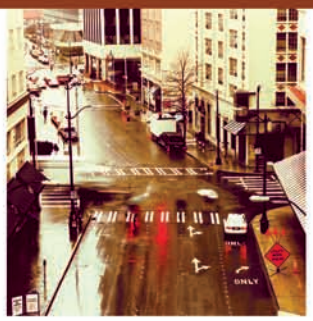
MAY 2008

Life After Lockup

Improving Reentry from Jail to the Community



Montgomery County, Md. Correction and Rehabilitation

URBAN INSTITUTE
Justice Policy Center

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

BJA Bureau of Justice Assistance

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Robert Davis, Police Foundation (formerly)

Mary Jo Dickson, Allegheny County Department of Human Services (Pennsylvania)

John Firman, International Association of Chiefs of Police

Robert Green, Montgomery County Correctional Facility (Maryland)

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Virginia Hutchinson, National Institute of Corrections, U.S. Department of Justice

Gwyn Smith-Ingley, American Jail Association

Michael Jackson, National Sheriffs' Association

Nicole Maharaj, U.S. Conference of Mayors

Rachel McLean, Council of State Governments Justice Center

Andrew Molloy, Bureau of Justice Assistance, U.S. Department of Justice

Donald Murray, National Association of Counties

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Tony Thompson, New York University School of Law

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Kristina Gulick, Broward County Sheriff's Office (Florida)
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Introduction

The challenges associated with reentry from jail are daunting—large in scale and complex in task. Each year, U.S. jails process an estimated 12 million admissions and releases. That translates into 34,000 people released from jails each day and 230,000 released each week. In three weeks, jails have contact with as many people as prisons do in an entire year, presenting numerous opportunities for intervention.

The lives of many who cycle in and out of jail are unstable at best. Substance addiction, job and housing instability, mental illness, and a host of health problems are part of the day-to-day realities for a significant share of this population. Given that more than 80 percent of inmates are incarcerated for less than 1 month—many for only a few hours or days—jails have little time or capacity to address these deep-rooted and often overlapping issues. Moreover, no single organization or political leader in the community is responsible—or held accountable—for improving reentry outcomes.

A decade ago, jail administrators could plead ignorance or might respond "not my job" if asked how they assist inmates' transition from confinement to community. Care, custody, and control were their operational directives and providing timely and accurate intakes, transports, and discharges of inmates their chief priorities. In the intervening years, with increasing awareness about the effects of reentry on public safety and community well-being, many of the field's leading practitioners have begun to consider jail reentry programs and strategies as essential to the mission of jails. And they recognize they cannot do it alone; many jails are collaborating with community-based organizations that have the expertise, commitment, and capacity to work effectively with this population.

Collaboration across disciplines and jurisdictional boundaries is at the core of jail reentry, and in recent years, the field has seen an explosion of creative and productive partnerships between jails and law enforcement, probation, faith-based organizations, mental health clinics, victim advocate groups, the business community, and a variety of other social service and community providers. In many cases, such as the treatment of mental illness, individuals in jails are past or current clients of community-based organizations, and reentry strategies can maintain continuity of care. Reentry information sharing among law enforcement and public safety agencies can lend support to programmatic interventions and also serve to reduce victimization.

At the individual level, short lengths of stay and locally sited facilities translate into relatively little time away from—and even continued contact with—family, friends, treatment providers, employers, the faith community, and other positive social supports. If jail reentry efforts can help strengthen the ties between incarcerated individuals and these important social networks, the efforts could yield substantial gains in terms of safer communities, improved public health, and a reduced burden on taxpayer dollars.

Since 1998, criminal justice policymakers, practitioners, and researchers have focused substantial attention on the issue of *prisoner* reentry, people released from state and federal prisons. For a variety of reasons, until recently the policy discussion largely ignored the reentry issues of the millions released from local jails. Through the efforts of many in the

field, that is no longer the case, and interest and activity in jail reentry has grown remarkably in the past several years. Though jail reentry can build on many of the ideas and approaches of prisoner reentry, the distinct differences in the nature of the operations and the status of the jail population require a new set of strategies.

In an effort to build knowledge on the topic, in 2005, the U.S. Department of Justice's Bureau of Justice Assistance invested in the Jail Reentry Roundtable Initiative, a joint project of the Urban Institute, John Jay College of Criminal Justice, and the Montgomery County (Maryland) Department of Correction and Rehabilitation. Over the past two years, we have commissioned seven papers, convened a Jail Reentry Roundtable and two national advisory meetings, conducted a "scan of practice," and interviewed dozens of practitioners around the country. This report aims to synthesize what we have learned through these efforts.

Reentry Defined

For the purposes of this report, reentry is defined as the process of leaving jail and returning to society. Virtually all inmates experience reentry, irrespective of their method of release or the presence of community supervision. "Transition" has also been used to describe the reentry process, and in this report we use the terms interchangeably.

Our assumption is that successful reentry strategies would translate into public safety gains, in the form of reduced recidivism, and the long-term reintegration of the formerly incarcerated individual. Successful reintegration outcomes would include increased participation in social institutions such as the labor force, families, communities, schools, and religious institutions. There are financial and social benefits associated with both public safety and reintegration improvements.

Reentry is not a program, not a form of supervision, not an option.

Note on Language

People in jail are incarcerated under a number of different legal statuses. They are often referred to as "detainees" if they are on pretrial status or "inmates" if they are convicted and sentenced to jail. In this report, we refer to all people held in local jails as inmates to distinguish them from people incarcerated in state and federal prison (prisoners). We refer to former inmates and prisoners as "individuals" or "people" whenever possible.

Report Roadmap

Section 1 presents an overview of U.S. jails and the people who cycle through them. The section begins with a description of the varied characteristics, functions, organizational structures, and capacities of the 3,365 jails around the country. The second half of the section details the demographics, criminal histories, and challenges of the jail population, including substance abuse, mental and physical health, employment, and housing. The section ends with a discussion of the unique challenges and opportunities of reentry from jails compared with prisons.

Section 2 examines a variety of ways that jurisdictions can address reentry from jail. We identify a series of opportunities on the jail-to-community continuum where reentry-focused

interventions can make a difference. From distributing reentry resource guides to more involved assessment, planning, and case management, jurisdictions can take a number of approaches to improve reentry outcomes for individuals, their families, and communities.

Although the reentry concepts are straightforward, operationally they are difficult to implement and far from "business as usual." A reentry orientation is out of step with both traditional correctional missions and the expectations of community-based organizations that are best positioned to receive and assist individuals after release. For jail reentry efforts to be successful, they must rely on new relationships among jails, community-based service providers, and the individuals involved in the multiple systems. Accordingly, the section ends with a brief discussion about the systems-level planning that may be necessary to support reentry strategies over time.

Section 3 profiles 42 jail transition efforts around the country, representing a diversity of approaches in a variety of settings. Most initiatives involve some type of jail-based intervention, community "in-reach," discharge planning, and community-based follow-up of two weeks to two years. All of the efforts involve jail-community partnerships with both public and private organizations, and many use volunteers and formerly incarcerated mentors. These established reentry efforts are a testament to jails, sheriffs' offices, community corrections, and community-based agencies—large and small—that seek to expand their work beyond their own organizational missions and responsibilities. Though few of these initiatives have been evaluated, we think they offer inspiration—in the most practical sort of way—to other jurisdictions around the country. In addition to brief descriptions and contact information for each of the examples, a companion document—*The Jail Administrator's Toolkit for Reentry*—is available as a resource for those who are working to improve reentry in their jurisdictions.

Section 4 explores the role of probation in reentry from jail. Unlike the prison-to-parole trajectory, there is often no community-based supervision following a jail term—a reflection of the diverse (often unsentenced) populations housed in jails and the local justice system's functions. At the same time, there is a substantial overlap in the jail and probation populations: about 61 percent of inmates have been sentenced to probation supervision at some point in the past, and almost half were on probation or parole at the time of their arrest. Further, in some jurisdictions, probation departments do supervise a large share of the released sentenced population. This section focuses on a few counties with active jail-probation collaborations, describing the various ways such partnerships can affect reentry from jail.

The report concludes optimistically, in *Section 5,* that jail administrators will embrace jail reentry as the next logical and inevitable step in the evolution of jail practice throughout the country. The number of individuals affected by jails is so large, the needs of the population are so compelling, and the opportunities to intervene and improve public safety and public health are so vast that improving reentry from jail has the potential to become a focused goal in the field for years to come.

For as long as jails have incarcerated people, jails have released them back to their communities. Some leaders in the field have long advocated that jails be seen as integral community partners in maintaining public safety and community well-being, rather than as isolated institutions that provide a temporary time-out for individuals passing through them (Wallenstein, 2000). More than 20 years ago, in *The Jail,* scholar John Irwin emphasized the importance of this local institution and the obstacles associated with reentering society (Irwin, 1985). Now more than ever, jurisdictions recognize that inmates will soon return

to their home communities and that, without active involvement of the community, even the most advanced jail system cannot effect long-term change. There is also a growing recognition that reentry from jail involves more than preparing individuals for release; it also involves preparing communities for their return.

The field of jail reentry is still nascent, and this report does not contain all the answers. It is too early in the discussion and there are still many unknowns. But this report is intended to provide a foundation, a starting place, on the important topic of reentry from jails, and to provoke cross-agency discussions at the local level. If a brief jail stay could, in the end, *improve* the odds of stabilizing individuals' lives after release, the benefits would extend to families and communities throughout the nation.

The Jail Reentry Roundtable

The Urban Institute, John Jay College of Criminal Justice, and the Montgomery County Department of Correction and Rehabilitation in Maryland—with support from the Bureau of Justice Assistance—partnered to convene a Reentry Roundtable on the topic of reentry from jails. The Urban Institute has previously held eight Reentry Roundtables, each focusing on a different aspect of prisoner reentry with the aim of advancing knowledge and creating policy opportunities to improve outcomes. This ninth Reentry Roundtable focused attention on the 12 million releases from local jails each year. The two-day meeting, held June 27–28, 2006, at the Urban Institute in Washington, D.C., brought together leading jail administrators, researchers, corrections and law enforcement professionals, county and community leaders, service providers, and former inmates to discuss the unique dimensions, challenges, and opportunities of jail reentry.

Meeting Participants

Jay Ashe	Hampden County Sheriff's Department (Massachusetts)
Chris Baird	National Council on Crime and Delinquency
Allen Beck	Bureau of Justice Statistics, U.S. Department of Justice
Melissa Cahill	Collin County Community Supervision and Corrections (Texas)
Gary Christensen	Dutchess County Sheriff's Office (New York)
Reverend Warren Dolphus	National Alliance of Faith and Justice
Robert Francis	Dallas County Criminal District Court (Texas)
Nicholas Freudenberg	Hunter College/City University of New York
Joanne Fuller	Multnomah County Department of Community Justice (Oregon)
Susan Galbraith	Our Place DC
Richard Goemann	National Legal Aid and Defender Association
Gregory Hamilton	Travis County Sheriff's Office (Texas)
Frank Hecht	Tohono O'odham Nation Police Department (Arizona)
Gary Hinzman	1st Judicial District Department of Correctional Services (Iowa)
Susan Smith Howley	National Center for Victims of Crime
Robert Johnson	Anoka County District Attorney (Minnesota)
Stefan LoBuglio	Montgomery County Department of Correction and Rehabilitation (Maryland)
Martha Lyman	Hampden County Correctional Center (Massachusetts)

Paul Mulloy	Davidson County Sheriff's Office (Tennessee)
Lisa Naito	Multnomah County Commissioner (Oregon)
Marta Nelson	Center for Employment Opportunities
Dorsey Nunn	All of Us or None
Fred Osher	Council of State Governments Justice Center
John Roman	The Urban Institute
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Timothy Ryan	Miami-Dade County Corrections and Rehabilitation Department (Florida)
Harriett Spencer	Philadelphia Mayor's Office for the Reentry of Ex-Offenders (Pennsylvania)
Mindy Tarlow	Center for Employment Opportunities
Faye Taxman	Virginia Commonwealth University, Wilder School of Government and Public Affairs
Anthony Thompson*	New York University School of Law
Arthur Wallenstein	Montgomery County Department of Correction and Rehabilitation (Maryland)
Rhon Wright	Norfolk Police Department (Virginia)

*Roundtable Facilitator

Discussion Papers and Presentations Prepared for the Jail Reentry Roundtable

- Coming Home from Jail: A Review of Health and Social Problems Facing U.S. Jail Populations and of Opportunities for Reentry Interventions (Nicholas Freudenberg)
- Short-Term Strategies to Improve Reentry of Jail Populations: Expanding and Implementing the APIC Model (Fred Osher)
- "Whys" and "Hows" of Measuring Jail Recidivism (Martha Lyman and Stefan LoBuglio)
- Our System of Corrections: Do Jails Play a Role in Improving Offender Outcomes? (Gary Christensen and Elyse Clawson)
- Does It Pay to Invest in Reentry Programs for Jail Inmates? (John Roman and Aaron Chalfin)
- Jail Reentry and Community Linkages: Adding Value on Both Sides of the Gate (Marta Nelson and Mindy Tarlow)
- Reentry Programs and Rural Jails (Frank Hecht)
- The Gender-Responsive Strategies Project: Jail Applications (Susan McCampbell)*
- The Importance of Successful Reentry to Jail Population Growth (Allen Beck)
- The NCCD Zogby Poll—Public Attitudes Toward Rehabilitation and Reentry (Chris Baird)

*This paper was not commissioned for the Jail Reentry Roundtable. It was prepared under a cooperative agreement (not connected to the Roundtable or the Urban Institute) from the National Institute of Corrections, U.S. Department of Justice, in April 2005.

A summary of the Roundtable meeting and the Roundtable-commissioned papers and presentations are available at www.urban.org/projects/reentry-roundtable/roundtable9.cfm. Most commissioned papers were revised and published in *American Jails,* a magazine of the American Jail Association.

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Irwin, John, *The Jail: Managing the Underclass in American Society* (Berkeley: University of California Press, 1985).

Wallenstein, Arthur, "Intake and Release in Evolving Jail Practice," in *Prison and Jail Administration: Practice and Theory,* ed. Peter M. Carlson and Judith Simon Garrett (Gaithersburg, MD: Aspen Publications, 2000).

1

Facts about U.S. Jails and the Jail Population

Facts about U.S. Jails and the Jail Population

1

To set the stage for a discussion on reentry interventions, this section describes the characteristics and functions of the nation's jails and the people who cycle through them. Information on jails at the national level is scarce—the sheer number of independently operated jail systems and the diversity of organizational structures make it difficult to collect uniform and consistent data at the national level. In the absence of a comprehensive data source on the topic, we draw on disparate sources, largely from the U.S. Department of Justice's Bureau of Justice Statistics (BJS), to sketch as broad and accurate a picture as we can of jails and the jail population. At the end of the section, we examine the unique challenges and opportunities of reentry from jail, compared with reentry from prison.

What Do We Know about U.S. Jails?

According to BJS, there are 3,365 local jails around the country, processing an estimated 12 million admissions and releases each year.[1] These 12 million admissions and releases represent about 9 million unique individuals, most incarcerated for brief periods of time, often only a few hours or days. As a result of this rapid turnover, the number of admissions is more than 16 times the 766,010 held in jail at midyear 2006.[2] Unlike prisoners in state and federal institutions who are virtually all convicted and sentenced, more than 60 percent of the nation's jail inmates have not been convicted and are awaiting arraignment or trial (Sabol and Minton, 2007).

The jail population has nearly doubled over the past decade and a half, from just over 400,000 in 1990 to nearly 770,000 in 2006 (figure 1) (Bureau of Justice Statistics, 2000; Sabol and Minton, 2007). Accordingly, jail populations have increased even faster than state prison populations. Accounting for more than two-thirds of the jail population growth is the rising number of pretrial detainees, which has grown from 56 percent of the jail population in 1995 to 62 percent in 2006. Other factors associated with the growth in the jail population include the use of detention space for other criminal justice authorities; a rise in the number of felony offenders sentenced to jail; and increases in the number of community supervision violators.

Organizational Structure

With few exceptions, jails are administered at the local level by counties and cities. In the United States, there are 3,365 independently operated jails, compared with 50 state prison systems. As locally administered systems, jails vary significantly in their organizational

[1] Unless otherwise noted, the information presented in these two paragraphs comes from a Bureau of Justice Statistics presentation (Beck, 2006).

[2] The jail's midyear 1-day count is different from the average daily population (ADP), which was 755,896 in the year ending June 30, 2006. We use the jail's midyear 1-day count rather than the ADP because information on population characteristics from the Bureau of Justice Statistics is based on this count.

Figure 1: Jail Population Growth, 1990–2006

Source: Bureau of Justice Statistics Correctional Surveys as presented in Bureau of Justice Statistics, 2000, and the *Prison and Jail Inmates at Midyear* series (Bureau of Justice Statistics, 1998–2006).

structure. Traditionally, elected county (or city) sheriffs with backgrounds and priorities in law enforcement operate local jails (Zupan, 1991, Keller, 2005). Indeed, sheriffs run more than 80 percent of the nation's jails, and most of them have additional responsibilities including law enforcement, civil service, court security, and inmate transport (Matthews, 2006; Martin and Katsampes, 2007). In some urban and suburban areas such as New York City or Montgomery County (Maryland), the county executive or the mayor may appoint a corrections commissioner or director who oversees jail operations while the sheriff retains some of the other duties described above. In Hennepin County, Minnesota, which includes Minneapolis, the local sheriff runs the pretrial jail facility and the county executive oversees the department that runs the "workhouse" for sentenced inmates as well as the county's probation, parole, and juvenile justice systems. In total, localities spend about $20 billion annually to run their correctional agencies (Hughes, 2006).

In a few jurisdictions, jails are not run at the local level at all. In six states—Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont—the entire correctional system is unified, and the state department of correction manages the jail function (Stephen, 2001). In a number of tribal areas, the federal government's Bureau of Indian Affairs oversees jail operations.

Jail Functions and Broad Jurisdiction

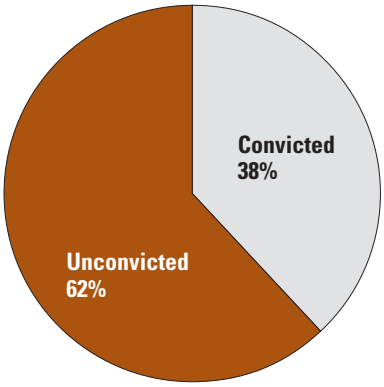
Jails serve multiple functions. They are often described as the entry point to the correctional system and also the backstop, housing individuals for multiple reasons and for multiple agencies and jurisdictions. In broad terms, local jails are designed to serve two purposes: to process and hold individuals awaiting arraignment, trial, conviction, or sentencing and to hold convicted individuals whose sentence is typically less than one year. For those who are sentenced, a jail term is meant to hold individuals accountable for their crime and fulfill any other correctional goals, whereas the role of pretrial detention is primarily to protect the public and ensure appearance in court (Martin and Katsampes, 2007).

In addition to these two traditional functions, jails also hold individuals who have violated the conditions of their pretrial release and parole or probation supervision; house individuals for state or federal authorities because of prison overcrowding (about five percent of state and federal prisoners are held in local jails (Harrison and Beck, (2006)); and temporarily hold inmates sentenced to prison, inmates in transit from one prison to another, and juveniles awaiting transfer to juvenile authorities (Stephen, 2001). Many jails operate community-based programs as alternatives to incarceration,[3] and a few receive state inmates transferred from prison as part of a step-down model to allow individuals to strengthen family and community ties before release.

Jails also provide transportation to court. In fact, because they hold such a large pretrial population, the movement of individuals to and from court is one of the chief responsibilities of jails. In some large jurisdictions, such as New York City, the local correctional agency moves as many as 2,000 individuals a day to and from court with a fleet of buses that rivals most school systems' (City of New York Department of Correction, 2006).

As noted above, the majority of jail inmates have not been convicted of a crime (figure 2). The charges for these unconvicted detainees range from minor public order nuisances and violations of probation or parole to violent and serious crimes.[4] Pretrial detainees present unique challenges compared with the sentenced population, one of the most basic of which is the uncertainty of *when* they will leave the facility. The pretrial population may be detained for a few days or a few years and are sometimes released directly from court without returning to the correctional facility.

Figure 2: Conviction Status of Jail Inmates, 2006



Source: Sabol and Minton, 2007.

As a consequence of the multiple functions they serve, jails are responsible for a variety of individuals and accountable to numerous justice system agencies, including law enforcement, prosecution, probation and parole agencies, the courts, and state departments of correction (Marin and Katsampes, 2007). As such, jails are an integral component of local governments' public safety function. With high demands, limited resources, and a focus on care, custody, and control, sheriffs and jail administrators often consider the correctional goals of rehabilitation and reentry preparation as secondary.

Length of Stay

The vast majority of jail inmates are not incarcerated for long. BJS estimates that fewer than 20 percent of the annual admissions stay more than 1 month. Thirteen percent are estimated to stay longer than two months, seven percent longer than four months, and just four percent longer than six months (see table 1, page 6) (Beck, 2006).

[3] Community-based alternative programs that jails may operate include electronic monitoring, home detention, weekend reporting, day reporting, work release, and community service. In addition to the 766,010 held in jail, more than 60,000 individuals are supervised by jail authorities in alternative community-based programs.

[4] Further information about the characteristics and criminal histories of the jail population is described later in the section.

Of those inmates who are convicted and sentenced to serve time in jail, the average time served is about nine months. Length of stay is unpredictable for the pretrial population and ranges from hours to days to years. Even among sentenced inmates, there is an element of difficulty determining precise release dates because of credits that are applied against sentences. We discuss implications of the unpredictable, often short lengths of stay that characterize the majority of the jail population in *Section 2.*

Table 1: Length of Stay

Expected Length of Stay	Percentage of Total Admissions
> 1 month	19
> 2 months	13
> 4 months	7
> 6 months	4

Source: Beck, 2006.

The Role of Pretrial Services in Reentry from Jail

After an arrest, the court must decide whether to release the arrestee, either through recognizance or the setting of bail or bond, or to detain him or her pending adjudication of the charges. A central factor in making this decision is the risk posed by the arrestee of failing to appear in court or presenting a danger to the community. Pretrial services programs assist the courts by conducting individual assessments of these risks and providing recommendations to the court. Should the court order an individual to be released pending trial, pretrial services may oversee the conditions of the court-imposed release, including reporting requirements, referrals to treatment or social services, or substance abuse testing. Accordingly, in the jurisdictions in which it operates, pretrial services is often the first to identify the needs and risks of defendants entering the system, the first to match defendants with needed services and supervision, and the first to monitor their compliance with court-ordered conditions (Murray, 2006). Pretrial services also has contact with those on probation or parole if they are rearrested on new charges—yet another opportunity to intervene with the reentry population (Murray, 2006).

Since the first pretrial services program was established in 1961 in New York City, urban, suburban, and rural jurisdictions have established hundreds of them around the country. In some places, pretrial services was developed solely to reduce jail crowding; in others, to provide supervision to those released pending trial or to serve targeted groups of arrestees.

About 18 percent of felony defendants released pretrial in the 75 largest counties for which data are available were placed on conditional release in 2002 (Cohen and Reaves 2006). Most conditional releases include an agreement by the defendant to maintain regular contact with a pretrial program through telephone calls or personal visits.

According to the most recent survey of pretrial services programs, conducted in 2001 by Pretrial Services Resource Center, 337 jurisdictions had a pretrial services program (Cohen and Reaves 2006). The overwhelming majority of pretrial services programs are locally operated, serving either a county or municipality, and county governments are the largest source of funding for these programs (Cohen and Reaves 2006). Probation is the most frequent administrative locus for pretrial services programs (31 percent), followed by the courts (29 percent). However, pretrial services programs run by the jail or sheriff have grown substantially since the first survey in 1979, from 4 percent to 19 percent in 2001 (Cohen and Reaves 2006). For more information about pretrial services, see the Pretrial Services Resource Center web site at www.pretrial.org.

The population within small jails tends to turn over at a faster rate than that in larger jails. Small jails with an average daily population (ADP) of less than 50 turn over in population about 33 times a year. The average length of stay is 11 days at small jails and 27 days at larger jails (ADP of more than 1,000) (Beck, 2006).

Intake and Booking

As a result of the high turnover in jails, the booking and intake process consumes a substantial share of a jail's activity. Jails process an average of 450 admissions each week, and in some large, urban jails, the average can be 450 a day (O'Toole, 1996). Further, jail admissions are heavily concentrated on certain days and at certain times of day, and most of these new inmates will not stay longer than a few days (O'Toole, 1996). Pretrial detention often swells on weekends, particularly holiday weekends, during which time courts are closed and unable to make pretrial release decisions.

In prison, new admissions usually arrive at prescheduled times and with extensive presentence reports prepared for the sentencing court. Because individuals often arrive at jail at unpredictable times, with no background information and a variety of charges, the booking and intake process is especially important to determine risks that individuals might pose and needs they have in order to place them in the appropriate security level at the jail.

Complexity of Jail Population Flow

The population flow through jail is complex. The majority of people passing through jails each year are charged with misdemeanor offenses, such as public drunkenness, trespassing, shoplifting, and public disturbances.[5] Movement through the system varies across jurisdictions, but there is a basic process for new arrests that is common among most jurisdictions. When individuals are arrested, they are usually taken to a processing unit in the jail. Processing is typically performed in a section of the jail separate from the main holding area, and sometimes in a separate facility altogether. Soon after processing the arrestee, the court decides whether to release him or her on recognizance with no conditions, set a bail in which money is required up front, set a secure bond, or set an unsecured bond with or without conditions for pretrial release. Those accused of particularly violent offenses are typically not released. Those who are ineligible for pretrial release or who are unable to post secured bond are booked into the jail. The booking and intake process may take place in a separate facility, along with processing. At the next business-day arraignment, the judge can decide to lower or eliminate bail or bond, release the individual to pretrial community supervision, or detain him or her.

From this stage, pretrial detainees go back and forth to court appearances and may be released at various points in the process. Releases at court occur for a number of reasons including circumstances in which the pretrial jail stay is seen as sufficient for covering fines or other minor sanctions, a sentence of time served is given, bail or bond is lowered or removed after review, or the case is dropped by the prosecutor or null processed (not moved forward). Those who are convicted of charges may serve their sentence in the local correctional facility provided that the time served falls below the locally determined sentencing threshold. In many states, sentenced inmates can serve up to one year in a local

[5] In May 2002, there were an estimated 56,000 felony cases filed in the 75 largest counties, which would equal about 672,000 felonies filed in 1 year. BJS estimates that the 75 largest counties account for about half the felonies nationwide, which suggests that about 1.3 million felonies are filed in 1 year. This number is only a fraction of the estimated 12 million admissions to jail each year. Based on this extrapolation, it is fair to conclude that misdemeanors account for a majority of the charges for which individuals are admitted to jail each year (Cohen and Reaves 2006).

facility, although this varies. For instance, Massachusetts' Houses of Correction, run by the state's 14 sheriffs, incarcerate those sentenced up to 30 months.

Jail Size and Location[6]

Jails range in size from modest lock-up facilities with a handful of cells to large systems, such as those in Los Angeles and New York City, that incarcerate more individuals than many state prison systems. As shown in table 2, the vast majority of jails are small. Nearly half of all jails (47 percent) hold fewer than 50 individuals at any given time, for a total of 5 percent of the nation's inmate population. Nearly two-thirds of all jails (63 percent) hold fewer than 100 individuals, totaling about 12 percent of the U.S. inmate population. Less than 10 percent of jails hold nearly half of all inmates.

Table 2: Jail Facilities and Inmates, by Size of Facility: 1993 and 1999

	Facilities Number (Percentage)		Inmates Number (Percentage)	
Size of Facility	1993	1999	1993	1999
Total	3,304 (100)	3,365 (100)	549,804 (100)	605,943 (100)
Fewer than 50	1,874 (56.7)	1,573 (46.7)	34,322 (7.5)	32,788 (5.4)
50–99	545 (16.5)	544 (16.2)	37,135 (8.1)	38,044 (6.2)
100–149	253 (7.7)	265 (7.9)	31,293 (6.8)	31,851 (5.2)
150–249	218 (6.6)	256 (7.6)	41,472 (9)	47,632 (7.9)
250–499	209 (6.3)	241 (7.2)	73,938 (16.1)	72,865 (12)
500–999	129 (3.9)	188 (5.6)	90,481 (19.7)	92,189 (15.2)
1,000–1,499	35 (1.1)	98 (2.9)	44,000 (9.6)	68,196 (11.3)
1,500–1,999	18 (0.5)	44 (1.3)	30,764 (6.7)	37,871 (6.2)
2,000 or more	23 (0.7)	156 (4.6)	76,389 (16.6)	184,507 (30.4)

Source: Stephen, 2001.

The number of small jails is decreasing as county economies become increasingly unable to support them and the prevalence of large jails continues to grow. The percentage of inmates held in jails with an ADP of 2,000 or more increased from 17 percent in 1993 to 30 percent in 1999.

More than one-third of jail inmates are incarcerated in four states: California, Florida, Georgia, and Texas. The inmates in these states along with those in Louisiana, New York, and Pennsylvania account for nearly half of all U.S. inmates.

[6] Statistics in this section come from Stephen, 2001.

By the Numbers—Jails

- 3,365 locally operated jails
- 9 percent of the jails hold 48 percent of all inmates
- 7 states account for nearly half of the country's jail inmates
- $20 billion is spent on local corrections annually

Sources: Stephen, 2001; Hughes, 2006.

By the Numbers—Jail Population

- 12 million admissions/releases from jail each year
- 9 million unique individuals
- 766,010 in jail on any given day
- 81 percent of inmates stay less than 1 month
- 62 percent of inmates have not been convicted of a crime (for the current incarceration)

Source: Beck, 2006.

Rural and Indian Country Jails

Given the nation's focus on crime and justice in urban areas, little information exists on the unique characteristics of rural jails. At the same time, rural jails make up a substantial share of the nation's 3,365 jails. Generalizing about the unique circumstances of rural jails is difficult because no single definition exists of what "rural" means. Although most definitions focus on population density and distribution, the cutoff between urban and rural varies (Wodahl, 2006). Arriving at a definition for "rural" is further complicated because rural communities are not homogenous; they vary culturally, socially, and economically (Wodahl, 2006). Nonetheless, several themes emerge across rural jail systems that distinguish them from their more urban counterparts (Hecht, 2006).

It is safe to assume that the majority of the nation's rural jails are small,[1] and although it is less certain the extent to which small jails are rural, the literature suggests a high overlap (Ruddell and Mays, 2006). These small and rural facilities face several of the same challenges as their larger urban counterparts, such as a population characterized by special needs (e.g., substance abuse and mental illness), crowding, and difficulty recruiting and retaining staff. However, some of these challenges may be even more pronounced in rural jails (Wodahl, 2006; Ruddell and Mays, 2006).

[1] There is little consensus as to what constitutes a small jail. Over the past few decades, there have been various definitions of small, from 10 beds or fewer to 150 beds or fewer. As the number of small jails decreases, the definition seems to change. For our purposes, we use the National Institute of Corrections' definition of small, which is 150 beds or fewer.

Continued on next page

Rural and Indian Country Jails *(continued)*

Challenges to the Reentry Process

Rural jails are funded from a small and often disadvantaged tax base, resulting in few resources to operate efficiently, hire and retain staff, and implement programming (Wodahl, 2006; Ruddell and Mays, 2006). Moreover, rural criminal justice systems often lack referral resources to treatment, housing, employment, and other services, whereas larger jurisdictions typically have more community providers and service organizations. The absence or limitation of public transportation in rural areas further restricts access to community resources both in jail and after release.

The close-knit community that characterizes many rural areas can be both beneficial and detrimental to the transition process. Returning inmates may find it difficult to be accepted into the community where everyone, including employers and community members, knows the details of their past criminal behavior and social problems (Wodahl, 2006). Rather than seek government assistance, rural residents tend to deal with problems, such as substance abuse, mental illness, and family disintegration, on their own or through friends and family (Wodahl, 2006). However, the community closeness may also result in citizens joining together to address the problems facing their neighbors. Moreover, the rural criminal justice community, whose employees know each other professionally and in many cases socially, can foster cooperation and collaboration and share resources more efficiently by reducing bureaucratic hurdles.

In most cases, county sheriffs operate rural jails and traditionally do so with substantial discretion and little oversight (Ruddell and Mays, 2006). Efforts to change the way of doing business to focus on reentry may be especially difficult in rural jail systems, where control and security are deeply ingrained as the primary mission.

National Institute of Corrections Small Jails Survey

In 2001, the National Institute of Corrections surveyed 251 small jails with a capacity of 150 or less to explore issues in small-jail management. Though not focused specifically on rural jails, this survey presents significant implications for understanding rural jail operations given the high small-rural overlap. The surveys revealed that most small jails lack programming, especially job-related training and preparation, experience high staff turnover, lack qualified job candidates and adequate funding to hire and retain employees, and face crowding and difficulty managing special needs populations (Harding and Clem, 2001). Outdated technology and equipment and inadequate physical space were also major concerns of small jails (Harding and Clem, 2001). Small and rural jails are often older facilities designed with the sole intent of holding individuals and have not adopted the new design philosophies of direct supervision aimed at increasing staff-inmate interaction. The National Institute of Corrections survey found that nearly two-thirds of the small jails were built before 1980, and in the vast majority of small jails, inmates are supervised by staff who make rounds past housing units or through visual surveillance from a control room. In direct supervision facilities, a central surveillance room allows correctional staff to maintain visual contact with housing units at all times.

Indian Country Jails

Tribal governments operate a modest portion of rural jails. In 2004, 68 jails in Indian country held 1,745 people (Minton, 2006). Most Indian country jails are small, with nearly two-thirds (64 percent) housing fewer than 25 inmates. In 2004, only 2 facilities

held more than 100 inmates. Indian country jail systems present their own distinct considerations and represent an important component of the jail reentry discussion, but they have very limited jurisdiction over their own population and land. Tribal government or council jurisdiction over crimes on Indian land depends on several factors, including the identity of the victim and offender and the type and location of the crime. Generally, tribal jurisdiction covers crimes committed by Native Americans on tribal land that would warrant a sentence of one year or less. However, a number of crimes specified under the Major Crimes Act of 1885 and Public Law 280 are under federal jurisdiction and state jurisdiction, respectively. In 2002, 23 percent of tribal agencies provided their own detention, but more than two-thirds (68 percent) rely on county or local agencies to provide a jail or detention facility (Perry, 2005). Accordingly, city or county jails hold more than four times as many Native Americans as Indian country jails (Minton, 2006).

Collaborative and Interjurisdictional Strategies for Rural Jails

One means of minimizing the economic burden of operating a jail in a rural county is to pool resources across neighboring counties and create a regional system. In rural and less populated areas, reentry strategies can benefit from this kind of regionalization that enables both a sufficient number of individuals to work with and the range of services to sustain a meaningful effort. By representing the interests of multiple counties or jurisdictions, regional jail systems can contract for services at lower prices. For example, shared resources could fund a substance abuse counselor or nurse practitioner who could travel between sites to provide services.

One of the clearest examples of such a concerted collaboration involves the Minnesota counties of Olmsted, Dodge, and Fillmore, which partnered to better serve their respective populations. This partnership did not merely colocate resources in a single building or develop a single program in a centralized location, but the effort also knitted together the government and social service networks in the three counties to determine where best to deliver what types of services across jurisdictional lines. Given the historical role of cities in public housing and the role of counties in social services, interjurisdictional collaborations between these levels of government can also improve access to needed resources. Kentucky, Ohio, Oregon, and Virginia are other states that have made great strides in interjurisdictional collaboration and regionalization strategies.

For an overview of the challenges and opportunities of reentry from rural and Indian country jails, see Frank Hecht, "Re-Entry Programs and Rural Jails," which is available at www.urban.org/projects/reentry-roundtable/roundtable9.cfm.

Availability of Services in Jails

According to the BJS, many jails provide some services, such as drug and alcohol awareness education, adult basic education, and basic psychiatric services; however, given the realities of the jail system, the extent of these programs is extremely limited. Large jail systems are more likely to provide various programming than smaller ones, and services that do exist are generally targeted toward special needs populations, such as those with infectious diseases, acute mental illness, and substance dependency and abuse problems (Steadman and Veysey, 1997; Hammett, Roberts, and Kennedy, 2001). Table 3 presents some statistics on the extent to which jails around the country report that they provide services in a given area, according to the most recent *Census of Jails,* conducted by the BJS.

