stay, and your jail's infrastructure. We hope you review the plans at the end of the section and select content in each plan that works best for you.

Section 5—Identifying Community Resources explains the process and the tools your jail can use to identify the service providers available to work with inmates before and after release.

Section 6—Coordinating Stakeholders and Educating the Public is about collaborating with government and community agencies to make your reentry strategies their reentry strategies as well. How to convene a reentry council is a main focus of this section.

Section 7—Requirements and Standards outlines the roles of courts, local municipalities, states, and professional associations in the reentry issue. Specific reentry-focused court cases around the nation are discussed to give you a better idea of what you may shortly face.

Section 8—Measuring Success keeps it real. Reentry strategies that look and feel good but don't have valid, measurable outcomes at best waste money and at worst, over time, lead us to believe that reentry strategies do not work. This section discusses evidence-based practices we all should include when developing and implementing reentry services.

Section 9—Conclusion sums up the *Toolkit* and encourages us to look forward to a time when reentry strategies seem second nature.

References

Bureau of Justice Statistics. 2007. *Criminal Offenders Statistics.* Washington, DC: Bureau of Justice Statistics. www.ojp.usdoj.gov/bjs/crimoff.htm#recidivism

Harrison, Paige M., and Allen J. Beck. 2006. *Prison and Jail Inmates at Midyear 2005.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

New York City Commission on HIV/AIDS. 2005. *Report of the New York City Commission on HIV/AIDS.* NY: New York City Commission on HIV/AIDS.

Osher, Fred, Henry J. Steadman, and Heather Barr. 2002. *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.

Web Sites

The Urban Institute Reentry Roundtable on Jail Issues. www.urban.org/projects/reentry-roundtable/roundtable9.cfm

Davidson County, Tennessee, Sheriff's Office Mission Statement

With a commitment to excellence, we strive to be the leader in the field of corrections, service of civil process, and innovative community-based programs, emphasizing accountability, diversity, integrity, and professionalism.

Source: Davidson County, Tennessee, Sheriff's Office web site

Getting Started

Getting Started

Reentry starts with leadership. Without your attention to reentry, buy-in from your jail staff and the community at large won't occur. We understand how tough it can be. Finding the time and money and developing the knowledge and infrastructure to focus on reentry may have you thinking twice about it, but it shouldn't stop you. The benefits will outweigh the costs!

Time

Let's deal with the time issue first. We hear constantly that there just isn't enough time to address reentry issues, when more pressing problems like care, custody, and control take up every second of your day. We won't deceive you; it does take time. But the benefits outweigh the time you'll spend on it, and hopefully the *Toolkit* eases some of the frustration of locating viable examples to help facilitate the process.

Money

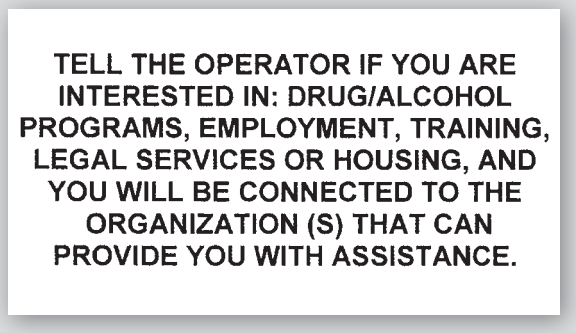
How can we address reentry issues without new funds? There is a belief that the biggest problem in developing reentry strategies is finding the money to fund them. Yes, some comprehensive reentry programs are expensive, but many aren't.

First, start with reentry strategies that don't cost any money or can be implemented with minimal expense. A good example is passing out at release a telephone help-line "palm" card which enables inmates to connect with important community services. You would be surprised at how many inmates don't know what services are available to help them when they return home. In many cases, they end up going without necessary services because they don't know whom to contact. The United Way's easy-to-remember 211 number, for example, covers all or part of 41 states. In New York City, jail inmates receive a 311 card, New York City's free phone number for government information and non-emergency services. The cards are available in English and Spanish, printed on both sides, written in easy-to-understand language, and instruct inmates to say "Jail Release Services" when the 311 operator answers the phone.

Or better yet, develop a trifold brochure with the help-line number located prominently on the front and list service providers committed to working with released inmates. Contact information would include the agency's address, telephone number, days and hours of operation, types of services, and if a phone call, appointment, or referral is needed before the ex-offender visits the agency. Brochure development is discussed in *Section 6*.

Exhibit 1.1: New York City Department of Correction Dial 311 Card, Front Side

Exhibit 1.2: New York City Department of Correction Dial 311 Card, Back Side



Partnering with other government agencies or community service providers is another way to pool your resources, particularly when it comes to providing coordinated reentry plans for special needs inmates, many of whom are already being served by these community providers. Many governmental and private foundations are interested in funding programs for underserved and vulnerable populations. And service providers who do this type of work often have difficulty reaching out to the vulnerable people in their community. These providers will often offer some initial services at no cost.

It is a win-win situation. You have a captive audience with more chronic, infectious, and multiple-occurring problems than any other population in your community. In many cases, the service providers can get the funding and have the expertise and experience to address these issues, but just need a population with whom to work.

A good example is funding available from government agencies and foundations to reach out to people with infectious diseases (e.g., HIV, TB, STDs) who are not receiving care. The Visiting Nurse Association of New Jersey received a grant from the New Jersey Department of Health and Senior Services to provide the Monmouth County jail with one HIV care coordinator and two outreach specialists. The staff not only provides reentry planning, but facilitates HIV prevention education, counseling, and testing. Additionally, the outreach specialists refer inmates to health services at release and follow up to monitor their utilization of services.

Knowledge

We all know the phrase "garbage in, garbage out." It is almost impossible to create successful reentry strategies if you don't understand your local reentry issues or if the information and data you have is inaccurate. The data you need to collect and be familiar with include the inmates' criminal justice and demographic characteristics (*Section 3: Assessment Screens*), the neighborhoods to which inmates return, the availability and accessibility of community services (*Section 5: Identifying Community Resources*), and the local and state policies influencing your jail's reentry process.

A valuable resource for gathering this information is the *Report of the Re-Entry Policy Council,* authored by the Council of State Governments and 10 partner organizations. The *Report* provides policy recommendations for the successful return of inmates to the community, reflecting the consensus of a wide range of experts and associations engaged in the topic. In particular, the first section of the *Report* provides comprehensive guidance about getting the right people to the table, developing a knowledge base about your local reentry problem, outlining strategies for funding a reentry initiative, measuring performance outcomes, and educating the public. You can download the *Report* for free at www.reentrypolicy.org.

Infrastructure

Reentry is not about a new facility nor necessarily new space. It is a concept that can be carried out in most spaces that already exist. Paul Mulloy, director of the Sheriff's Correctional Complex Programs in Davidson County, Tennessee, tells the story of how they used old mop closets as offices when they

began their reentry programs. Now they have real offices, but the same quality of work was done in a less-than-ideal environment.

Wherever you are presently screening inmates is the same place you can start developing individual reentry plans. Though not ideal, inmates don't even have to leave their cells. The cell is already the location for a good part of case management. In *Section 3,* we identify various reentry screens which can be added onto the classification, medical, or mental health assessments you currently use.

The reality for staff infrastructure is the same and is discussed in detail in *Section 2.* Assume at first that your budget has no funds to hire or increase your staff of reentry coordinators, reentry planners, case managers, outreach personnel, or any other staff specifically focused on reentry. The good news is that reentry is not rocket science, and your present staff is more than knowledgeable enough to help inmates prepare for release. For example, your custodial or health care staff can assist inmates with completing federal or state benefits applications (e.g., Supplemental Security Income, Medicaid) prior to release to ensure their medical regimen continues uninterrupted during their return home.

Leadership

Leadership from the top is essential when putting reentry strategies into place. One of the best ways to show your commitment is to incorporate the ideas of reentry into your mission statement. Yes, many find mission statements trite and it's doubtful every member of your staff can recite your present mission by memory. Nevertheless, all departments of corrections need a mission statement that clearly and concisely articulates to your employees and the community the jail's purpose. Safety is always the main priority, but a good mission statement not only states the purpose, but also addresses how it can be accomplished. Remember that you want the mission statement to appeal to all of your constituents. The Essex County Sheriff's Department in Massachusetts

Essex County, Massachusetts, Sheriff's Department Mission Statement

The Essex County Sheriff's Department's top priority is to protect residents in the region from criminal offenders.

That is accomplished by

- Housing inmates in a secure and fair manner.
- Providing rehabilitation and academic training to offenders while they are incarcerated so they will not repeat their mistakes once they are released.
- Practicing correctional policies that comply with all local, state, and federal laws.
- Using innovative correctional approaches that accord with the Essex County Sheriff's Department's top mission.
- Informing and educating the public about the department through the media, tours of the facility, and public appearances by the sheriff, administrators, K-9 unit, and uniformed personnel.

Source: The Essex County, Massachusetts, Sheriff's Department web site

Davidson County, Tennessee, Sheriff's Office Mission Statement

With a commitment to excellence, we strive to be the leader in the field of corrections, service of civil process, and innovative community-based programs, emphasizing accountability, diversity, integrity, and professionalism.

Source: Davidson County, Tennessee, Sheriff's Office web site

posts its mission statement on its web site at www.eccf.com/our_mission.html. Note how effectively its mission statement simultaneously supports public safety and the rehabilitation of inmates.

Even with dynamic leadership, reentry can't be undertaken alone. Correctional administrators, like Gary Christensen of the Dutchess County Jail (New York), are constantly emphasizing the importance of bringing governmental and community stakeholders to the table to ensure successful reentry.

> *Jail administrators interested in a successful jail transition effort must be involved with stakeholders who reside "outside the walls."*
>
> *(Christensen, 2006)*

Prisoner Reentry and Community Policing

Police Roles in Reentry

- Partnering with probation and parole to enhance supervision.
- Facilitating sessions that notify returning prisoners of the expectations and support of the community.
- Gathering and sharing intelligence on behavior indicating trouble reintegrating with the community.
- Building upon existing partnerships (and engaging new partners) to strengthen the collaboration action of reentry initiatives.
- Connecting ex-offenders to services and community resources.
- Communicating with the residents to overcome barriers caused by prior harms.

Source: La Vigne et al., 2006

System integration is a fancy term for everyone working together. Typically, you know it when you see it and it takes a leader (i.e., someone who can facilitate communication, collaboration, and coordination across agencies to coordinate policies and services), like a jail administrator, to pull it off. People have a hard time saying "no" to a sheriff or jail administrator who personally invites them to come together to discuss working in a collaborative and coordinated fashion to maximize the reentry process. *Section 6* discusses in detail how to develop a coordinated reentry council.

You Are Not Alone

Other criminal justice agencies are beginning to understand the importance of reentry in their own organization. In 2006, the International Association of Chiefs of Police (IACP) and the U.S. Department of Justice's Office of Community Oriented Policing Services (COPS) each released a report on law enforcement's role during reentry. You may want to pass along a copy of *Prisoner Reentry and Community Policing: Strategies for Enhancing Public Safety* (La Vigne et al., 2006) or the IACP report at your next stakeholders' meeting (web link is provided in the references). These reports are full of practical advice for the police on how they can respond and work with your department during reentry.

In Montgomery County, Maryland, the police department sends the supervisor of its mentally ill crisis intervention team, along with other stakeholders, to attend the county correctional facility's biweekly, coordinated case-management meeting for mentally ill inmates. The police's participation with the jail has a tremendous impact on planning for reentry of the mentally ill, and the police network broadens the assistance available to the mentally ill if they have a need on the street.

Public Relations

Don't overlook the public relations aspect of reentry. The best intentions fail if you can't get stakeholders to buy in. Sometimes you have to repackage an initiative in a way that allows legislators and other key stakeholders to endorse it without worrying that it looks too soft on crime. We recommend that you sell the message of reentry as a strong public safety and public health initiative. In other words, releasing unprepared inmates back to the community is a recipe for disaster.

There are several schools of thought on what reentry strategies a jail should start with. One strategy is to tackle the needs of inmates with the most serious problems. For example, an ambitious reentry plan would be to locate transitional housing for substance-abusing sex offenders with long-term medical needs. The chances of this working are slim, and it has little public relations benefit.

On the other hand, from a public relations standpoint, developing a reentry strategy that is almost guaranteed to succeed is important to ensure stakeholder support early on. Success is measured in different ways. If your jail has never helped inmates complete Medicaid applications prior to release, than developing this reentry service is a measurable success. Several reentry strategies are discussed in *Section 4*.

Developing a trifold brochure stating your mission statement and listing the prerelease and reentry services that your jail offers is an inexpensive way to get the word out that you are serious about reentry.

What Do the Polls Say?

In 2006, the National Council on Crime and Delinquency (NCCD) commissioned Zogby International, a nationwide polling firm, to better understand the public's opinion on reentry. Not surprisingly, 79 percent of Americans are somewhat concerned or fearful of inmates returning home to their communities. The good news is that an almost equal amount, 70 percent, are in favor of implementing services both in correctional facilities and after release; only 11 percent think the purpose of incarceration should be punishment only.

Many policymakers are poll-focused and would be interested in these findings. Using the right language when selling reentry is important. Focus on public safety, public health, and reducing victimization within and outside the inmate's family.

Download the NCCD poll at www.nccd-crc.org/nccd/pubs/2006april_focus_zogby.pdf and include it as a handout when discussing your reentry services.

Policymakers respond to the interest and opinions of their constituents, but also analyze whether they are economically feasible. We promised we wouldn't bore you with statistics, but recent research by Roman and Chalfin (2006) is data you can use. They estimated that reentry programs only have to decrease recidivism rates by 2 percentage points to be cost-effective when comparing them with the cost of processing an offender in the criminal justice system and the cost to the victims. For more information on this important research, go to www.urban.org/reentryroundtable/roman_chalfin.pdf.

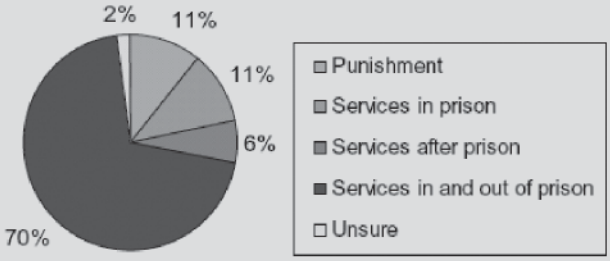
Summary

We hope this section answers some of the basic questions we hear when jail administrators discuss reentry. Time, money, space, and buy-in from the community are real issues and concerns that have to be addressed. What we hope, as you read further through the *Toolkit*, is that you'll realize the lack of any of these variables doesn't preclude you from developing reentry strategies that take into consideration the culture and resources of your institution.

Exhibit 1.3: National Council on Crime and Delinquency—Zogby Poll

Question 4: State prison systems could offer the following four alternative prison policies for people who have committed nonviolent crime. What would you prefer the state implement?

- Policy 1: Treat prison as punishment and do not offer rehabilitation services to people either during their time in prison or after their release.
- Policy 2: Make state-funded rehabilitation services available to incarcerated people while they are serving time in prison.
- Policy 3: Make state-funded rehabilitation services available to incarcerated people only after they have been released from prison.
- Policy 4: Make state-funded rehabilitation services available to incarcerated people both while they are in prison and after they have been released from prison.



Source: Krisbert and Marchionna, 2006, 3

References

International Association of Chiefs of Police. 2006. *Offender Re-Entry: Exploring the Leadership Opportunity for Law Enforcement Executives and their Agencies.* Alexandria, VA: International Association of Chiefs of Police.

Krisbert, Barry, and Susan Marchionna. 2006. "Attitudes of U.S. Voters toward Prisoner Rehabilitation and Reentry Policies." Oakland, CA: National Council on Crime and Delinquency. www.nccd-crc.org/nccd/pubs/2006april_focus_zogby.pdf

La Vigne, Nancy G., Amy L. Solomon, Karen Beckman, and Kelly Dedel. 2006. *Prisoner Reentry and Community Policing: Strategies for Enhancing Public Safety.* Washington, DC: The Urban Institute. www.urban.org/publications/411061.html

Roman, John, and Aaron Chalfin. 2006. "Does It Pay to Invest in Reentry Programs for Jail Inmates?" Washington, DC: The Urban Institute. www.urban.org/reentryroundtable/roman_chalfin.pdf

Web Sites

Davidson County, Tennessee, Sheriff's Office mission statement. www.nashville-sheriff.net

The Council of State Governments. 2005. *Report of the Re-entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community.* New York: The Council of State Governments. www.reentrypolicy.org

The Essex County, Massachusetts, Sheriff's Department mission statement. www.eccf.com/our_mission.html

Jail Staff Issues

2

Jail Staff Issues

"Why should I help that addict?" "Do I look like a social worker?" "This isn't why I became a CO," and "Nothing I do makes a difference with these guys" sums up the mindset of many correctional officers and staff when asked to help prepare inmates for release. Buy-in from jail administrators that reentry is a key component of an officer's job, coupled with comprehensive staff training, is the only way reentry will become a reality at your facility. Reentry is much more than adding a couple of treatment programs to the institutional schedule; it requires transforming the culture of corrections to value reentry services as much as care, custody, and control.

Training

While the field is replete with training curricula for specific treatment programs, to our knowledge, there are no comprehensive training curricula, manuals, or materials available to train jail staff on how to implement a coordinated approach to reentry services for inmates. We also recognize the difficulty of finding time to focus on this issue when other pressing issues exist. Therefore, we briefly outline reentry issues to be considered which can be adapted to your location and the time you have to spend on this issue. Ideally, a foundational reentry curriculum would be incorporated into the training officers receive in the beginning of their correctional careers and would continue during their careers through in-service training, roll calls and department newsletters, or in a more specialized format, as part of the annual 40 hours of training many state and professional accreditation authorities require.

Getting the Buy-In

Buy-in from staff in any size facility is critical. Start off by telling your officers why reentry planning is important. The *Toolkit's* introduction can help you tackle this question. Essentially, it all boils down to public safety, public savings, and health issues. An inmate who doesn't continue taking his tuberculosis or antipsychotic medication upon release because he can't figure out where to get his prescription refilled is not only risking his own health, but the health of everyone who comes in contact with him. Correctional staff should realize that their own family may be on a bus, train, or in the same store with the former inmate who has an infectious disease. Emphasize to your staff that we don't live in a vacuum, and though we may not realize it, we are constantly in the same physical location with former inmates who have serious medical, mental health, and behavioral needs. Also, an inmate who has been connected with opportunities to find housing and employment is much more likely to not return to jail than an individual who doesn't receive those linkages.

Buy-in is also difficult if the staff perceive that they are overburdened with work and reentry planning will increase their workload. Be honest with them and outline how much of their time will be dedicated to this task. This begs the question: can reentry be successful without staff solely dedicated to reentry? Small- and medium-sized jails may not have the resources to hire a full-time reentry coordinator. However, someone has to be accountable or designated to ensure reentry strategies are being implemented effectively and as envisioned. A large facility may hire staff for

clearly defined reentry positions (e.g., reentry coordinator, discharge planner, case manager, social worker, benefits specialist, employment specialist). Another alternative, discussed in *Section 6,* is using community-based service providers and volunteers to help offset the workload and share the responsibilities of implementing reentry strategies.

Some staff may feel their livelihood is threatened if reentry becomes the norm. While they may believe that if more and more inmates are rehabilitated or diverted from the jails then not as many people will be needed to manage them, layoffs of correctional officers are rare and unlikely to occur in the future.

Most importantly, remind them that reentry planning is part of the historical mission of "correctional" agencies and that engaging inmates in productive and focused work and treatment directly benefits staff, with better managed inmates, safer facilities, less stress, and an overall environment that promotes safety and health. Agencies that infuse their culture with reentry programming are those that typically run the safest and cleanest facilities. Also, a focus on reentry will result in higher level skills that can prove advantageous to staff in their professional development.

In some form, you must empower staff to realize that corrections is the process of helping offenders reach goals otherwise not achieved before incarceration. Make it clear that reentry is a priority and then incentivize staff to support reentry. Though it is unlikely that staff can be monetarily compensated for successful discharges, you can acknowledge their commitment in other ways by acknowledging their efforts in staff newsletters, treating them to a meal, or making them "employee of the month." Another possibility is to have an intra-agency intranet site where photos and write-ups on the participation by staff in community-related reentry events are posted. One sheriff's department found that these web postings created not only a sense of community, but also infused a dose of healthy competition among staff to become involved and not be left behind. We all appreciate recognition, even if we have a tough façade and pretend it doesn't matter. Don't underestimate the importance of recognizing the officers who do reentry work or how energizing reentry work can be.

Using Scenarios to Train Staff

One reentry training approach is to give staff two or three examples of problems inmates face upon release and ask them to write down or verbalize the community resources that are available to meet those needs. For example, John Doe is about to be released from the county jail after serving a 90-day sentence for drug possession. Inmate Doe has a long history of mental illness, substance abuse, and unemployment and carries a diagnosis of schizoid affective disorder and a history of severe cannabis abuse.

This is a good way to assess the staff's knowledge of community service providers. This is also an appropriate time to list the most common needs inmates have at release: physical and mental health, substance abuse, education, financial help, identification, employment, family, clothing, food, and housing.

The Tools

Once your staff acknowledge that they don't have all the answers, pass out screening instruments, a reentry plan (discussed further in *Section 4*), and a list of community resources they can rely upon to facilitate reentry. If they're responsible for assessing the inmates at booking or intake, make sure they are properly trained on the use of all instruments. The same can be said for helping inmates complete a reentry plan.

The community service inventory should be specific, listing the contact information, days and hours of operation, and the services provided. All providers need to be called to ensure they are willing to work with returning inmates. Nothing makes an inmate more frustrated than being sent to an agency that isn't willing or able to work with him or her. Research shows that case management that consists of referrals to organizations that have not been verified is ineffective.

Engage your staff by letting them discuss if the instruments and reentry plans need additional information and have them brainstorm appropriate and effective times and locations to prepare inmates for release. It's empowering for officers to be involved in the development, not just the implementation, of reentry strategies. Staff and their families also use services in the community and may have firsthand experience on the pros and cons of different providers.

Guest Speakers

There is never enough time to know all the services available for returning inmates. Even if you know the services, over time, service providers may lose or add staff and programs, depending on funding or changes in agency priorities. It's important to bring in community-based agency staff on a quarterly or semiannual basis to discuss with your staff the best ways to refer inmates to their programs and to update them on new initiatives.

The Davidson County, Tennessee, jail, for example, has a reentry steering committee made up of support and security staff. The jail invites a new service provider each month to present what reentry services are available in the community.

Former inmates who have remained clean and law-abiding for a significant time can also prove helpful in breaking down myths about the effectiveness of treatment and reentry programming. They can often speak from a first-person perspective about services in the community that are real and relevant to former inmates.

Interacting with service providers personalizes the reentry process. Reentry plans are no longer just more time-consuming forms to complete. Getting to know the providers connects the officers to the community and gives them a face at the end of the reentry process.

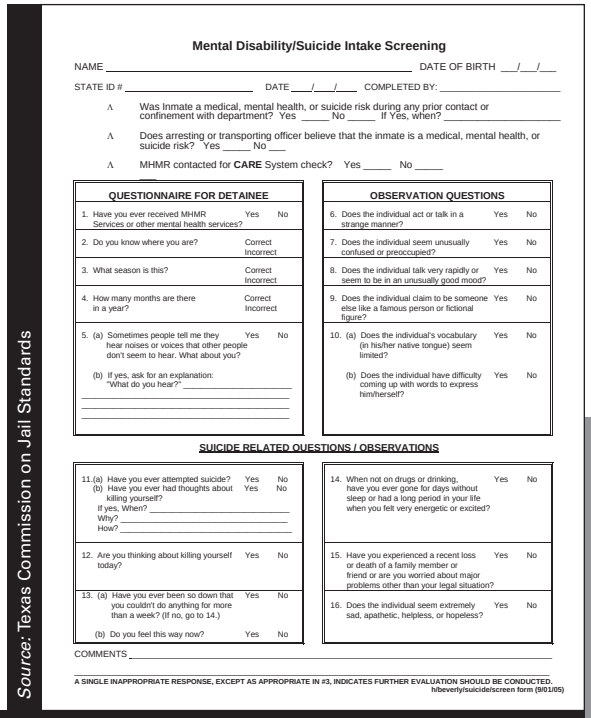
At the same time, someone from your facility should make an effort to visit community service providers. Your staff can learn a lot from taking a tour of the agencies to which they are referring inmates. Some may surprise you by how well they are run, while others may force you to reconsider whether this is an agency to which you want to refer inmates. For example, an outpatient drug treatment program where drug dealers are selling in front of or inside the treatment facility doesn't facilitate successful reentry. You can only assess the quality of the providers if you get out there and see them first hand. An added advantage is the good public relations these visits engender by demonstrating to the community that you take the public health and safety of the community seriously.

Staff Qualifications

A basic reentry model can be developed with existing staff, interns, community-agency involvement, and volunteers. Correctional counselors, reentry planners, and social workers ideally should receive semiannual cross-training on reentry issues, including how to use assessment screens, identify inmates' reentry needs, and collaboratively work with community service providers. Ideally, staff should have some educational background to fit these positions.

Summary

Much of successful reentry comes down to staff buy-in. To ensure support, continually reiterate the pubic safety, savings, and health aspects of reentry. Acknowledge up front that the process is not always easy and outcomes aren't 100 percent guaranteed. But times have changed and it's part of the new job description. Allow staff to voice their concerns and get them involved in planning the jail's reentry strategies. As always, the more successful stories or examples from the field you discuss with them, the more feasible reentry becomes. The good news is that we have heard repeatedly that as difficult as staff-culture issues are, many officers feel revitalized by incorporating reentry into their job descriptions.



Mental Disability/Suicide Intake Screening

NAME _____ DATE OF BIRTH ___/___/___

STATE ID # _____ DATE ___/___/___ COMPLETED BY: _____

Λ Was Inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes _____ No _____ If Yes, when? _____

Λ Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes _____ No ___

Λ MHMR contacted for **CARE** System check? Yes _____ No _____

QUESTIONNAIRE FOR DETAINEE	
1. Have you ever received MHMR Services or other mental health services?	Yes No
2. Do you know where you are?	Correct Incorrect
3. What season is this?	Correct Incorrect
4. How many months are there in a year?	Correct Incorrect
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?	Yes No
(b) If yes, ask for an explanation: "What do you hear?" _____	

OBSERVATION QUESTIONS	
6. Does the individual act or talk in a strange manner?	Yes No
7. Does the individual seem unusually confused or preoccupied?	Yes No
8. Does the individual talk very rapidly or seem to be in an unusually good mood?	Yes No
9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes No
10. (a) Does the individual's vocabulary (in his/her native tongue) seem limited?	Yes No
(b) Does the individual have difficulty coming up with words to express him/herself?	Yes No

SUICIDE RELATED QUESTIONS / OBSERVATIONS

11.(a) Have you ever attempted suicide?	Yes No
(b) Have you ever had thoughts about killing yourself?	Yes No
If yes, When? _____ Why? _____ How? _____	
12. Are you thinking about killing yourself today?	Yes No
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)	Yes No
(b) Do you feel this way now?	Yes No
14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes No
15. Have you experienced a recent loss or death of a family member or friend or are you worried about major problems other than your legal situation?	Yes No
16. Does the individual seem extremely sad, apathetic, helpless, or hopeless?	Yes No

COMMENTS _____

A SINGLE INAPPROPRIATE RESPONSE, EXCEPT AS APPROPRIATE IN #3, INDICATES FURTHER EVALUATION SHOULD BE CONDUCTED.
h/beverly/suicide/screen form (9/01/05)

Source: Texas Commission on Jail Standards

Assessment Screens

3

Assessment Screens

Reentry Starts at Intake

Getting inmates ready for reentry is a daunting task. Most inmates' length of stay is short and uncertain so there often isn't enough time to provide comprehensive reentry services. Even for those sentenced to more than 90 days, there normally aren't sufficient resources to develop long-term, comprehensive reentry programs. This complex environment makes assessment all the more important. Here are four key reasons for assessment:

1. Assessment allows you to see the big picture of your population's needs and trends. To quote Warden Robert Green of the Montgomery County, Maryland, Correctional Facility, "You must know what you have before you can lead it and program it." Access to basic criminal justice and demographic data of your population (e.g., sentenced and unsentenced inmates, length of stay, nature of offense, gender, age, race/ethnicity), preferably in a spreadsheet or other software program, is vital to understanding inmates' reentry needs. Exhibit 3.1 identifies the performance indicators the Montgomery County Correctional Facility uses to understand more fully the needs of its population.

2. Assessment allows you to be as efficient and cost-effective as possible when matching your reentry strategies to individual inmate needs. There is no reason to discuss housing options at release with an inmate who indicates his plan to return with his paid-off house in a low-crime neighborhood near his job.

3. Assessment helps identify inmates' prevalent needs. You can guess the level of mental illness in your inmate population, but until you document the numbers with a mental health screen, your power to draw outside attention, funding, and resources is limited.

4. Assessment identifies the level of support, responsibility, and training your staff and contract vendors need to work with inmates before and after release. For example, incorporating four or six suicide-related questions on a mental health screen facilitates discussion and training on this issue.

The good news is an assessment doesn't have to be time consuming. Valid, short, and easily administered screens are available. Also, you aren't starting from scratch because most of you already screen for risk of suicide, infectious disease, risk of drug or alcohol withdrawal, acute illness, and the need for medication.

> We should make clear that the brief screens appearing at the end of the section shouldn't be used to diagnose an inmate, but to identify the inmate for further assessment.

Likewise, in many systems, different staff at different times during the intake process employ redundant screening on issues related to suicide ideation to ensure inmate safety.

How to Select Screens

Not all screening instruments are equal. Depending on your staff, some may be easier to use than others. Questions to think about before choosing an assessment screen include the following:

- Is there some agreement on the validity (i.e., are you measuring what you want to measure) and reliability (i.e., will your results be consistent over time) of the screen?
- How much time does the screening take?
- Is the screen copyrighted?
- Is there any cost to use it?
- How much training is involved to administer the screen?
- Does one need to have medical, mental health, or substance abuse training to administer the screen?
- Is the screen available in other languages?
- Are there computerized versions of the screen?
- Will the data from the screen be used for internal research?

Assessment screens come in all shapes and sizes. Some focus on a specific need like drug addiction or mental health while others are all-encompassing. The good thing is that there are a number of simple, brief, and easy-to-use screens available for free. At the end of this section, we have provided several types of instruments to assess specific inmates' needs. We tried to include a very basic assessment, something longer, and one that takes time but offers the most data with which to work. Remember that these aren't static instruments and they can be modified to fit your jail's procedures.

Medical Screens

Ideally, correctional or community-based health care staff administer all medical and mental health screens. If this is not the case, we recommend a medical screen that is easy to use and comes with user-friendly instructions. The *Texas Uniform Health Status Update* (exhibit 3.2) is one such screen. Some benefits of this screen are its one-page length and instructions to guide the screener on its use. However, even this screen uses medical jargon. Question 15 asks if the inmate has renal failure. It would be better to use the term kidney failure.

An example of a more comprehensive medical screen is provided by *New York City Correctional Health Services* (exhibit 3.3). This four-page screen has the benefit of using prompting questions during the medical history section. The screen even includes a section on the last page that reminds the staff to give each inmate three brochures on HIV, STD, health, and dental needs. Always thinking about ways to improve their assessment tools, the New York City Correctional Health Services is modifying this screen and plans to fold it into their upcoming electronic health record system.

Mental Health Screens

No one has to tell you that jails have become the primary institution in our society for the mentally ill. A recent Bureau of Justice Statistics report found that almost one in four individuals entering jails displayed symptoms consistent with psychosis. At admission, how many of your inmates appear to be disoriented, agitated, delusional, incoherent, or hallucinating?

Fortunately, there are some quick and easy ways to administer mental health and suicide screens to determine if an inmate needs a mental health referral. Notice that we continue to emphasize the time it takes to administer the screen. Do you have time to administer a 15- to 30-minute mental health screen on each detainee at booking? No. The screen has to be quick and easy to administer to increase the chance of it being properly used.

The *Brief Jail Mental Health Screen,* developed in 2005 and validated by the National GAINS Center,

is an eight-question screen with an optional section for officers to comment on barriers they face when administering it (exhibit 3.4). The instructions are comprehensible and the screen is easy to score. The following bullet points are the screen's main advantages according to its developer, Policy Research Associates:

- Takes less than three minutes.
- Contains only eight yes/no questions.
- Is simple to incorporate into the booking process by correction officers.
- Is quickly administered.

Download the *Brief Jail Mental Health Screen* at gainscenter.samhsa.gov/html/resources/MHscreen.asp.

The *Mental Health Screening Form-III* (*MHSF-III*) is a two-page, 17-item screen, with instructions (Carroll and McGinley, 2000). The English copy is located at the end of this section (exhibit 3.5), and the Spanish version can be downloaded at www.ct.gov/dmhas/lib/dmhas/cosig/mhsfiiisp.pdf. Because of its longer form, questions included in this screen can help identify symptoms of the following disorders: post-traumatic stress disorder, sexual and gender identity disorders, eating disorders, obsessive-compulsive disorder, pathological gambling, learning disorders, and mental retardation.

The Texas Commission on Jail Standards provides a one-page *Mental Disability/Suicide Intake Screening* to determine if further evaluation is needed (exhibit 3.6). We have included it at the end of this section for its six suicide-related questions. Any inappropriate response indicates further evaluation. The screen is available at www.tcjs.state.tx.us/docs/mhmr.pdf.

Another effective suicide screen is the *Suicide Prevention Screening Guidelines* developed by the New York Commission of Correction (exhibit 3.7).

Don't Let This Happen to You

Bryan Posey was arrested Dec. 9, 2002, after his mother complained of verbal abuse. In an affidavit, a Dallas police officer who arrested Mr. Posey noted his "irrational emotional state."

Lawyer Tom Carse, who filed suit on behalf of Mr. Posey's family, obtained a video of Mr. Posey's booking. During booking, jail staff are supposed to screen inmates for mental illness or suicide risk by asking a detailed set of questions. In the video and transcript, it appears that the staff never asked Mr. Posey the questions. He was put in a holding cell and soon after was found dead, with the cord of the cell's pay phone around his neck.

Source: O'Neill, 2005

Substance Abuse Screens

The majority of your inmates are probably alcohol and drug users, ranging from weekend recreational users to full-blown addicts. The substance abuse screen you use will guide you in determining the level of drug intervention strategies before and after release. For example, a simple "yes" or "no" question, "Do you use drugs?" can help identify inmates interested in Alcoholics or Narcotics Anonymous. On the other hand, a lengthier screen is necessary if you want to identify inmates with severe substance abuse problems, including those experiencing opiate withdrawal, to transition them to outpatient or residential drug treatment centers at release.

The Institute of Behavioral Research at Texas Christian University (TCU) developed the *TCU Drug Screen II* with support from the U.S. Department of Justice's National Institute of Justice (exhibit 3.8). This 15-item screen quickly identifies inmates with serious substance abuse histories. It takes five to ten minutes to administer, is available in English and Spanish, and is downloadable with a scoring guide

at www.ibr.tcu.edu/pubs/datacoll/tcutreatment.html#CorrScreeningforTreatment.

Please e-mail TCU's Institute of Behavioral Research at ibr@tcu.edu or call 817-257-7226 for permission to use the screens in your jail. The following descriptions of the TCU screens come directly from TCU's web site:

> *CJ Comprehensive Intake (TCU CJ CI)* is usually administered by a counselor in a face-to-face interview held one to three weeks after admission, when the client has had time to detox and reach greater stabilization and cognitive focus (90 minutes).
>
> *CJ Client Evaluation of Self and Treatment, Intake Version (TCU CJ CEST-Intake)* is a self-rating form completed by the offender at the time of admission to treatment. It includes short scales for psychological adjustment, social functioning, and motivation. These scales also provide a baseline for monitoring offender performance and psychosocial changes during treatment (15 minutes).
>
> *CJ Client Evaluation of Self and Treatment (TCU CJ CEST)* records offender ratings of the counselor, therapeutic groups, and the program in general. It also contains scales assessing psychological adjustment, social functioning, and motivation (35 minutes).
>
> *TCU Criminal Thinking Scales (TCU CTS)* is a supplement to the *Criminal Justice - Client Evaluation of Self at Intake* (CJ-CESI) and CJ-CEST and is designed to measure "criminal thinking." The six CTS scales include *Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization,* and *Personal Irresponsibility,* which represent concepts with special significance in treatment settings for correctional populations (5–10 minutes).

