

Release Planning for Successful Reentry

A Guide for Corrections, Service Providers, and Community Groups

Nancy La Vigne

Elizabeth Davies

Tobi Palmer

Robin Halberstadt



URBAN INSTITUTE
Justice Policy Center



URBAN INSTITUTE
Justice Policy Center

2100 M Street NW
Washington, DC 20037
www.urban.org

© September 2008. The Urban Institute. All rights reserved.

The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance problems facing the nation. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders.

This research was funded by the Annie E. Casey Foundation. Grant Number 201.2365

CONTENTS

Acknowledgments	iv
Executive Summary	2
Introduction	4
What Is Release Planning?	5
How Does Release Planning Fit into the Broader Process of Reentry Planning?.....	5
Who Is Responsible for Release Planning?.....	5
How and When Does Release Planning Occur?	6
What Are the Key Components of a Release Plan?	7
Basic Needs	8
Transportation.....	8
Clothing and Food	10
Financial Resources.....	11
Identification and Important Documents.....	12
Housing	13
Employment and Education	15
Health Care	17
Physical Illness	17
Mental Illness.....	19
Substance Abuse/Addiction.....	20
Support Systems	21
What Are the Opportunities and Challenges of Release Planning?.....	24
Engaging the Released Prisoner.....	24
Supervised Releasees.....	25
Those Released Directly from Maximum Security.....	26
Unsupervised Releasees.....	27
Sex Offenders	29
Women.....	30
Gaining Cooperation from Corrections Staff	31
Collaborating with Community and Agency Partners.....	31
Funding.....	36
Revising Policies and Laws.....	37
Legislative Changes at the Federal Level	37
Legislative Changes at the State Level	38
Ensuring Quality and Accountability.....	40
Conclusion.....	42
References	44
Appendices	i
Appendix A: Case Studies.....	i
Obtaining Financial Resources: Oregon's Department of Corrections.....	ii
Addressing Identification Needs: The H.I.R.E. Network.....	iii
Addressing Housing Needs: Idaho's Transition and Treatment Funding Program	v
Addressing Health Care Needs: Massachusetts' DOC / Mass Health Pilot Program	vi
Managing Special Populations: Allegheny County State Forensic Support Services	vii
Collaborating with Community Agencies: Tennessee's Good Samaritan Network.....	ix
Appendix B: 2007 UI Discharge Planning Survey.....	x
Appendix C: Scan of Practice.....	xvii

Acknowledgments

We would like to thank the Annie E. Casey Foundation for its guidance and support in this project and the following participants from the AECF/UI 2007 and 2008 Discharge for Successful Reentry Consultative Sessions.

Richard Cho

Program Officer

Corporation for Supportive Housing

Le'Ann Duran

Manager, Office of Offender Reentry
Michigan Department of Corrections

Joan Gillece

Program Manager

National Association of State

Mental Health Program Directors (NASMHPD)

Tomi Hiers

Director of Programs and Services

Office of the Secretary

Department of Public Safety and Correctional Services

Blaire Jones

Policy Analyst

National Governors Association

Mary Kay Kollat

Reentry Director

Wisconsin Department of Corrections

Angela Lee

Reentry Administrator

Ohio Department of Corrections

Stefan LoBuglio

Chief, Pre-Release and Reentry Services

Montgomery County Department of Correction and Rehabilitation

Rachel McLean

Policy Analyst, Criminal Justice Programs

Council of State Governments

Linda Mills

Consultant and Attorney at Law

Rodney Mitchell

Director, Office of Ex-Offender Affairs

Office of the Mayor of the District of Columbia

Marta Nelson

Director

Learning Institute

Center for Employment Opportunities

Roberta Richman

Assistant Director of Rehabilitative Services

Rhode Island Department of Corrections

Carol Shapiro

Founder and Executive Director

Family Justice

A.T. Wall

Director

Rhode Island Department of Correction

Jamie Yoon

Research Associate

Council of State Governments Justice Center

We also thank the 43 state correctional agencies that participated in the survey featured in this study:

Alabama Department of Corrections

Arizona Department of Corrections

Arkansas Department of Correction

California Department of Corrections & Rehabilitation

Colorado Department of Corrections

Connecticut Department of Correction

Delaware Department of Correction

Florida Department of Corrections

Indiana Department of Correction

Iowa Department of Corrections

Kansas Department of Corrections

Kentucky Department of Corrections

Louisiana Department of Public Safety & Corrections

Maine - Charleston Correctional Facility

Maryland Division of Correction

Massachusetts Department of Correction

Michigan Department of Corrections

Minnesota Department of Corrections

Mississippi Department of Corrections
Missouri Department of Corrections
Montana Department of Corrections
Nebraska Department of Corrections
New Hampshire Department of Corrections
New Jersey Department of Corrections
New Mexico Department of Corrections
New York State Department of Corrections
North Carolina Department of Correction
North Dakota Department of Corrections &
Rehabilitation-Adult Services
Ohio Department of Rehabilitation & Correction
Oklahoma Department of Corrections

Oregon Department of Corrections
Pennsylvania Bureau of Inmate Services
Rhode Island Department of Correction
South Carolina Department of Corrections
South Dakota Department of Corrections
Tennessee Department of Correction
Texas Department of Criminal Justice
Utah Department of Corrections
Vermont Department of Corrections
Virginia Department of Corrections
Washington Department of Corrections
Wisconsin Department of Corrections
Wyoming Department of Corrections

Executive Summary

The task of preparing prisoners for the challenges they will face outside the prison walls is a difficult one, made no less so by the pressure many correctional administrators feel to "do more with less" due to increasing populations coupled with dwindling budgets. While a comprehensive, holistic approach to reentry planning—addressing the needs of incarcerated persons from the moment of admission through the months following release—is clearly the "gold standard" toward which the field is progressing, a critical step in this process that has until now received relatively little attention deals with the preparation of an inmate for the hours and days immediately following his or her release from prison. Without access to food, clothing, shelter, transportation, personal identification, and other key necessities, former inmates may see no other option than to return to illegal activities in order to meet their needs. Thus, corrections agencies must prepare exiting prisoners for this period and work hand-in-hand with community service providers and agencies to ensure that prisoners receive needed resources and guidance after release. These efforts may make the difference between recidivism and successful transition to the community.

This report aims to assist corrections agencies and their community partners in developing and improving their release planning procedures, but can also be used by jail administrators and staff. Eight fundamental needs confronting exiting prisoners, as well as the administrative challenges and opportunities facing corrections agencies in meeting these needs, are identified through a national survey of state correctional departments, a complementary scan of practice, and a literature review on the topic of release planning.

Needs and Recommendations:

Transportation—Provide releasees with transportation from the correctional facility to their release destination and evaluate whether the releasee will have access to transportation to services, work and other locations mandated in their release plan.

Clothing, Food and Amenities—Provide releasees with clean, appropriate clothing and information regarding access to food resources.

Financial Resources—Provide releasees with enough money to subsidize food, transportation and shelter during the initial days following release.

Documentation—Provide individuals with a state-issued identification card.

Housing—Identify safe, affordable places where releasees can stay in the days following release and verify that bed space is available.

Employment and Education—Ensure that appropriate assessments and referrals have been made to facilitate the process of finding and keeping a job.

Health Care—Conduct an assessment of a prisoner's mental and physical healthcare status and needs prior to release and provide the releasee with contact information of a health care

facility/provider in the community they plan to reside in to ensure continuity of care. For individuals with substance abuse or mental health issues, schedule an appointment with a counselor in the community prior to release.

Support Systems—Provide prisoners with a release handbook listing community resources and contact family members (when appropriate) to notify them of the release date and release plan. For prisoners without family members, community or faith-based organizations should be contacted to provide support at the time of release and in the days immediately following their return to the community.

It is our hope that corrections agencies will use these recommendations to evaluate their own release policies, make improvements to their procedures, and identify the next steps they can take to ease the transition from prison to law-abiding lives on the outside.

Introduction

Over the past five years, significant progress has been made in addressing the issues surrounding prisoner reentry. State departments of correction (DOCs) have launched a variety of initiatives designed to improve the reentry process, but little attention has been paid to the role of *release planning* as preparation for the moment of release and as a mechanism for connecting former prisoners with appropriate services and support systems in their communities. The moment of release represents a critical point in time that can make or break an inmate's successful reintegration into society. While virtually every DOC in the country is engaged in something that could be termed "discharge" or "release" planning, the depth and breadth of such plans vary widely.

The purpose of this report is to describe the specific elements that together embody thoughtful and effective prisoner release procedures, including considerations such as photo identification, transportation, gate money, public assistance access, prescription drug needs, health referrals, housing arrangements, and substance abuse treatment. This information is developed from a national survey of state correctional departments,¹ a scan of practice on the topic of release planning, as well as a literature review on the topic. The report is intended as a resource for corrections agencies and their community partners as they work to improve the way prisoners are prepared for release, as well as a mechanism for raising awareness of the use of both community and governmental resources when planning for release. While the primary audience for this report is staff of state correctional institutions and their community supervision partners, many of the recommendations can be applied to jail settings – particularly those that house inmates sentenced to a year or more.

The report begins by defining what constitutes *release planning*, situating it within the broader and more long term process of *reentry planning*. Drawing from published studies and reports, we identify the various components of exemplary release policies and discuss why they are critical to a smooth and effective discharge procedure. In order to provide a real-world context for these findings, we compare them to the results of an Urban Institute survey of 43 state departments of correction on their current release policies and procedures. At the end of each topical area, text boxes highlight recommendations for what correctional agencies should be doing *at the bare minimum* to prepare exiting prisoners for release; our hope is that readers will not only aspire to implement these base practices, but will also use this guide to expand their release planning efforts. As most of these practices cannot be accomplished exclusively by correctional agencies, the next section describes how DOCs can engage both internal and external partners in support of effective release planning, including gaining institutional compliance with release procedures, encouraging releasees to follow through on their release plans, engaging community and other agency partners, and influencing revisions to statutory and regulatory barriers to effective release planning. We close with a discussion of the future of effective release procedures and a summary

¹ Respondents were asked to identify whether or not their agency performs a variety of release planning tasks, but they were not asked to identify whether they perform these tasks for their entire prison population or only a subset of prisoners. Consequently, DOCs that report performing certain tasks (such as assessments or the provision of housing assistance) may only provide these services to a small share of inmates and the survey results may therefore overestimate the extent to which release planning procedures are being implemented.

of this report's key recommendations. Appendices highlight case studies of promising release planning strategies, responses from the UI Release Planning Survey, and a scan of release policies across the country.

Because all correctional agencies undergo some process or series of procedures associated with the release of persons from their institutions, this report aims to capitalize on that fact by pushing agencies to think more creatively about how to enhance the discharge process to ensure that the most basic needs for successful reentry are met.

What Is Release Planning?

How Does Release Planning Fit into the Broader Process of Reentry Planning?