Table 3: Treatment Capacity in Local Jails

Service	Percentage of Jails Providing Service
Employment and education	
Any educational programming	60
Secondary education	55
Basic adult education	25
Job search training	15
Vocational training	7
Substance abuse	
Alcohol programs (dependency, counseling, or awareness programs)	62
Drug programs (dependency, counseling, or awareness programs)	55
Mental health*	
Suicide risk assessments at intake	87
Mental health screening at intake	78
Psychotropic medication	66
24-hour mental health care	47
Psychological counseling	47
Routine counseling or therapy	46
Psychiatric evaluation	38
Assistance obtaining community mental health services after release	29
Personal development and skills building	
Religious programming	70
Life skills training	22
Parenting training	12

Source: Adapted from Stephen, 2001. Percentages were calculated based on the appendix tables in Stephen, 2001.
*A total of 315 jail jurisdictions did not report data on inmate mental health and procedures.

For medical services, the assumption is that all jails provide at least basic health care for inmates as mandated by law; however, the quality and depth of treatment is variable. Jails use a variety of methods to provide health care to inmates, such as onsite delivery staff; "fee-for-service," in which medical care is billed by a contractor on a per-visit basis; managed care, in which services are billed on a per-minute or retainer basis; and the use of local government physicians.

As is evident from the statistics in table 3, the majority of jails provide some level of programming for some share of inmates. However, the depth and capacity of these services is limited. For example, more than half of jails provide some sort of alcohol- or drug-related program, but these programs are most often in the form of awareness education or self-help groups such as Alcoholics Anonymous and Narcotics Anonymous rather than formal treatment. Similarly, a large share of jails provides mental health and suicide prevention

screenings at intake as well as psychotropic medication; however, less than one-third provide assistance connecting people with mental illness to services upon release.

These statistics simply illustrate the share of jails that provide certain types of services, and they do not reflect the share of inmates who receive any particular service, which is thought to be much lower. For example, while a jail may offer one—or several—classes, the number of inmates who could benefit from the classes may far exceed the available slots. The extent to which jail inmates need and receive certain services is discussed in further detail below.

What Are the Characteristics of Jail Inmates?

The majority of the 766,010 people incarcerated in jail are men younger than age 34. More than half are racial or ethnic minorities, and more than 1 in 10 are women (James, 2004). The individual-level challenges for this population are substantial. What follows is a brief description of the demographics and criminal histories of the inmate population, as well as more detail about the prevalence of substance abuse, mental illness, health problems, and other issues confronting individuals in jail. Where possible, we also report the extent to which individuals receive services to address these issues while incarcerated.

Jail Stock and Flow

To develop the demographic profile and outline the associated needs of those in jails, we relied primarily on Bureau of Justice Statistics data. Much of this information is based on those who are under the formal custody of a local jail and incarcerated in a specific facility on a given day (this is called the "stock" population). This group, by necessity, excludes those who are admitted and released on the same day, likely to be the least serious of all of those admitted to jails. Thus, much of the information discussed in this section represents the more serious jail inmates—those who do not immediately make bail or bond or who are sentenced to jail—and does not wholly characterize the 12 million who enter and exit the nation's jails each year (the "flow" population).

Demographics and Criminal Histories[8]

The majority of the jail population is male (88 percent), but women make up an increasing share of the population (12 percent in 2002, up from 10 percent in 1996) (Harlow, 1998). Forty percent of the jail population is black, 36 percent is white, and about 19 percent is Hispanic. The jail population is relatively young. More than one quarter (28 percent) are between the ages of 18 and 24, and one-third is between the ages of 25 and 34.

As noted previously, the majority of individuals who flow through jails are charged with misdemeanor offenses. However, on any given day, the offenses for which inmates are incarcerated are evenly distributed across four major types: violent, property, drug, and public order (see table 4 for a summary of jail population characteristics).[9]

[8] Unless otherwise noted, data on demographics and criminal histories come from James, 2004.

[9] Those who have not been convicted are more likely to be charged with a violent offense and less likely to be charged with a public order offense than the jail population in general.

Table 4: Jail Population Characteristics

Characteristic	Percentage
Gender	
Male	88
Female	12
Race/ethnicity	
White	36
Black	40
Hispanic	19
Other/more than one race	5
Age	
< 18	2
18–24	28
25–34	32
35–44	26
45–55	10
> 55	2
Charge/offense type	
Violent	25
Property	24
Drug	25
Public order	25
Other	1

Source: James, 2004.
Note: Because the latest year for which data are available on certain characteristics varies, to be consistent, data in this table are based on a 2002 inmate sample. More recent data on gender and race/ethnicity is available in Sabol and Minton, 2007.

With extensive criminal histories, the jail population is not unknown to the justice system. Nearly three-quarters (73 percent) of jail inmates (i.e., the stock population) have been previously sentenced to either probation or incarceration.[10] Nearly one-fifth have been subject to a restraining order or order of protection. At the time of the arrest that led to their current incarceration in jail, more than half of the jail population had a preexisting criminal justice status: 34 percent were on probation and 13 percent were on parole. An additional seven percent were out on bail or bond, and two percent were in the community on some other form of pretrial release.

An inmate's experience with the justice system may parallel his or her family members', many of whom have histories of criminal behavior and involvement in the justice system. Nearly half of all jail inmates (46 percent) report having a family member who has been incarcerated. Almost one-third (31 percent) report having a brother who has been in prison or jail, and 19 percent report having a previously incarcerated father. Nearly one-third report having a parent who abused alcohol or drugs. These family histories of criminal activity suggest that the issues that result in contact with the justice system run deep and are often multigenerational.

[10] Of those three-quarters with previous sentences, 61 percent have been previously sentenced to probation and 58 percent to incarceration.

Individual-Level Challenges to Reentry

Most men and women enter U.S. correctional facilities with limited marketable work experience, low levels of education or vocational skills, and many health-related issues, ranging from mental illness to substance abuse histories and relatively high rates of communicable diseases.[11] Many of these problems co-occur and are exacerbated by the simultaneous presence of other problems.

Below we discuss the prevalence of these issues in the correctional population and exposure to treatment and services while in jail.[12] It is important to note that even when individuals receive adequate training, treatment, and care during incarceration, they often face limited access and insufficient linkages to community-based resources and treatment services upon release (Hammett, Roberts, and Kennedy, 2001). This community-based care is critical to an individual's long-term success after release, perhaps more important than institutional treatment (Petersilia, 2004; Andrews et al., 1990; Gaes et al., 1999), and is discussed at length in *Section 2.*

Employment and Education

Finding and maintaining a job is a critical dimension of successful reentry. Research has shown that employment is associated with lower rates of reoffending, and higher wages are associated with lower rates of criminal activity (Bernstein and Houston, 2000; Western and Petit, 2000). However, formerly incarcerated people face tremendous challenges finding and maintaining legitimate job opportunities because of low levels of education, limited work experience and vocational skills, poor attitudes, and a general reluctance of employers to hire people with convictions (Holzer, Raphael, and Stoll, 2004). These challenges are further compounded by the arrest and incarceration period, during which individuals sever professional connections and social contacts that could lead to legal employment upon release (Western, King, and Weiman, 2001).

Nearly 30 percent of the 2002 jail population report unemployment in the month before arrest.[13] An additional 18 percent had only occasional employment and 11 percent part-time employment before incarceration. Men were more likely than women (60 percent and 40 percent, respectively) to be employed in the month before arrest. In addition to employment, jail inmates receive financial support from family and friends (16 percent); illegal sources (12 percent); compensation payments such as Social Security, Supplemental Security Income, and Worker's Compensation (9 percent); and welfare (6 percent). Sixty percent of jail inmates lack a high school diploma or its equivalent (Harlow, 2003). These educational deficiencies can present a barrier to securing gainful employment after release.

Very few jail inmates participate in vocational or educational programs while incarcerated.[14] Indeed, just 14 percent of inmates report that they participate in educational programs in jail, compared with 52 percent of state prisoners. Less than five percent of jail inmates participate in vocational programs, compared with nearly one-third of inmates in state prison. These low participation rates are not surprising as most individuals are in jail for less than one month.

[11] For a detailed description of the challenges of prisoner reentry, see Travis, Solomon, and Waul, 2001 and Council of State Governments and Re-Entry Policy Council, 2005.

[12] For a further review of the challenges of the inmate population, please see Freudenberg, 2006.

[13] Unless otherwise noted, statistics in this paragraph come from James, 2004.

[14] Unless otherwise noted, statistics in this paragraph come from Harlow, 2003.

Substance Abuse

Substance use among former prisoners and jail inmates presents significant challenges to the reentry process. A small fraction of those with substance use histories receive treatment during incarceration. Furthermore, for those who have access to and take advantage of substance abuse treatment programs in prison or jail, relatively few continue to receive appropriate treatment once they return to the community. Prison-based drug treatment has been shown to reduce drug use and criminal activity, especially when coupled with aftercare treatment in the community (Gaes et al., 1999; Harrison, 2000).

More than two-thirds (68 percent) of all jail inmates meet the criteria for substance abuse or dependence, as defined by the *Diagnostic and Statistical Manual of Mental Disorders,* fourth edition.[15] In comparison, only nine percent of the U.S. population abuse or are dependent on drugs or alcohol. Substance-abusing and dependent inmates are more likely to have a prior criminal record than other inmates and more likely to have been on community supervision at the time of their arrest. These inmates are also more likely than other inmates to have been homeless, to have been physically or sexually abused, and to have family members who have been incarcerated or who have abused alcohol or drugs.

Despite the high rates of drug and alcohol involvement among the jail population, very few participate in formal treatment.[16] Less than one-fifth of convicted jail inmates who met the criteria for substance dependence or abuse receive formal treatment or participate in other alcohol or drug programs after admission to jail. Self-help and peer counseling are the most common types of programs for this group; only seven percent receive treatment in a special unit or facility that uses a therapeutic community model. Again, because of the short length of most jail stays, formal treatment in the jail setting may only be feasible and appropriate for a relatively small share of the population.

Mental Health

Although the prevalence of mental illness is difficult to estimate, it appears to occur at higher rates among the incarcerated population than in the overall U.S. population (National Commission on Correctional Health Care, 2002). Further, homelessness, unemployment, substance abuse and dependency, and histories of physical abuse are more acute among inmates and prisoners with mental health problems, and serious mental illness is correlated with higher rates of violence and longer criminal histories (James and Glaze, 2006). As with other continuity of care issues, inmates with mental health problems face limited access to a system of care in the community. A period of incarceration often suspends or terminates benefits depending on length of stay and can disqualify inmates from Medicaid eligibility. Activating or reinstating benefits and restoring eligibility can take several months, interrupting access to prescription drugs and putting individuals at high risk of relapse.

Because of the varying criteria used to determine mental health problems or mental illness, estimates of its prevalence in correctional populations vary widely. A commonly cited estimate for the share of prison and jail inmates with a history of mental illness is 16 percent. This figure is based on self-reported mental conditions in surveys of prisoners and jail inmates conducted by BJS in 1996 and 1997 (Ditton, 1999). A more recent BJS study based on more current surveys of prisoners and jail inmates asked detailed questions about a recent history and symptoms of mental health problems. According to this study, nearly a

[15] Unless otherwise noted, statistics in this paragraph come from Karberg and James, 2005.

[16] Unless otherwise noted, statistics in this paragraph come from Karberg and James, 2005.

Women in Jail

During the past decade, the number of women involved in the justice system has grown substantially. The number of women held in local jails nearly doubled from 51,600 in 1995 to 98,577 in 2006 (Bureau of Justice Statistics, 2000; Sabol and Minton, 2007). As more women enter the justice system, it is apparent that their paths to crime differ from those of men, and their service and programming needs are unique. Women in the justice system often have longer and more complex histories of criminal activity, trauma, substance use, health, and other issues (McCampbell, 2005). Female inmates are more likely than men to be dependent on alcohol or drugs and are more likely to have mental health problems (James and Glaze, 2006; Ditton, 1999). They also face unique reproductive health needs and are often mothers of young children. Women who enter the justice system have high rates of physical and sexual abuse in their past; more than half (55 percent) report abuse before admission (James, 2004). This physical and sexual abuse is often correlated with substance abuse and mental illness. In addition, women in jail have HIV infection rates twice those of men (National Commission on Correctional Health Care, 2002).

In recent years it has become increasingly clear that even evidence-based interventions for men in the correctional system are not necessarily applicable to or appropriate for women. There is emerging research on women in the justice system and strategies for their distinct risks and needs. The National Institute of Corrections has published a series of reports on gender-responsive strategies for justice-involved women, including one that presents guiding principles for gender-responsive strategies in the jail setting (McCampbell, 2005). These principles include the following:

- Acknowledging that gender makes a difference.
- Creating an environment based on safety, respect, and dignity.
- Developing policies, practices, and programs that are relational and promote healthy relationships with family, children, spouses, significant others, and the community; and taking this relational model into consideration when implementing evidence-based practices.
- Addressing substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and supervision.
- Providing women with opportunities to improve their socioeconomic status.
- Establishing a system of community supervision and reentry with comprehensive and collaborative community-oriented services.

For more information, see *The Gender-Responsive Strategies Project: Jail Applications* (McCampbell, 2005).

quarter (24 percent) of jail inmates exhibit symptoms of psychosis, compared with 15 percent of state prisoners (James and Glaze, 2006). This study also revealed that the prevalence of mental health problems among the jail population is greater than it is among prisoners.

Although some large jail systems are in effect the largest providers of mental health services in their states (Lurigio, Fallon and Dincin, 2000), only 18 percent of jail inmates with a mental health problem report receiving treatment after admission (James and Glaze, 2006). Treatment is most commonly in the form of medication alone without counseling or therapy.

About 15 percent of those in jail who have a mental health problem receive prescribed medication, and 7 percent receive professional mental health therapy (James and Glaze, 2006).

Physical Health

The occurrence of chronic and infectious diseases among the prison and jail population is far greater than among the general population. Correctional populations account for a large share of the total U.S. population that is infected with sexually transmitted diseases, HIV or AIDS, hepatitis B or C, and tuberculosis. During 1997, those passing through U.S. prisons and jails accounted for between 20 and 26 percent of the general population living with HIV or AIDS, 29 to 32 percent of those with hepatitis C, and 38 percent of those with tuberculosis. Many prisoners living with these infectious diseases receive health care during incarceration because it is required by law; however, few continue to receive care once they are released. The fact that such a substantial share of the country's population with infectious diseases passes through a correctional facility creates a sizable opportunity to improve public health.

In terms of disease prevalence in the jail population, 4.3 percent of inmates report having tuberculosis, 2.6 report having hepatitis, and 1.3 report having HIV.[17] These rates are more than five times the estimated prevalence of each disease in the general population (National Commission on Correctional Health Care, 2002). More than one-third of jail inmates (37 percent) report having a current medical problem, physical impairment, or injury needing attention. The jail population is characterized by relatively high rates of chronic diseases, including arthritis (13 percent), asthma (10 percent), hypertension (11 percent), and heart problems (6 percent). Health problems are more common among inmates who were previously homeless or unemployed and among those with a history of substance abuse or dependence.

Most inmates report being questioned about their health problems at admission; however, less than half (47 percent) receive examinations to see if they are sick, injured, or intoxicated, and even fewer (43 percent) receive a medical exam after admission (Maruschak, 2006). Of those who reported a current medical problem, 42 percent had met with a health care professional about the problem since admission to jail (Maruschak, 2006).

[17] Unless otherwise noted, statistics in this paragraph come from Maruschak, 2006.

The Role of Jails in Incarcerating the Mentally Ill

Since the Community Mental Health Centers Act was signed into law in 1964, the U.S. mental health system has shifted its emphasis from isolated, institution-based care to the provision of community-based support for people with mental illness. Many argue that this deinstitutionalization has resulted in an increase in the use of incarceration, especially in jails, to respond to the behavior of people with mental health problems. Although there is no broad documentation that this population has transitioned from one institution to the other, the number of people with mental illness who are incarcerated has increased significantly in recent years. As a result of the deinstitutionalization of the mentally ill, many large jail systems, such as those in Los Angeles, Chicago, and New York, have become primary providers of mental health care in their jurisdictions (Freudenberg, 2006; Lurigio, Fallon, and Dincin, 2000).

Housing

Securing housing is perhaps the most immediate challenge facing prisoners and jail inmates upon their release. Many individuals plan to stay with family upon release, but those who do not face limited housing options. The process of obtaining housing is often complicated by a host of factors: the scarcity of affordable and available housing, legal barriers and regulations (depending on conviction), prejudices that restrict tenancy for this population, strict eligibility requirements for federally subsidized housing, and the fact that the families of many former inmates may not accept them into the household when they are released. Research has found that, among released inmates, those who do not have stable housing arrangements are more likely to return to prison than those with stable housing arrangements (Metraux and Culhane, 2004).

Fourteen percent of all jail inmates were homeless (living in a shelter or on the street) the year before incarceration (James, 2004). Those with substance abuse or dependence (16 percent) and mental health problems (17 percent) are about twice as likely as other inmates (9 percent) to have been homeless in the year before incarceration (James and Glaze, 2006; Karberg and James, 2005).[18]

Chronic Offenders

Certain minor crimes and offenses that affect public safety and community well-being are invariably dealt with at the local level and are often committed by a relatively small number of individuals again and again. For instance, habitual misdemeanant offenders with a multitude of substance abuse, medical, and mental health problems—intertwined with issues of homelessness, unemployment, and disability—commit many public nuisance crimes. As such, the individuals who cycle in and out of jail are also frequent users of other human services, such as homeless shelters and mental health treatment (Fisher, White, and Jacobs, 2007; Council of State Governments, 2002). These chronic offenders consume a huge amount of public resources and are in and out of jail—and other social service systems—repeatedly.

Chronic offenders—almost by definition—are already *known* to the criminal justice and human service systems. Most jurisdictions have the capacity to determine who their chronic offenders are through data matching across systems, creating an opportunity to intervene with a small share of the population that plays a disproportionately large role in consuming resources and affecting quality of life at the neighborhood level. Differentiating chronic offenders from others can have important implications for interventions, as discussed in *Section 2.*

Putting It All Together: The Unique Challenges and Opportunities of Reentry from Jail

In many ways, the challenges of reentry from local jails mirror those of reentry from state prisons. As discussed above, both the jail and the prison populations face substantial challenges related to substance abuse, mental and physical health, employment, and housing. However, there are several differences between the jail and prison context that present unique challenges and warrant new approaches to reentry from jail.

[18] Viewed through a different lens, a substantial share of the homeless population has been incarcerated. In New York City, for example, recent studies reveal that 30 percent of single adults entering homeless shelters have recently been released from city and state correctional facilities (NYC Department of Homeless Services, 2004).

Multiple Social Systems Involved with Chronic Offenders

A recent analysis of chronic offenders in Allegheny County, Pennsylvania, revealed that 38 percent of individuals booked by the Allegheny County Bureau of Corrections between January 1, 2003, and December 31, 2005, were booked more than once during this period; 18 percent were booked 3 or more times and 5 percent were booked 5 or more times (Dalton, unpublished data). The Allegheny County analysis found that 72 percent of chronic offenders—those booked 5 or more times over the 2 years—also accessed the county's Department of Human Services for substance abuse and mental health treatment and homelessness services at some point before or after being incarcerated, compared with 46 percent of all individuals booked by the jail. Not only are most of these repeat offenders using jail space over and over again, but they are also repeatedly using human services.

In New York City, a program targeting frequent users of the city's jail and shelter systems matched records of the city's Department of Homeless Services and Department of Correction and Probation and identified a relatively small number of individuals cycling through both of these systems, at least four times in each system, over a five-year period (Fisher, White, and Jacobs, 2007). The Frequent Users of Jail and Shelter Initiative (FUSE) is profiled in *Section 3* (page 97).

By the Numbers—Individual Challenges for Jail Inmates

- 68 percent meet the criteria for substance abuse or dependence
- 60 percent do not have a high school diploma or general equivalency diploma
- 46 percent have a family member who was incarcerated
- 30 percent of inmates are unemployed in the month before arrest
- 16 percent are estimated to have serious mental health problems
- 14 percent were homeless at some point during the year before they were incarcerated

Sources: James, 2004; Karberg and James, 2005; Harlow, 1999.

The challenges include the broad variety of circumstances under which individuals are housed in jails, their short lengths of stay, their high levels of service needs, and the minimal jail capacity to provide treatment or training in the jail setting. When individuals leave jail, there are few community-based systems in place to address the transitional problems that many will face. Unlike the prison-to-parole context, community supervision is often not a factor for many leaving jail, nor is it necessarily appropriate for millions who have not been convicted of a crime or are serving a very short sentence for a minor offense. Further, implementing broad-scale policy change to facilitate the reentry process is a complex undertaking given the organizational diversity of the more than 3,000 independently operated jails around the country.

At the same time, jails are also uniquely positioned to facilitate the transition process, compared with state prisons. Shorter lengths of stay and the community location of most jail facilities translate into less time away from—and even continued contact with—family,

friends, treatment providers, employers, faith institutions, and other social supports. The proximity of the jail also allows for the possibility of community-based providers to begin interventions with individuals prior to release, improving the chances that they will continue to receive care after release.

Each of these unique challenges and opportunities is discussed briefly below.

Unique Challenges

Jails house a varied population. Local jails serve a variety of functions; among others, they hold individuals awaiting trial, conviction, or sentencing; individuals convicted of a crime whose sentence is typically less than one year; and probation and parole violators. This broad jurisdiction over a diverse population, often with unknown release dates, various legal statuses, and extreme variation in length of stay, makes targeted programming, release, and reentry planning a considerable challenge.

Lengths of stay are short. Whereas state prisoners spend an average of two and a half years behind bars, the vast majority of local jail inmates stay no longer than one month, many detained only for a few days or hours. Short lengths of stay pose challenges to assessing individual needs and risks and implementing effective and appropriate interventions during the incarceration period. In addition, given that the majority of jail inmates have not been convicted, they are subject to unpredictable release dates, making it difficult for the jail to manage effective release planning.

Individual challenges are high; jail service capacity is low. Both prisoners and jail inmates face substantial challenges around substance use, mental and physical health, housing, and employment, but the ability to meet these challenges is more limited in a jail setting. Most large jails do provide some interventions, such as self-help substance abuse groups and education programs; however, the extent of services and feasibility for expansion are limited. Jails typically do not have the capacity (or appropriate length of custody) to provide extensive programming. Additionally, most jails are not accustomed to granting community organizations access into facilities to begin the service delivery that could continue in the community.

Jails are locally run and independently operated. Given that jails are locally administered at the county or city levels, policy change aimed at jails is much more complex than reentry reform at the state level. In the United States, there are 3,365 independently operated jails and 50 state prison systems with more or less similar organizational structures. There is little uniformity across jail systems: Jail capacity ranges from less than 50 to more than 2,000. The communities in which jails are located vary from urban to rural and have very different resources, needs, and populations. Even across jails of the same size located in similar communities, county-level operation creates diverse policies and procedures surrounding inmate supervision, management, and treatment.

There is no designated community-based system in place to facilitate the transition process. When people leave jail, they often face challenges finding and maintaining employment; accessing necessary medication, addiction treatment, and health care services; and obtaining stable housing. Whatever progress the jail is able to make on these issues while individuals are in their custody, lasting change is unlikely to occur without ongoing and coordinated support in the community. However, there is no single agency or group of agencies designated to provide postrelease support or supervision during an individual's community reintegration.

Unique Opportunities

Short lengths of stay mean less time away from home communities. Given their short incarceration periods, jail inmates are not disconnected long from their families, jobs, and other positive social networks. Unlike with a longer prison stay, it may be possible for an individual to return to his or her home, church, or even job following a brief jail stay. In addition, federal benefits are less likely to be terminated or suspended for short incarceration periods.

Jails are located in the communities to which inmates will return. Unlike state prisons, jail facilities are locally situated and thus allow for continued contact with family, treatment providers, employers, community and faith volunteers, and mentors. Centrally located in the community, jails are also able to facilitate "in-reach" from community providers to maintain relationships or begin treatment. In cases where individuals' ties to the community are weak or nonexistent, jails can serve a critical role in strengthening existing connections and establishing new ones.

Jails can become part of a community network of providers. Jails are central to an effective reentry effort, but they are only part of the solution. Because inmates will soon return to their home neighborhoods, community-based organizations are key in the transition process. Jail reentry will not be successful without jail-community collaboration. Given jails' location in the community, they are well-positioned to develop productive and long-standing partnerships with other community-based service agencies. These agencies, such as departments of health and human services, workforce development, and family and child welfare services, are likely already working with the many individuals who are cycling in and out of jail and their families.

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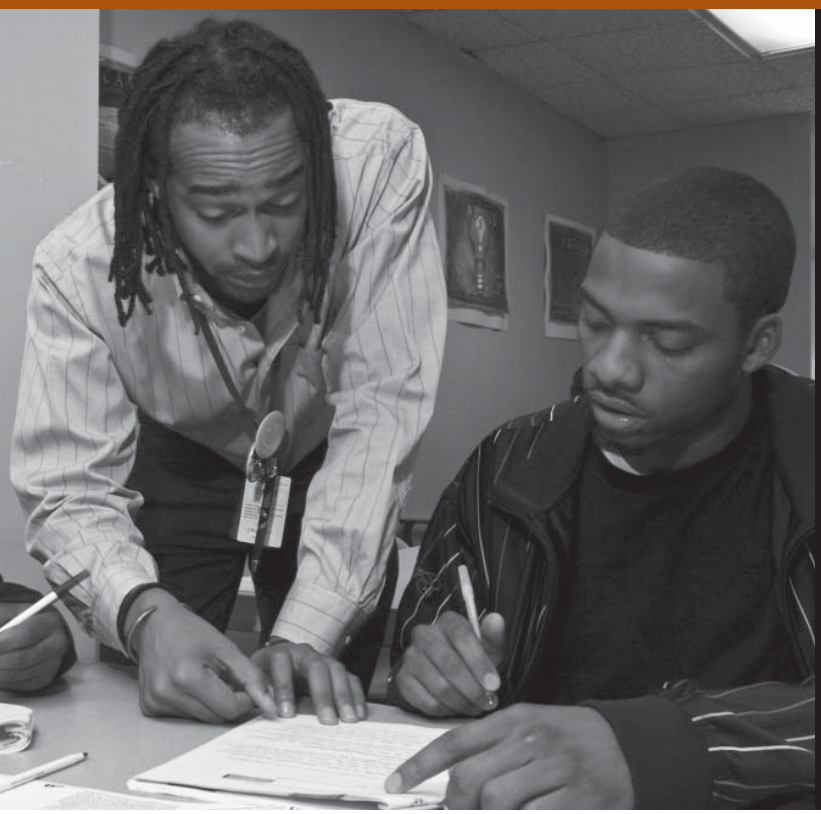

Source: Center for Employment Opportunities

Addressing Reentry from Jails: Making the Most of a Short Stay

Addressing Reentry from Jails: Making the Most of a Short Stay

2

The time spent in jail, however brief, can be used to set in motion elements of transition planning that can continue in the community after release. From distributing reentry handbooks to more comprehensive assessment, planning, and case management, jails can take a number of approaches to improve reentry outcomes for individuals, their families, and communities. However, even the most advanced jails cannot address reentry on their own. Effective reentry strategies require the active involvement of community-based organizations that can provide services, training, treatment, case management, and accountability in the jail setting and especially in the community after release.

> In New York, we hold individuals for ... brief periods of time, so the solution has to be in the community. They do all return to communities. These are the children of our communities, ultimately—these are the brothers and the sisters, the mothers and the fathers, the children and the grandchildren. And unless communities take ownership of the manner in which they return to their communities, we can't do it by ourselves.[19]
>
> —Martin Horn, Commissioner
> New York City Department of Correction and Probation

At the individual level, there are various points along the jail-to-community continuum where interventions can improve reentry outcomes, and ultimately, public safety. These targets for intervention include the following:

- Classification, screening, and assessment—to quickly assess an inmate's risks and needs.
- Reentry plans—to identify specific interventions that will improve the chances for successful reintegration.
- Jail-based interventions and community in-reach—to provide some level of prerelease activity while the individual is incarcerated, ranging from formal treatment to, more commonly, access to community-based providers, volunteers, or family members who come into the institution to maintain or initiate contact.
- Moment of release—to prepare individuals for those critical first hours and days after release from jail.
- Continuity of care in the community—to connect individuals to resources and supervision, where appropriate, after release.

[19] Published transcript from the Drum Major Institute for Public Policy, 2005: 13.

Given the broad range of individuals who pass through the jail system, their often unpredictable lengths of stay, and the realities of limited resources, it may not be feasible—or even desirable—to comprehensively assess and "program" every individual who enters the jail. Rather, jurisdictions will need to prioritize their goals, target populations, and determine how to best make use of available tools (see the sidebar "Designing Interventions" on page 52). For example, jurisdictions may choose to focus more intensive and longer term interventions on a specific subset of the population, such as sentenced inmates with mental illness or chronic offenders who cycle in and out of jails and other social service systems. At the same time, even short-term detainees may benefit from a less intensive intervention, such as access to a resource guide or reentry handbook.[20]

The bulk of this section describes the five major intervention opportunities listed above, including a rationale for their importance and examples from the field. Because reentry strategies—and the collaboration necessary to ensure their operation—are far from business as usual, *Section 2* concludes with a brief discussion about systems-level strategic planning.

Targets for Intervention

Classification, Screening, and Assessment

A period of incarceration in jail presents an opportunity to identify, perhaps for the first time, an individual's social and health needs and public safety risks and develop a plan to address those needs and risks. These reentry plans need to work in conjunction with the basic institutional classification process that serves to identify individuals who might be at risk to themselves or to others and to correctly place them at the appropriate security level in the facility.

Reentry from Jail: An Emerging Field

Information about reentry from jail is newly emerging. In developing this section we draw heavily on ideas from practitioners and experts as well as the core elements of reentry efforts that are currently under way in jurisdictions around the country. At the same time, few evaluations and no proven models currently exist.

In an effort to fill this void, the National Institute of Corrections (NIC) has launched the Transition from Jail to Community project. Over the next few years, NIC and the Urban Institute will work with practitioners from around the nation to develop and test a transition model for jails and local communities to work collaboratively to reduce crimes committed by released individuals and enhance their chances for successful reintegration. The transition model will provide guidance for various types of individuals, jails, and communities.

Several jails operating reentry programs employ classification and assessment tools to help them rapidly deploy their resources given the immediate needs of the individuals detained and the speed with which jail processing occurs. For example, local corrections

[20] *The Jail Administrator's Toolkit for Reentry* describes "tracks" of interventions that jails can develop for various types of people in their custody. For more information, see *Section 4* of the *Toolkit.*

agencies in Montgomery County (Maryland) and Davidson County (Tennessee) have attempted to provide some level of intervention for every individual booked into the jail. This is an ambitious goal that is met through coordinated triage. In these jurisdictions, early classification and screening enable the jail to quickly determine whether a resource guide or appointments in the community are the extent of the intervention, or whether time must be made for a comprehensive assessment and more intensive, tailored interventions involving case management.

Classification

Over the years, the National Institute of Corrections (NIC) has promoted the use of objective jail classification systems that employ a point system based on a number of questions concerning an individual's offense, prior criminal history, and institutional behavior to determine if individuals need to be housed at high, medium, low, or prerelease levels. From a jail reentry standpoint, a good jail classification system will lead to the placement of individuals at the lowest possible security level appropriate for their case and better position them to receive reentry services.

According to some practitioners, the integration of the classification staff into the reentry conversation is essential to the success of reentry. For example, during an initial intake, classification staff can coordinate with the medical, mental health, and program staff to assess the level at which an individual is functioning and determine how or if that level of functioning can improve in the next hours, days, or months.

In Hampden County (Massachusetts), the sheriff's department has developed classification matrices for violent offenders, nonviolent offenders, and those serving mandatory sentences that chart out their time at each security level by sentence length. For instance, a nonviolent offender serving 18 months who complies with his reentry plan and demonstrates excellent institutional conduct will spend 10 days at medium security, 1 month at minimum security, 2 months at secure prerelease, and the balance (or less) on day reporting (living at home and reporting regularly to the day reporting center). The department's matrices are adjusted regularly on the basis of population levels at the facility and prove to be an effective tool both to prevent jail overcrowding and to place individuals at security levels that will allow them to work and receive community-based treatment prior to release. Thus, the classification needs of the institution and the reentry needs of individuals are both served with this process. Essex and Norfolk Counties, also in Massachusetts, employ similar matrices to place individuals appropriately and develop dynamic reentry plans.

Screening and Assessment

Instruments used for classification purposes traditionally do not explore an individual's dynamic risks and needs beyond their relevancy for institutional placement. However, depending on the time available during the initial intake process, certain screening and assessment instruments can be used to enhance the basic classification process as well as to identify reentry risks and needs and develop a transition plan. As appropriate, more in-depth screening and assessment procedures can follow the initial classification process and occur when individuals are initially placed in housing locations.

Research has demonstrated that assessment tools (reliable, validated, and normed) are a better predictor of an offender's risks and needs than clinical judgment (Andrews et al., 1994;

Andrews and Bonta, 1994) and increase the chances that individuals will be matched with the appropriate type of treatment. Screens and assessments also flag the highest-risk people and problems, which can inform jurisdictions about how to triage available resources as noted above. Assessments can also identify those who are returning to stable arrangements and intact supports and have little need for intervention.

Ideally, a jail's initial assessment would be informed by relevant information gathered from justice system agencies having previous contact with individuals, such as police, prosecutors, pretrial services, the court, and probation and parole staff. In jurisdictions that operate them, pretrial services programs serve a central role in initial assessment of risks and needs before a defendant is formally booked into the jail (see the sidebar "The Role of Pretrial Services in Reentry from Jail" for more information, page 6). For those in jail for longer periods, assessments should be re-administered at regular intervals, including just before release, to update reentry plans to reflect individual progress and change.

Although jails generally provide some sort of screening at intake, the thoroughness of the screening process varies. Smaller jails tend to provide little other than initial health and suicide risk screening at intake, whereas most large jails provide some kind of mental health evaluation and crisis intervention (Steadman and Veysey, 1997). The large number of admissions a jail processes each day and the short lengths of stay are perhaps the most immediate barriers to more widespread screening and assessment.

Screening and Assessment Tools

There is no consensus on which assessment tool(s) would be best suited to the jail setting. *The Level of Service Inventory-Revised (LSI-R)* is an assessment instrument commonly recommended in a prison setting where it has been validated for certain prisoner populations. The instrument consists of 54 items, grouped into 10 categories: criminal history, education/employment, financial, family/marital, housing, leisure/recreation, companions, alcohol/drug problem, emotional/personal, and criminal attitudes/orientation. The full survey takes about one hour to administer, making it impractical in many jail settings. The *LSI-R,* or an abbreviated version, which is discussed below, may be a viable option in jails, though it has not been tested for applicability in a jail setting.

Several jails also use the *Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)* assessment tool. *COMPAS* is an instrument that incorporates a theory-based

For more information about assessment tools, please see *The Jail Administrator's Toolkit for Reentry,* which provides several examples of screens and assessment tools being used by jails around the country. Additionally, the Council of State Governments Justice Center will soon release *A Guide to Improving Assessment Processes in Corrections Settings.* This guide will provide a framework for corrections administrators to consider in developing strategies for improving their assessment procedures. It will be accompanied by an online, interactive tool that will include examples of common instruments and lessons from the corrections field about assessment procedures in various jurisdictions.In an effort to fill this void, the National Institute of Corrections (NIC) has launched the *Transition from Jail to Community* project. Over the next few years, NIC and the Urban Institute will work with practitioners from around the nation to develop and test a transition model for jails and local communities to work collaboratively to reduce crimes committed by released individuals and enhance their chances for successful reintegration. The transition model will provide guidance for various types of individuals, jails, and communities.

approach to assessment. The assessment has 4 separate risk scales (violence, general recidivism, failure to appear, and noncompliance) and 22 needs scales, which include criminal attitudes, criminal personality, criminal associates, financial problems, vocational/educational problems, criminal opportunity, and residential instability. A specific version has been validated for use in jail settings.

Abbreviated Assessment Tools and Brief Screeners

Abbreviated assessment tools are especially relevant for jail application given the short lengths of stay and the unpredictable nature of release. Designed mostly for screening purposes, abbreviated assessments have been developed as a tool to determine the need for crisis intervention and further assessment and to inform initial placement and referral options. They also provide a time- and cost-effective alternative to a full assessment for institutions with limited staff and resources. For those held in jail for only a day or two, this brief initial assessment can prove valuable. If individuals are held for more than 48 or 72 hours, more in-depth assessments can refine and expand options.