Also check out the U.S. Department of Health and Human Services' web site at ncadi.samhsa.gov/govpubs/BKD143/11m.aspx to access other screening instruments for substance abuse and infectious diseases.

The more comprehensive and lengthier *Addiction Severity Index* screen, available for free at www.tresearch.org/ASI.htm, incorporates a biological, psychological, social, in-depth addiction assessment that also surveys many areas for successful reentry: medical, employment, legal, family history and relationships, and mental health problems.

A recommended alcohol withdrawal screen is the *Clinical Institute Withdrawal Assessment for Alcohol (CIWA-AR),* which can also be used for the psychoactive benzodiazepine drugs. This screen requires five minutes to administer and may be reproduced freely. It is available at http://images2.clinicaltools.com/images/pdf/ciwa-ar.pdf.

An opiate withdrawal screen is the *Clinical Opiate Withdrawal Scale (COWS),* which is available at www.naabt.org/documents/COWS_induction_flow_sheet.pdf.

Homeless Screens

The homeless are another special needs population in your jail. It is important to identify and provide reentry services to the "frequent flyers," those who cycle in and out of your jail and through the shelter system multiple times each year. These individuals' "frequent flights" are often the result of mental health and substance abuse issues. We can save taxpayer dollars when jails transition these individuals to supportive services and shelter or supportive housing at release instead of sending them back to the street, knowing that they'll shortly return to jail.

The following homeless checklist determines the rate of homelessness at incarceration (Brad H Compliance Monitors, 2006, 112). We recommend that either you expand your present assessment instrument or develop a new screen to determine the rate of homelessness at time of intake or release.

Employment Screens

Another important issue to address among inmates is their vocational and employment needs. Many maintain that there is a very strong connection between employment and crime: when individuals are working, they are less likely to be committing crimes. Thus, it is important that we do what we can to foster the employability of inmates when they leave our jails.

One of your most important partners will likely be your local one-stop career center. The one-stop career-center system is coordinated by the U.S. Department of Labor's Employment and Training Administration. These centers provide training referrals, career counseling, and job placement services. You can find your local one-stop career center by clicking on the map at www.doleta.gov/usworkforce/onestop/onestopmap.cfm or by calling 800-US-2JOBS.

In some communities, the local jail or probation department has partnered with the local one-stop career center to ensure the range of employment needs of those in the criminal justice system are effectively met. In Baltimore, Maryland, the Mayor's Office of Employment Development and various partners, including the Maryland Department of Public Safety and Correctional Services, Baltimore City Community College, Maryland Transit Administration, and other agencies, jointly created the Re-entry Center (ReC) in Baltimore. ReC serves as a one-stop career center for anyone with a criminal record seeking employment. Among the services ReC provides to those on probation and parole are occupational skills training, assistance obtaining identification, health referrals, expungement workshops, and help managing child support orders.

Similarly, in a collaborative arrangement with Montgomery County's Department of Economic Development, the Department of Correction and Rehabilitation located a fully functioning career resource center within the main local jail in Montgomery County, Maryland. The center is staffed by a full-time counselor who meets with clients in the jail-based and community-based one-stop career centers.

Many government and nonprofit agencies have developed tools to assess the employment readiness of people with criminal records. At the end of this section, we have included two screens. One was developed in the United Kingdom by PS Plus, a prison and community-based project jointly funded by the European Social Fund and the National Offender Management Service, the government agency in the United Kingdom responsible for the management and supervision of prisoners and individuals under community supervision. The PS

New York City Department of Health Homeless Checklist

Where did you live prior to your arrest?

- Living on the street or some other space not meant for human habitation (car, etc.).
- Living with others without a lease (family or friends).
- Living in SRO (single room occupancy).
- Living in a shelter (emergency, transitional or drop-in center) continuously for 4 months or used shelter 14 days non-continuously within the last 60 days.
- Living in an institutional/correctional facility without a permanent address.
- Was homeless in the past but is now housed and in danger of being evicted.
- Now housed but in danger of being evicted.
- Homeless for a year or more.
- Homeless more than once within the past several years.

Source: Brad H. et al., 2006

Plus assessment form is attached as exhibit 3.9. It surveys for vocational interests, skills, and history; educational levels and qualifications; and barriers to employment, such as driver's license suspension.

The other employment screen we offer was originally developed by the New Mexico Corrections Department and modified and adapted by the Maryland Correctional Education Program. This assessment tool is attached as exhibit 3.10. It poses a series of 49 questions intended to identify potential challenges the job seeker may face. This tool is useful because it groups issues by the following six categories: education/training, personal/health, offender, attitude, support, and job search. If you decide to modify this screen for your use, you may consider reframing it in a way that focuses on inmates' employment assets and qualifications, and not solely on their deficits.

In addition to the employment survey, the Maryland Correctional Education Program has developed a pocket guide, included as exhibit 3.11, that individuals can use when going out to apply for jobs. The pocket guide summarizes information often asked on job applications or in job interviews, including education and employment history and reference information. If you develop a similar pocket guide, we recommend that you consider including a section on criminal history so that when the job seeker answers questions on the employment application about his or her criminal record, he or she will know what to include. Employers want honest, job-ready, and accountable employees; one of the easiest ways for them to assess these qualities in job applicants is how they answer the question about their criminal histories.

Another helpful resource is the web site of the National HIRE Network at www.hirenetwork.org. This web site offers information on employment programs in all 50 states, state and federal laws affecting individuals with criminal records seeking employment, and incentives to offer employers willing to hire job seekers with criminal records.

Multipurpose Screens

Multipurpose screens are advantageous because they paint a portrait of the diverse needs an inmate faces at reentry. Medical, mental health, substance abuse, housing, and employment are the most identifiable needs, but family reunification, education, and legal issues also impact an inmate's reentry success.

Though you may not have time to administer a lengthy needs assessment instrument to every inmate, we have provided two needs assessment screens used by the Sheriff's Office in Davidson County, Tennessee, and the Department of Public Safety in Atlantic County, New Jersey (exhibits 3.12 and 3.13).

A discussion on assessment screens isn't complete without mentioning the *Level of Service Inventory-Revised (LSI-R)* and *Correctional Offender Management Profiling for Alternative Sanctions (COMPAS),* two widely used comprehensive risk/needs assessments for inmate treatment, planning, and placement. Though we made an effort to include only screens available for free, a number of jurisdictions use these copyrighted instruments, which come highly recommended.

The *LSI-R* and *COMPAS* identify not only the risk of recidivism, but attempt to discern categories of needs in areas identified as being most likely to impact recidivism, including education, employment, financial, family, housing, leisure, substance abuse, critical thinking, and personal needs.

The *LSI-R,* for example, is composed of 54 items, 41 of which are recorded as yes/no responses. The remaining 13 are scored on a scale from 0 to 3 where "0" indicates "a very unsatisfactory situation with a very clear and strong need for improvement," and "3" represents "a satisfactory situation with no need of improvement." According to the guidelines, those scoring between 0 and 13 are classified as low risk/needs offenders, 14 to 23 as low/moderate risk/needs, 24 to 33 as moderate risk/needs, 34 to 40 as medium/high risk/needs and 41 or more as high risk/needs.

At the Hampden County, Massachusetts, Correctional Center, the department utilizes the *LSI-R* short-form screening version *(LSI-R: SV),* which provides only a yes/no indication of need in eight categories and combines the survey instrument's categories of companions with family/marital support and the categories of financial with education/employment. The range of the total score of the screening version is between 0 and 8. As Hampden County screens all sentenced inmates entering the facility, it chose the short screening version because it takes only 10 minutes to administer, compared with nearly an hour for the long form. The Probation Department in Dallas, Texas, also utilizes the instrument in the management and supervision of nearly 25,000 felony probation clients.

For more information on the *LSI-R,* contact Multi-Health Systems, Inc., at 800-456-3003 or visit www.mhs.com. For *COMPAS* information, contact the Northpointe Institute for Public Management, Inc., at 888-221-4615 or visit www.northpointeinc.com.

Another advantage of a comprehensive risk/needs assessment screen is the ability to reassess inmates with lengths of stay of more than 30 days. It is common for an inmate to come in as a high or medium security risk, but step down one or two security levels during his or her incarceration. Normally, the lower the risk classification score, the more reentry programming is available.

Summary

Screens are tools you may use to identify the risks and needs of your population. You can also use screens as de facto reentry plans in certain circumstances. We purposely provided multiple screens, with different formats and focuses, so you can compare them to what you presently use. No screen is perfect, and there is nothing wrong with developing your own screen as long as it's valid and reliable.

References

Brad H. Compliance Monitors. 2006. *Ninth Quarterly Report on the Compliance Monitors. Supreme Court of the State of New York.* www.urbanjustice.org/pdf/litigation/brad_9threport.pdf

Carroll, J. F., and John J. McGinley. 2000. "Mental Health Screening Form-III." Project Return Foundation, Inc. www.asapnys.org/resources.html

O'Neill, J. M. 2005. "Inmates: Jail Health Care Hasn't Improved; Exclusive: Negligence Described Months After Scathing Report." *Dallas Morning News* (July 9).

Web Sites

Brief Jail Mental Health Screen. http://gainscenter.samhsa.gov/html/resources/MHscreen.asp

Clinical Institute Withdrawal Assessment for Alcohol (CIWA-AR). http://images2.clinicaltools.com/images/pdf/ciwa-ar.pdf

Clinical Opiate Withdrawal Scale (COWS). www.naabt.org/documents/COWS_induction_flow_sheet.pdf

Level of Service Inventory-Revised (LSI-R). www.mhs.com

Mental Health Screening Form-III (MHSF-III). www.ct.gov/dmhas/lib/dmhas/cosig/mhsfiiisp.pdf

National HIRE Network. www.hirenetwork.org

The TCU Drug Screen II. www.ibr.tcu.edu/pubs/datacoll/tcutreatment.html#CorrScreeningforTreatment

Texas Commission on Jail Standards, *Mental Disability/Suicide Intake Screening.* www.tcjs.state.tx.us/docs/mhmr.pdf

U.S. Department of Health and Human Services. ncadi.samhsa.gov/govpubs/BKD143/11m.aspx

Exhibit 3.1: Montgomery County, Maryland, Department of Correction and Rehabilitation Pre-Release and Reentry Services, Six Month Performance Indicators Summery

Population Description	Jan	Feb	Mar	Apr	May	Jun	Total
Average monthly sentenced population							
Average monthly population within PRRS (PRC and HC)							
Percentage of sentenced population within PRRS							
Average Daily Population - PRC							
Average Daily Population – HC							
Total ADP							
Screening interviews conducted this month							
New transfers/Intakes							
Intakes by type of offense							
• Person							
• Property							
• Sex offense							
• Drug/alcohol							
• Traffic (non-alcohol/drug related)							
• Violation of Probation (VOP)							
Of VOP's above, nature of original offense							
• Person							
• Property							
• Sex offense							
• Drug/alcohol							
• Traffic (non-alcohol/drug related)							
Intakes by gender							
• Male							
• Female							
Intakes by age							
• 15-17							
• 18-25							
• 26-35							
• 36-55							
• 56-65							
• Over 65							
Intakes by race/ethnicity							
• Caucasian							
• African-American							
• Asian							
• Hispanic							
• Native American							

Exhibit 3.1 (Continued)

• Other							
Intakes by highest educational level							
• Kindergarten-9							
• Grades 10-12							
• High school graduate							
• GED							
• College 13-16 years							
• College 16+ years							
Intakes by jurisdiction							
• District Court							
• Circuit Court							
• Federal							
• State (Division of Correction)							
Intakes by sentence length in months (executed time)							
• 1-3							
• 4-6							
• 7-9							
• 10-12							
• 13-18							
• Over 18							
Intakes reporting juvenile criminal record, %							
Intakes by number of prior arrests (includes juvenile)							
• None							
• 1-3							
• 4-8							
• 9-15							
• 16-20							
• 21-30							
• More than 30							
Intakes by number of prior incarcerations (includes juv.)							
• None							
• 1-3							
• 4-8							
• 9-12							
• 13-15							
• More than 15							
Intakes by overall LSIR score							
• Minimum							
• Low-medium							

Exhibit 3.1 (Continued)

• High-medium							
• Maximum							
Drug Court intakes							
Residents reporting as homeless at time of intake							
Intakes with supervision (parole/probation) upon release, %							
Total discharges							
Total successfully released							
Total revoked							
Administrative removals							
Successful completion rate (%)							
Total suspensions							
Escapes							
Uses of force							
Discharges by release address							
• Maryland							
• District of Columbia							
• Virginia							
• Other							
Of Maryland discharges, percentage Montgomery County							
Of MC discharges, 3 most frequent zip codes (%)							
•							
•							
•							
Program Services	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**
Released with employment, %							
Average hourly wage earned by residents							
Job checks, job verifications done by staff							
% of residents remaining employed 60 days after release							
Released with housing, %							
Residents linked with any community resource							
Residents placed in treatment/counseling in community							
Total discharged this month with mental health problems							
Total discharged this month on mental health medication							
Residents placed in GED class							
Residents earning GED this month							
Case Manager sessions with caseload (in PRC)							

Exhibit 3.1 (Continued)

Case Manager sessions with caseload (in home)							
Case Manager sessions with resident and family							
Sponsors attending sponsor group							
Community service hours completed by residents Residents attending recreational trips with interns							
Verifications of resident accountability Drug and alcohol surveillance tests Positive drug/alcohol tests Drug/alcohol tests collected for Drug Court clients							
Fees and Revenue							
Gross earnings by residents Average resident savings at discharge Program fees paid by residents Taxes paid by residents Restitution/court costs/fines paid by residents Family support paid by residents State room and board reimbursements Federal room and board reimbursements Jail bed days saved							

* Unit data not yet available

Exhibit 3.2

TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: _____ DOB: ___/___/____ AGE: _____
Last First MI
STATE ID# _____ RACE: _____ SEX: Male ___ Female _____

COUNTY/TDCJ# _____ WT: _____ HT: _____

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

___ 1. None
___ 2. Asthma
___ 3. Pregnancy
___ 4. Dental Priority
___ 5. Diabetes
___ 6. Drug Abuse
___ 7. Alcoholism
___ 8. Orthopedic Problems
___ 9. Cardiovascular/Heart Trouble
___10. Suicidal
___11. Mental Retardation
___12. Mental Illness (Specify diagnosis) _____
_____
___13. Recent Surgery
___14. Seizures
___15. Dialysis
___16. Hypertension
___17. CARE System Y/N

**NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.*

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

___1. None
___2. Skilled Nursing Facility
___3. Extended Care Facility
___4. Psychiatric Inpatient Facility
___5. Respiratory Isolation
___6. Other:

B. Transportation

___ 1. Routine
___ 2. Crutches/Cane
___ 3. Ambulance
___ 4. Wheelchair/Wheelchair Van
___ 5. Prosthesis: _____

C. Pending Specialty Clinic Appointment
None _____ Type _____

D. ALLERGIES _____
_____
_____

NKA _____

B. Preventive Medicine

___ 1. Tuberculosis Status
Skin Test: Date Given: __/___/____ Date Read: __/__/__ Results _____mm*
X-Ray: Date: ___/___/___ Normal ___ Abnormal ___* Anti-TB Treatment? No ___ Yes __*
___ 2. Hepatitis: A __ B __ C __ Other: _____
___ 3. HIV Antibody: Test Date: ___/___/___ Results: Neg _____ Pos _____ CD4: ____ Date __/__/__
___ 4. Syphilis: Date: __/__/__ Type: ____ Treatment Completed: ___Yes ___No

**NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.*

C. Other Health Care Problems: _____

IV. CURRENT PRESCRIBED MEDICATIONS None _____

Medication	Dosage	Frequency

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: _____ DATE: _____/_____/_____
Signature/Title
PHONE NUMBER: _____ FACILITY: _____

Exhibit 3.2 (Continued)

INSTRUCTIONS

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

I. Print the inmate patient=s name, date of birth, age, state identification number, race, weight (WT) and height (HT). Place a check mark in the appropriate space for sex and record your respective facility identification number on the County/TDCJ#. (Note: this number should be the internal number used by the different counties) Last: Has inmate's name been cross-referenced with the MH/MR database (CARE) for prior or current service status?

II. A. **Health Problems** - Indicate the inmate=s response (YES, NO) to having been treated by placing a check mark in the applicable space.

1. **NONE** - The inmate patient states he/she has no known medical problems and none were detected during the physical examination.
2. **ASTHMA** - A sudden attack of shortness of breath accompanied by wheezing, caused by a spasm of the airway or swelling in the airway.
3. **PREGNANCY** - Does the inmate suspect she may be pregnant?
4. **DENTAL PRIORITY** - Any dental problems the inmate claims need attention.
5. **DIABETES** - Taking insulin or other medication to control the sugar level in the blood.

6/7. **DRUG ABUSE/ALCOHOLISM** - Dependence on drugs and/or alcohol.

8. **ORTHOPEDIC PROBLEMS** - Chronic joint complaints or recent fracture.
9. **CARDIOVASCULAR/HEART TROUBLE** - Coronary artery disease, heart attack, angina pectoris, and congestive heart failure are all examples.
10. **SUICIDAL** – Has expressed suicidal thoughts, or attempted suicide.
11. **MENTAL RETARDATION** - Has inmate been diagnosed as mentally retarded?
12. **MENTAL ILLNESS** - Has the inmate been treated by a psychologist or psychiatrist or has a doctor ever treated him for a mental health problem?
13. **RECENT SURGERY** - Any surgery within the past 30 days, explain in II-C.
14. **SEIZURES** - Sudden uncontrollable muscle spasm or unconsciousness.
15. **DIALYSIS** - Does the inmate patient have renal failure and in need of dialysis treatment?
16. **HYPERTENSION (HIGH BLOOD PRESSURE)** - Treated with drugs or diet.
17. **CARE SYSTEM –** Inmate's name has been submitted to local MHMR and has a prior or current service status. (yes/no)

NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. **Preventive Medicine**

1. Please indicate date of last TB skin test, including date read and results in mm of reaction, if any. If no reaction, indicate 0.
2. Please indicate whether patient has infection with hepatitis A,B, or C by checking the appropriate box.
3. Please indicate date of last HIV antibody test and results. If positive, indicate last CD4 count.
4. Please indicate last syphilis test, if positive. Indicate whether treatment was complete or not.

C. Does the inmate have any condition that might indicate the need for medical care? Body deformities, swelling, open wounds, skin discoloration, rashes, needle marks, severe dental problems, or bruises are all examples of things to note that were not listed in sections IIA or IIB.

III. A. **Housing Restrictions**

1. **NONE**
2. **SKILLED NURSING FACILITY** - Does the inmate have a temporary medical problem requiring inpatient nursing care?
3. **EXTENDED CARE FACILITY** - Does the inmate have a permanent medical problem requiring long-term inpatient nursing care?
4. **PSYCHIATRIC INPATIENT FACILITY** - Is the inmate in need of crisis management or is he/she currently admitted to a psychiatric inpatient facility?
5. **RESPIRATORY ISOLATION** - Does the inmate have a current diagnosis of ACTIVE TB or other active disease such as chicken pox or measles?
6. **OTHER**

B. **Transportation** - Does the inmate require any of the following to walk distances greater than 25 yards? If not please check the routine space.

1. ROUTINE
2. CRUTCHES/CANE
3. AMBULANCE
4. WHEELCHAIR/WHEELCHAIR VAN
5. PROSTHESIS

C. List any pending specialty clinic appointments the inmate patient had upon transfer from your facility. Please list any scheduled specialist appointments the inmate may have.

IV. List known medications. Please list all currently ordered life sustaining medications. You may omit over the counter medications.

V. List any known allergies.

H:/tcjs/uniformhealthstatusupdate/11/2004

Exhibit 3.3: New York City Correctional Health Services, Intake History and Physical Exam

NYC Health

DIVISION OF HEALTH CARE ACCESS & IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

INTAKE
HISTORY AND PHYSICAL EXAM

PLACE MEDICAL LABEL HERE

Patient's Last Name	First Name

Book & Case Number	NYSID Number

DATE	TIME	FACILITY	HAVE YOU PREVIOUSLY BEEN INCARCERATED?	DO YOU HAVE MEDICAID OR ANY HEALTH INSURANCE?
	❑ AM ❑ PM		❑ YES ❑ NO If yes, where? ❑ RIKERS ❑ ELSEWHERE: _____ If yes, when?	❑ YES ❑ NO WHERE DO YOU CURRENTLY GET MEDICAL CARE?

1. DO YOU HAVE ANY ALLERGIES?	Reaction Type	ALLERGIES TO MEDICATIONS?	OTHER
❑ YES ❑ NO	❑ HIVES ❑ RASH ❑ SOB ❑ ANAPHYLAXIS ❑ DON'T KNOW		

2. HAVE YOU EVER HAD HIGH BLOOD SUGAR OR DIABETES?	FINGER STICK *(ON ADMISSION)*	3. HAVE YOU EVER HAD TB?	Do you have?	Chest X-ray done?	Current and Past TB Medications Taken?	How long taken?
❑ YES ❑ NO I F YES, ❑ TYPE-1 ❑ TYPE-2		❑ YES ❑ NO Where diagnosed?	Weight loss ❑ YES ❑ NO Night Sweats ❑ YES ❑ NO Fever ❑ YES ❑ NO Cough > 2 Wks ❑ YES ❑ NO	❑ YES ❑ NO If yes, ❑ Normal ❑ Abnormal When? ___/_____/___		

4. HAVE YOU EVER HAD:	HAVE YOU EVER HAD:	Did you watch the HIV Video?	Do you have HIV Infection or AIDS?
• Multiple Sex partners? ❑ YES ❑ NO • Unprotected sex? ❑ YES ❑ NO • Sex with substance abusers? ❑ YES ❑ NO • Same sex relationship? ❑ YES ❑ NO • I.V. Drug Use? ❑ YES ❑ NO	• Syphilis? ❑ YES ❑ NO • Gonorrhea? ❑ YES ❑ NO • Chlamydia? ❑ YES ❑ NO • Hepatitis A? ❑ YES ❑ NO • Hepatitis B? ❑ YES ❑ NO • Hepatitis C? ❑ YES ❑ NO • Any current tx ? ❑ YES ❑ NO	❑ YES ❑ NO Did you read the HIV Brochure? ❑ YES ❑ NO	❑ YES ❑ NO *(If yes, complete HIV Flow Sheet)*

5. RAPID HIV TEST	REASONS FOR DECLINING RAPID HIV TEST	HIV Ab Testing done?	Viral Load ❑ YES ❑ NO
❑ Wants Rapid HIV Test ❑ Declines HIV Testing ❑ Undecided ❑ Confirmatory ❑ Retest	❑ Known HIV Positive ❑ Prefer Conventional Test ❑ Had Negative HIV Result ,< 3 months ago ❑ Not Ready to get test results today ❑ Don't want test now/today ❑ Other	❑ YES ❑ NO When?	#_____ When? Latest T-Cell (CD4) #_____ When?

6. EVER HAD ASTHMA?	Last ER Visit?	Ever Intubated?	7. EVER HAD HYPERTENSION?
❑ YES ❑ NO	Last Attack? Ever Admitted? ❑ YES ❑ NO	❑ YES ❑ NO When? ____/____/____	❑ YES ❑ NO

8. DO YOU HAVE:	Chest Pain?	Syncope?	Family history of sudden death under age 55?	Ever had Heart Disease?	Ever had a heart attack?
❑ PND ❑ SOB ❑ Palpitations ❑ DOE ❑ Pedal Edema	❑ YES ❑ NO When? ____/____/____	❑ YES ❑ NO When? ____/____/____	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO When? ___/____/____

9. HAVE YOU HAD A PAP SMEAR IN THE LAST 12 MONTHS?	10. DO YOU USE DRUGS	*If yes, check drugs, and complete the "Opiod Withdrawal Assessment Form"*
❑ YES ❑ NO ❑ N/A If yes, When? ____/____/___	❑ YES ❑ NO DRUG AMOUNT:	Drugs used: ❑ HEROIN ❑ BARBITUATES ❑ MARIJUANA ❑ CRACK ❑ COCAINE ❑ CRYSTAL METH ❑ METHADONE ❑ OTHER:

If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.

Page 1 of 4

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Exhibit 3.3 (Continued)

CHS-283 (Rev. 12/04)

11. ARE YOU CURRENTLY IN A METHADONE PROGRAM? ❑ YES ❑ NO	Where? Dose _____	12. DO YOU USE ALCOHOL? ❑ YES ❑ NO AMOUNT:	Have you considered cutting down drinking? ❑ YES ❑ NO Annoyed by people asking about your drinking? ❑ YES ❑ NO Ever had guilty feelings about your drinking? ❑ YES ❑ NO Ever needed a drink as an "eye opener"? ❑ YES ❑ NO	When last drink or drug use?

13. ANY ADDITIONAL MEDICAL PROBLEMS? ❑ YES ❑ NO		List	
14. TREATED OR HOSPITALIZED FOR NERVOUS / MENTAL PROBLEMS? ❑ YES ❑ NO When?	Where? Why?	15. ARE YOU TAKING MEDICATION FOR NERVES/MENTAL PROBLEMS? ❑ YES ❑ NO	Medications / Dosage:
16. HAVE YOU TRIED TO HURT OR KILL YOURSELF? ❑ YES ❑ NO When?	How? Why?	17. HAVE YOU EVER BEEN ASSAULTED (SEXUALLY/PHYSICALLY)? ❑ YES ❑ NO	18. HAVE YOU BEEN CHARGED WITH A VIOLENT ACT (RAPE, ASSAULT)? ❑ YES ❑ NO
19. HAVE YOU HURT ANYONE WHEN YOU WERE ANGRY OR UPSET? ❑ YES ❑ NO	When? Who?	How? Why?	
20. HAVE YOU EXPERIENCED ANY RECENT LOSSES? (i.e., death, employment, relationships, etc) ❑ YES ❑ NO		Explain	

SUMMARY OF CURRENT MEDICATIONS *(Please List)*

21. CHARGES REVIEWED?
❑ YES ❑ NO

COMPLETED BY (*Print Name*) _____ REVIEWED BY: _____

Signature of person completing form	Title	Date	Time

If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.

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Exhibit 3.3 (Continued)

CHS-283 (Rev. 12/04)

NYC Health

DIVISION OF HEALTH CARE ACCESS & IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PHYSICAL EXAMINATION

Last Name	First Name		Temp
Snellen w/o correction R _____ L _____	w correction R _____ L _____	Ht	Pulse / RR
VSS Taken by *(Full Name)*		Wt	Peak Flow
Signature			BP

GENERAL APPEARANCE: *(Include body habitus, nutritional status, and state of distress.)*

HEENT
❑ NL ❑ Scalp lesions
❑ Traumatic ❑ Abnormal Pupils
❑ Lacerations ❑ Conjunctivitis
❑ Icteric ❑ Pale sclera
❑ Other

SKIN *Describe*
❑ NL ❑ Jaundice
❑ Rash ❑ Tattoos
❑ Pallor ❑ Tracks
❑ Scars ❑ Other

ORAL CAVITY ❑ Filled cavities *Describe*
❑ NL ❑ Dentures loose
❑ Lesions ❑ Missing teeth
❑ Swellings ❑ Other

BREASTS *Describe*
❑ NL ❑ Discharge
❑ Masses ❑ Other

CHEST *Describe*
❑ NL ❑ Rubs
❑ Wheezing ❑ Rhonchi
❑ Rales ❑ Other

HEART *Describe*
❑ NL / RRR
❑ Murmur ❑ Gallop
❑ Rub ❑ Other

FUNDUS ❑ Normal ❑ Not Visualized ❑ Other
OTOSCOPIC

LYMPH NODES

NECK THYROID
❑ NL ❑ Carotid Bruit
❑ Thyroid enlargement/mass

ABDOMEN *Describe*
❑ NL ❑ Ascites
❑ Tenderness ❑ Other
❑ Hypo/Hyperactive Bowel sounds
❑ Organomegaly

GENITALIA *Describe*
❑ Lesions
❑ Sores ❑ Warts
❑ Discharge ❑ Other

PELVIC EXAM *(Adnexa, Uterus)* *Describe*
❑ N/A ❑ Refused
❑ NL ❑ Adnexal Mass
❑ Discharge from Cervix ❑ Tenderness
❑ Uterine Mass ❑ Other

PAP SMEAR *Describe*
❑ Performed ❑ Refused
❑ Chlamydia/Gonorrhea Test ❑ Deferred
❑ Culture
❑ Other *(Describe)*

RECTAL
❑ NL ❑ Not Indicated PT less than 40 yrs old
❑ Hemorrhoids ❑ Sores
❑ Fissures ❑ Refused
❑ Warts ❑ Other

EXTREMITIES
❑ NL ❑ Pulse
❑ Edema ❑ Clubbing
❑ Cyanosis ❑ Other

MENTAL STATUS

ORIENTATION TO
❑ Time
❑ Place
❑ Person

PSYCHOMOTOR
❑ WNL
❑ Retardation
❑ Agitation

SPEECH
❑ Coherent
❑ Incoherent
❑ Normal Rate
❑ Pressured
❑ Spontaneous

MOOD
❑ Euthymic ❑ Irritable
❑ Anxious ❑ Elated
❑ Depressed ❑ Angry
❑ Embarrased/Humiliated

AFFECT
❑ Appropriate to mood
❑ Inappropriate to mood
❑ Labile

THOUGHT PROCESS
❑ Logical
❑ Illogical
❑ Relevant
❑ Irrelevant

ANY PROBLEMS WITH SLEEP OR APPETITE OR ANY FEELINGS OF HOPELESSNESS OR BEING WORTHLESS?
❑ YES ❑ NO

SUICIDAL IDEATION? ❑ YES ❑ NO

HOMICIDAL IDEATION? ❑ YES ❑ NO

DELUSIONS
❑ None ❑ Grandiose (Do you have special abilities or features?)
❑ Persecution (Do you feel anyone is plotting against you?)
❑ Somatic ❑ Other

HALLUCINATIONS Does patient exhibit any?
❑ None
❑ Auditory
❑ Visual

DOES PT EXHIBIT ANY SIGNS OF GROSS MENTAL RETARDATION?
❑ YES ❑ NO

NEUROLOGIC *(Sensory, Motor, DTR, Gait, Cerebellar, Cranial Nerves)* **DESCRIBE** *(If abnormal, give details in assessment)*

If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.

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Exhibit 3.3 (Continued)

CHS-283 (Rev. 12/04)

ADDITIONAL COMMENTS *(Please Include Question Number with each Additional Comments Section)*

ASSESSMENT	PLAN

URINE PREGNANCY

❑ N/A
❑ Positive
❑ Negative

URINE DIP/KETONES *(ON ADMISSION)*
❑ YES ❑ NO

DISPOSITION

❑ Medical Isolation Reason:

❑ Detox

HOUSING: ❑ GP ❑ CDU
❑ INFIRMARY ❑ C-71 ❑ MO
❑ OTHER:

CONSULTS: ❑ URGICARE
❑ ER/HOSPITAL ❑ MH EMERGENCY
❑ MH ROUTINE ❑ OTHER:

BROCHURES GIVEN?
REACH HIV-STD ❑ YES ❑ NO
Health Information ❑ YES ❑ NO
Dental Brochure ❑ YES ❑ NO

SIGNATURE	DATE/TIME
PRINT NAME	TITLE

REVIEWED BY:

PRINT NAME	SIGNATURE	DATE/TIME

Please use the Additional Comments area on the top of this page for any "YES" question requiring additional space.

CHS-283 (Rev. 02/05)

Exhibit 3.4: GAINS Brief Jail Mental Health Screen

INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

INSTRUCTIONS FOR SECTION 1:

NAME:	Enter detainees name — first, middle initial, and last
DETAINEE#:	Enter detainee number.
DATE:	Enter today's month, day, and year.
TIME:	Enter the current time and circle AM or PM.

INSTRUCTIONS FOR SECTION 2:

ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

(1) Information about the detainee that the officer feels relevant and important
(2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

INSTRUCTIONS FOR SECTION 3:

OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.

Exhibit 3.4 (Continued)

Brief Jail Mental Health Screen

Section 1

Name: _____ (First MI Last)	Detainee #: _____	Date: __/__/____	Time: _____ AM PM

Section 2

Questions	No	Yes	General Comments
1. Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you *currently* feel that other people know your thoughts and can read your mind?			
3. Have you *currently* lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are *currently* much more active than you usually are?			
5. Do you *currently* feel like you have to talk or move more slowly than you usually do?			
6. Have there *currently* been a few weeks when you felt like you were useless or sinful?			
7. Are you *currently* taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you ever been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative

☐ Difficulty understanding questions ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- **YES to item 7; OR**
- **YES to item 8; OR**
- **YES to at least 2 of items 1 through 6; OR**
- **If you feel it is necessary for any other reason**

☐ Not Referred

☐ Referred on __ __/__ __/__ __ __ __ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

Exhibit 3.5: Mental Health Screening Form III

Guidelines for Using the Mental Health Screening Form III

The Mental Health Screening Form-III (MHSF-III) was initially designed as a rough screening device for clients seeking admission to substance abuse treatment programs.

Each MHSF-III question is answered either "yes" or "no." All questions reflect the respondent's **entire life history**; therefore all questions begin with the phrase "Have you **ever**..."

The **preferred** mode of administration is for staff members to read each item to the respondent and get their "yes" and "no" responses. Then, **after** completing all 18 questions (question 6 has two parts), the staff member should inquire about any "yes" response by asking "**When** did this problem first develop?"; "**How long** did it last?"; "Did the problem develop **before**, **during**, or **after** you started using substances?"; and, "**What** was happening in your life at that time?" This information can be written below each item in the space provided. There is additional space for staff member comments at the bottom of the form.

The MHSF-III can also be given directly to clients for them to complete, providing they have sufficient reading skills. If there is any doubt about someone's reading ability, have the client read the MHSF-II instructions and question number one to the staff member monitoring this process. If the client can not read and/or comprehend the questions, the questions must be read and/or explained to him/her.

Whether the MHSF-III is read to a client or s/he reads the questions and responds on his/her own, the completed MHSF-III **should be carefully reviewed** by a staff member to determine how best to use the information. It is strongly recommended that a **qualified mental health specialist** be consulted about any "yes" response to questions 3 through 17. The mental health specialist will determine whether or not a follow-up, face-to-face interview is needed for a diagnosis and/or treatment recommendation.

The MHSF-III features a "**Total Score**" line to reflect the total number of "yes" responses. The maximum score on the MHSF-III is 18 (question 6 has two parts). This feature will permit programs to do research and program evaluation on the mental health-chemical dependence interface for their clients.

The first four questions on the MHSF-III are not unique to any particular diagnosis; however, **questions 5 through 17 reflect symptoms associated with the following diagnoses/diagnostic categories**: Q5, Schizophrenia; Q6, Depressive Disorders; Q7, Post-Traumatic Stress Disorder; Q8, Phobias; Q9, Intermittent Explosive Disorder; Q10, Delusional Disorder; Q11, Sexual and Gender Identity Disorders; 12Q Eating Disorders (Anorexia, Bulimia); Q13 Manic Episode; Q14 Panic Disorder; Q15 Obsessive-Compulsive Disorder; Q16 Pathological Gambling; Q17 Learning Disorder and Mental Retardation.

The relationship between the diagnoses/diagnostic categories and the above cited questions was investigated by having four mental health specialists independently "select the one MHSF-III question that best matched a list of diagnoses/diagnostic categories." All of the mental health specialists matched the questions and diagnoses/diagnostic categories in the same manner, that is, as we have noted in the preceding paragraph.

A "yes" response to any of questions 5 through 17 does **not**, by itself, insure that a mental health problems exists at this time. A "yes" response raises only the **possibility** of a **current** problem, which is why a consult with a mental health specialist is strongly recommended.