Ideally, *reentry planning* begins at the time of intake/admission and extends beyond the time of release to prepare prisoners for long-term post-release success. *Release planning* represents a distinct component of the broader process of reentry planning, focusing on success at the moment of release and in the days and weeks that follow. Ideally, preparing for the moment of release will represent a natural phase in the progression from intake to reentry (Council of State Governments 2005; North Carolina Department of Corrections 2007). For example, while the larger reentry plan may address long-term employment needs by providing in-prison training and education, the release plan would focus on the more short-term need for transitional employment. Release planning often draws upon the assessments, resources and relationships developed during the course of a person's incarceration and in many respects, represents the bare minimum preparation that a DOC should engage in prior to a prisoner's release. For example, while New Jersey's reentry efforts (referred to as a transitional model made up of four phases) begin at intake, at six months prior to release prisoners engage in a series of workshops designed to prepare them for discharge. Several DOCs have implemented the National Institute of Correction's *Transition from Prison to the Community* (TPC) model to better prepare prisoners for returning to the community. Under the TPC model, reentry also begins at intake (the institutional phase), but discharge planning, or planning for release, essentially begins after an assessment and classification have been completed and after the behavior and programming issues have been outlined.

Who Is Responsible for Release Planning?

The management of prisons and the management of post-release supervision are traditionally seen as distinct areas of expertise and responsibility, even when located within the same agency (Burke 2008). Chiefly responsible for "the maintenance of safety and security" within their institution, prison officials may not view themselves as responsible for an inmate's welfare once that individual is no longer in DOC custody. Similarly, post-release supervision agencies—*probation and parole*—often interpret their role as beginning when an inmate first arrives in a field office after release from prison. This perceived gap in responsibility during the transition to post-release status represents one of the largest challenges in discharge planning; if the responsibility of the DOC ends at release and the responsibility of probation and

parole agencies begins during the intake interview, on which agency can an inmate rely at the moment of release? Although state corrections agencies typically assume the task of release planning for their inmates, the process has the potential to represent a collaborative effort between prison officials and parole officers, along with representatives of community groups and other key stakeholders.

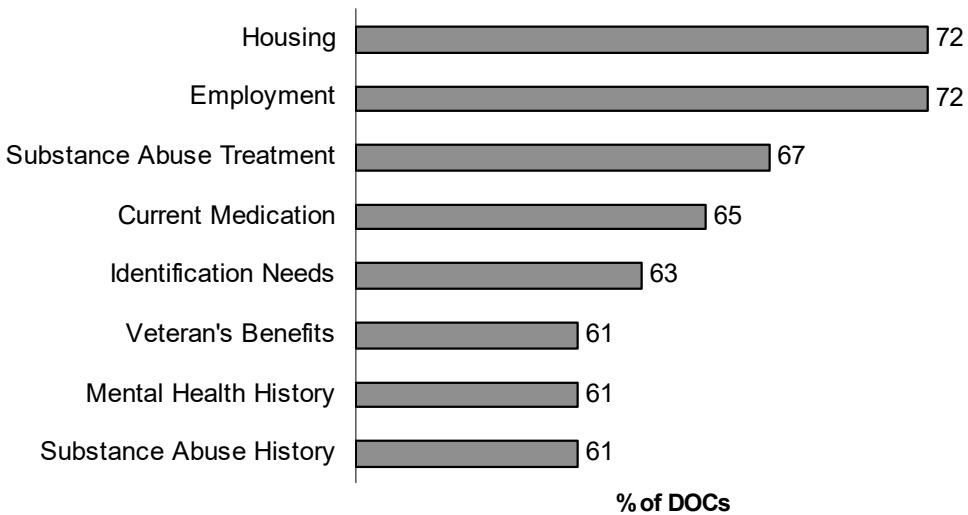
How and When Does Release Planning Occur?

The timeline for release planning varies across institutions and depends upon several factors, including the availability of resources (both to the DOC and within the community), the existing relationship between corrections and social services, and the extent to which the releasing agencies can predict the inmate's release date. Release planning can occur as little as one week prior to release to six months prior to release, in which activities gradually increase until the day of release (Taxman et al. 2002; Gaynes 2005). While adequate time is needed in order to secure resources, to communicate with agencies and persons involved in an inmate's reentry plan, and to meet with the inmate, corrections agencies must be mindful that many activities specifically focused on the moment of release cannot be planned for too far in advance (Council of State Governments 2005). For example, housing can only be secured once an individual's release date is known; similarly, benefits and resources available to prisoners at the moment of release, or soon after, are contingent upon timely submission of application material based upon a known release date.

Release activities typically include, at a minimum, an individualized assessment and a written release plan. In general, corrections agencies should administer an assessment to identify what an inmate will need in order to be released, including any problems that might occur with meeting conditions of release (Byrne and Taxman 2004). Such assessments are relatively commonplace, with 70 percent of UI survey respondents indicating that they conduct pre-release risk and needs assessments. All pre-release assessments cover housing and employment needs, with most also identifying *medical* (substance abuse history and treatment, post-release mental and physical health care, current and future prescription medications), *identification*, and *income and benefits* needs.

Assessments often identify inmates who have the greatest need for services and support after release, and these inmates are most likely to receive written discharge plans when they leave prison. Although nearly all corrections agencies provide an individualized written discharge plan to at least some inmates, only two out of five provide such plans to *all* exiting inmates. Of the DOCs surveyed, 37 percent provide plans specifically tailored to inmates released to parole supervision or probation, 44 percent to inmates with mental health disorders, 30 percent to inmates with a history of substance abuse, and 28 percent to those with co-occurring disorders. Over three-fourths of written discharge plans (79 percent) include contact names, phone numbers, and addresses of referrals and resources. Nearly all DOCs (94 percent) also offer a discharge planning or pre-release class to at least some share of inmates. The class typically starts at least two months before release and is taught by staff from within the institution or from community-based service providers.

Figure 1: Top Eight Needs Assessed by DOCs



The vast majority (84 percent) of DOCs surveyed indicated that their agency has formal policies in place to ensure that discharge procedures are followed properly, with 42 percent indicating that their agency has written institutional and/or employee performance measures related to discharge planning and 67 percent reporting that discharge planners are required to contact referral agencies prior to the inmate's release to confirm that services and space are available (67 percent).

What Are the Key Components of a Release Plan?

Every corrections agency has a system in place to guide how a person is released from prison; some systems are nothing more than checklists while others involve extensive documentation of prisoner histories and significant outreach to service providers in the community. While these policies and procedures vary considerably across agencies, a logical succession of release preparation activities can be identified by anticipating the immediate challenges prisoners encounter along the pathway from confinement to freedom. The most immediate of these needs involves the clothes on one's back, followed closely by some minimal amount of cash on hand to cover immediate expenses like transportation. Shelter will be necessary on the evening of the day of release, even if that shelter is temporary. To obtain more permanent housing, former prisoners will need photo identification, leads on employment, vocational classes, or perhaps more remedial education and training such as literacy and life skills programs. Those exiting prison with substance addictions and chronic physical and mental health conditions will also require linkages to treatment, medication, and ongoing health care in the community.

Each of these challenges is inextricably linked to the others. Exiting prisoners are unlikely to have funds to support themselves without a job, yet they cannot obtain employment without a social security number and cannot commute to and from the job without access to transportation. Likewise, obtaining housing typically requires photo identification, a security deposit, and evidence of ongoing employment. To complicate matters, the exiting prisoner may have health or substance addiction problems that make it

more difficult to navigate this web of challenges that he or she will likely encounter upon release. Unfortunately, the returning prisoner may forego treatment or medications in order to attend to lower order needs, such as food and shelter, and compromise their future stability within the community. And, while many released prisoners are able to rely on family to aid in this release process, others have burned familial bridges and must resort to whatever surrogate social support resources exist. These challenges are considered below in the context of the release planning process.

Basic Needs

When a person leaves prison, their most immediate needs will be for transportation, food, and clothing; they must have a means for getting to their release location, civilian clothes to wear on their journey home, and food to sustain them as they navigate the first few hours on the outside. They also require some minimal amount of cash on hand to fulfill these immediate needs. Personal identification is critical in this initial period as well, as it is a prerequisite for achieving the more long-term reentry goals of finding a job and securing housing. Unfortunately, these basic necessities represent some of the most overlooked needs of any returning prisoner (Gaynes 2005).

Transportation

At the moment of release, transportation represents a basic critical need for exiting prisoners. For those without family members to meet them at the prison gates or DOC drop off point, public transportation is their likely source of conveyance. Yet access to public transportation can be restricted both by the location of bus stops (which may not be within walking distance) and the hours of operation. For example, prisoners who are released or dropped off after hours may have difficulty accessing public transportation and have no choice but to wait until services resume.² This situation can make individuals vulnerable to victimization and may also create opportunities for criminal behavior.

In the days immediately following release, former prisoners will also need reliable transportation in order to follow up on referrals from their release plans, as well as to meet initial parole requirements (if applicable). However, transportation challenges represent a significant barrier for prisoners attempting to access services, with nearly one in four released prisoners reporting difficulty accessing public transportation (La Vigne and Wolf 2004; Rossman and Roman 2003). These difficulties could result from an overall lack of public transportation in the area, from difficulties former prisoners encounter when navigating transportation systems, as well as from barriers to driving one's own vehicle, such as challenges in getting a driver's license reinstated due to past suspensions or revocations (see Pawasarat 2007). Particularly for former prisoners who have relocated to an area that has limited public transportation options (such as a rural community), following up on release plan referrals to resources and service providers will be difficult. Even former prisoners who have relocated to an area with ample

2. About one in ten prisoners returning home in Maryland were released during non-daylight hours (Visher, La Vigne, and Travis 2004); further, some prisoners released in the early afternoon arrived at their location late that night (Nelson, Deess, and Allen 1999).

public transportation may encounter problems navigating the transportation system, as the completion of a transit trip depends on a passenger knowing that the service exists, where the service travels, where and how to catch the bus or train, what time the bus or train arrives and departs, and where to disembark (Hardin, Tucker, and Callejas 2001). Without this information, the trip may be accompanied by anxiety and frustration on the part of the passenger or not made at all (Hardin, Tucker, and Callejas 2001).

The vast majority of DOCs (93 percent) surveyed by UI assist inmates with securing transportation from the prison to a specified drop off location. The top methods of assistance include transportation provided by the DOC, a community-based mentor or service provider, or probation or parole. Some departments supply pre-purchased bus tickets, while others provide gate money in the amount needed to take a local bus. Most reporting DOCs (65 percent) also notify family members of an inmate's release or make arrangements for those persons to meet releasees at the gate. However, while these strategies address transportation needs at the moment of release, it is unclear as to what transportation arrangements are made available in the hours and days immediately following release. A correctional agency's release planning document should therefore consider both plans for transportation at the moment of release, as well as for transportation needs required to comply with immediate conditions of release and/or release plan referrals. Officials should plan to familiarize soon-to-be-released prisoners with the public transit system, including its location, availability, and cost.

Some jurisdictions are taking such comprehensive approaches to transportation assistance for recently released prisoners. For example, Montgomery County, Maryland has partnered with the local transit authority to allow recent releasees to use their Maryland Department of Public Safety and Correctional Services (DPSCS) Identification card as a temporary bus pass to navigate their new community (Payne 2007). In Louisiana, former prisoners returning to New Orleans receive bus tokens for transportation to job interviews and meetings associated with reentry (Council of State Governments 2004).