Some jail systems, like the one in Hampden County, use the screening version of the *LSI-R (LSI-R: SV),* which consists of 8 of the 54 items contained in the complete *LSI-R.* The eight items cover four risk factors: criminal history, criminal attitudes, criminal associates, and antisocial personality patterns. It also samples the domains of employment, family, and substance abuse (Council of State Governments and Re-Entry Policy Council, 2005).

Another tool developed by the GAINS Center for specific application in jails is the *Brief Jail Mental Health Screen* (Steadman et al., 2005). This short screening tool, which takes less than three minutes to administer and score, is designed to centralize and effectively use information to detect immediate or acute mental health issues and the need for further follow-up.

Strength-Based Approaches

Approaches to assessment and rehabilitation are heavily focused on identifying problems or underlying causes for negative behavior. For example, the categories of the *Level of Service Inventory-Revised (LSI-R)* explore negative behaviors and failures in an individual's life, such as criminal attitudes, emotional problems, lack of stable family structure, or lack of a high school diploma, in an attempt to inform areas to focus intervention. Some argue that these problem-focused approaches fail to separate an individual from his or her problems and place too much emphasis on the process of taking responsibility for past actions rather than taking responsibility for change in the future (Clark, 1997; Clark, 1998).

Over the past decade, some criminal justice practitioners have incorporated the identification and encouragement of individual strengths and healthy behaviors into their assessments of individuals in the justice system. This strength-based approach to assessment focuses less on what is wrong with an individual and more on how to identify and take advantage of existing strengths, abilities, and capacities (Clark, 1997; Clark, 1998). Proponents of strength-based practice argue that it provides more strategies to exploit and build on positive qualities, enhance intrinsic motivation, and help people remain out of the justice system.

Strength-based assessments tend to ask the individual to identify his or her personal strengths and skills. These identified strengths may also be informed or complemented by input from an individual's case manager, counselor, or the assessment interviewer.

The APIC Model

In an effort to address the reentry from jail of individuals with mental illnesses and dual diagnoses, the National GAINS Center conducted a series of meetings with jail administrators and reviewed programmatic reentry efforts around the country. This process resulted in the development of the Assess, Plan, Identify, and Coordinate (APIC) model to inform transition planning for people with co-occurring mental illness and substance use disorders, improve the chances of successful reentry, and reduce relapse and recidivism (Osher et al., 2002). Although the APIC model targets people with co-occurring disorders, its principles can be applied to the general jail population. The following are key elements of the APIC model:

- ***A**ssess:* Using standardized instruments, quickly and comprehensively collect information on an inmate's social and clinical needs and public safety risks. Because length of stay is often uncertain at intake, the goal is to collect as much relevant information as possible in a short amount of time. When possible, update information on inmates and reassess their needs prior to release.
- ***P**lan:* At both the system and individual levels, plan for the treatment and services required to address the identified needs. Know the problems and resources unique to your own community to appropriately and efficiently match needs with resources. Incorporate the inmate's perspective in the transition plan to make it more real for him or her.
- ***I**dentify:* Identify the community and correctional programs responsible for providing postrelease services. Ask who, what, when, where, and how. Provide those in jail for 48 hours or less with a resource card that includes pertinent information, such as how to get a Social Security card, how to apply for federal benefits, and the contact information and hours of various service providers and shelters.
- ***C**oordinate:* Coordinate the transition plan to ensure that implementation occurs and gaps in the community are filled. At the systems level, an oversight group must be responsible for coordinating the multidisciplinary action of all agencies involved. Case management is a critical ingredient to successful transition plans, but because of limited resources, it may have to be prioritized for those most in need.

The APIC model is a best practice guide that must be tailored to the context of a specific jail. What is practical and appropriate in the urban mega-jails of New York City or Los Angeles may not be feasible in a small rural jail. A limited application of the APIC model in the form of a reentry checklist has been tested in two jails: Rensselaer County Jail in Troy, New York, and Montgomery County Department of Correction and Rehabilitation in Rockville, Maryland. The jails found that the checklist was helpful in creating a centralized record of an inmate's needs and the activities being done to meet those needs, but the jail staff recognized that considerable resources and coordination are required to carry out the transition plan. Further, because of unpredictable release dates, it was difficult to ensure that inmates had access to their reentry checklist.

For more information on the APIC model, see Osher, 2006, and Osher, Steadman, and Barr, 2002.

Reentry Plans

Assessments are only as useful as the plans they inform. Information gathered through assessments about an individual's areas of need, risk behaviors, strengths, and available resources can provide the basis for the development of individually tailored reentry plans that address addictions and other treatment needs, employment and education, health diagnoses, housing, and the logistics of release. Reentry plans guide and manage reentry preparation, the moment of release, and the reintegration process.

For short-term detainees, assessment and planning may need to occur in one sitting. Under these circumstances, reentry planning will be brief, consisting of a review of needs and referrals to people and agencies in the community who can help meet these needs. For long-term inmates—usually sentenced offenders whose length of stay in jail is more certain—case management and structured reentry plans can identify necessary programmatic interventions as well as the logistics of the discharge process and continuity of care in the community. Ideally, reentry plans for this subset of the population will be developed with input from the individual, monitored by a case manager to determine progress toward identified goals, and periodically reviewed and adapted as necessary.

Transition accountability plans (TAPs), developed as part of the NIC's Transition from Prison to Community project (and therefore originally designed for the prison context), provide a good example of a reentry plan. TAPs span the phases of the transition process, from incarceration to release to community reintegration. TAPs are a product of and depend on collaborative effort involving the individual, correctional staff, community supervision officers, human services providers, and community organizations. The TAP is a formal agreement that outlines the roles and expectations of all involved parties and holds each one accountable for their respective responsibilities during each phase of the transition process.[21]

The Importance of Case Management

To maximize the effectiveness of the reentry plan, individuals must be engaged, adhering to the plan in jail and especially in the community. Further, all stakeholders must understand their roles and responsibilities in implementing the plan, and they must work with individuals to update the plan as individuals progress through the transition phase. Case managers—whether jail- or community-based staff—can serve an important role in planning and overseeing service delivery both in jail and in the community and in engaging individuals in their own transition process. Although the research is limited, some studies have illustrated the importance of case management in improving reentry outcomes. For example, an evaluation of a community-based comprehensive aftercare program, Opportunity to Succeed, found that participants who interacted with their case managers were more likely to report full-time employment and maintain employment for a longer time than those receiving no case management (Rossman and Roman, 2003). Similarly, a study of substance-abusing arrestees found that those who had ongoing case management were more likely to have access to drug treatment and less likely to commit crimes than individuals in a control group who received only referrals or a single counseling session (Rhodes and Gross, 1997).

Only a small share of jurisdictions support case managers with a jail reentry caseload, but there are several exceptions. As part of the Allegheny County (Pennsylvania) Jail Collaborative, intensive case managers from the Department of Human Services begin working with inmates in the Allegheny County Jail to develop comprehensive and dynamic release plans 60–120 days before release and meet with community providers to coordinate postrelease services. This same case manager follows individuals up to one year after their release, providing assistance with family reunification and access to housing, jobs, and treatment.

In Montgomery County, a group of county agencies and nonprofit organizations, probation and parole, and a consortium of faith-based groups and other postrelease service providers make up the reentry collaborative case management team, which works with inmates on

[21] It is worth noting that in the prison context, it may be easier to hold an agency or individual accountable for progress in the community as most prisoners are released to a form of community supervision.

release preparation and is responsible for service provision and follow-up after release. The team meets biweekly to discuss opportunities and gaps in linkages and referrals for sentenced inmates who are within 90 days of release. Some local corrections departments, like the Westchester County Department of Corrections in New York and the Broward County Sheriff's Department in Florida, have separate transitional services and reentry divisions, in which correctional staff act as case managers and program planners for individuals while they are in jail and provide initial follow-up after release.

Case management by the same person or team of people both in and out of jail is in place in other jurisdictions as well, including Orange County (Florida), Snohomish County (Washington), Dutchess County (New York), Norfolk County (Massachusetts), and New York City, among others.[22] Further discussion of how to facilitate continuity in the community through case management is presented later in this section.

Jail-Based Interventions and Community In-Reach

Not only do jail administrators have little time to administer an appropriate assessment and develop a reentry plan, they have perhaps even less time—and fewer resources—available to implement an individual's reentry plan and provide the level of services deemed appropriate for fully addressing certain issues. Larger jails with inmate populations of more than 1,000 are more likely to provide certain services and provide them to a fuller extent than smaller jails, yet the service capacity is generally low and reserved for specific groups of people, especially those with mental illness.

Some jail-based activities—such as job interview preparation, orientation to community resources, and financial management workshops—can be offered as stand-alone, one-day sessions and can therefore reach large shares of the transient jail population who might benefit from them. Programs that require a longer period of engagement, such as cognitive behavioral therapy curricula, substance abuse treatment, adult basic education, and even vocational training, can make considerable progress with individuals who remain in jail for several weeks or longer and can provide the foundation for continued treatment in the community. Correctional programs such as these can be beneficial both to inmates and to correctional staff who may have an easier time managing the jail when individuals in their custody are active and engaged.

Jails can, and sometimes do, provide in-house programs with their own staff. As discussed below, jails can also contract with—or in many cases simply allow access to—community-based organizations to provide treatment and training and begin engaging inmates in services before release.

Community In-Reach

The central location of jails in the community to which the majority of inmates will return provides a unique opportunity to open the jail to community-based organizations and involve them in jail-based service provision, or community in-reach, and thereby facilitate access to ongoing care after release. If community-based providers develop relationships with individuals before release, there may be a greater likelihood of continuity of care in the community. Paul Mulloy, director of Treatment Services in the Davidson County Sheriff's Office in Nashville, Tennessee, observes, "those agencies that come into the facilities on a regular basis are the ones that see offenders making contact upon release."[23]

[22] See *Section 4* of this report for more examples of jail reentry initiatives under way around the country.

[23] Personal communication with Amy Solomon and Jenny Osborne, May 21, 2007.

"What Works" and Evidence-Based Practice in the Jail Setting

The use of evidence-based practices in the criminal justice system has gained increased attention among practitioners seeking to reduce recidivism and enhance public safety through proven programs. Although there are still gaps in knowledge, there have been substantial strides in the development of an evidence base to inform effective practices in correctional settings that can reduce recidivism and improve outcomes for specific populations.

Recent meta-analyses show that offender recidivism can be reduced by a number of correctional and community-based strategies, such as drug treatment and cognitive behavioral therapies (Aos, Miller, and Drake, 2006). A recent paper by Dr. Gary Christensen, corrections administrator at the Dutchess County Jail in New York, and Elyse Clawson of the Crime and Justice Institute, discusses the application of evidence-based practices in the jail setting (Christensen and Clawson, 2006). Faithful implementation of evidence-based practices can result in reduced crime and cost savings (Andrews et al., 1990). However, there is no magic bullet; implementation is difficult and requires staff training, buy-in, and practice.

Eight Evidence-Based Principles for Effective Interventions

1. Assess actuarial risk/needs.
2. Enhance intrinsic motivation.
3. Target interventions.
   a. *Risk principle:* Prioritize supervision and treatment resources for higher risk offenders.
   b. *Need principle:* Target interventions to criminogenic needs.
   c. *Responsivity principle:* Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
   d. *Dosage:* structure 40–70 percent of high-risk offenders' time for 3–9 months.
   e. *Treatment:* Integrate treatment into the full sentence/sanction requirements.
4. Skill train with directed practice (use Cognitive Behavioral treatment methods).
5. Increase positive reinforcement.
6. Engage ongoing support in natural communities.
7. Measure relevant processes/practices.
8. Provide measurement feedback.

Source: Crime and Justice Institute, 2004, as cited in Christensen and Clawson, 2006.

In many, if not most, large jail systems, at least a portion of the jail-based programs and interventions are delivered by community-based providers and volunteers who begin service provision while individuals are incarcerated. In many cases, staff from community agencies come into the jail with their own resources to serve a population they may already be serving in the community. Community volunteers are also a valuable resource to augment jail-based interventions.

Jails can partner with a diverse group of community agencies to provide a comprehensive array of services targeted toward specific needs while people are still in jail. Several examples are illustrated below.

Community Health Centers
The Hampden County Public Health Model for Corrections is one of the best examples of bridging the gap in health care through in-reach. In Hampden County, local health clinics realized that many of their patients were missing their appointments because they were incarcerated in the Hampden County Correctional Center. In response, the sheriff's department allowed health care providers to come into the jail to treat their chronically ill patients and set up community appointments after release. The department realized that most inmates return to four ZIP codes, and in 1996, it contracted for medical services from the four community health centers in these high-return ZIP codes to promote the establishment of a patient-doctor relationship in jail and the continuity of care after release. As noted in the sidebar "National Initiatives and Resources" (page 178), jurisdictions around the country are beginning to replicate this model.

Workforce Development in Jail
In San Bernardino County (California), the workforce development department dedicates two employment services specialists to work in the jail to facilitate prerelease classes, organize annual job fairs, and assist inmates with services necessary for gaining employment such as obtaining driver's licenses and Social Security cards and settling child support issues. These employment services specialists also provide community case management after release.

Montgomery County has established a direct link between the jail and the county's workforce system through a partnership between the Montgomery County Department of Correction and Rehabilitation and the Workforce Investment Board. The result is the creation of a full-service One-Stop Career Center located within the jail, enabling inmates to start the job search while incarcerated. The One-Stop Career Center offers a variety of resources in a single location, including reading rooms, mock interview rooms, workspace, and a computer lab where inmates have access to online career and labor market information and can complete résumés, cover letters, and job applications.

Faith Community: Entering Jails to Mentor
Traditionally, church volunteers have entered jails and prisons to "minister to the fallen," but many churches around the country are encouraging their parishioners to move beyond correctional ministries into mentoring relationships that begin in prison or jail and continue after release. Some churches stand ready to "adopt" individuals after release. In Miami-Dade County (Florida) the Faith Works! Aftercare Program is built around partnerships with approximately 600 faith volunteers, 120 local houses of worship, the Archdiocese of Miami, and the Aleph Institute. Through these partnerships, Aftercare Program has established "church release," a court-approved short-term release that allows individuals to attend their local house of worship each week with their faith mentor and family.

Law Enforcement and Social Service Coalitions
Several local jurisdictions have developed community coalitions that consist of a variety of justice system and community agencies. These coalitions involve the collaborative efforts and resources of social service providers, faith-based organizations, and law enforcement agencies that seek to prevent high-risk former prisoners from reoffending. For example, the Boston Police Department, in partnership with the Suffolk County Sheriff's Department, developed the Boston Reentry Initiative in the summer of 2000 to focus reentry resources on inmates who pose a public safety risk to the communities that they will reenter. Within 45 days of entering the Suffolk County House of Correction, program participants, whom police

have identified as high risk, begin working on a "transition accountability plan" and attend one of the Initiative's monthly community panel sessions. During the panels, representatives from law enforcement agencies, probation and parole agencies, and prosecutors remind the inmates that they are not serving time anonymously and that law enforcement agencies and some community agencies share information on their criminal histories, current incarceration, and planned release dates. The message is complemented by social service providers and faith-based organizations that offer comprehensive and effective transitional resources and ongoing support.

> It is rare for police to be seen inside a correctional institution, so it has an effect when they are seen. When someone is in custody, you have their attention; they are clean and sober, so it is the best time to converse.[24]
>
> —A.T. Wall, Director
> Rhode Island Department of Corrections

Peer Mentors

Previously incarcerated individuals or those in recovery who have been successful at turning their lives around can serve an important role in the transition process. Peer mentors carry significant weight and influence. In fact, research has found that support from other recovering peers, especially in the context of substance addiction, may be more effective in reducing recidivism than clinical staff or correctional officers (Wexler, 1995; Broome et al., 1996).

> The Davidson County Sheriff's Office recently asked female inmates with children whether they would like assistance for their children while they are incarcerated to help with their transition once released. Out of more than 230 respondents, 92 percent requested services and indicated that their families are critical to their own success.

In Hampden County many senior mentors are people with convictions who work with inmates in jail and upon release to instill hope and provide guidance. Those who have advanced in the Jackson County (Oregon) transition program are responsible for assisting others beginning the program. Case managers for the Prison to Community Project in Philadelphia must have personal recovery experience to be considered for the role. According to Sheriff Hennessey of San Francisco, "you can't beat the credibility of an ex-offender when trying to show offenders how their lives can be different. They can look a prisoner in the eye and say, 'I have been in your shoes. There is a way out and a path for a brighter future'" (Drum Major Institute for Public Policy, 2005:9).

Family Engagement

The family serves a vital role for people returning from jail, providing housing, emotional and financial support, and employment networks. Positive family connections may be a key factor in preventing recidivism and relapse (Visher and Courtney, 2006; Lavigne, Visher, and Castro, 2004). Accordingly, allowing family visits and encouraging ongoing contact can have a substantial impact in the transition process. To facilitate such contact, the Davidson County

[24] As cited in LaVigne, 2007.

Sheriff's Office (DCSO) has set up a call center for family members to ask questions about rules and guidelines for visitation. The sheriff's office also trains its correctional officers in customer service strategies when communicating with family members. In addition, the DCSO, along with a local university, is piloting a program that targets families that have a member incarcerated in one of the DCSO jails, and a local faith-based organization, Inner City Ministry, is working with children who have incarcerated parents.

The Orange County Department of Corrections in Orlando, Florida, assesses the transitional needs of both incarcerated individuals and their family members and coordinates appropriate service provision with community providers. While individuals are incarcerated, corrections department case managers assist their families in accessing needed services.

In Montgomery County's prerelease program, family engagement is one of the core elements of its reentry services. The program takes a broad view of family to include not only immediate relatives but also friends and sometimes employers who are willing to take an active role in supporting an individual. A key component of this program is the involvement of family early on in the development of a reentry plan. Within days of the individual's arrival into the program, the case manager will typically arrange for a meeting between the family member(s), the individual, and the case manager to develop a reentry plan that is formalized as a signed program contract. If aspects of this contract are broken, the supporting family member, called the sponsor, will participate in a discussion about the infraction and possible courses of action.

Correctional Culture

Jail reentry strategies will only work if the culture of the institution supports the end goals and reentry programming, treatment, and operations are thoroughly integrated into everyday activities. No education program or family intervention program will be successful without available and willing correctional staff members to facilitate access to these services. If a facility's schedule and procedures are erratic and unpredictable, it is nearly impossible to arrange for outside providers to come in and provide treatment programming. In the paramilitary correctional structure, the sheriff or commissioner, along with wardens and other top jail officials, needs to clearly, consistently, and frequently remind staff why reentry is a priority and link this mission to promotions and performance evaluations. Maintaining security and ensuring successful reentry need not be conflicting goals. Indeed, some of the cleanest, safest, and most orderly jails are those that have incorporated effective reentry programming.

Not only is their acceptance of outside providers important, but correctional staff can also be an invaluable component of service delivery and promoting successful transition. Best practice literature suggests that daily interactions between jail staff and inmates are a crucial component to enhancing an individual's intrinsic motivation and delivering services and treatment effectively (Taxman, Soule, and Gelb, 1999; Taxman, 2002; Christensen and Clawson, 2006). The Dutchess County Jail in New York has incorporated evidence-based practices and behavioral management techniques into its daily operations. They work to enhance public safety through the management of criminogenic risk factors while also considering treatment and service interventions. The Dutchess County Jail operates as a social learning environment in which individual outcomes are evaluated and system processes are changed to improve outcomes (Christensen and Clawson, 2006).

For more information about correctional culture and strategies to improve it, see *Building Culture Strategically: A Team Approach for Corrections,* available at http://nicic.org/Library/021749.

Challenges to Community In-Reach

Although the proximity of the jail to the community suggests easy access to the facility, community in-reach is often a challenge. As correctional institutions, jails are designed to keep inmates in and almost everyone else out. They are not designed to allow individuals, other than uniformed correctional officers, to move freely throughout the facility. Gaining clearance for specified jail visits often requires requests several days in advance and a significant amount of paperwork. Going through this cumbersome process for each visit can be intimidating and frustrating for family members and impedes the work of community-based service providers who lose staff hours and whose work is therefore disrupted. This disruption can result in negative attitudes toward correctional staff, who can be perceived as keeping community providers from their work.

Community-Based Correctional Reentry Programs

Complementing jail-based reentry strategies, some jurisdictions have developed community-based reentry programs (sometimes referred to as work release or prerelease programs) that allow carefully selected portions of the jail population to live, work, and receive treatment services in the community. In these programs, participants may live in contracted halfway houses or prerelease facilities or at home under electronic monitoring surveillance.

The advantages of these programs are that clients are able to work and contribute to their own and their families' financial support, develop deeper ties with their families, and access community resources directly while remaining in a structured and highly accountable setting. Individualized reentry plans developed in this community setting can better match the needs of clients to the available resources in the community. These programs also contribute to reduced jail crowding and more efficient management, allowing correctional systems to allocate their most scarce and valuable resource—a hardened and secure cell—to the most dangerous and risky offenders in the jail population. In Montgomery County, the Department of Correction and Rehabilitation manages almost 30 percent of its local sentenced population in its prerelease division.

However, the challenges of these programs are equally apparent: participants can commit new criminal offenses, escape relatively easily, and—particularly for the addicted—succumb to the many temptations of the street. If not carefully designed and implemented, these programs can be counterproductive and potentially embarrassing to the agency and dangerous for the community.

Perhaps the most critical determinant in the success of community-based reentry programs is the screening, selection, and enrollment process. If the criteria are too permissive and lacking in rigor, the program will enroll individuals who cannot safely be managed in the community, which will jeopardize public safety. On the other hand, criteria that are too strict and involve too many automatic disqualifiers may result in under-enrolled programs for individuals who have little need for the services provided. Some of the common screening criteria for community-based programs include an individual's instant criminal offense, criminal history, institutional conduct, and family and work backgrounds. Some work release programs require that individuals secure employment before they can enroll in the program. Others administer risk and needs assessments and conduct face-to-face screening interviews to determine individuals' motivations and needs for reentry services.

Continued on next page

Community-Based Correctional Reentry Programs *(continued)*

Judges often have the authority to determine eligibility and place individuals on work release as part of the sentencing process. Such an arrangement ensures that the proportion of the sentence served in jail and served on work release is prescribed at the outset of individuals' entry into the correctional system following conviction. However, this judicial process can lead to inappropriate placement decisions that result from plea bargaining rather than more objective processes informed by assessments. In Montgomery County and other jurisdictions, the correctional agency retains the authority to determine program eligibility and then seeks judicial consent for placement. Interestingly, judges are among the most fervent supporters of this process as they recognize that the agency has the time, expertise, and resources to conduct a more thorough eligibility screening than is possible in the course of judicial proceedings.

In addition to robust screening processes, agencies must acquire adequate staffing and financial resources to run these programs properly. Staff must have the training, education, and commitment to assist a population with tremendous needs and few resources and to work as mentors and monitors to help them complete their reentry goals. Likewise, regular drug screenings, alcohol Breathalyzer testing, electronic monitoring, employment verification, and onsite community checks help maintain the integrity of the program. A zero tolerance for escapes and the willingness and commitment of the agency to criminally prosecute instances of major unaccountability as escapes rather than program walk-offs provide some of the best deterrence to program noncompliance.

While the public may view community-based programs as low-cost alternatives to incarceration, they can actually be more expensive for agencies to operate if they incorporate strong accountability safeguards and the proper array of services. Managing a population within the confined space of a jail can prove easier, less risky, and more cost-effective than managing a correctional population that is living and working in the community. Many of the considerable benefits of community-based reentry programs accrue to taxpayers, families, and communities, while the costs and risks of these programs are often borne solely by the correctional agencies.

As such, community-based reentry programs require significant political and citizen support to sustain operations and create work and treatment opportunities for program participants. Programs must develop partnerships with the business community and social service providers to promote the integration of the prerelease population into the workforce and treatment services. Ideally, program participants would be able to seek and find appropriate work quickly and make connections to medical, substance abuse, and counseling resources, such that their days are spent working, in treatment, and with family.

Finally, programs can expect some level of failure and noncompliance. They can best prepare for these inevitable instances by garnering political and community support ahead of time by proposing that, despite program failures, community well-being and public safety may be better served by releasing individuals through a community-based reentry program than from a jail. An agency must take responsibility for program failures, learn from each occurrence to improve its policies and procedures, and most important, be straightforward and provide a thorough accounting to the community. In the long run, community-based reentry programs will earn greater respect and support by operating in such an open and transparent manner. Organizationally, community reentry programs are at an enormous advantage if they maintain active community advisory boards comprising diverse stakeholders who can be kept updated on the latest program developments, successes as well as failures.

Some jurisdictions involved in jail-community partnerships, such as Essex County (Massachusetts), and New York City, have developed streamlined procedures for entering and exiting the jail, allowing these visits to become routine. Essex County uses a "frequent users ID program" and New York City has created an "EZ-Pass" system, nicknamed after the electronic toll collection system. Under these systems, community staff who have already undergone security checks can enter and exit without having to obtain separate gate clearances for each visit and can bypass extensive questioning.

The Moment of Release

The moment of release from jail, and the hours and days that follow, may be a pivotal point in an individual's transition to the community. A recent study documented the relatively high risk of death to returning inmates in their first two weeks out of prison.[25] Reoffending rates for prisoners are also highest in the first weeks and months after release (Langan and Levin, 2002; Rosenfield, Wallman, and Fornango, 2005).

At discharge, individuals have basic and immediate needs. To varying degrees, they need identification, personal clothing (i.e., not a jail jumpsuit), appropriate medication, housing, and transportation.[26] Through a tailored discharge plan, the jail can prepare individuals for the first 24–48 hours after release—helping them access these basic necessities and plan where they will go immediately upon release, how they will get there, where they will sleep the first night out, and where they will go for initial health care or treatment appointments. Specifically, jails can do the following:

- Provide resource guides and reentry handbooks.
- Identify community-based services and in some cases make appointments to carry out a postrelease treatment plan.
- Arrange transportation at the gate and, ideally, for a family member, mentor, or other positive contact to meet the individual at release.
- Prepare applications for identification documents.
- Provide a temporary supply of medication or appropriate prescriptions and coordinate the application or immediate reinstatement process for federal benefits.

Focusing on the discharge process is not a replacement for a more broad-based reentry plan; rather, it is a specific tool for managing the discrete period immediately following release from jail.

Notably, given the short stay for many detainees, the moment of release may also be the moment of admission for many individuals. With unpredictable release dates, the pre-trial population poses a particular challenge to discharge planning. Sometimes, pre-trial detainees are released directly from court without returning to the correctional facility, leaving no time to plan an orderly discharge. To prepare for this uncertainty, jails can map out the various points of release from the system and have discharge plans—or at least resource packets—available at each of its exit points.

Discharge planning opportunities are discussed in more detail below.

[25] The study analyzed death rates of 30,000 prisoners released from Washington state and found that these individuals died at rates 13 times higher than the general population in the first 2 weeks after release. The deaths were due primarily to drug overdoses, heart disease, homicides, and suicides (Binswanger et al., 2007).

[26] At intake, individuals must deposit all personal belongings, such as identification and clothing, and in some jurisdictions it is not unusual for inmates to be released in their jail jumpsuit or from court having retrieved none of these belongings.

Resource Guides and Reentry Handbooks

At a minimum, a discharge plan can ensure that every inmate is released with simple, easy-to-read materials in hand that identify how to access services in the community, such as drug treatment, health care, housing, employment training or placement, legal assistance, and family services (Mellow and Dickinson, 2006). Several jurisdictions have developed resource guides and handbooks to help individuals identify and navigate resources in their communities. New York City has created a citywide jail release services hotline that released inmates and their families can call for reentry assistance and referrals to service providers. Resource guides must be periodically updated to ensure that the information on community agencies is accurate, including contact information and hours of operation, whether they serve a justice-involved population, and whether they provide the services specified in the handbook.

Identifying Services and Making Appointments

A discharge plan can be more targeted than a resource handbook or hotline, functioning as written directions for where to report for supervision or for service appointments, who to report to, and how to get there. Ideally, a case manager sets up an initial appointment in the community and notes the date, time, and location in the discharge plan.

To maximize the effectiveness of this type of discharge plan, staff should be familiar with the community agencies they are using for referrals. Specifically, staff should know what services the agency offers, and in some cases, staff may need to communicate directly with the agency. Of course, identifying services and even making appointments does not ensure that individuals will access them upon release. Establishing relationships with service

The *Brad H.* Case

Few jails provide extensive discharge planning services that involve a postrelease treatment plan. Those that do most likely reserve this service for special-needs populations, such as the mentally ill or those living with HIV or AIDS (Hammett, Roberts, and Kennedy, 2001). However, even among these populations, this intervention is still rare. A survey of mental health service provision in jails revealed that very few jails, regardless of size or extent of in-house programming, provide discharge planning to link individuals to mental health services in the community (Steadman and Veysey, 1997).

In August 1999, New York City jail inmates with mental illness filed a class-action lawsuit in the state's Supreme Court against the City of New York, including Mayor Rudolph Giuliani, the New York City Department of Health and Mental Hygiene, the City Health and Hospitals Corporation, the City Human Services Administration, the City Human Resources Administration, the City Department of Correction, and St. Barnabas Hospital, a private hospital contracted to provide mental health services to New York City jail inmates (*Brad H.* v. *City of New York,* 729 N.Y.S. 2d 398 (Sup. Ct. 2001)). The *Brad H.* class members argued that the absence of discharge planning services in New York City jails violated a New York State law requiring providers of inpatient mental health services to provide discharge planning (Barr, 2003). The lawsuit claimed that each year, 25,000 inmates receive psychiatric care in jail, and virtually none receive discharge planning services upon release to ensure continuity of care. At the time that *Brad H.* was brought to court, no class-action case about discharge planning for jail or prison inmates had ever been filed. As a result, the New York City Council passed a local law mandating that the City provide discharge planning for sentenced inmates diagnosed with a mental illness.

providers and ongoing case management can increase the chances that individuals keep appointments and follow a reentry plan.

Meeting at the Gate

One of the most basic logistical considerations upon release is where to go and how to get there. Jail staff can arrange to have a family member, mentor, sponsor, probation officer, caseworker, or appropriate volunteer meet an individual at the jail and take them where they need to go, whether it be home, the probation office, or an appointment with a service provider. The Davidson County Sheriff's Office has partnered with a diverse group of community organizations on two initiatives that focus on the moment of release and transportation issues immediately following release. Meet Me at the Door engages the Nashville faith community in a mentoring program through which volunteer mentors connect with inmates while they are still incarcerated and pick them up upon release. The second initiative is a partnership with the local transit authority and a private taxi service to provide released inmates with rides to various service providers in the community.

Identification

Identification is necessary to access treatment, secure jobs, drive a car, and apply for benefits. Yet many inmates leave jail without any form of identification. Some larger jail systems partner with the state government agency responsible for issuing identification documents and bring these agencies in house to issue identification cards. For example, the Montgomery County Department of Correction and Rehabilitation partners with the Motor Vehicle Administration to provide soon-to-be-released inmates who have a verifiable home address with a county-issued temporary identification card that meets state and federal guidelines. Called the "Community Reentry ID," this card also functions as a 60-day bus pass and library card and is accepted as a secondary form of identification to assist released individuals until they are able to obtain a permanent Maryland identification or driver's license.

In smaller jail systems that are farther from government centers, some jail administrators are seeking creative alternatives. For example, the Douglas County Sheriff's Department in Kansas uses brief furlough-type leaves to take individuals to the closest town to apply for state identification, obtain work clothes, or attend church services.

For additional information on discharge planning, please see *The Jail Administrator's Toolkit for Reentry,* which provides several examples of discharge plans, resource guides, and reentry handbooks from around the country.

Medications and Federal Benefits

Jail inmates with mental illness and infectious or acute chronic diseases who receive necessary medication during incarceration often risk lapses in treatment after release when they no longer receive care from the jail. For example, eligible individuals may experience interruptions in federal benefits[27] after release or they may face a delay in obtaining an

[27] Many inmates have federal or state benefits upon their arrest or are eligible to receive them. Generally, if individuals are detained for less than one month, benefits are neither terminated nor suspended and should continue uninterrupted upon release. If individuals are held longer than one month but less than one year, benefits are simply suspended and can be reinstated immediately following release. However, time in jail may unnecessarily interrupt an individual's benefits or prevent them from claiming entitlements. For example, the Social Security Administration must be able to verify that an individual is released for benefits to resume and often such notification does not occur.

appointment with a community health care provider, preventing access to necessary medications. An interruption in medication may result in relapse and instability, increasing the risk of criminal activity (Council of State Governments, 2002). Many jails have addressed this issue by ensuring that individuals leave with a supply of medication in hand that will last them until their first appointment in the community. Some jails can also enter into prerelease agreements with the Social Security Administration or bring in a benefits specialist from the human services department to expedite the eligibility status for federal and state benefits and begin the application or reinstatement process.

Continuity in the Community

The work that is done in jail to begin treatment, develop relationships with service providers, and connect individuals to service appointments in the community will have little impact without follow-up in the community. Accordingly, it is important that community-based organizations and support networks provide continuity of care—or in many cases, initiate care—through services, training, treatment, and case management when an inmate is released. In some cases, community supervision agencies can play a role in managing reentry from jail (discussed in *Section 4*).

> Imagine the potential for breaking the cycle of crime and incarceration if the focus would shift from just processing people at the local level to one of linking people with services and programs that already exist in the community. A public health agency most likely already interacts with family members where one is in a county jail as do a host of other community based human service providers. Expanding linkages while in jail and then making solid linkages prior to release or at the time of release offer true opportunities to engage persons when they are both vulnerable and in need of help as they return to the community (House Committee on the Judiciary, 2005).
>
> —Arthur Wallenstein, Director
> Montgomery County Department of Correction
> and Rehabilitation (Maryland)

Localities and community-based organizations have a good reason to be invested and engaged in the jail transition process—namely, that the majority of those incarcerated in jails are residents of the local community and will soon return home (Billy, 2000). However, in most jurisdictions, the community views jails and inmates as a criminal justice problem and not a community issue. This perspective is evident in the absence of a designated community network to bridge the jail-community divide and take responsibility for the various dimensions of an individual's transition process in the community.

Coordination between the jail and community networks upon release involves notification of release and the transfer of information (in the form of a reentry plan) to a lead agency (or agencies) that will be working with the population returning from jail. This basic coordination allows community agencies to prepare for an individual's return and make space available in their programs, preventing, for example, a person with serious substance addiction problems from having to wait two months for treatment.

Domestic and Family Violence

Most incarcerated men and women, like most people, want to be good parents, spouses, siblings, and children to their respective family members. Reunification is often a reintegration goal that is positive for both the individual and his or her family. Some families, however, may have a history of family violence, in which case reunification would not be in the interest of the family. Given the histories of domestic violence among inmates—some 19 percent have been subject to a restraining order or order of protection (James, 2004)—it is important that case managers or other staff screen for domestic and family violence and take these issues into consideration when developing reentry plans.

For more information about domestic violence and reentry, see two reports from the Vera Institute of Justice:

- *Domestic Violence and Prisoner Reentry: Experiences of African American Women and Men,* by Creasie Finney Hairston and William Oliver, available at www.vera.org/publication_pdf/367_660.pdf.
- *Safe Return: Working Toward Preventing Domestic Violence When Men Return from Prison,* by Mike Bobbitt, Robin Campbell, and Gloria L. Tate, available at www.vera.org/publication_pdf/368_661.pdf.

The Role of Law Enforcement in Reentry from Jail

The role of law enforcement in promoting public safety and reducing crime at the community level makes law enforcement a natural stakeholder in reentry from jails. Law enforcement agencies see the failure of reentry firsthand when they arrest the same individual multiple times. Through their efforts to reduce reoffending among people coming out of jail, law enforcement agencies can prevent future victimization and improve community-police trust. The involvement of law enforcement in reentry programs can take many different forms, from participating in prerelease meetings with inmates to joining probation and parole staff during home visits or leading problem-solving efforts in high-crime communities. Several law enforcement departments around the country are incorporating reentry practices into their everyday activities.[1]

The Council of State Governments Justice Center and the Police Executive Research Forum, with support from the Office of Community Oriented Policing Services, have developed a self-assessment toolkit for law enforcement agencies looking to expand their efforts in this critical area. The toolkit, "Planning and Assessing a Law Enforcement Re-Entry Strategy," allows agencies currently working in reentry to quickly rank the degree to which they feel their agency has achieved particular aspects of a comprehensive reentry strategy and identify gaps and weaknesses that can be strengthened through collaboration with partners. Agencies planning an initiative can use the tool as a detailed checklist of issues and tasks to consider, and as their work unfolds can refer to the assessment questions to measure their progress.