J.F.X. Carroll, Ph.D. & John J. McGinley, M.S., M.S.W., M.A.

Exhibit 3.5 (Continued)

Mental Health Screening Form III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins – "Have you ever ...."

1) Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?

YES NO

2) Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? YES NO

3) Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? YES NO

4) Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?

YES NO

5) Have you ever heard voices no one else could hear or seen objects or things which others could not see?

YES NO

6) a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? YES NO

b) Did you ever attempt to kill yourself? YES NO

7) Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?

YES NO

8) Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?

YES NO

9) Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? YES NO

Exhibit 3.5 (Continued)

10) Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES NO

11) Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? YES NO

12) Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? YES NO

13) Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES NO

14) Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES NO

15) Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.
YES NO

16) 1.Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES NO

17) Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?
YES NO

Print Client's Name: _____ Program to which client will be assigned: _____

Name of Admissions Counselor:_____ Date: _____

Reviewer's Comments: _____

_____

_____

Total Score: _____ (each yes = 1 pt.)

Exhibit 3.6: Texas Commission on Jail Standards, Mental Disability/Suicide Intake Screening

_____ County
Mental Disability/Suicide Intake Screening

NAME _____ DATE OF BIRTH ___/___/___

STATE ID # _____ DATE ____/____/____ COMPLETED BY: _____

- Λ Was Inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes _____ No _____ If Yes, when? _____
- Λ Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes _____ No ___
- Λ MHMR contacted for **CARE** System check? Yes _____ No _____ ___

QUESTIONNAIRE FOR DETAINEE		
1. Have you ever received MHMR Services or other mental health services?	Yes	No
2. Do you know where you are?	Correct Incorrect	
3. What season is this?	Correct Incorrect	
4. How many months are there in a year?	Correct Incorrect	
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?	Yes	No
(b) If yes, ask for an explanation: "What do you hear?" _____ _____ _____ _____		

OBSERVATION QUESTIONS		
6. Does the individual act or talk in a strange manner?	Yes	No
7. Does the individual seem unusually confused or preoccupied?	Yes	No
8. Does the individual talk very rapidly or seem to be in an unusually good mood?	Yes	No
9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes	No
10. (a) Does the individual's vocabulary (in his/her native tongue) seem limited?	Yes	No
(b) Does the individual have difficulty coming up with words to express him/herself?	Yes	No

SUICIDE RELATED QUESTIONS / OBSERVATIONS

11.(a) Have you ever attempted suicide?	Yes	No
(b) Have you ever had thoughts about killing yourself?	Yes	No
If yes, When? _____ Why? _____ How? _____		
12. Are you thinking about killing yourself today?	Yes	No
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)	Yes	No
(b) Do you feel this way now?	Yes	No

14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes	No
15. Have you experienced a recent loss or death of a family member or friend or are you worried about major problems other than your legal situation?	Yes	No
16. Does the individual seem extremely sad, apathetic, helpless, or hopeless?	Yes	No

COMMENTS _____

_____

A SINGLE INAPPROPRIATE RESPONSE, EXCEPT AS APPROPRIATE IN #3, INDICATES FURTHER EVALUATION SHOULD BE CONDUCTED.

h/beverly/suicide/screen form (9/01/05)

Exhibit 3.7: New York Commission of Correction, Suicide Prevention Screening Guidelines

Form 330 ADM (CC) (1/00)

State of New York
COMMISSION OF CORRECTION
Office of Mental Health

SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME

NAME OF FACILITY	NAME OF SCREENING OFFICER	***Detainee showed serious psychiatric problems during prior incarceration*** YES _____ NO _____

Check appropriate column for each question

	Column A **YES**	Column B **NO**	General Comments/Observations All "YES" Responses Require Note to Document
OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER			
1. Arresting or transporting officer believes that detainee may be a suicide risk. **If YES, notify supervisor.**			
PERSONAL DATA	No Family Friends		
2. Detainee lacks support of family or friends in the community.			
3. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).			
4. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).			
5. Detainee's family member or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Detainee has history of drug or alcohol abuse. (Note drug and when last used.)			
7. Detainee has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency.)			
8. Detainee expresses extreme embarrassment, shame, or feelings of humiliation as result of charge/incarceration (consider detainee's position in community and shocking nature of crime).			
9. Detainee is thinking about killing himself. **If YES, notify supervisor.**			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last month.			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to).			
12. This is detainee's first incarceration in lockup/jail.			
BEHAVIOR/APPEARANCE			
13. Detainee shows signs of depression (e.g., crying, emotional flatness).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is acting and/or talking in a strange manner (e.g., cannot focus attention; hearing or seeing things which are not there).			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. If **YES,** is detainee incoherent, or showing signs of withdrawal or mental illness? **If YES to both a & b, notify supervisor.**			

TOTAL Column A _____

Officer's Comments/Impressions

ACTION

If total checks in Column A are 8 or more, or any shaded box is checked, or if you feel it is necessary, notify supervisor and institute constant watch.

Supervisor Notified: YES _____ NO _____

Constant Supervision Instituted: YES _____ NO _____

Detainee Referred to Medical/Mental Health: YES _____ NO _____

If YES:

	EMERGENCY	**NON-EMERGENCY**
medical	_____	_____
mental health	_____	_____

Signature and Badge Number of Screening Officer: _____

Medical/Mental Health Personnel Actions: (To be completed by medical/MH staff)

Over

Exhibit 3.7 (Continued)

State of New York
COMMISSION OF CORRECTION
Office of Mental Health

INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES – FORM 330 ADM

GENERAL INFORMATION

It is recommended that the form be completed in triplicate for all detainees prior to cell assignment and be distributed as follows: top copy in detainee's file, second copy to medical or mental health personnel at referral, and the third copy for use according to facility's procedures.

Comment Column:	All "YES" responses require note to document: 1. information about the detainee that officer feels is relevant and important; 2. information specifically requested in questions; 3. information regarding detainee's refusal or inability to answer questions.
Detainee's Name:	Enter detainee's first and last name and middle initial.
Sex:	Enter male (m) or female (f).
Date of Birth:	Enter month, day and year.
Most Serious Charge(s):	Enter the most serious charge or charges (no more than two [2]) from this arrest.
Date:	Enter month, day and year form was completed.
Time:	Enter the time of day the form was completed.
Name of Facility:	Enter name of jail or lock-up.
Name of Screening Officer:	Print name of officer completing form.
Psychiatric Problems During Prior Incarceration:	The screening officer should check facility files to determine if the inmate had attempted suicide or was referred for mental health services during prior incarceration. **NOTE: Persons with a diagnosis of schizophrenia or major depression should be referred immediately to mental health as they are generally more at risk for suicide than persons with other psychiatric disorders.**

INSTRUCTIONS FOR ITEMS 1–16

General Instructions

Check the appropriate YES or NO for items 1–16.

If information required to complete these questions is unknown to screening officer, such information should be obtained by asking detainee to answer questions. However, detainee has the right to refuse to answer.

If detainee refuses to answer questions 2–12, enter RTA (refused to answer) in the Comment Column next to each question. In addition, complete the YES or NO boxes only if information is known to you.

If during an otherwise cooperative interview, detainee refuses to answer one or two question: Check YES in the box(es) next to the unanswered question(s) and enter RTA in the comment box next to each unanswered question.

If detainee is unable to answer all questions 2–12, enter UTA (unable to answer) in the Comment Column next to each question. Also enter reason (e.g., not English speaking) for not answering these questions in the Comment Column next to Question 2. In addition, complete the YES or NO boxes only if information is known to you.

Observation of Transporting Officer

ITEM (1) Check YES or NO based upon the written/verbal report of the arresting/transporting officer or upon the screening form completed by the arresting agency. If YES, notify supervisor.

NOTE: The following questions and observations should not be read word for word but restated in your own words.

Personal Data Questions

ITEM (2) Family/friends: Check NO if someone other than a lawyer or bondsman would (1) be willing to post detainee's bail, (2) visit detainee while he/she is incarcerated, or (3) accept a collect call from detainee.

ITEM (3) Significant loss: Ask all three components to this question—loss of job, loss of relationship and death of close friend or family member.

ITEM (4) Worried about problems: Ask about such problems as financial, medical condition or fear of losing job. Check YES if detainee answers YES to any of these.

ITEM (5) Family/significant other attempted suicide: Significant other is defined as someone who has an important emotional relationship with detainee.

ITEM (6) Alcohol or drug history: Check YES if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.

ITEM (7) History of counseling or mental health evaluation/treatment: Check YES if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been in outpatient psychotherapy during past six months. Note current psychotropic medication and name of most recent treatment agency.

ITEM (8) Check YES if detainee expresses extreme shame as result of arrest or feels that arrest/detention will cause humiliation to self/significant others.

ITEM (9) Suicidal: Check YES if detainee makes suicidal statement or responds YES to direct question, "Are you thinking about killing yourself?" If YES, notify supervisor.

ITEM (10) Previous attempt: Check YES if detainee states he has attempted suicide. If YES or NO, explore method and note scars. Obtain as much information as possible re method and time of attempt.

ITEM (11) Hopeless: Check YES if detainee states feeling hopeless, that he has given up, that he feels helpless to make his life better. If YES to both items 10 and 11, notify supervisor.

ITEM (12) Criminal History: Ask detainee or check files to determine if this is detainee's first incarceration.

Behavior/Appearance Observations

YES or NO must always be checked for each of these items. They are observations made by the screening officer. They are not questions.

ITEM (13) Depression: Indicators include behavior such as crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.

ITEM (14) Overly anxious, afraid, panicked, or angry: Indicators include behavior such as handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, etc.

ITEM (15) Acting in strange manner: Check YES if you observe unusual behavior or speech such as hallucinations, severe mood swings, disorientation, withdrawal, etc. If detainee is hearing voices telling him to harm himself, make an immediate referral to mental health services.

ITEM (16a) Under influence: Check YES if detainee is apparently intoxicated on drugs or alcohol.

ITEM (16b) Incoherence, withdrawal, or mental illness: Means physical withdrawal from substance. If YES to both a & b, notify supervisor.

COMMENTS/IMPRESSIONS: Note any "gut" feelings or general impression re suicide risk.

SCORING

Count all checks in Column A. Enter total. Notify supervisor if (1) total is 8 or more, (2) any shaded area is checked, (3) if you feel notification is appropriate.

BOOKING OFFICER SIGNATURE AND BADGE NUMBER

Sign form and enter badge number.

DISPOSITION

Corrections Personnel:	Supervisor notified: check YES or NO. Notification should be made prior to cell assignment. Note if constant supervision instituted. Note emergency/non-emergency referral to medical and/or mental health personnel.
Medical/Mental Health Personnel:	Medical/mental health staff should note recommendations and actions taken.

Exhibit 3.8: TCU Drug Screen II

FOR ADMINISTRATIVE PURPOSES

TCU Drug Screen II

Instruction Page

The following questions ask about your drug use (including alcohol) in the past 12 months. Please answer them by marking only one circle for each question. If you do not feel comfortable giving an answer to a particular question, you may skip it and move on to the next question.

If you are an inmate, please refer to the 12-month period immediately before you were locked up; that is, the last time you were in the "free world."

Also, alcohol is a drug. Your answers to questions about drug use need to include alcohol use, such as drinking beer.

The example below shows how to mark the circles --

	Yes	*No*
1. I like ice cream.	○	●

Exhibit 3.8 (Continued)

FOR ADMINISTRATIVE PURPOSES

TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	○	○
2. Did you try to cut down on your drug use but were unable to do it?	○	○
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	○	○
4. Did you get so high or sick from drugs that it –		
a. kept you from doing work, going to school, or caring for children?	○	○
b. caused an accident or put you or others in danger?	○	○
5. Did you spend less time at work, school, or with friends so that you could use drugs?	○	○
6. Did your drug use cause –		
a. emotional or psychological problems?	○	○
b. problems with family, friends, work, or police?	○	○
c. physical health or medical problems?	○	○
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	○	○
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	○	○
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	○	○

10. Which drug caused the most serious problem? [CHOOSE ONE]

○ *None*
○ *Alcohol*
○ *Marijuana/Hashish*
○ *Hallucinogens/LSD/PCP/Psychedelics/Mushrooms*
○ *Inhalants*
○ *Crack/Freebase*
○ *Heroin and Cocaine (mixed together as Speedball)*
○ *Cocaine (by itself)*
○ *Heroin (by itself)*
○ *Street Methadone (non-prescription)*
○ *Other Opiates/Opium/Morphine/Demerol*
○ *Methamphetamines*
○ *Amphetamines (other uppers)*
○ *Tranquilizers/Barbiturates/Sedatives (downers)*

Exhibit 3.8 (Continued)

FOR ADMINISTRATIVE PURPOSES

11. How often did you use each type of drug during the last 12 months?

	DRUG USE IN LAST 12 MONTHS				
	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. Alcohol	○	○	○	○	○
b. Marijuana/Hashish	○	○	○	○	○
c. Hallucinogens/LSD/PCP/ Psychedelics/Mushrooms	○	○	○	○	○
d. Inhalants	○	○	○	○	○
e. Crack/Freebase	○	○	○	○	○
f. Heroin and Cocaine (mixed together as Speedball)	○	○	○	○	○
g. Cocaine (by itself)	○	○	○	○	○
h. Heroin (by itself)	○	○	○	○	○
i. Street Methadone (non-prescription)	○	○	○	○	○
j. Other Opiates/Opium/Morphine/Demerol	○	○	○	○	○
k. Methamphetamines	○	○	○	○	○
l. Amphetamines (other uppers)	○	○	○	○	○
m. Tranquilizers/Barbiturates/Sedatives (downers)	○	○	○	○	○
n. Other *(specify)* _____	○	○	○	○	○

12. During the last 12 months, how often did you inject drugs with a needle?

○ *Never* ○ *Only a few times* ○ *1-3 times per month* ○ *1-5 times per week* ○ *Daily*

13. How serious do you think your drug problems are?

○ *Not at all* ○ *Slightly* ○ *Moderately* ○ *Considerably* ○ *Extremely*

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

○ *Never* ○ *1 time* ○ *2 times* ○ *3 times* ○ *4 or more times*

15. How important is it for you to get drug treatment now?

○ *Not at all* ○ *Slightly* ○ *Moderately* ○ *Considerably* ○ *Extremely*

Exhibit 3.8 (Continued)

Scoring for the TCU Drug Screen II

Page 1 of the TCU Drug Screen is scored as follows:

1. Give 1-point to each "yes" response to 1-9 (Questions 4 and 6 are worth one point each if a respondent answers "yes" to any portion).

2. The total score can range from 0 to 9; score values of 3 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis.

3. Responses to Question 10 indicate which drug (or drugs) the respondent feels is primarily responsible for his or her drug-related problems.

For more information on the TCU Drug Screen II, please contact:

Institute of Behavioral Research
Texas Christian University
TCU Box 298740
Fort Worth, TX 76129
(817) 257-7226
(817) 257-7290 FAX
Email: ibr@tcu.edu
Web site: www.ibr.tcu.edu

Exhibit 3.9: PC Plus Employment Screen

Beneficiary No: ..... **Dossier Number:** .....

First Name: ..... **Surname:** .....

Prison Number*: ..... *if applicable

Establishment

1. Employment

Do you want help with finding a job after release? Yes ☐ No ☐ Don't Know ☐

If yes, please give brief details |

Were you in work immediately before prison? Yes ☐ No ☐ Don't Know ☐

If yes, please give brief details |

Time spent unemployed (including time in custody)?

< 6 mo. ☐ 6-11 mo. ☐ 12-23 mo. ☐ 24-35 mo. ☐ >36 mo. ☐

Is your job available to you on your release? Yes ☐ No ☐ Don't Know ☐

Do you want help in keeping your job? Yes ☐ No ☐ Don't Know ☐

Has contact been made with your employer? Yes ☐ No ☐ Don't Know ☐

Current/Last Employer

Named Contact _____

Position (e.g. Manager) _____

Address _____

Contact Telephone Number _____

Normal Hours of Work _____

Exhibit 3.9 (Continued)

Number of Employees _____

What other type of work experience have you had and what skills did you develop?

What kind of work are you prepared to take?

Full time		Part time	
Shift work		Week end work	
Self Employment			

How far are you prepared to travel? _____

Have you any computer skills?	Yes		No	
Would you like careers advice?	Yes		No	
Have you got a current CV?	Yes		No	
If not, do you need one?	Yes		No	
Do you have a current driving licence?	Yes		No	
Have you any points on your licence?	Yes		No	
	If Yes, how many			
Do/can you have access to transport?	Yes		No	

2. Education

Did you complete your formal school education? Yes ☐ No ☐

Do you have any qualifications? Yes ☐ No ☐ Don't Know ☐

Subjects	Qualification Type	NVQ Equivalence	Date Passed

Exhibit 3.9 (Continued)

Basic skills assessment completed? Yes ☐ No ☐ Don't Know ☐

What was the result?

Normal Functioning ☐
Some Problems ☐
Significant Problems ☐

If so, where was this done? _____

Do you have problems with:

Reading Yes ☐ No ☐ Don't Know ☐

Writing Yes ☐ No ☐ Don't Know ☐

Using Numbers Yes ☐ No ☐ Don't Know ☐

Has anyone ever suggested you might have dyslexia? Yes ☐ No ☐

Are/Were you working towards any type of qualification? Yes ☐ No ☐ Don't Know ☐

If yes, do you want help in maintaining this? Yes ☐ No ☐

Name of college/university or training provider _____

Contact Name (if applicable) _____

Address _____

_____

_____

Telephone Number _____

Qualification/Course Studied _____

Do you want help gaining any qualifications? Yes ☐ No ☐ N/A ☐

Exhibit 3.9 (Continued)

If yes please give brief details _____

_____

_____

Exhibit 3.10: Maryland Correctional Education Program Employment Screen

SURVEY OF OFFENDER BARRIERS TO REENTRY AND EMPLOYMENT

NAME_____ INMATE #_____
FACILITY_____ DATE_____

This survey is constructed to help you find and recognize potential roadblocks that may keep you from getting the job you want when you are released. It is made up of 49 statements divided into categories of related concerns. You will decide if the statements are relevant to your current situation or have little or no importance to you. You will be able to discover the major barriers to getting the job or career you want and work to overcome those obstacles before you enter the job market.

Carefully read and think about each of the following statements. For each one, circle the number to the right that best describes how true that statement is for you at the present time. Circling "0" means that statement is untrue for you, "1" means that you are not sure how true it is for you right now, and "2" means that the statement truly applies to your current thinking or situation. Realize that there are no right or wrong answers; these are simple statements that may or may not reflect your position.

STATEMENT	Category	Definitely Not True	Maybe True	Definitely True
I have little or no work experience.	**CP**	0	1	2
I never completed high school or got a GED.	**ET**	0	1	2
My driver's license is suspended or expired.	**PH**	0	1	2
I have prior conviction(s).	**O**	0	1	2
If someone criticizes me, I must take a stand and defend myself.	**A**	0	1	2
I don't know where I am going to live when I am released.	**S**	0	1	2
I don't know how to explain the gaps in my work history.	**JS**	0	1	2
I don't know what the job market is like in my hometown.	**CP**	0	1	2
I don't feel qualified to do the job I want.	**ET**	0	1	2
My health is not very good.	**PH**	0	1	2
Employers won't hire me because of my conviction.	**O**	0	1	2
It's all right to miss work anytime as long as I call in.	**A**	0	1	2
I have tattoos on my face, neck, or hands.	**S**	0	1	2
All I need to look for a job is a newspaper.	**JS**	0	1	2
I don't know what kind of job I want when I am released.	**CP**	0	1	2
I need some additional training for the job I	**ET**	0	1	2

Exhibit 3.10 (Continued)

want.				
Child care will be a problem for me when I get a job.	**PH**	0	1	2
My first conviction happened when I was younger than 21.	**O**	0	1	2
Most employers take unfair advantage of their employees.	**A**	0	1	2
Drug or alcohol problems got me into trouble in the past.	**S**	0	1	2
I don't like to interview for jobs.	**JS**	0	1	2
I don't like the jobs I had in the past.	**CP**	0	1	2
My English is not very good.	**ET**	0	1	2
I take medications for a physical or mental condition.	**PH**	0	1	2
I will be under parole supervision after I am released.	**O**	0	1	2
I get depressed and frustrated when I think about looking for a job.	**A**	0	1	2
I have little or no contact with my family.	**S**	0	1	2
My former employers probably won't give me a good reference.	**JS**	0	1	2
I need to know how my skills and abilities can be applied to a new career.	**CP**	0	1	2
I have little or no experience with a computer.	**ET**	0	1	2
All my records and personal documents have been lost.	**PH**	0	1	2
My probation or parole was revoked; that's why I'm in prison.	**O**	0	1	2
When a co-worker gets on my case, it's OK to get them back.	**A**	0	1	2
I move around a lot to find jobs.	**S**	0	1	2
I need help starting an effective job search plan.	**JS**	0	1	2
I don't know what the future looks like for my job or career.	**CP**	0	1	2
I need a certificate or occupational license for my job.	**ET**	0	1	2
I won't have any transportation to get to work.	**PH**	0	1	2
My conviction involved a weapon.	**O**	0	1	2
If I have to be late to work, my boss needs to give me a break.	**A**	0	1	2
I don't know what special programs are available to help me.	**S**	0	1	2

Exhibit 3.10 (Continued)

I don't have a resume.	**JS**	0	1	2
I don't know what kind of salary to expect in my career.	**CP**	0	1	2
My reading and math skills need improving.	**ET**	0	1	2
I have a disability and may need further assistance to get a job.	**PH**	0	1	2
I have convictions on record in other states.	**O**	0	1	2
My friends are the only ones who will help me when I get out.	**A**	0	1	2
I will have no source of financial assistance when I am released.	**S**	0	1	2
Employers are required by law to give me vacation and benefits.	**JS**	0	1	2

The statements you just completed are arranged into specific barrier categories designated in the box to the right of the statement. For each category, add up the numbers you circled and put that sum in the appropriate category box below.

CATEGORY		Total Points
Career Planning Issues	CP	
Education/Training Issues	ET	
Personal/Health Issues	PH	
Offender Issues	O	
Attitude Issues	A	
Support Issues	S	
Job Search Issues	JS	

High scores are not necessarily better or worse than low scores; they simply measure the number of barriers that you have in each category. Categories with the highest scores are those that can cause you the greatest problems in searching for a job or being successful at work. Look over the descriptions below and pay close attention to your categories with the highest scores.

Career Planning Issues: Barriers of this type indicate lack of vocational planning or career decision-making skills. You may not have sufficient or realistic information about the labor market in your local area or the state. You may not know about various

Exhibit 3.10 (Continued)

occupations and what kind of job your skills match. You may be interested in finding a whole new career, but don't know what that might be.

Education/Training Issues: Barriers is this category indicate you might need additional training or education for the kinds of jobs that you want. You may have to finish your high school education to obtain a GED. You may have to get employment training through vocational courses or on-the-job training or some other education or training program.

Personal/Health Issues: These barriers result from personal and/or health related issues that you feel would prohibit you from obtaining or keeping a job. Lack of child care, lack of employment records and documents, disabilities, and lack of transportation are some problems that must be addressed and solved before your job search starts.

Offender Issues: These are barriers that are unique to people convicted of felonies, have been incarcerated, and are trying to re-enter the job market after a period of time. These issues include type of offense, number of prior offenses, and any aspect of felony conviction that may affect an employer's decision to hire you and your ability to hold onto and be successful in a job. These issues will continue to have an effect on your job and career search for the rest of your life and how you deal with your record will determine your career or job success.

Attitude Issues: Some effects of being frustrated with your current situation may include items from this category. You may have low self-esteem, act out against others, feel like you are a failure, blame others for your situation, be sad or depressed, and won't be able to find a job no matter what you do or change.

Support Issues: Barriers in this category indicate that you might lack personal and financial resources to help you be able to have some support while you look for employment. You may have addiction issues that you are worried you cannot overcome. You may not know who or what resources are available to help resolve these issues that you feel are going to prevent you from presenting your best side to employers.

Job Search Issues: These barriers reflect a lack of information or methods on how to conduct the most effective job search. You may be concerned with the way you interview or fill out applications. You may not know how to describe your skills to an employer, how to present a good first impression, or how a resume can help you get a job. You may not know how to find the best job leads and may be unfamiliar with the current employment regulations and laws.

You have identified the barriers to your successful career development. Now you must develop a plan to overcome these issues. Use the spaces below to identify and prioritize the specific barriers you think are most important for you to overcome before you are released and you start your job hunt. Also, write down ways you have thought of that might overcome those barriers:

Exhibit 3.10 (Continued)

BARRIERS	POSSIBLE SOLUTIONS
1.	
2.	
3.	
4.	

Exhibit 3.11: Maryland Correctional Education Program Job Interview Card

This information is often asked for at job interviews. Fill in the blanks ahead of time and take this card with you as a handy guide.

Emergency Contact: _____

Phone: _____ Relationship: _____

Important documents to have with you:

Soc. Sec. Card ☐ Picture ID ☐ Green Card ☐

Education

School: _____

Address: _____

_____

Degree/Diploma Date: _____

Work History

Employer: _____

Address: _____

_____

Job Title: _____

Employed From/To: _____/_____ Phone: _____

Employer: _____

Address: _____

_____

Job Title: _____

Employed From/To: _____/_____ Phone: _____

References (get permission before using)

Employer: _____

Address: _____

_____

Phone: _____ Relationship: _____

Employer: _____

Address: _____

_____

Phone: _____ Relationship: _____

Employer: _____

Address: _____

_____

Phone: _____ Relationship: _____

Exhibit 3.11 (Continued)

"Pocket Resume Job Interview Prep"

MARYLAND STATE DEPARTMENT OF EDUCATION
Achievement Matters Most

Preparation for the Interview

- Learn something about the company
- Have a specific job in mind
- Fill in pocket resume card
- Practice using the sample application and find more interview tips and job-related items.
- Practice interview techniques

Taking Tests

- Listen to instructions
- Read each question carefully
- Write legibly
- Do not stay on one question too long
- If unsure, stick with your first answer
- Most importantly - Stay Calm

Your Appearance

- Dress appropriately for the job
- Be neat and clean
- Avoid too much makeup/perfume/after-shave

The Interview

- Be on time
- Do not smoke or chew gum

Exhibit 3.12: Davidson County, Tennessee, Correctional Development Center—Female Needs Assessment

CORRECTIONAL DEVELOPMENT CENTER - FEMALE

NEEDS ASSESSMENT

GENERAL INFORMATION:

Name
First_____ Middle_____ Last_____
DOB_____ Social Security Number_____-_____-_____OCA#_____
Marital Status: ___Single ____Married ____Divorced ____Widowed

Race or Ethnic Background: African American/Black American Indian White
Asian Mexican-American Hispanic Other
Religious Preference: _____
List any alias names: _____
_____

Current Address: _____Phone#_____
City_____ State_____ Zip Code_____

Length of time at this address: _____

Will you return to this address when you are released from jail? YES NO
If no, where will you go? _____

CRIMINAL JUSTICE:

Referral Source: Court-ordered Attorney Other
Current Charge(s): _____
Judge _____ Length of sentence: _____( ) Msd ( )Felony
Release date from jail: _____

Are you currently on probation or parole? YES NO What County?_____
Length of time: _____Probation/Parole Officer: _____

Type of Probation/Parole: General Sessions/Metro State Community Corrections

Address: _____ Phone: _____
Conditions of Probation or Parole: _____
_____

Do you have an attorney? YES NO If yes, Name: _____
Phone: _____

Previous Arrest History: (Charge, Year, Disposition, County). # Charges in Davidson Co._____
_____
_____
_____

Exhibit 3.12 (Continued)

FAMILY INFORMATION:

Do you have any family members that are incarcerated? YES NO
If yes, Name: _____ Relationship: _____
Children:

Name	Age	Sex	Who has custody?
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

(More than five, list on back)

Are you involved with Department of Children Services? YES NO
Explain: _____
_____

DCS Caseworker's Name: _____Phone #_____

Does anyone in your family or your significant other use illegal drugs or alcohol? YES NO
Explain: _____
_____

EDUCATION/ EMPLOYMENT/ MILITARY:

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 GED

If you have your GED, where did you complete it? _____
Date of completion: _____

Explain any difficulties you had in school: _____
_____

List any specialized skills or education/training that you have: _____
_____

Did you use drugs before, after, or during school? (Circle one)
If so, what did you use? _____
How often? _____
Comments:

Were you employed prior to incarceration? YES NO

Exhibit 3.12 (Continued)

If yes, employer: _____ Address: _____
How long was this employment? _____
Job title/position: _____ Hourly wage: _____
Job Duties: _____

What are your vocational / employment goals? _____
_____
_____

Have you ever served in the military? YES NO If yes, complete the following:
Branch: _____ Total time served: _____
Highest Rank: _____ Type of discharge: _____
Did you receive any special awards or honors? YES explain: _____

PHYSICAL/MENTAL HEALTH HISTORY:

Have you been treated for emotional /psychological problems in the past? YES NO
If yes,

Date	Agency/Provider	How Long	Diagnosis	Meds Prescribed

_____

Are you currently taking medication for a physical or psychological problem? YES NO
If yes, what are you taking?

Medication	Dosage	Reason	Doctor Prescribing

Do you have a disability? YES NO Do you receive: SSDI TANF FS?
Describe:
_____
_____

Have you ever had thoughts of hurting yourself or attempted suicide? YES NO
If yes, when was the last thought/attempt, did you have a plan:
_____
_____

Are you worried about your sanity? YES NO Explain: _____
_____

How much sleep do you get daily? _____

Have you had a weight change of 15 pounds or more in the last 12 months? YES NO

Exhibit 3.12 (Continued)

Have you ever been abused emotionally, verbally, or physically? YES NO
If yes, explain: _____

Did you attend individual counseling or support groups for this abuse?
Explain:

_____
_____

Have you lost any children? (abortion, miscarriage, custody, death) YES NO
Explain:

_____
_____

Have you received counseling for this loss? YES NO

SUBSTANCE ABUSE HISTORY:

Have you used drugs in the past 30 days? YES NO
If yes, did you use in the 30 days prior to incarceration? YES NO
What types of alcohol/drugs have you abused? _____
Drug of Choice:_____
Have you ever overdosed on alcohol or drugs? YES NO
Have you been told or suspect that you have a problem with alcohol or drugs? YES NO

Have you been treated previously for alcohol and drug problems? YES NO
How many times? _____

Date	Agency/Provider	How Long	Outcome

If no:

1. Have you ever felt the need to cut down on your drinking or drug use? YES NO
2. Do you feel annoyed by people complaining about your drinking or drug use? YES NO
3. Do you ever feel guilty about your drinking or drug use? YES NO
4. Do you ever drink an eye opener in the morning to relive the shakes? YES NO
5. Do you ever use drugs first thing in the morning to change the effects of another drug? YES NO

Do you want to enter the treatment program? YES NO
If so, what do you want to accomplish? _____
_____

Staff Signature _____ Date _____

Exhibit 3.13: Atlantic County, New Jersey, Department of Public Safety's Biopsychosocial Assessment

BIOPSYCHOSOCIAL ASSESSMENT OF INMATES

Name _____ **Location** _____ **Discharge Date** _____

The purpose of this assessment is to capture both your presenting problems which may have contributed to your incarceration as well as acquire some background information in an effort to design more specific interventions as you transition to the community. While some of the questions may appear personal in nature, the information will only be used to help you stabilize. ***This questionnaire is strictly confidential and will only be filed in your Classification file.*** A copy will be provided to you upon request.

The seven (7) categories of assessment are: 1) Medical 2) Psychological 3) ADL/Occupational/Education 4) Addiction 5) Social/Family/Relationships 6) Situational (Legal, financial and housing) 7) Social Goals

Medical:

		Yes	No	Explanation
1	Any physical disabilities or impairments?			
2	Any recent hospitalizations?			
3	Do you have a regular physician?			
4	Date of last examination?			
5	Have you had dental care recently?			

Psychological:

		Yes	No	Explanation
1	Are you taking any medications for mental illness?			
2	Any hospitalizations for mental illness?			
3	Have you ever attempted or thought about suicide?			
4	What is your diagnosis, if any?			
5	Beside your incarcerations, do you feel better or worse mentally than you did 10 years ago? What changed your life?			

Exhibit 3.13 (Continued)

Social/Family/Relationships:

		Yes	No	Explanation
1	Involved in a significant personal relationship? What is the status?			
2	Involved in domestic violence?			
3	At-risk of HIV i.e., shared needles, unprotected sex?			
4	Number of dependent children?			
	Where are the children?			
	DYFS Involvement??			
5	Strong support system?			
	Many friends?			
	Comfortable around people?			

ADL/Occupational/Education:

		Yes	No	Explanation
1	Any mental/physical barriers to employment?			
2	Difficulty in keeping jobs? Why?			
3	Highest educational level achieved?			
4	Longest length of time employed in one (1) job?			
5	Are you unemployed now?			

Addictions:

		Yes	No	Explanation
1	Do you have a substance abuse problem? What is the primary drug?			
2	Longest length of time of sustained sobriety/clean time?			
3	Why did you relapse?			
4	Prior attempts at treatment? How many times? Why not successful?			
5	Do you respond to 12 Steps Program?			

Exhibit 3.13 (Continued)

BIOPSYCHOSOCIAL ASSESSMENT OF INMATES

Situational (Legal, Financial & Housing)

		Yes	No	Explanation
1	Do you have adequate resources to live independent once released?			
2	Do you have a place to return? Where?			
3	Have you received welfare/food stamps in the past?			
4	How will you resolve the legal problem you are jailed for?			
5	Will you reunite with family of live alone?			

Personal Goals:

Name three (3) goals you want to achieve when you are released. Also, name three (3) methods you will use to meet those goals:

1) _____

_____

2) _____

_____

3) _____

_____

What will be the most difficult thing you will encounter when you leave the jail? _____

_____

_____ _____

Inmate's Signature Date Counselor's Signature Date

Form 1.20.02A#1 Page 3 of 3 Rev 1/06

Source: New York City Department of Correction

Reentry Strategies

4

Reentry Strategies

The main goal of reentry strategies is to provide individualized reentry plans based on assessed risk and needs that coordinate programming and services in the jail and link inmates with appropriate community resources. Don't worry; we don't expect every inmate to participate in a multisession, formalized prerelease program. Sure, this would be ideal, but you may not have the time or resources to develop individual reentry plans for every inmate, let alone enroll them all in reentry programs. However, if your resources are limited, you need to carefully choose those inmates who really stand to benefit from your services, and not waste your efforts on those who would do as well without the services, nor on those inmates who are not likely to be released to the street (i.e., deportation, transfer to state and federal prison). Targeting your services to the right inmates is as important as developing the services.

The best way to determine the appropriate reentry strategies for your jail is to use your assessment screens and discharge planning questionnaires to group inmates into various reentry tracks. The type of reentry planning inmates receive depends on their behavioral and medical needs, reason for incarceration, length of stay in the facility, and previous employment and educational experience. Almost every inmate needs to receive some type of a reentry service. For some, it may be a one-page brochure of community health clinics they can access if they are ill, while for others, like the seriously and persistently mentally ill, their reentry plan may include transporting them to a mental health provider at release.

This section outlines six reentry tracks based on our experience that one size doesn't fit all and jail populations are too fluid and complex to pigeonhole inmates into a single reentry strategy. A reentry plan for an inmate detained for a few days is significantly different than a plan for an inmate sentenced for several months. These tracks, however, are not set in stone, but rather provide a way to think about the dynamic nature of the inmate population and the strategies available to assist inmates. In addition to the examples provided in this section, the companion report, *Life After Lockup: Improving Reentry from Jail to the Community,* includes examples of 40 reentry initiatives in jails around the country.

Track 1

Inmates: Low needs and/or very short stay

Reentry Services: General resource information

Track 1 inmates receive a minimum level of reentry services. Two groups fall into this category. The first group of inmates do not have any significant needs at intake or during their incarceration. The second group may or may not have significant needs, but they can't be assessed and/or have a reentry plan completed because of their short length of stay in the jail.