Transportation

Recommendation: At a minimum, correctional agencies should arrange transportation for releasees from the correctional facility to their release destination. In addition, prior to release, the agency should assess an individual's access to transportation to locations mandated by their release plan (e.g., probation office, medical services, employment, etc.). Some options for assisting releasees with transportation needs include: providing public transportation subsidies; facilitating the coordination of a transportation plan with a community group; and verifying that the releasee has access to transportation in some other form.

Clothing and Food

Access to basic necessities such as food and appropriate clothing represent two of the most overlooked needs of any returning prisoner (Gaynes 2005). Ideally, all existing prisoners should be equipped with the knowledge and resources to attend to their basic needs at the moment of release. They should know the location of inexpensive grocery stores, soup kitchens, and food banks, and have the resources required

to obtain food from those places, including money, food stamps, vouchers, and/or proper identification. Individuals with a history of drug convictions face particular obstacles in paying for food, as several states permanently ban these persons from obtaining food stamps (Samuels and Mukamal 2004). Existing prisoners will also need adequate civilian clothing at the moment of release. In a survey of Maryland prisoners returning home, almost one third (30 percent) of the sample wore prison clothes or prison-issued street clothes at the time of release, while a little under half (46 percent) dressed in clothes they owned before prison (Visher et al. 2004). Unfortunately, the former option may only be sufficient for the first day out, while the latter may not be seasonally appropriate. In the days following release, former prisoners may also need additional clothing suitable for seeking housing and employment and applying for services. Having appropriate clothing is one of the many small resources that help inmates become reintegrated into society, affirming their identity as free citizens and supporting their efforts to secure employment.

DOC policies on the provision of basic necessities vary. A little over a third of DOCs surveyed assess an inmate's food stamp eligibility in release planning. While most (81 percent) ensure that inmates leave prison with civilian clothes, this clothing is often that which inmates wore upon entering prison or must be returned to parole officers. On the other hand some states have become more proactive in providing prisoners with necessary amounts of food and clothing. For example, the Wisconsin DOC provides prisoners with a list of resources from which to obtain inexpensive clothing prior to release. New Jersey seeks out the help of externally-funded social workers who prepare and submit applications six months prior to an inmate's release date for a variety of benefits, including food stamps (these services are principally reserved for persons who are disabled, chronically mentally ill, and/or elderly). Connecticut offers the "Head to Toe" program, which provides new and used clothing to inmates preparing for release. Some providers in Tennessee's Good Samaritan Network give food boxes and vouchers to inmates who are not working and clothing for interviews and recreational activities (see Appendix A).

Clothing, Food, and Amenities

Recommendation: At a minimum, correctional agencies should provide releasees with clean, seasonally-appropriate clothing; this clothing should include pants, shirt, undergarments, shoes, socks, and outerwear (if needed). In addition, they should be provided with basic toiletries (toothbrush, toothpaste, deodorant, soap) upon release and a list of food providers and resources that they can access in the hours and days following release.

Financial Resources

Released inmates must have enough money to pay for their basic needs during the first few days outside of prison. Unfortunately, few financial resources exist for this population. Former prisoners who relied on federal benefits prior to incarceration often lose their eligibility while incarcerated (SURJ 2007). The Personal Responsibility and Work Opportunity Reconciliation Act permanently bars individuals with a drug felony conviction from receiving Temporary Assistance for Needy Family (TANF) benefits, although states

have the option to “opt out” of enforcing this ban (Samuels and Mukamal 2004; Levi and Appel 2003). Persons with disabilities, including severe mental illness, who received monthly support payments through Social Security Income (SSI) or Social Security Disability Insurance (SSDI) prior to arrest cannot receive benefits while incarcerated and typically will have had those benefits suspended or terminated (Bazelon Center for Mental Health Law 2001). An incarceration lasting longer than 12 months requires that an inmate file a completely new application for SSI upon his or her release. A typical application takes three months to be processed, though individuals with severe mental illness may also apply for advance emergency payments that provide financial assistance before benefits officially begin.

Wages earned in prison work programs represent another limited financial resource, as a certain portion of these monies must be used in the payment of court-ordered debts, including supervision fees, court costs, victim restitution, and child support (McLean and Thompson 2007). Prisoners typically do not have sufficient resources to pay off these financial obligations immediately upon their return to the community, as a result, many former prisoners will rely on their families for financial support in the days following release, often to a much larger extent than they expected prior to release (McLean and Thompson 2007; Nelson, Deess and Allen 1999; Visher, La Vigne, and Travis 2004).

According to the UI survey, a majority of DOCs have some policy in place that address an inmate’s financial resources at the moment of release, commonly (77 percent) in the form of gate money—a certain amount of cash upon leaving prison—to attend to any needs that arise immediately after leaving prison. For those DOCs that do provide gate money the amount varies widely across the country, ranging from sums so minimal that they would scarcely pay for a bus ride home, let alone food and lodging for the night, to as much as \$200 (in California); the most common sum was \$100 in those states responding.

In addition, the survey also revealed that the majority of state DOCs assess inmates for disability benefits and veteran’s benefits; when applicable, 58 percent ensure that eligible inmates leave prison with benefits and entitlements reinstated or restored and 88 percent ensure that those individuals leave prison with *information* on how to restore/enroll in federal benefits.

Several states offer creative ways to address an inmate’s financial needs upon release. Inmates in Idaho who have less than \$500 and no other resources, or who risk becoming homeless on community supervision, are provided with a maximum of \$1500 in transition funds to cover up to 30 days of lodging and living expenses following release (Idaho Department of Corrections 2007). In Oregon, the DOC partners with the Department of Health and Human Services (DHHS) to provide inmates with the Oregon Trail Card (OTC), which allows eligible individuals to access money from their trust account, food stamps and other forms of public assistance immediately upon release (Legal Aid of Western Michigan 2007). For more information on both states, see Appendix A.

Financial Resources

Recommendation: Correctional agencies should provide exiting prisoners with an amount of gate money sufficient to obtain or subsidize food, transportation, lodging, and any other immediate needs in the first 24 hours of release; we recommend a minimum \$109.ⁱ

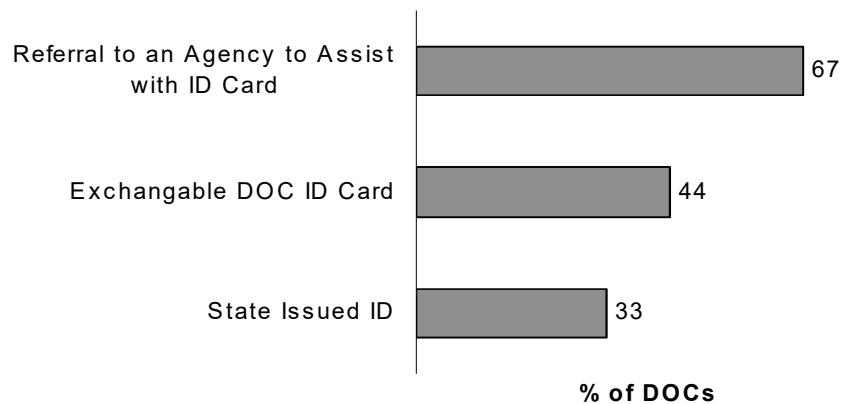
ⁱ This figure was derived from the minimum FY2008 federal government per diem rate, which includes \$70 for lodging and \$39 for meals and incidentals. However, agencies releasing prisoners to higher cost urban environments may wish to increase that amount.

Identification and Important Documents

Proper documentation of one's identity—including state-issued photo identification cards, social security cards, birth or marriage certificates, and educational credentials—are often necessary to secure housing, open a bank account, prove employment eligibility, and obtain necessary health benefits. Important documents or identification may have been lost during the criminal justice process or an inmate may not have had them when they first entered the system (H.I.R.E Network 2003). Former prisoners adjusting to life on the outside will often find it difficult to obtain these necessary documents following their release. Some individuals may view the cost associated with obtaining these documents as a barrier (the cost of a birth certificate ranges from \$5-23; Center for Budget and Policy Priorities 2006) while others will lack the initial documents needed to obtain other papers or identification. Many agencies require multiple forms of identification to access resources or receive benefits, such as state Medicaid agencies, which now require a birth certificate and photo identification in order to issue Medicaid benefits (Center for Budget and Policy Priorities 2006), and Departments of Motor Vehicles, which typically require multiple forms of identification and proof of residency in order to issue a state ID card. Former prisoners who possess the resources needed to secure these documents will face long processing times; parolees in California wait an estimated 2-6 months before receiving identification cards from the DMV (Hancock 2007). The process of securing a birth certificate in California, which already takes 10 to 12 weeks, may last up to eight *months* if submitted information is incomplete (Center for Budget and Policy Priorities 2006). A lack of proper identification and documentation not only inhibits access to a myriad of services needed for successful reintegration, it may also prompt a return to criminal activity to help meet those basic needs (H.I.R.E Network 2003).

The majority of DOCs recognize the need for inmates to have a state-issued identification card upon release. While about two-thirds (63 percent) of DOCs assess an inmate's identification needs prior to discharge, only one-third actually ensure that individuals leave prison with a state-issued ID and fewer than half ensure that a prisoner is released with a Social Security card, though nearly three out of four will refer inmates to someone who can assist with obtaining an SS card. However, 44 percent of agencies surveyed provide exiting prisoners with a DOC ID card that they may exchange for a state ID. In addition, a little over half (53 percent) of DOCs surveyed collaborate with the DMV in discharge planning and about one in three (37 percent) had a formal partnership (typically a Memorandum of Understanding) with the DMV. For DOCs that do not assess an inmate's identification needs, they are likely to make a referral to agencies that can assist in obtaining a state ID card or a social security card. The Association of State Correctional Administrators (ASCA) also completed a 2008 survey of 31 DOCs examining what states issue ID cards to exiting prisoners and released parolees, whether ID cards can function as official government issued identification, and what partners, if any, DOCs work with to issue ID cards (ASCA 2008).

Figure 2: Levels of Identification Provided by DOCs*



* The percentages here do not equal 100 percent because the questions were not mutually exclusive.

Several DOCs have partnerships with other state agencies to facilitate the acquisition of identification cards and required documents such as birth certificates and proofs of education. In northern Louisiana, the Office of Motor Vehicles (OMV) visits each correctional facility on a quarterly basis to issue or renew state identification cards. Many states organize required documents into a portfolio that individuals must take with them upon release from prison; the Wisconsin DOC requires that at the moment of release all inmates leave Division of Adult Institutions (DAI) facilities with a portfolio that includes a driver's license/state ID, Social Security card, birth certificate, High School diploma/General Equivalency Degree, vocational certificates, and insurance plan. The National H.I.R.E. Network examined similar strategies in its review of the ways in which DOCs can ensure that inmates have proper identification at the moment of release (see Appendix A).

Documentation

Recommendation: Possession of a state-issued identification card is critical upon release, especially with regard to accessing or obtaining necessary services and resources. At a minimum, correctional agencies should ensure that individuals have a state-issued identification card upon release or provide them with an identification card that can be easily exchanged for a state-issued identification card upon release.