[1] For information on ways law enforcement agencies are engaging in reentry efforts around the country, see LaVigne et al., 2006.

Successful reentry strategies for certain individuals will also involve broader coordination among community agencies and case management and a strategy to engage individuals in their reentry plan. This higher level coordination is especially important given that most people released from jail will be under no legal obligation to remain with a program or comply with certain conditions. These issues are discussed below.

Notification and Information-Sharing

The process of coordinating a seamless transition and ongoing care in the community begins with ensuring that community-based organizations, supervision agencies, family, and in some cases law enforcement and victims are aware that an individual is being released. Proper notification allows agencies to make room for individuals on their caseload or in a program and prevent them from falling through the cracks.

The information that jails collect on individuals in their custody through their daily interactions and official records can be very helpful to community organizations that will be working with these individuals after release. This relevant material might be compiled in a reentry plan and would include any assessments, program completion or enrollment, experiences during incarceration, security levels, past involvement with the social service system, if applicable, and areas of the transition process that need attention after release.

The Snohomish County (Washington) Jail Services Program seeks to avoid duplication of services by performing daily cross-checks of jail bookings with the regional mental health system's database to identify inmates with mental health histories who are also under the care of the public mental health system. The jail's mental health staff and jail-based Human Services Department service broker are then notified of an inmate's history with the public mental health system to facilitate continuity of care. Ideally, information will be collected systematically with built-in consent procedures to follow privacy laws for information protected through the Health Insurance Portability and Accountability Act (HIPAA) so it can be shared with other agencies working with these individuals. This kind of information sharing will save time spent gathering information on a new client and prevent duplication of services.

Service Provision

Chances for a successful transition from jail in the long term will improve substantially if individuals address substance abuse problems; employment, health, and housing needs; and other factors that place them at high risk of relapse and reoffending. At a minimum, any treatment begun in the jail should be continued in the community setting. And in the multitude of cases where treatment is needed but has not yet begun, there is a major opportunity for health providers, addiction centers, and others to provide appropriate services.

> For us, the underlying problem for the vast majority of the people who we release is addiction, and we have to deal with their addiction. If we don't deal with that, everything else will fail (Drum Major Institute For Public Policy, 2005:13).
>
> —Martin Horn, Commissioner
> New York City Department of Correction and Probation

With proper notification of release and coordination of information on individuals, community service providers can immediately begin treatment or training programs, either continuing treatment begun in jail or starting a regimen for the first time. Community-based agencies involved in the treatment and training of people coming out of jail must both stabilize individuals in the short term and create a platform for long-term reintegration to include, for example, retaining employment and reunifying with family.

As part of local reentry initiatives, several community-based agencies, particularly substance abuse treatment providers, maintain formal contracts with jails that allow for ongoing care in the community. In Florida, several local jurisdictions, including Orange County, Palm Beach County, and the City of Jacksonville, have contracted with local agencies that coordinate and provide substance abuse treatment and a comprehensive array of reentry-related services, both in jail and for a period of time after release.

The Center for Employment Opportunities (CEO) in New York City provides transitional work programs and job training and placement to individuals returning from Rikers Island. Staff from CEO's Jail to Work Program meet individuals at the moment of release and transport them directly to their transitional work site. CEO offers employment training classes and works to find individuals permanent employment in areas that match their interests and skills. Immediate placement in temporary employment quickly offers a paycheck, structures individuals' time, and boosts their morale while preparing them for long-term employment.

Encouraging Individuals to Stay Engaged with Community Providers

Most individuals coming out of jail have no legal obligations to stay involved in transition programs after release. Accordingly, jurisdictions may have to rely less on sanctions and more on incentives that will help keep an individual on track in the absence of legal obligations and the threat of reincarceration. One study showed that small incentives can greatly improve the odds that individuals will keep appointments in the community. Specifically, in New York City, after a health department program offered incentives for follow-up appointments for tuberculosis treatment, appearances at those appointments increased from less than 20 percent to 92 percent (Frieden et al., 1995; Hammett, 2000).

The development of meaningful incentives will require creativity and will depend on the presence of a case manager who monitors progress and encourages engagement. Incentives can also be built into a type of contract between the individual and the case manager or agency. Transition Accountability Plans, as discussed earlier, represent formal agreements that outline the roles and expectations of all involved parties—including the former inmate—and hold each party accountable for their respective responsibilities during each phase.

Tapping Informal Networks

It will take more than formal services to improve reentry outcomes. Services, case management, and supervision can serve a key role in individuals' transition plans, but for many reasons—not the least of which involves limited capacity—it is important to draw on other positive networks of support, such as family members, neighbors, the faith community, and peer supports. These informal supports may have access to housing, jobs, and transportation and can provide emotional support, stability, and accountability in the days and weeks following release. Indeed, informal supports may have the greatest influence on an individual's behavior.

In Chicago, the Women of Power Alumni Association, a group of formerly incarcerated women successfully transitioned out of the Cook County Department of Women's Justice

Services (DWJS), serves as a community support group to other women who are released from DWJS and as a resource that the jail can use to link released women to community support. Family, peers, and faith networks are discussed in more detail in the community in-reach section.

Engaging Community Providers

Just as individuals are under no obligation to engage in services, community organizations are typically under no obligation to provide services, or case management in particular, to individuals coming out of jail. Despite the fact that many government agencies and community-based providers are *already* working with this population and their families (see the sidebar "Multiple Social Systems Involved with Chronic Offenders," page 20, which describes service overlap), there is no obligation to continue to do so once individuals are incarcerated or after they are released. Although community providers often serve clients with jail histories, many do not view the criminal justice population, and especially the reentry population, as a core constituency (Nelson and Tarlow, 2006). Rather, these individuals represent a portion of the larger clientele they serve, and programs or interventions may not be specifically designed to bridge that gap between jail and release to the community. Unless there is an explicit commitment to serve the returning jail population and adjust interventions accordingly, service provision will continue to be piecemeal, sporadic, and uncoordinated.

While the solution might involve pooling resources and coordinating activities to increase efficiency and service integration, few incentives are currently in place at the agency level for justice system agencies and community organizations to work together, take collective ownership over the issue, and be mutually accountable for successes and failures (Nelson and Tarlow, 2006). In New York City, the Department of Correction enters into performance-based contracts with community providers that serve individuals leaving Rikers Island. Set up to compensate community organizations insofar as they maintain engagement with clients, these contracts help ensure that services will in fact continue after inmates' release to the community.

In the absence of such contracts, jurisdictions will need to rely on collective ownership of the issue and cross-agency agreements, as discussed below.

> There must be a consensus opinion between the jail and potential community resources on matters of ownership and authorship. Each also must hold a genuine belief that what is being done for an inmate population ultimately benefits everyone and not just one segment, organization or politician (Billy, 2000).
>
> —Gerry D. Billy, Former Sheriff
> Licking County (Ohio)

Systems-Level Strategic Planning

The jail has a central role in the reentry process, but because the duration of its jurisdiction over individuals is often very brief and does not extend beyond release, a seamless transition requires community-based partners. At the community level, rarely does one

organization have the authority, responsibility, or capacity to oversee returning inmates and detainees. At the same time, jails and community-based organizations are often working with overlapping caseloads and would benefit from further collaboration.

Additionally, service delivery in the areas of housing, addiction and health treatment, and employment training are complicated by intergovernmental systems that result in city, county, and state government responsibility for various criminal justice and social service functions at the local level. Accordingly, in local jurisdictions it will take collaboration among community and government agencies at multiple levels to improve transition from jail. At its core, addressing reentry from jail may be more about systems change than program implementation.

Where to begin? Jails and community-based organizations will benefit from jointly establishing priorities and developing interventions tailored to local needs and resources. More specifically, collective strategic planning to improve reentry from jail involves the following actions:

Forming Local Reentry Councils that Enable Cross-Agency Discussion

Implementing strategies to improve reentry from jail requires buy-in from a variety of key organizations. A first step is bringing all relevant stakeholders together to assess the local problem and points of leverage. Stakeholders may include the jail administrator, sheriff, chief of police, a county executive, local legislator, a judge, prosecutor and public defender, and individuals representing treatment and service providers, public and mental health agencies, housing agencies, economic development agencies, workforce development agencies, probation and pretrial agencies, former inmates, and victim advocates. A representative from the mayor's or county executive's office may be helpful to include—perhaps even as chair—given the need to build bridges and develop cross-agency priorities. It is often useful to include a research partner as well, to help analyze the problem and develop evidence-based interventions, as discussed below.

Local Jail Reentry Roundtables

Michigan Jail Reentry Forum

The Michigan Jail Reentry Forum, convened by the Michigan Department of Corrections, was held in September 2006, to jumpstart the discussion on jail reentry and strategic planning strategies at the local level. The goal of the Forum was to provide current information on jails and jail populations nationally, discuss the philosophy of offender transition and reentry and its practical applications for local jails in Michigan, and encourage ongoing discussions and strategic planning efforts around the state.

Texas Jail Reentry Roundtable

In January 2007, the Travis County Sheriff's Office and the Travis County Law Enforcement Association convened the Texas Jail Reentry Roundtable to discuss strategies to improve reentry from jails and provide an opportunity for Texas jurisdictions to network with one another. The Texas Jail Reentry Roundtable brought together experts and practitioners from around the state as well as national experts.

Defining the Local Problem and Assessing Resources

The design of any reentry strategy must reflect the nature of the problem in the area in which the initiative will be implemented. An understanding of local barriers and assets is especially relevant in the context of jail reentry, where most inmates come from and return to a few nearby communities and where resources are often scarce and must be efficiently targeted. Decisionmakers central to the development of jail reentry strategies can assess the characteristics of the inmate population, local crime problems, and existing laws and policies that govern various aspects of reentry and can identify resources that can be leveraged to address the identified issues. A clear understanding of the local reentry landscape provides a solid foundation for establishing effective policies and programs.

Identifying Joint Goals and Outcomes of Interest

There is increasing recognition that to be successful in the reentry arena, organizations need to communicate, coordinate, plan, and prioritize shared goals and outcomes (Council of State Governments and Re-Entry Policy Council, 2005; Osher, 2006). Still, many organizations continue to operate as they have over time, with independent goals and missions. Jail transition efforts may require collective goals—and maybe even altered missions—to identify shared aims and rewards for individual agency accomplishments. Jurisdictions should also identify outcomes of interest, or performance measures, that will help hold themselves accountable to their goals. As the adage says, "What gets measured gets done."

Designing Strategies for Intervention

Once jurisdictions analyze their local problem and identify shared goals and objectives, the next step is to identify specific strategies to employ. Jurisdictions will need to decide who the intervention will target, what the target group most needs and what services will be provided, where the intervention will take place, when in the process services will be provided, and how they will be delivered and evaluated. See the sidebar below.

Designing Interventions: Starter Questions for Jurisdictions

WHO will the intervention target—all inmates who will be returning to the community, or some specific subset such as chronic offenders, sentenced inmates, those with mental illness, or those returning to a given neighborhood?

WHAT does the target group most need and what interventions will be provided? Depending on the level of need, strategies for service provision may be comprehensive, including case management and direct services, or they may be less intensive, involving referrals or self-help groups.

WHEN will services be provided—at intake, while incarcerated, at discharge, or once an individual is back in the community?

WHERE will the intervention take place? Will individuals be detained for lengthy periods, making initial jail-based intervention feasible, or will the intervention need to begin upon release to the community?

HOW will services be delivered and by whom? Will individuals receive referrals or will services be directly delivered? Who will ensure that the case plan is followed? How will outcomes be measured to gauge progress and maintain support for the initiative?

The Jail Administrator's Toolkit for Reentry elaborates further on strategic planning elements and provides examples from around the country. In addition, the *Report of the Re-Entry Policy Council,* authored by the Council of State Governments and 10 partner organizations, provides comprehensive guidance about convening key stakeholders, developing a knowledge base about the local reentry problem, developing strategies for funding a reentry initiative, measuring performance outcomes, and educating the public. For more information, see www.reentrypolicy.org/reentry/Ch_A_Getting_Started.aspx.

Supporting the Collaborative

Given the multiple organizations and nature of a new initiative, it will be important to formalize roles and responsibilities with memorandums of understanding or other working agreements. Agencies should develop management information systems and information-sharing protocols, considering which data are essential to capture, how they can best be shared, and who—organizationally—is responsible for what. Given the wide-ranging backgrounds and missions of the various organizations involved, there is a major opportunity to address organizational cultures as well.

What's Your Recidivism Rate?

This is the question of utmost interest to county commissioners and community members, policymakers, and the press. This statistic is often narrowly sought as the main indicator of a correctional system's success; however, at present there is no national estimate of recidivism rates—no matter how it is defined—for those released from local jails. Jail administrators are often unprepared to answer this question because jails rarely track recidivism or evaluate their programs.

What do we mean by "recidivism"?

Recidivism is defined in a variety of ways by researchers and correctional systems as a measure of return to criminal activity. It is often used interchangeably to refer to rearrest, reconviction, and reincarceration. Some recidivism studies count all rearrests as recidivism, others count only reconviction or only a return to incarceration, and some studies track all three events. More sophisticated analyses might also explore the timing and offense type of the recidivist events to explore individuals' long-term success following incarceration and whether they are recidivating for a lesser offense.

The recidivism statistic has little meaning unless it is accompanied by a precise definition of what constitutes a recidivist event and the period over which it is measured. Some argue for a national definition of recidivism to enable consistent measurement across jurisdictions.

Why should a jurisdiction consider tracking recidivism?

While one could argue over whether it makes sense to identify a national measure of recidivism, there is no question as to the benefit of developing a number of benchmarks that can help jurisdictions articulate their goals and measure their progress against these goals. The value of recidivism analysis is not only as an institutional measure of performance, but also as a diagnostic tool to better understand population trends and the flow of individuals through the local justice system. Such analysis helps determine whether resources are being spent appropriately and where changes are needed.

Continued on next page

What's Your Recidivism Rate? *(continued)*

Why don't most jails track recidivism?

From a capacity standpoint, most jails are not equipped with the staff and resources to undertake such exploration into the recidivism patterns of the transitory and complex jail population, most of whom are pretrial detainees. But more important, few jail administrators see the purpose of tracking this kind of information on a population whose outcomes they believe they have little control over. Jail administrators are primarily burdened with running safe, secure, and humane institutions.

Measuring jail recidivism is particularly challenging because of the nature of the inmate population and how it flows through the justice system. Jail inmates are not always released directly to the streets but instead may be transferred to the custody of other authorities (state, federal, military, or juvenile). The few jail systems involved in recidivism analysis generally limit the population of interest to those individuals who will be released directly to the community.

What else is important to measure?

There are many measures beyond recidivism that are important to gauge the success of a jurisdiction's reentry efforts. Some examples include whether individuals have a job, are sober, remain in treatment, have received and are taking their medications and continue to attend to their health needs, are not homeless, and are involved with their children and family networks.

Where can I go to learn more?

There are several systems around the country that are beginning to illustrate both the importance and the feasibility of collecting outcome measures that can be used to identify ways to improve institutional management, operation, and release planning. For example, Hampden County (Massachusetts) has been tracking and studying recidivism since 1998, and it is now part of the sheriff's department's routine operation. Hampden County chooses to focus its data collection resources on sentenced inmates who are returning to the street because these individuals occupy more bed space and are required to be involved in programming and release planning. Hampden County is examining methodologies to track its pretrial population as well, and is involved in a study of former inmates who succeed in the community.

For more information about the importance of measuring recidivism and the experience in Hampden County, see Martha Lyman and Stefan LoBuglio, "'Whys' and 'Hows' of Measuring Jail Recidivism," available at www.urban.org/projects/reentry-roundtable/roundtable9.cfm.

> I have my deputy sheriffs come to me and they say 'Sheriff, these programs don't work, we see the same people come back here time and time again.' And I say 'that's right, and you don't see the people who don't come back.' Those are the people who were successful or we were successful with. . . . There's not enough recognition that many people go through the criminal justice system and never come back because of one form of assistance or another. It may be their family, maybe a social service program, or it may be some community program. But we don't hear enough or know enough about people who don't re-offend.[1]
>
> —Michael Hennessey, Sheriff
> San Francisco

[1] Published transcript of the Drum Major Institute for Public Policy, 2005:22.

A Costs-and-Benefits Analysis of Jail Reentry Efforts

A recent "think piece" prepared by John Roman and Aaron Chalfin for the Jail Reentry Roundtable explored the costs and benefits of providing reentry services to jail inmates. The authors estimated average spending on jail-based reentry in a few communities actively implementing these programs. They then estimated how much crime would have to be prevented for the reentry investment to break even. They concluded that only modest reductions in offending—a decrease in recidivism of two percentage points—are necessary to offset the costs of jail-based reentry.

For more information, see "Does It Pay to Invest in Jail Reentry?" available at www.urban.org/projects/reentry-roundtable/roundtable9.cfm.

Evaluating the Effort

Jurisdictions will benefit from monitoring progress against expected outcomes in order to improve reentry activities on the basis of this information. Local research partners can help ensure that the effort is being implemented as conceived—are people doing what they are supposed to be doing; is the right information being shared; are the right inmates getting the right programs, services, and referrals consistent with the model? Most important, is the reentry effort producing better short-term stability and long-term desistance and reintegration outcomes for individuals? It will also be important to capture successes as well as failures along these dimensions.

Collaboration such as this takes time and delays action. However, there is growing recognition that if this type of investment is made up front, jurisdictions will have a greater chance of efficiently targeting their resources and effecting long-term positive change (Council of State Governments and Re-Entry Policy Council, 2005).

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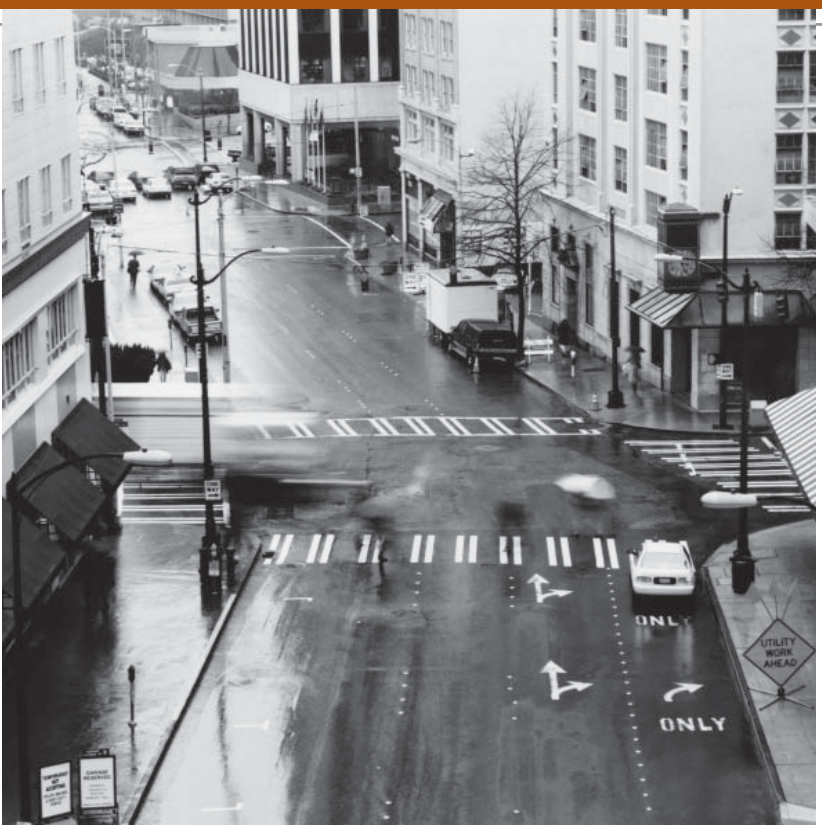

Examples from the Field

Examples from the Field

3

To better understand how local jurisdictions are addressing reentry from jails, the authors conducted a national "scan of practice." Our aim was to identify a range of jail- and community-based reentry initiatives from around the country. We used the following criteria to determine which programs to include: jail-based programs had to focus specifically on reentry preparation or transition planning (e.g., even an exemplary substance abuse or education program would not qualify if there was no transition element) and community-based programs needed to focus on the jail population and have linkages to a particular jail facility. We did not include organizations that worked with ex-offenders in the community more generally.[28]

To identify programs, we disseminated a "call for nominations" to national membership associations and organizations that work in local corrections.[29] We also polled Reentry Roundtable participants and research, public policy, and technical assistance organizations involved in reentry work. In addition, we reviewed existing reports and resources that include information on reentry initiatives, such as the *Report of the Re-Entry Policy Council* (Council of State Governments and Re-Entry Policy Council, 2005), *Outside the Walls: A National Snapshot of Community-Based Prisoner Reentry Programs* (Solomon et al., 2003), and *Prisoner Reentry and Community Policing: Strategies for Enhancing Public Safety* (Solomon, Beckman, and Johnson, 2006).

For each of the identified reentry programs that met our criteria, we followed up via phone interviews and e-mail questionnaires to gather further information. The descriptions that follow are the result of this inquiry.[30]

The scan of practice revealed a wide array of jail reentry practices, varying in scale, programmatic focus, types of partnerships, and service provision. The search also illustrated several common themes across approaches. Several jails have incorporated a reentry philosophy into their entire operation, providing every inmate—whether detained for one day or one year, whether pretrial or sentenced—with some level of reentry preparation, from resource guides to individualized case management. Many jails have dedicated reentry staff, official policies and procedures for reentry, and comprehensive partnerships with a variety of community agencies. In these cases, reentry has become a way of doing business as opposed to a discrete program. Other jails have developed targeted programs that focus on the transitional needs of certain higher risk inmates, such as those with mental illness.

[28] Although pretrial services and diversion programs serve a prominent role in strategies to manage the jail population at the local level, such programs and initiatives were not included in the scope of this scan of practice. For a comprehensive review of pre- and post-booking jail diversion programs around the country, visit the GAINS TAPA Center for Jail Diversion's database of communities that are operating such programs: www.gainscenter.samhsa.gov/html/tapa/jail%20diversion/jd_map.asp.

[28] The call for nominations was circulated to the American Jail Association, American Probation and Parole Association, American Correctional Association, Bureau of Justice Assistance, Council of State Governments Justice Center, International Association of Chiefs of Police, International Community Corrections Association, National Sheriffs' Association, National Institute of Corrections, National Association of Counties, and Police Executive Research Forum. It was posted on various electronic mailing lists, including the Large Jail Network, and broad circulation to these organizations' networks was encouraged.

[30] The information on each jail reentry initiative in this report was last updated in April 2007.

Few of these reentry efforts are highly resourced; rather, most rely on local organizations that are already serving the target population and see a benefit in establishing early connections. These jails are often using their existing resources and staff and inviting community organizations and volunteers—including successful former inmates—behind the walls to begin building the relationships that will likely be necessary to keep people engaged post-incarceration.

Notably, many of these reentry initiatives have developed innovative ways to keep individuals engaged in their transition plan in the absence of legal obligations. By offering a range of supports and incentives—and developing meaningful relationships—programs have managed to keep many individuals in treatment, in training, in jobs, in church, and with family long after their release from jail.

With more than 3,000 jails around the country, this scan of practice is in no way meant to be exhaustive or to fully represent all of the reentry activity under way. However, given the relatively broad scope of our inquiry, we believe that we capture and summarize many of the country's most developed jail reentry initiatives. It is also important to note that few of these initiatives have been formally evaluated and therefore do not necessarily represent "best practices" or model programs. Instead, they represent a variety of examples from around the country of how local jurisdictions are approaching the specific challenges presented by reentry from jail.

For each reentry effort, we have included the key elements of the initiative, including the reentry services and transition planning provided in the jail, discharge planning, and community case management after release, as well as the partnerships in place to facilitate reentry preparation and transition. The descriptions also provide background information on the jail system in which the initiative operates, contact information, and web sites where available. Profiles of the initiative are organized alphabetically by name. On the following two pages, we have also included a chart that highlights the key components of each initiative, the jail system in which it operates, geographic information, and the page number where the full summary can be found.

We are grateful to the practitioners managing these efforts—pioneers in the jail transition arena—who took the time and effort to educate us about their work. Their experiences and creative approaches to many of the challenges discussed in this report are an inspiration. With their permission, much of the language that follows is in their words. Any errors are our own.

Examples at a Glance

Jail Reentry Initiative Program Matrix

Program Name	Central Agency(s)	Agency Type				Programmatic Focus*						Population Served										Jail Size (Average Daily Population)						Jail Location			Page
												Legal Status		Gender		Number Served Per Year															
		Jail	Community Corrections	Private Community-Based	Government Service Agency	Comprehensive	Substance Abuse	Mental Health	Physical Health	Employment	Housing	Sentenced	Pretrial	F	M	0–100	101–250	251–500	501–1,000	1,001–2,000	>2,000	<150	150–500	501–1,000	1,001–2,000	2,001–10,000	>10,000	Urban	Suburban	Rural	
Allegheny County Jail Collaborative Allegheny County, PA	Allegheny County Bureau of Corrections; Allegheny County Department of Human Services	X			X	X	X	X		X	X	X		X	X					X					X		X				68
BELIEF Program Richmond, VA	City of Richmond Sheriff's Office	X					X			X		X	X	X	X			X							X		X				71
Boston Reentry Initiative	Suffolk County Sheriff's Department; Boston Police Department	X				X						X			X		X								X			X			73
Broome County Correctional Facility Broome County, NY	Broome County Sheriff's Office	X				X		X			X		X	X	X			X					X							X	76
Community Reentry Center Kent County, MI	Kent County Sheriff's Department	X			X						X		X	X	X						X					X		X			78
Community Reentry for Women Suffolk County, MA	Suffolk County Sheriff's Department	X				X			X	X	X	X		X		X								X			X				80
Cook County Sheriff's Boot Camp Cook County, IL	Cook County Sheriff's Department	X				X	X			X		X			X			X									X	X			82
Davidson County Sheriff's Office Davidson County, TN	Davidson County Sheriff's Office	X			X						X		X	X	X						X					X		X			84
Day Reporting and Reentry Division Broward County, FL	Broward County Sheriff's Office; Department of Community Control	X	X		X						X			X	X					X						X		X			86
Department of Women's Justice Services Cook County, IL	Cook County Sheriff's Office	X				X	X	X	X			X	X	X							X						X	X			88
Drug Farm Program Palm Beach County, FL	Palm Beach County Sheriff's Office	X					X			X		X		X	X		X							X		X					91
Dutchess County Jail Transition Program Dutchess County, NY	Dutchess County Sheriff's Office	X			X						X		X	X	X		X						X					X			93
FaithWorks! Aftercare Program Miami-Dade County, FL	Miami-Dade County Corrections and Rehabilitation Department	X				X				X		X		X	X	X								X		X					95
Frequent User Services Enhancement New York, NY	Corporation for Supportive Housing; New York City Department of Homeless Services; New York City Department of Correction	X		X	X						X	X	X	X	X	X											X	X			97
Fresh Start New York, NY	The Osborne Association			X		X	X			X		X			X		X										X	X			99
Habitual Misdemeanor Offender Program Jacksonville, FL	Jacksonville Sheriff's Office	X					X					X		X	X		X									X		X			101
Inmate Re-entry Program Orange County, FL	Orange County Corrections Department	X				X	X	X				X		X	X											X		X			103

Jail Reentry Initiative Program Matrix *(continued)*

Program Name	Central Agency(s)	Agency Type				Programmatic Focus*						Population Served										Jail Size (Average Daily Population)						Jail Location			Page
												Legal Status		Gender		Number Served Per Year															
		Jail	Community Corrections	Private Community-Based	Government Service Agency	Comprehensive	Substance Abuse	Mental Health	Physical Health	Employment	Housing	Sentenced	Pretrial	F	M	0–100	101–250	251–500	501–1,000	1,001–2,000	>2,000	<150	150–500	501–1,000	1,001–2,000	2,001–10,000	>10,000	Urban	Suburban	Rural	
Inmate Rehabilitating Through Occupational and Academic Development Systems San Bernardino County, CA	San Bernardino County Sheriff's Department	X								X		X		X	X						X					X		X	X	X	105
Jackson County Community Justice Transition Program Jackson County, OR	Jackson County Community Justice		X			X				X	X	X		X	X		X						X					X			107
Jail-Based Assessment and Treatment Project Polk, Scott, and Woodbury Counties, IA	Iowa Department of Public Health				X		X					X		X	X			X					X	X				X			109
Jail Transition Services Snohomish County, OR	Snohomish County Department of Corrections; Snohomish County Human Services Department	X			X			X				X		X	X			X							X			X			111
New York City Discharge Planning Collaboration New York, NY	New York City Department of Correction; New York City Department of Homeless Services	X			X	X	X	X	X	X	X	X		X	X						X						X	X			113
Offender Re-entry Program Suffolk County, MA	Bunker Hill Community College; Suffolk County Sheriff's Department	X		X		X				X		X		X	X		X									X		X			115
Offender Reentry Program Various VA locations	Virginia Department of Corrections; local partner jails	X				X						X		X	X		X											X		X	117
Power Inside Baltimore, MD	Power Inside			X		X						X	X	X				X								X		X			119
Pre-Release and Reentry Services Division Montgomery County, MD	Montgomery County Department of Correction and Rehabilitation	X				X				X		X		X	X														X		121
Pretrial Release Mental Health Reentry Program Cedar Rapids, IA	Iowa 6th Judicial District Department of Correctional Services		X					X					X	X	X	X							X					X			124
Prison to Community Project Philadelphia, PA	Mental Health Association of Southeastern Pennsylvania				X		X	X				X	X	X	X												X	X			126
Project Second Chance Atlantic County, NJ	Atlantic County Department of Public Safety	X				X						X		X	X					X					X				X		128
Public Health Model for Corrections Hampden County, MA	Hampden County Sheriff's Department	X							X			X	X	X	X						X					X		X	X		131
Re-Entry Continuum Hampden County, MA	Hampden County Sheriff's Department	X				X						X	X	X	X						X					X		X	X		133
Re-Entry Matrix System Essex County, MA	Essex County Sheriff's Department	X				X						X	X	X	X					X					X					X	136
Reentry For All Montgomery County, MD	Montgomery County Department of Correction and Rehabilitation	X				X				X		X	X	X	X						X			X					X		138

Jail Reentry Initiative Program Matrix *(continued)*

Program Name	Central Agency(s)	Agency Type				Programmatic Focus*						Population Served										Jail Size (Average Daily Population)						Jail Location			Page
												Legal Status		Gender		Number Served Per Year															
		Jail	Community Corrections	Private Community-Based	Government Service Agency	Comprehensive	Substance Abuse	Mental Health	Physical Health	Employment	Housing	Sentenced	Pretrial	F	M	0–100	101–250	251–500	501–1,000	1001–2,000	> 2,000	< 150	150–500	501–1,000	1,001–2,000	2,001–10,000	> 10,000	Urban	Suburban	Rural	
Repeat Offender Public Safety Initiative Norfolk County, MA	Norfolk County Sheriff's Office	X				X						X		X	X									X					X		141
Residential Substance Abuse Treatment Get Real Program Douglas County, OR	Douglas County Sheriff's Office; Douglas County Community Corrections; Douglas County Council on Alcohol and Drug Abuse Prevention and Treatment	X	X	X			X					X	X	X	X	X							X							X	144
Responsible Transition Program Miami-Dade County, FL	Miami-Dade County Corrections and Rehabilitation Department	X				X						X		X	X					X						X		X			147
Rikers Island Discharge Planning Enhancement Program New York, NY	New York City Department of Correction; New York City Department of Homeless Services	X				X						X		X	X					X							X	X			149
Second Chances Norfolk, VA	STOP Organization			X		X				X				X	X		X								X			X			151
Transition Services Unit Multnomah County, OR	Multnomah County Department of Community Justice		X			X						X	X	X	X				X						X			X			153
Transitional Alpha Program Maricopa County, AZ	Maricopa County Sheriff's Office	X					X					X		X	X	X											X	X			155
Transitional Case Management Los Angeles County, CA	Tarzana Treatment Centers			X					X			X	X		X		X										X	X			157
Transitional Services Westchester County, NY	Westchester County Department of Corrections	X				X						X		X	X					X				X				X	X		159

*If an initiative is marked as comprehensive, it does not mean that it necessarily includes a focus on all other programmatic areas. Rather, the initiative offers a variety of services to a range of individuals. If a particular programmatic focus is marked, it signifies that the initiative offers a variety of services but also includes a focus on a particular area of service.

Jail Reentry Profiles

Allegheny County Jail Collaborative
Allegheny County Bureau of Corrections
Allegheny County Department of Human Services

Agency Type: Jail, government service agency

Programmatic Focus: Comprehensive, with focus on substance abuse, mental health, employment, and housing

Funding Sources

Federal:
Department of Health and Human Services
Department of Justice

State:
Pennsylvania Commission on Crime and Delinquency
Department of Public Welfare, Labor and Industry
Department of Education

Local:
Allegheny County Department of Human Services

Private:
Pittsburgh Foundation
Staunton Farms Foundation
Eden Hall Foundation
Birmingham Foundation
Maurice Falk Fund

Population Served
Legal status: Sentenced
Number served: 3,500/year

Jail System Information
Size: 2,500 average daily population (ADP)
Location: Urban

Program Overview

The Allegheny County Bureau of Corrections, Department of Human Services, and Health Department established the Allegheny County Jail Collaborative in 2000 to enhance public safety and successful reintegration by coordinating services and reducing duplication throughout government agencies within the county. The Collaborative focuses on comprehensive reentry planning that includes family reunification, housing, substance abuse and mental health treatment, employment, and community engagement. The Collaborative partners meet monthly and work together to plan all in-jail, transitional, and postrelease services.

Key Program Elements

Reentry Services in Jail

The Collaborative focuses on reentry planning from the moment an individual enters jail. Individuals are screened to identify strengths and weaknesses and referred to jail-based programs such as job training, general equivalency diploma (GED) preparation and testing,

computer training, life-skills classes, mental health treatment, and inpatient drug treatment that follows a continuum of substance abuse treatment model.

The Collaborative is involved in several initiatives geared toward the reentry of people with mental illness or co-occurring disorders. Forensic Services, a division within the Department of Human Services, works with the county jail, the district courts, service coordination units, and other community providers to assist individuals released from jail prior to their preliminary hearing, provide coverage at the jail intake area for processing involuntary or emergency commitments, appropriately divert individuals from incarceration or extended jail stays, and develop and present service plans to the court. Forensic Services also runs the Community Reintegration of Offenders with Mental Illness and Drug Abuse initiative, a therapeutic community in a separate facility that supports men with co-occurring mental illness and substance use disorders who are on probation or parole.

Transition Planning

Case managers begin working intensively with inmates to develop a comprehensive and dynamic service plan 60–120 days prior to release that addresses all life domains and identifies necessary wraparound supports. Case managers meet with service providers for soon-to-be-released inmates to plan for and coordinate postrelease services and prepare the continuum of care in the community. The Collaborative's Employment Committee works to encourage employers to hire people coming out of jail through education, training, and peer support.

Community Case Management and Follow-Up

Upon release, most inmates follow their service plan and go to a treatment center, alternative housing in the Collaborative's three-quarter way house, transitional housing, or their own home. The case manager follows released inmates up to one year after release to assist with family reunification; employment; legal matters, such as child support; permanent housing; education and job training; and logistical items that are necessary to restore basic life liberties, such as a driver's license or photo ID, emergency food, clothing for a new job, or a bus pass.

Partnerships and Collaboration

In addition to the Collaborative's inherent partnership, there are several other coordinated partnerships within the Collaborative. The Allegheny County Reintegration Advisory Committee is a group of community- and jail-based service providers and former inmates who meet monthly to discuss barriers and solutions to the Collaborative's unified reintegration efforts in Allegheny County. Concerns and recommendations that emerge from this forum are presented to the County Collaborative Management Team for review.

Outcomes

The University of Pittsburgh is currently conducting a multipart evaluation of the Allegheny County Jail Collaborative. Components of the evaluation include (1) the collaboration and service process; (2) needs assessment of inmates; (3) intermediary quality of life

outcomes (e.g., employment, housing, substance use); (4) postrelease criminal behavior and recidivism; and (5) cost savings related to reduced recidivism. Preliminary findings show an overall 15-percent reduction in reincarceration compared with the rate before the Collaborative. These rates will be compared with data gathered from 300 inmates tracked after release. A final report is expected to be available in 2008. The Collaborative is also partnering with Carnegie Mellon University to analyze data from corrections, human services, housing, police, and the census to better understand who is returning, the needs of the returning population, and the communities most affected.