At a minimum, each track 1 inmate should leave the jail with a list of service providers and their contact information, such as information on local housing providers, employment agencies, and substance abuse treatment providers. In Travis County, Texas, inmates receive a one-page list

of numbers, including numbers for psychiatric emergency services, the crisis hotline, and the 211 first-call-for-help number (exhibit 4.1). The New York City Department of Correction takes it one step further and distributes a short-term reentry package to all releases. The package includes a "harm reduction and personal care kit" consisting of needed medications, clothing, and toiletries. The harm reduction kit, in English and Spanish, includes the following items:

- A list of where to apply for free- or low-cost health insurance.
- A trifold pamphlet listing community health clinics, with particular focus on areas of high inmate return. The pamphlet discusses HIV and STD counseling and explains that testing is free and confidential.
- A personal health record plan that can fit in a person's wallet and that individuals can use to chart their medical care, as well as write down the addresses of their health care providers, medical information, and emergency contact person.
- A female condom, lubricant, and easy-to-read instructions on how to use it.
- Three latex male condoms.

Not all locations feel comfortable distributing condoms, but the New York City example is meant to offer a basic reentry strategy you can develop even when you don't know inmates' individual needs.

A quick note on condom distribution: inmates are three times more likely to be infected with HIV/AIDS than the general population. The cost of condoms is minimal and saves taxpayers millions of dollars compared to HIV treatment. If you're concerned about security, distribute the condoms at release and think of the public health difference you'll make. Assume inmates don't know the basic services available to meet their needs at release so any information you provide them is likely to be more than they know.

All inmates should also have access to information about government benefits that can assist them during their reentry process. "Benefit boards" located in areas of high inmate traffic are an effective way to disseminate reentry materials, including informational pamphlets and applications from the Social Security Administration; state and local government agencies responsible for health, education, labor/employment, public assistance, drivers licenses, and housing; the U.S. Department of Veterans Affairs; and U.S. Citizenship and Immigration Services (exhibit 4.2).

Track 2

Inmates: Medium needs and/or longer stay

Reentry Services: Reentry plan and general resource information

Track 2 inmates leave with a reentry plan stating how they plan to meet each of their needs and all services available to track 1 inmates. Referrals at this level are minimal; the onus is largely on the inmate to make his or her appointments. Rarely is there any follow-up by the correctional staff to determine if appointments were kept.

A medical summary should be part of all reentry plans because inmates may have a difficult time accurately explaining their medical needs to a health care provider after release. Information listed would include any prescribed medications and how to use them, results of laboratory and diagnostic tests, and any other important information the inmate or community health practitioner needs to know.

Written Reentry Plans

An important aspect of the reentry process is developing a written reentry plan for inmates. Reentry plans, like assessment instruments, come in all shapes and sizes, and are intended to help make

transition back to the community as healthy and productive as possible.

Some plans are brief, stating an inmate's housing, employment, and entitlement needs; treatment diagnosis; medication protocol; and physician to contact if a condition worsens. Other reentry plans include time and date of follow-up appointments, support services in the community to help with the inmate's medical and employment needs, and illustrations on how to complete certain tasks, such as the administration of insulin.

All reentry plans should be developed in collaboration with inmates and reviewed with them prior to release. Inmates should also receive a copy. Reentry plans should be written in a format that also allows them to be used subsequently by probation officers and other service providers to facilitate appropriate community supervision and case management.

At the end of this section, we have included four reentry plans ranging from one to five pages. *The New York City Department of Correction Discharge Planning Questionnaire* is one page and identifies employment, family, benefits, housing, health care, and substance abuse needs (exhibit 4.3). This is an excellent instrument for assessing an inmate's discharge needs and could be enhanced by including a section for appointments and other information.

The Davidson County Sheriff's Office in Nashville, Tennessee, and the Department of Community Justice in Multnomah County, Oregon, use two-page reentry plans with space to write down medical and mental health appointments and referrals. An advantage of the *Davidson County Sheriff's Reentry Plan* is the help numbers listed on the second page (exhibit 4.4), while the Multnomah County transitional-plan form does an excellent job identifying the type of referrals needed when inmates are released (exhibit 4.5).

Our final reentry plan example comes from the New York City Department of Correction's RIDE (Rikers Island Discharge Enhancement Project (exhibit 4.6). The content is not much more comprehensive than the one-page instruments; however, the format allows correctional staff ample room to include referral information for substance abuse issues, housing assistance, family reunification assistance, education/employment, and provider information. This plan also requires the inmate to sign the agreement in an effort to increase buy-in and participation.

Flesch Reading Ease Software

Reentry plans need to be written at the reading level inmates can understand. Many inmates read between the fifth and seventh grade level, so consider that when developing your reentry plans (Haigler et al., 1994).

An easy way to measure the readability of your reentry plans is to use the Flesch Reading Ease readability assessment software available in Microsoft Word. The Flesch Reading Ease Scale is "the most widely used formula to assess such general reading materials as newspapers, magazines, business communications, and other nontechnical materials" (Electronic Privacy Information Center, 2006). The following directions show how to access these readability statistics when using Microsoft Word:

- On the Tools menu, click "Options" and then click the "Spelling and Grammar" tab.
- Select the "Check Grammar with Spelling" check box.
- Select the "Show Readability Statistics" check box, and then click "OK."
- On the Standard toolbar, click "Tools" and then scroll down and click "Spelling and Grammar." When Microsoft Word finishes checking spelling and grammar, it displays information about the reading level of the document, including the Flesch-Kincaid Grade Level.

Does Your Written Reentry Plan Address These Needs?

- Mental health care
- Medical care
- Medications
- Appointments
- Housing
- Employment
- Substance/alcohol abuse
- Health care/benefits
- Income/benefits
- Food/clothing
- Transportation
- Identification
- Life skills
- Family/children
- Emergency numbers for assistance
- Referrals to other services, court dates
- Summaries of jail-based treatments, laboratory and radiology results, and medication regimens

Track 3

- **Inmates: High needs and/or longer stay**
- **Reentry Services: Appointment for services, reentry plan, and general resource information**

Track 3 inmates require appointments for services prior to release, in addition to all reentry planning received at the prior levels. Typically, these are inmates whose special needs have been identified at intake or during the reentry planning stage and the staff knows, or has time to find out, the services available in the community to meet these needs. All appointments should be in writing with the name of the service provider, address, telephone number, time and date of appointment, and, if possible, public transportation routes showing how to get there.

Though it goes without saying, only service providers committed and accessible to the inmate population should be included in a reentry plan. It's frustrating when inmates contact service providers only to discover that the location is overloaded or cannot provide a service for some other reason. We recommend that correctional staff contact providers to verify their interest in working with inmates and having their contact information listed on a reentry plan. Ideally, the services will be available for free or on a sliding scale.

You may also want to have a conversation with service providers about the use of appointments. Many people have a difficult time making their appointments after they are released and tend to show up hours if not a day or two late. Discuss with them how they can still service the drop-in population, understanding the need to provide services to former inmates regardless of their limitations.

Inmates needing outpatient or residential drug treatment or HIV aftercare normally require track 3 level reentry planning. For example, all diagnosed or self-reported HIV-infected inmates should receive, at a minimum, a reentry plan filled out with help from an officer, reentry planner, social worker, or case manager, who would then refer to and make an appointment with the appropriate health clinic or facility depending on the inmate's needs, preferences, and place of residence.

Track 4

- **Inmates: High risk and needs and/or longer stay**

- **Reentry Services: Coordination and collaboration of services back to the community, appointment for services, reentry plan, and general resource information**

Inmates who are a significant safety and health risk to themselves or the community are candidates for track 4 reentry planning.

The goal is to provide a comprehensive, coordinated, and collaborative effort to ensure a continuum of care and treatment during the reentry process. Unlike track 1 through 3 inmates, track 4 inmates receive multiple interactions with reentry staff prior to release, and community service providers have contact with the inmates prior to the day of release to facilitate their transition to community programs. Ideally, service providers would be contacted within three days to verify the appointment was kept. Developing formal contracts with service providers is a common aspect of track 4 reentry. Depending on the population you decide to serve, inmates assessed at the track 4 level could constitute as little as 5 percent up to 25 to 30 percent of the total inmate population, including those with medical and psychiatric problems. If drug abuse treatment is included, the programming rate would be higher. Most track 4 inmates should also participate in track 6 programming, described later in this section.

Inmates who are seriously and persistently mentally ill and require outpatient mental health appointments are strong candidates for track 4 reentry. One successful strategy involves mental health representatives transporting seriously mentally ill inmates at release to their mental health appointment. Inmates with active tuberculosis also meet these requirements. Local health departments need to be contacted prior to the release of someone with active TB.

Track 4 inmates also include sentenced inmates with a known release date who appear to be good candidates and volunteer for this higher level reentry planning. Many of these inmates have participated in programming while incarcerated and want to turn their life around, but may need extra help.

Inmates sentenced for 30 days or more at the New York City Department of Correction can volunteer to be part of the RIDE Project. Several community agencies work inside the jail to encourage inmates to continue treatment after release and offer direct transportation to community services at discharge. The following are the main components of RIDE (Martin, 2005, p. 2):

- Early screening assessments to determine the employment, substance abuse, and housing needs, and history of the incarcerated person.
- Immediate access to transitional employment programs.
- Streamlined procedures for obtaining birth certificates and Social Security cards.
- Completion of Medicaid application before release.
- Immediate connection to case management in the community.

The Hampden County Sheriff's Department in Ludlow, Massachusetts, has incorporated a comprehensive public health model of care when reentering their inmates back into the community. Please see the companion report, *Life After Lockup: Improving Reentry from Jail to the Community,* for more information on this model.

Law Enforcement

Don't forget to involve law enforcement and other public safety officials in the reentry processes for the inmates you are most concerned will reoffend or deleteriously affect the quality of life in the neighborhood of their return. For example, the Boston Reentry Initiative is an interagency

collaboration among the Suffolk County, Massachusetts, Sheriff's Department, the Boston Police Department, the U.S. Attorney's Office, the Suffolk County District Attorney's Office, probation, parole, service providers, and the faith-based community. Started in 2000, their goal is to target services for individuals convicted of serious and violent crimes who are being released to Boston neighborhoods. Using a carrot and stick approach, the selected inmates, while incarcerated, participate in monthly meetings with law enforcement representatives who tell them they know who they are and will be paying attention to them when they return to the community. Therefore, it is in their best interest to "get with the program" and start taking advantage of the reentry programs offered at the facility and upon release so they don't end up back in the system (Tompkins, 2005).

Service Utilization

Engaging service providers at the prerelease stage is important because inmates often do not utilize services even when they are available and accessible. As with most people, those in jail have a geographic comfort zone that doesn't expand far from where they live. They are reluctant to seek out services they don't know or to which they have to travel any distance. The face-to-face contact with a provider in the jail breaks down preconceived notions that no one is interested in helping them or understands their needs. Of course, most jails were not designed to accommodate agencies setting up shop inside a facility. Nevertheless, several good models exist.

In 2006, the New York City Department of Correction opened the Discharge Planning Collaboration Center where representatives from the City's Departments of Health and Mental Hygiene and Homeless Services have offices. The Center is open to all inmates and offers a variety of reentry services. For example, interviews for public benefits, such as Supplemental Security Income/Social Security Disability Insurance, take place in person, and Medicaid cards are issued before inmates are discharged.

Don't forget that you have to be proactive and invite the service providers to you. This isn't always easy as providers are often reluctant to provide services during incarceration. Sell them on the fact that very often, you and they share the same clients, but they may not have known it. They shouldn't be afraid to work in your facility, but they also must understand the importance of following the jail's policies and procedures. More information on working with service providers and volunteers is located in *Section 6*.

Activities of Daily Living

Is the inmate able to do each of the following?

- Bathing: sponge, shower, and/or tub.
- Dressing/undressing: able to pick out clothes, dress and undress self (tying shoes is not included).
- Toileting: able to get on/off toilet, clean self afterwards.
- Transferring: able to get in/out of bed and chair without assistance or mechanical aids.
- Eating: able to completely feed self.
- Mobility: able to walk without help except from cane, walker, or crutch and doesn't need lifting from bed.

Track 5

- **Inmates: High needs**
- **Reentry Services: Extended care placement**

Track 5 inmates will likely require arrangements for extended care placement or supportive housing. Inmates who have problems with activities of daily living (ADL) are candidates for this reentry

level. The ADL screen on page 88 is frequently used in geriatric practice to assess an older adult's appropriateness for independent living. Dr. Brie Williams, a geriatrician and correctional health care expert at the University of California at San Francisco, recommends that inmates who miss two or more of the ADL answers should be transferred directly to a nursing home or assisted living facility if family or friends can't care for them. Inmates who miss one ADL and/or have fallen in the past year should be assessed more carefully for possible assisted living or nursing home-level care.

Track 6

- **Inmates: Track 2 through 5 inmates**
- **Reentry Services: Reentry programs, coordination and collaboration of services back to the community, appointment for services, reentry plan, and general resource information**

This is the most comprehensive level of reentry planning and, depending on the resources of the jail, can be used for track 2 through 5 inmates. Inmates are enrolled in a multisession, formal prerelease reentry program in addition to all track 1 through 4 services. Reentry programs recognize that inmates sometimes lack hard skills (e.g., literacy, numeracy, basic mechanical ability, and other testable attributes) and soft skills (e.g., personalities suitable to the work environment, good hygiene, and group-oriented work behaviors), which can be a barrier for successful reentry. Reentry program curricula focus on issues of education, job skills, community resources, substance abuse, housing, life skills, personal identification, and family reunification. Preliminary data from several prisons report significantly lower recidivism rates for those who complete reentry programs (Finn, 1998; Nelson and Trone, 2000).

Courses Offered at the Snohomish County, Washington, Corrections Department

- Stress anger management
- Victim awareness education program
- Moral recognition therapy
- Relapse education program
- Parenting
- Nurturing fathers
- Life skills
- Breaking barriers
- Victim-defendant support groups
- Domestic violence perpetrator
- Employment readiness

The Dutchess County, New York, Sheriff's Office Corrections Division has a five-week Jail Transition program that you can learn more about at www.urban.org/reentryroundtable/cji_jails_draft.pdf. Scroll down to Appendix B: Weekly Progress Evaluation Checklist on page 29 to get a quick overview of the program. A copy of the Dutchess County Jail Transition Plan is located in the same report on page 34. Another recommended source to get an overview of how programs can be implemented in your jail comes from Orange County, Florida. Download the 15-page report *The Orange County, Florida, Jail Educational and Vocational Programs* at www.ncjrs.gov/pdffiles/166820.pdf.

Summary

Implementing reentry strategies lets everyone know that the jail is a proactive agency of change and not solely a facility of custody and control. There are no easy answers, and reentry plans can't solve

every problem. Many inmates, however, can change their behaviors. You need the right strategies, tools, support, and a lot of patience. And the alternative of doing nothing is no longer viable. We know the public safety, cost, and health consequences of releasing inmates without reentry services, and it's a situation that our communities can no longer afford.

References

Electronic Privacy Information Center. 2006. "Statement of William Lutz." Author. www.epic.org/privacy/glba/vtlutz.pdf

Finn, Peter. 1998. *Texas' Project RIO: Re-Integration of Offenders: Program Focus.* Washington, DC: National Institute of Justice.

Haigler, Karl. O., Caroline Harlow, Patricia O'Connor, and Anne Campbell. 1994. *Literacy Behind Walls: Profiles of the Prison Population from the National Adult Literacy Survey.* Washington, DC: National Center for Education Statistics.

Martin, Glenn. 2005. "Rikers Island Discharge Planning Initiative: A New York City Jail Reentry Model." *National HIRE Network News* 3(8): 1–10.

Nelson, Marta, and Jennifer Trone. 2000. *Why Planning for Release Matters. Issues in Brief.* New York: Vera Institute of Justice.

Tompkins, Steve. 2005. *Boston Re-entry Initiative Hits Milestone.* Boston: Suffolk County, Massachusetts, Sheriff's Department.

Web Sites

The Orange County, Florida Educational and Vocational Programs. www.ncjrs.gov/pdffiles/166820.pdf

The Dutchess County, New York, Sheriff's Office Correction Division reentry program. www.urban.org/reentryroundtable/cji_jails_draft.pdf

Exhibit 4.1: Travis County, Texas, Sheriff's Emergency Numbers

Emergency Numbers

These numbers are for your use as you encounter problems and need assistance in the community.

TRAVIS COUNTY SHERIFF
P.O. Box 1748
Austin, Texas 78767
(512) 854-9770
www.tcsheriff.org

Psychiatric Emergency Services (PES):

Psychiatric Emergency Services are for adults and children experiencing a psychiatric crisis and in need of emergency screening and evaluation services. Also provided are crisis intervention, individual crisis counseling, individual and family crisis rehabilitative skills training, screening and referrals to appropriate community resources and/or services. These services are available twenty-four hour a day, 365 days a year.

To contact licensed professionals 24 hours a day, seven days a week call:

(512) 454-3521

Hotline to Help

Hotline to Help is Austin and Travis County's 24-hour crisis, intervention and resource linkage program. Services Provided Include:

- Linkage to Emergency Mental Health Services
- Teletype Crisis Intervention Service for the Hearing Impaired
- Community Education Presentations on Suicide & Prevention

To contact licensed professional counselors 24 hours a day, seven days a week call:

(512) 472-HELP (4357)
or
TTY: (512) 703-1395

---

211 Texas:

2-1-1 Texas, formerly First Call for Help, is a service for the entire community. 2-1-1 is the new abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own community.

For information about and referrals to social service agencies and organizations throughout the state of Texas,

Dial 211

Exhibit 4.2: New York City Department of Correction Benefits Board

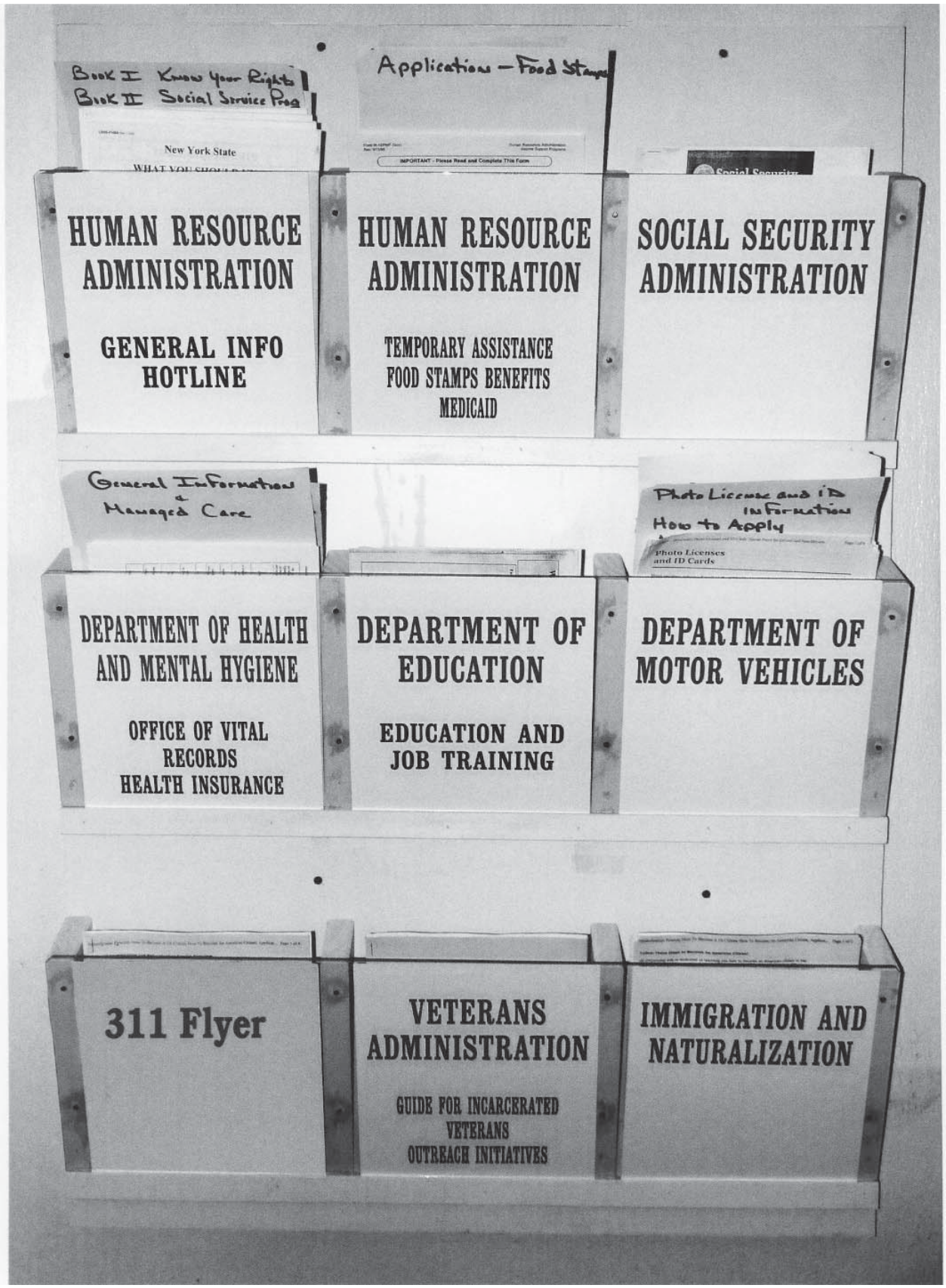


Exhibit 4.3: New York City Department of Correction Discharge Planning Questionnaire

NEW YORK CITY DEPARTMENT OF CORRECTION
DISCHARGE PLANNING QUESTIONNAIRE – FORM 983

Revised 10/20/04

INMATE'S LAST NAME:_____ FIRST NAME:_____

NYSID #:_____ BOOK & CASE #:_____ DATE OF ADMISSION:_____/_____/_____

EMPLOYMENT RELATED

INMATE'S PHONE NUMBER: (_____)_____-_____ SOCIAL SECURITY #:_____-_____-_____

HOW LONG AGO WERE YOU LAST EMPLOYED? 1☐ AT ARREST _____ (#) MONTHS AGO _____ (#) YEARS AGO 2☐ NEVER

WAS THIS WORK: 1☐ FULL TIME 2☐ PART TIME 3☐ ODD JOBS 0☐ N/A ARE YOU: 1☐ STUDENT 2☐ DISABLED 3☐ RETIRED 0☐ N/A

WILL YOU HAVE A JOB WHEN YOU LEAVE JAIL? 1☐ YES 2☐ NO 9☐ NOT SURE 0☐ D/A (DIDN'T ANSWER)

DO YOU WANT ASSISTANCE WITH: 1☐ JOB TRAINING 2☐ FINDING A JOB 3☐ CONTINUING YOUR EDUCATION 0☐ N/A

NUMBER OF CHILDREN UNDER 18:____ NUMBER YOU HAVE CUSTODY OF:____ NUMBER IN FOSTER CARE:____ 0☐ D/A

DO YOU WANT ASSISTANCE WITH: 1☐ CHILD CUSTODY 2☐ FAMILY COUNSELING 0☐ N/A

OF THE BENEFITS LISTED BELOW:	WHICH ARE YOU NOW RECEIVING?	WHICH DO YOU WANT TO RECEIVE?
CASH ASSISTANCE (WELFARE, P.A.)	1☐ YES ☐ NO	1☐ YES ☐ NO
FOOD STAMPS	2☐ YES ☐ NO	2☐ YES ☐ NO
S.S.I. (DISABILITY)	3☐ YES ☐ NO	3☐ YES ☐ NO
UNEMPLOYMENT	4☐ YES ☐ NO	4☐ YES ☐ NO
VETERANS' BENEFITS	5☐ YES ☐ NO	5☐ YES ☐ NO
NONE OF THE ABOVE	0☐ YES ☐ NO	0☐ YES ☐ NO

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING HEALTH INSURANCE? (PLEASE CHECK ALL THAT APPLY)

- PRIVATE INSURANCE 1☐ YES ☐ NO
- MEDICAID 2☐ YES ☐ NO
- OTHER 3☐ YES ☐ NO
- NONE 4☐ YES ☐ NO

HOUSING RELATED

JUST BEFORE YOUR ARREST, WHERE OR WITH WHOM WERE YOU LIVING? 1☐ ALONE 2☐ FAMILY 3☐ FRIEND(S) 4☐ GROUP HOME 5☐ HOSPITAL 6☐ JAIL/PRISON 7☐ SHELTER 8☐ HOMELESS, NOT IN SHELTER 0☐ OTHER:_____ 0☐ D/A

ARE YOU RECEIVING HOUSING BENEFITS, SUCH AS PUBLIC HOUSING, "NYCHA", OR SECTION 8? 1☐ YES 2☐ NO 0☐ D/A

AFTER YOU LEAVE JAIL, WHERE OR WITH WHOM WILL YOU LIVE? 1☐ ALONE 2☐ FAMILY 3☐ FRIEND(S) 4☐ GROUP HOME 5☐ HOSPITAL 6☐ JAIL/PRISON 7☐ SHELTER 8☐ HOMELESS, NOT IN SHELTER 9☐ NOT SURE 0☐ OTHER:_____ 0☐ D/A

HAVE YOU EVER BEEN HOMELESS? 1☐ YES 2☐ NO 0☐ D/A IF YES, DO YOU HAVE AN "H. A. NUMBER" (HOMELESS ASSISTANCE #) FROM A NEW YORK CITY SHELTER? 1☐ YES:_____ 2☐ NO 0☐ N/A

DO YOU WANT ASSISTANCE WITH YOUR HOUSING SITUATION? 1☐ YES 2☐ NO 0☐ D/A

TREATMENT RELATED

DO YOU HAVE A REGULAR HEALTH CARE PROVIDER OR DOCTOR? 1☐ YES 2☐ NO 9☐ NOT SURE 0☐ D/A

IF YES, HOW LONG AGO WERE YOU LAST SEEN? 1☐ IN THE LAST 12 MONTHS 4☐ MORE THAN A YEAR AGO 9☐ NOT SURE 0☐ N/A

OFFICE NAME:_____ DOCTOR:_____ PHONE NUMBER: (_____)_____-_____

IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE ALCOHOL? 0☐ NEVER 1☐ ONLY A FEW TIMES 2☐ 1-3 TIMES A MONTH 3☐ 1-5 TIMES A WEEK 4☐ ABOUT EVERY DAY 0☐ D/A

IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE DRUGS? 0☐ NEVER 1☐ ONLY A FEW TIMES 2☐ 1-3 TIMES A MONTH 3☐ 1-5 TIMES A WEEK 4☐ ABOUT EVERY DAY 0☐ D/A

HAVE YOU EVER BEEN IN A PROGRAM FOR ALCOHOL OR DRUG ABUSE? 1☐ YES 2☐ NO 0☐ D/A

IF YES, HOW LONG AGO? 1☐ AT TIME OF ARREST 2☐ LAST 6 MONTHS 3☐ 6 MONTHS TO A YEAR 4☐ MORE THAN A YEAR AGO 0☐ N/A

PROGRAM NAME:_____ COUNSELOR:_____ PHONE NUMBER: (_____)_____-_____

DO YOU WANT HELP FOR ALCOHOL ABUSE? 1☐ YES 2☐ NO 0☐ D/A DO YOU WANT HELP FOR DRUG ABUSE? 1☐ YES 2☐ NO 0☐ D/A

INMATE'S SIGNATURE:_____ DATE:_____/_____/_____

OFFICER'S NAME (PLEASE PRINT):_____ OFFICER'S SHIELD NUMBER:_____

OFFICER'S SIGNATURE:_____ DATE:_____/_____/_____

Exhibit 4.4: Davidson County, Tennessee, Sheriff's Office Re-Entry Release Plan

Re-Entry Release Plan

NAME: _____ DATE:_____

ADDRESS:

_____

_____

CITY: _____ STATE:_____ZIP CODE_____

Identification:

_____

_____

_____

Housing (Where& with whom will you live with?):

_____

_____

_____

Transportation: (Who will be picking you up? How will you get home?)

_____

_____

_____

Medical Appointments:

_____

_____

_____

Mental Health Appointments:

_____

_____

_____

_____

Exhibit 4.4 (Continued)

Re-Entry Release Plan

Any Other Issues:

_____
_____
_____
_____

Important Numbers for You:

Metro Public Health Department (Birth Certificates): 615-320-5616
Department of Safety: 615-741-3954
Social Security Administration: 1-800-772-1314
Nashville Rescue Mission: 615-780-9460
Metro Action Commission (Financial Assistance):615-862-8860
Ladies of Charity (Food Boxes and Financial Assistance): 615-327-3430
Tennessee Department of Human Services (Food Stamps): 615-532-4000
Bridges to Care (Health Care): 615-760-2799
Campus For Human Development: 615-251-9791
Madison Church of Christ (Furniture):615-860-3224
Alcoholics Anonymous: 615-831-1050
Narcotics Anonymous: 615-251-7462
Cocaine Anonymous: 615-747-5483
Mental Health Cooperative (Crisis Line): 726-0125
MDHA (Housing): 615-252-8590
Downtown Clinic (Health Care): 615-862-7900

Exhibit 4.5: Multnomah County, Oregon, Department of Community Justice Transitional Plan/Referral Form

TRANSITION PLAN / REFERRAL FORM

FROM: _____
AGENCY: _____
PHONE: _____
DATE: _____

CLIENT NAME _____ SSN # (or other identifier) _____

ADDRESS: _____ DOB: _____

PHONE: _____ EMERGENCY CONTACT NAME / PH#: _____

IS THIS HOUSING STABLE? YES ❑ NO ❑ IF NOT, EXPLAIN: _____

DISCHARGE DATE: _____ FROM: _____ LENGTH OF STAY: _____

OTHER HOUSEHOLD MEMBERS AT ADDRESS:	RELATIONSHIP / AGE:	HOMELESS (yes/no)

PRIOR RESIDENCE: _____

HOMELESS HISTORY (dates / length of time): _____

PREVIOUSLY IN SUBSIDIZED HOUSING? YES ❑ NO ❑ IF YES, WHERE: _____ WHEN: _____

PROBATION/PAROLE OFFICER: _____ CONVICTIONS: _____

PENDING CHARGES: _____

OTHER PEOPLE IN HOUSEHOLD ON PROBATION/PAROLE? YES ❑ NO ❑ CONVICTIONS: _____

LEVEL OF EDUCATION: HS DIPLOMA ❑ GED ❑ COLLEGE: _____ VOC. REHAB. _____

INTERESTED IN WORK? YES ❑ NO ❑ IF NOT, WHY? _____

EMPLOYMENT HISTORY / JOB LEADS: _____

MEDICAL COVERAGE? YES ❑ NO ❑ INSURER: _____

LIST ALL PRESCRIPTION MEDICATIONS: _____

INCOME TYPE	RECEIVING	APP PENDING	MONTHLY AMT	CASE WORKER
SSI	YES ❑ NO ❑	YES ❑ NO ❑		
SSD	YES ❑ NO ❑	YES ❑ NO ❑		
VA	YES ❑ NO ❑	YES ❑ NO ❑		
TANF	YES ❑ NO ❑	YES ❑ NO ❑		
UNEMPLOYMENT	YES ❑ NO ❑	YES ❑ NO ❑		
OTHER	YES ❑ NO ❑	YES ❑ NO ❑		
FOOD STAMPS	YES ❑ NO ❑	YES ❑ NO ❑		

IF PAYEE, WHO: _____

TREATMENT TYPE	PREVIOUS	IF PREVIOUS WHEN	COMPLETED	CURRENT	RECOMMENDED
ALCOHOL	YES ❑ NO ❑		YES ❑ NO ❑	YES ❑ NO ❑	YES ❑ NO ❑
DRUGS	YES ❑ NO ❑		YES ❑ NO ❑	YES ❑ NO ❑	YES ❑ NO ❑
MENTAL HEALTH	YES ❑ NO ❑		YES ❑ NO ❑	YES ❑ NO ❑	YES ❑ NO ❑
COG	YES ❑ NO ❑		YES ❑ NO ❑	YES ❑ NO ❑	YES ❑ NO ❑
SEX OFFENDER	YES ❑ NO ❑		YES ❑ NO ❑	YES ❑ NO ❑	YES ❑ NO ❑
OTHER	YES ❑ NO ❑		YES ❑ NO ❑	YES ❑ NO ❑	YES ❑ NO ❑

SPECIAL NEEDS: MH ❑ MR/DD ❑ SEX OFFENDER ❑ DV ❑ GANG ❑ MEDICAL ❑ OTHER _____

EXPLAIN: _____

RELEASE OF INFORMATION SIGNED BY APPLICANT: YES ❑ NO ❑

by anyone other than the intended recipient is prohibited. If the reader has received this communication in error, please notify the sender of this message and destroy the original message.

PROPOSED PLAN OF ACTION

∞ A signed release of information must be included with each faxed referral ∞

REFERRALS NEEDED

- ☐ Housing
- ☐ Food
- ☐ Medical
- ☐ Mental Health
- ☐ Drug and Alcohol
- ☐ Social Security
- ☐ Domestic Violence
- ☐ Vocational Rehabilitation
- ☐ Employment
- ☐ Unemployment
- ☐ Veterans Affairs
- ☐ Corrections
- ☐ Utilities
- ☐ Rent Assistance
- ☐ Aging and Disability Services
- ☐ ___________________
- ☐ ___________________
- ☐ ___________________

Referral type: ______________________

AGENCY REFERRED TO:	CONTACT PH#:	CONTACT PERSON:	
APPT DATE/TIME:	LOCATION:	REFERRAL FAXED: YES☐ NO☐	FAX #:

Referral type: ______________________

AGENCY REFERRED TO:	CONTACT PH#:	CONTACT PERSON:	
APPT DATE/TIME:	LOCATION:	REFERRAL FAXED: YES☐ NO☐	FAX #:

Referral type: ______________________

AGENCY REFERRED TO:	CONTACT PH#:	CONTACT PERSON:	
APPT DATE/TIME:	LOCATION:	REFERRAL FAXED: YES☐ NO☐	FAX #:

Referral type: ______________________

AGENCY REFERRED TO:	CONTACT PH#:	CONTACT PERSON:	
APPT DATE/TIME:	LOCATION:	REFERRAL FAXED: YES☐ NO☐	FAX #:

Referral type: ______________________

AGENCY REFERRED TO:	CONTACT PH#:	CONTACT PERSON:	
APPT DATE/TIME:	LOCATION:	REFERRAL FAXED: YES☐ NO☐	FAX #:

FAMILY / FRIENDS / PRO-SOCIAL SUPPORTS: ______________________________

____

____

____

OTHER / ADD'L COMMENTS / CLIENT SPECIAL REQUESTS:

____

____

____

____

Page 2 of 3
Created 8/17/04

Exhibit 4.6: New York City Department of Correction, Rikers Island Discharge Enhancement Plan

NYC DEPARTMENT OF CORRECTION
RIKERS ISLAND DISCHARGE ENHANCEMENT (R. I. D. E.)

DISCHARGE PLAN

PROVIDER: _____

PART A: IDENTIFICATION

Inmate's Name: _____
(Last Name) (First Name) (MI)

Date of Birth: _____/_____/_____ Expected Date of Release: _____/_____/_____

Book & Case No.: _____ NYSID No.: _____

SS#: _____-_____-_____ Verified: Yes ____ No ____

Birth Certificate: Yes ____ No ____ U.S. Citizen: Yes ____ No ____

Veteran: Yes ____ No ____ Registered Alien: Yes ____ No ____

Inmate's Address: ***(Write "none" if there is no residence, but include last shelter address if one is known)***

_____
(Address) (Apt #)

_____
(Borough) (State) (Zip code)

Does the inmate expect to be released to known housing: Yes ___ No ___

Does the inmate expect to be released to a homeless shelter: Yes ___ No ___

Are any identification documents in inmate's property: Yes ___ No ____

If yes, specify type of documentation:
_____

If no, explain how identification is being obtained:
_____

_____

_____

DP Form 101
Rev 3/05

Exhibit 4.6 (Continued)

PART B. TREATMENT PLAN/NEEDS:

(An assessment is to be given for each category, "Yes" or "No". A "Yes" response indicates that a referral is to be included as part of the Discharge Plan)

Was the Discharge Planning Screening Questionnaire reviewed? Yes ___ No ___

1. Substance Abuse Treatment: Yes___ No ___

Level of Care Required: Outpatient ____ Residential ____ Methadone Maint. ____

2. Housing Assistance: Yes ___ No ___

Type of Housing Required: _____

3. Custody of Children: Yes ___ No ____ If yes: How many ___ Ages ____, ____, _____

Need for Family Reunification Services: Yes ___ No ___

If yes, what type: _____

_____

_____

4. Educational/Employment Skills: GED: Yes ___ No ___ High School Diploma: Yes__ No___

Job Skills Training: Yes ___ No ___ Area of interest: _____

Job Placement: Yes ___ No ___ Special Skills: (specify) _____

5. HRA – Benefits Information (check all that apply)

Public Assistance ___ Food Stamps ___Medicaid ___ SSI ___ SSD ___ Veteran____

PART C: DISCUSS ALL MITIGATING FACTORS THAT IMPACTED ON THE DEVELOPMENT OF THE DISCHARGE PLAN: (Ex: While treatment for substance abuse was indicated, inmate refused.)