Housing

Because released prisoners require a safe place to sleep the very night they are released from prison, housing is a critical component of any release plan, even if that initial housing is temporary or transitional in nature. Most inmates will reside with family, friends or in their own home on the first night of release (Visher, La Vigne, and Travis 2004; Hebert 2005; Nelson, Deess, and Allen 1999). While living with family and friends may appear to be the best and most affordable option for returning prisoners, these living arrangements may not be stable or even feasible in the long run. Many recently released inmates reported that they had few other options but to live with their family in subsidized housing; finding an apartment of their own was improbable, and few desired to live in the shelter system (Hebert 2005).

Family members may refrain from providing housing based on past negative experiences with the returning prisoner, while others may be legally prohibited from having an inmate reside with them if they live in subsidized housing (Hebert 2005). Inmates may also be prohibited from living with family or friends for other legal reasons, such as protective orders or conditions of supervision. Former prisoners often live with family members more out of necessity than out of choice; some refer to such arrangements as a good “stepping-stone” after release yet also report feeling stuck in their current living situation, dependent on their parents or relatives and desirous of building a life for themselves (Hebert 2005).

The same barriers that dissuade recently released persons from living with their families may also prevent them from securing their own affordable housing. Barriers for former prisoners to obtain federally subsidized housing generally fall into two categories: formal and informal regulations that restrict tenancy; and the scarcity of housing stock (Roman and Travis 2004). HUD regulations recommend public housing authorities (PHAs) to adopt policies denying housing to any individual who is registered as a lifetime sex-offender, who has been evicted in the past three years from public or federally subsidized housing for drug criminal activity, and/or who is known to abuse alcohol to the point that such behavior might be disruptive to the community (Council of State Governments 2003). In addition, federal law gives PHAs significant discretion in the rejection of applicants and termination of leases, which often results in highly variable policies regarding admissions to subsidized housing for individuals with criminal histories (Stand Up for What's Right and Just 'SURJ' 2007). Other barriers to securing housing include lack of appropriate identification or references; minimal experience with the process of renting an apartment in the private market (Hebert 2005); a history of homelessness (Langan and Levin 2002; Ditton 1999; see Roman and Travis 2004); long waiting lists for admission into public housing (SURJ 2007; Roman and Travis 2004); a lack of affordable housing in general (La Vigne and Wolf 2004); and limited access to the funds (first and last months rent and security deposit) needed to rent an apartment. In addition, rental agencies and landlords may not be willing to rent to a former prisoner.

As a result of these barriers, soon to be released prisoners often rely on temporary housing options, such as emergency shelters, transitional housing, and halfway housing. Indeed, over half of releasees who will live in a homeless shelter sometime after release will do so within the first 30 days of reentry (Metraux and Culhane 2004). Shelters and welfare residences offer short-term options, but many of these are dangerous and not conducive to clean-and-sober and crime-free living or to medication and treatment adherence (Hammett, Roberts, and Kennedy 2001). Former prisoners describe shelters as dirty, unsafe and “too much like prison,” and assert that the high incidence of drug abuse and theft in the shelters may prompt a return to such activities (Hebert 2005). In fact, individuals living in temporary shelters upon release had more difficulty resisting drugs and finding work and were more likely to be re-incarcerated (Nelson, Deess, and Allen 1999; Metraux and Culhane 2004). Transitional housing, another temporary option for the returning prisoner, provides housing for a fixed length of stay and offers a variety of support services to assist clients in achieving self-sufficiency (Roman and Travis 2004). However, some transitional housing programs require that individuals must be homeless for a certain period of time before they can access some of these options (Roman and Travis 200; SURJ 2007), prohibiting recently released individuals from these options.

To circumvent these barriers, discharge planning must identify housing options in advance to ensure that all inmates have a place to stay on the day of their release (Backer, Howard, and Moran 2007). Contacting family members who may be willing to provide long-term housing and lining up personal identification and other documents prior to release are also important release planning functions, as these steps will pave the way toward the acquisition of more permanent housing for returning prisoners. The UI survey results indicate that although 72 percent of DOCs assess an inmate's housing needs prior to discharge and 63 percent have formal policies in place to ensure that *some* releasees have secured adequate living arrangements, fewer than one in four ensure adequate housing arrangements for all releasing inmates. In addition, 65 percent have policies in place to notify family members prior to an inmate's release, which can help confirm whether relatives can provide housing.

Several promising practices across the country may guide departments in securing safe and affordable housing for soon-to-be-released inmates. In Connecticut, the DOC has set up an agreement with the State Veteran's Home and Hospital to offer beds to discharged veterans. Recognizing that individuals at risk for homelessness are likely to have multiple problems and may need additional supports (see Backer, Howard, and Moran 2007), in Massachusetts, contractors from non-profit community organizations provide "in-reach" (pre-release) services to prisoners, with a special emphasis on those at high risk to become homeless or who are difficult to place (such as sex offenders, arsonists, persons with disabilities, and inmates with behavioral, medical and mental health issues). A housing specialist recommends housing options, secures housing (and helps appeal housing denials) prior to a person's release, meets the inmate on the day of release to assist with the transition, and coordinates support services through established community resources.³ In Idaho, inmates without familial or financial support, and/or who are at risk of becoming homeless after release, receive transitional funds to help them pay for lodging and living expenses upon release (see Appendix A).

Housing

Recommendation: To reduce the likelihood of homelessness, and to decrease the probability of releasees residing in unsafe environments, correctional agencies should assess existing prisoners housing options and identify safe, affordable places where they can reside for at least 24 hours after release. The DOC should also verify that bed space is available.

Employment and Education

While perhaps not topping the list of immediate needs upon release, over the long run obtaining employment represents one of the greatest barriers to an individual's successful reintegration into the community. At its most basic level, employment provides former prisoners with a consistent source of funding for necessary food, shelter, clothing, transportation, and other basic amenities. It also increases feelings of self-efficacy and self-sufficiency, building confidence in released prisoners that they can support themselves without needing to resort to criminal activities or reliance on family members or "hand outs," and providing a new social network that supports positive behaviors and serves as a protective

³ http://www.laurielee.org/PILOT/Programs%20that%20Serve%20Ex-Offender%20Populations%20_2_.pdf

factor against future criminal activity (National Academies 2007; Rossman and Roman 2003). Indeed, most released inmates feel that having a job would help them stay out of prison (Roman, Kane, Turner and Frazier 2005; La Vigne and Wolf 2004; La Vigne and Lawrence 2002; Visher, La Vigne and Travis 2004; La Vigne, Visher and Castro 2004; La Vigne and Kachnowski, 2005; Visher, Baer, and Naser 2006) and would allow them to concentrate on other lower-order tasks, such as avoiding drugs or other illegal activities and staying in good health (Nelson, Deess and Allen 1999). Unfortunately, on average only one in five prisoners had employment lined up prior to their release (Visher, La Vigne, and Travis 2004).

The reasons for a former prisoner's lack of employment are manifold. Some individuals do not possess the proper skills, work experience, or education to secure employment (Council of State Governments 2003). Although two-thirds of inmates indicate working prior to incarceration, some may have erratic work histories (General Accounting Office 2000; Visher, La Vigne, and Travis 2004). Others have mental impairments or life skill deficits that prevent them from working. Many former prisoners are able and qualified to work, but simply do not have the proper proofs of identity or educational credentials needed to demonstrate employment eligibility, have not been given information on how and where to look for jobs, or must meet parole requirements (such as participation in treatment programs, curfew or other restrictions on mobility) that limit their ability to find and keep employment (Nelson, Deess and Allen 1999; Bloom et al. 2007).

Former prisoners also face community and institutional barriers to employment. Company policies and state licensing restrictions may formally prohibit hiring individuals with criminal histories. Employers often do not initially consider hiring a released individual (Holzer, Raphael, and Stoll 2001), as a person's status as a former prisoner may lead an employer to believe that the applicant lacks basic job readiness and desirable personal qualities, such as trustworthiness, responsibility, punctuality and interpersonal skills (Holzer et al. 2001; Holzer, Raphael, and Stoll 2003). Released prisoners will often enter communities with few or no low-skill jobs and limited transportation to access those jobs (Nelson, Deess and Allen 1999); two-fifths of employers in one report indicate that their entry-level jobs are not accessible by public transportation (Regenstein, Meyer, and Dickemper Hicks 1998).

The role of release planning in meeting these employment challenges is to assess and document existing employment and educational skills, including those acquired behind bars; identify remaining deficits; and develop links to training and placement opportunities in the community. Preliminary research suggests that participation in transitional employment and intensive employment services in the first three months following release reduces the risk of parole revocation, felony conviction, and incarceration (Bloom et al. 2007).

According to the UI survey 72 percent of DOCs assess an inmate's employment needs. Some DOCs have particularly innovative programs linking inmates to jobs prior to release. For example, the Louisiana DPSC requires attendance at annual resource fairs (held at various adult correctional facilities) that feature statewide business owners and service providers (i.e., faith-based, and substance abuse providers) as part of its one-hundred hour Standardized Pre-Release program. The DPSC also maintains a website that links inmates with potential employers in the New Orleans area that are interested in hiring former inmates. The Washington DOC places inmates who are residents of Seattle (nearly one-third of

the incarcerated population) and eligible for a work-release program in one of the six facilities that are operated on a contractual basis by a private nonprofit that provides jobs in the community. Individuals enter the work-release program no sooner than six months prior to discharge and are overseen by community corrections officers who provide case management services, including assessments and program referrals (Council of State Governments 2005). The Georgia DOC offers the “Take 5” program, which encourages local businesses to hire at least five returning prisoners as employees. Participating businesses receive pre-screened referrals, participate in the selection process, and are eligible to receive a bonding program and tax credit (Sabree 2006).

Employment and Education

Recommendation: As employment is critical to the successful long-term reintegration of released prisoners, correctional agencies should ensure that the appropriate assessments and referrals have been made to facilitate the process of finding and keeping a job. This includes a written assessment of any literacy problems, educational requirements, and vocational skills in order to pass off that information to the appropriate workforce development or other community-based agency.

Health Care

Although everyone should have access to affordable health care, the need for medical treatment is particularly acute for those released from prison, who typically have more physical and mental health problems, including infectious diseases, than the general public (Hammett et al, 2001; National Commission on Correctional Health Care 2002). Substance addiction often accompanies and can exacerbate these health problems, underscoring the importance of identifying the health care needs and ensuring the provision of medication and treatment for this population. Particularly for the most severely afflicted returning prisoners, attending to immediate medical needs is a critical component of release planning.

Physical Illness

Across all manner of physical ailments, people released from prison have more health problems than the average citizen, including chronic diseases like asthma and hypertension and communicable diseases, such as HIV/AIDS, Hepatitis C and tuberculosis (NCCCHC 2002). Unfortunately, the continuum of care for released inmates is far from seamless (Mallik-Kane and Visher 2008), creating significant problems for both these individuals and the communities to which they return. In the first two weeks of release, former inmates are over 12 times more likely to die from health problems than is the general population (Binswanger et al. 2007); these deaths typically result from drug overdose or cardiovascular disease. The community will also suffer when releasees go without health care, as citizens bear the costs of hospitalization and emergency room treatment (Hammett, Roberts, and Kennedy 2001). Indeed, one study found that although most recently-released prisoners lacked health insurance, one third had used an emergency room and one fifth had been hospitalized in the ten months following their release (Mallik-Kane and Visher 2008).