Contact Information

Ruth Howze
Collaborative Coordinator and Administrator of Alternative Housing and Re-Integration
Allegheny County Bureau of Corrections
950 Second Avenue
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Web site: www.county.allegheny.pa.us/dhs/jail.aspx

BELIEF Program
City of Richmond Sheriff's Office

Agency Type: Jail

Programmatic Focus: Substance abuse, employment

Population Served
Legal status: Pretrial and sentenced
Number served: 500–525/year

Jail System Information
Size: 1,500 ADP
Location: Urban

Program Overview

BELIEF is a jail-based program in the Richmond City Jail that helps inmates with substance abuse problems to understand, address, and alter their negative social behavior and build a solid foundation for their successful return to the community. The BELIEF program partners with several community-based agencies, with a focus on substance abuse and employment training agencies, that provide services in jail and accept referrals upon release.

Key Program Elements

Reentry Services in Jail

Using the 12-step recovery principles and a behavior modification model, a rehabilitation counselor and a substance abuse counselor work with each participant to simultaneously address substance abuse issues and antisocial behaviors. While incarcerated, participants also take part in apprenticeship programs, vocational training, and on-the-job training provided by Boaz and Ruth, a local nonprofit that focuses on community economic development and job training.

Transition Planning

BELIEF staff develop transition plans for all participants with a focus on safe and sober housing, including recovery houses; substance abuse treatment; Narcotics Anonymous and Alcoholics Anonymous meeting sites; and employment.

Community Case Management and Follow-Up

BELIEF staff provide follow-up services in the community for as long as needed.

Partnerships and Collaboration

The Richmond Sheriff's Office is involved in formal partnerships with Boaz and Ruth, Richmond's Adult Drug Court, Probation and Parole, the Department of Justice Services, and several faith-based organizations.

Contact Information

Captain Carol Dabney
BELIEF Program Supervisor
Richmond City Sheriff's Office
1701 Fairfield Way
Richmond, VA 23223
Tel: 804–646–5074
E-mail: DabneyCH@ci.richmond.va.us

Boston Reentry Initiative
Suffolk County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
Shannon Grant (state grant for Violence in Massachusetts)

Population Served
Legal status: Sentenced
Number served: 150/year

Jail System Information
Size: 1,800 ADP
Location: Urban

Program Overview

In the summer of 2000, the Boston Police Department, in partnership with the Suffolk County Sheriff's Department, developed the Boston Reentry Initiative (BRI) to focus its reentry resources on inmates who pose a public safety risk to the communities that they will reenter. This community-wide project involves the collaborative efforts of social service providers, faith-based organizations, and other law enforcement agencies. With a public safety and social service strategy, the BRI seeks to prevent high-risk former inmates from reoffending through comprehensive and effective transitional resources as well as through increased vigilance in monitoring their reentry process. The BRI communicates to offenders that there are resources and services in the community available to them and that they will be held accountable for their own actions. Central to the strategy is direct communication with high-risk inmates soon after their commitment to the House of Correction, when they are given the message that there are institutional programs and community resources that can aid their successful reintegration, but that they will also be held accountable if they do not stay away from further criminal activity. The initiative is modeled after a noteworthy program begun in the early 1990s by the police department called Operation Ceasefire, which targets high-risk and gang-affiliated individuals in Boston.

The Boston Police Department's Intelligence Unit identifies offenders entering the Suffolk County House of Correction whom they feel are high-risk offenders on the basis of age, address, criminal history, and gang affiliations, and makes recommendations about who should be enrolled in the program. These individuals typically have an extensive criminal background, a history of violence, and an affiliation with firearms and gangs and will return to communities that are designated as high-crime areas in Boston. A final list of 15–20 inmates is vetted each month with other law enforcement partners, particularly the Suffolk County District Attorney's Office and the U.S. Attorney's Office.

Key Program Elements

Reentry Services in Jail

Within 30–60 days of entering the facility, program participants attend one of the initiative's monthly community panel sessions. During the panels, representatives from law enforcement agencies, social service providers, and faith-based organizations form a semicircle and sit across from 10–20 inmate participants. Each member of the panel addresses the inmates from the unique perspective of his or her own organization: social service and faith-based organization representatives discuss the resources and support that they can provide to help them transition, both while they are in the prison and after release; and prosecutors and probation and parole officers discuss the consequences that await them if they are caught recommitting crimes upon their return. Collectively, the panel members convey a unified message that the inmates have the power to choose their own destiny. The panel also serves to remind the inmates that they are not doing their time anonymously, and that information on their criminal histories, current incarceration, and planned release dates is shared among law enforcement agencies and with some community agencies.

Transition Planning

Following the panel, inmates are assigned case managers and faith-based mentors from the community, who begin working with them immediately in the jail setting. Enrollments in education, substance abuse, and other institutional programs are coordinated as part of their discharge plans. On the day of release, case managers and mentors arrange for either a family member or a mentor to meet them at the door.

Community Case Management and Follow-Up

When inmates are released, they are encouraged to continue working with their case managers, mentors, and social service providers during the transition period. For those inmates who leave the jail on conditional supervision, the supervising agency is asked to incorporate participation in the BRI as a condition of release.

Partnerships and Collaboration

The BRI builds on the foundation of interagency and community partnerships that have contributed to a decrease in crime and improvement in the quality of life in Boston for the past decade. The founding partners of this initiative—the Boston Police Department and the Suffolk County Sheriff's Department—have reached out and developed partnerships with other law enforcement agencies to help identify the most serious offenders, collaborate to provide effective and coordinated postrelease supervision whenever possible, and prosecute vigorously BRI-identified inmates who commit new offenses. Partners include the state Department of Probation, the state Department of Corrections, the Parole Board, the Suffolk County District Attorney's Office, and the U.S. Attorney General's Office. The BRI also collaborates with community-based and government agency partners, faith-based organizations, local one-stop career centers, health commissions, community colleges, halfway house operators, and, in the case of child support, the state Department of Revenue.

Outcomes

Of the 312 BRI participants released in 2004 and 2005, nearly half (46 percent) did not reoffend, and another 20 percent were arrested on very minor charges (i.e., suspended license), for a success rate of 66 percent. One quarter were arrested for a serious or violent offense.

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Broome County Correctional Facility
Broome County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Mental health, substance abuse

Funding Source
Broome County Sheriff's Office

Population Served
Legal status: Pretrial and sentenced
Number served: 350–400/year in the therapeutic pod (50–60 ADP)

Jail System Information
Size: 400+ ADP
Location: Rural

Program Overview

The Broome County Correctional Facility is a direct supervision jail that integrates reentry programming and discharge planning into its daily operations. Discharge planning services are available to all inmates admitted to the jail. The correctional facility also operates a 60-bed therapeutic pod, or housing unit, and a women's pod that offers concentrated services for inmates with mental health and substance abuse problems who will be returning to the greater Binghamton area.

Key Program Elements

Reentry Services in Jail

Every inmate in the Broome County Correctional Facility receives mental health and medical services from the jail's forensic staff as well as basic educational training. As part of the enhanced services reserved for those in the therapeutic and women's pods, the facility offers a variety of comprehensive programs including life skills training, parenting classes, spirituality classes, extensive educational and vocational training, creative writing, computer literacy, college preparation, substance abuse counseling, mental health crisis intervention and counseling, and daily support groups for those with both substance abuse and mental health issues. With computer access, inmates are able to develop their résumés and forward them to the community one-stop center prior to release.

Transition Planning

Upon admission to the facility, all inmates complete a questionnaire outlining their discharge needs and work with the jail's three discharge planners to develop an individual plan. There are weekly discharge planning meetings between the jail's discharge planning staff and community service providers, including the county mental health department, educational providers, and the faith community to discuss discharge needs and concerns.

Community Case Management and Follow-Up

Once the inmate is released, community-based service and treatment providers, many of whom worked with inmates in the jail, become responsible for follow-up. Jail-based case managers communicate with case managers and service providers in the community as much as possible. There are numerous and diverse community service providers who regularly serve people coming out of the Broome County Correctional Facility and help keep them engaged in treatment in the community. Public providers that work with returning inmates include the Mental Health Association of the Southern Tier, Broome County's mental health and health care agencies, Mothers and Babies Perinatal Network of South Central New York, and the community one-stop employment center. Several nonprofits provide recovery services, inpatient substance abuse and mental health services, support groups, and employment and educational training. Catholic Charities Single Point of Entry provides case management to those with mental health and co-occurring mental health and substance abuse disorders.

Partnerships and Collaboration

The therapeutic pod was established in 2001 after a planning and design process that included the Broome County's Probation and Mental Health Departments, the Sheriff's Office, the County's Council of Churches, and Broome-Tioga Board of Cooperative Educational Services. The discharge planners and the substance abuse counselor are staffed through contracts with the county medical department. In addition to this ongoing partnership, several informal partnerships exist between the correctional facility and the local community providers. Weekly meetings for all community service providers are held in the therapeutic pod to discuss problems and brainstorm new ideas and initiatives. These meetings enable jail staff to maintain communication and continue working with local providers.

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Community Reentry Center
Kent County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Sources
Kent County Government
Community Mental Health
Occasional grant funding

Population Served
Legal status: Pretrial and sentenced
Number served: 2,300 in 2006

Jail System Information
Size: 220 ADP (of the center); 1,300+ ADP (of the main jail)
Location: Urban

Program Overview

In 2003, recognizing that all inmates would be released back to the community, the Kent County work release center became the Community Reentry Center (CRC), modeled in part after the Montgomery County Pre-Release Center in Maryland. Operated by the Kent County Sheriff's Department in a separate facility from the main jail, the CRC houses low-risk offenders in a supportive environment while teaching accountability, responsibility, and life skills and addressing individual needs.

Key Program Elements

Reentry Services in Jail

Upon admission to the CRC, inmates receive an individual screening from a social worker who identifies their needs and links them with service providers who can meet those needs. Nearly all CRC programs and services are provided by community-based agencies coming into the facility with their own funding sources and volunteers. The CRC has developed partnerships with about 15 community agencies that work with residents while in custody. The Office of Community Corrections supports one half-time case manager as well. Jail-based programs include cognitive behavioral therapy, substance abuse treatment, educational and vocational training, and life skills training. Residents are also able to go offsite to receive additional services in the community.

Community Case Management and Follow-Up

Although there is no formal postrelease case management set up for all residents, the CRC sponsors the "Jail to Community" faith-based mentoring and cognitive behavioral therapy

program that pairs inmates with mentors during custody, with the intent of maintaining the relationship in the community after release.

Partnerships and Collaboration

The Kent County Community Reentry Center has engaged all members of the community in the effort to prepare residents for a productive lifestyle after release. In addition to establishing formal partnerships with both public and private community service providers and faith-based institutions, the CRC has recruited local universities to work with residents. The Kent County Sheriff's Department also participates in larger community-based reentry efforts, including Michigan's Prisoner Reentry Initiative and a local reentry roundtable.

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Community Reentry for Women
Suffolk County House of Correction

Agency Type: Jail

Programmatic Focus: Comprehensive, with a focus on health, housing, and employment

Funding Source
U.S. Department of Education

Population Served
Legal status: Sentenced
Number served: 60/year

Jail System Information
Size: 1,800 ADP
Location: Urban

Program Overview

With support from the Department of Education's Life Skills for State and Local Prisoners Grant, the Suffolk County Sheriff's Department established the Community Reentry for Women (CREW) program in 2003 in partnership with the South End Community Health Center, an urban health care provider, and Project Place, a multiservice agency specializing in job training, job placement, and housing. The CREW program integrates gender-responsive strategies in a jail-based eight-week comprehensive life skills and job skills program. Each woman has access to a caseworker, health center social worker, life skills instructor, career coach, and community outreach case manager who assist them with all aspects of their reentry needs and who work with them in the community for two years after release.

Key Program Elements

Reentry Services in Jail

Ninety days prior to their release, women in CREW participate in an eight-week reentry preparation program. During the eight weeks, women attend daily life skills classes, job readiness workshops, parenting workshops, and mentoring workshops. Each participant receives comprehensive case management outside of their program schedule from a House of Correction case worker, a health center case manager, and a Project Place career coach and discharge planner.

Transition Planning

At the end of the 8-week program and 30 days prior to release, participants work exclusively on preparing and reviewing their discharge plan. The multidisciplinary case management team works on various aspects of their transition. The health care case manager works on a community health care plan; the career coach assists with résumé development and referrals

to job placement or training resources; and a community outreach case manager works on establishing stable housing, including placement into long-term residential treatment programs.

Community Case Management and Follow-Up

The CREW case management team provides postrelease case management for up to two years after release to assist women with their personal goals, their housing and career goals, and with accessing health care services. The CREW program has developed extensive contacts in the community to help fulfill these goals. Most community agencies with which the CREW program partners are located in the two Boston area neighborhoods to which most participants return.

Partnerships and Collaboration

In addition to their formal partnership with the South End Community Health Center and Project Place, the Suffolk County Sheriff's Department has regular communication with several other community agencies. Every month, community-based providers meet with sheriff's department staff to review the discharge list and focus on every woman who is leaving in the next 30 days.

Outcomes

The CREW program is currently working on a formal recidivism study, but a quick snapshot of efforts in 2006 reflects the following outcomes: 56 women completed the CREW program and were released. Two-thirds found employment within 90 days of release and 4 percent were placed in transitional employment. Virtually all (96 percent) found either permanent or transitional housing. Eleven of the 56 (20 percent) were reincarcerated in a Massachusetts House of Correction.

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Cook County Sheriff's Boot Camp
Cook County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Comprehensive, with a focus on employment and substance abuse

Funding Sources
Cook County Government
Grants from the State of Illinois

Population Served
Legal status: Sentenced
Number served: 720/year

Jail System Information
Size: 9,000 ADP
Location: Urban

Program Overview

The Cook County Sheriff's Boot Camp is a court-ordered sanction established in 1997 designed to provide nonviolent young offenders a safe, secure, and humane program based on military discipline, fundamental vocational skills, education, and substance abuse treatment. The Boot Camp consists of a four-month institutional in-camp program followed by eight months of postrelease supervision in the community. The Boot Camp offers young men the opportunity to be involved in their own self-development and improvement while linking them with community-based resources that are specific to their needs.

Key Program Elements

Reentry Services in Jail

While in the camp, participants must adhere to a strict schedule of physical training, drill and ceremony, work details, educational and vocational classes, substance abuse prevention classes, and anger management classes. Each participant is assigned a counselor who conducts daily meetings to discuss progress as a group and as an individual. Counselors work with participants on parenting skills, stress management, and goal setting. They also reach out to family members to prepare for the postrelease phase.

Community Case Management and Follow-Up

Participants are required to spend eight months in the postrelease supervision component of the program. They are initially placed on electronic monitoring and required to report to the Boot Camp every day. During the community phase, participants attend job preparation and placement classes, especially geared toward opportunities in the U.S. Military and Job Corps. Personnel from the Construction Industry Service Corporation (CISCO) work with

graduating participants to review all opportunities available in the construction industry. Participants continue to receive substance abuse counseling and are given the opportunity to continue their education. They are provided assistance securing birth certificates, state identification cards, and Social Security cards and are given access to informal hearings by the Secretary of State's Office to validate expired driver's licenses.

Partnerships and Collaboration

The Sheriff's Boot Camp is engaged in informal partnerships with the Cook County Criminal Courts and various employers and educational institutions including CISCO, Job Corps, and West Side Technical Institute of the City Colleges of Chicago.

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Davidson County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
Metropolitan Government of Nashville and Davidson County

Population
Legal status: Pretrial and sentenced
Number served: approximately 46,000/year (all inmates)

Jail System Information
Size: 2,700 ADP
Location: Urban

Program Overview

The Davidson County Sheriff's Office (DCSO) has established an entire reentry division with dedicated reentry staff to help inmates become productive members of society through life skills training, mentoring, and referrals to community resources. Reentry programming and transition planning are made available to as many inmates as possible. A steering committee guides ongoing efforts in the DCSO.

Key Program Elements

Reentry Services in Jail

Reentry programming is offered to all inmates, regardless of their length of stay or legal status. Those who are within 150–210 days of release receive multilevel services. Inmates complete an eight-week life skills curriculum, toward the end of which they work on their release plan. The life skills curriculum includes training in finances, stress management, family and domestic issues, parenting skills, health care, recreational activities, establishing social identity, locating community resources, and anger management. The DCSO also provides gender-specific reentry programs and holistic treatment for women suffering from mental illness, addiction, trauma, and abuse. Some of the programs offered in the jail to prepare inmates for release include the Sheriff's Anti-Violence Effort Batterer's Intervention Program (SAVE BIP), the state-licensed New Avenues Treatment, a certified culinary ServSafe certification program, a mentoring program through partnerships with several local churches, and day reporting, work-release, and trade/apprenticeship programming.

Transition Planning

Jail-based reentry counselors work with inmates to develop postrelease transition plans and help them begin to build relationships with community contacts while still incarcerated. Men and women incarcerated in the DCSO are assisted in the development of a continuum

of care plan that includes an educational and treatment process during incarceration and referrals to community agencies and transitional housing. All individuals released from the DCSO are given a release packet.

Two of the most recent initiatives in the DCSO, Meet Me at the Door and Time for Transportation, address the critical moments immediately following release. Meet Me at the Door is a mentoring program that engages the faith community in Nashville. Mentors work with inmates while they are still incarcerated and pick them up upon release. Time for Transportation provides newly released inmates with rides to various service providers in the community through partnerships with the Metropolitan Transit Authority and a private taxi service.

Community Case Management and Follow-Up

The primary goal of the DCSO is to ensure that referrals to community services and resources are followed through upon release. Certain aftercare services are available at the DCSO Offender Reentry Center immediately after release. Various community case management services are provided for 30 days to several years, depending on the individual.

Partnerships and Collaboration

The DCSO makes an effort to be part of the larger community and actively encourages community access to the jail. The DCSO partners with more than 45 community-based agencies that come into the jail on a weekly basis to run programs and begin establishing relationships with inmates.

Outcomes

According to the Sheriff's Office, several of the jail's initiatives have resulted in substantial reductions in the jail's overall 62 percent rate of return. Of those who participate in New Avenues Treatment, 64 percent stay out of jail in the first year of release and 57 percent stay out of jail in the 2 years after release. Eighty-four percent of those participating in SAVE BIP are not rearrested in the year after release, and 78 percent are not rearrested in the 2 years after release. For those who completed New Avenues and SAVE BIP and who are rearrested within the first or second year of release, the primary charge is driving without a license.

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Day Reporting and Reentry Division
Broward County Sheriff's Office

Agency Type: Jail, community corrections

Programmatic Focus: Comprehensive

Funding Source
Broward County Board of County Commissioners

Population Served
Legal status: Sentenced or walk-ins (individuals with no open cases)
Number served: 1,500/year

Jail System Information
Size: 5,800 ADP
Location: Urban

Program Overview

The Day Reporting and Reentry Division is a community-based sanction in the Sheriff's Department of Community Control that helps reintegrate Broward County jail inmates into the community after release and ensure public safety through intensive supervision, case management, and transitional services. The Division operates three Reentry Centers at which clients receive a variety of support services and training, and community social service providers are encouraged to meet with clients and offer services.

Key Program Elements

Transition Planning

Division staff assess inmates' needs before their release from jail and develop a supervision and reentry plan for inmates that addresses underlying problems associated with criminal activity, such as substance abuse, joblessness, and mental illness. The reentry plan includes supervision level, programming, daily schedules, community service hours, and any court-ordered conditions. Division case managers oversee the reentry plan in jail and supervision specialists monitor adherence to these plans after release in the community.

Community Case Management and Follow-Up

In the community, clients must comply with the daily itineraries outlined in their supervision and reentry plan. To assist in their compliance, the Reentry Centers provide several onsite services and resources such as employability skills training, cognitive behavioral therapy, computer training lab, assistance obtaining necessary documents, and access to substance abuse and mental health treatment, housing, clothing, and Social Security benefits. Job developers in the Division's Employment Development Program identify and encourage employers who will hire people with convictions. Currently, the Division maintains a job

bank with more than 400 available jobs at any given time. In addition to skills training classes, the computer training lab is available for clients to conduct online job searches and apply for public benefits and other social services. Case managers work with clients daily to help them incorporate these services into their reentry plan while supervision specialists monitor adherence to these plans.

Partnerships and Collaboration

Staff from the Day Reporting and Reentry Division serve as the chair and vice chair of the Broward County Reentry Coalition, a group of government agencies, faith-based institutions, social service providers, and citizens who meet monthly to work on improving the reentry outcomes of those in jail or serving time under other local criminal sanctions. The Reentry Coalition has developed and periodically updates a Reentry Resource Guide that lists a directory of services available to clients. The Division maintains several informal partnerships with more than 100 social service providers that accept referrals and use the Reentry Centers to provide services and government agencies such as the Department of Motor Vehicles, Social Security Administration, and the Broward County Health Department. Finally, because all clients are placed on state probation, the Reentry Division has developed a formal agreement with the Florida Department of Corrections to put their clients on inactive status and allow Division case managers and supervision specialists to assume authority for their supervision.

Outcomes

In 2006, 64 percent of those under supervision of the Day Reporting and Reentry Division were successfully discharged.

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Department of Women's Justice Services
Cook County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
Cook County Board through the Sheriff's Office

Population Served
Legal status: Pretrial and sentenced
Number served: 2,200/year

Jail System Information
Size: 11,000 ADP
Location: Urban

Program Overview

The Department of Women's Justice Services (DWJS) is an established department within the Cook County Sheriff's Office that emerged in response to the unique needs of the growing number of women entering the Cook County jail system. The DWJS administers three programs that focus on gender and culturally responsive treatment for the women in its custody: the Gender Responsive Women's Residential Program (WRP), the Sheriff's Female Furlough Program (SFFP), and the MOM's Program. The WRP is a residential treatment program that incorporates an integrated model of treatment in a modified therapeutic community setting within the Cook County Jail. The SFFP is a day reporting program where women report daily for case management and treatment services and return home at night to care for their families. The MOM's Program is a community-based program for pregnant women and women with young children.

All programs incorporate an integrated model of treatment to cover substance abuse and mental health treatment, physical health care, and supportive services. There are strict eligibility criteria to participate in DWJS programs. Participants must be detained for a nonviolent offense, have a bondable status, cannot be held on supervision violations, and cannot have past escape attempts. At any given time, the DWJS can serve 120 women in the WRP, 180 in SFFP, and 16 in the MOM's Program.

Key Program Elements

Reentry Services in Jail

As part of the DWJS's integrated model of treatment, women receive substance abuse and mental health treatment, physical health care, and supportive services while in jail and upon release. Substance abuse and mental health treatment are provided by independent contracted vendors that meet DWJS requirements for gender and culturally responsive treatment services. Through an externship program at two local universities, PhD candidates

fulfilling their last year of clinical service requirements with the DWJS provide mental health case management services in jail and in the community. The jail-based health clinic administers physical health care, and DWJS case managers work to connect participants to a primary care physician in the community upon release.

Over the course of 3 years and with the help of several justice system consultants and researchers, the DWJS developed a curriculum titled "Gender Responsiveness in the Criminal Justice System" to educate staff on the complex issues of women's lives and how to work more effectively with women involved in the justice system. All corrections staff working with women in the DWJS must complete this extensive training.

Transition Planning

Discharge planning begins as soon as women are admitted to DWJS programs. A comprehensive screening process at intake allows the counselors and mental health team to quickly identify immediate needs and plan their initial meeting with new participants. A team of case managers, counselors, and mental health graduate students work with each participant soon after intake to begin developing a service and discharge plan.

Community Case Management and Follow-Up

There are two forms of community case management and follow-up for women in the DWJS. Through a National Institute of Drug Addiction (NIDA) grant, participants with more severe drug addiction and post-traumatic stress disorder are followed for up to one year after release. In addition to community case management through the NIDA grant, women are connected with a peer mentor through Women of Power Alumni Association, a group of formerly incarcerated women who have successfully transitioned out of the DWJS. The DWJS is able to pay for two peer coordinators, and with more than 300 members of Women of Power, there is an extensive network of peer support available. Peer mentors work with women for an unlimited amount of time until they are engaged in the alumni association. The DWJS hopes to establish Women of Power as the official overseer of community linkages for all women coming out of the Cook County jail system.

A partnership with Mt. Sinai Hospital allows the DWJS to refer women in the SFFP to outpatient mental health services. After they are seen by a Mt. Sinai psychiatrist, individuals are transitioned into weekly group and individual sessions that are conducted by a mental health professional at Mt. Sinai. An integrated treatment plan is developed and shared with DWJS and Mt. Sinai. The main goal of this partnership is to establish and maintain access to community mental health services for women discharged from the DWJS.

Partnerships and Collaboration

The DWJS has focused on creative approaches to implementing the integrated model of treatment on a very limited budget. The Department has formed partnerships with more than 100 community organizations that provide treatment and support services to DWJS clients through their own budgets. In addition, PhD internship programs at two local universities supply mental health staff for no cost as part of their clinical requirement. The Illinois Department of Human Services was instrumental in connecting the DWJS with Mt. Sinai Hospital in June 2006.

The DWJS also partners with other criminal justice system agencies, including the Adult Probation Department. Women who are sentenced to probation are transitioned into Probation's Community Reentry Program to proceed with their treatment plan.

Outcomes

Overall, the DWJS reports a 17-percent recidivism rate for its participants. The MOM's program reports a 2-percent recidivism rate, and with the birth of 191 drug-free babies to date, the program estimates saving the county $4.7 million in neonatal care for drug-addicted babies. Through pre- and post-program test scores, the Women's Residential Program has demonstrated its success through a 13-percent reduction in women experiencing symptoms of depression and an 8-percent reduction in women experiencing symptoms of trauma.

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Drug Farm Program
Palm Beach County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Substance abuse, employment

Funding Source
County Board of Commissioners

Population Served
Legal status: Sentenced
Number served: 132/year

Jail System Information
Size: 2,700 ADP
Location: Urban

Program Overview

One of Palm Beach County's Sheriff's Office Substance Abuse Awareness Programs (SAAPs), the Drug Farm is a four-phase therapeutic community for men and women who receive felony and misdemeanor sentences for low-level drug offenses. The Drug Farm offers a holistic approach to treatment as well as strict military discipline. Phase I is a 30-day jail-based orientation phase. Phase II is spent in the jail-based therapeutic community where participants receive intensive drug treatment. The jail-based component of the Drug Farm is designed as a one-year program, but there is a short track designed to accommodate those with shorter sentences. After graduating from Phase II, participants are released to community supervision and spend about four months in a halfway house, Phase III, before moving on to Phase IV, the final two-month outpatient phase.

Key Program Elements

Reentry Services in Jail

The first phase of the program is a 30-day eligibility screening process coupled with drug education and orientation to prepare participants for Phase II's intensive therapy environment. Participants are transferred to the therapeutic community and begin Phase II, which can last up to 12 months depending on the individual. While they are completing their treatment, participants receive life skills classes on anger management, parenting, and domestic violence. Participants also receive extensive employment services, including job readiness and maintenance, interview training, fostering successful work attitudes, and résumé development. All participants have a résumé in hand when they are released.

Transition Planning

During Phase II, an exit plan is developed for every participant that focuses on an aftercare and treatment plan. This exit plan is given to Phase III staff when participants graduate from Phase II and are released to a residential halfway house in the community.

Community Case Management and Follow-Up

During their four-month stay in a residential halfway house, participants work with their therapist, life skills counselor, and probation officer to transition back into the community while continuing their treatment. The final phase, Phase IV, is the aftercare component of the program, during which participants are expected to attend Narcotics Anonymous and Alcoholics Anonymous meetings and to take part in the activities of the Drug Farm alumni association. During Phases III and IV, the Florida Department of Corrections' Probation and Parole Division supervises Drug Farm participants.

Partnerships and Collaboration

As part of SAAP, the Palm Beach County Sheriff's Office Drug Farm program is a unique collaborative effort between the Sheriff's Office, State's Attorney's Office, Public Defender's Office, the judiciary, Clerk's Office, and the Florida Department of Corrections' Probation and Parole Division. The Sheriff's Office contracts with the Drug Abuse Foundation of Palm Beach County, which coordinates a consortium of community-based substance abuse treatment providers that oversees the therapeutic component of the Drug Farm program. Triage meetings that involve treatment and therapeutic staff, correctional staff, and probation officers are held every week to share information and discuss concerns and progress.

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Dutchess County Jail Transition Program
Dutchess County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
County

Population Served
Legal status: Pretrial and sentenced
Number served: 50 beds; 250/year

Jail System Information
Size: 340 ADP
Location: Small urban

Program Overview

The Dutchess County Jail Transition Program (DCJTP) was established in 1998 to reduce recidivism and effect long-term public safety and community well-being. The DCJTP is an intensive five-week program that focuses on the criminogenic risk factors and treatment needs of county jail inmates and facilitates their successful return to the community. The DCJTP operates in a social learning environment with prosocial correctional officers trained in the tenets of direct supervision and individual needs-driven programming. All inmates returning to the local community are eligible to participate in the transition program.

Key Program Elements

Reentry Services in Jail

The DCJTP is administered in a 50-bed direct supervision unit, separated from the general population with specific rules and requirements. The program employs five correctional program officers and two certified social workers as transition counselors who provide transitional services in broad substantive areas. Because of short length of stays, no specific cognitive curricula are followed. Rather, program officers and social workers use an array of approaches based on their relationships with each participant created within a social learning atmosphere to address criminogenic risk and criminal thinking.

Transition Planning

During the five-week period, correctional program officers and social work clinicians develop individualized transition plans with each participant on the basis of assessments of their cognitive and behavioral risks and needs. Program officers and clinicians build professional relationships with each inmate to engage them in the development of a postrelease arrangement that is best suited to them. A key part of the transition plan is providing participants with contacts in the community while they are still incarcerated.

Community Case Management and Follow-Up

Correctional program officers make contact with graduates and family members at least once a month for one year after release from jail. Follow-up consists primarily of phone calls and some in-person contact during which transition counselors check on the progress of the transition plan and determine if further assistance is needed. Many graduates voluntarily return to the jail to meet with their transition counselor for counseling and guidance.

Partnerships and Collaboration

The Dutchess County Jail welcomes community agencies into the facility and provides ongoing access to the jail management information system. The jail has close ties with several community agencies, including the Mental Hygiene Department, an educational training agency, and a one-stop community center. The jail also works closely with the probation and parole department, which runs a community transition center in Poughkeepsie.

Outcomes

The Dutchess County Jail places high priority on the use of evidence-based practice and ongoing follow-up of people returning to the community after participating in the Transition Program. All DCJTP participants agree to be tracked by correctional program officers for one year after release. According to a study conducted within the Sheriff's Office, during the 3-year period beginning November 1998 (initiation of the DCJTP) through November 2001, the DCJTP strategy realized a 33-percent reduction in recidivism for the inmates who elected to participate compared with a group of similar inmates who did not participate.

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Faith Works! Aftercare Program
Miami-Dade County Corrections and Rehabilitation Department

Agency Type: Jail

Programmatic Focus: Comprehensive, with a focus on employment

Funding Source
Local taxes

Population Served
Legal status: Sentenced
Number served: 100/year

Jail System Information
Size: 6,800 ADP
Location: Urban

Program Overview

The Faith Works! Aftercare Program is a 12-month, 3-phase program in the Miami-Dade County Department of Corrections (DOC) based on the idea that religious beliefs can effect positive behavior change and empower an inmate to overcome obstacles and barriers that may contribute to criminal behavior. Housed separately from the general population to maintain program integrity, each participating inmate, or client, is assigned a faith mentor and a case manager that act as liaisons to the community and church and who work to leverage existing social and educational services in jail and in the community.

Key Program Elements

Reentry Services in Jail

During Phase I of the program, each client is assigned a case manager who is responsible for assigning the faith mentor. The case manager begins to develop an intervention plan, a time-sensitive, detailed description of the activities and responsibilities required of the client to remain in the program. During Phase I, clients focus on the existing educational and social services available in the DOC. Clients are expected to further their education, maintain employment through a work detail, and attend substance abuse education classes, bible study classes, weekly parenting classes, and weekly meetings with their faith mentors.

Transitional Planning

Phase II of the program focuses on preparing the inmate for release during the last 4–8 weeks of their sentence. In addition to making sure various survival needs are met (e.g., housing, employment, food, substance abuse treatment), key components of the preparation phase include court-approved "church release," work release, and family reunification. Church release allows clients to attend their local house of worship each week with their

mentor and family. In addition to church release, clients will connect with their families through a weekend retreat at the jail. If they are able to obtain a job, work release allows clients to establish themselves in the workplace prior to release.

Community Case Management and Follow-Up

Phase III begins when clients are released and continues for six months as clients work with their mentor to reconnect to the community. Through Phase III, the DOC case manager relies on the mentor to maintain updates on the client and offers informal support and guidance to both the client and mentor.

Partnerships and Collaboration

Through its partnership with the South Florida Jail Ministries, the Faith Works! Aftercare Program works with approximately 600 faith volunteers, 120 local houses of worship, the Archdiocese of Miami, and the Aleph Institute, all of which donate a significant amount of time and resources to meet the spiritual needs of those in jail. The DOC's Chaplaincy Services Bureau employs two chaplains to oversee a volunteer workforce.

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Frequent User Services Enhancement
Corporation for Supportive Housing
New York City Department of Homeless Services
New York City Department of Correction

Agency Type: Private community-based organization, government service agency, jail

Programmatic Focus: Housing

Funding Sources
JEHT Foundation
New York City Housing Authority
New York City Department of Homeless Services
New York City Department of Health and Mental Hygiene
New York State Office of Mental Health

Population Served
Legal status: Pretrial, sentenced, and released from custody
Number served: 81 placed as of 3/25/07, total target of 100 placements by 5/31/07

Jail System Information
Size: 13,000+ ADP
Location: Urban

Program Overview

As part of their ongoing collaboration to improve discharge planning among inmates at the city jail, the New York City Department of Correction (DOC) and Department of Homeless Services (DHS) conducted a data match that identified more than 1,000 individuals who repeatedly cycle in and out of the city's jail and shelter systems. The New York City Frequent Users of Jail and Shelter Initiative was conceived in 2004 as the Corporation for Supportive Housing (CSH) worked with the DOC and the DHS to identify those who, at a minimum, have had four shelter and four jail admissions over the past five years. During 2005, the CSH and the city agencies designed and implemented a supportive housing demonstration of 100 units, leveraging existing housing and service opportunities including 50 Section 8 vouchers from the New York Housing Authority targeted toward frequent users with a substance abuse diagnosis, 50 vacancies in the New York/New York city-state initiative and other supportive housing projects targeted toward frequent users with serious and persistent mental illness or substance abuse diagnosis, and 9 nonprofit organizations who agreed to provide housing and support to frequent users. The JEHT foundation has awarded an additional $650,000 to create the Frequent User Services Enhancement (FUSE) fund to provide a high intensity of services and supports in supportive housing settings to 100 individuals during their first year of tenancy. After this first year, service intensity reduces to a level more typical of supportive housing settings.

Key Program Elements

The DOC and the DHS conduct regular data matches to identify eligible individuals and distribute an updated list to the nine nonprofit agencies each month. The nonprofit agencies engage and recruit eligible individuals and assess their service needs, clinical and substance use history, housing preferences, and motivation. Upon placement into housing, primarily through sponsor-based leases, individuals will work with case managers to develop a social services plan, which will include the number of case management sessions each week, the various counseling and group sessions in which the individual will participate, and additional services to be provided. The service enhancement funds are provided for the first 12 months after each individual is placed into housing, during which the individuals will be stabilized, assisted with building living skills and avoiding institutional involvement, and eventually transitioned to a more typical level of service supports.

While each provider has a slightly different approach to delivering this enhanced level of services, they all share several features: (a) proactive and assertive in-reach into shelters and jails to recruit potential clients; (b) case management staff with smaller caseloads than are typical of supportive housing case managers; (c) more deliberate clinical supervision and the use of a team approach to service delivery; (d) aggressive advocacy and coordination of benefits and entitlements; (e) a focus on activities of daily living, psychoeducation, socialization, and recreational activities as alternatives to substance use and other high-risk behaviors; and (f) the availability of 24-hour crisis intervention.

Partnerships and Collaboration

FUSE is an initiative that emerged as a result of ongoing interagency work group meetings within the New York City Discharge Planning Collaboration. The initiative involves constant and formal information sharing, coordination, program monitoring, and troubleshooting among the DOC, DHS, CSH, and participating supportive housing providers.

Outcomes

The John Jay College of Criminal Justice is currently evaluating FUSE. According to preliminary findings, of the 73 FUSE clients in the evaluation sample as of January 31, 2007, 92 percent of people placed through the initiative have remained housed. In addition, all clients in the sample have avoided shelter use after housing placement, and 85 percent have avoided returning to jail.