_____

_____

_____

_____

_____

_____

(Attach additional sheets if more space is needed)

Exhibit 4.6 (Continued)

PART D. DISCHARGE PLANNING NEEDS/REFERRALS MADE

EACH AREA OF **SECTION B** MUST BE ADDRESSED AND A PLACEMENT REFERRAL MUST BE INICATED FOR EACH CATEGORY A NEED WAS DETERMINED, UNLESS AS DISCUSSED ABOVE. SPECIFY IF PLACEMENTS ARE TO BE CONCURRENT OR SEQUENTIAL.

REFERRALS:

I. SUBSTANCE ABUSE:

Program Name: _____

Address: _____

_____

(Borough) (State) (Zip Code)

Phone #: (___)_____

Proposed admission date: _____/_____/_____

Comments: _____

_____

_____

II. HOUSING ASSISTANCE:

Program Name: _____

Address: _____

_____

(Borough) (State) (Zip Code)

Phone #: (_____)_____

Proposed admission date: _____/_____/_____

Comments: _____

_____

_____

_____

Exhibit 4.6 (Continued)

III. FAMILY REUNIFICATION ASSISTANCE

Program Name: _____

Address: _____

_____

(Borough) (State) (Zip Code)

Phone #: (___)_____

Proposed admission date: _____/_____/_____

Comments: _____

_____

_____

IV. EDUCATION/EMPLOYMENT

Program Name: _____

Address: _____

_____

(Borough) (State) (Zip Code)

Phone #: (_____)_____

Proposed admission date: _____/_____/_____

Comments: _____

_____

_____

_____

ADDITIONAL COMMENTS: (Include any supplementary services recommended to the client where referrals have been made. List program and other information as asked for above.)

_____

_____

_____

_____

(Attach additional sheets if more space is needed.)

Exhibit 4.6 (Continued)

PART E. PROVIDER INFORMATION

Name of Provider: _____

Facility: _____ Inmate's Housing Area: (specify if other facility)_____

Date MOA signed: _____/_____/_____ Date Discharge Plan Completed: _____/_____/_____

Aftercare Case Manager _____ Phone #: (___)_____
(Signature)

Primary Counselor (provider): _____ Phone #: (___)_____
(Signature)

**Supervisor: _____ Phone #: (___)_____
(Signature)

PART F. **INMATE AGREEMENT

I AGREE WITH AND HAVE RECEIVED A COPY OF THIS DISCHARGE PLAN DEVELOPED FOR ME

BY _____
(Provider name)

Inmate's Name: _____ **Date:** _____/_____/_____

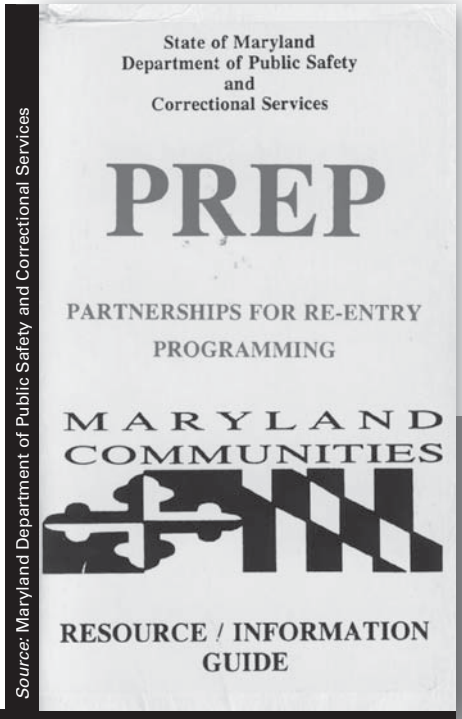
Date Copy Received: _____/_____/_____ **(Inmate's signature)** _____

Provider signature: _____ **Date:** _____/_____/_____

****Required before submission**

THE DISCHARGE PLAN IS TO BE SUBMITTED NO MORE THAN 14 DAYS PRIOR TO THE DATE OF DISCHARGE, AFTER A FINAL REVIEW BY THE INMATE AND PROVIDER

ANY QUESTIONS OR CONCERNS WITH THIS DISCHARGE PLAN WILL BE BROUGHT TO YOUR ATTENTION WITHIN14 DAYS OF RECEIPT BY THE PROGRAM MONITORING UNIT.



Source: Maryland Department of Public Safety and Correctional Services

Identifying Community Resources

5

Identifying Community Resources

In the *Introduction,* we defined "reentry" as the process of transitioning inmates from jail to the community. In this section, we focus on the community aspect of reentry. First, we discuss the importance of knowing the communities that receive the disproportionate share of returning inmates. Second, we discuss the identification and database development of community resources. Third, we identify tools jails can develop to help empower inmates to use community services. Finally, we discuss the family, a resource of vital importance for successful reentry.

The Community of Return

One of the main goals of reentry planning is to link inmates pre- and postrelease to service providers that can help them. The majority of released inmates have to find services on their own, without assistance from the jail or service providers. Even if help is provided for the first appointment, subsequent appointments will be left up to the inmates. Therefore, if possible, try to locate services for them that are available and accessible to the inmate's home. Nobody wants to travel an hour away for a doctor's appointment. Now think of a typical inmate with transportation problems and little, if no, money. What are his or her chances of making an appointment so far away?

In most cities and counties, inmates are clustered in certain neighborhoods, often referred to as areas of high inmate return. Start by locating the census blocks, community districts, wards, or ZIP Codes where the majority of inmates live. You probably already have a good idea of the locations, but if you can take the time to map it out you'll find the visual display becomes an important tool when understanding the spatial relationship between inmates and services. Moreover, stakeholders can readily comprehend these maps. Mapping data also allows you to concentrate on locating service providers close to released inmates. It's a sure way to increase utilization. This is particularly the case in rural areas where limited services and long traveling distances are major barriers to use. See *Section 8* for further information on how your local college or a research institute can help you meet your mapping and other research needs.

Resource Development

The next step is to identify community resources to meet the needs of released inmates. A close working relationship with stakeholders, discussed in *Section 6,* is helpful when identifying service providers. We recommend that you engage community agencies; correctional, probation, and parole officers; social workers; and inmates themselves to tap their wealth of knowledge on available services.

You can also start with health and human service resource guides available in most cities and counties. The United Way or government agencies author these guides, and many times they focus on a particular need, such as homeless shelters, HIV/AIDS health clinics, or job training sites. Don't assume that the information in these guides is accurate and current. All services must be contacted before being listed as referrals and every six months to verify the information. Some service providers will tell you they provide multiple programs when

Service Provider Database Categories

- Agency name
- Program name
- Services provided
- Address
- Contact person
- City, state, ZIP Code
- County or geographic zone
- Phone number
- E-mail address
- Web site address
- Fax
- Days and hours
- Weekend days and hours
- Appointment required
- Referral required
- Language(s) spoken
- Eligibility requirements
- Program exclusions
- Space availability
- Documents required
- Fee structure
- Other information
- Date agency first contacted
- Date agency information last updated
- Comments

the reality is they mainly refer clients to other services. Make sure to question them on the specific programs they offer. Services not meeting the needs of the inmates should be deleted from the database and alternative agencies sought.

Keeping track and updating service provider information is easy if you place the information in an electronic database. The sidebar at left lists the minimum categories to include in a community inventory.

A benefit of building an electronic database of services is the ability, with the help of a web designer, to use the database as the foundation of an online, interactive web site of service providers designed for the reentry population, their families, and professionals working with them. By now most of us are accustomed to reading reviews online about products we are interested in purchasing, and at times we base our decisions on other consumers' ratings. An interactive reentry service web site is similar, where services receive quality rankings based, for example, on friendliness, cleanliness, active programs, hours of operation, and space availability.

A few years ago, www.njsuccess.org became the first interactive, online reentry-focused service provider database in New Jersey. The database contains information on more than 1,000 public and nonprofit health and human service agencies and programs in New Jersey as well as information pages on, for example, obtaining identification, obtaining a credit report, voting, cleaning up one's record, and paying child support. Individuals using the database will find information on food, housing, transportation, employment, legal assistance, education, drug treatment services, medical care, mental health, and much more. Social service professionals can post evaluations/comments of their experience with a program on the web site.

Though correctional social workers, probation and parole officers, and former inmates frequently use an electronic database to locate services, the developers have found it difficult to get correctional personnel

to rate the services online. One reason expressed confidentially by a probation officer was that veteran social workers, case managers, and probation officers are reluctant to share their knowledge of quality service because it might mean fewer referral spots available for their clients.

Another tactic for identifying helpful service providers is to ask former inmates. Consider convening several focus groups of recently released individuals and others released some time ago, and ask them directly which resources were helpful and which were not helpful, which programs are friendly to former inmates, and which won't give them the time of day. Years ago, researchers in New York City tracked inmates for the first 30 days after their release and provided real insights about the type of services former inmates valued and how they access them.

Bridging the Knowledge Gap

As with anyone, just because inmates may have lived their entire lives in certain communities does not mean they know the available services and how to access them. Easy-to-use reentry tools are necessary to support successful reentry.

A user-friendly county- or city-specific resource brochure, pamphlet, or pocket-size resource guide will help inmates and their families have a better understanding of the community resources available to meet their needs. Resource brochures and guides range from listing the most important numbers and hotlines to providing a description of the challenges inmates face at release and helpful tips to manage them. Exhibit 5.1 shows the cover and exhibit 5.2 lists the table of contents for the *Essex County Smart Book: A Resource Guide for Going Home* (Fishman and Mellow, 2005) to give you a better idea of information you may want to include. The *Smart Book* is available at www.state.nj.us/corrections/OTS/PDFs/060524_essex_smartbook_final.pdf. Also check out *Going Home to Stay: A Guide for Successful Reentry for Men and Women* in Cuyahoga County, Ohio. It's available at www.211cleveland.org/pdfs/communityreentry.pdf.

Preferably, reentry guides supplement other reentry strategies, but if no other alternatives are available, they can be a substitute for reentry planning and programming. As a secondary benefit, reentry guides can help jail staff gain a better understanding of community services when assisting inmates with their reentry plans. Never print more than a 12-month supply of reentry guides at a time because information changes rapidly and the guides become outdated.

Development of Reentry Guides

The following 12 recommendations for the development of reentry guides are excerpted, with some minor changes, from Mellow and Dickinson (2006). You can download the complete article from the *Federal Probation* journal's web site.

1. Provide an honest and hopeful introduction.

2. Supply letters of support and sponsorship from other former inmates.

Making It Happen & Staying Home (Whitaker, 2005, p. 5) includes positive statements by former inmates dispersed throughout the resource:

> *Been in the game since I was 12. By the time I was 22, I was through. I gave up the game because I had children and I didn't want them comin' into the jail to see me. I'm soft but I know where I come from.*

3. Prioritize crucial first steps, include a reference list for less immediate issues.

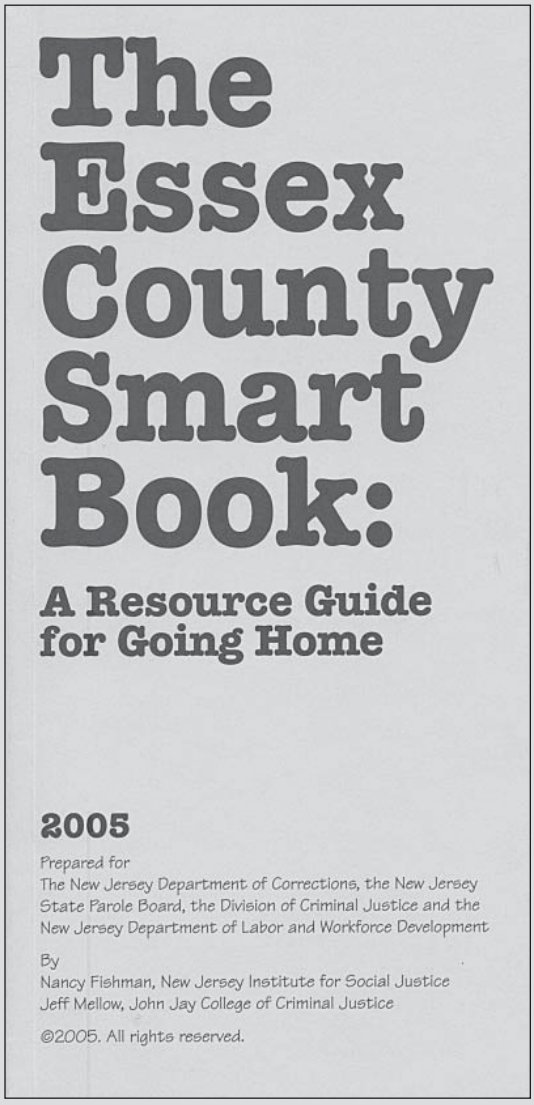
The decision to prioritize issues for inclusion in a guide is necessary to keep the resource concise, but

it is likely to cause reasonable debate. The common issues and services that seem to be most relevant to initial release are obtaining identification, housing, clothing, food, employment, health care, and substance abuse treatment. A reentry guide should focus on the immediate, crucial aspects of moving toward life stability within the first few months after release; true self-sufficiency and social reintegration should be handled through other routes.

4. Incorporate the guide into a training curriculum with in-person support.

The most effective way to prepare inmates for reentry, according to many practitioners, is through in-person prerelease instructional programs. Introducing the guide and its contents during prerelease classes could familiarize inmates and give them a chance to make arrangements before release

Exhibit 5.1: Front Cover of the Essex County Smart Book



The Essex County Smart Book:

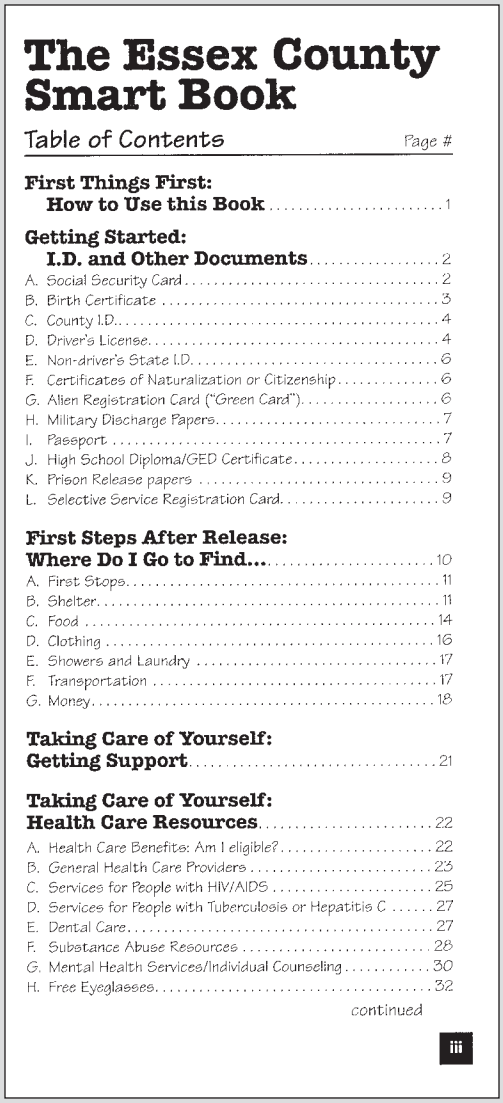
A Resource Guide for Going Home

2005

Prepared for
The New Jersey Department of Corrections, the New Jersey State Parole Board, the Division of Criminal Justice and the New Jersey Department of Labor and Workforce Development

By
Nancy Fishman, New Jersey Institute for Social Justice
Jeff Mellow, John Jay College of Criminal Justice

Exhibit 5.2: Essex County, New Jersey, Smart Book Table of Contents



The Essex County Smart Book

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continued

to increase the likelihood of success. If a prerelease unit is not available as a transition unit, jails can establish a reentry unit inside the jail.

5. Provide the guide well ahead of release to help prepare a smoother transition.

Having the guide available in advance could allow inmates to consider employment, housing, and other topics prior to release, weighing the feasibility and benefits of their options.

6. Include content that helps to manage specific challenges.

Sample text of job letters and resume layouts can make guides more engaging and effective in helping plan for reentry. Exhibits 5.4 and 5.5, for example, are sample letters explaining one's felony record to prospective employers and strategies for discussing the offense question. Specific forms for obtaining identification documents (photo identification or driver's license, birth certificate, Social Security card) can also accelerate the employment process.

7. Include maps of cities, transportation routes, and the locations of major service providers.

Maps of geographic areas with different service providers marked can be an excellent source of information, especially for those with minimal reading skills. An excellent example of this type of resource is the *Baltimore, Maryland, Service Provider Map* (exhibit 5.6). Designed for the homeless population of the city, the map is small and simple and identifies the locations of many services. A map like this could be integrated into a guide as a foldout from the back cover (exhibit 5.6).

8. Include informative, motivational text, being conscious of prevalent literacy levels.

Remember that most inmates cannot read above a sixth-grade level (Haigler et al., 1994). The complexity and length of text in a guide must be compatible with the literacy levels of the intended population.

9. Include only service providers committed and accessible to individuals with a history of involvement in the criminal justice system.

10. Be sensitive to language barriers.

The issue of developing foreign language versions for certain jurisdictions is also important to consider. For example, 15 percent of those in jails are Latinos, and though there are no data on these inmates' language preference, it is assumed that a certain percentage understand Spanish better than English (Harrison and Beck, 2005).

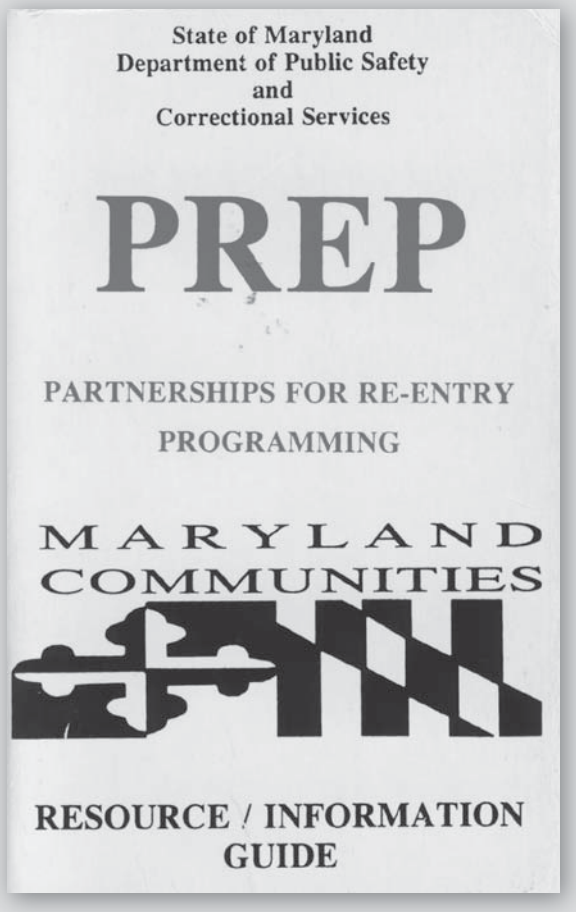
11. Keep the guide small, portable, and discreet.

Following this recommendation will make the guide reasonable and attractive for former inmates to carry with them. If possible, the guide should be designed to be transportable in a back pocket (exhibits 5.1, 5.2, and 5.3). Gang colors and obvious titles should be avoided. These small design features are likely to have important effects on usage of the guide.

12. Evaluate reactions before and after publication of the guide.

Objective evaluation of the guide to refine the first edition and subsequent revisions is the only way to gauge effectiveness. Focus groups and questionnaires can be used with inmates, corrections staff, and reentry experts to help improve content.

Exhibit 5.3. Front Cover of Maryland's Reentry Guide



Don't Forget the Family

It's crucial that we also make use of the family as a resource in the reentry process. Not only can families provide important emotional support during and after release, but through their social networks they can also help inmates get back on their feet. A place to sleep, money for transportation, and help finding a job are helpful reentry roles families can play. Of course we recognize that many families have significant needs themselves, and incarceration of a loved one can exacerbate the problems a family is already experiencing.

Resource guides

In the past few years, correctional facilities have begun to develop family resource guides as a first step in fostering contact between friends, family members, and the incarcerated. Most of these handbooks are published by state correctional facilities, but some jails have published paper and online editions. We've provided the following web links to five of these handbooks.

Arkansas Department of Correction
www.accessarkansas.org/doc/pdf/handbook.pdf

Connecticut Department of Correction
www.ct.gov/doc/lib/doc/pdf/familyfriendshanbook.pdf

North Carolina Department of Correction
www.doc.state.nc.us/Publications/2006handbook.pdf

Pennsylvania Department of Corrections
www.cor.state.pa.us/portal/lib/bis/Handbook_for_Families_and_Friends.pdf

San Diego, California, County Jail
www.sdsheriff.net/public/index.html

In most cases, the content is limited primarily to policies and practices prisoners must abide by and the correctional policies families must follow (e.g., visitation rights, regulations for telephone use). However, even a basic guide can serve various important purposes, including (1) giving your jail an additional tool when interacting with family members; (2) reducing the knowledge gap on jail policies, practices, and regulations that many families face when a loved one is incarcerated; and (3) providing family members with information on how to communicate with their incarcerated family member about ways to improve themselves in jail and upon release.

Jails can post family information on their departmental web sites and provide paper copies in

the visitation room and other accessible locations in the jail.

Family outreach events

Another unique approach to engage family is to host a family outreach night where family members are invited to the jail for a question-and-answer session. Many times, representatives from governmental agencies and community service providers are on hand to talk with the families and discuss how they can help their incarcerated loved ones make use of community services upon release.

Jail-based family resource centers

Some local jurisdictions use family resource centers at the jail. The Strafford County, New Hampshire, Department of Corrections in Dover established a family reception center for inmates' families and friends. The three goals of the center are as follows:

- To provide a setting where people experiencing the incarceration of a loved one may come to receive support from others experiencing, or who have experienced, the same situations.
- To provide a more positive and comfortable setting for visiting children.
- To provide caring and knowledgeable persons and relevant materials that may provide families and loved ones with helpful information and resources to improve the situation they face through incarceration of loved ones.

For further information on the Strafford jail family reception center, visit http://co.strafford.nh.us/jail/family_center.html.

Summary

Identifying the community resources available and accessible to inmates going home is not a difficult process, but as with most things, if not carefully thought out, referrals may not support successful reentry. Start by identifying the communities of high inmate return. Next, if possible, develop a database of services offering programs in the inmate's community. Third, be creative in identifying ways to educate inmates about these services. We focused on reentry guides, but some jurisdictions have developed reentry videos whereas others have designed comic books with reentry information. Finally, don't forget that service provider information becomes outdated quickly. Find the time to update the information as often as possible so inmates get the highest quality of service referrals.

References

Fishman, Nancy, and Jeff Mellow. 2005. *The Essex County Smart Book: A Resource Guide for Going Home.* Trenton: The New Jersey Department of Corrections. www.state.nj.us/corrections/OTS/PDFs/060524_essex_smartbook_final.pdf

Haigler, Karl O., Caroline Harlow, Patricia O'Connor, and Anne Campbell. 1994. *Literacy Behind Walls: Profiles of the Prison Population from the National Adult Literacy Survey.* Washington, DC: National Center for Education Statistics.

Harrison, Paige M., and Allen J. Beck. 2005. *Prisoner and Jail Inmates at Midyear 2004.* Bureau of Justice Statistics Bulletin. Washington, DC: U.S. Department of Justice.

Mellow, Jeff, and James M. Dickinson. 2006. "The Role of Prerelease Handbooks for Prisoner Reentry." *Federal Probation* 70(1): 70–76. www.uscourts.gov/fedprob/June_2006/handbook.html

United Way of Greater Cleveland. 2006. *Going Home to Stay: A Guide for Successful Reentry for Men and Women in Cuyahoga County, Ohio.* Author. www.211cleveland.org/pdfs/communityreentry.pdf

Whitaker, Will. 2005. *Making It Happen & Staying Home.* New York: NYC Commission on Human Rights.

Exhibit 5.4: Montgomery County, Maryland, Department of Correction and Rehabilitation
Sample Letter of Explanation Regarding Felony Conviction

USE THIS LETTER ONLY AFTER MEETING WITH YOUR REENTRY EMPLOYMENT SERVICES COORDINATOR

SAMPLE LETTER OF EXPLANATION TO ACCOMPANY AN APPLICATION

Date:

Name:

Employer Name:

Dear (Prospective Employer):

Please accept this letter of explanation regarding the lack of information on the Employment Application about my felony conviction (s) _____ that occurred on _____. I want to be fully honest about these issues. However, due to my embarrassment and the sensitive nature of the information I would greatly appreciate the opportunity to explain the facts in person, and to present to you the positive things I have to contribute to your organization.

I'm sure you have reservations about hiring an individual with an offense history and rightfully so. I can only hope to explain the specifics, my authentic regret and what I have put in place to assure that something of this nature never happens again. Now that I have the opportunity to turn my life around, I will be an excellent employee. I am currently working with a counselor at MontgomeryWorks who after working with me for a month will attest to the reliability, dependability, and other good worker traits I have demonstrated to her. MontgomeryWorks is also in the position to post a $5,000 fidelity bond if that would make you more comfortable and the I.R.S. offers a one-time $2400 tax credit to employers who hire ex-felons.

Whatever your decision, I thank you for your time and consideration.

Respectfully,

Joe James

Exhibit 5.5: Montgomery County, Maryland, Department of Correction and Rehabilitation Strategy for Answering the Offense Question

THE FOUR STOP STRATEGY FOR ANSWERING THE OFFENSE QUESTION

Questions like these may be asked in a job interview:
--I see your were convicted of a felony. What happened?"
--Why should we hire you, an ex-felon?
--What makes me think you won't commit another felony?"
--You marked on your application that you committed a crime. Did you go to prison?"

1. Own it.

2. How do I feel about what I did?

   _____
   _____
   _____
   _____
   _____

3. What have I learned and what have I accomplished from this?

   _____
   _____
   _____
   _____
   _____
   _____

4. What are my new goals?

   _____
   _____
   _____
   _____
   _____

An example of each step:

1. In 1966 I was convicted of sale of a controlled substance. I was sentenced to five years but got out in three on good behavior.
2. I realized I had made a mistake right away and felt very bad about it.
3. So I took advantage of all the help I could get to straighten my life out. I participated in substance abuse treatment and earned my GED. I'm working on my Associate's Degree.
4. I'm here interviewing because I want to make an honest living and I'd really like to do this type of work with this type of company. I'm continuing with substance abuse support programs and education. I also know I have to be more reliable and more productive than the next guy to prove myself. I am determined to be a really excellent employee for your company.

Exhibit 5.6 : Baltimore, Maryland, Service Provider Map

OUR DAILY BREAD
411 CATHEDRAL STREET
DAILY 10:30AM - 12:30PM

MANNA HOUSE
435 EAST 25TH STREET
MONDAY - FRIDAY 8:30AM - 10AM

FRANCISCAN CENTER
2212 MARYLAND AVENUE
MONDAY - FRIDAY 12:30PM - 2PM

BEANS & BREAD 402 S. BOND STREET
MONDAY, TUESDAY, THURSDAY, FRIDAY,
SATURDAY 10:30AM - 1PM

HEALTH CARE FOR THE HOMELESS
111 PARK AVENUE 410-837-5533
MON., TUES., THUR., & FRI. 9AM - 4PM
WEDNESDAY 11AM - 4PM

REFERRAL

WORKER: _____
PHONE: _____
CLIENT: _____
REFER TO: _____
FOR: _____
_____
DATE: _____

6/98

INFORMATION/CRISIS HOTLINES

1-800-817-4358
Call 24 hours for shelter & services

DEPARTMENT OF SOCIAL SERVICES
HOMELESS SERVICES UNIT
2000 N. BROADWAY M - F 8:30AM - 5:00PM
410-361-4637

SEXUAL ASSAULT
410-828-6390

DOMESTIC VIOLENCE
410-889-7884

BALTIMORE CRISIS RESPONSE
MENTAL HEALTH
410-752-2272

AIDS/HIV
410-685-0525

FELLOWSHIP OF LIGHTS FOR YOUTH
410-385-1200

BALTIMORE CITY STREET CARD

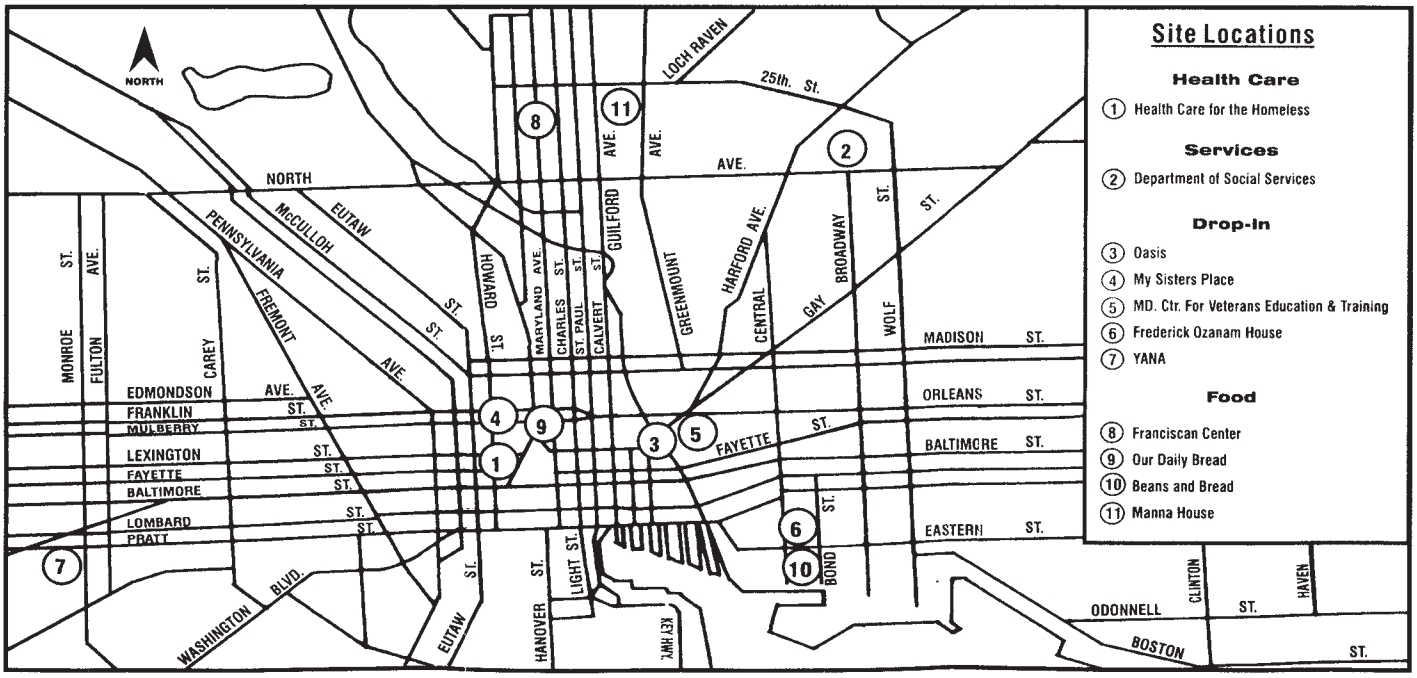
OASIS STATION
MEN'S 24 HOUR DROP-IN SHELTER
410-727-7895
CORNER OF FALLSWAY AND GAY

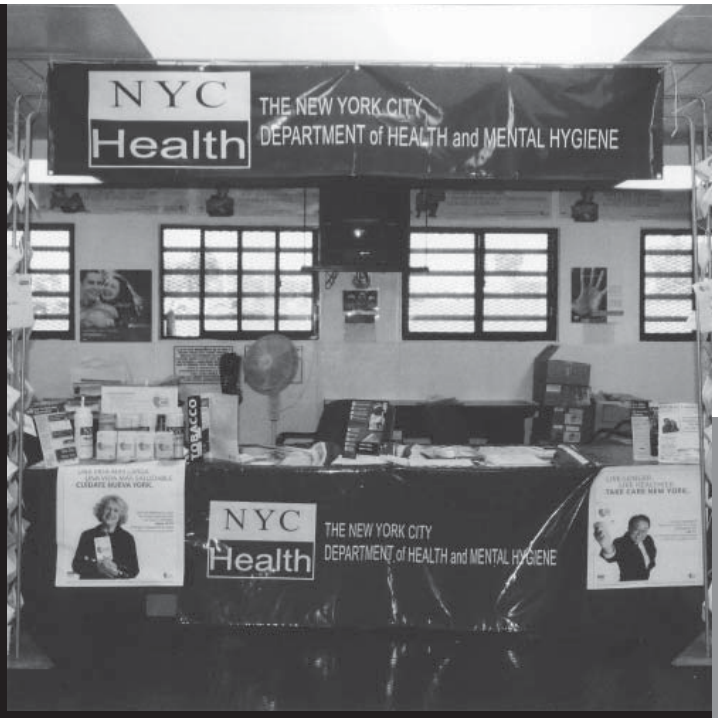
MY SISTER'S PLACE
WOMEN'S DAYTIME DROP-IN SHELTER
410-727-3523
123 W. MULBERRY STREET DAILY 9AM-4PM

MD CENTER FOR VETERANS EDUCATION & TRAINING
DAYTIME DROP-IN SHELTER FOR VETERANS
410-576-9626
301 N. HIGH STREET DAILY 8AM-4PM

YOU ARE NOT ALONE (YANA) - CRISIS SERVICES
FOR WOMEN INVOLVED IN PROSTITUTION
410-566-7973
1933 W. PRATT STREET M,F-8:30AM-4:30PM T,TH-8:30AM-6:00PM

FREDERICK OZANAM HOUSE
410-732-1892
400 S. BOND STREET M - F 9AM - 3PM





Source: New York City Department of Correction

Coordinating Stakeholders and Educating the Public

6

Coordinating Stakeholders and Educating the Public

To quote Commissioner Martin Horn of the New York City Departments of Correction and Probation, "we hold individuals for . . . brief periods of time, so the solution has to be in the community. . . . And unless communities take ownership of the manner in which they return to their communities, we can't do it by ourselves" (Drum Major Institute for Public Policy, 2005, p. 13).

Most of the time, however, communities need a little prodding to get on the reentry bandwagon. The question becomes which governmental or community stakeholder assumes leadership to convene relevant government and nonprofit agencies to discuss reentry from jail to the community. Don't wait for someone else to volunteer. Though you may not envision yourself as a boundary spanner (i.e., "individuals who can facilitate communication across agencies and professions . . . to coordinate policies and services") you are well suited for the job (Conly, 1999, p. 7). First, you are most familiar with the comprehensive set of needs of the inmate population. Second, you have the clout and autonomy to bring the right stakeholders together without going through a lot of red tape. Finally, it's good public relations. The community will recognize you as taking a proactive stand on public safety and health issues and taking seriously your governmental responsibility to use public resources effectively and prudently.

Reentry Councils

In *Section 1* we spoke briefly about reentry councils. We highly recommend that you assemble such a group to maximize the coordination and collaboration of reentry service providers. Set up an initial meeting with each agency to talk about the reentry council and what you are trying to accomplish. Invite them to take a tour of your jail and see what you are planning. This process takes some time but will provide long-term benefits.