While the majority of soon-to-be-released inmates acknowledge that they will require help obtaining health care after release, their needs may greatly surpass the capacity of services offered through current DOC practice (Mallik-Kane 2005; Visher, La Vigne and Travis 2004; Visher, Baer, and Naser 2006; La Vigne and Kachnowski 2005; Visher, Naser, Baer, and Jannetta 2005). Releasees typically receive minimal guidance on how to access healthcare and medications; even among those who leave prison with referrals to community health care providers, it is unusual to have an appointment already lined up (Hammett, Harmon and Maruschak 1999). Complicating matters is the fact that mental health and mobility problems, limited access to transportation, and a lack of awareness about the importance of attending to one's healthcare needs may prevent releasees from following up on any referrals or appointments that are arranged for them.

Some of these obstacles may represent the releasee's prioritization of needs. As with their healthier counterparts, released prisoners with chronic health problems face a wide array of reentry challenges, such as finding housing, obtaining a job, and attending to basic necessities. In the absence of appropriate support mechanisms, however, focusing on these core needs may distract them from adhering to treatment and medication plans. In a vicious circle, this lack of adherence hinders their ability to accomplish the reentry goals they value most. A release plan that both links individuals with medical services for follow-up care and supplies an adequate amount of medication upon release is therefore critical to reentry success (Hammett et al. 2001). For example, HIV-positive inmates who began to receive care while incarcerated and then continued treatments with the same providers upon release showed high rates of successful follow-up, along with a decrease in recidivism (Flannigan et al. 1996; Kim et al. 1997). Adequate treatment for individuals with HIV/AIDS also reduces the chances of transmission to other members of the population (Quinn et al. 2000).

Unfortunately, DOCs face many obstacles in fulfilling the healthcare component of release plans, including long distances between correctional facilities and communities and policies that prevent external service providers from visiting the facility (Hammett et al. 2001). Even among those who entered prison with health coverage or are theoretically eligible for it upon release, the process of lining up insurance can be lengthy and complicated.⁴ Policies for securing coverage after release may prohibit the processing of an application while a person is still incarcerated, often because the individual lacks a permanent address and/or has an indeterminate release date (Hammett, Roberts, and Kennedy 2001). In some cases, it is difficult to document eligibility, as certain federal benefits cannot be distributed to persons with co-occurring substance abuse and mental illness disorders unless the latter is confirmed as the primary disorder (SURJ 2007). Even if individuals can overcome the barriers to confirming eligibility and obtaining benefits, the actual application process can be quite lengthy: The typical review of an application for SSI/SSDI benefits takes about three months (Bazelon Center for Mental Health Law 2001); Medicaid may take up to 45 days to approve an application (Nelson and Trone 2000); and applicants for Safety Net

⁴ Although some people enter prison with health care coverage (Conly 2005), benefits are typically terminated or suspended during incarceration (Bazelon Center for Mental Health Law 2001).

Assistance in New York State face a 45 day waiting period before they can begin to receive any benefits (New York State Bar Association 2006).

Release planning for health care is undoubtedly a complex undertaking. In addition to documenting health needs prior to release, ideally, the DOC should schedule an appointment with a health care provider for individuals in need of services to increase the chances that the inmate will both initially access services and remain in services over time. Some states are making great strides at supporting the health needs of soon-to-be released inmates. The Massachusetts DOC facilitates the standard application process for MassHealth benefits, with Correctional Program Officers (CPOs) beginning to file applications electronically 90 days prior to release. Upon approval, a card is sent to the correctional facility and given to the inmate upon release. This initiative has led to an increased percent of inmates approved for MassHealth coverage, from 13 to 60 percent after implementing the online application process. In Maryland, the DPSCS helps inmates apply for Primary Adult Care (PAC), so that within a day of release returning prisoners have access to coverage for prescriptions and clinic appointments. In Wisconsin, health services, a social worker, and a probation/parole agent help to schedule post-release medical appointments for exiting prisoners while ensuring access to a sufficient supply of medication, medical appliances and medical insurance coverage at the moment of release. Prisoners are also encouraged to review materials and participate in discussions on health, stress, cancer, fitness, STDs and other topics. By ensuring that releasees have healthcare readily available at the moment of release, DOCs can help inmates better manage their current health problems while preventing against future issues.

The UI survey indicates that in addition to the DOCs that provide individualized written discharge plans to all inmates, 28 percent develop such plans to inmates with co-occurring disorders. The UI survey also indicated that about half of DOCs assess inmates for their medical and health requirements and all DOCs provide a supply of medication to exiting inmates who received prescription medication in the months preceding release. All of the DOCs surveyed reported providing prisoners with medication and/or a prescription upon release. The supply of medication provided varies, however, with 51 percent of DOCs providing a one to two week supply and 30 percent providing a three to four week supply. A smaller number of states (Kansas, Massachusetts, Montana, Pennsylvania, and Virginia) provide inmates with over a one-month supply of medicine. In addition to supplying medication and referrals, some states have developed strategies to help inmates secure benefits upon release. For example, the Massachusetts Department of Correction has developed a program in which staff can quickly and easily file applications to reinstate inmates' benefits prior to release (see Appendix A).

Mental Illness

Although it is difficult to estimate the prevalence of mental illness among incarcerated populations, recent estimates suggest that about one in every two prisoners in the state and federal system have mental health problems, compared to one in ten in the general U.S. population (James and Glaze 2006). For example, more than two-fifths of state prisoners (43 percent) reported symptoms that met the criteria for mania compared to less than 2 percent of the general public, and three times as many state inmates (24

percent) suffered from major depression as the general population (8 percent) (James and Glaze 2006). Incarcerated women are even more likely to experience mental health problems than their male counterparts (James and Glaze 2006).

Released prisoners suffering from mental health problems require immediate and ongoing medical services in order to successfully reenter the community (Gaynes 2005). These services not only refer to the obvious needs for medication, medical equipment, prescriptions and referrals, but also to assistance in accessing these key supports. Many individuals facing mental health challenges will require intensive support in order to navigate life outside of prison. This support is particularly critical given that mentally ill releasees tend to receive less support from family members relative to other former prisoners and rarely have private insurance or Medicaid benefits to fund medical treatment (Mallik-Kane and Visher 2008; GAINS Center 1999). Those with mental health problems face all the obstacles to health care described above, but also have additional challenges, such as proving that their mental illness represents their primary disorder (in lieu of a substance abuse problem) in order to obtain federal benefits and coping with the stigma associated with self-identifying as mentally ill (SURJ 2007). If mentally ill individuals experience delays in medications and medical care, they can pose a risk to themselves and the communities in which they live. Indeed, a released prisoner's unmet need for mental health services and treatment often directly precipitates arrest (Bazelon Center for Mental Health Law 2001).

According to the UI survey 84 percent of DOCs assesses prisoners' mental health history and 44 percent of the DOCs specifically provide releasing prisoners with a mental health disorder an individualized written discharge plan. In addition, the majority of DOCs (93 percent) collaborate with mental health agencies regarding discharge planning and 35 percent have a discharge planning MOU with a mental health center or agency.

Substance Abuse/Addiction

Individuals with mental illnesses are likely to also have other illnesses, including histories of substance use; in fact, two in five men and three in five women released from prison reported a combination of physical, mental, and substance abuse problems (Mallik-Kane and Visher 2008). Substance abuse often co-occurs with mental illness, with estimates suggesting that three in four state inmates with a mental illness also have a substance abuse or dependence problem, compared to a little over half (56 percent) of state inmates without a mental problem (James and Glaze 2006; Council of State Governments 2002). Indeed, 87 percent of state inmates with a mental health problem reported regular use (once a week or more for at least a month) of drugs and alcohol before their arrest. As a result, co-morbidity is extremely common (see Hammett et al. 2001). Individuals with *triple* diagnoses (often mental illness, substance abuse, and HIV/AIDS) will also require particular attention, as the complexity of drug interactions becomes even more severe in triply diagnosed than in dually diagnosed patients (McKinnon, Carey, and Cournos 1997 as cited in Hammett et al. 2001).

Even among those who are otherwise in good health, substance abuse problems can derail a successful transition from prison to the community. Drug use and intoxication are common in the months following release (Visher, La Vigne and Travis 2004), and without sustained advocacy and follow-up,

those with substance abuse problems are likely to relapse and engage in other negative behaviors (Gaynes 2005). Compared to others released from prison, substance users were more likely to engage in criminal behavior and to be reincarcerated in the year following their release (Mallik-Kane and Visher 2008). Indeed, the more often an individual is imprisoned, the likelier that inmate is to be a drug or alcohol addict or abuser (Califano 1998). About half of prisoners committed their most recent crime under the influence of alcohol or drugs (Mumola 1999) and 17 percent of all inmates report having committed their crime solely to obtain money to buy drugs (Califano 1998). Unfortunately, the likelihood of death from post-prison drug use is real; in the first two weeks following release, a returning prisoner's chances of dying from a drug overdose are 129 times that of the general population (Binswanger et al. 2007).

According to the UI survey 84 percent of DOCs assess a prisoner's substance abuse history while only 30 percent specifically provide releasing prisoners with a history of substance abuse an individualized written discharge plan upon release.

Health Care

Recommendation: Ensuring a continuum of care from the facility to the community is critical to the health and wellbeing of the exiting prisoner and the community to which they return. Prior to release the correctional agency should conduct a written assessment of a prisoner's mental and physical healthcare status and needs. The releasee should be provided with contact information of a health care facility/provider in the community in which they plan to reside in. For individuals with a history of mental illness or substance abuse, the DOC should schedule an appointment with counselor in the community prior to release. In addition, the DOC should provide 45 days worth of medication to individuals who are on medication while incarcerated.¹

¹ This time period is derived from estimates that it takes an average of 45 days for benefits to be reactivated (Bazelon 2006). Some institutions provided releasees with a prescription instead of the actual medication; however this puts a financial burden on the releasee at a time when they often have limited resources

Support Systems

When an inmate returns to the community, they will need a positive support system in place that encourages a healthy lifestyle, positive behaviors, and self-sufficiency. Whether an individual has a family member, friend, or mentor to aid them at the moment of release, no one should leave prison without someone immediately available to support them (National Academies 2007). This support is usually best when it comes from family members, as the strength of family support directly predicts an individual's success upon release in areas such as employment, housing, and abstinence from illegal activities (Nelson, Deess, and Allen 1999) and many prisoner report that family support is the most important thing in keeping them out of prison (Visher and Courtney 2006). Even fragile families, though not ideal, can provide crucial resources upon release, such as housing, medication management, crisis intervention, and feedback to probation and parole (Family Justice 2006). A supportive family may also steer former prisoners away from both illegal activities and the people who engage in them. Prisoners reunited with their families following release have been shown to decrease their use of illegal drugs without additional treatment, have fewer new arrests, and show improved physical and mental health (National Academies

2007). The majority of former prisoners believe that family support has helped them avoid a return to prison (La Vigne, Visher and Castro 2004; Visher, La Vigne and Travis 2004). In general, family or friends represent the most useful form of support in prisoners' transition back to the community, and many former prisoners will rely heavily on those individuals for both emotional and financial support (Visher, La Vigne, and Travis 2004; La Vigne and Wolf 2004). Although supportive families can help releasees avoid returning to prison, many prisoners have family members who enable them to revert to illegal and unhealthy behaviors. When creating a release plan, family members who have a negative influence on the prisoner must be identified and excluded from involvement in their transition into the community.