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Fresh Start
The Osborne Association

Agency Type: Private community-based organization

Programmatic Focus: Comprehensive, with a focus on substance abuse and employment

Funding Sources
State and city funding
Private foundations

Population Served
Legal status: Sentenced
Number served: 100/year

Jail System Information
Size: 13,000+ ADP
Location: Urban

Program Overview

The Fresh Start program was established in 1989 as a unique public-private partnership, and in 1997 it became part of The Osborne Association, a nonprofit organization that provides a broad range of treatment, educational, and vocational services to people involved in the criminal justice system. Fresh Start provides comprehensive vocational, educational, and life-skills services to men incarcerated at Rikers Island as well as aftercare assistance, referrals, and counseling in the community. Through 3 10-week class cycles a year, inmates have the opportunity to obtain professional licenses and certificates in culinary arts and computer literacy.

Key Program Elements

Reentry Services in Jail

Nearly 125 inmates sign up for each 10-week cycle, and each is individually interviewed by Fresh Start staff to determine readiness for change, interests, and eligibility. Upon acceptance into the program, participants choose from two vocational tracks: culinary arts and computer literacy. In addition to this vocational training, Fresh Start offers workshops, groups, and individual counseling on issues such as relapse prevention, anger management, personal relationships, budgeting, problem solving and goal setting; career counseling and job development; and general equivalency diploma (GED) preparation, testing, and college admissions assistance upon release.

Transition Planning

Upon graduation from the program, each participant receives a comprehensive discharge plan that identifies personal, career, and economic needs and community resources to help

meet those needs. On the day of release, participants are picked up at the jail by an Osborne Association van that takes them to meet with the Fresh Start case manager they had during incarceration.

Community Case Management and Follow-Up

For the first six months after release, Fresh Start case managers provide weekly outreach through phone calls, face-to-face meetings, and home visits. Ongoing community case management is available for as long as necessary, and contact with Fresh Start staff is encouraged for up to one year after release. Personalized aftercare assistance includes coaching, job development, and housing referrals. As a multiservice agency, the Osborne Association can meet most of the participants' needs through their existing programs, including substance abuse treatment, employment placement, and risk reduction and HIV/AIDS services.

Partnerships and Collaboration

Fresh Start has established a solid working relationship with the Rikers Island jail that allows the program to operate. The Osborne Association partners with several other community-based agencies that can provide the postrelease services that they do not offer. The City University of New York's Catch Program provides admissions and financial aid application assistance, and organizations such as Family Residence and Greenwich House provide transitional housing and outpatient relapse prevention services.

Outcomes

According to the program, of the 50 program graduates who have been released over a 1-year period between 2005 and 2006, less than 10 percent have been reincarcerated. About 65 percent are working, in treatment, or attending college or vocational training, and 70 percent are in contact with program staff.

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Habitual Misdemeanor Offender Program
Jacksonville Sheriff's Office

Agency Type: Jail, community corrections

Programmatic Focus: Substance abuse

Funding Source
City of Jacksonville

Population Served
Legal status: Sentenced
Number served: 108 in 2006

Jail System Information
Size: 3,600 ADP
Location: Urban

Program Overview

Under the Habitual Misdemeanor Offender (HMO) law in Florida, individuals who have committed four or more misdemeanors within one year of their current offense are classified as a habitual misdemeanor offender and can be sentenced from six months to one year in a jail-based substance abuse treatment (SAT) program. In an effort to reduce recidivism through service provision, treatment, and aftercare, the Jacksonville Sheriff's Office actively tracks individuals eligible for HMO status who continue to cycle in and out of the jail and places them in the SAT program. The SAT program operates out of the Sheriff's Office Community Corrections Center by a private substance abuse treatment provider under contract to the City of Jacksonville. The Jacksonville Department of Corrections is currently in the process of expanding the reentry efforts in Jacksonville. A reentry coordinator has been hired to focus on extensive needs assessment, discharge planning, and identification of appropriate services after release.

Key Program Elements

Reentry Services in Jail

Jacksonville's Corrections Management Information System database produces a daily report of all arrestees who, if convicted, will qualify as habitual misdemeanor offenders. A Jacksonville corrections officer assigned to the Pre-Trial Services Unit of the Jails Division is responsible for identifying these individuals. The officer must also determine if the individuals have mental health issues that would qualify them for the mental health diversion process. If individuals are identified as an HMO by the presiding judge, state attorney, and public defender, they may be sentenced to the in-jail SAT program.

Transition Planning

Individuals in the SAT program are able to participate in a discharge planning phase during which they can request assistance in specific areas, such as transportation, clothing for work, housing, mental and physical health services, and literacy.

Community Case Management and Follow-Up

Once individuals successfully complete the in-jail treatment program, they receive 12 months of aftercare in the community that provides the support mechanisms necessary to maintain recovery.

Partnerships and Collaboration

The City of Jacksonville has a contractual agreement with a local community substance abuse treatment provider to run the SAT program in jail. The SAT program involves collaboration with the courts, district attorney, and public defender.

Outcomes

According to a Sheriff's Office HMO report, individuals sentenced as HMOs have a 23-percent lower recidivism rate than individuals meeting the criteria to be sentenced as HMOs but are not. Since August 2004 when the first individual was sentenced as an HMO, these HMO sentenced individuals have recidivated at a rate of 30 percent. Individuals who met the HMO criteria but were not in the program recidivated at a rate of 53 percent.

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Inmate Re-entry Program
Orange County Corrections Department

Agency Type: Jail

Programmatic Focus: Comprehensive, with a focus on substance abuse and mental health

Funding Source
General revenue

Population Served
Legal status: Pretrial and sentenced

Jail System Information
Size: 3,000–4,000 ADP; 2006: 4,044
Location: Urban

Program Overview

Since 2003, Orange County Corrections has been providing reentry services through the Pre-release Program, a substance abuse program run by the community treatment provider Specialized Treatment, Education, and Prevention, Inc. (STEPS). In October 2006, Orange County Corrections significantly expanded prerelease services into what is now known as reentry services by awarding the Inmate Re-entry Program contract to STEPS. The contract consists of 16 case managers and 2 mental health specialists who provide reentry services to the sentenced inmate population. Case managers assess the transitional needs of both inmates and family members and coordinate with community providers to facilitate community-based services.

Key Program Elements

Reentry Services in Jail

The Inmate Re-entry Program provides services for sentenced inmates with 45–60 days remaining on their sentence. The Inmate Re-entry Program consists of two separate program components: the Basic Needs Program and the Dually Diagnosed Program. The Basic Needs Program serves the general inmate population identified as having a need for reentry services. Inmates participate in a variety of motivational education classes to address those circumstances or behaviors that led them to incarceration. The Dually Diagnosed Program motivates and educates inmates diagnosed with both mental health and substance abuse issues on the concepts and principals of recovery. This motivational environment engages the individual in a process to initiate positive behavioral change. The individual is assisted in transitioning to the community with newly developed skills and community-based referrals.

Upon admission to the Inmate Re-entry Program, case mangers perform an in-depth holistic assessment, which includes feedback from the inmate's family. Utilizing the information from the assessment process, an individualized transition plan is developed. The plan is subject to change as the needs of the inmate or family change. Inmates participate in a six-week living

program to improve their behaviors, attitudes, motivation, independence, and the ability to succeed in the community while maintaining a crime-free lifestyle.

Transition Planning

The main goal of the Inmate Re-entry Program is to create partnerships with community-based agencies to develop transitional services for inmates. Case managers work with inmates and community providers to develop a comprehensive transitional plan to create a seamless return to the community. Community providers are invited into the jail to interview inmates and expedite the process of securing services for inmates and their family members. The case managers contact the appropriate community providers to coordinate service delivery and transportation upon release.

Community Case Management and Follow-Up

STEPS case managers are responsible for meeting with community providers each month to discuss service delivery and further develop and refine the cooperative relationships. As discussed above, case managers coordinate with community providers to ensure that reentry services are in place upon release. Case managers track program participants' progress for a six-month period after release to monitor their length of treatment, work history, social service needs, and other life issues. Case managers are responsible for reporting this information to the Corrections Department after each six-week program cycle.

Partnerships and Collaboration

Through their formal contract for the Inmate Re-entry Program, Orange County Corrections and STEPS have outlined responsibilities for maintaining open communication between corrections staff and STEPS staff. This communication is maintained through attendance at regular Corrections Department meetings and daily staff interaction. The Corrections Department is expanding partnerships with local community agencies by developing a formal, comprehensive transitional services network for the Orange County inmate population.

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Inmate Rehabilitation Through Occupational and Academic Development Systems
San Bernardino County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Employment

Funding Source
Inmate Welfare Fund

Population Served
Legal status: Sentenced
Number served: 6,000/year

Jail System Information
Size: 5,727 ADP
Location: Urban, suburban, and rural

Program Overview

The San Bernardino Sheriff's Department established the Inmate Rehabilitation Through Occupational and Academic Development Systems (INROADS) program in 1997, with a Life Skills Grant from the U.S. Department of Education, to reduce recidivism by providing viable and resourceful programs and services to inmates. Currently funded by the Inmate Welfare Fund and operating in the Glen Helen Rehabilitation Center, INROADS seeks to provide opportunities for individuals to develop an improved sense of well-being and better quality of life upon release.

Key Program Elements

Reentry Services in Jail

The INROADS program offers a wide variety of academic, vocational, life skills, and crisis intervention programs to all sentenced inmates in the jail. Instructors with the San Bernardino County Superintendent of Schools teach vocational courses, which include training in auto body repair, culinary arts, custodial occupations, landscape maintenance and design, desktop publishing, and clerical work. Instructors in the Chaffey Joint Union High School District teach academic and crisis intervention courses. Both school districts use average daily attendance funding from the State of California to provide the instructors for INROADS. The San Bernardino County Workforce Development Department (WDD) provides two employment services specialists to work in the jail to facilitate prerelease classes, organize annual job fairs, assist inmates with obtaining driver's licenses and Social Security cards, assist with child support issues, and provide community case management after release.

Transition Planning

A team of social workers, employment services specialists, and substance abuse counselors begin working with inmates on a discharge plan from the moment they enter jail. The employment services specialist meets with each inmate individually before and immediately after release.

Community Case Management and Follow-Up

An employment services specialist provides community case management services for up to one year after release. The employment specialist is housed at the jail but works at each of the WDD centers throughout the county to assist in finding employment.

Partnerships and Collaboration

The INROADS program relies on partnerships with county school districts and the Workforce Development Department to maintain the core of their program. The INROADS program is also engaged in several informal partnerships with the San Bernardino County Drug Courts, Public Health Department, Children's Fund, Department of Motor Vehicles, and Veterans Administration.

Outcomes

According to the Sheriff's Department, the recidivism rate of inmates who complete INROADS is 40 percent.

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Jackson County Transition Program
Jackson County Community Justice

Agency Type: Community corrections

Programmatic Focus: Comprehensive, with a focus on employment and housing

Funding Sources
Community Corrections Act Funds
Various federal grants and contracts
Community contracts
Resident maintenance fees

Population Served
Legal status: Sentenced
Number served: 136 men; 20 women

Jail System Information
Size: 250–300 ADP
Location: Urban

Program Overview

The Jackson County Transition Program is a residential program designed to be a subsidy housing placement or to provide participants with services to voluntarily meet compliance with court orders and parole and probation supervision. Operated by Jackson County Community Justice in partnership with the Sheriff's Department, the Transition Program was developed in one of the county's old jails out of response to issues of crowding. The Transition Program incorporates motivational interviewing and cognitive behavioral interventions to help participants reduce factors that contribute to criminal behavior. The Transition Program consists of three components: work restitution, work release, and work release/transition, which are each designed to address the specific risks and needs of participants as determined by comprehensive assessments.

Key Program Elements

Reentry Services in Jail

The program uses a matrix system to screen participants and determine appropriate placement in the program. After initial assessment upon entering the program, each participant meets with a case manager, referred to as a community justice officer (CJO), to develop a case plan that determines measurable goals to meet the participant's needs while in the program. Participants in all 3 program components are expected to be involved in restitution to the community, employment, financial management, cognitive restructuring, drug and alcohol treatment, positive peer association, and prosocial behavior development activities for at least 40 hours per week. While they are working or completing programs, participants meet at least weekly with their CJOs to assess progress and make appropriate modifications to their case plans.

The work restitution segment of the program is the most restrictive and is reserved for those individuals at high risk of reoffending. Participants are involved exclusively in work crews. With staff discretion, they may take part in limited job search programs, and if they obtain employment, they may be able to move to the work release segment of the program. Participants in the work release segment concentrate on obtaining and maintaining employment in the community. Work release/transition is the least restrictive segment of the program, reserved for those who have made certain progress in the work release segment or those who are placed in the program for a period of transition from jail to the community. Those in work release/transition are also responsible for assisting others who are starting out in the program. In each of these segments, participants can earn privileges as they demonstrate progress in their goals and consistent, responsible behavior.

Transition Planning

Before release, participants review their case plan with their CJOs and probation officers (if applicable) and develop specific release plans.

Community Case Management and Follow-Up

Community case management and follow-up services are provided by probation and parole officers for a period determined by the supervising authority. Treatment groups in the facility continue in the community to facilitate a seamless integration upon release.

Partnerships and Collaboration

Formal partnerships exist between the Jackson County Sheriff's Office, Oregon Department of Justice, U.S. Federal Bureau of Prisons, City of Medford Municipal Court, Jackson County Health and Human Services, and two large alcohol and drug treatment agencies.

Outcomes

Michigan State University is currently evaluating the Jackson County Transition Program. The evaluation will measure short- and long-term outcomes.

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Jail-Based Assessment and Treatment Project
Iowa Department of Public Health

Agency Type: Government service agency

Programmatic Focus: Substance abuse

Funding Source
Office of Community Oriented Policing Services

Population Served
Legal status: Sentenced
Number served: 400+/year (all 3 counties)

Jail System Information
Size: Polk County, 1,000 ADP; Scott County, 250 ADP; Woodbury County, 247 ADP
Location: Urban

Program Overview

The Jail-Based Assessment and Treatment Project is active in three Iowa counties (Polk, Scott, and Woodbury) and focuses on the treatment of substance abuse and criminal thinking. Participants are admitted to the project and begin treatment while in jail. Clients take part in substance abuse and criminal thinking treatment, individual and group therapy sessions, support groups, educational classes, and discharge plan development. The program continues in the community with an outpatient component followed by aftercare. The same case manager who works with participants in jail follows them in the community during their outpatient and aftercare phases.

Key Program Elements

Reentry Services in Jail

The district attorney, public defender, and probation/parole officer refer potential project participants to the jail assessment team. The in-jail portion of the project lasts from 45 days to 4 months, during which participants concentrate on their substance abuse treatment and criminal thinking simultaneously. Each participant has a case manager and a treatment counselor.

Transition Planning

Case managers and treatment counselors begin developing a discharge plan in jail once the participant enters the program.

Community Case Management and Follow-Up

Program participants are released to community outpatient treatment for 6–9 months for them to continue their criminal thinking and substance abuse treatment in individual and

group therapy sessions. Following outpatient treatment, participants enter the aftercare stage. Aftercare consists of a peer support group once a week. A team that usually includes a case manager, counselor, and probation officer works with program participants in the community for up to one year after release and assists them with educational and employment services and staying engaged in their treatment. Participants have the same case manager in the community that they had in jail.

Partnerships and Collaboration

Each county contracts with a private treatment agency to provide assessments and treatment in jail and in the community. Project stakeholders include public health staff, judges, probation officers, county sheriffs, risk assessment officers, public defenders, district attorneys, treatment staff, and staff from the local mental health centers. These stakeholders keep close contact with one another to maintain communication, voice concerns, and discuss various problems such as waiting lists and referrals.

Outcomes

The Iowa Consortium for Substance Abuse Research and Evaluation located at the University of Iowa conducts ongoing evaluations of the Jail-Based Assessment and Treatment Project to determine the effectiveness of treatment services. The most recent report covers the period from November 2002 through December 2006. The study measures outcomes along 3 variables—abstinence, rearrest, and employment—with follow-up interviews 6 and 12 months after admission to the project. (In Woodbury and Scott Counties, the typical participant will have been out of jail for about four months when the six-month interview is conducted. The typical Polk County participant will have been out of jail for about two months.) Six months after admission to the project, 77 percent of clients had abstained from drug use, 93 percent had not been rearrested, and more than half (52 percent) were employed full time, compared with 31 percent who were employed just before entering the program. Twelve months after admission, 69 percent had abstained from drug use, 84 percent had avoided arrest, and 56 percent were employed full time. At the 12-month mark, 81 percent of those who were successfully discharged from the project were abstinent from drugs, 92 percent had not been rearrested, and 68 percent were working full time.

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Jail Transition Services
Snohomish County Department of Corrections
Snohomish County Human Services Department

Agency Type: Jail, government service agency

Programmatic Focus: Mental health

Funding Sources
Existing resources from operating budget
Washington State Legislature mental health budget

Population Served
Legal status: Sentenced
Number served: 400/year

Jail System Information
Size: 1,219 ADP
Location: Urban

Program Overview

In 2004, the Snohomish County Department of Corrections and the Snohomish County Human Services Department (HSD) established a formal agreement to better serve the people incarcerated in the Snohomish County jail system, especially high users of care. Through this collaboration, both agencies have committed to providing a comprehensive system of jail-based services and programs with connections to the community. The most developed initiative under the collaboration is the Jail Transition Services (JTS) program that targets inmates with mental illness. JTS seeks to avoid duplication of services by performing daily cross-checks of jail bookings with the regional mental health system's database to identify inmates with mental health histories who are also under the care of the public mental health system.

Key Program Elements

Reentry Services in Jail

At intake, individuals go through the mental health intake assessment process, the guidelines and procedures of which were developed with assistance from the county mental health system. During custody, mental health care is provided by the jail mental health unit, consisting of six mental health professionals. If applicable, jail mental health staff are notified of an inmate's history with the public mental health system to facilitate continuity of care.

Transition Planning

The HSD service broker/resource manager develops individualized service plans for each client. Before the client's release from jail, the HSD service brokers/resource managers

who have been working with clients during their jail stays will make referrals to agencies in the community who provide transitional services upon release. Whenever possible, the case managers from the provider agencies meet with the client to establish rapport prior to release from jail. The HSD also has an office within the jail to help clients compile the necessary documentation to determine eligibility and apply for benefits upon release. The service broker/resource manager is employed by the HSD to keep the planning and authorization of services separate from their delivery.

Community Case Management and Follow-Up

Transitional services continue for up to 90 days after release or until Medicaid benefits are enacted. The service broker/resource manager authorizes the purchase of transitional services from several community-based providers in accordance with a client's service plan. The service broker/resource manager follows up with clients and community providers to review the status of the service plans.

Partnerships and Collaboration

In developing the *Jail Services Program Plan,* the Snohomish County Human Services Department sought input from a wide variety of community and justice system stakeholders. Members of the collaboration meet monthly to discuss the successes and challenges of the initiative and to continue thinking of ways to serve the correctional population and engage the community. HSD and County Corrections have also worked together with the Washington state legislature to draft legislation that would suspend rather than terminate benefits for certain jail inmates.

Outcomes

The JTS program began serving clients in May 2006. By the end of the year, the program served 405 unduplicated clients. All clients had a primary diagnosis of a major mental illness. The most common diagnoses were bipolar disorder (28 percent), depression/mood disorder (22 percent), schizophrenia (17 percent), and psychosis (15 percent). Nearly 68 percent of the clients in 2006 had a current or past history with the public mental health system at the time of jail booking. Although the project is too new to fully assess progress in reducing recidivism, jail staff have noticed a decrease in the admissions of clients they have frequently seen in jail in the past. In the short time the program has been in place, 8 percent of clients served had subsequent bookings into the jail.

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New York City Discharge Planning Collaboration
New York City Department of Correction
New York City Department of Homeless Services

Agency Type: Jail, government service agency

Programmatic Focus: Comprehensive

Funding Sources
In-kind contributions from New York City Department of Correction, New York City Department of Homeless Services, other city agencies, and partner organizations
Staff support from New York City Department of Correction and New York City Department of Homeless Services
New York City Tax Levy Funds, City Council support, grants, foundation support

Population Served
Legal status: Primarily sentenced, some pretrial
Number served: 3,000/year

Jail System Information
Size: 13,500 ADP
Location: Urban

Program Overview

The New York City Discharge Planning Collaboration brings together the aggregate knowledge, interests, and energy of multiple local government agencies, nonprofit service providers, advocates, researchers, and foundations to reduce recidivism and homelessness for people in New York City's jails and shelters. The collaboration involves more than 60 organizations and approximately 100 representatives covering all aspects of reentry and focused on shared problem solving to produce better outcomes. The Rikers Island Discharge Planning Enhancement Program (RIDE) is the operational arm of the collaboration within the New York City jails. However, several additional formal initiatives and direct service programs have emerged through the Collaboration's various work groups. Work groups presently include Housing, Employment, Continuity of Benefits, Frequent Users of Jail and Shelter, Alcohol and Substance Abuse, Diversion and the "Big Picture" Group. Four formal initiatives currently operating as a result of the work groups within the collaboration are the Frequent User Services Enhancement (FUSE), Day Custody Program, the development of a discharge planning database, and the operation of RIDE Support Centers located within the jail where various agencies can process benefits applications to be activated upon release.

The Collaboration's efforts have also resulted in many systemic and process-oriented changes, including improved process for obtaining identification documents, increased accessibility for service providers to Rikers Island to help provide social services, and a system to check warrants for those with a scheduled release date and possibly resolve the warrant before release so that community-based plans can be implemented. The New York City Discharge Planning Collaboration attempts to serve all of those who pass through the jail system in need of reentry programming and planning to minimize the chances of reincarceration or homelessness.

Key Program Elements

Reentry Services in Jail

Reentry services begin in jail through comprehensive case management and focus on employment, housing, family reunification, and addiction treatment. Community service providers working with jail staff provide all jail-based services.

Transition Planning

The primary focus of the collaboration is discharge planning and connection to aftercare services and resources. The Collaboration has initiated several services that address potential issues that arise immediately following release, such as access to benefits and services in the community. In addition to the RIDE Support Centers, another transitional service developed out of a Collaboration work group is the 311 jail release services hotline. Anyone leaving jail can call 311, say "jail release services," and be connected to a service provider for reentry assistance.

Community Case Management and Follow-Up

The same service provider works with an inmate in jail, transports him or her to jail services on the day of release, and continues to work with that inmate in the community for 90 days after release, providing case management, crisis intervention, and referrals. Community case management is paid for through performance-based contracts that require continued engagement during the 90-day period.

Partnerships and Collaboration

To maintain an ongoing review of policies and practices among all agencies involved, collaborative partners meet twice a year in large retreat-type settings to share successes and problems. Smaller work groups have emerged within the overall collaboration, and these work groups communicate on a more regular basis through e-mail announcements and the Reentry.net web site developed by the Bronx Defenders, a collaborative partner. Since May 2005, collaborative partners have attracted more than $8 million in new funding for this work.

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Offender Re-entry Program
Bunker Hill Community College
Suffolk County Sheriff's Department

Agency Type: Jail, private community-based organization

Programmatic Focus: Comprehensive, with a focus on employment

Funding Sources
FY 2001–2004: U.S. Department of Education
FY 2005–present: Suffolk County Sheriff's Department

Population
Legal status: Sentenced
Number served: 240/year

Jail System Information
Size: 2,500+ ADP
Location: Urban

Program Overview

The Offender Re-entry Program (ORP) is an eight-week program run by Bunker Hill Community College for inmates in the Suffolk County House of Correction nearing their release. The program provides courses in writing, life skills, employment readiness, and case management services.

Key Program Elements

Reentry Services in Jail

While in jail, participants are enrolled in an eight-week program that includes intensive academic, employment, and life-skills classes coupled with individual case management. The academic component of the program includes a writing workshop in which students are taught the writing process through fiction and nonfiction exercises, and a computer workshop during which participants learn basic and intermediate Microsoft applications.

Transition Planning

Throughout the eight-week program, participants are continuously working on their postrelease plans. At the conclusion of the course, they must present a portfolio of their primary work in addition to a detailed discharge plan that includes goals for employment, education, and housing. Participants present their portfolio and discharge plan in front of a panel of evaluators.

Community Case Management and Follow-Up

Upon release, graduates of the program receive ongoing follow-up services from the case managers they worked with in jail. Case managers contact program graduates on a regular and frequent basis to provide general support as well as referrals to educational, housing, and counseling resources. Graduates also receive monthly passes to Boston's subway system ("T passes"), purchased through the program's budget, for up to six months as well as clothes for interviews.

Partnerships and Collaboration

The Suffolk County Offender Re-entry Program is a formal partnership between the Suffolk County Sheriff's Department and Bunker Hill Community College.

Outcomes

ORP was evaluated in 2003 by researchers at Harvard University's Kennedy School of Government. The evaluation found that people who had graduated from the ORP had a 13-percent lower recidivism rate than a control group who had not participated in the ORP. In addition, the evaluation found that the longer the graduate stayed in the community, the less likely he or she was to return to prison. The evaluation is available at www.epinet.org/workingpapers/WP125.pdf.

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Offender Reentry Program
Virginia Department of Corrections and Local Jails

Agency Type: Jail (and state Department of Corrections)

Programmatic Focus: Comprehensive

Funding Source
The Virginia Department of Corrections

Population Served
Legal status: Sentenced
Number served: 160/year per jail

Jail System Information
Size: Various
Location: Urban and rural

Program Overview

Under a partnership between the Virginia Department of Corrections (DOC) and local jails, state inmates nearing the end of their sentences are returned to the local jail in the community closest to their home community. Through its three phases, the program is designed to provide jail-based programming, reestablish relationships with family and community ties, and connect individuals with various programs and services in the community. Within this three-phase framework, each jail has the flexibility to implement the program according to its unique needs and circumstances. In return for the inmates they accept from the DOC, jails are able to expedite the process of transferring inmates awaiting placement in a state prison. The local corrections departments also benefit from more community resources in their jails. Currently, 15 local jails are involved in the partnership, and extensive efforts are under way to expand the program to the entire state.

Key Program Elements

Reentry Services in Jail

A DOC transition coordinator is onsite in every participating jail to oversee the implementation of the program and act as the liaison between the DOC, jail, local probation and parole, and other community resources. The transition coordinator is responsible for connecting inmates with community resources and recruiting community involvement in the jail and with inmates after release.

Phases I and II are the jail-based components of the program. Phase I is a 45-day program during which inmates participate in daily workshops on life skills, employability, money management, conflict resolution, anger management, substance abuse, and healthy living. Outside resources are brought into the jail to assist with programming, resource referral, and obtaining vital identification materials. All state prisoners returning to a community with

a partnering jail are eligible and required to participate in Phase I. Phase II is a work release program lasting 45 days to 8 months. Only inmates charged with a nonviolent offense who have completed Phase I are eligible to participate in Phase II.

Transition Planning

The DOC transition coordinator is responsible for networking within the local community to locate appropriate resources and contact family before a participant's release.

Community Case Management and Follow-Up

Phase III of the Offender Reentry Program is a 45-day postrelease component, during which participants receive continued assistance in the community and referrals to employment networking opportunities, housing prospects, peer support groups, and other services related to community adjustment.

Partnerships and Collaboration

The Offender Reentry Program is based on a state-local partnership that benefits both the Virginia Department of Corrections and participating local jails. Each participating jail has close partnerships with local probation and parole departments and various local community agencies. Community supervision officers work very closely with the jail transition coordinators. Community agencies involved in the partnership include, among several others, Department of Social Services, Virginia Employment Commission, Department of Motor Vehicles, Department of Social Security, Capital Area Workforce Consortium, Planned Parenthood, Fatherhood Initiative, Tidewater Building Associates, and the Salvation Army.

Outcomes

According to a 2006 preliminary evaluation conducted in-house by the Research, Evaluation and Forecasting Unit of the Virginia DOC, the Offender Reentry Program resulted in a DOC recommitment rate of 14 percent compared to the DOC's overall 29-percent recommitment rate. Further, 35 percent of these recidivists returned to a Virginia prison because of technical violations of their probation or parole. It is important to note that the Offender Reentry Program evaluation tracked released prisoners for 12–18 months after program graduation, whereas the DOC's recidivism rate is based on a 3-year postrelease period.

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Power Inside
Baltimore, Maryland

Agency Type: Private community-based organization

Programmatic Focus: Comprehensive

Funding Sources
Baltimore City Health Department, Homeless Services
Baltimore Community Foundation
Annie E. Casey Foundation
Abell Foundation
Open Society Institute
Maryland Mediation and Conflict Resolution Office

Population Served
Legal status: Pretrial, sentenced, and released from jail
Number served: 300/year

Jail System Information
Size: 4,000–5,000 ADP (men's facility); 500–700 ADP (women's facility)
Location: Urban

Program Overview

Power Inside (PI) is a program of Fusion Partnerships, Inc., that serves women who have been previously or are currently incarcerated in the Baltimore City Detention Center. This grassroots program seeks to prevent incarceration among women and families by providing direct client services, leadership development, public education, and advocacy. PI staff and volunteers provide support groups in jail and in the community, conduct individual assessments, help develop case plans, and assist with family reunification.

Key Program Elements

Transition Planning

Every week, a PI social worker interviews women in the Baltimore City Detention Center to assess their needs and develop a case plan for safe and stable housing arrangements, transportation, and other crisis interventions immediately after release. PI runs support groups in jail twice a week to discuss barriers to reentry and plans to overcome those barriers. PI staff and volunteers also work extensively with the families of incarcerated women to engage them in reunification, forgiveness, recovery, and support.

Community Case Management and Follow-Up

PI provides community support, referrals, and follow-up for as long as an individual needs. Upon release, PI arranges for transportation to housing and available support services

in the community. PI case managers and outreach workers conduct home visits to help women resolve any problems or crises they may be experiencing in their adjustment to the community, such as family conflicts or homelessness. PI connects women to their community-based office where they offer weekly support groups, general equivalency diploma (GED) and literacy tutoring, and a drop-in program four afternoons a week where women can come for toiletries, clothing, bus tokens, books, and other daily life items. PI has also developed a street outreach initiative where staff walk around the community, especially areas with high levels of prostitution, offering women resources and referrals.

Partnerships and Collaboration

PI has worked in partnership with the Baltimore City Detention Center since 2001. PI plays an integral role in Baltimore's Reentry and Reintegration Steering Committee, a newly formed Jail Reentry Subcommittee in conjunction with the Mayor's Office and the Division of Pretrial Detention and Services, to coordinate discharge planning and reentry services citywide. PI also has working relationships with the Division of Parole and Probation, the Office of the Public Defender, and community service providers.

Outcomes

According to a recent evaluation funded by the Abell Foundation, clients that used PI day shelter services more than five times per year showed significantly higher levels of access to necessary services such as food, clothing, referrals, and advocacy than individuals who used the shelter services less frequently.

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Pre-Release and Reentry Services Division
Montgomery County Department of Correction and Rehabilitation

Agency Type: Jail

Programmatic Focus: Comprehensive, with a focus on employment

Funding Source
County Budget

Population Served
Legal status: Sentenced
Number served: 600/year

Jail System Information
Size: 170 ADP (prerelease center)
Location: Suburban

Program Overview

Pre-Release and Reentry Services (PRRS) is one of the four operational divisions of the Montgomery County Department of Correction and Rehabilitation. The others are two jail facilities and a pretrial supervision division. PRRS provides step-down community-based reentry programs for local, state, and federal inmates who are within one year of release and who are returning primarily to the county. At its 171-bed prerelease facility and through its home confinement electronic monitoring program, PRRS facilitates the reentry process by providing extensive case management and employment services, working closely with inmates' family members and support systems, and increasing inmates' awareness of the impact of their criminal behavior on the community and how to change their behavior themselves. PRRS has strong collaborative partnerships with local employers, housing agencies, the faith community, the courts, and the health and human services department.

Key Program Elements

PRRS primarily serves men and women sentenced to the local correctional system for less than 18 months. PRRS conducts an exhaustive screening and assessment to determine whether individuals are eligible for the program. The process includes a review of extensive administrative records on the criminal history and behavior of individuals (police reports, criminal histories, presentence investigations, institutional conduct reports, and any PRRS records), a one-hour face-to-face psychosocial structured questionnaire, and the completion of a standardized risk/needs instrument. The only criminal offense that disqualifies individuals from the program is a history of escape, and the program operates under the premise that public safety and community well-being is enhanced if most sentenced offenders are released from the local correctional system through the prerelease center rather than through the jail. On a daily basis, PRRS manages almost 30 percent of all sentenced local inmates in the correctional system.

PRRS builds on the programming and reentry efforts conducted at the detention centers and offers a comprehensive service package that emphasizes the substantive involvement of the family in the reentry process in addition to employment and housing. Participants receive intensive case management to help them adhere to their reentry plans. PRRS operates a strong work release program and establishes strong partnerships with employers. PRRS also collaborates with the drug court to provide a supervised setting as an intermediate sanction for technical violators.

PRRS maintains strict accountability in all aspects of the program, and residents are only allowed in the community on preapproved schedules with contact information so the program can contact them at all times. The program conducts three random drug tests a week and administers three alcohol Breathalyzer tests daily. A positive drug or alcohol test will result in an immediate suspension back to the jail, although the individual may return to the prerelease center after serving a disciplinary sanction. Participants who are fired on the job for cause are also suspended immediately. The program has mobile teams of staff that regularly verify that residents are at specified locations. Finally, the program has zero tolerance for unaccountability and criminally prosecutes all individuals who are unaccountable for more than two hours as having escaped. The program works closely with the state attorney and the judiciary to vigorously seek the successful prosecution and sentencing of escapees. As a result of this policy, less than two percent of all participants escape.

Partnerships and Collaboration

The community partnerships that PRRS has formed are both formal and informal and continue to grow. Community group and organization partnerships include the Archdiocese of Washington's Welcome Home Program and St. James Aftercare Ministries for mentoring services; the Department of Health and Human Services to develop and administer a coordinated intake and assessment process for those in need of mental health services; the Montgomery County Housing Opportunities Commission and a faith-based organization that enables participants to obtain federally subsidized housing; local employers who regularly hire PRRS participants; and local colleges and universities.

Outcomes

PRRS collects data on various demographics and performance measures each month. Program outcomes that are measured include, but are not limited to, individuals released successfully from PRRS at the end of their sentence, individuals returned to a secure facility because of unsuccessful experience in PRRS, jail beds saved, hourly wages for working PRRS participants, taxes paid by PRRS participants, disciplinary actions taken, positive substance use tests, and percentage released with employment, housing, and appropriate service appointments in the community. In 2006, the program served 624 individuals and 83 percent completed the program. Most were released from the program with housing, employment, and hundreds of dollars in funds in a mandated savings account. The program collected $400,000 in program fees, and program residents paid more than $200,000 for family and child support and $30,000 in federal taxes.

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Pretrial Release Mental Health Reentry Program
Iowa 6th Judicial District Department of Correctional Services

Agency Type: Community corrections

Programmatic Focus: Mental health

Funding Source
State of Iowa, Linn County

Population Served
Legal status: Pretrial
Number served: 65 (12-month period)

Jail System Information
Size: 375 ADP
Location: Urban

Program Overview

The Pretrial Release Mental Health Reentry Program assists inmates in the Linn County Jail with mental health problems in obtaining and maintaining needed treatment and support services. The program incorporates motivational interviewing and treatment matching principles on assessed risk, need, and responsiveness. The program is staffed by one probation officer in the Department of Correctional Services with a caseload of 20–25, who acts as a case manager as well as a correctional supervisor. The position is funded by the Linn County Mental Health and Developmental Disabilities Services.

Key Program Elements

The probation/parole officer (PPO) staffing the program conducts mental health screening assessments on pretrial detainees in the Linn County Jail who have been referred by correctional or judiciary staff. During the assessment interview, the PPO determines whether the detainee is appropriate for the program and would voluntarily agree to participate. If the detainee is eligible for and interested in the program, the PPO schedules a full psychological evaluation to be completed at the jail by the local community mental health provider, the Abbe Center. After the evaluation is conducted and needs are determined, the participant is released to the program's supervision. The PPO has several responsibilities under the dual roles of case manager and correctional supervisor. The PPO ensures that participants schedule and attend appointments with mental health or substance abuse providers, helps participants obtain and maintain housing and apply for public benefits and entitlements, maintains weekly contact with participants, and reports to the court if participants fail to meet the requirements of the program. The PPO spends much of the time developing relationships with community providers to ensure that services are delivered in a timely and effective manner.