The first goal, after you have earned their initial support, is to bring the stakeholders together, preferably over breakfast or lunch, to brainstorm about reentry challenges in your community. A good way to begin after everyone introduces themselves is to make clear that you are hoping for an open and honest discussion in the limited time you all have together.

The next step is to ask everyone to list one or two barriers inmates face in your city or county when returning home. While you facilitate the discussion, have a staff member outline the points on easel paper pads to keep the information current in the participants' minds.

Now go around again and ask what barriers the individual agencies face in helping inmates address their multiple needs. Often these discussions tend to focus on external barriers of which the group has no control, so make sure to prod them to be honest and discuss challenges the group has the authority to change, including in your own department. Agencies are reluctant to air their dirty laundry, especially if the jail doesn't acknowledge its own problems developing successful reentry strategies.

The discussion we outlined above could easily take a couple of hours. Unless you plan to have a six-hour meeting, ask the reentry council if they mind having meetings once a month until there is a consensus on

Philadelphia Mayor's Reentry Council

Mayor's Advisory Council for Reentry Affairs

Chair: Nick Taliaferro
Vice-Chair: Harriett T. Spencer

Membership:

Lynn Abraham, District Attorney, City of Philadelphia
Darryl Anderson, Warden – ASDCU, Phila Prison System
Malik Aziz, Program Director, Safe Schools, Safer Communities
Malcolm Byrd, Associate Director, Mayor's Faith Based Initiatives
Byron Cotter, Esq., Defender's Association
Linward Crowe, Navigators
Ron Cuie, Corrections Mgmt Group (Phila), The PA Prison Society
John Delaney, Deputy District Attorney
Sharon Dietrich, Community Legal Services
William Dimascio, Executive Director, PA Prison Society
Donna Griffin, Site Coordinator, Phila. Weed & Seed Project
Beverly Frazier, Fontaine Doctoral Fellow, University of Pennsylvania
Anthony Fullard, Chief Project Manager, AACCOP
Rev. Dr. W. Wilson Goode,Sr., Public/Private Ventures
Jim Graham, Executive Director, Liberty Management Services
Ellen Greenlee, Esq., Chief Defender, Defender Association of Phila
Julia Hall, Criminal Justice Program Coordinator, Drexel University
Kimberly Higgins, Project Service Coordinator, Phila Ready for Work
Amy Hirsch, Supervising Attorney, Community Legal Services of Phila
Sylvester Johnson, Police Commissioner, Phila Police Department
Ernest Jones, President, Phila Workforce Development Corporation
Ray Jones, Director, Fathers at Work, IMPACT Services
Mary Jordan, Clinical Director, Office of Behavioral Health
Leon A. King II, Esq., Commissioner of Prisons
Susan Kirby, Director, Workforce Services Division, PWDC
Marvine Lavine, Executive Director, Dept. of Behavioral Health
John Lieb, JEVS Prison Program Director, JEVS
Alan Lomax, Outreach Worker II, Safe Schools, Safer Communities
Rick McKinney, Director, T.R.E.T.M.E.N.T. Counseling
John MacDonald, President & CEO, IMPACT Services
Robert Malvestuto, Co-Chief Probation Officer, Probation and Parole
Frederika Massiah-Jackson, President Judge, Court of Common Pleas
Sharmain Matlock-Turner, President, Greater Phila Urban Affairs Coalition
Jane Shull, Executive Director, FIGHT
Thomas Sims, Executive Director, People United Together
Frank Snyder, Co-Chief Probation Officer, Phila Adult Probation & Parole Department
Betty-Ann Soiefer Izenman, Program Director, PA Prison Society
Peter Solomon, Supervisor, Philadelphia Adult Probation and Parole
Boyd Taggart, Director, First Judicial District Information Center
James Tiano, Chief Inspector, Phila Police Department
Vanessa Williams-Cain, Operations Director, Dept. of Human Services
Gerald Wright, Director of Community Services, Greater Phila Urban Affairs Coalition

what coordinated and collaborative reentry strategies can be accomplished. You can charge them to come back to the next meeting with a list of what their agency could contribute to facilitate reentry. Osher (2006) recommends the following delineation of roles and responsibilities:

- **Jail staff**—undertake screening, assessment, crisis intervention and stabilization, and the initiation of treatment and social service interventions.
- **Court staff**—develop conditions of release and coordinate their communication between the jail and the defendant or sentenced inmate.
- **Community providers**—identify the capacity for timely acceptance of referrals, provide individualized services and supports, and participate in follow-up and monitoring activities.

Make sure to read the *Missouri Reentry Process (MRP) Local Team Starter Kit* available at www.doc.mo.gov/reentry/PDF/Starter%20Kit.pdf before you develop and host your first reentry council meeting. This 23-page reentry council starter kit provides easy-to-use tools, ideas, and suggestions for facilitating your meetings and discussions. The appendix is particularly helpful, including such items as minutes and outcome templates and brainstorming tools. Another excellent source is *Restoring Hope through Community Partnerships: The Real Deal in Crime Control,* published by the American Probation and Parole Association and available at http://web.appa-net.org/resources/pubs/restoring.htm. This handbook (230 pages) is one of the best guides we know of on developing community outreach. It's full of examples and templates.

Who to Invite?

A question that always comes up is "how inclusive should the stakeholder group be?" Representatives from the following agencies need to sit down together: corrections, probation, and parole; law enforcement; the courts; departments of health, human services, housing, and labor/employment; homeless agencies; treatment services; workforce development providers; the mayor and/or county commissioner's office; and any faith- or community-based providers that currently work with individuals

returning home from prison or jail. You might also want to invite successful formerly incarcerated people, as well as organizations comprising or working on behalf of the family members of individuals involved in the criminal justice system.

Another big question always is "should I invite the community activist who is a thorn in my side?" These people eventually have to be brought into the mix, but don't feel pressured to convene a large group at first. It's difficult, as you well know, to accomplish anything with 20 people at the table, representing different interests and different agendas, although Philadelphia has 44 members on its reentry council and it works for them.

It often makes sense to start off small. If people ask why their agency was not invited—because word will get out—just say the decision was to start with the agencies and providers who have the most direct contact with released inmates in the 30 days after release, but the reentry council looks forward to involving all parts of the community eventually.

Don't forget to include victims' advocacy groups such as Mothers Against Drunk Driving (MADD). Part of the long-term healing process for many victims and their families is to know that inmates will become productive members of society. They want inmates to be held accountable for their actions when they return home. These groups recognize the importance of providing reentry services to facilitate their successful reintegration. You might be surprised at the level of cooperation you'll receive from victims' rights groups.

Volunteers

Volunteers can no longer be thought of as a group you only rely on for jail ministry or feel-good activities during the holiday season. Instead, volunteers serve a critical role in many reentry strategies, and jails need to maximize their resources by using volunteers. At no cost to you, volunteers bring their expertise, energy, and dedication to the jail and often donate program materials as well.

Missouri Reentry Process (MRP) Starter Kit Table of Contents

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Ada County, Idaho, Jail Volunteer Program

By providing services and information, we teach, coach and guide inmates through a learning process so that they leave our facility better than when they came.

The following is a list of some of our programs and services available to inmates, which are facilitated by more than 100 civilian volunteers:

- Alcoholics Anonymous
- Buddhist Meditation
- Physical Fitness
- Health Education
- Narcotics Anonymous
- Job Search Information
- Religious Services and Bible Studies
- Smart Money Management
- General Education Development (GED)

How do I become a volunteer?

If you are dedicated to improving the lives of others and want to make a difference, please review our minimum standards and submit your application today. You may mail or hand deliver your application to:

Ada County Jail
Volunteer Programs
7200 Barrister Dr.
Boise, ID 83704

Source: www.adasheriff.org/Jail/jailVol.asp

What a great public relations opportunity this is—when volunteers tell their families, friends, colleagues, or fellow worshippers the positive things happening at the jail.

The best way to get the word out that volunteers are welcome is to openly solicit them through word of mouth, brochures sent to faith- and community-based organizations, and online postings, as the Ada County, Idaho, jail does.

Be creative. Many of your jails are located near colleges and universities with psychology, sociology, social work, law, public policy, and criminal justice departments. Bachelor's- and master's-level students are often required to do a semester- or year-long internship and can be, with the proper training, an additional inexpensive resource when developing and implementing reentry strategies. The exposure students receive during these fieldwork opportunities often convinces them or reinforces their desire to pursue a career in corrections or reentry.

The Department of Correction and Rehabilitation in Montgomery County, Maryland, has effectively used interns for a number of years in its Pre-Release Center. At the end of this section, we have included the two-page internship informational sheet that Montgomery County sends to colleges and universities (exhibit 6.1). We recommend that you send your internship request letter to the chairs of individual departments and ask them to disseminate it to the professors in charge of supervising the interns. Also send it directly to the students and to the career centers of the colleges. What you'll notice from the work description is that interns can work in many areas (e.g., case management, family and community liaison, resident verification in the community). Montgomery County pays its interns a nominal stipend, but it's not required and most students are eager just to gain the practical experience and the academic internship credit hours required to graduate. If developed properly, internship programs can also provide an excellent recruiting mechanism. More than 40 percent of the current staff of the Montgomery County Pre-Release and Reentry Services Division first started as interns.

Understandably, security is a major concern when untrained volunteers have access to inmates and the facility. Do your homework ahead of time by developing written volunteer policies and materials to maintain the same level of professionalism and security you do with your correctional staff. At a minimum, volunteers should receive a safety and security orientation, a volunteer handbook or fact sheet, and a doctor's letter stating that they have tested negative for tuberculosis (TB) in the past 12 months.

The following are volunteer materials you might find helpful:

- A volunteer service application from the Jefferson County, Oregon, Sheriff's Office, which screens for suitability and includes information needed for a criminal history background check (exhibit 6.2).
- Jail Volunteer Information and Guidelines and Rules for Volunteers developed by the Jefferson County, Oregon, Sheriff's Office. Available at www.co.jefferson.or.us/sheriff/News/JailVolunteerInformation/tabid/1354/Default.aspx.
- TB testing letters to volunteers and primary care physicians, Montgomery County, Maryland, Department of Correction and Rehabilitation (exhibits 6.3 and 6.4).
- Volunteer orientation form, Montgomery County, Maryland, Department of Correction and Rehabilitation (exhibit 6.5).
- Volunteer certificate of appreciation, Davidson County, Tennessee, Sheriff's Office (exhibit 6.6).

Develop Formal Linkages

Jails also need to develop formal linkages with governmental and nonprofit agencies providing reentry services. At a minimum, this would include linkages with probation and public health departments, community health centers, community mental health centers, drug treatment programs, STD counseling and test sites, TB clinics, Medicaid offices, HIV infection services, one-stop workforce centers, housing providers, and service providers presently working with returning inmates. *Section 3* of the companion report, *Life After Lockup: Improving Reentry from Jail to the Community,* discusses collaboration efforts between jails and probation departments.

A memorandum of understanding (MOU) is an effective tool for formalizing these agreements by creating order and organization in a challenging and complex environment (Johnson and Sterthous, 1982). Though normally not legally binding, or even considered a contract, an MOU lends a sense of credibility and professionalism to any interagency collaboration by clarifying the role of each party. Representatives of agencies seem to become more responsible when they sign their name on a piece of paper. The sidebar on page 122 outlines the reasons for using an MOU. Take the time to read Johnson and Sterthous's 22-page *A Guide to Memorandum of Understanding, Negotiation and Development* for a complete understanding of how to develop an MOU. The authors provide models of MOUs at the end of the guide that are easily adaptable when developing interagency agreements for a returning population. We also provide two jail reentry MOUs at the end of the section. The Snohomish County, Washington, Department of Corrections signed a collaborative agreement with the county's Human Services Department and the Washington State Department of Corrections (exhibit 6.7). The agreement outlines the role of each agency. The New York City example is a template for use between the jail and community service providers (exhibit 6.8). Note the paragraph on page 2 of the New York City MOU dissolving both parties of liability. A similar provision in your MOU could make the agencies you approach more comfortable signing such an agreement.

Promoting Reentry

Sometimes we forget that stakeholders and the community at large need to be sold on—or at least

Reasons to Have an MOU

- To delineate client flow
- To specify services to be provided by a provider agency to clients
- To specify the type of clients appropriate for the case management agency and how referrals should be made
- To facilitate communication by defining a process for regular meetings, phone contact, or data exchange
- To protect both parties against differing interpretations of expectations by either party, by spelling out details of the relationship
- To cut through red tape by defining new or altered procedures for clients
- To enhance the status of the case management agency in the community through formalized relationships with established or influential agencies
- To reduce friction over turf issues by specifying responsibilities
- To transfer authority to perform a mandated function from one agency to another or from one level of government to another

Source: Johnson and Sterthous (1982)

educated about—what we do. And let's admit it, the public doesn't automatically have a great deal of sympathy or support for inmates, making it even more important to publicize your reentry services and their success stories.

It's nearly impossible for the community to support your reentry strategies without you marketing what the jail does for the inmates and the community at large. You have to let the community know, with some kind of public relations or advertising, that proactive and rehabilitative jail services exist. How you sell your programs to one group may be different from how you market them to another, just like in a corporate environment, where advertising campaigns engage in niche marketing. Nevertheless, you need to promote reentry.

There are numerous ways to promote and market your reentry successes, which by default also promote your jail's image and reputation. Public relations activities, for example, include giving talks at the local Chamber of Commerce, Kiwanis Club, Lions Club, and Rotary Club. Public relations efforts also help build trust and awareness of what jails do in the community at almost no expense (other than time) and can be an effective way to generate public support when budgetary cuts are looming. Paul Mulloy, director of Treatment Services at the Davidson County, Tennessee, Detention Facility, drafted a letter to local stakeholders when he heard that two of the jail's reentry programs were at risk of being cut in the following year's budget (exhibit 6.9). His letter-writing campaign was so successful that funds were found to keep the programs running. The success of this letter-writing campaign could only have happened in a city or county where the sheriff's office had done an excellent job of laying the groundwork for public support.

Public relations and advertising go hand in hand, which is helpful when you are out in the community to distribute written materials that promote your jail's reentry strategies. They don't have to be sophisticated or slick to be effective. Brochures are a great way to inform, educate, and persuade the public about the importance of reentry.

Why Use a Brochure?

Brochures are cost-effective.

Brochures are relatively cheap to print and inexpensive to distribute.

Brochures are memorable.

Brochures grab people's immediate attention, providing a simple and compelling way to convey a great deal of information in a small amount of space.

Brochures are easy.

Brochures, unlike books or manuals, can easily be developed, transported, and distributed in considerable quantities.

What Your Brochure Should Include

We include two examples of brochures at the end of the section, one from the Kent County, Michigan, Community Reentry Center and the other from Montgomery County, Maryland (exhibits 6.10 and 6.11). Feel free to use them as a template when designing your own brochures. Although you may think brochures are only necessary to promote your jail or your overall reentry programs, take a look at the variety of topics brochures have recently covered in jails:

- General discharge planning services.
- Educational courses for inmates.
- Employment/vocational centers.
- Religious services/spirituality seminars.
- Mental health services.
- Substance abuse treatment.
- Victim assistance.
- HIV/AIDS assistance.
- Self-help/anger management programs.
- Parental counseling.
- Legal assistance.
- Community awareness services.
- Self-control programs.
- Values/responsibility courses.
- Money/financial seminars.
- Animal care workshops.

Remember that the goal is to produce an attractive, easy-to-read brochure that connects the reader to your mission. The following design tips and examples from jails across the country should help you in the process.

Brochure Design

Title

Examples: *The Kent County Community Center; Safer Neighborhoods, Better Citizens: A Michigan Prisoner Reentry Initiative*

A slogan

A slogan is a catchy phrase summarizing your mission. Good slogans are short and memorable. Examples: *Helping offenders change their lives* (Kent County, Michigan); *Linking People and Public Services* (New York City Department of Health and Mental Hygiene); *New Avenues: New Hope, New Possibilities, New Potential, New Attitudes, New Opportunities, New Life, A New Me! One Day at a Time* (Davidson County, Tennessee, Sheriff's Office); *Freedom through Responsibility* (Montgomery County, Maryland, Pre-Release Center).

An opening image

The image should be eye-catching and relevant to your program, but avoid making it too flashy or distracting.

Address and contact information

This should include a name, address, phone number, and e-mail address.

Mission statement

Include a brief paragraph stating the purpose of the jail or program. Make sure to keep your mission statement short, to the point, and as comprehensible as possible. Example: *To advocate for the least restrictive but most appropriate alternative to or transition from incarceration for individuals with a mental disorder or co-occurring mental illness and substance abuse disorder who encounter the criminal justice system* (Office of Behavioral Health, Pittsburgh, Pennsylvania).

Objectives, goals, and benefits

This is the only direct opportunity to "sell" your program. Make sure to put any positive press or encouraging quotes here. Example: *The Reentry Employment Development Program provides employment preparation and skills so that ex-offenders can rapidly engage in sustainable lawful employment* (Montgomery County, Maryland, Department of Correction and Rehabilitation).

Description

A good description answers the following:

- Who does your program aim to help?
- Who staffs your program?
- How long is your program?
- What are the different courses/sessions offered?
- What are the program living conditions? (optional)

Referral list

How can someone participate or volunteer? Can they sign up themselves or is a referral from an official contact needed?

A back page

This should restate the program's name, slogan, if appropriate, and contact information.

Distributing Your Brochures

Depending upon your particular program, brochures will be used to reach a variety of different people. These can include service agencies, program volunteers, jail administrators, inmates and their families, and community groups. Although it would be wonderful to simply distribute your brochure to the relevant party, contacts are not always so easy to access. You will therefore need to reach helpful and reliable community stakeholders. In the case of using a brochure to promote inmate participation, you may also need to send it to family members, friends, or other concerned parties.

The following organizations may be particularly helpful in distributing your brochures:

Religious leaders/congregations

Faith-based institutions have an obvious incentive to help those in need and also cater to a great variety of community members. They are also an excellent source of volunteers.

City council members

City councils and county commissioners have access to public resources, can reach out to important contacts, and usually play an influential role within the community.

Service club members

Groups such as the Lions Club and Rotary International are easy to contact and often contain reliable volunteers.

Local college leaders/student groups

University students often make capable and motivated volunteers and may have friends and family members affected by jail.

Hospital/health administrators

Health workers are not only deeply involved within the larger community but often occupy positions of great trust and authority.

Making the Media Work for You

In today's interconnected climate, the media have a great influence on the general public. Media representatives do not merely deliver information but help shape the way the community views what's going on in its own backyard. Indeed, a single news report, for good or bad, can spread greater awareness, sway community opinion, and lead to substantial policy change.

It can seem daunting and difficult to find helpful media resources as a public relations tool. Also, many correctional administrators don't necessarily trust the media and prefer to follow the modern adage that "No news is good news." The truth is that you need to get out there and promote your success stories, so when something negative happens, and it eventually will, you'll have a relationship with the media that may help you minimize the incident's negative impact. As the following text details, it is perfectly possible to make the media work for you.

Finding an Appropriate Media Source

Newspapers

Though it would be wonderful to gain a front-page article on the jail's reentry successes in your state's largest paper, local newspapers are usually easier to contact and generally much more receptive.

Most basic is the *newspaper letter to the editor.* By writing letters to your local papers, you can spread awareness and disseminate specific information on reentry. Ordinarily a letter is written in response to a story the newspaper has already printed. Try to make your letter concise.

More ambitious is the *newspaper editorial.* Editorials usually provide a public forum for personal opinions and important viewpoints. They can contain significantly more information than letters and are often read by a considerably larger audience. To write an editorial, contact your local newspaper by phone or e-mail and ask for the employee responsible for editorials. Make sure you fully explain your goal and purpose, and try to arrange a meeting or telephone conference. The editorial itself should detail your jail's mission, give a basic outline of the history of your reentry strategies, and provide any relevant contact or volunteer information. Make sure to have it proofread by a competent and reliable colleague; you want to present the most well-written and professional editorial possible.

Finally there is the full-scale *newspaper article.* Journalists are always looking for a good story, and reentry is becoming an increasingly popular topic. Ask for an appropriate reporter and see if he or she has any interest in writing about your reentry services.

Television and Radio

Local TV and radio stations are always looking for informative programming. The most relevant format would be a *TV or radio interview,* wherein a guest and local host engage in a short and informative discussion. You should call your nearest station, inquire into any community interview programs, and contact the producer responsible for selecting stories and issues to cover. An interview provides a great way to spread the word, relaying your program's purpose in a concise and engaging format.

The Internet

The World Wide Web is quickly overtaking conventional media formats, and most businesses now provide some sort of *informational web site.* Although keeping a blog may be a bit much, a web site featuring your jail's reentry programs and strategies is easy and inexpensive to create. Indeed, not having a web site can make your department seem old-fashioned and even unprofessional. There are a variety of ways to design your web site; instructions and templates can be found at www.build-your-website.co.uk and www.make-a-web-site.com.

Convincing the Media

You may know which media sources to contact but remain unsure of how to properly sell your reentry successes. This will obviously vary from source to source and is often dependent upon the available space and public interest. There are some basic ways, however, to maximize your success:

Stress the social and financial benefits of reentry. Many people watching TV, reading the newspaper, or listening to the radio want to hear about something valuable and relevant. Media sources know that public interest stories mean big ratings and will respond favorably to socially positive and cost-effective programming.

Portray reentry as unique and innovative. Along with social benefits, audiences love original ideas and progressive causes. By presenting reentry as an up-and-coming issue, media sources may sense a potentially popular and lucrative subject. Avoid repeating tired old slogans and giving unnecessary details (unless specifically asked); you want to sound as exciting and enthusiastic as possible.

Locate and pursue any possible connections. While having a person on the inside is exceptionally rare, you may have friends or relatives with connections to the media. Even if they have only limited influence, their knowledge and experience may be helpful.

Be prepared. If you do gain media attention, it is essential that you act competent and knowledgeable. This means having all the relevant information at hand, being able to answer detailed questions and clarify any potential confusion. Always be ready to explain your jail's mission, organizational structure, and reentry programs and share stories of successful former inmates. Further, try to be flexible with your schedule and accommodating to any unforeseen needs or difficulties.

Media Matters

A good relationship with the media may help you gain public, political, and financial support. News and television stories not only spread greater awareness but can deeply affect people's very thoughts and actions. Further, the Internet provides a forum for many different voices and can therefore prove to be a cost-effective and powerful tool. By ignoring the media you not only prevent greater public exposure, you avoid the wonderful possibility of having it work for you.

A Selection of Recent Media Articles and Editorials Focused Upon Jail Reentry Programs

Castelo, Veronica. 2007. "Working to Keep Former Criminals Out of Trouble." *News8Austin.* www.news8austin.com/content/your_news/default.asp?ArID=177605. (Accessed June 12, 2007.)

Ferrari, Lisa. 2005. "Jail Programs Prepare Inmates." www.charlottesvillenewsplex.tv/news/headlines/2050717.html. (Accessed June 12, 2007.)

Louis, Errol. 2006. "What N.Y. Owes Ex-Cons—And Their Neighbors." *New York Daily News,* November 10, p. 49.

Petrie, Kari. 2007. "Program Helping Former Inmates Thrive on the Outside." *Associated Press State & Local Wire,* State and Regional News, January 29.

Reilly, Richard B. 2006. "Agencies Work to Lower Jail Recidivism." *Pittsburgh Tribune-Review,* October 16. http://pittsburghlive.com/x/pittsburghtrib/news/rss/s_475230.html. (Accessed June 12, 2007.)

Russell, Matt. 2006. "New Transitional House Supports Inmates During Reentry." *McClatchy Tribune Business News,* State and Regional News, November 16.

Summary

If you haven't already, it's time to redefine the role of your jail. Though the safety of your staff and the community is still paramount, jail administrators now also need to see themselves as one of the main leaders in reintegrating inmates back into the community. Reentry will fail without community and stakeholder support. Not only is it your job to help bring all the stakeholders to the table, but it's also important to ramp up your public relations to magnify and celebrate your proactive reentry activities.

References

Conly, Catherine. 1999. *Coordinating Community Services for Mentally Ill Offenders: Maryland's Community Criminal Justice Treatment Program.* Washington, DC: National Institute of Justice. www.ncjrs.gov/pdffiles1/175046.pdf

Drum Major Institute for Public Policy. 2005. Marketplace of Ideas Transcript. New York: The Harvard Club, May 16.

Johnson, Mary L., and Linda M. Sterthous. 1982. *A Guide to Memorandum of Understanding Negotiation and Development.* Washington, DC: U.S. Department of Health and Human Services. http://aspe.hhs.gov/daltcp/reports/mouguide.pdf

Osher, Fred. 2006. "Short-Term Strategies to Improve Re-entry of Jail Populations: Expanding and Implementing the APIC Model." Washington, DC: The Urban Institute. www.urban.org/projects/reentry-roundtable/upload/osher_UI_paper.pdf

Web Sites

Missouri Reentry Process (MRP) Local Team Starter Kit.
www.doc.mo.gov/reentry/PDF/Starter%20Kit.pdf

Restoring Hope Through Community Partnerships: The Real Deal in Crime Control published by the American Probation and Parole Association. http://web.appa-net.org/resources/pubs/restoring.htm

Exhibit 6.1: Montgomery County, Maryland, Department of Correction and Rehabilitation Pre-Release and Reentry Services Division Internships

MONTGOMERY COUNTY

Department of Correction and Rehabilitation
Pre-Release and Reentry Services Division
Internships

The Department of Correction and Rehabilitation in Montgomery County, Maryland, offers an extensive work/training experience for interns. This program is designed to meet the students' educational and career needs and is based at the Montgomery County Pre-Release Center in Rockville, Maryland.

Pre-Release and Reentry Services

The Pre-Release and Reentry Services Division is a nationally recognized model for community based correctional and reentry services for adult offenders nearing release from incarceration. It is one branch of a larger department offering integrated reentry services to offenders. Programs provided through the Pre-Release Center focus on employment, treatment for substance abuse, education, family and community participation, mental health counseling and life skills.

The intern work experience at the Pre-Release Center includes;

Supervision and management of inmates at the Center and offenders on home confinement
Case Management
Treatment Team Member
Co-facilitating educational groups
Family and community liaison
Participation in disciplinary hearings
Supervision of leisure programs
Resident verification in the community
Crisis intervention and counseling
Teaching Life Skills and other topics
Research

Internship Details

Income of approximately $300 every two weeks
Stipend interns work 24 hours or more per week
Academic interns usually work 20 hours or less
Academic credit awarded through universities
Working hours will include evenings and weekends

Exhibit 6.1 (Continued)

Minimum commitment of four months
Other training opportunities available
Approximately 15 interns accepted per semester

Training

Interns are assigned to a staff supervisor and receive weekly group and individual training as well as in-service and on-the-job training

Qualifications/Requirements

Must be at least 20 years of age
Must have completed two years of college
Must have career interest in human services
Must have a valid driver's license
Must pass a background investigation and drug screening

Selection

Selection is based upon Montgomery County's Office of Human Resource standards and an interview with Pre-Release Center staff

To apply

Contact: Intern Coordinator
Montgomery County Pre-Release and Reentry Services
11651 Nebel Street, Rockville, Maryland, 20852
Telephone: 240-773-4265
FAX; 301-468-4420
Email: james.shannon@montgomerycountymd.gov

Exhibit 6.2: Jefferson County, Oregon, Sheriff's Office Volunteer Service Application

VOLUNTEER SERVICE APPLICATION

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____
STREET CITY STATE ZIP

BUSINESS PHONE _____ HOME/MSG PHONE _____
CELL PHONE/PAGER #: _____
SOCIAL SECURITY NUMBER: _____ - ____ - _____ OREGON DRIVER'S LICENSE _____

YES NO DOB (REQUIRED FOR BACKGROUND CHECKS): _____
ARE YOU A CITIZEN OF THE UNITED STATES?
IF NOT A CITIZEN, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?
AS AN ADULT HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? IF YES, PLEASE EXPLAIN BELOW THE NATURE, DATE, AND LOCATION. (CONVICTIONS ARE EVALUATED FOR EACH POSITION, AND ARE NOT NECESSARILY DISQUALIFYING)

_____
_____
_____

WHAT TYPE OF SERVICE ARE YOU WILLING TO PROVIDE TO THE JEFFERSON COUNTY CORRECTIONAL FACILITY? _____
_____

REFERENCES:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
OCCUPATION	OCCUPATION	OCCUPATION
WORK RELATED PERSONAL	WORK RELATED PERSONAL	WORK RELATED PERSONAL

EDUCATION: CIRCLE HIGHEST YEAR COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
DID YOU GRADUATE? YES NO IF NO, DID YOU RECEIVE A GED? YES NO

SCHOOL	MAJOR	FROM	TO	# OF CREDITS	DEGREE	MONTH/YEAR

Exhibit 6.2 (Continued)

SKILLS/ABILITIES: _____

_____

_____

LICENSES/CERTIFICATES: LIST ANY LICENSES OR CERTIFICATES YOU POSSESS WHICH WOULD AID YOU IN PERFORMING DUTIES(I.E. FIRST AID, CPR, ETC.)

TITLE	NUMBER	ISSUING AGENCY	DATE ISSUED	DATE EXPIRES

WORK EXPERIENCE: LIST ANY EXPERIENCE INCLUDING MILITARY, VOLUNTEER, AND INTERN EXPERIENCE, WHICH RELATES TO THE QUALIFICATIONS REQUIRED FOR YOUR DESIRED POSITION.

NAME AND ADDRESS OF EMPLOYER:		SUPERVISOR'S NAME, TITLE AND PHONE #:
YOUR TITLE:		DUTIES AND RESPONSIBILITIES:
FROM: MO/YR	TO: MO/YR	
MONTHLY SALARY:		
TOTAL YEARS/MOS:	VOLUNTEER	REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER:		SUPERVISOR'S NAME, TITLE AND PHONE #:
YOUR TITLE:		DUTIES AND RESPONSIBILITIES:
FROM: MO/YR	TO: MO/YR	
MONTHLY SALARY:		
TOTAL YEARS/MOS:	VOLUNTEER	REASON FOR LEAVING:

CONDITIONS OF VOLUNTEER SERVICE – JEFFERSON COUNTY SHERIFF'S OFFICE

I will conform to the rules and regulations of the Jefferson County Sheriff's Office, and my employment may be terminated with or without cause and with or without notice at any time and at the option of either the Jefferson County Sheriff's Office or myself. I understand that no manager or representative of the County other than the Board of Commissioners has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to this disclaimer.

I certify that all statements on this application are true to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I authorize the Jefferson County Sheriff's Office to make any necessary and appropriate investigation to verify the information contained herein. I expressly consent to verification of my former employers and references and will not hold the county liable for any information received.

I may be required to undergo a personal background check for certain positions. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, Department of Motor Vehicles, and Jefferson County files. I hereby authorize the Jefferson County Sheriff's Office to conduct a personal background check, as deemed necessary for my position.

_____ PRINTED NAME _____ DATE _____ SIGNATURE

Exhibit 6.3: Montgomery County, Maryland, Department of Correction and Rehabilitation TB Testing Memorandum to Volunteers

Memorandum

To: All Volunteers

From: Patricia Braun,
Volunteer Coordinator

Re: TB Tests

According to the Corrections Tuberculosis Training and Resource Guide (2004-2005), correctional facilities house an inmate population with high risk factors for tuberculosis, in a setting that can increase transmission risk. Compared to the general population, inmates have higher rates of active and latent tuberculosis and have a higher risk of acquiring them.

Prior to beginning your volunteer service for the residents of the Montgomery County Pre Release Center, you are required to submit proof of a recent (within the past year) negative tuberculosis test. If you need to be tested, you can go to your private physician or the Montgomery County Health Department, Dennis Avenue Health Center. The Dennis Avenue Health Center provides free tuberculosis testing, on a walk in basis, every Tuesday from 8:00 am to 12 noon and 1:00 pm to 4:00 pm. You will be required to return to the clinic on Thursday, during the same hours, to have your test read. The Dennis Avenue Clinic is located at 2000 Dennis Avenue, Silver Spring, Maryland. The Clinic's phone number is 240-777-1800.

Exhibit 6.4: Montgomery County, Maryland, Department of Correction and Rehabilitation TB Testing Letter to Primary Care Physicians

Montgomery County Department of Health and Human Services
Dennis Avenue Health Center
2000 Dennis Avenue
Silver Spring, Maryland

To Whom It May Concern:

_____ has been offered a volunteer position with Montgomery County Pre-Release and Reentry Services. In order to begin his/her responsibilities, s/he must provide proof of a recent, negative test for Tuberculosis (TB). Please provide this volunteer with a test and written results so that he/she can begin their duties.

Thank you for your support and assistance!

Patricia Braun
Volunteer Coordinator
Montgomery County Pre-Release and Reentry Services

Exhibit 6.5: Volunteer Orientation Form, Montgomery County, Maryland, Department of Correction and Rehabilitation

ORIENTATION FOR VOLUNTEERS, CONTRACT PERSONNEL AND PART-TIME STAFF

The following represents the formal orientation of all Pre-Release and Reentry Services volunteers, contract personnel and part-time staff. The orientation will include areas listed below, other areas appropriate to the staff member's assignments and duties, and areas for additional training.

- ❑ Volunteer
- ❑ Contractor
- ❑ Part-time

Name: _____

Start Date: _____

The following formal orientation areas have been reviewed and/or received by the above staff member:

_____ An initial orientation to my job responsibilities and overall PRRS operations.

_____ Training in the PRRS medical plan.

_____ Training in the PRRS Fire and Emergency Plan/Evacuation Plan.

_____ Confidentiality limitations and sharing of information.

_____ Review of appropriate dress and involvement/interactions with residents.

_____ Additional areas specific to my job assignment (such as tutoring protocol, use/ordering of educational materials, coordination of services with unit staff, etc.):

_____

_____

Areas for additional training (such as disciplinary procedures, contraband control, etc.):

_____

_____

_____

I certify that I have received or have had reviewed with me the above areas during my formal orientation to Pre-Release and Reentry Services.