Supportive family members can also encourage existing prisoners to make up for their past actions by participating in restorative justice activities. Designed primarily to support victims of crime in rebuilding their lives, restorative justice programs, including restitution payments to victims, community service, and various forms of victim-offender mediation, have also been found to reduce recidivism among participants (Bonta et al, 2006). Research indicates that formal involvement of family members of participating releasees in the release process increases the likelihood that they will follow through with restorative justice activities and aids in their ability to express their remorse and demonstrate their successful rehabilitation (Braithwaite 2007; Hebert 2005).

Unfortunately, logistical and legal constraints—such as housing restrictions and distance from the prisoner's community to that of their family—prevent some family members from providing support to the recently released prisoner. Damaged family relationships prior to incarceration, sporadic communication while in prison, and a fear of return to negative behaviors upon release also may prevent family members from having a relationship with released inmates. Without the involvement of family members, individuals will likely seek out former friends and associates, many of whom are tied in with illegal activities and a heightened likelihood of parole violations and recidivism (Eckholm 2006). Unfortunately, some family members may also be engaged in anti-social behaviors and prompt a return to such activities (Visher, La Vigne, and Travis 2004).

Ideally, an individual in prison has worked on cultivating relationships with community-based organizations and support systems as part of a larger reentry plan (Council of State Governments 2005). The UI survey revealed that about half of DOCs assess an inmate's family life and domestic relations and approximately 70 percent of DOCs involve families in the discharge planning process. For example, the Family Life Center in Rhode Island provides discharge planning for prisoners and family members prior to release. Although it is important to facilitate connections with family and friends prior to release, DOCs will need to find alternatives when such relationships are not be feasible and/or desirable. For those inmates who are unlikely to develop a positive support network of family members, some DOCs are working on developing other supports through intensive counseling and mentors at the moment of release. The Texas Department of Criminal Justice runs a faith-based Chaplaincy Mentor program that places volunteer mentors with inmates to help them prepare for the moment of release. Before discharge, mentors work with their mentees to develop a plan for at least one month's supply of food (including through food stamp application), shelter, clothing (e.g. work boots, work clothes), and medication (including through Medicaid application). Mentors also help arrange for post-release transportation to

work, assist in obtaining the documents needed to secure a license and Social Security card, and communicate with charities and the inmates' family in order to prepare for release. At the moment of release, mentors and released inmates may transport mentees and help them access community resources. After release, mentors are encouraged to familiarize themselves with the terms of their mentee's supervision and if the need arises, insist the individual meet the treatment requirements of their release (Texas Department of Criminal Justice 2006). In Idaho, individuals who do not have family to depend upon at the moment of release receive transitional funds that help them acquire and pay for housing, living expenses, and needed medical and behavioral treatments (Idaho DOC 2007).

Support Systems

Recommendation: A support system can be an invaluable resource for an individual, especially at the moment of release. Therefore, at a minimum the DOC should provide all exiting prisoners with a release handbook listing community resources. In addition, if appropriate, family members should be contacted and notified of release date and release plan. For those without family members, the DOC should identify community or faith-based organizations that can offer support, at the very least, within the first 24 hours of release.

What Are the Opportunities and Challenges of Release Planning?

There are both macro and micro level challenges associated with gaining institutional compliance with release procedures, encouraging releases to follow release plans, and release planning for special populations. The ease of discharge planning will also vary depending on the amount of time available to devote to such planning; the qualifications and experience of staff members; the number of resources dedicated to discharge planning; the risks and needs of the target population; the need for and availability of community treatment services and supports; the level of coordination between institution/state system and community; and the follow-up period after discharge (Moran et al. 2005). Release planning is fraught with both challenges and opportunities involving both the individual departing from prison as well as the many linkages that must be made with individuals, agencies, and service providers in the community. Effective release planning also requires the ability to engage in ongoing data collection and outcome measurement activities in order both to hold release planning staff accountable as well as to make improvements over time.

Engaging the Released Prisoner

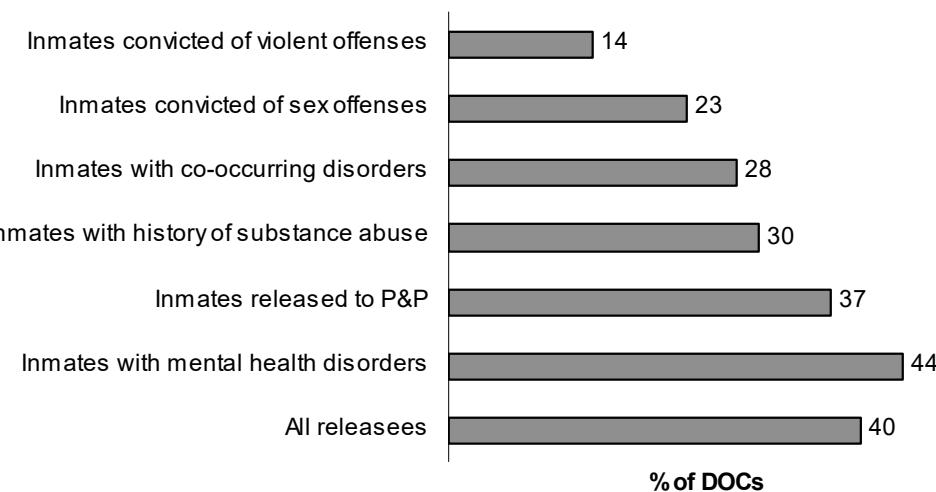
When it comes to release planning, inmates can be divided into two broad categories: those released with a required period of community supervision, and those who are released with no further obligations to the state. For both groups, communication, coordination, and follow-up are critical to the successful execution of a release plan. These activities should be designed in a manner that engages prisoners in the development of the released plan from the very beginning, thereby increasing the odds that they actually follow it after their release. For example, the inmate can be enlisted, with supervision, in making phone calls to set up aftercare appointments. As his or her health condition improves during the course of treatment, the individual could assume an increasingly greater share of the responsibility for the plan that will assure ongoing and continuing care following release (AACP 2000). Inmates who also have the opportunity to discuss their feelings about an upcoming release with their case managers may become more engaged in defining, and adhering to, the conditions of their release plan (Walters, Clark, Gingerich and Meltzer 2007).

Encouraging releasees to adhere to a release plan also represents a challenge in discharge planning, as the peak rates of committing a new crime or violating the terms of parole occur in the first few days, weeks, and months after release (National Academies 2007). Many prisoners, particularly those completing lengthy sentences, have adapted to an environment in which their entire days are planned out and may have difficulty making decisions and managing their free time once on their own (Nelson and Trone 2000; Visher et al. 2007). While some individuals will try hard to reform themselves but may not succeed, others will simply refuse to conform to the expectations of their parole (Piehl 2002). Some releasees will feel constrained by the highly structured conditions of release that benefit others and rebel against those rules; indeed, the same interventions that improve success rates in high-risk offenders may be detrimental to low-risk offenders (Lowenkamp and Latessa 2004). Former prisoners may also have unrealistic expectations concerning life on the outside and feel they can subsist without following the

conditions of their release plan (Nelson and Trone 2000). Releasees may also find it difficult to comply with their release plans if services are not immediately available in the first few days after release (National Academies 2007). These challenges suggest that corrections agencies must take into account an individual's proclivities and needs when creating a release plan, recognizing the extent of prisoner resistance to mandated conditions of parole. Corrections officers and mental health staff can counsel inmates to understand that treatment and other parole conditions can help them achieve their personal goals in addition to simply meeting requirements imposed on them by the corrections agency.

Release planning for discharge is particularly important for special populations who encounter a unique set of obstacles upon release or who pose an increased risk to public safety. Inmates released directly from maximum security, inmates released without any form of supervision, inmates with mental health or substance abuse problems, inmates with physical or chronic illnesses, and persons convicted of violence or sex crimes are in particular need of release planning. While providing services to prisoners with special needs may involve certain political risks, the biggest gains in public safety and cost savings are achieved when resources are targeted at this population. Such costs and benefits must be considered when deciding whether to exclude violent offenders, sex offenders, mentally ill offenders, and/or high-risk offenders from participation in the reentry program (Taxman et al. 2002). The UI survey indicates that all but one reporting agency prepare individualized written discharge plans for at least some inmates. Among those agencies, 40 percent provide such plans for all releasing inmates.

Figure 3: DOCs preparation of individualized, written discharge plans



Supervised Releasees

For the two-thirds of prisoners who will discharge under some form of correctional supervision, most must abide by certain conditions of release in order to maintain their freedom. In addition to holding inmates accountable for their actions upon release, such conditions of release also act as a formal expression of the DOC's expectations for post-release conduct. In order to create a meaningful release plan that

encourages adherence and success, case managers should incorporate the inmate's characteristics and his or her responsiveness to different types of programming and involve inmates and other stakeholders in the process of identifying conditions of release (Council of State Governments 2005). Victims and family members are crucial in setting conditions of release, as these individuals can help recognize behavior patterns of individual offenders and assist parole officers in developing effective supervision and response strategies (Petersilia 2003 as cited in Council of State Governments 2005).

Once a plan has been created, the conditions of release and the consequences of adhering to or breaking certain rules must be communicated clearly in order to reduce criminal behavior among probationers and parolees (Kennedy 1998; see Council of State Governments 2005). The enforcement of these rules will not only support those who are trying to turn themselves around, but may also deter former prisoners who willingly disregard the conditions of their release (Piehl 2002). However, punishment should be appropriately scaled and also encourage future compliance, as former prisoners may have a greater need for small rewards and punishments to encourage socially appropriate behavior relative to the general population (Piehl 2002). Case managers should not only discuss the repercussions of breaking release conditions, but also identify the "rewards" for following the rules, such as eventual release from community supervision. Policies that allow former prisoner to transition away from community supervision after a reasonable period of successful supervision provide incentives for obedience and positive achievement, lowering the chances of future technical violations and potentially decreasing supervision caseloads (Parent and Barnett 2004). When there is greater compliance with the terms of supervision, fewer resources need to be expended on surveillance and punishment (Piehl 2002).

In defining the conditions of release, the corrections department can exercise a great deal of power in ensuring that the critical elements of release planning outlined in this handbook are secured. While release conditions typically include regular reporting to a parole officer, sex-offender registration, drug testing, maintaining employment and not possessing weapons, DOCs may also require that inmates obtain proper housing (Connecticut), abstain from anti-social peers (New Jersey) and follow a variety of other less standard rules ((Travis and Lawrence 2002). The Pennsylvania DOC has identified several conditions of release that must be met prior to discharge as well as upon return to the community. Prior to discharge, every inmate must complete sections of a release worksheet that include mandatory visits to several release stations (such as dental and medical offices, education offices, libraries, their parole office) and optional visits to other stations (such as counselors or an employment office). Upon release, failure to report to or return from an approved place of employment, training or education, or any other authorized destination, as well as leave without authorization, will deem an inmate to have escaped and lead to criminal prosecution.