Partnerships and Collaboration

The Pretrial Release Mental Health Reentry Program was developed and is maintained through the contribution and cooperation of the judiciary, the mental health department, the Linn County Sheriff's Department, defense attorneys, law enforcement, and substance abuse and mental health agencies, in addition to Correctional Services staff.

Outcomes

From the program's inception in 2004 through mid-April 2006, Correctional Services estimates that 7,500 jail days have been saved.

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Prison to Community Project
Mental Health Association of Southeastern Pennsylvania

Agency Type: Government service agency

Programmatic Focus: Mental health, substance abuse

Funding Sources
Mental Health Association of Southeastern Pennsylvania
Philadelphia Department of Behavioral Health
Federal Co-Occurring System Initiative Grant (through June 2007)

Population Served
Legal status: Pretrial and sentenced

Jail System Information
Size: 8,000+ ADP
Location: Urban

Program Overview

The Prison to Community Project (P2C), established in July 2004, is a local mental health reentry program of the Mental Health Association of Southeastern Pennsylvania that serves seriously mentally ill inmates in the Philadelphia Prison System. The P2C's jail- and community-based case management teams provide extensive discharge planning and community case management services to male and female inmates with serious mental illness and a history of substance abuse. The P2C is based on the APIC reentry model (assess, plan, identify, and coordinate) developed by the GAINS Center to assist jails in transition planning for people with co-occurring disorders. In addition, the P2C follows a harm-reduction and peer-recovery model that focuses on encouragement and opportunities rather than coercion.

Key Program Elements

Reentry Services in Jail

To build relationships and develop comprehensive discharge plans, P2C care coordinators, all of whom have personal experience with recovery, begin working with inmates prior to their release from the Philadelphia Prison System (PPS). While in the PPS, program participants are encouraged to attend wellness groups and develop coping skills that will support their recovery process. Recognizing that they are guests in the PPS, the P2C team works closely with jail-based mental health and corrections staff to coordinate discharge planning and support participants' wellness during incarceration.

Transition Planning

P2C care coordinators begin developing discharge plans with participants as soon as they are referred to the program. Discharge planning involves discussion of what individuals

need to succeed in the community and includes strengths-based assessments and relapse prevention activities. The team works with participants to develop meaningful daytime activities, including mental health and substance abuse treatment, job training, linkage to medical care, and family reunification or contact. Housing plans are tailored to an individual's level of independent functioning and treatment needs. A benefits specialist works closely with participants to determine whether their benefits have been terminated or suspended and to facilitate the process of getting entitlements activated or reinstated following release.

Community Case Management and Follow-Up

When participants are released, they are assigned a P2C transitional case manager to assist in their community transition. These case managers work with participants for 90 days after release, meeting with them for as many as 4 days a week and helping them secure or renew benefits, access mental health and substance abuse treatment, and access other social services. Integral to the P2C structure is its harm reduction approach to recovery. The program is voluntary and not meant to act as a court-ordered stipulation. As a "bridge case management" program, the P2C specializes in guiding participants through their transition and linking them to longer term resources. At the end of 90 days, the P2C helps to transition all eligible and willing participants to long-term targeted case management through the Philadelphia Department of Behavioral Health.

Partnerships and Collaboration

The P2C is involved in several partnerships and collaborations with justice system agencies and large mental health and substance abuse treatment providers. P2C works closely with Philadelphia's Department of Behavioral Health to screen referred clients for service and to transition P2C alumni to other case management teams at the end of the program's 90-day community component. The P2C is also part of state and local forensic task forces made up of corrections officials, judges, advocates, service providers, police, and researchers that meet regularly to discuss mental health issues. Because a large number of program participants are on probation or parole, the P2C also works closely with the Philadelphia Adult Probation and Parole Department and makes it a priority to coordinate their own goals with the legal responsibilities of the Department.

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Project Second Chance
Atlantic County Department of Public Safety

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Sources
In-kind contributions from more than 25 agencies. The director's salary is funded via a welfare grant and is on loan to the Department of Public Safety.

Population
Legal status: Sentenced
Number served: 1,250/year (unduplicated)

Jail System Information
Size: 1,000+ ADP
Location: Suburban

Program Overview

The Atlantic County Department of Correction's discharge planning project, Project Second Chance, prepares inmates for release and provides them the opportunity to have direct contact with community agencies before release. In partnership with the Department of Family and Community Development, the county assigned a full-time clinician to the jail to assess every person leaving the jail facility and develop a stabilization plan for each person. At least 25 private nonprofit and public community-based agencies currently support the project.

Key Program Elements

Reentry Services in Jail

The county clinician interviews each inmate several weeks before release with a biopsychosocial instrument that identifies needs in six domains of living: physical health, mental health, family and social relationships, occupational and educational status, addictions, and legal, financial, and housing needs. An array of services is recommended, and the inmate can choose to participate before release. Services designed to augment the discharge plan include empowerment focus groups for women; an Alcoholics Anonymous/Narcotics Anonymous sponsorship program that links inmates to meetings immediately following release; weekly presentations from the Fatherhood Initiative, the Workforce Investment Board, Atlantic County Vocational School, and the Atlantic County Women's Center; and several other services and support groups focusing on child care and family reunification. The Department of Public Safety also has a close relationship with the local casino industry, which offers significant employment opportunities to inmates. Each week, the director of equal opportunity employment for a large gaming industry operator meets individually with inmates leaving the jail.

The Atlantic County Department of Public Safety has been especially interested in understanding why people return to their custody after being released. To this end, the department has dedicated a jail employee to track individuals who have participated in discharge planning, been released, and subsequently returned to the jail. These inmates are reported to the clinician, who works with jail counselors and the inmate to reassess the inmate and develop an alternative discharge plan.

Transition Planning

The primary focus of the initiative is the development and ongoing modification of a discharge plan. Those inmates who are scheduled for release in the next two weeks are transported to a minimum security meeting area where community agency representatives meet with each inmate privately to discuss his or her postrelease service plans.

Community Case Management and Follow-Up

Through the active participation of several community-based agencies, the jail facilitates the connection to community resources that are meant to last as long as needed. Through a close working relationship between the jail and probation and parole department, an individual's discharge plan is developed to ensure that the jail's recommended plan is compatible with that of the supervision agency.

Partnerships and Collaboration

Project Second Chance emerged out of the shared concern for jail crowding and recidivism. Without additional funding from the Department of Public Safety for the initiative, the Atlantic County Jail administration reached out to several agencies and established a committee made up of those that recognized the need for sharing the county's existing resources to develop and implement a solution. Because of countywide collaboration and support from private nonprofit agencies, Project Second Chance has been able to utilize social services and resources in the jail at no additional cost to the county.

Outcomes

Since the program's implementation in early 2005, 476 unduplicated inmates were assessed and met with the county clinician before exiting the jail. From February 22 to December 31, 2005, 96 of the 476 individuals who were assessed returned to the jail at least once, resulting in a recidivism rate of 20 percent. Of those who returned, 92 percent were charged with contempt of court. Currently, Atlantic County is focusing its data collection on the number of commitments of unique individuals in a year to get a better sense of the program's impact on people who churn in and out of jail repeatedly ("frequent flyers").

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Public Health Model for Corrections
Hampden County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Physical health

Funding Source
Departmental budget; various grants

Population
Legal status: Pretrial and sentenced
Number served: 6,500/year: 4,000 pretrial and 2,500 sentenced

Jail System Information
Size: 2,000+ ADP
Location: Urban/suburban

Project Overview

In 1993, the Hampden County Sheriff's Department developed a public health model to prevent, detect, and treat various health concerns among jail inmates at the Hampden County Correctional Center and ensure ongoing use of the community health care system upon release. The Correctional Center has four jail-based health teams that work with four community health centers to thoroughly screen and detect disease and provide early and effective treatment, patient education, prevention, and continuity of care after release. Hampden County is able to serve nearly all of the chronically ill inmates in the system. The Hampden County Correctional Center's Public Health Model is recognized nationwide, and grant funding from the Robert Wood Johnson Foundation has recently established Community Oriented Correctional Health Services to provide technical assistance to other jails interested in replicating the model.

Key Program Elements

Reentry Services in Jail

The Hampden County Correctional Center contracts for medical services with the nonprofit neighborhood health centers in greater Springfield, Massachusetts. Each health center provides physicians and case managers to work at their center and at the jail. When the correctional center diagnoses an inmate, his or her home ZIP code is matched with the closest community health center. While in jail, inmates are assigned to meet regularly with the physician and case manager from their neighborhood centers. In conjunction with the health care they receive, inmates also receive extensive health education to improve their ability to maintain their own care in the community.

Transition Planning

Just prior to release, a release planning nurse makes an appointment at the community health center with the same health team that worked with the inmate in jail. Continuing to receive care from the same health team improves the doctor-patient relationship and increases the likelihood that individuals will continue to come to the neighborhood health center after release.

Partnerships and Collaboration

The Hampden County Public Health Model involves formal partnerships with the neighborhood health centers. These partnerships are critical to maintaining a continuum of care in the community and avoiding the duplication of services. Through their partnerships, the health centers and the jail have built an information-sharing system to exchange information and promote ongoing care.

Outcomes

In 2004, Abt Associates evaluated the Hampden County Public Health Model. They found that about two-thirds of those leaving jail with a medical appointment in the community kept their first appointment after release, and 70 percent of those with a mental health care appointment kept it. Factors that contributed to health care receipt in the community included having appointments before release, being able to continue with the same health care provider in jail and in the community, and receiving health education in jail. The evaluation also found that participation in the health care intervention in jail and in the community was related to a decline in self-reported health problems after release (Hammett et al., 2004).

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Re-Entry Continuum
Hampden County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Sources
State appropriation
A variety of contracts and grants including the Massachusetts Executive Office of Public Safety, U.S. Bureau of Prisons, and U.S. Marshals Service

Population Served
Legal status: Pretrial and sentenced
Number served: 6,500/year total (4,000 pretrial, 2,600 sentenced)

Jail System Information
Size: 2,000+ ADP
Location: Urban/suburban

Program Overview

The Hampden County Sheriff's Department has been committed to facilitating the successful return of inmates to the community for more than three decades. Accordingly, it has developed a continuum of care and custody that spans all levels of security and continues even after the completion of correctional supervision. Varying levels of programming and services seeking to address the factors that lead to jail are available to all inmates. Each inmate participates in a comprehensive risk/need assessment, after which an individual service plan is developed. The plan offers and mandates programs that target each inmate's assessed issues. The Department has formed solid partnerships with more than 200 private and public community-based agencies, realigning jail staff toward programming and service provision, and assuring the public of inmate accountability and productivity.

In 1986, the Sheriff's Department began the first day reporting program in the country as a step-down for reentry and reintegration. In 1996, the After Incarceration Support Systems (AISS) program was established to provide inmates with a continuum of services starting in the jail, continuing in the community, and available as an option for as long as individuals wish. As illustrated in the preceding jail reentry profile, another primary reentry initiative operating out of the Sheriff's Department is the nationally recognized Public Health Model for Corrections, which is currently being replicated in other jurisdictions (see the sidebar "National Initiatives and Resources," page 178).

Key Program Elements

Reentry Services in Jail

The Hampden County Sheriff's Department has established the capacity to provide mandatory gender-specific programming for all sentenced inmates to encourage productivity

and self-improvement. Inmates are expected to participate in job assignments and programs 40 hours per week. Areas of programming in the jail include substance abuse education and treatment, educational development, criminal thinking, victim impact, a responsible parenting initiative geared toward fathers, and anger management. To serve the population and encourage follow-through, the department relies on community in-reach to administer programs and provide case management services, health care, and counseling.

Mentorship in the jail and in the community upon release is a fundamental part of the Department's reentry efforts. The Department employs approximately 18 mentors/advocates as well as many volunteer mentors recruited from diverse communities. Several mentors have convictions and have turned their lives around. They work with inmates in jail and upon release to instill hope and provide guidance.

Transition Planning

It is the goal of the Sheriff's Department to have every sentenced inmate, regardless of length of stay, walk out the door with an individualized treatment plan. Individuals with fewer than 91 days remaining on their sentence begin meeting in the Correctional Center's reentry resource room with an array of community service providers, including an education reintegration counselor, mentors, and case workers. Some inmates spend the last 30 days of their sentence in the newly created community reentry unit, where they continue to receive services through in-reach as well as staff-accompanied visits to look for housing and employment, and they also attend family reunification sessions.

Community Case Management and Follow-Up

To promote continuity of care after release, the Sheriff's Department reached out to more than 250 community agencies that were already providing valuable services in the community to introduce the AISS program and engage support. The Sheriff's Department established community advisory boards to involve the community in the implementation of AISS and incorporate a comprehensive array of services available to inmates upon release. Several community support groups and drop-in hours with mentors and counselors are available to men and women after release. The Department's community volunteer mentorship initiative also provides valuable ongoing follow-up during the transition process.

Partnerships and Collaboration

The formal and informal partnerships between the Sheriff's Department, other justice system agencies, and community-based service providers are the foundation for the Re-Entry Continuum. In addition, the Sheriff's Department has partnered with the district attorney, probation and parole, and local police in the Criminal Justice Reentry Collaborative to address the risks posed by more serious offenders while also developing a plan to help those individuals succeed in the community.

Outcomes

Beginning with those released in 1998, the Hampden County Sheriff's Department began an ongoing study of recidivism that follows each sentenced inmate released to the street for three years. The Sheriff's Department produces a detailed recidivism report each year.

Recognizing that recidivism analysis is a complex process, the Hampden County Sheriff's Department has chosen to target only sentenced inmates released to the streets (not to the custody of another agency) because they use jail beds for longer periods of time than unsentenced inmates, are required to participate in correctional programs, are eligible for movement to lower security and parole, and are provided with a detailed release plan when they leave. Tracking their postrelease outcomes provides valuable information on the effectiveness of these correctional practices. With a sample size so large covering an extensive period, the data from this ongoing study have proved invaluable in making security, programming, and operational decisions.

From an original release cohort of 1,547 in 1998, the study now covers 17,500 individuals released between 1998 and 2005. Of the 2,469 sentenced inmates released from the custody of the Hampden County Sheriff's Department in 2002, 46 percent were reincarcerated within 3 years of release. Of these, 8 percent were reincarcerated for technical violations of release and 38 percent for new offenses.

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Re-Entry Matrix System
Essex County Sheriff's Department

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
State budget and grants

Population Served
Legal status: Sentenced; some pretrial
Comprehensive matrix system reserved for sentenced inmates
Number served: 1,500/year (every sentenced inmate)

Jail System Information
Size: 1,700 ADP
Location: Rural

Program Overview

The Essex County Sheriff's Department (ECSD) has established an official reentry policy outlining the rules and procedures that govern the Department's reentry system. The primary goal of the reentry system is to prepare inmates for appropriate institutional adjustment, transition, and reentry to the community. The ECSD's comprehensive reentry strategy includes risk assessment, evidence-based programs, step-down options, and supervised release. Reentry planning at the ECSD begins at intake, using standardized criteria, defined in what the Department calls a Re-Entry Matrix, to assist staff in determining eligibility for certain reentry services and developing an individualized reentry plan.

Key Program Elements

Reentry Services in Jail

At intake, inmates have an initial reentry hearing, a comprehensive screening process that allows reentry staff to become acquainted with each inmate through individual assessments, testing, and structured interviews. The Re-Entry Board, made up of reentry staff, clinical staff, and program staff, determines the appropriate placement of individuals in the facility and the suitability of certain programs and recommends a reentry plan with program requirements. This reentry plan can be modified through regular assessments by reentry staff. Immediately upon entering the jail, inmates are also assigned a reintegration coordinator and a probation officer who monitor the reentry plan throughout incarceration and upon release. Inmates who choose not to follow their matrix plan will not be eligible for certain step-down options, nor will they be able to earn any good time credit toward their sentences.

The Re-Entry Matrix system is available to all sentenced inmates in the Essex County jail system. Pretrial detainees are also eligible if their probation officer requests assistance connecting them to community resources. Programs available to all pretrial detainees

include the substance abuse program, alternative to violence program, and anger management program.

Transition Planning

Inmates meet with their reintegration coordinator three weeks before their release for an exit interview to discuss all aspects of their transition. The reintegration coordinator sets up benefits registration and establishes links to community resources that provide job development training, substance abuse and mental health treatment, and other necessary services to help in the transition process.

Community Case Management and Follow-Up

The reintegration coordinator is an individual's link to community-based programs and services. All inmates released from the Sheriff's Department are contacted six months after release to check in and assist those in need with job training, housing, substance abuse treatment, and other necessary services. Those released to probation meet with their probation officer prior to release and agree to a treatment plan in the community. The Sheriff's Department transports these inmates to the court to ensure they report after release.

Partnerships and Collaboration

The Essex County Sheriff's Department has actively reached out to other justice system and community stakeholders to reinforce and maintain the larger goals of public safety and seamless community reintegration. The Sheriff's Department also meets regularly with probation and police to ensure ongoing information sharing and cooperation.

Outcomes

In early 2005, the Essex County Sheriff's Department began collecting comprehensive data on every inmate released from the jail, including data on recidivism (defined as parole/probation violation or arrest on a new charge), area of release, living arrangements, postrelease program/treatment participation, and employment and education outcomes. Data were collected through personal contact and records checks. The 6-month recidivism rate from July 1 through December 31, 2005, was 35 percent, a 3-percent decrease from the first half of 2005.

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Reentry for All
Montgomery County Correctional Facility

Agency Type: Jail

Programmatic Focus: Comprehensive with a focus on employment

Funding Sources
County Department of Corrections, County Health and Human Services
Additional grant funding from the Workforce Investment Act and the Maryland Governor's Office of Crime Prevention and Control

Population
Legal status: Pretrial and sentenced
Number served: 5,000/year served in some way; 600/year intensive employment; 145/year intensive case management, wraparound services

Jail System Information
Size: 1,029-bed capacity; 700 ADP
Location: Suburban

Program Overview

Although a variety of reentry services have been available in the Montgomery County Correctional Facility (MCCF) for several years, the comprehensive Reentry For All initiative was formally established in 2005 as an effort to incorporate broad community collaboration and integration to ensure a continuum of care and service delivery long after release. As its name suggests, this initiative seeks to provide some type of reentry service for all inmates entering the facility, whether it be resource materials, programming, or comprehensive case management and release planning.

Key Program Elements

Reentry Services in Jail

Inmates in the MCCF have access to a comprehensive array of resources and programming designed to increase skills and employability, address behavioral health, and improve the chances for a positive and lasting return to the community. Although all inmates have access to reentry resources in the MCCF, targeted reentry services focus on inmates sentenced to 90 days or longer. Through a partnership between the Montgomery County Department of Correction and Rehabilitation (MCDOCR) and the Workforce Investment Board, the MCCF has established a nationally recognized initiative that creates a direct link between the correctional facility and the one-stop workforce system. This innovative approach has brought the Montgomery Works One-Stop Satellite Center within the walls of the MCCF, linking inmates to the existing community-based one-stop employment centers and enabling them to start the job search while incarcerated. The jail-based one-stop center offers a

variety of resources in a single location, including reading rooms, mock interview rooms, workspace, and a computer lab where inmates have access to online career and labor market information and can complete résumés, cover letters, and applications.

Transition Planning

Discharge planning begins at intake when a case manager from the Reentry Collaborative Case Management Team interviews and assesses each inmate to determine the scope and intensity of reentry services and programming needed to return a more productive citizen to the community. The case manager then refers inmates to any number of specialized staff in the Reentry Unit, including a social worker, employment specialist, benefits specialist, and the medical, mental health, and addiction treatment units. Intensive transition services begin 90 days prior to release. As part of the discharge planning process, inmates are provided with a government-approved community reentry identification card that also acts as a 60-day bus pass and library card.

Community Case Management and Follow-Up

The Reentry Collaborative Case Management Team, made up of community service providers, probation and parole, nonprofit organizations, and a consortium of faith-based organizations, are responsible for service provision and postrelease follow-up. Faith-based mentors who have worked with inmates during incarceration continue to provide substantial postrelease follow-up and care. Two community-based one-stop employment centers continue the work begun in the jail-based one-stop center. To facilitate continuity of care and community engagement, the MCCF provides data mapping on returning inmates so that faith-based and other community service providers can better assess service needs and community capabilities to meet those needs.

Partnerships and Collaboration

The foundation for the Reentry For All initiative rests on the partnerships and collaborations established between the MCDOCR and community-based organizations. The broad range of needs and interests are well represented in the collaboration. Partners include the Division of Probation and Parole, county and municipal police departments, Workforce Investment Board, Faith-Based Reentry Consortium, Department of Health and Human Services, Montgomery County Public Defender's Office, and several nonprofit organizations. The collaborations are sustained through regular communication and discussion of postrelease reentry needs during the biweekly intensive reentry case management meetings involving at least 20 service providers.

Outcomes

The MCDOCR is developing program outcomes and establishing a postrelease empirical data tracking system in partnership with the Division of Probation and Parole, Health and Human Services, and other collaborative partners. Desired outcomes include:

- Reduced contact with the criminal justice system.
- Rapid and sustainable lawful employment.

- Continued support to address impulsive behaviors, addictive behaviors, and physical and mental health issues.

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Repeat Offender Public Safety Initiative
Norfolk County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Comprehensive

Population Served
Legal status: Sentenced
Number served: 875 since inception (March 2005)

Jail System Information
Size: 600 ADP
Location: Suburban

Program Overview

With a recently revamped validated objective classification process that relies on two comprehensive risks/needs tools, the Sheriff's Transition Planning Committee develops, maintains, and adjusts a transition plan for incarceration and release for each inmate in the Norfolk County Correctional Center. An inmate's transition plan is a step-down contract that outlines expectations for a successful reentry process. In March 2005, the Norfolk County Sheriff's Office began the Repeat Offender Public Safety Initiative to target those inmates who are serving at least a six-month sentence and who have been previously incarcerated. In addition to receiving the same resources available to the entire inmate population, those classified as repeat offenders are required to appear before a reentry panel consisting of representatives from parole, probation, the U.S. Attorney's Office, the local district attorney's office, police departments, and social service agencies, among others. The panel serves to notify repeat offenders that they are being paid close attention, they will face serious consequences for further infractions, and there is a process in place to help them succeed in the community.

Key Program Elements

Reentry Services in Jail

After the first classification to determine initial custody level and housing unit placement, a transition plan is developed for each inmate. The classification process and transition plan are presented clearly to inmates so they understand why they are placed at a specific level and how they can change their classification status. An inmate undergoes classification review every 60 days to determine progress and whether any changes to the classification status or transition plan need to be made. Inmates who carry out their transition plan successfully by adhering to institutional rules and participating in recommended programs begin to move down through the institution's security levels.

Transition Planning

After successfully earning their way through the institution's security levels, inmates who meet the requirement for minimum security can be moved to the Alternative Center, which provides work crews for community service. From there, individuals may qualify to be placed on the Electronic Bracelet Program, where they live in the community under certain rules and requirements. Under the sheriff's initiative, repeat offenders are no longer released to the street. The Sheriff's Department transports them directly to their local probation department or to a Parole Re-Entry Center. If the repeat offender is a sex offender, the individual is required to register with the local police department and is transported to the police department to register.

In addition, each Norfolk County police department has a designated reentry officer who, prior to an individual's release, receives notification of the date of release, a summary of the individual's institutional history, a current photo, and the name and contact information for the individual's parole or probation officer, if any, as well as a copy of the parole or probation conditions.

Community Case Management and Follow-Up

Service providers who work with inmates while they are in custody of the Sheriff's Department are the same providers who will serve individuals after release. Ties to these providers are well established prior to release, promoting continuity of care and a smooth transition. Those individuals released to parole or probation are transported upon release to meet with their officers, and if they are not on parole or probation, they are taken to meet with a parole reentry officer. Additionally, the police departments' reentry officers receive transition plans and tracks those repeat offenders released to their community.

Partnerships and Collaboration

The Norfolk County Sheriff's Department partners with outside criminal justice and service agencies to bring them into the planning and transition process. Partners include Norfolk County police chiefs and regional police departments, probation and parole, U.S. Attorney's Office, local district attorney's office, Massachusetts Parole Board, Registry of Motor Vehicles, and several community-based organizations, such as recovery homes and local family planning, education, and counseling services. With the new assessment and classification tools, the Sheriff's Department is able to easily organize and regularly share information across agencies.

Outcomes

The primary purpose of the Repeat Offender Public Safety Initiative is to enhance communication in monitoring the release of repeat offenders to the community. The Sheriff's Office is also in the process of determining any reductions in the recidivism rate of the repeat offender population.

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Residential Substance Abuse Treatment Get Real Program
Douglas County Sheriff's Office
Douglas County Community Corrections
Douglas County Council on Alcohol and Drug Abuse Prevention and Treatment

Agency Type: Jail, community corrections, private community-based organization

Programmatic Focus: Substance abuse

Funding Sources
Jail-based component: U.S. Department of Justice's Bureau of Justice Assistance Residential Substance Abuse Treatment Grant
Aftercare: Primarily Alcohol and Drug Abuse Prevention and Treatment, Department of Corrections Contracts, and Oregon Health Plan

Population Served
Legal status: Pretrial and sentenced
Number served: 27/year in residential

Jail System Information
Size: 290 ADP
Location: Rural

Program Overview

In partnership with Douglas County Community Corrections and the Douglas County Council on Alcohol and Drug Abuse Prevention and Treatment (ADAPT), the Douglas County Sheriff's Office administers the Get Real program, a federally funded Residential Substance Abuse Treatment (RSAT) program for high-risk offenders with chronic drug use histories. The Get Real program focuses on all aspects of clients' lives with special emphasis on involving their families in the recovery process through family counseling groups in the community. An individual transition plan addressing treatment, housing, and health is developed for each client, and successful graduates of the residential program are expected to spend at least one year in outpatient aftercare programs upon release.

Key Program Elements

Reentry Services in Jail

All individuals referred to the program meet with the RSAT county jail liaison officer to determine program eligibility, needs, and willingness to participate. If eligible, individuals receive a clinical assessment from an ADAPT counselor that includes extensive psychosocial, criminal, mental health, and substance abuse history. From this assessment, a dynamic treatment plan is developed and updated as treatment progresses. The residential jail-based component of the program consists of three phases that last from six months to one year:

introduction and early treatment, primary treatment, and reentry/transition to aftercare. Daily program activities include four hours of intensive intervention in the form of substance abuse and mental health treatment and four hours of structured life skills, vocational training, education, and self-help. Client-family contact and counseling sessions begin within four weeks of a client's entry into the program.

Transition Planning

Transition planning begins within four weeks of a client's entry into the program. Activities and goals outlined in the transition plan include attending RSAT outpatient and aftercare groups, community support group meetings, and family and couples counseling; obtaining alcohol- and drug-free housing; and receiving mental health, medical, and dental care.

Community Case Management and Follow-Up

All successful graduates of the jail-based program must spend at least one year in the RSAT outpatient and aftercare program. In outpatient, each client receives intensive case management from a treatment team made up of an RSAT-dedicated probation officer, RSAT counselors, a mental health therapist, the program director, and the sheriff's liaison officer. The RSAT program works closely with various housing establishments to secure a safe and productive living arrangement for graduating clients. General equivalency diploma (GED) classes and one free term at the local community college are available to all successful graduates.

Partnerships and Collaboration

Through partnerships with various community-based agencies, including several transitional housing programs, the local community college, and community corrections, the RSAT program can provide treatment and support for all aspects of the client's life. All community partners meet each week to discuss the progress of each client.

Outcomes

From October 1, 2002, through September 30, 2005, the Get Real program served a total of 83 individuals, 73 of whom completed the program. Of those who completed the program, 56 (77 percent) successfully graduated. Of those 56, nearly all (96 percent) have remained arrest free, with only 2 clients arrested on new felony drug charges. Cumulative drug results during this same period show that of the 2,273 urinalysis tests administered for 56 aftercare clients, nearly all (99 percent) were negative.

ADAPT, along with Douglas County Community Corrections, has developed performance measures and outcomes in support of the program's goals and intends to continue to evaluate the program locally, with an internal database for reporting purposes as well as the Law Enforcement Data System to compile recidivism data for all residential and aftercare program participants.

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Responsible Transition Program
Miami-Dade County Corrections and Rehabilitation Department

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
Local taxes

Population Served
Legal status: Sentenced
Number served: 1,200/year

Jail System Information
Size: 6,800 ADP
Location: Urban

Program Overview

The Miami-Dade County Corrections and Rehabilitation Department's Responsible Transition Program (RTP) is a prerelease intensive case management program designed to prepare inmates within six months of release for a successful return to the community. Over the course of 16 weeks, each participant receives a personal assessment and participates in a core curriculum as well as any specialized curricula determined by individual assessments. Each participant works with his or her counselor to develop a prerelease plan that is meant to act as a schedule and guide for activity completion and service coordination.

Key Program Elements

Reentry Services in Jail

After attending an orientation session of the RTP, interested inmates are given an informal, general assessment that will help the RTP counselor select those potential participants who are willing to comply with program guidelines. Every program participant takes part in a core curriculum and is also able to develop a secondary curriculum for any additional training needs identified. The core curriculum consists of life skills, employability skills, substance abuse prevention, anger control, and educational or vocational training, such as carpentry, plumbing, and technology.

Transition Planning

Each participant receives a prerelease plan that aids the counselor in coordinating the participant's various activities and services and in evaluating the participant's progress toward his or her established goals. Just prior to release, each participant meets with his or her counselor to review the prerelease plan and ensure that all transition documentation (e.g., completion certificates, referrals, résumé) is in order.

Partnerships and Collaboration

The RTP has developed relationships with several community-based organizations to gain a broad perspective on effective correctional programming prior to release. The Miami-Dade County Department of Corrections also has a contractual agreement with the Miami-Dade School Board to provide educational classes and vocational training to inmates.

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Rikers Island Discharge Planning Enhancement Program
New York City Department of Correction
New York City Department of Homeless Services

Agency Type: Jail, private community-based organization

Programmatic Focus: Comprehensive

Funding Sources
New York City Council
New York City Department of Homeless Services
New York City Department of Correction
In-kind contributions from partner organizations

Population Served
Legal status: Sentenced
Number served: 2,000/year

Jail System Information
Size: 13,000+ ADP
Location: Urban

Program Overview

The Rikers Island Discharge Planning Enhancement Program (RIDE) is a citywide collaborative discharge planning program that seeks to engage sentenced inmates in discharge planning services to prepare for release, motivate inmates to take advantage of postrelease services in the community, and prevent reincarceration and homelessness.

Key Program Elements

Reentry Services in Jail

RIDE providers engage clients while they are incarcerated at Rikers Island and develop goals for their transition plan from jail to the community. Each individual's plan, described as the discharge plan, is unique, guided by his or her goals, resources, needs, and ability to use services. Common needs include assistance with addiction problems, obtaining housing, reunifying with families, finding work or other legal income sources, and securing identification. While clients are at Rikers, providers offer individual sessions, group counseling, motivational groups, and informational sessions on topics of interest. Clients are also connected to available jail-based programs, including job training in culinary arts, computer classes, parenting classes, family visit days, and benefits information.

Transition Planning

Discharge planning services are provided through contracts with six nonprofit community-based service providers that begin working with clients in jail. Upon release, the discharge

planning service provider transports the client directly from jail to the community service provider identified in the discharge plan.

Community Case Management and Follow-Up

The RIDE provider who was working with the client at Rikers continues to work and follow up with the client in the community up to 90 days after release. Follow-up services are provided in the community through performance-based contracts that compensate providers on the basis of continued engagement. Services include case management, crisis intervention, and referrals with a focus on housing, substance abuse treatment, employment, and family reunification.

Partnerships and Collaboration

The work of RIDE is accomplished through formal partnerships with more than 35 governmental and nonprofit agencies as part of the New York City Discharge Planning Collaboration (profiled on page 113). Informal partnerships also exist between program staff, security staff, and administration staff within the New York City Department of Correction.

Outcomes

According to the program director, preliminary analysis of the RIDE program shows promising results for those who remain engaged for 90 days in the community after release. Thirty-seven percent of RIDE clients who stayed engaged for 90 days had returned to jail within a year of discharge, compared with 52 percent of all city sentenced discharges. The program has also been successful in reducing the number of inmates in need who are discharged without being transported directly to a community service provider.

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Second Chances
Norfolk, Virginia

Agency Type: Private community-based organization

Programmatic Focus: Comprehensive, with a focus on employment

Funding Sources
Main: City of Norfolk
Targeted initiatives:
U.S. Department of Justice, Bureau of Justice Assistance's Justice Assistance Grant Program
The Norfolk Foundation
Virginia Department of Housing and Community Development
Department of Human Services
Norfolk Redevelopment and Housing Authority

Population Served
Legal status: Released from jail
Number served: 165–200/year

Jail System Information
Size: 1,733 ADP
Location: Urban

Program Overview

Sponsored by the City of Norfolk and operating under the umbrella of Southeast Tidewater Opportunity Project Inc. (STOP), Second Chances is a community-based program that provides comprehensive transitional support services and training to nonviolent adults recently released from the Norfolk City Jail. In addition to reducing recidivism and relapse, the primary goals of the program are to increase workforce readiness, reduce the relapse rate for people with substance abuse and dependency, create better employment opportunities for recently released inmates, promote stable families and strong parental involvement, and reduce the number of people living at or below the poverty level. Since it was established in 1999, the program has served more than 1,000 people and has helped find more than 700 jobs for program participants.

Key Program Elements

Transition Planning

Second Chances staff enters the jail on an as-needed basis to interview and orient people who are within 90 days of release.

Community Case Management and Follow-Up

During the first six months of the program, clients receive active case management services. During the next six months, the counselor or case manager provides follow-up services such as general equivalency diploma (GED)/adult basic education class referrals, training referrals, and assistance finding improved employment opportunities. In 2005, the Second Chances program began its own social business venture, Klean Slate Enterprises, a multiservice business that provides residential and commercial landscaping and janitorial services and a local moving service for commercial and residential customers. Klean Slate Enterprises employs nine Second Chances program participants as full-time employees. The business generates more than $200,000 annually and maintains nearly 300 properties throughout the City of Norfolk. Through this initiative, program participants become employed, gain skills, pay taxes, pay court costs and fines, and support their families as they transition. Additionally, in 2006, the Second Chances Program opened the doors to Harbor House, a permanent supportive housing facility that houses up to 16 men.

Partnerships and Collaboration

The Second Chances program has a formal partnership with the Norfolk Sheriff's Department that allows them to enter the jail for group orientations and obtain release information for inmates. Second Chances also has a formal partnership with the Norfolk Police as a partial recipient of a federal Justice Assistance Grant to provide prevention and employment services to people involved in the local justice system.

Outcomes

In 2005, Second Chances provided services to more than 133 persons, 97 of whom received employment at an average wage of $8.14 per hour. Only four percent have reoffended, and only six percent have relapsed. In 2006, Second Chances served 206 individuals, 107 of whom became gainfully employed at an average hourly wage of $8.63.

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Transition Services Unit
Multnomah County Department of Community Justice

Agency Type: Community corrections

Programmatic Focus: Comprehensive

Funding Sources
State and general county funds

Population Served
Legal status: Pretrial and sentenced
Number served: 700–900/month

Jail System Information
Size: 1,620 ADP
Location: Urban

Program Overview

The Multnomah County Department of Community Justice Transition Services Unit (TSU) provides a comprehensive system of services to a high-risk, special needs population designed to prepare, equip, and sustain them within the first 90–180 days of release from jail or prison. The TSU actively works to build partnerships with community organizations to develop the structure necessary to maintain positive outcomes and long-term public safety. The TSU is responsible for linking recently released inmates to services, such as housing, transportation and medical and benefits assistance, through prerelease planning and case coordination.

Key Program Elements

Transition Planning

Transition planning begins at any time up to 120 days prior to release. As soon as the jail counselor or medical discharge planner identifies special needs inmates—including the mentally, developmentally, and physically disabled; the elderly; and sex offenders—TSU service providers work together with jail staff in the jail to coordinate a transition plan. Through prerelease planning, TSU staff work with inmates to arrange an array of community services and suitable housing and schedule initial appointments. The prerelease plan is appropriate to risk and needs, ranging from the most restrictive to the least restrictive supervision requirements.

Community Case Management and Follow-Up

For the first 90–180 days after release, TSU service providers work with Department of Community Justice Probation and Parole Offices (PPOs) and other community service providers to coordinate and link individuals to support services and resources in the

community such as housing, health care, public benefits, employment, medication assistance, treatment, and transportation. Because housing is a high priority for the people the TSU serves, a housing contract provides transitional housing for an average of 329 individuals each month. TSU service providers, in partnership with other community agencies, are responsible for developing and accessing resources for long-term housing plans for special needs individuals. At the end of the 90–120 days, TSU staff reassess each individual's plan with the PPOs and community service providers and determine an exit strategy to maintain ongoing support. TSU also provides walk-in services for recently released people or those in need of continued support.