_____ _____
Signature of Volunteer/Contractor/Part-time Staff Date

_____ _____
Staff Signature Date

Exhibit 6.6: Volunteer Certificate of Appreciation, Davidson County, Tennessee, Sheriff's Office

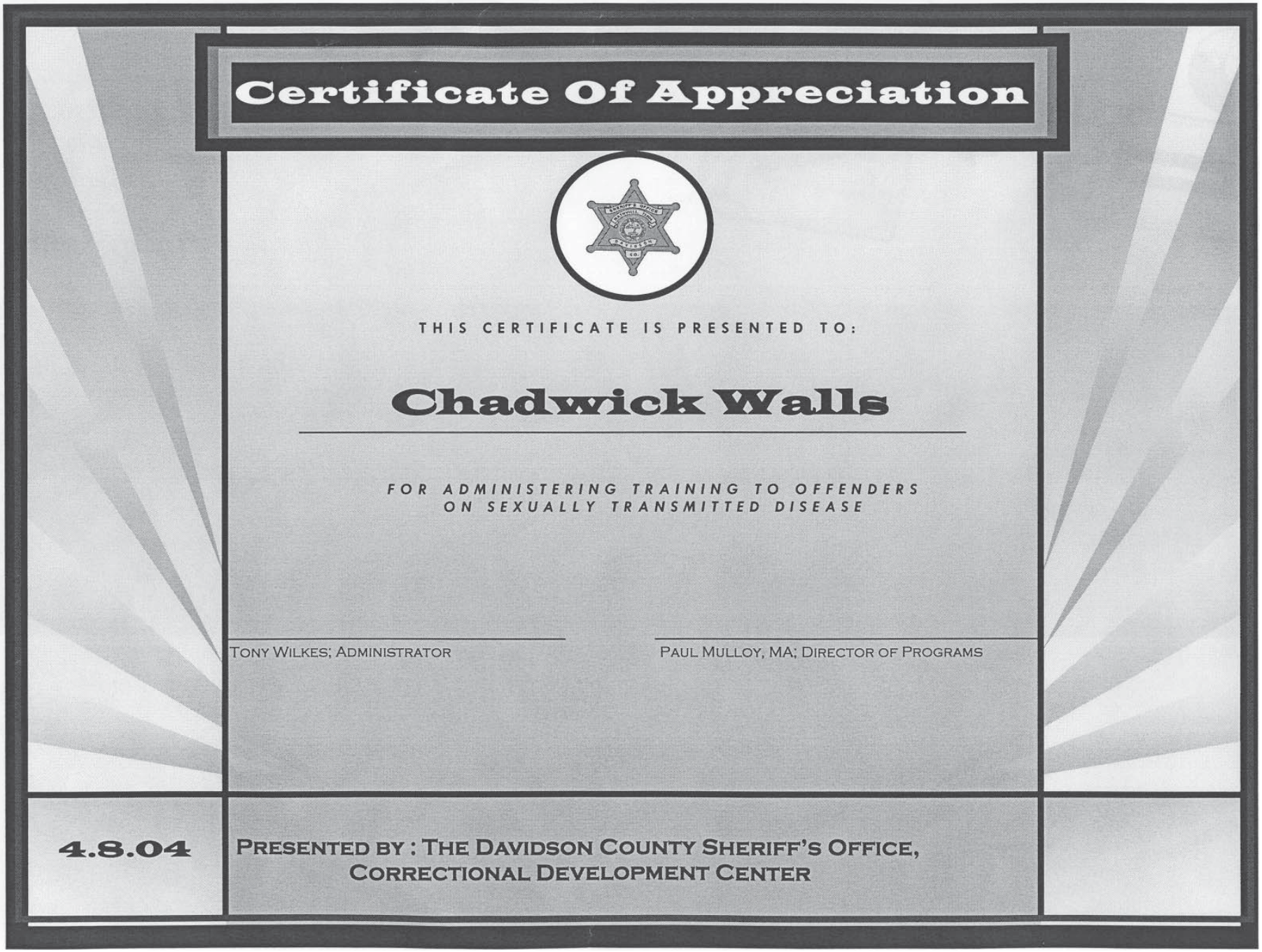


Exhibit 6.7: Snohomish County, Washington, Department of Corrections Collaborative Agreement

COLLABORATIVE AGREEMENT

Between
Snohomish County Human Services Department and
Snohomish County Department of Corrections

The objectives of the partnership between Snohomish County Corrections, Human Services, Washington State DOC are: 1) creating a seamless continuum of services to offenders; 2) reducing the rate of non-compliance with sentencing conditions; 3) leveraging resources and preventing duplication of effort; 4) providing evidenced based programs based upon offenders risk and needs linked to criminal behavior; 5) promote public safety and healthy communities for the citizens of Snohomish County; and, 6) creating a balance to the sentencing/sanctioning goals of the court, including punishment, deterrence, and public safety and Human or correctional services to offenders by using increasingly limited resources as effectively as possible. All services are designed and selected specifically for the Center for Incarceration Alternatives and Options (CIAO) population with an emphasis on successful reintegration into the community

The Snohomish County Human Services Department (SCHSD), Snohomish County Department of Corrections (SCDOC) and Washington State DOC (WADOC) agree to work together to better serve individuals incarcerated in the County Jail system. Together we will provide a system of inmate services and educational programs that will contribute to behavior changes with the ultimate goal of a reduction in recidivism through the prevention of homelessness and other risk factors that contribute to criminal activity. These services will be funded by various funding sources through both departments. Services will be provided based on the availability of funding.

SCHSD, SCDOC, and WADOC agree to create Subcommittees that focus on specific areas. These include:

- Develop Partnerships with the Community
- Create Programs In and Out of Jail "No Wrong Door"
- Put Treatment Back in Jail Now
- Educate Policy Makers and Public

To accomplish this,

Human Services Department commits to the following:

- A Veterans' Service Officer will respond to requests from incarcerated veterans for the purpose of a drug/alcohol evaluation, referral to a treatment facility and/or an application for other VA services/benefits that would keep a veteran from becoming homeless.

Exhibit 6.7 (Continued)

- ∞ Develop a contract with a drug/alcohol treatment provider to conduct Alcohol and Drug Information School to inmates incarcerated at the jail sites. Assure that inmates wishing to enroll in a treatment program are connected to treatment upon their release from jail.

- ∞ Continue to explore with Corrections Department staff ways to better serve mentally ill offenders, especially those who have no address, to keep them from being released as homeless.

- ∞ Continue to explore with the Courts and Jail staff the idea of a Mental Health Court.

- ∞ Continue to explore with Corrections Department staff ways to refer homeless offenders, especially women, to emergency shelters in the community.

- ∞ Staff will continue to work with community providers to develop emergency housing for homeless single women.

- ∞ Continue to work with community service providers and the State Department of Corrections to identify the array of services that will be provided to the offenders in a Snohomish County Jail facility/program.

Snohomish County Corrections Department commits to the following:

- ∞ Expand the classification tool and any assessment tool that may be developed to include questions that will determine if an inmate is homeless at the time they enter the jail or if they will be released in a

- ∞ Continue to work with the Washington State Department of Corrections and Human Services to develop and offer evidenced-based offender change programs to the in-custody and community correction inmates. Including

    - o Stress Anger Management
    - o Victim Awareness Education Program
    - o Moral Recognition Therapy
    - o Relapse Education Program
    - o Parenting
    - o Nuturing Fathers
    - o Life Skills
    - o Breaking Barriers
    - o Victim-Defendant Support Groups
    - o DV Perpertrator
    - o Employment Readiness

Exhibit 6.7 (Continued)

- ∞ Assure that all incarcerated veterans are informed of the services provided by the Human Services Department Veterans' Service Officers.

- ∞ At least twice a week, inform the Veterans' Service Officer of the names of incarcerated veterans' who are needing veterans' services.

- ∞ Continue to explore with the Human Services Staff ways to identify those offenders who are homeless and strategies to alleviate offenders from being released from the jail in a homeless status.

- ∞ Work with the State Department of Corrections, Snohomish County Human Services, Snohomish County Office of Prosecuting Attorney, Office of Public Defense, Superior Court and District to develop a plan for designing and implementing additional sentencing options and alternatives for lower-risk offenders.

- ∞ Continue to work with Snohomish County Information Services and Human Services with the goal of improving the flow of information about offenders incarcerated within the Snohomish County Jail.

For the Human Services Dept.	For the Corrections Dept.
_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Title	Title
_____	_____
Date	Date

Exhibit 6.8: New York City Department of Health and Mental Hygiene Memorandum of Agreement

DRAFT: For Review by Referral Resources

THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

MEMORANDUM OF AGREEMENT BETWEEN
NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
TAKE CARE NEW YORK AND COMMUNITY COORDINATION
TRANSITIONAL HEALTH CARE COORDINATION
AND
«Company»
«Address1»
«City», «State» «PostalCode»

This Memorandum of Agreement describes the working relationship between the New York City Department of Health, HCAI / Bureau of Transitional Health Care Coordination ("THCC"), located at 19-02 Whitestone Expressway, Whitestone, NY 11357, Tel: (718) 281-3940 and **«Company» «Address1», «City» «State», «PostalCode», «WorkPhone».**

This is a good faith agreement that demonstrates a committed plan for collaboration which will facilitate the referral for, and provision of effectively coordinated and integrated services for incarcerated persons, their families, visitors and /or re-entrants in need of health-related services or service referrals.

To carry out this agreement, the agencies agree to the following:

1) THCC will refer clients to **«Service Provider»** for the purpose of linking clients to health providers in the community. All parties in the Agreement shall expeditiously accept referrals from each other in accordance with eligibility criteria. All parties shall maintain control over eligibility requirements and actual determination of services provided.

2) **«Service Provider»** will refer clients to the HCAI Bureau of Health Insurance Services for the purpose of linking clients to health insurance services in the community.

3) Agency staff, which is party to this Agreement, may request joint participation in a client case referral. This may include but not be limited to case conferences and staff risk assessment prior to making and /or accepting referrals. Further, the designated agency representative may conduct referral follow-up to insure adequate participation.

4) THCC maintains specific protocols for client assessment, interviews, referrals, linkages, and confirmation of referrals with CBO providers. Protocols are supplemented with

DRAFT: For Review by Referral Resources

detailed memoranda of agreement with community-based partners to ensure that discharged inmates access HIV secondary prevention and other services (primary care, medical and mental health services, social services, respite or support services).

5) All referrals made should be confirmed by the service provider, contacting offices to set up the appointment and to confirm the appointment was kept.

6) Quarterly meetings with service providers are convened to discuss issues related to program implementation, referrals or other programmatic issues.

7) All provisions of this Agreement shall be in compliance with the laws of New York State's policies governing each party.

8) In matters concerning client information, all interactions between and within agencies will be conducted within the context of professionalism and confidentiality. All parties will abide by New York State HIV Confidentiality Law - Article 27-F contained in Chapter 584 of the Laws of 1988. Disclosure of confidential HIV related information of clients would be made in keeping with all provisions of the New York State HIV Confidentiality Laws.

No element of this agreement will be construed to imply any form of financial obligation or liability nor to confer on one party of capacity to represent or not as an agency of the other. Furthermore, this agreement shall not prohibit the exercise of the independent professional judgment of either party or impose responsibility for actions of one party upon the other party.

Responsibility for the coordination of this collaborative agreement rests with the authorized representative of the New York City Department of Health and Mental Hygiene, Bureau of Transitional Health Care Coordination and the designated representative of the service provider.

This Agreement may be evaluated periodically and may be subject to revisions based upon need. This Agreement will remain in full force and effect indefinitely from the date of execution. Intent to discontinue this Agreement may be filed by either party within thirty days of written notice.

NYC DOHMH REPRESENTATIVE	SERVICE PROVIDER REPRESENTATIVE
Alison O. Jordan	
PRINT NAME	PRINT NAME
Executive Director, Transitional Health Care Coordination	
TITLE	TITLE

Exhibit 6.9: Davidson County, Tennessee, Sheriff's Office Letter of Request for Support

Dear Friend;

Every year in Middle Tennessee, thousands of people are sent to jail for violence, drug, or alcohol-related crimes. These same people are generally released back into the community within a relatively short period of time, often having received no rehabilitative services to change their lifestyles. In 1990, New Avenues, a state licensed drug and alcohol treatment program, was established to address this community problem within the jail setting. In 1994, S.A.V.E. (Sheriff's Anti-Violence Effort) was established to address a community problem in the area of domestic violence. Since their inceptions, these programs have treated approximately 2600 individuals in jail who might otherwise not received any type of treatment. The combined reduction in rearrests ranges from 49% to 56% per year. This reflects substantial savings to taxpayers in correctional costs but perhaps more importantly results in greater safety and peace in our communities and families.

In this time of budget evaluation, it has come to our attention that the future of these life-saving programs may be in jeopardy. The mayor's office is asking for budget reductions of 5% to 10% this year. Should the 10% reduction to the sheriff's office budget be required, New Avenues and S.A.V.E. would be eliminated. We are writing this letter to alert you to this potential crisis and ask that you show your support for these valuable and unique programs in the jail. Enclosed you will find brochures about both programs and a letter that we ask you fax to the mayor's office on **March 27** by **12:00 noon**. We also ask that you call Mayor Bill Purcell or financial director David Manning at (615) 862-6000 to voice your concern about the possible elimination of New Avenues and S.A.V.E.

We appreciate all of your past support of the New Avenues and S.A.V.E. programs and are confident that a community response will insure the survival of these programs. If you have any questions, please do not hesitate to contact Paul Mulloy, Director of Treatment Services at (615) 880-3864 ext. 241 or 833-6365.

Sincerely;

Paul Mulloy
Dir. of Treatment Services
New Avenues / S.A.V.E.

Exhibit 6.10: Kent County, Michigan, Community Reentry Center Brochure

A little bit about the Community Reentry Center

The Kent County Community Reentry Center houses 248 low risk male and female offenders. We believe in providing a life changing environment. We offer programs and classes designed to provide offenders with thought provoking messages and encouragement. We aim to teach accountability, responsibility, and daily life skills to both men and women offenders while keeping their specific needs in mind.

In order to maintain a successful program, our facility relies on the efforts of community service providers, students, and local volunteers .

Teamwork is vital to our success!

Mission Statement

To promote public safety by housing low risk offenders in a supportive environment. To develop them into productive citizens through employment, education, vocational training and related services as they transition from incarceration into the community.

Exhibit 6.1 (Continued)

The Kent County Community Reentry Center
Helping ex-offenders change their lives

1330 Bradford NE
Grand Rapids, Michigan 49503
616-336-3986/336-3119

The Kent County Community Reentry Center

Helping offenders change their lives

1330 Bradford NE,
Grand Rapids, MI 49503.

616-336-3986/616-336-3119

Exhibit 6.10 (Continued)

Programs Offered

Religious

Forgotten Man Ministries provides the CRC with several vital programs that touch the lives of our residents and encourage their spiritual growth.

- One on one counseling
- Bible distribution
- Bible Study
- Learning to Live Mentorship Program
- Battlefield of the Mind
- Church service
- Marital enrichment
- Bible Rap & Spanish Rap

Local Service Providers

Local service providers offer several onsite programs including substance abuse treatment and life skills training.

- **Arbor Circle**: Intensive substance abuse treatment for women.
- **Nokomis Foundation**: *Nurturing a New Start*, a thorough 5 week life skills class focusing on resume building, budgeting and finances, counseling services with organizations including Planned Parenthood, YWCA, GROW, and Women's Resource Center. *Non-Violent Co*mmunication is a 2 week course on affective , non-violent ways to communicate.
- **Goodwill**: A paid job training experience.
- **SWAPP** (Social Work and Police Partnerships): Motivational speaking /group discussion
- **Pine Rest**: Offering programs that work on relationships, substance abuse issues, and behavior therapy. Classes include; *Healthy Marriages/Healthy Relationships, Cognitive Behavior Therapy, OWI 3rd, and How to Avoid Marrying a Jerk/Jerkette.*
- **Grand Rapids Public Schools**: GED Preparation
- **Kent County Health Department**: offers quarterly Sexually Transmitted Infections classes for both men and women
- **Planned Parenthood**: Sexual Awareness
- **Narcotics and Alcoholics Anonymous**: offer support groups for drug and alcohol users.

Student Services

The CRC has implemented an internship program for college credit beginning Fall of 2006. Grand Valley State University and Ferris State University will provide students of Criminal Justice and Social Work. The CRC will offer the student an opportunity for real life work experience, encouraging them to get involved and participate within the facility.

Volunteers

Individual volunteers are a vital component to our success. Without them, the CRC would truly struggle to meet the needs of our residents. Current classes offered by volunteers

- Resume Building
- Life skill classes
- English Literacy
- English as a second language
- Art Classes

Staff Directed Programs & Activities

The CRC deputies and civilian staff are encouraged to get involved with the residents of the facility and assist in meeting the needs of our population. Current programs and activities include:

- I.D. Program
- Arts and Crafts
- Facility Decorating
- Housekeeping & Laundry
- Gardening, Landscaping, and Lawn Care
- Job Searching and Interviewing
- Exercise and physical fitness
- Discussion Groups
- Motivational Tapes

Work Release

Residents of the CRC that qualify for Work Release can work outside of the facility. This allows residents to maintain employment while incarcerated and encourages others to job search. While employed, residents can pay child support, State, Federal, and local taxes, and pay off personal debt.

Education & Technical Training

Residents that meet the Work Release qualifications can attend High School, College, or Job Training while in our facility.

Exhibit 6.11: Montgomery County, Maryland, Department of Correction and Rehabilitation Reentry Employment Development Program Brochure

THE OBJECTIVE:
The Reentry Employment Development Program provides employment preparation and skills so that ex offenders can rapidly engage in sustainable lawful employment. The positive work habits and skills learned while incarcerated can provide the impetus for a behavioral shift to turn people who are tax burdens into taxpayers.

COST CONSIDERATIONS:

The Program must charge reasonable fees for services to offset costs. The objective is to provide a flexible supplemental labor force at a cost savings to the County without displacing any County Employees. If you have a project in mind it may be a good practice to consider the benefits of outsourcing. Costs depend on the size and complexity of the job.

Please call Craig Dowd (240-773-9798)
or Sgt. Gary Powell (240-773-9799)

SATISIFIED CUSTOMERS:

-Dept. of Public Works
-Office of Public Information
-Dept. of Permitting Services
-Mental Health Association
-Dept. of Liquor Control
-MC Public Schools
-Taylor Science Center
-Dept. of Public Works
-Up-County Regional Center
-Friends of the Library
-United Way of MC
-Dept. of Corrections
-MC Housing Partnership
-National Center for Child Abuse
-Primary Care Coalition
-Community Ministries
-MC Dept. of Solid Waste
-Dept. of Economic Development
-MC Volunteer Center
-and many others

MONTGOMERY COUNTY 17 76 MARYLAND

MONTGOMERY COUNTY DEPARTMENT OF CORRECTION AND REHABILITATION

Reentry Employment Development Program
…..

Providing labor services to County Agencies and local non profit organizations

Providing costing savings to customers and positive work experience to offenders

Exhibit 6.11 (Continued)

The County Correctional Facility has a dependable labor supply that can be the answer to many of your temporary staffing needs for those "special projects". Using this resource will enable your staff to do the tasks they are specially trained to do. Low cost outsourcing to a well supervised workforce can be a quick and easy solution to your occasional labor needs.

Your challenges

- **People**
  How can I get the reliable, well-supervised people to meet my production needs?
- **Space**
  Where can I find the additional space I need to fulfill my unusual production requirements?
- **Production**
  How can I best manage unpredictable and time sensitive labor-intensive projects without further burdening my existing staff?

All across the country, agencies like yours have discovered a bold solution to the challenges of special project production and requisite staffing. The Montgomery County Correctional Facility (MCCF) offers this solution - a motivated, dependable, and well supervised offender workforce, with Job Shop production space to meet your needs.

Your opportunity

There are many advantages to using offender workers to supplement your work force.

- **Safe and secure environment**

  The modern Montgomery County Correctional Facility is a safe and secure environment, staffed by well-trained professionals and equipped with the latest technology.

- **Production space**

  Since we can't bring the workforce to your work site, bring your project to our work force. Our shop space can be customized to your needs.

- **Reliable workforce**

  Benefit from a punctual, dependable, and motivated work force, most of who will return to our community in the near future.

- **Flexibility**

  Use our supplemental labor force to match your production cycles, unexpected workload spikes, or short term labor intensive tasks..

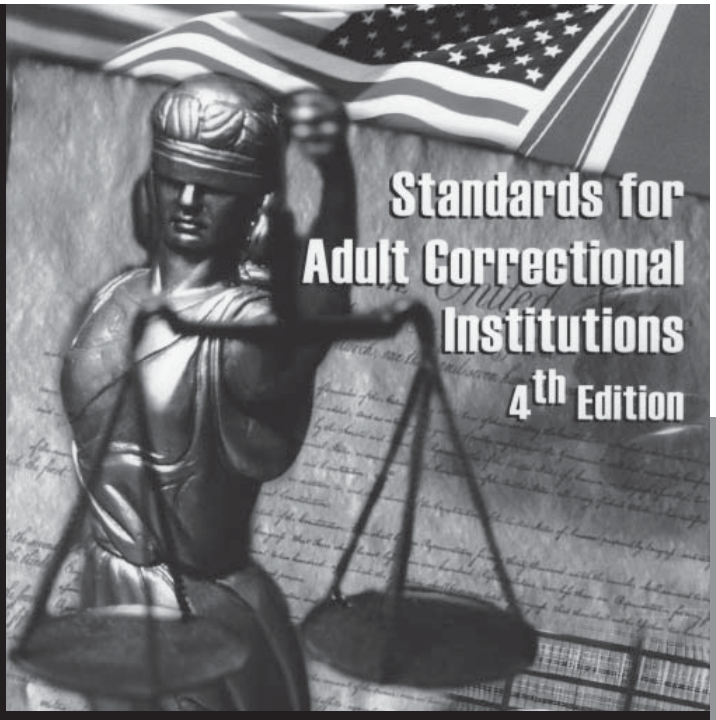
Take a look upcounty...

Please contact Craig Dowd to schedule a tour and discuss your special needs.

CRAIG DOWD
Re-Entry Employment Development Program Manager

Department of Correction and Rehabilitation
Detention Services
22880 Whelan Lane
Boyds, Maryland 20841
240-773-9798
240-773-9948 FAX

craig.dowd@montgomerycountymd.gov



Source: American Correctional Association

Requirements and Standards

7

Requirements and Standards

As discussed in the *Introduction,* there are a variety of valuable reasons to develop jail reentry strategies. Although doing so makes great public safety, public savings, and public health sense, establishing reentry services can also help you avoid future liability and anticipate oncoming legal issues. Adapting reentry standards tells courts you are aware of current practices in the field and have done everything possible to meet these advancing obligations. Indeed, as court cases and jail standards continue to increase nationwide, you will want to do what it takes to avoid being left behind. Acting too late may not only generate complicated legal problems but may also negatively affect your jail's cost, care, and general environment.

In this section we explore the legal aspects of planning for reentry, often referred to as discharge planning, primarily at the city and county level. The following information presents current cases and court precedents of discharge planning, and conveys its evolving nature and focus. It is important that you consult with appropriate legal counsel to ensure you are complying with relevant laws and policies in your particular jurisdiction.

Notable Court Cases

Estelle v. *Gamble* (1976) gave correctional officials a legal obligation to prevent inmate suffering, thereby granting a constitutional legitimacy to prerelease planning. As the Supreme Court ruled, "the infliction of such unnecessary suffering (failure to treat an inmate's serious medical needs) is inconsistent with contemporary standards of decency" (1976, 5). Indeed, though this important case did not directly affect reentry planning, it has had a significant impact upon the overall continuity of care of inmates and has evolved, for example, to address identification and treatment of the severely and persistently mentally ill inmate.

In 2003, New York City settled a class-action lawsuit, *Brad H.* v. *The City of New York* (1999), concerning the appropriate steps required when discharging mentally ill inmates from the New York City Department of Correction. *Brad H.* cited several existing laws and regulations to support its argument that all seriously and persistently mentally ill inmates receive comprehensive reentry planning and transitional health care, including the New York State Mental Hygiene Law (Sec. 29.15). This statute, while explicitly mandating "providers of inpatient health services to provide discharge planning" (Barr 2003, 101), also requires the following provisions:

- A statement of the patient's need, if any, for supervision, medication, aftercare services, and assistance in finding employment following discharge or conditional release.
- A specific recommendation of the type of residence in which the patient is to live and a listing of the services available to the patient in such residence.
- A listing of organizations and facilities, including those of the departments and individuals available to provide appropriate services.
- An evaluation of the patient's need and potential eligibility for public benefits following discharge or conditional release, including public assistance, Medicaid, and Supplemental Security Income.

According to Barr (2003), a minimum of 11 states in addition to New York "require discharge planning in mental health treatment settings" so litigation in other parts of the nation is expected to follow (118). While *Brad H.* built upon the Mental Hygiene Law, it also directly addressed inmate mental health needs. Discharge plans had to expand to include the following measures:

- The release of inmates during the day so they can properly contact appropriate service agencies;
- Available medication and transportation to community residences or shelters upon release;
- Access to clinical information for relevant family and community members; and
- An overview system to set goals for city agencies and assess their participation in reentry programs.

Of course, reentry planning for the mentally ill has reached substantially beyond New York City:

Santa Fe County, New Mexico, has agreed to provide outgoing inmates with at least a seven-day allocation of appropriate prescriptions in the case of those deemed physically and mentally disabled (Memorandum of Agreement Between the United States and Santa Fe County, 2004).

In a court settlement following *McClendon* v. *The City of Albuquerque* (1996), Bernalillo County, New Mexico, sheriff officials mandated that outgoing mentally ill inmates be given discharge treatment plans, including a continuity of medication and information concerning Medicaid availability.

Perhaps most notably, the U.S. Department of Justice and the State of Delaware have agreed to identify symptoms of mental illness among the state's jail inmates and then refer any relevant cases to designated health specialists. Not only is discharge planning mandatory for those inmates found to be mentally ill, but this planning should be specifically tailored to the individual's particular date of release (Memorandum of Agreement Between the United States Department of Justice and the State of Delaware, 2006).

The courts have not only focused upon discharge planning for the mentally ill, but they have also expanded this notion to more general health concerns. In the court-ordered settlement of *Foster* v. *Fulton County, Georgia* (1999), all HIV-positive inmates are to be given an appropriate discharge plan, a medical care provider in the community, and an arranged date, time, and location of an appointment with that provider. Further, if an inmate is on any prescribed medication, he or she must be provided with sufficient drugs to prevent any gaps in future availability.

Although somewhat less popular, drug and alcohol rehabilitation programs have appeared as another important legal obligation. In the case of *United States of America* v. *Nassau County* (1997), Nassau's County Correctional Center in New York agreed to establish a formal detoxification program for inmates and permit those with serious disorders to participate in substance abuse treatment courses.

Santa Fe County has agreed to identify jail inmates going through drug or alcohol withdrawal and then provide appropriate treatment, housing, and medical services to aid in their rehabilitation (Memorandum, 2004).

Although the majority of reentry cases have undoubtedly centered on health concerns, others have expanded the entire scope of discharge planning. In 2005, the New York City Council enacted a comprehensive administrative law seeking to identify inmates who cycle between jails and homeless shelters. The uniqueness of this law is that it transcends the idea that only special-needs inmates should have the legal right to reentry planning. In this case, inmates who serve a sentence of 30 days or more are entitled to a heightened level of postrelease services, regardless of their health and behavioral needs.

According to this law (New York City Administrative Code, 2004, 1, 2), the New York City Department of Correction is mandated to undertake the following tasks:

- Develop a process to identify individuals who repeatedly are admitted to city correctional institutions and who are housed in shelter provided by the [New York City] Department of Homeless Services either immediately before their admission to or after their release from these correctional institutions.
- Collect information relating to housing, employment, and sobriety needs from any sentenced inmate who will serve, after sentencing, 10 days or more in any city correctional institution. The Department of Correction shall, with the consent of such inmate, provide such information to any social service organization that is providing discharge planning services to such inmate under contract with the Department of Correction.
- Make applications for government benefits available to inmates by providing such applications in areas accessible to inmates in city correctional institutions.
- Provide assistance with the preparation of applications for government benefits and identification to sentenced inmates who will serve, after sentencing, 30 days or more in any city correctional institution and who receive discharge planning services from the Department of Correction or any social services organization under contract with the Department of Correction, and, in its discretion, to any other inmate who may benefit from such assistance.
- The Commissioner of Correction shall submit a report to the mayor and the city council by October first of each year regarding implementation of sections 9-127 and 9-128 of this title and other discharge planning efforts, and, beginning October 1, 2008 and annually thereafter, regarding recidivism among inmates receiving discharge planning services from the Department of Correction or any social services organization under contract with the Department of Correction.

Similarly:

In *Alberti* v. *The Sheriff of Harris County, Texas, and the Commissioners Court of Harris County, Texas* (1975), a court determined that officers responsible for the operation and maintenance of a county jail are also responsible for providing adequate vocational and educational programs for inmates' rehabilitation.

State Jail Standards

Although there have been a variety of important court cases that have informed jail reentry, the issue has further surfaced in state jail standards. Although state jail standards can be somewhat sparse, they are becoming increasingly comprehensive in scope and strictness. As in the court cases, while some reentry standards are only concerned with mental health, others are broad, to include education and vocational services. The list of states with jail reentry standards is likely to expand in the future as more and more states recognize the growing efficacy of discharge planning.

Texas

Perhaps the most comprehensive jail reentry standards have been adopted within the State of Texas (Texas Commission on Jail Standards, 2005). According to Texas law, each jail facility must provide drug or alcohol rehabilitation, vocational training, academic services, job placement programs, and treatment for "personal psychological or psychiatric problems" (Texas Administrative Code, Sec. 28). Further, "academic, reading and/or training programs" should be made available whenever feasible, and, if possible, even continued after release. Texas also spells out clear and comprehensive standards for inmates deemed

mentally ill who are to be identified immediately for diagnosis and treatment.

Florida

The State of Florida has also developed a variety of reentry-focused jail standards. Among other things, designated officers must make a "reasonable effort" to acquaint inmates with local community resources (Florida Sheriffs Association, 2005, 37). Such resources may include, but are not limited to, mental health centers, drug rehabilitation programs, welfare departments, vocational courses, and local colleges or universities.

California

California lays out a number of similar measures. First, relevant library materials must be made available to help inmates reintegrate into their local community (California Department of Corrections and Rehabilitation, 2005, 68). Such materials must not only contain educational value but also information about community rehabilitation programs and other outside resources. Second, California standards encourage jail administrators to provide inmates with individual or family counseling, employment advising, medical services, prerelease and release assistance, and relevant services for the developmentally disabled. Finally, the majority of jails are required to provide a form of inmate education, including both academic and vocational courses.

Nebraska

Even broader standards are found within the State of Nebraska. In 1980, the state's Standards Board mandated a number of proceedings; according to Title 81, "all detention facilities shall . . . offer a range of rehabilitative services and programs of benefit to the inmates to assist in their successful reintegration into the community" (State of Nebraska Jail Standards Board, 1980). This set of services includes available counseling, high school-level education classes, and vocational services. Each detention facility may also institute a work program, either as a substitute or in addition to achieving inmate rehabilitation.

Other States

Texas, Florida, California, and Nebraska have passed a variety of relevant jail standards, and a number of other states have either adopted or are planning to adopt similar measures:

California Minimum Standards for Local Detention Facilities

Title 15—Crime Prevention and Corrections

Division 1, Chapter 1, Subchapter 4

2005 Regulations

Article 11. Medical/Mental Health Services 1210. Individualized Treatment Plans.

(a) For each inmate treated by a mental health service in a jail, the treatment staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the on-going care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

(b) For each inmate treated for a major medical problem in a jail, the treatment staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

Source: Section 6030, California Penal Code

- Idaho has advocated that educational programs and materials be made available to those incarcerated (Idaho Sheriffs' Association, 2003, 47).
- New York has already required educational and vocational training for outgoing youth offenders and may soon include such programs for the general population (New York State Commission of Correction, 2007, 137).
- A number of other states, from Arkansas to Oregon, have begun to develop and mandate more progressive standards, which may include everything from vocational courses to full-scale reentry planning.

Of course you don't have to wait for court litigation or your state to develop reentry standards. Under the leadership of Sheriff Frank G. Cousins Jr., the Essex County, Massachusetts, Sheriff's Department developed its own rules and procedures governing the reentry process. The reentry regulations are separated into 13 sections (exhibit 7.1).

Though we do not advocate any particular format or content, the Essex County regulations do a good job of defining the issue and developing minimum reentry requirements. We have included in the back of this section all six pages of the regulations to give you an idea of the language they incorporate when defining the term "reintegration" (section 999.05) and describing the reentry system's goals and objectives (section 999.06) and the process (section 999.09).

Professional Standards

National correctional associations (e.g., American Correctional Association [ACA], American Jail Association [AJA], National Commission on Correctional Health Care [NCCHC]) not only help improve the reputation and integrity of the field, but also ensure that important issues, like reentry, have a common voice when articulated to its members and the public.

In recent years, ACA and AJA have embraced the reentry issue by including reentry workshops at their annual conferences and including articles in their newsletters and journals on the topic. AJA's national conference in 2008, for example, will be dedicated to reentry. In addition, ACA has developed reentry standards. The third edition of ACA's *Standards for Adult Local Detention Facilities* identifies reentry issues ranging from health to employment. Standard 3-ALDF 4E-19-2, for example, outlines the minimum procedures and practices required when identifying and treating inmates with recent substance abuse:

- Screening and sorting.
- Clinical assessment and reassessment.
- Medical assessment for drug and alcohol program assignment appropriate to the needs of the individual offenders.
- Referrals.

And Standard 3-ALDF 5A-07 states that "the facility provides opportunities for inmate employment in correctional industries, facility maintenance, operations, public works or community projects" (ACA, 2006, 97). The same is true for education and vocational programming, standards 3-ALDF 5B-03 and 5B-04, respectively.

NCCHC has taken a position on health care issues directly related to discharge planning. The Health Services in Jails Standard #13 (J-E-13) states that "discharge planning is provided for inmates with serious health needs whose release is imminent" (NCCHC 2003, 77). More specifically, for planned discharges, health staff must do the following:

a. Arrange for a sufficient supply of current medication to last until the inmate can be seen by a community health care provider, and
b. Make arrangements or referrals for follow-up services with community providers for inmates with critical medical or mental health needs (NCCHC 2003, 77).

The NCCHC standard is an "important" standard, as opposed to an "essential" standard. For NCCHC

accreditation, facilities need to meet all essential standards and 85 percent of important standards.

The following position statement excerpts come directly from the NCCHC web site at www.ncchc.org and focus on discharge planning for inmates with infectious diseases.

Mental Health Services in Correctional Settings

1. Correctional institutions should identify the mentally ill and those with mental retardation among their populations and, where legally permissible and clinically appropriate, refer these people to treatment programs in the community for intervention services. Where this is not possible, intervention services should be provided by the facility. In either case, correctional facilities and community- based programs should work together to ensure continuity of care for the inmate after release. Case management services should be available to ensure access to mental health and substance abuse treatment programs as well as to integrate family oriented treatment where possible.

2. Comprehensive services that may be used in aftercare for people released from correctional institutions should be available in the community, including (1) outreach programs, (2) medical management of mental disorders, (3) medically supervised detoxification, (4) toxicology screening, (5) hospitalization, (6) diversion programs, (7) individual and group psychotherapy, (8) milieu-based programs, (9) self-help groups, (10) family therapy, (11) assistance with housing, funding, and clothing, and (12) legal aid. Community mental health systems should provide cross-training for those staff members who are involved in the treatment of the mentally ill in the correctional setting.

Management of Tuberculosis in Correctional Facilities

Discharge planning

a. All inmates who might be released prior to the reading of the TB test should be appropriately instructed and provided with appropriate referrals in the community for follow-up and treatment as needed.

b. All inmates receiving anti-tuberculosis medications on discharge should be referred to the local health department and/or community-based organizations for follow-up and treatment.

Administrative Management of HIV in Correctional Institutions

Ongoing prevention services

Successful strategies to prevent HIV exposure include peer education, discharge planning, transitional case management, and harm-reduction techniques.

Discharge planning is an important service that jails and prisons can provide. HIV-positive inmates need to receive prevention information, education, and treatment services that continue when they are released. However, it can be difficult for HIV-positive individuals to find health care services outside the correctional environment. HIV-positive patients receiving highly active antiretroviral therapy (HAART) and those with low T-cell counts (CD4) need to have continuity of care upon discharge from jail or prison. HIV-positive inmates should be given sufficient supplies of their medications to ensure that they will not run out. Depending upon community availability of HIV follow-up care, this should be at least 14 days' worth, and preferably 30 days' worth, of medication. HIV-positive inmates should receive instruction on the importance of taking antiretroviral agents continuously and the dangers of stopping and starting medications indiscriminately. Administrators

should work with various agencies to provide HIV services to inmates and ensure postrelease HIV care.

Correctional administrators can assist in the adequate staffing, training, and development of transitional case management programs. Case managers may conduct adherence checks of medications, follow up with patients for not keeping clinic appointments, and provide specialized counseling or referrals as needed.

Management of Hepatitis B Virus in Correctional Facilities

Discharge planning

All inmates' HBV vaccination data should accompany them when transferred to another institution or discharged. Because the vaccine needs to be administered over an extended time period, it is essential that facilities establish linkages with their community and public health facilities. These linkages should include a plan to complete the administration of the HBV vaccine, when necessary. Referral and linkage to an aftercare provider should be made for patients with active disease.

Summary

As we have seen, jail reentry is quickly becoming part of state and county standards nationwide. Adapting to these standards today can help you both avoid future litigation and anticipate oncoming requirements. Further, waiting things out may incur unexpected costs and therefore negatively affect your jail's overall maintenance and environment. As jail reentry comes to dominate state and local agendas, you will want to set a positive and progressive example.