Those Released Directly from Maximum Security

In 2000, about one in five inmates were classified as maximum security risks (Stephan and Karberg 2003). Individuals confined to maximum security cells have limited stimulation and are rarely in contact with other human beings. Their movements are controlled by physical restraints and correctional officers. Although prisoners within maximum security are typically the most dangerous inmates that pose a serious

threat to public safety, critics suggest that they are also more likely to have problems coping with prison due to mental illness; that needed treatment is often not provided; and that vulnerable inmates are further damaged by sensory deprivation (Lovell, Johnson and Cain 2007).

Inmates released from maximum security may enter society unable to cope with the demands of daily life, with high levels of paranoia and social anxiety (Lovell, Johnson and Cain 2007). Indeed, the vast majority of maximum/high-security confinement facilities provide mental health services to inmates (Beck and Maruschak 2001). They not only pose a serious threat to themselves, but to the community at large. Unfortunately, little is known about the release outcomes of prisoners from maximum security. One recent study of inmates released from “super-max” prisons in Washington State estimates that of those released directly to the community, 22 percent will commit a felony and 42 percent will commit any new offense within the first three months of release (Lovell, Johnson and Cain 2007). The study also discovered that prisoners from super-maximum security who had been transitioned into a normal prison in the months preceding their release committed fewer felonies than inmates released directly from maximum-security. Indeed, furlough participation, both alone and followed by pre-release, has consistently demonstrated lower recidivism rates than those predicted based on inmate characteristics (LeClair and Guarino-Ghezzi 1991). The UI survey reveals that only 23 percent of DOCs in the survey had a discharge policy that includes step-down procedures. The majority of DOCs (74 percent) provided discharge planning for inmates released directly from segregation.

Unsupervised Releasees

While across the country the majority of released prisoners are under supervision, this share varies widely state by state. Some states—namely, Florida, Massachusetts, and Oklahoma—release fewer than half of prisoners to supervision, with the remainder free to reside in communities without any formal oversight or support from a community corrections entity (Travis and Lawrence 2002).

Although the majority of prisoners must satisfy some conditions of release, about one in five inmates will serve the full length of their sentence and be released into the community without correctional supervision (U.S. Department of Justice 2001). While this population of inmates has more freedom than those who must meet parole requirements, they also may not receive the needed referrals and resources that accompany community supervision. The need for strong discharge planning materials assumes even more importance as an increasing number of prisoners are discharged unconditionally through an expiration of their sentence (Mellow and Dickinson 2006).

Unless a state requires a period of mandatory supervision, there is no way to impose conditions on these inmates’ behavior following release (Piehl 2002). Although not having to abide by conditions of release may feel “freeing” to many returning inmates, it also may result in a lack of needed referrals and resources that accompany community supervision; parole agents do not have the power to revoke parole if released inmates refuse “assistance” (Byrne and Taxman 2004). However, we know very little about the behavior and recidivism rates of prisoners released without criminal justice supervision, or about how the length of time a person spends on supervision corresponds to recidivism (Council of State Governments 2005). We do know that this growing population of former prisoners is more likely to suffer from mental

illness (DOJ; Mellow and Dickinson 2006; Travis and Lawrence 2002; Hals 2003). Inmates released unconditionally are often also those considered the most worthy of punishment (and therefore the subject of mandatory sentences) or those least active in earning release by appropriate and productive behavior (Piehl 2002); in Massachusetts, 83 percent of maximum security inmates in state prisons were released without parole supervision in 2002 (Martin and Roberts 2004). In addition, inmates may avoid community supervision by waiving their right to a hearing and serving longer prison terms in order to be released unconditionally (Piehl 2002).

Individuals that will lose all ties to the correctional system upon release make pre-release assessment, strong discharge planning materials, and service recommendations especially important. Release planning that ignores unsupervised, unconditional releasees reduces those individuals' stakes in the community and their visibility to both formal and informal forces of control and support (Taxman et al. 2002). The UI survey revealed that three out of four DOCs (74 percent) provide individualized written discharge plans to at least some inmates who max out; 37 percent provide discharge plans to *all* inmates who max out.

However, because the DOC cannot mandate program participation it faces several challenges in providing needed release preparation to this population. Many unconditional releasees will not volunteer for programs that include community surveillance and service components, as inmates often perceive such programs as limiting their options as well as reducing their anonymity (to supervision agents, service providers, family and neighbors) upon return to the community (Taxman, 1998; Taxman et al. 2002). Some inmates' may also have negative experience with law enforcement, supervision agencies, and treatment providers that make them doubt the real intentions of these agencies and staff (Taxman et al. 2002). Attempts to encourage additional community supervision in exchange for access to free community-based services on demand often meet with little success.

To combat the problem of low volunteerism for community supervision, program planners might establish interventions during institutional and structured pre-release phases that focus on building motivation and readiness for change (Taxman et al. 2002). For example, some states (such as Florida, Maryland, and Nevada) move inmates closer to their release location during their last few months in prison, which may help inmates who will be released unconditionally make vital community linkages prior to release (Byrne and Taxman 2004). Other corrections agencies provide programs with terms of use equivalent to a supervised inmate's conditions of release. For example, Allegheny County, Pennsylvania offers comprehensive, individualized release planning and case management to individuals released without community supervision who also have a mental illness. The program has achieved successful outcomes by requiring that all participants abide by certain terms in order to remain in the program, such as taking medication, following service plans and attending mental health treatments (see Appendix A).

Pre-release handbooks or resource guides are gaining popularity as a way of standardizing reentry resources. These guides allow prisoners to access important information without needing to consult a case manager and provide a certain degree of independence from the correctional system. Pre-release handbooks can be a valuable resource for people who receive minimal to no release planning as well as for those who have maxed out of prison and are not under correctional supervision. Resource guides help

reduce prisoner anxiety, help with adherence to therapies, and aid in the retention of important information (Mellow and Dickinson 2006). They also save time for case managers, who will have a standard way of presenting information and do not need to individually research every case to find useful resources (Mellow and Dickinson 2006). The UI Survey found that a little over half of agencies (54 percent) provided inmates with a reentry handbook or community resource guide upon release. Minnesota, Ohio, and Indiana, are examples of correctional agencies that provide soon-to-be-released prisoners with a comprehensive reentry guide

Technology can also be leveraged as a resource for soon-to-be-released and released prisoners. The internet can be a useful resource for inmates who need to find housing, employment and other resources prior to their release date. Historically, access to the internet in corrections facilities has been limited due to security and data access concerns, but there are now many ways in which prisoners can be granted restricted internet access. For example, DOCs can install internet firewalls that prevent prisoners from accessing non-resource related websites. Inmates can also be physically monitored by staff or volunteers while they search for online resources. The Louisiana DPSC maintains a website that links inmates with jobs. The Connecticut DOC, in collaboration with the 211 Info-line, created a webpage on the DOC's website that contains a clearinghouse of updated information on housing, employment, job training, and other reentry necessities. The Pennsylvania Department of Public Welfare developed a web-based application, COMPASS (Commonwealth of Pennsylvania Access to Social Services), that allows trained non-specialists (including those in the DOC) to electronically submit one collective application for many benefits to their associated offices (Bazelon Center 2006). The Maine DOC provides videoconferencing between inmates and the community organizations from which they will receive services once released from prison.

Sex Offenders

Inmates with a history of sexual and violent offenses face significant barriers to reintegrating into society. In addition to those convicted of sex offenses, many inmates currently in prison for other crimes have a criminal history that includes at least one adult sex offense conviction, suggesting that approximately one in five offenders returning from state prison facilities to the community each year could be categorized as sex offenders (Byrne and Taxman 2004). Those with a history of sex offenses often vary in the nature of their crimes (rape, child molestation, public exposure, and deviancy) and hence, will require different treatments. Although this population has very low recidivism rates to begin with (estimated at 5.3 to 13.7 percent for new sex crimes; Langan, Schmitt, and Durose 2003; Hanson and Morton-Bourgon 2004), quality treatment can greatly reduce both sexual recidivism and general recidivism (Alexander 1999; Hanson et al. 2002; Lotke 2006). Indeed, high-risk inmates benefit the most from intensive intervention (Lowenkamp and Latessa 2004).

Persons convicted of violent offenses and sex crimes experience many barriers to successful reintegration. For example, several states have laws (e.g., Jessica's Law) in place prohibiting sex offenders from residing within a specified distance from where children congregate, thus minimizing the availability of housing options. While formal barriers restrict many of these individuals from securing

housing and employment, the informal barriers may be much more pervasive and difficult to circumvent. The public generally has a very low tolerance for recidivism among this population and may be more likely to discriminate against this group when providing services (Byrne and Taxman 2004). DOCs will encounter difficulty in planning for this population as the perceived risk of recidivism (regardless of actual risk) may prohibit these individuals from participating in certain programs or receiving needed services. Program developers may be more interested in the level of re-offending by program participants than in recidivism reduction, and restrict individuals with a history of sexual offenses or violent crimes from participating (Byrne and Taxman 2004). This reluctance to provide support services to prisoners with a history of sexual offenses and violent crimes is reflected in the release plans of DOCs in the UI survey: only 39 percent of DOCs provide individualized written discharge plans to inmates convicted of a sex offense if they do not already provide a plan for all inmates. Fewer than one in four (23 percent) provide such services to inmates convicted of a violent offense. It is important to note that these prisoners will still return to the community upon release, but now without the specific support and control offered through program intervention (Byrne and Taxman 2004).

To circumvent the difficulties in planning for release for violent and sex offenders some states have implemented innovative programs. The SVORI program in Kansas assigns a trained mentor from the community who aids in the transition from pre-release to post-release. In New York, the Department has contracted with a therapist to provide counseling sessions between individuals in the TARP program (those with a history of serious and violent offenses) and their family members prior to release. Follow up counseling sessions occur during the parole and community phases of program.

Women

Gender is an often overlooked issue in release preparation and planning, despite the fact that women are housed in separate units and often entirely separate facilities. The challenges that women face when exiting prison are nonetheless unique and merit consideration when identifying immediate needs and potential linkages to community. Prior research indicates that both the circumstances precipitating incarceration and the challenges affecting post-release reintegration are uniquely different for women than for men (O'Brien 2001, Richie 2001). Women who get caught up in the criminal justice system have extensive histories of drug use (Blume 1990), are likely to be clinically depressed (Blume 1990), tend to have low self esteem (Bloom and Covington 2000) and have fewer job skills than their male counterparts (Messina, Burdon and Prendergast 2001). These challenges all play into post-release outcomes for women, who are more likely than men to be homeless (Bloom 1998) and to have problems with intimate partners (Chesney-Lind 1997, Owen and Bloom 1995). Incarcerated and recently released women also exhibit greater ties to their children than men and are much more likely to have childcare responsibilities both before and after release (Belknap 1996). The factors that make women's transitions to the community unique the same ones that should guide pre-release planning. Thus, special efforts should be made on the part of release planners to focus on employment readiness, housing, and family reunification.