Partnerships and Collaboration

The TSU is involved in several partnerships as part of their service package. Joint Access to Benefits (JAB) is a project coordinated by the TSU and involving the Multnomah County Sheriff's Office, Multnomah County Aging and Disability Services, Health Department, Social Security Administration, and the Oregon Department of Corrections. JAB seeks to initiate the application for Social Security benefits. TSU staff also meet twice a month with PPOs and housing providers to review staffing and case plans. The TSU has formal contracts with community providers for transitional housing, treatment, and case coordination.

Outcomes

The TSU reports that 74 percent of the clients placed in transitional housing either move on to permanent housing or employment or receive Supplemental Security Income, Social Security disability, or veterans benefits.

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Transitional Alpha Program
Maricopa County Sheriff's Office

Agency Type: Jail

Programmatic Focus: Substance abuse

Funding Source
Maricopa County General Fund

Population Served
Legal status: Sentenced
Number served: 32/year in jail; 50/year outpatient

Jail System Information
Size: 10,000+
Location: Urban

Program Overview

In 2003, the Maricopa County Sheriff's Office created the Transitional Alpha Program (TAP) through funding from the U.S. Department of Justice's Bureau of Justice Assistance Residential Substance Abuse Treatment (RSAT) grant. The TAP was designed to complement Alpha, the preexisting jail-based substance abuse treatment program, by providing transitional services and a continuum of care in the community. The program includes a three-month residential treatment component followed by a six-month outpatient step-down program administered by a community service provider. Funding for the six-month outpatient component is no longer available, and the Sheriff's Office is currently soliciting proposals from service providers to renew this component. Community service providers also contract with the Sheriff's Office to provide supplemental counseling, behavioral therapy, and life skills programs.

Key Program Elements

Inmates who have graduated from the Alpha program and have at least one year left on their probation sentence are eligible to be released from jail and participate in the TAP. They are released to the three-month residential program, the six-month outpatient step-down program, or both. The TAP residential and outpatient service providers contract with the Sheriff's Office to provide supplemental programs, including life skills, anger management, cognitive restructuring, self-esteem/codependency, and domestic violence. The contracted service providers structure the program to be a continuum of treatment in the community.

Transition planning

A social worker meets individually with each client during the primary phase of the in-jail treatment program to identify needs and locate resources to meet those needs. Transition plans are evaluated and updated as necessary during the residential and outpatient phases.

Community Case Management and Follow-Up

Clients completing the residential phase of the TAP have the option of continuing to receive services in the community for six months in the outpatient phase of the program. The outpatient phase provides step-down counseling services that build off of the progress made in residential treatment. Clients are encouraged to stay in contact with program staff and treatment providers after the program period has ended.

Partnerships and Collaboration

The Maricopa County Sheriff's Office is proud of the community partnerships and relationships they have developed in an effort to provide the best possible chance for recovery. Adult Probation and the courts recognize the success of the Alpha program and the TAP and work closely with program staff to coordinate services. The local mental health provider also works closely with the program to evaluate clients and provide their mental health care needs.

Outcomes

TAP clients are monitored for any return visits to jail to track recidivism and outcomes currently being assessed. To date, the program reports cumulative recidivism rates of 21 percent for those referred to both the Alpha program and the TAP.

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Transitional Case Management
Tarzana Treatment Centers
Los Angeles County

Agency Type: Private community-based organization

Programmatic Focus: Physical health

Funding Source
County of Los Angeles Office of AIDS Programs and Policy
(Federal HRSA Ryan White Care Act)

Population Served
Legal status: Pretrial and sentenced
Number served: 150/year

Jail System Information
Size: 18,000+ ADP
Location: Urban

Program Overview

Tarzana Treatment Centers (TTC) seeks to improve public health and safety by providing transitional case management services and postrelease follow-up to inmates in the Los Angeles County Jail who are living with HIV/AIDS. Eligible inmates are individually assessed at intake, and a transitional case manager works with them to develop and implement a release plan that focuses on access to appropriate health care, financial assistance, counseling, housing, transportation, and other supportive services after release. Regular follow-up and periodic reassessment of needs continues in the community up to six months after release.

Key Program Elements

Transition Planning

Transitional case managers conduct comprehensive assessments of men and transgender individuals incarcerated in Los Angeles's Men's Central Jail and Twin Towers Correctional Facility. Case managers work with inmates while they are in jail to develop and implement individual release plans.

Community Case Management and Follow-Up

In the six months after they are released, clients receive regular follow-up care to ensure service coordination and access. Transitional case managers give referrals for medical

services, transportation assistance, counseling, financial assistance, and housing. Transitional case managers conduct periodic reassessments of clients' needs to maintain appropriate service provision.

Partnerships and Collaboration

Through agreements to share released client information, TTC has developed a countywide data collection system that is available to the jail system and other county agencies working with the same client population.

Outcomes

Between March 1, 2006, and February 28, 2007, TTC enrolled 121 inmates for prerelease services and 61 clients for postrelease services. Within these 12 months, 51 percent of inmates enrolled in prerelease services reported having a mental health problem, and 83 percent reported active substance abuse. Forty-two of the 61 clients (69 percent) enrolled in postrelease services received transportation from custody to community supervision, 46 (75 percent) accessed HIV medical care, 39 (64 percent) accessed housing through TTC or another provider, 42 (69 percent) accessed substance abuse treatment through TTC or another provider, and 13 (21 percent) accessed mental health treatment through TTC or another provider.

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Transitional Services
Westchester County Department of Correction

Agency Type: Jail

Programmatic Focus: Comprehensive

Funding Source
Corrections operating budget

Population Served
Legal status: Sentenced
Number served: 1,949 in 2005 (every sentenced inmate)

Jail System Information
Size: 1,000 ADP
Location: Suburban/urban

Program Overview

In early 2000, the Westchester County Department of Correction (WCDOC) established a comprehensive Pre-Release and Transitional Services Team to plan for the release of all sentenced inmates in its custody. The WCDOC operates multiple and diverse programs within the jail facility and partners with several agencies that come into the jail to schedule appointments and services for inmates upon release. The Pre-Release Services Transitional Team consists of a program administrator and three prerelease counselors that act as liaisons between the jail and the community. The Transitional Team also includes 2 community outreach workers to review discharge plans 30 days before release and follow up with inmates in the community for 30–60 days after release.

Key Program Elements

Reentry Services in Jail

During the intake process, the Program Board at the Westchester County Department of Correction, chaired by the assistant warden and made up of Program Services staff, develops a program and prerelease plan for each sentenced inmate. Inmates' plans include referrals to appropriate programs on the basis of staff recommendations, inmate needs and requests, and institutional resources. There are a variety of programs in the jail, many of which are staffed by outside community agencies. Because programs generally run for 6–8 weeks, the Transitional Team prefers to work with inmates who will be incarcerated for at least 30–60 days. Prerelease counselors provide ongoing case management to sentenced inmates throughout their incarceration.

Transition Planning

The WCDOC is budgeted for 2 community outreach workers that meet with each inmate 30 days prior to release to discuss discharge plans. After individual meetings with inmates, the community outreach workers conduct group meetings with all inmates scheduled for release in the next 30 days. In these group meetings, community outreach workers try to create a peer buddy system for inmates returning to the same communities to reinforce the postrelease case management. The discharge plan is essentially a schedule for inmates that includes the first meeting with the community outreach worker in addition to other appointments necessary in the transition process.

Community Case Management and Follow-Up

The WCDOC community outreach workers provide case management services to inmates for 30–60 days after release. Upon release, it is the responsibility of the inmate to keep the first appointment with the community outreach worker. If individuals fail to appear, the outreach worker will try to contact them for two weeks. The community outreach worker meets with individuals once a week for the first three weeks and then less often depending on the needs of the individual.

Partnerships and Collaboration

The Westchester County Department of Correction welcomes community organizations into its jail facilities to conduct orientations for inmates and begin working with them prior to release. The largest formal partnership is with the Department of Social Services (DSS), which provides funding for one of the three prerelease counselors working in the jail. The WCDOC has a contact person at each DSS community office that they work with to connect returning inmates with local resources.

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4

The Role of Probation in Reentry from Jail

The Role of Probation in Reentry from Jail

4

The vast majority of state prisoners—about 80 percent—are released to supervision in the community, most commonly on parole (Glaze and Palla, 2005). At some level, therefore, there is at least one organization with the responsibility and authority to oversee an individual's transition from prison, monitor his or her progress, and manage his or her risks and needs. Community supervision is not as common a factor in the lives of people released from jail. There are no national studies to give us an empirical handle on the exact share of inmates released from jail to probation, whether through a split sentence, a direct sentence to probation following pretrial detention, or rerelease to probation following a jail stay for a violation. In many jurisdictions, few, if any, individuals are released to probation following a jail stay, and in other places, a large share of sentenced inmates is directly released to probation.[31]

Another form of community supervision for released inmates is pretrial supervision. Pretrial supervision is discussed in *Section 1.* This section focuses solely on the role of probation in reentry from jail, but much of the discussion may be applicable for pretrial supervision as well.

At the same time, there is substantial overlap in the jail and probation populations. Not only have about 61 percent of inmates been sentenced to probation supervision at some point in the past, but nearly half (47 percent) of all jail inmates were on probation (34 percent) or parole (13 percent) at the time of their arrest (see table 5).[32]

Table 5: Criminal Justice Status of Jail Inmates at Arrest, 2002 (percentage)

On probation	34
On parole	13
On bail/bond	7
On other pretrial release	2

Source: James, 2004.

To better understand the impact of the returning jail population on probation caseloads and how probation departments are working with local jails on the transition process, we developed a brief online survey with the American Probation and Parole Association (APPA) to disseminate to its members.[33] More than 100 departments responded to the survey and about half of the respondents reported they were collaborating with their local

[31] Overall we estimate that a relatively small share of inmates at the national level is released directly to probation. According to the Bureau of Justice Statistics, there are about 2.2 million people placed on probation each year (Glaze and Bonzcar, 2006). It is evident that they do not all come directly from jail. Given that an estimated 12 million are released from jail each year, it is clear that the majority of jail releases are not released to probation supervision.

[32] Another nine percent were out on bail, bond, or some other type of pretrial release at the time of arrest.

[33] The online survey was sent to APPA membership in spring 2007. The survey asked probation chiefs what percentage of their caseloads comes directly from jail (either through a split sentence, following pretrial detention, or another method); if they were collaborating with their local jail on reentry efforts; and if not, why.

The apparent disconnect between the substantial share of inmates who were on probation or parole at the time of their arrest (47 percent) and the low share who are released from jail to probation (exact percentage unknown) is a reflection of the dearth of available data on the characteristics of those who are released from jail. As discussed in the sidebar "Jail Stock and Flow," page 13, the estimated 12 million who are admitted and released from jails each year do not necessarily represent the 766,010 "stock" population who were incarcerated in jail at midyear 2006. Some large (but unknown) share of these 12 million are charged with low-level misdemeanors and will be quickly released, without a conviction or sentence to jail, probation, or any other sanction. The stock population, on the other hand, may represent a more serious population, more entrenched in the criminal justice system as reflected by the large share who were under criminal justice supervision at the time of their arrest and incarceration.

jails.[34] Unsurprisingly, probation departments indicated a great deal of variation in the share of probationers coming directly from jail, ranging from zero in some departments to 100 percent in others.

Agencies that reported no collaboration with the local jail offered many reasons: Many stated that reentry from jail has not fully surfaced in the probation arena. Others believe that their local jails are not concerned with reentry. Several survey respondents noted that reentry collaboration is primarily focused at the state level for returning prisoners (including prison to probation), and that they have not considered reentry from local facilities. Unlike the prison-to-parole trajectory, in many cases there is no direct connection from jail to probation. Finally, many probation agencies view such collaboration as beyond the agency's capacity and report that large caseloads and high staff turnover make it difficult to take on additional responsibilities. As a result, contact with the jail in many cases does not extend beyond arrangements to rent bed space for particular court-ordered programs operated by probation or notification when probationers are being released.

Yet there are also examples from around the country that illustrate creative and efficient ways that probation and jails are working together to facilitate the community transition of the jail population, with the ultimate goal of increasing public safety. In the discussion that follows, we draw on these examples, collected through the scan of practice (presented in *Section 3)* and follow-up interviews with some of those who responded to the APPA survey, to describe the roles probation *can* serve both in improving the reentry process for people coming out of jail and reducing the likelihood that probationers will end up in jail in the first place.

Facilitating the Transition Process

In those jurisdictions where probation frequently supervises sentenced people coming out of jail, there are a number of ways probation can be involved in reentry and improve the chances of successful transition. Collaboration between the jail and probation is often designed around special caseloads, such as those with mental illness or high-risk gang-involved individuals. But as illustrated below, many collaborative efforts can and do apply to the broader returning population. For example, probation officers can establish prerelease contact, help individuals navigate the moment of release, assess or reassess

[34] It is important to note that the survey respondents may not reflect a representative sample. It is possible that those who chose to participate in the survey may be more likely to be interested or involved in reentry from jails than those who did not complete the survey. Therefore, the percentage that reported collaboration may represent a greater share than is collaborating in the field overall.

Employing Evidence-Based Supervision Strategies in the Transition Process

Many experts advise that supervision should evolve from a contact-driven system (where success is measured by probation officer contacts in the field) to a performance-based system that values the role officers can play in engaging probationers and influencing their behavior (Taxman, 2006). This behavioral management approach builds on the tenets of evidence-based practice. The following is a description of the key components:

- Corrections agencies should use standardized risk and needs assessment tools to identify criminogenic needs that affect involvement in criminal conduct, such as antisocial peers and networks, a dysfunctional family, substance abuse, and low self-control.
- People under community supervision should be matched to services that address their criminogenic needs. High-risk people should be targeted first. Services should employ cognitive behavioral, cognitive processing, and contingency management approaches to facilitate change.
- A system of rewards and sanctions should be used to reinforce behavior change, with a priority on reinforcing positive behaviors. Research indicates that incentives and positive reinforcements may be more effective than negative sanctions (Andrews et al., 1990). Concrete incentives ranging from bus tokens to increased curfew hours or reducing the frequency of office visits could motivate probationers to comply with conditions and stay on the right track.
- Community supervision officers should focus on building a trusting relationship with probationers to achieve procedural justice. Motivational interviewing is a tool that many departments use to teach probation officers how to productively engage individuals on their caseloads.

For more information about evidence-based practice and supervision strategies in local corrections, see Taxman, 2006, and Christensen and Clawson, 2006. Also see Crime and Justice Institute, 2004.

risks and needs, serve as a case manager and service broker to keep individuals engaged in treatment and compliant with conditions of release, and coordinate closely with other organizations. As probation agencies engage in the reentry process, the use of best practice supervision strategies can improve the effectiveness of these interventions (see sidebar above).[35]

Probation officers can establish prerelease contact with individuals in jail. As inmates near the date of their release, probation officers can schedule face-to-face meetings in the jail to develop a relationship, review areas of need, and establish the ground rules—as well as goals—for individuals' supervision after release. During these meetings, probation officers can also address logistical or legal questions about an individual's case, such as removing a warrant or default and determining the amount of money an individual owes the court, to avert potential setbacks after release. Such prerelease contact with probation officers is routine in several jurisdictions.

The Maryland Division of Parole and Probation is involved in collaborations with at least two counties in Maryland—Anne Arundel and Montgomery—in which agents meet with probation-bound inmates on a weekly basis at the detention centers just before their release. These meetings also involve advocates from substance use, mental health, employment, and housing agencies. During the prerelease meetings, the team works together to develop a

[35] For more information on behavioral management strategies as a best practice in the supervision of people returning from jail, see Taxman, 2006.

reentry plan and ensure that the individual understands the conditions of probation ordered by the court.

In Multnomah County (Oregon), up to 120 days before the release of certain high-risk individuals, the Transition Services Unit in the county's Department of Community Justice begins working in the jail with correctional staff to coordinate a transition plan. In Minnesota's Dodge-Fillmore-Olmsted Community Corrections Department, probation officers visit the jail twice a month to meet with soon-to-be-released individuals, conduct a training session on "How to Succeed on Probation," and distribute community resource guides.

Some probation departments assign a staff person or persons to work in the jail on a permanent basis, promoting a coordinated communication stream between the two agencies. Staff assigned to the jail may be the supervising officers themselves or "reentry agents" who communicate with the supervising officers. In Davidson County (Tennessee), Newburyport (Massachusetts), and Lehigh County (Pennsylvania), institutional probation officers are assigned to work directly in the jail with correctional staff and inmates to prepare individuals for release and probation supervision.

In Essex County (Massachusetts), inmates are assigned a probation officer as soon as they are admitted to jail. The probation officer monitors their reentry plan throughout their term of incarceration and in the community upon release.

Probation officers can assess risks and needs. In jurisdictions where there is no pretrial agency, probation departments can provide assessment of risks and needs. Further, during prerelease meetings with inmates, probation staff may use their agency's assessments in addition to those administered by the jail—if any—to further anticipate certain risks and needs. The Bucks County Adult Probation and Parole Department in Pennsylvania uses a reintegration case plan in collaboration with the county department of correction. The reintegration case plan, modified from the National GAINS Center Reentry Checklist,[36] describes an individual's potential needs in the community, the services received while in jail, and a final plan geared toward the first few days after release that includes, among other things, contact information for referrals.

In some cases, probation departments may have developed assessment tools for particular programs to determine eligibility or level of need. Klamath County Community Corrections in Oregon uses an assessment tool in the local jail to determine appropriate placement in their work release reentry program. Similarly, Iowa's 6th Judicial District Department of Correctional Services has developed a mental health screening assessment that the probation officer administers to identify pretrial detainees in the Linn County Jail who are eligible for the Pretrial Release Mental Health Reentry Program. Such tools can also be adapted for use with the general probation population coming from jail.

Probation officers can help individuals navigate the moment of release. In addition to addressing long-term challenges—such as unemployment and substance abuse—probation officers can also help individuals overcome logistical and more immediate barriers they may face at the moment of release, such as transportation, housing, identification, and access to federal benefits. By attending to these short-term needs, probation officers can aid probationers in navigating the high-risk period immediately following release, therefore increasing the odds of stability and—ultimately—lower recidivism and relapse.

For transportation, individuals are often required to report immediately to their probation officer and may have no easy way of getting to the office. As a result, individuals may not show up for their first appointment, immediately putting them in violation of their release

[36] The National GAINS Center has developed a reentry checklist that can be adapted for a particular jurisdiction: http://gainscenter.samhsa.gov/html/resources/reentry.asp.

conditions. Probation staff can meet newly released clients at the gate or, as is done in Newburyport, can arrange for jail staff to deliver probationers directly to the courthouse or probation office. This immediate introduction to their probation officer is especially important for those inmates who have not met with probation staff while in jail and allows supervision and services to start without interrupting an individual's transition plan.

The Multnomah County Department of Community Justice assists with housing placement at release and special needs assistance and begins arranging services and making appointments while the individual is still incarcerated to ensure that the moment of release is smooth. In Maricopa County (Arizona), probation officers help individuals connect to housing and reapply for federal entitlements to avoid gaps in care upon release and meet immediate survival needs such as food and clothing while individuals focus on their long-term stabilization.

Conditions of Probation

Conditions of probation generally include reporting to a probation officer on a regular basis, submitting to drug tests, finding and maintaining employment, and notifying a probation officer when moving or relocating. Even basic conditions provide a powerful platform for encouraging productive behavior on probation, but ideally conditions would be individually tailored to reflect reentry priorities. Developing individualized conditions of supervision proves difficult because conditions are set at sentencing by a judge and not by probation staff at the end of an individual's term of confinement. Accordingly, probation officers are typically required to go to the judge to tailor conditions of release. Carl Wicklund, executive director of the American Probation and Parole Association, suggests conditions be realistic, relevant, and supported by research to be effective (Wicklund, 2005). If conditions are routinely set to reflect the "3 Rs"—and consistently enforced—they would likely be supportive of reentry priorities and ultimately improved reentry outcomes.

Probation officers can serve as case managers and service brokers, encouraging probationer compliance with conditions of release and continued engagement in treatment, work, and other positive connections. Probation officers are not only well positioned to facilitate connections to treatment services immediately following release, but they can also help individuals maintain connections to jobs, federal benefits, services, and community resources in the long term. Generally, successful outcomes are associated with at least 90 days in treatment, and community supervision has been shown to increase the likelihood of keeping an individual in treatment longer (Gaes et al., 1999).

Some probation departments operate community reentry centers designed to promote a seamless transition from jail or prison by providing and linking to support mechanisms while also ensuring compliance with conditions. For example, women released from the Cook County Department of Women's Justice Services who are sentenced to probation are transitioned into the county probation's Community Reentry Program to proceed with their treatment plans. There is a similar arrangement in New York's Dutchess County, where local probation runs a community transition center and has a close working relationship with the jail.

Ideally, when individuals are released to supervision, probation officers can determine the progress that individuals have made in their treatment plans and facilitate a continuum of

care. In Davidson County, once probation officers are assigned, the sheriff's department transfers individuals' "release and continuing care plans" with information on jail-based program completion and referrals. Similarly, in Newburyport, the jail provides the probation department with information about any treatment programs the individual attended while incarcerated. Probation officers use this information to create a continuum of service for probationers rather than starting from square one or duplicating services when they are released.

Even when probation officers make connections to community resources, some individuals cannot take advantage of services or a potential job because they lack transportation. Probation departments have responded in a variety of ways: in Kansas, Johnson County Community Corrections provides vans to transport individuals housed in the Residential Center to their work sites or into the community to search for employment opportunities. Johnson County also has an agreement with the county transportation system that provides residents with bus passes to get to their jobs. In rural areas, access to services and resources proves especially challenging. Given the long distances between various locations that characterize many rural jurisdictions, such as the Dodge-Fillmore-Olmsted tri-county area, probation officers often conduct home visits and purposefully schedule treatment and probation appointments together to minimize transportation difficulties.

Probation departments can coordinate closely with staff from other organizations and even colocate services. Given the extent to which criminal justice agencies and service providers frequently interact with the same people, probation departments are in a unique position to bridge the gap between incarceration and life in the community and reduce the likelihood that an individual will get caught up in the justice system again. Probation departments can enhance their role in improving reentry outcomes through coordination not only with jails and sheriff's departments, but also with the police, government agencies, and service providers. For example, probation agencies can participate in interagency case management teams. As noted earlier in the report, the Maryland Division of Probation and Parole maintains an active role in postrelease service provision and supervision as part of Montgomery County Department of Correction and Rehabilitation's reentry collaborative case management team, whose other members include addiction treatment providers, faith-based community groups, the public defender, the police, and numerous other public and private service agencies. In Oregon's Douglas County, probation officers, who work in the Residential Substance Abuse Treatment "Get Real" outpatient aftercare program, are involved as part of a larger multidisciplinary case management team to increase their effectiveness in engaging individuals.

Probation departments can also partner with local police or sheriff's departments to promote successful community transition as they do in numerous jurisdictions around the country to keep reoffending in check among those under community supervision. In Newburyport, police often accompany probation officers to the jail for prerelease meetings to assure individuals that police are aware of their upcoming release but also to emphasize that they are available as a resource.

Probation and law enforcement can also benefit from information sharing and collaboration in the community. In jurisdictions as varied as rural Minnesota and urban Boston, community corrections staff participate in ride-alongs with law enforcement to better understand the individuals on their caseloads (Parent and Snyder, 1999; LaVigne et al., 2006). These ride-alongs also support ongoing coordination, information sharing, and problem solving.

> I would say that sharing information is fundamental to the success of both [corrections and law enforcement] because community safety is our ultimate goal. However, we are more likely to pass on information when we know and trust the person we are talking with. This relationship can be developed more rapidly when each discipline realizes how often the other interacts with the same offenders.[37]
>
> —Lt. Mike Ashmet
> Ogden City Police Department (Utah)

Coordination with other organizations can also enhance probation's efforts as service brokers through such strategies as colocating services, treatment, and training. Probation departments can provide their own space to other agencies working with the same population, or they can reach out to community agencies to share space for certain functions. Dodge-Fillmore-Olmsted Community Corrections provides the fourth floor of its office for jail inmates to participate in treatment programs while they are still in jail. In this way, probation staff are also able to develop relationships with individuals who will be released to their custody. In Baltimore City, officials from the Maryland Division of Probation and Parole Proactive Community Supervision Unit are exploring the possibility of acquiring space in the new facility of Catholic Charities' Our Daily Bread. This facility is adjacent to Pre-Trial Detention Services and would serve as a convenient setting to meet with released individuals and enhance reentry efforts.

Reducing the Population Flow from Probation to Jail

In jurisdictions where probation rarely follows a jail stay, collaborative efforts can help reduce the number of people moving from probation *to* jail in at least two ways. First, probation officers can share information with the jail about probationers who are detained. Information about an individual's time in the community is useful for efficient and informed decisions on jail-based interventions and community linkages that will reduce the likelihood of returning to jail. Second, in response to supervision violations, probation departments can in many cases use intermediate, community-based sanctions before resorting to a jail stay. Intermediate sanctions can promote positive behavior change through ongoing community-based treatment, training, service provision, and accountability regimes. These issues are discussed briefly below.

> More broad-based collaboration and strategic planning, as discussed at the end of *Section 2,* are well suited for developing creative, tailored interventions aimed to reduce violations and increase probationer success more generally.

Probation departments can share with the jail information about individuals in their custody. Through both routine interactions and formal assessments, probation officers have important information about the individuals they supervise. Many probation and parole departments systematically collect this data, enabling information sharing with other agencies. Should probationers be detained, jails

[37] As quoted in LaVigne, 2007.

can use probation-gathered information to address individuals' risks and needs and better prepare them for release. A coordinated process such as this can improve the chances that a person will not return to jail in the future. The Bucks County (Pennsylvania) Adult Probation and Parole Department maintains an information form on each individual under its supervision. If an individual is detained, whether for a violation or a new charge, the Bucks County information form is sent to the jail within 48 hours.

In many jurisdictions, probation departments (or their pretrial counterparts) are tasked with developing presentence investigation reports (PSIs) to assist the courts in sentencing decisions. PSIs describe defendants' criminal and personal histories, including social, employment, and health backgrounds. The use of PSIs has been decreasing over the years, but they can be a valuable information source for jail staff.

Probation departments can develop or enhance intermediate interventions to respond to violations in the community rather than incarcerate violators. As noted earlier, about half of the jail population was on community supervision at the time of their arrest. For some, the incarceration was a result of a new crime, and for many others a result of violating their probation or parole. For the latter circumstance, the policy question becomes: Are there other ways to promote behavior change and manage setbacks *in the community?*

The research literature suggests that to be effective, punishment should be immediate and predictable, with clear, enforceable consequences for violations (Burke, 1997; Harrell et al., 2003; Taxman, Soule, and Gelb, 1999; Reinventing Probation Council, 2000). Community-based sanctions—including community service, drug testing, a more stringent curfew, day reporting centers, electronic monitoring, and global positioning system units—may help manage behavior and keep individuals out of jail if employed swiftly, consistently, and predictably. This is far from actual practice in many jurisdictions, where probationers may repeatedly violate the conditions of their supervision without being caught, or may be caught several times but receive nothing more than a warning, until a seemingly random violation results in a jail stay.[38]

Some jurisdictions, however, are experimenting with a continuum of graduated, intermediate responses at the local level to ease the burden on jails and provide treatment, training, and connections to the community for ongoing support. A common example is the use of day reporting centers in lieu of jail for probation violators. For example, the Day Reporting and Reentry Division of the Broward County Sheriff's Office in Florida operates a community-service work program for repeat misdemeanants as a condition of their probation, offering a wide range of services and training programs as well as several referral resources offsite.

Although probation can play an enhanced role in reentry from jail, in most jurisdictions probation departments and jails do not coordinate on the many issues—and people—they have in common. However, many agencies responding to the APPA survey—including those that reported no collaboration—indicated that their jurisdictions are examining or considering collaborative efforts. As the jail reentry discussion develops, it will be important to engage probation offices and the considerable tools and resources they have to offer. There remains a real opportunity to recognize the overlapping jail and probation populations and improve coordination between the two systems—to enhance probation's role in reentry from jail and slow the revolving door.

[38] It is worth noting that jail itself is typically used as an alterative to prison in responding to parole violations. While appropriate in the prisoner reentry context, it should not be the first response in the continuity of sanctions in the jail reentry context.

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5

Looking Forward

Looking Forward

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Over the past decade, criminal justice practitioners, policymakers, and researchers have focused substantial attention on prisoner reentry. Leaders in fields as diverse as corrections and law enforcement, health, housing, workforce development, and faith-based organizations now claim reentry as a top priority and have begun to transform state systems. Over the next decade, important opportunities will exist to reform reentry practices at the local level as well.

On the one hand, the challenge looms large. A substantial, high-needs population is currently incarcerated in the nation's jails. Few services exist on the inside, and perhaps even fewer linkages to training, treatment, and services are in place when individuals return to the community. Moreover, no single person or agency is tasked with the job of ensuring continuity of care—or even risk management—once individuals are released. On the other hand, the country's jails face a pivotal and promising moment, as their leaders consider their role in the burgeoning reentry movement. Indeed, reentry from jail presents an opportunity to intervene in the lives of the 9 million individuals who cycle in and out of jail some 12 million times each year. Jails are often considered a feeder system to state prisons; as such, reentry interventions may be viewed as a potential *prevention strategy*—to avert future offending and minimize "graduation" to state and federal prisons.

Effective prevention will require enhanced partnerships between jails and community-based organizations and new ways of doing business. While "care, custody, and control" have long been the traditional jail mission, a reentry orientation involves direct collaboration with community-based providers and networks. Improving reentry from jail will require jails to quickly and efficiently assess the priority risks and needs of the various populations they house and to develop transition plans for their return to the community. For some of the higher risk and longer term inmates, reentry strategies may involve treatment, training, and case management that spans the jail-community divide. For many others, it may be sufficient to provide a reentry handbook or referral list of community-based resources.

At the same time, community-based agencies often do not consider the returning jail population to be a primary concern, and typically there is not a community-based organization with the responsibility, authority, or accountability to intervene after release. Community agencies will need to recognize the considerable overlap between the jail population and their human service caseloads in the community—and, therefore, that it is in their interest to work with these individuals, ideally before they are released from jail. Coinvesting in this population should, in fact, increase the odds that interventions will be more efficient and effective. For both jails and community-based agencies, a reentry focus will involve formalized working agreements, joint strategic planning and resource allocation, cross-agency leadership, and intraorganization culture change.

A tall order? Perhaps. But as detailed in the scan of practice, many jurisdictions have already developed innovative ways to address reentry from jail—and practitioners around the country are invigorated by their evolving work in this area. As we spoke to jail and community practitioners around the country, we heard a message over and over: "After years of cuff 'em and stuff 'em, this [reentry focus] has rejuvenated my career."[39] The

[39] Kenneth Massey, Undersheriff, Douglas County Sheriff's Office (Kansas), phone interview with Amy Solomon and Jenny Osborne, March 12, 2007.

complexities of working within the jail setting and effecting successful transition from local jails may be formidable, but many administrators indicate that they, their staff, and community-based colleagues feel empowered, engaged, and energized by these reentry efforts and the new direction in the field.

What would successful reentry look like? In the short term, it might mean that inmates leave jail with necessary medications in hand, identification papers in pocket, a roof over their heads the first night out, and someone in the community—be it a sponsor, a family member, or a treatment provider—ready for their return. A few years down the road, we might set our aim higher, to reduced recidivism; fewer relapses; fewer returns to jails, hospitals, and shelters; and increased stability and productivity among the returning population. More broadly, we would expect to see less crime, fewer victimizations, improved public health, and stronger, safer, healthier communities.

> We have reached the end of that which is logical and essential in a 21st century correctional system breaking at the seams. If we fail to seize the opportunity to make reentry from incarceration as vital a focus as the security we hold so dear, we have failed our mission in whole.[40]
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> —Robert L. Green, Warden
> Montgomery County Correctional Facility (Maryland)

[40] Personal communication with Amy Solomon and Jenny Osborne, June 11, 2007.

National Initiatives and Resources

Community-Oriented Correctional Health Services. Sponsored by the Robert Wood Johnson Foundation, Community-Oriented Correctional Health Services (COCHS) is a nonprofit technical assistance and consulting organization that helps communities connect the health care provided in local correctional facilities with health care provided in the community. The COCHS model is based on the Public Health Model for Corrections in Hampden County (Massachusetts) that brings staff from the community health center into local correctional facilities to treat inmates who will be returning to the community. This in-reach creates a system in which correctional health care is an extension of the existing community health system. Ultimately, COCHS hopes to reduce the incidence of chronic disease and the cost of health care. For more information, visit the COCHS web site at www.cochs.org.

Criminal Justice/Mental Health Consensus Project. The Criminal Justice/Mental Health Consensus Project, coordinated by the Council of State Governments Justice Center, is a national effort to help local, state, and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illnesses involved in the criminal justice system. The Consensus Project supports the implementation of practical and flexible strategies for addressing issues of mental health in the justice system through onsite technical assistance; the dissemination of information about programs, research, and policy developments in the field; ongoing development of policy recommendations; and educational presentations. The Consensus Project report (released in June 2002) reflects the results of a series of meetings among 100 mental health and criminal justice practitioners around the country. The full report, as well as related projects and resources, is available at http://consensusproject.org.

National Association of Counties' Jail-to-Community Transition Planning for Jail Inmates with Co-Occurring Substance Abuse and Mental Illness Disorders. The U.S. Department of Justice's Bureau of Justice Assistance has funded the National Association of Counties (NACo) to enhance the effectiveness of local governments in jail-to-community transition planning for inmates with substance abuse and mental health co-occurring disorders. NACo will identify promising local transition planning practices around the country and assess their potential for replication. NACo's goal is to identify those communities that have developed sustained capacity within their jails to effectively assess inmates for transition planning. These counties will have built successful collaborative relationships with community partners and developed risk/needs assessment and screening tools to effectively place offenders with co-occurring disorders in the community. Selected models will be featured in a promising practices publication, which will serve as a resource for communities across the country. For more information, visit www.naco.org.

The National GAINS Center. The National GAINS Center collects and disseminates information about effective mental health and substance abuse services for people with co-occurring disorders involved in the criminal justice system. The GAINS Center comprises two centers, the Technical Assistance and Policy Analysis Center for Jail Diversion and the Center on Evidence-Based Programs in the Justice System, both funded by the Center for Mental Health Services within the U.S. Department of Health and Human Services. The GAINS Center's Re-Entry Initiative was launched in 2002 with the development of the APIC (Assess, Plan, Identify, and Coordinate) model, a best practice approach to community reentry from jail for inmates with co-occurring disorders. (See the sidebar "APIC Model," page 34, for more information.) The GAINS Center has developed many tools to assist jurisdictions in their reentry efforts, including The Reentry Checklist for Inmates with Mental Health Service Needs, based on the APIC model, and the *Brief Jail Mental Health Screen.* For more information on the National GAINS Center and access to these reentry tools, see www.gainscenter.samhsa.gov/html/.

The Report of the Re-Entry Policy Council. The Council of State Governments established the Re-Entry Policy Council in 2001 to assist state government officials with the growing number of people leaving prison and jail and returning to the community. The Re-Entry Policy Council is made up of key leaders and experts at the local, state, and national levels, including criminal justice officials and practitioners; state legislators; and workforce development, housing, health, mental health, and substance abuse officials and service providers. The *Report of the Re-Entry Policy Council,* authored by the Council of State Governments and the 10 project partners, provides recommendations for the safe and successful return of prisoners to the community, reflecting the common ground the Policy Council reached during a series of meetings. More information on the Re-Entry Policy Council and access to the full report is available at www.reentrypolicy.org.

Transition from Jail to Community Project. In an effort to enhance public safety, reduce the number of crimes committed by individuals returning from jail to their communities, and improve long-term reintegration outcomes, the National Institute of Corrections (NIC) has launched Transition from Jail to Community. Over the next few years, NIC and the Urban Institute will work with practitioners to develop a transition model that will incorporate collaboration and joint ownership, data-driven and evidence-based intervention strategies, and tools for self-evaluation. The model will be tested and evaluated in two jurisdictions followed by implementation in four additional jurisdictions. Project partners will develop technical assistance tools for dissemination to the field so that non-participating jurisdictions may benefit from what is learned.

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