References

Barr, H. 2003. "Transinstitutionalization in the Courts: *Brad H.* v. *City of New York,* and the Fight for Discharge Planning for People with Psychiatric Disabilities Leaving Rikers Island." *Crime and Delinquency* 49(1) 97–123.

National Commission on Correctional Health Care. 2003. *2003 Standards for Health Services in Jails.* Chicago: NCCHC.

Court Cases and Settlements

City of Albuquerque, New Mexico. 2005. Notice of Proposed Settlement, *McClendon* v. *City of Albuquerque,* Civil Action Cause No. CV-95-0024 MV/ACT. www.nmpanda.org/mcclndn/notprosettle.html

Fulton County, Georgia. 2002. *Foster* v. *Fulton County, Georgia,* 223 F.2d 1292 (N.D. Ga 2002).

Memorandum of Agreement Between the United States Department of Justice and the State of Delaware Regarding the Delores J. Baylor Women's Correctional Institution, the Delaware Correctional Center, the Howard R. Young Correctional Institution, and the Sussex Correctional Institution. 2006. www.usdoj.gov/crt/split/documents/delaware_prisons_moa_12-29-06.pdf

Memorandum of Agreement Between the United States and Santa Fe County. 2004. www.nicic.org/Library/Default.aspx?Library=020184

New York City Council Administrative Code. 2004. Local Laws of the City of New York for the Year 2004. No. 54, Section 2, Title 9. www.nyccouncil.info/pdf_files/bills/law04054.pdf

United States District Court, Eastern District Court of New York. 2001. Settlement Agreement, *United States of America* v. *Nassau County Sheriff's Department.* www.usdoj.gov/crt/split/documents/Nassa_sher_agreem.htm

United States District Court, S.D. Texas, Houston Division. 1974. *Lawrence R. Alberti* v. *The Sheriff of Harris County, Texas,* Civ. A. No. 72-H-1094, December 12.

County and State Jail Standards

American Correctional Association. 2006. 2006 Standards Supplement. Alexandria, VA: American Correctional Association.

California Department of Corrections and Rehabilitation. 2005. Minimum Standards for Local Detention Facilities, Title 15—Crime Prevention and Corrections, Division 1, Chapter 1, Subchapter 4. www.cdcr.ca.gov/Divisions_Boards/CSA/FSO/Docs/2005_Adult_Title_15_Regulations_FINAL.pdf

Estelle v. *Gamble,* 429 U.S. 97 (1975).

Florida Sheriffs Association. 2005. Florida Model Jail Standards. www.flsheriffs.org/sheriffs/FMJS.htm

Idaho Sheriffs' Association. 2003. Idaho Jail Standards: Minimum Standards for Detention Facilities. www.nicic.org/Library/Default.aspx?Library=019370

New York State Commission of Correction. 2007. Changes to County Minimum Standards Effective Sections, Subtitle AA. www.scoc.state.ny.us/pdfdocs/standards_0107.pdf

State of Nebraska Jail Standards Board. 1987 rev. Title 81, Chapter 8—Standards for Jail Facilities—Rehabilitative Services. www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Law_Enforcement_and_Criminal_Justice/Title-81/Chapter-8.pdf

Texas Commission on Jail Standards. 2005. Texas Administrative Code, Chapter 37, Part 9. http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=37&pt=9

Exhibit 7.1: Essex County, Massachusetts, Sheriff's Department Re-Entry Standards

ESSEX COUNTY SHERIFF'S DEPARTMENT

105 ECSD 999.99 Re-Entry

Section

999.01 Purpose

The purpose of these regulations is to establish rules and procedures, which govern the Re-Entry system at the Essex County sheriff's Department.

999.02 Cancellation

103 ECSD 999.00 cancels all previous department policy statements, bulletins, directives, orders, notices, rules and regulations regarding inmate Re-Entry.

999.03 Applicability

103 ECSD 999.03 is applicable to all Essex County Sheriff Department employees and to all inmates who are serving a sentence imposed by the state of Massachusetts.

999.04 Access to Regulations

This policy shall be maintained within the Essex County Sheriff's Department central policy file and shall be accessible to all employees and inmates.

999.05 Definitions

Reintegration –The evaluation, planning, and program conducted, and support services implemented, to prepare and assist inmates, to return safely to the community and to reintegrate as law-abiding citizens. A process of continued risk assessment, that provides a step-down process to prepare the inmate for re-entry into society, providing them with reintegration resources that will aid in their transition from prison to community.

Exhibit 7.1 (Continued)

ESSEX COUNTY SHERIFF'S DEPARTMENT

Pre-Institutional Assessment Information –Assessment of inmates is based on but not limited to: police reports, probation reports, court proceedings, substance abuse history, C.O.R.I., employment history, medical, family history and education status.

Reintegration Coordinator – A department employee who is responsible for the ongoing process of re-entry and treatment of all inmates confined to the Essex County Correctional Facility, with the overall goal to enhance the potential for inmates to successfully reintegrate into the community, and be law abiding citizens.

999.06 Re-Entry System Goals and Objectives

ECSD views reducing the rate of re-offense by returning inmates as one of its highest public safety priorities. The department has adopted a comprehensive re-entry strategy including risk assessment, proven programs, step-down and supervised release. The primary goal of the Re-Entry process is to prepare inmates for appropriate institutional adjustment, transition, and re-entry to the community. To build a seamless transition from incarceration to re-entry into the community, by working with key stakeholders such as Probation, Parole, Police, Courts and the District Attorney. Provide a systematic means by which the security requirements and programmatic needs of inmates are assessed in relation to department rules and regulations, statutory requirements and available resources**.** All inmates are given an individual treatment plan. The individual treatment plan will work with key stakeholders in determining the offenders, best programmatic plan available. The treatment plan will detail an inmate's path from incarceration to re-entry into the community, including eligibility status for: minimum placement, work-release, sober housing, and electronic monitoring. Re-Entry shall enhance the potential for inmate's to be successful, law abiding citizens.

The Superintendent or his designee shall be responsible for administering the re-entry plan at each facility.

All staff with a need to know shall receive orientation to the current re-entry plan. Staff responsible for the implementation of the plan will be trained in the plan.

Staff assistance shall be available to inmates throughout the re-entry process.

999.07 Re-Entry Criteria

Specific criteria shall be used to determine an inmate's classification assignment; these criteria shall include, but not be limited to;

1. Education Level;
2. Employability;
3. Drug and alcohol history;
4. Criminal associates;
5. Level of Violence;
6. Mental Health;
7. Family relationships;

Exhibit 7.1 (Continued)

ESSEX COUNTY SHERIFF'S DEPARTMENT

When combined with a criminal record, negative findings concerning these factors represents significant barriers to safe re-entry.

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999.08 Minimum Re-Entry Requirements

Inmates are eligible for Re-Entry services within their classification level. Lowest risk to re-offend will be moved to lower security promptly to establish connections to community resources needed upon release. Others earn their way to lower security levels, by participating in proven programming and treatment to address criminogenic factors.

Maximum Security (ECCF)

Inmates classified, as Maximum Security will be eligible for all re-entry services provided at E.C.C.F. (Middleton). No inmate will be excluded from re-entry services unless deemed a threat to the orderly running of facility. Inmates are provided individual treatment plans including, programs located at E.C.C.F (Middleton), based on Re-Entry Matrix System. Segregation inmates are given opportunity to meet with re-entry staff, prior to release, for housing, educational and substance abuse information relevant to community being released.

Medium Security (ECCF)

Inmates classified as Medium Security will be eligible for all re-entry services provided at E.C.C.F. (Middleton). No inmate will be excluded from re-entry services unless deemed a threat the orderly running of facility. Inmates are provided individual treatment plans including, programs located at E.C.C.F (Middleton), based on Re-Entry Matrix System. Re-Entry plans include but are not limited to, Substance Abuse for Offenders, Alternative to Violence, Educational Services, Transitional Housing and Vocational programming. Modifications will be made to treatment plan when classification level is modified. Modifications will include LCAC board recommendations.

Minimum Security (CAC)

Inmates classified as Minimum Security will be eligible for all re-entry services provided at E.C.C.F. (Lawrence). No inmate will be excluded from re-entry services unless deemed a threat the orderly running of facility. Inmates are provided individual treatment plans that including, programs located at E.C.C.F (Lawrence), based on Re-Entry Matrix System. Programs provided but are not limited to are: Essex County Re-Entry Center, Substance abuse for Offenders, Anger Management, Educational Services, Job Development, Work release and Community Service, Transitional Housing.

Exhibit 7.1 (Continued)

ESSEX COUNTY SHERIFF'S DEPARTMENT

999.09 Re-Entry Process

Upon entering the ECSD each inmate shall undergo the initial Re-Entry screening. The screening provides an opportunity for Re-Entry Staff to become acquainted with each inmate through individual assessment, testing and structured interviews. All inmates will be given an individual treatment plan that starts from the day one of being sentenced. The Re-entry plan will include all program requirements from Maximum to Minimum status, if criteria of Matrix System are met. Inmates who do not meet criteria for minimum placement will be given the same re-entry services, however it will not include any minimum placement recommendations during incarceration at E.C.C.F. Per Re-Entry Matrix system. As part of this process, each inmate will receive copy of Re-Entry plan at initial classification; modifications of plan will be made by appropriate staff based on re-entry step-down process and matrix eligibility.

Re-Entry staff will monitor inmate's re-entry plan, providing information and services as needed. Re-Entry treatment plans will be completed within a reasonable amount of time following sentencing including the following procedures.

Intake- Upon sentencing inmates are interviewed by re-entry staff creating an individual treatment plan on eligibility of Matrix system. Re-Entry staff will ask specific questions pertaining to inmate's treatment, medical, mental health and re-entry needs. Scheduling of Probation Officer during incarceration is completed. Assigning of reintegration coordinator is done at this time. Review of inmate's status will be based on inmate's sentence structure.

Exit- Sentence expire inmates, from Middleton, LCAC and Electronic Monitoring Program are assessed by re-entry staff within 30 days of release. Re-entry services relevant to treatment plan created at initial classification are offered. Recidivism data is entered into database to assist in post release supervision in the community. Post release supervision inmates (probation), scheduled are for transportation upon release to the supervising court.

Statistics/Post Release- Statistical data is recorded upon sentence expires. Data is forwarded to statistical officer that researches recidivism of offenders. Community checks (post-release) is used to ensuring tracking of inmates in community. Re-Entry services post release will be offered to ex-offenders in community.

Initial Classification Board Re-Entry Staff Responsibility

Classification boards shall be comprised of no less than three (3) staff members identified by the Superintendent or his/her designee. One board member shall be designated as chairperson, and shall be responsible for the overall quality of the review process and for ensuring compliance with existing policies and procedures. One member shall be an employee whose primary role

Exhibit 7.1 (Continued)

ESSEX COUNTY SHERIFF'S DEPARTMENT

includes security responsibilities. One member will be developing individual treatment plan and documenting clinic information gathered.

The inmate shall be notified orally forty-eight (48) hours in advance of the scheduled classification hearing. The inmate may waive such notice in writing.

Re-entry staff makes recommendations to the board based on Matrix eligibility. Recommendations will include a re-entry plan from maximum to minimum-security levels based on eligibility and suitability of the offender. Post supervision (probation) recommendations will be considered at the initial hearing. Re-entry plans can be modified at any time during the incarceration. Lowest risk to re-offend inmates will be moved to lower security, to establish connections to community resources. Medium/Maximum security risks have to earn the privilege if eligible for lower security levels by participating in proven programming and treatment to address criminogenic factors in the step down process. Following the initial classification hearing, the inmate will receive copy of the re-entry plan agreed upon by board members.

999.10 Appeal of Re-Entry Decision

Where an inmate is not in agreement with any classification board recommendation, the inmate may submit a written appeal of the classification board's recommendation to the Superintendent or designee with in {5} working days of oral notification of the board's recommendation.

The Superintendent or designee shall review the classification materials with any appeal submitted and render a decision within ten (10) working days. Appeal results shall be written on the appeal form.

The Superintendent or designee shall identify members of the review board. All recommendations of the review board shall be forwarded directly to the Superintendent or designee, who will render a final decision regarding the inmate's classification or placement.

Within five (5) working days of the review boards oral notification of its recommendation to an inmate, the inmate may submit a written appeal of the recommendation directly to the Superintendent or designee. A written response to any inmate appeal in writing shall be made within ten (10) working days.

999.11 Time Limits

All procedural time limits set forth in 103 ECSD 942.00 are directory and may be waived by the Deputy Superintendent of Classification or their designee.

999.12 Department Review Board

This policy shall be reviewed at least annually from the effective date.

999.13 Severability Clause

Exhibit 7.1: (Continued)

ESSEX COUNTY SHERIFF'S DEPARTMENT

If any article, section, subsection, sentence, clause or phrase of 103 ECSD 942.00 is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Sheriff or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of these regulations.

Matrix Definition: To assist staff in determining an inmate's eligibility for Re-Entry services that will provide, them with structure, supervision and means necessary for re-entry into the community. Provide standardized criteria for inmates, by eliminating subjective and personal judgments that could affect the step-down process of offender.

Measuring Success

8

Measuring Success

How many times have you shaken your head in disgust when reading about government agencies that keep throwing money at problems without ever evaluating their effectiveness? Or even worse is when a program was assessed as a gigantic failure, but nothing changes and it keeps on running like it always has.

Thankfully, localities are becoming wiser about the need to ensure that public funds are well spent. In times of fiscal constraints in particular, it is unlikely that your jail's reentry strategies will be funded on an annual basis unless you can convince local and state politicians that these programs work and have a long-term cost-saving value. Anecdotal evidence of success, however, is no longer acceptable. All reentry strategies need to be evaluated. Not only will you save money by weeding out unsuccessful strategies, but evaluations will also provide you with hard evidence of your successes when requesting future funding.

That said, if you don't have in-house research staff you will want to partner with local research organizations or universities to begin evaluating your reentry programs. At the most basic level, your goal is to answer these three questions (Council of State Governments, 2005):

1. Is the reentry strategy producing the desired results?
2. Is the reentry strategy having the greatest possible impact?
3. Is the reentry strategy making the most efficient use of public funds?

Process Evaluation

The process evaluation will document all aspects of program planning, development, and implementation. The objective here is to learn whether the program is being implemented in its intended way. All too often a program starts off well, but over time, lack of funds, staffing changes, and the day-to-day realities of operating a jail can interfere with its implementation. The Orange County, Florida, Corrections Department designed an easy-to-use program review score sheet for its reentry program (exhibit 8.1). This way, the staff know if they are in compliance with their own standards.

More specifically, process evaluations are often conducted to assess penetration rates and program fidelity. These terms are defined below.

Penetration Rate

Penetration is defined as the reentry strategy's reach into the target population: the number of inmates engaged in the program divided by the number of eligible inmates in the target population. For example, the denominator can be defined as the number of inmates with a serious/chronic condition admitted to your jail during a given period. The numerator will be the number of those inmates with a serious/chronic condition who are engaged in level 4 reentry services.

Program Fidelity

The process evaluation will document all aspects of program planning, development, and

implementation. This evaluation includes the examination of reentry staff qualifications and training, program location and hours of operation, staff caseload, supervisory structure, and reentry program content.

An important part of the process evaluation is to analyze your jail's data collection process and storage procedures to ensure that the data you collect are valid and can be easily retrieved in the future. Staff need to be trained on data entry and the importance of being consistent in how information is recorded. Poor quality data can impede an evaluation's value and can be detrimental to your confidence in the evaluation findings. Ideally, all information—from assessment screens to discharge plans—would be entered directly into an electronic database.

Representative Sampling

The attrition rate of reentry program participants raises an important question: Are the inmates who are engaged in the strategies representative of the target population, or are they biased in some way? It's important to monitor participation carefully and examine active participants, those who drop out, and nonparticipants to identify any important differences.

Outcome Evaluation

Once the process evaluation and data collection has begun, the data can be analyzed and used for outcome evaluation. The goal here is to identify the impact of the reentry strategy and the reasons behind the strategy's success or failure in the short and long term. Unfortunately, the public has been conditioned to believe that rearrest and reincarceration rates are the only ways to measure reentry strategies. Although public safety is a very important outcome, we may as well quit now if our success is based solely on recidivism rates. The goal, then, is to broaden the definition of "successful reentry" before designing your outcome evaluation. This might include measures of public health (i.e., reduced health care costs and improved health of the returning inmates) and overall cost savings to the taxpayers. The following are all valid measures of whether reentry efforts are successful.

Public Safety Measures

- The rate of rearrest, reconviction, and reincarceration within three months, six months, one year, and three years.
- The types of crimes for which people are rearrested.
- The number of months individuals remain crime-free or violation-free in the community.

Public Health Measures

- The degree to which inmates use necessary health care services after release.
- The number of contacts with primary care physicians.
- The number of emergency room visits.
- The number of psychiatric hospitalizations.
- The level of medication adherence.
- The degree of testing for chronic and infectious diseases.
- The degree to which inmates apply for treatment upon release.
- The number of treatment sessions completed.
- The level of treatment enrollment.
- The number of former inmates who continued in program(s) at 30-day intervals.
- The number of days an individual remains drug free.
- The number of positive drug tests or the number of individuals who test positive.

- The number of homeless former inmates.
- The number of former inmates enrolled in public benefits.

Restorative Justice Measures

- The amount of restitution collected.
- The hours of community service completed.
- The amount of financial obligations collected.

Educational and Employment Measures

- The number of former inmates who participated in and completed vocational training.
- The number of former inmates employed.
- The number of days employed.
- The wages/benefits earned and taxes paid.
- The number of days inmates retain their jobs.
- The degree of full-time employment (for those that need it).
- The degree of job stability over time (decrease in number of job changes).
- Educational attainment (from adult basic education through postsecondary education).

Other Measures

- Compliance with child support obligations.
- Housing stability.

Preferably your outcome evaluation will compare a baseline group who did not receive the reentry service to a group of inmates who did. Given the fact that many of the inmates who are directed to service providers will not take advantage of them, any outcome evaluation should pay careful attention to dosage: How much of the reentry service did each former inmate receive? Also, what proportion of the former inmates makes it to each stage of the reentry program? What did each participant receive? An evaluation should also identify the dropouts and compare them with those with a consistent usage pattern.

You may want to work with researchers at a nearby university or college when designing your outcome evaluation. Some jails are reluctant to work with academics for fear that the findings will be misinterpreted or used without their permission. More often, problems surface from the focus and timing of the study and the different needs and interests of academic researchers and jail practitioners. These concerns may be offset with a memorandum of understanding with the university. We provided a template of one memorandum of understanding at the end of this section (exhibit 8.2).

Department Evaluation Resources

Developing Local Research Capacity

In the late 1990s, Sheriff Michael Ashe of Hampden County, Massachusetts, decided that he did not want to depend solely on universities and outside researchers to answer basic questions that would help him manage his inmate population. He started his own research department, led by a Ph.D.-level director, as part of a grant program. For his 2,000-bed jail system, he had many questions about internal operations and external factors. Internally, he wanted to evaluate the effectiveness and efficiency of the jail's security operations and rehabilitative programs offered to inmates. Externally, he was curious to analyze how external factors such as changes in sentencing, prosecutorial practices, probation, parole, and policing practices might affect jail overcrowding.

In 2000, he tasked his research department to look at all the treatment and educational programs in his facilities and to examine whether they were running in accord with evidence-based practices. The research department conducted surveys, examined curricula, and convened meetings and determined

that many programs, though well intentioned, did not have a strong research basis in operation. As a consequence, the administration terminated these programs and redirected the resources to those programs that could demonstrate effectiveness.

When the sheriff and superintendent were concerned with the rise in the number of inmates with mandatory sentences of 2.5 years for drug distribution in a school zone, the research department was able to track and quantify this trend. They learned that, unlike other jurisdictions in Massachusetts where this offense was often pleaded down to lower charges, their local district attorney was pursuing full prosecution of this offense. Because inmates serving mandatory sentences consume more jail days and cannot be moved to lower security programs, the sheriff was able to raise awareness of the policy implications of overcrowding the jail with these offenders.

In a new collaboration with the state parole board, the research department assisted the Sheriff's Department in developing new processes that increased the number of individuals leaving the facility on parole. However, the research department also found that the success of the collaboration was having unexpected consequences on new commitments; the rise in parole releases was accompanied by a significant rise in the number of parole revocations into the prison. Again, the data were extremely valuable in guiding the Sheriff's Department and the parole board to implement new practices.

Finally, since 1998, the Hampden County Sheriff's Department has conducted an ongoing study of recidivism and has generated a database of more than 15,000 individuals. The department has focused on sentenced offenders—approximately 40 percent of its inmate population—and reports one- and three-year rates. Importantly, recidivism rates are computed for many subpopulations by offense type, demographic background, custody status, and program participation, including security status at the time of release. The annual report serves to validate the department classification procedures by confirming that those released from its community-based programs have lower recidivism rates than those released from medium and maximum units.

Hampden's example demonstrates the power of developing its own research capacity and for a jail system to see itself as a larger partner in the criminal justice system and not just the receiving institution for populations from the courts, police, and probation and parole. Even in jurisdictions too small to support a full research department, it may be possible to collaborate with other institutions such as criminal justice coordinating committees to develop a research agenda that can better ensure that public safety resources are used wisely.

Summary

As we have said before, nothing discussed in the *Toolkit* is exceedingly difficult to develop or implement. The goal of evidence-based practices is to make sure that you don't waste your time and money on programs that are ineffective. The result will not only help you identify programs that work but will also help you sell your reentry program. For further information on program evaluations, go to the Bureau of Justice Assistance Center for Program Evaluation at www.ojp.usdoj.gov/BJA/evaluation.

Reference

Council of State Governments. 2005. "Report of the Re-entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community." www.reentrypolicy.org/reentry/THE_REPORT.aspx

Exhibit 8.1: Orlando, Florida, Inmate Re-Entry Program Review Score Sheet

PROGRAMS UNIT
PROGRAM REVIEW SCORE SHEET
INMATE RE-ENTRY PROGRAM

Date of Review: Reviewed by:

The Re-Entry Program Review consists reviews of case files, Risk Management Reports, Client Progress Notes, external reviews, and employees' training files. The Case File Review is comprised of 9 critical standards for which compliance is mandatory, and 23 secondary standards. Scoring is either in compliance (1 point), non-compliance (0 points), or NA to indicate standards that do not apply to the file being reviewed. NA scores are subtracted from the total number of points a file can earn. Failure to comply with all Critical Standards results in an automatic non-compliance rating for the entire file. The target score for secondary standards is 80%. The final number reported is the total number of files in compliance out of the total number of files that were reviewed (for example, 18 out of 20 files or 90% were in compliance).

Legend

	Critical Standards
	Reviewer Must Enter Requested Number
	A Formula is in the Cell - Do Not Change

I. FILE REVIEW																					
CRITICAL STANDARDS	SATISFACTORY SCORE THIS SECTION IS 100% COMPLIANCE W/ CRITICAL STANDARDS																				
	Scoring: 1 = Compliance; 0 = Non-Compliance; 1 = NA																				
Compliance is Mandatory		1	2	3	4	5	6	1	8	9	10	11	12	13	14	15	16	17	18	19	20
1. A comprehensive assessment of inmate's strengths, risks and needs to include the Booking Process's mental health staff's assessment and the Orientation and Assessment Process's SALCE and TABE assessment		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. The assessment is completed within two days of entering program, or written explanation if not.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. Transition plan completed within five days of entering program, or written explanation if not.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4. Basic Needs Classes/Activities are presented in motivational educational principals and provided as schedule.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. Dually Diagnosed Groups are provided as designed and on schedule for all designated populations.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. Establish an enduring, stable and dynamic community referral network committed through signed service agreements. 1. Outreach efforts are practiced and documentation maintained. 2. Number of new community/faith based agencies		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. Monthly, quarterly and annual reports are completed on time		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. Prior to release, update transition plan and establish plan of action with community providers to facilitate uninterrupted services upon inmate's return to the community.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9. Client surveys are completed on all inmates prior to release or written explanation if not.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
# OF CRITICAL STANDARDS IN COMPLIANCE	**Max=9 minus**	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
COMPLIANCE (C); Non-Compliance (N)	**NA Scores**	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
# OF FILES IN COMPLIANCE 20 out of	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Exhibit 8.1 (Continued)

SECONDARY STANDARDS ASSESSMENT	SATISFACTORY SCORE IS 80% ON SECONDARY STANDARDS (4=max # pts that can be missed)																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. All inmates are screened for Social Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid eligibility, and Florida I.D. Card	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. If inmate signs consent, contact family to assess their needs.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. The assessment is completed & signed by the assessor, and supervisor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SERVICE PLANS																				
4. Transition plan developed w/ full participation of inmate & Program Planner	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. Transition plan aligned with assessment.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. Transition plan specifies referrals by what agency, and how they are to be provided.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. Transition plan includes updates/plan reviews with inmate.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
INFORMED CONSENT																				
8. Copies of signed, written consent forms.	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CASE NOTES																				
9. Case notes are signed and dated by worker.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10. Chronological progress notes documenting all activities related to the case.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11. Case supervision is documented & includes Program Director's signature.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CASE REVIEWS																				
12. Program Director conducts quarterly case reviews based upon SOP criteria.	1	1	1	1	1	1	1		1	1	1	1	1	1		1	1	1	1	1
COMPLETION STATUS																				
13. Each case contains a Discharge Summary form indicating:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
14. Services Provided	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15. Progress of the Inmate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
16. Updated Transition Plan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17. Referrals, recommendations, aftercare	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18. Follow up information			1		1	1		1	1	1	1	1	1	1	1	1	1	1	1	1
RELEASED FROM JAIL																				
19. Re-entry releases and referrals are tracked to determine upon release the inmate's destination.	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1
GENERAL																				
20. Records clearly legible.		1			1			1	1	1	1	1	1	1	1	1	1	1	1	1
21. Records are marked confidential.(Mental Health)							1	1	1	1	1	1	1	1	1	1	1	1	1	1
22. Records are kept locked & access limited as appropriate.			1				1	1	1	1	1	1	1	1	1	1	1	1	1	1
23. Records are up-to-date from assessment to release			1		1		1	1	1	1	1	1	1	1	1	1	1	1	1	1
FILE REVIEW SCORES ON SECONDARY STANDARDS ONLY																				
THE TOTAL NUMBER OF SECONDARY STANDARDS IS 23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23
NUMBER OF NAs GRANTED (Secondary Standards Only)																				
MAX NUMBER OF POINTS THAT CAN BE EARNED PER FILE	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23
# OF POINTS EARNED ON SECONDARY STANDARDS	18	19	21	18	20	18	21	22	23	23	23	23	23	24	22	23	23	23	23	23
SCORE AS A PERCENTAGE PER FILE	78%	83%	91%	78%	87%	78%	91%	96%	100%	100%	100%	100%	100%	104%	96%	100%	100%	100%	100%	100%
# OF FILES IN COMPLIANCE 17 out of 20			Score = 85%																	
FILE REVIEW RESULTS FOR CRITICAL & SECONDARY STANDARDS COMBINED																				
FILE IN COMPLIANCE - Yes = 1; No = 0 (Critical & Secondary)	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
# OF FILES IN COMPLIANCE 17 out of 20																				
Score = 85% Enter # of Files Reviewed	Satisfactory File Score = Meets All Critical Standards and at least 80% of Secondary Standards.																			

Exhibit 8.1 (Continued)

II. RISK MANAGEMENT REVIEW		
1. Incidents that occur are reported accurately and in a timely manner.	☑ Compliance ☐ Non-Compliance	
2. Serious Incidents handled in accordance with SOPs.	☑ Compliance ☐ Non-Compliance	
Comments:		
III. SERVICE VERIFICATION REVIEWS		
1. Program verification provided for at least 10% of the inmate re-entry population and include cases from each employee.	☑ Compliance ☐ Non-Compliance	
2. Program Director will personally speak to inmates to verify that services were provided as indicated in the case file.	☑ Compliance ☐ Non-Compliance	
3. Program Director addressed evidence of discrepancies in program verification and case file.	☑ Compliance ☐ Non-Compliance	

VI. TRAINING REVIEW

TRAINING		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
TRAINING SCORING: YES, NO, NA. "NO" SCORES INDICATE NON-COMPLIANCE.																					
1. Training plan developed for new staff within one week of hire.		1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	
2. Training plan includes required training (for both new hirees and employees who have been with the Division for more than a year).		1	1	1		1	1	1	1	1	1	1	1		1	1	1	1	1	1	
3. Training is completed within one month from date of hire.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Max score = 3		3	3	3	2	3	2	3	3	3	3	3	3	2	3	3	3	3	3	3	
COMPLIANCE (1) OR NON-COMPLIANCE (0)		1	1	1	0	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	
COMPLIANCE (Y) OR NON-COMPLIANCE (N)		Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	

Number of Employees in Compliance	16	out of	19	[# of Training Files Reviewed]	Score=	84%

Comments:

Feedback from Program Director:

V. STAFFING OVERVIEW

STAFFING OVERVIEW		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
TRAINING SCORING: YES, NO, "NO" SCORES INDICATE NON-COMPLIANCE.																					
1. Employee's files are updated annually to include: copies of Social Security Card and driver's license, emergency phone contact and copies of credentials (I.e. diplomas, degrees, transcripts).		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2. Job descriptions are included in the file.		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
3. Staff performance reviews are completed annually.		1	0	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	
4. Training records are updated quarterly and need to indicate the following: a. Each staff have a training log, whereby, the number of training hours, location and topic of training is documented. b. A running total of training hours needs to be on a yearly basis. c. Training records should contain copies of the agenda, or outline of the training. d. All licenses and certifications are current.		1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Max score = 4		4	3	3	4	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	
COMPLIANCE (1) OR NON-COMPLIANCE (0)		1	0	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	

Number of Employees in Compliance	16	out of	19	[# of Training Files Reviewed]	Score=	84%

Comments:

Feedback from Program Director:

Exhibit 8.2: Memorandum of Understanding for Research

MEMORANDUM OF UNDERSTANDING ("MOU") BETWEEN _____DEPARTMENT OF CORRECTION ("DOC") AND _____ COLLEGE

The Department of Correction ("DOC") and _____ College have agreed to enter into this Memorandum of Understanding ("MOU") in an effort to conduct research that will to increase the understanding of _____.

Research Design

The researcher explains how the research will be carried out.

Data Requested

The researcher lists the type of data the DOC will provide.

Use of Data

1. Confidentiality and Disclosure

A. All individually-identified information obtained, learned, developed or filed by _____ College in connection with this study shall be held confidential by _____ College and shall not be disclosed by _____ to any person, organization, agency or other entity except as authorized or required by law.

B. All of the reports, information or data, furnished to or prepared, assembled or used by _____ College under the agreement are to be held confidential, and _____ College agrees that the same shall not be made available to any individual or organization without the prior written approval of the Correction Administrator or his designee.

C. Beyond the final report, _____ College has the right to publish any additional materials related to the work performed under this MOU. _____ College must furnish DOC with a copy of any proposed publication or public disclosure, at least 60 days in advanced of the proposed publication data. No data or information that specifically identifies an inmate will be disclosed by _____ College. For the purposes of this agreement, "disclosure" includes the oral or written release, publishing or provision of access to information learned in the course of the study.

D. _____ College shall at all times preserve the confidentiality and security of information learned during the course of the study. _____ College shall restrict the use and disclosure of information learned during the study to those person or entities (including agents and subcontractors) that have been hired, designated or assigned by _____ College to conduct the study. _____ College will disclose no data or information that specifically identifies an inmate.

E. The provisions of this Article shall remain in full force and effect following the termination of, or cessation of the services required by this MOU.

Exhibit 8.2 (Continued)

2. Security of Data

A. _____ College agrees to hold all information confidential and to keep all data received from DOC securely and to restrict access to the data. In particular, John Jay College will not store the data on a file server or in any other computational domain where it could be accessed by others.

3. Acknowledgement

A. _____ College will use the following citation in all published works: "Data utilized in this study were made available by the _____ Department of Correction; and have been used after obtaining any necessary permission. The analyses and interpretations expressed herein represent the opinions of the authors, and do not necessarily reflect the opinions of DOC or _____College."

B. _____ College agrees to indemnify and hold harmless DOC and the City ____ or County _____ against any and all claims whatsoever, including attorney fees, arising by ____ College's failure to comply with the confidentiality requirements of this MOU.

4. Copyright

_____ College shall not make any claim to copyright ownership of materials provided by DOC and shall not provide copies of the materials to others nor make copies, except as necessary to carry out statistical research.

5. Contact Person

To facilitate successful administration of this study and MOU, each party will designate a principal representative who will act as the contact person for each party in regard to this study. The contact person for DOC is _____ . The contact person for John Jay College is _____.

6. Termination

Any party may terminate this MOU by giving written notice to the other parties. The provisions of this Article shall remain in full force and effect following the termination of, or cessation of the services required by this MOU.

7. Modification

This MOU sets forth the entire agreement between the parties, superseding all prior agreements and understandings, written or oral, and may not be altered or modified except by a writing signed by all parties.

_____ _____

_____ Date

Sheriff
Department of Correction

_____ _____

_____ Date

College

Source: Center for Employment Opportunities

Conclusion 9

Conclusion

Thanks for taking the time to read this *Toolkit.* We hope it has inspired you to rethink the benefits of incorporating jail reentry as a core component of your policies and procedures. For those who are new to reentry, the discussions and exhibits throughout the *Toolkit* and its companion report, *Life After Lockup: Improving Reentry from Jail to the Community,* will help you begin reentry strategies regardless of your jail size, location, or available resources. For those who currently provide reentry services, the *Toolkit* offers some new ideas about how to enhance what you're doing.

Don't hesitate to get started or expand your reentry services even if you are worried that you don't have all the key components in place. Nothing is perfect in the real world; all that we recommend is that you give it a try, understanding that it may take many months to work out all the kinks in the implementation of your strategy.

By way of summary, the following are the essential ingredients to ensure reentry success:

Leadership—Reentry begins at the top with leadership. Jail staff take their cues from you. You are their role model! Believing in reentry and being able to articulate the jail's role in the reentry process is paramount for it to succeed.

Staff—Even the best ideas fail if you don't get buy-in. Staff need to be sold on the value of reentry, not only for inmates and the community, but also for how it benefits them. Let them know that their reentry ideas and suggestions matter. Figure out ways to acknowledge their efforts so they feel appreciated for taking on a responsibility that may not have been part of their original job description. We think you'll find that the majority of staff will be eager to assume a more proactive role when working with inmates. Over time, you'll have a more energetic workforce.

Tools—Valid and reliable assessment screens and reentry plans are the tools you need to identify inmates' reentry needs. We dedicated two sections in the *Toolkit* to this subject to give you a sense of how important we feel developing and implementing the right tools is.

Stakeholders—Reentry starts at intake but it ends in the community. In other words, the community cannot be separated from reentry because it is to the community where inmates return. Relationships have to be forged and supported over time. This may require breaking down historical barriers and developing honest communication with those who are willing to help. The jail is part of the community. The sooner we understand that, the quicker reentry can begin.

Public Relations—Even the best ideas don't sell themselves. Promoting your reentry accomplishments is paramount if you want community support. You have the ability to help change someone's life for the better. That is exciting news and the community needs to hear it.

Inmates and Their Families—Let's not forget the individuals incarcerated in your systems, because they are an important part of the reentry equation. Inmates and their families often have a distrust of services and government agencies because of the lackluster experiences they have had in the past. Over time, inmates will also buy in, because they'll notice how the reentry culture permeates your jail. News also travels fast, and inmates will soon hear the success stories of their friends who were recently released. Families can and should be brought in as an essential resource to help support reentry pre- and postrelease.

We know that the implementation of reentry strategies is daunting, but it is possible and will be good for the jail, inmates, and the broader community. The field is moving in this direction, and jurisdiction after jurisdiction is finding that once its staff begins reentry programming, they become engaged and excited about helping inmates return to the community with resources to meet their needs.

For those of you who have already begun implementing reentry strategies, you should start letting your colleagues know about the work you are doing. The most effective way to get other jails on board is for them to see how a similar facility was able to pull it off with the same staff size, resource base, and budgetary and time constraints. We hope that this becomes the new way of doing business and believe that improved public safety will follow.