Gaining Cooperation from Corrections Staff

The majority of DOCs surveyed (95 percent) have specific discharge policies and guidelines in place and the most of them (84 percent) also have formal policies to ensure that discharge procedures are followed properly. However, policies on paper often bear no resemblance to the way in which they are observed in practice, making it critical that corrections staff undergo adequate training and have sufficient buy-in to ensure that release planning is accomplished as intended. The role that both corrections officers and other institutional staff can play in preparing prisoners for release is tremendous, particular among staff who have day-to-day contact with prisoners and can check in with them on the status of their release planning efforts to learn, for example, if a prisoner has confirmed that a family member is willing to provide housing for him.

However, a lack of available staff and resources to develop plans, problems with implementation, and the traditional security-oriented corrections culture all impede an agency's ability to fully execute release policies and procedures (National Academies 2007). Although basic discharge plans exist at many corrections agencies, far too many are poorly defined or are not implemented in a systematic manner likely to produce consistent results in individuals across time (Moran et al. 2005). Staff members typically do not have a written protocol or adequate training for discharge planning and may resist implementing such plans because of the prevailing belief that security classification should take precedence over other activities, such as discharge support services (Moran et al. 2005; National Academies 2007). Indeed, the UI survey revealed that less than half of correction agencies have written institutional or employee performance measures related to discharge planning.

Evidence-based practice supports the concept of institutional staff playing a key role in engaging and motivating inmates, and recommends that officers and program staff be trained to interact constructively with inmates, providing guidance and motivation toward their efforts to prepare for a successful transition from prison to the community (Joplin et al. 2004). Florida's Faith and Character-Based Institutions (FCBI) prescribe this role for its officers, who are expected to interact respectfully with inmates, support their efforts toward self betterment, and serve as a sounding board for issues and anxieties they encounter throughout the course of incarceration through to the day of release (La Vigne et al. 2007). While an evaluation of the FCBI model, which also includes a wide array of both faith-based and nonsecular volunteer-led programs, was statistically inconclusive, both inmates and correctional staff believed that the culture and environment aid in the successful reintegration of inmates who were housed there (La Vigne et al. 2007).

Collaborating with Community and Agency Partners

As public safety resources continue to shrink, DOCs have more reason than ever to seek outside partners who can provide inmates with the tools needed to successfully reintegrate into the community. Regardless of what type of program officials aim to create, they are more likely to reach their goals by collaborating with other agencies and creating a system that provides continuous care and lowers the investment that any one agency must make in pre-release activities (SURJ 2007). Indeed, collaboration

among corrections, supervision authorities, human services, law enforcement, and community based groups holds promise for facilitating the successful delivery of post-release services (Parent and Barnett 2002; Gaynes 2005).

Although community based organizations often serve as the link between prison and reentry into the community (Gaynes 2005), collaborative efforts between these organizations and corrections departments are fairly new and unexplored. Past efforts to form partnerships between correction departments and outside agencies have proven difficult for a variety of reasons. Some service organizations are reluctant to provide services to former inmates in lieu of “easier” clients (Gaynes 2005; AACP 2000). Others simply lack a clear understanding of the specific needs of this population—or even an awareness of who the individuals are (Gaynes 2005). Corrections agencies may resist partnerships and “outside interference” in a process traditionally handled within the prison system.

Despite a spotted history of collaboration between corrections agencies and other community-based entities, DOCs have made recent efforts welcome community agencies as allies and partners, stressing that prisoner support helps reduce crime in the community (Sipes 2006). Perhaps as a result of these efforts, DOCs have begun to enter into formal partnerships with service providers. Typically in the form of MOUs (Memorandums of Understanding), these agreements outline each entity's role in the process of release planning, and often detail staff needs from other agencies to provide additional services. MOUs also facilitate information sharing, as many assessments completed during incarceration will be useful to service providers upon release (Gaynes 2005). Already, several strategic partners have become involved in serving exiting prisoners; key stakeholders interested in such causes as AIDS, substance abuse, parenting, and mental health issues all may find a niche within the criminal justice system (Gaynes 2005). This underscores the point that the responsibility for release planning should not rest exclusively with the corrections system. Indeed, it should represent a collaborative effort among several key agencies and stakeholders with a vested interest in ensuring an inmate's success in the hours and days following release.

Once corrections departments adopt a position of collaboration with outside sources, they can enlist the aid of several different types of agencies. The Parole Board and Probation Department will play a critical role for inmates released on supervision. Even when parole boards do not decide when prisoners are released, many still develop release conditions for those who will be under community supervision and DOC staff can coordinate with parole boards to create a release plan that takes these conditions into account. In addition, release plans are ineffective if not properly implemented once prisoners are released, and it is likely that most prisoners who fail to adhere to their conditions of supervision directly after release will not meet conditions later on. DOCs can communicate the conditions of each prisoner's release plan to community supervision authorities, and once aware of these conditions, supervision authorities can ensure that prisoners know who, when and where to report. Ideally, community and institutional corrections agencies will institute information exchange systems that will automatically notify the institution if prisoners do not meet the conditions of their release plan. The Department of Public Health and Department of Mental Health will be able to better address the significant number of individuals with a mental health and/or substance abuse problem returning to the community. Community

agencies and stakeholders will be integral in planning for the needs at the moment of release that are best secured through private enterprises and non-profits. District Attorneys, courts, and the Legislature may be called upon to support legislative reforms (Harshbarger 2005). DOCs may also enter into interstate compacts with DOCs, departments and service providers in other states to ensure that prisoners leaving prison to return to out-of-state communities will have access to the resources they need.⁵ In order for release planning to be effective, these agencies must recognize the vital role they play in an inmate's reintegration into the community and commit to working with the DOC to ensure that the inmate is supported at the moment of release.

As correctional agencies work with more community agencies and stakeholders, all involved entities will begin to recognize the interrelation of public service systems that work with similar populations (Harshbarger 2005). Comprehensive individualized services and support networks can be planned to "wrap around" clients rather than presenting them with set, inflexible treatment programs (National Academies 2007). Such service delivery may work especially well for special populations of inmates who typically have many needs that would be best addressed through a "one-stop service center." Indeed, several examples of multi-agency collaboration already exist. In Tennessee, the DOC developed a state-wide network of non-profit, civic, and faith-based members who agree to provide certain services to individuals who are released from correctional facilities (see Appendix A). In Washington State, release planning represents a team effort between DOC officials and representatives of the Department of Social and Health Services (DSHS), community corrections, community-based mental health and substance abuse providers, family members, and law enforcement. The team begins to develop a release plan at least three months prior to discharge, including detailed plans for the first 48 hours following release. Case managers, community-based mental health and chemical dependency providers, and community corrections officers also visit the inmate during incarceration to develop relationships prior to release (Council of State Governments 2002).

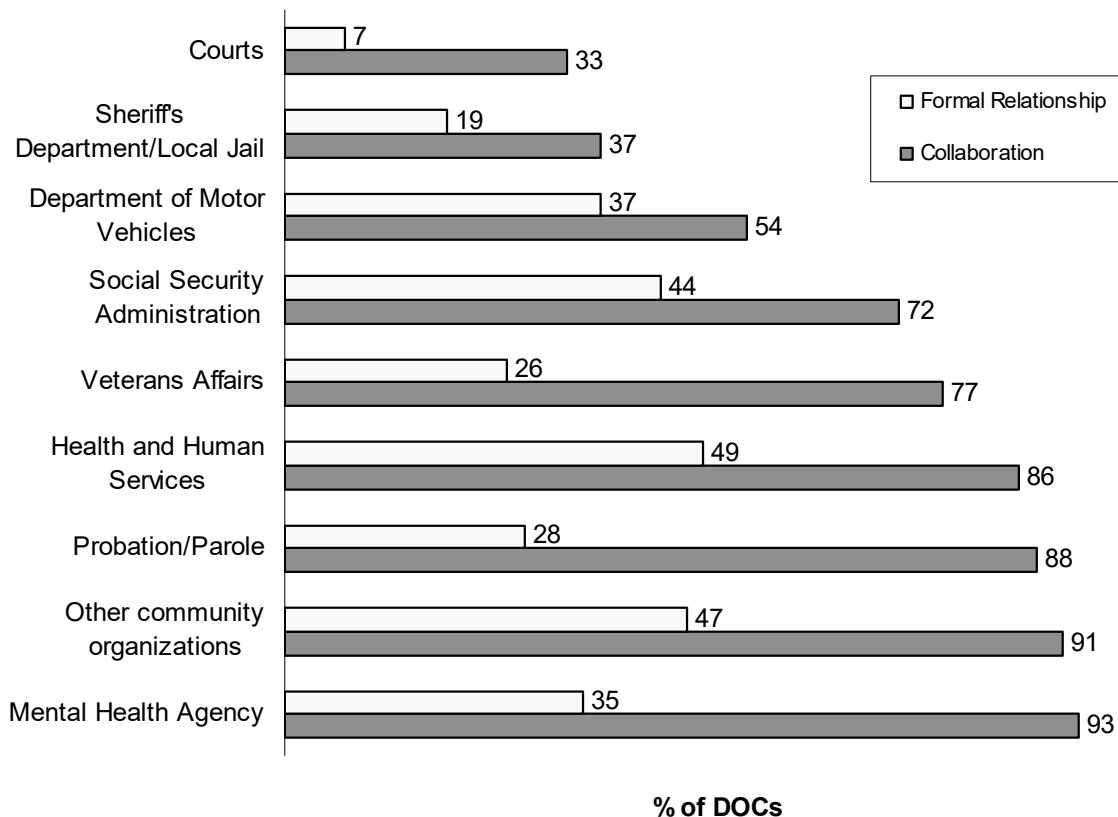
Businesses and private firms also have the potential to provide valuable support to returning inmates, especially in meeting needs that may be better addressed through the private market. However, several de facto restrictions within the community restrict effective discharge planning; many employers, landlords, banks and other private businesses discriminate against those with a criminal background when deciding whom to hire, to allow to live in their building, or to lend money. Such practices are illegal, but also difficult to combat. For this reason, it is imperative for corrections agencies to collaborate with these key stakeholders to ensure inmates will receive needed resources upon release. For example, the Louisiana DPSC has formal relationships with employers throughout New Orleans who are interested in hiring former prisoners.

The UI survey finds that all but one of the reporting DOCs collaborated with at least one agency; The most common partners included mental health centers/agencies (93 percent), community based service providers (91 percent), Health and Human Services (86 percent), Probation and Parole (88

⁵ See <http://www.interstatecompact.org> for more information on interstate compacts and their role in release planning.

percent), and Social Security Administration (72 percent). Approximately 79 percent of DOCS have formal partnerships with various agencies, such as health and human services, department of motor vehicles, and social security administration. A small but important share of DOCS (14 percent) had no formal partnerships with outside agencies.

Figure 4: Collaboration and Formal Agreements with Others Agencies



The examples below illustrate the types of release planning partnerships that can be forged and the ways in which they can facilitate the initial transition from prison to the community.

Department of Motor Vehicles

In northern Louisiana, state ID cards and license cards are made at the correctional facility prior to inmate discharge. Six to eight months before release, prisoners may apply for a new state ID card, a renewed state ID card, or a renewed driver's license. The DPSC ensures that all individuals have the correct documentation necessary to receive their cards, often by requesting social security cards and birth certificates from the appropriate agencies.⁶ The OMV visits each correctional facility on a quarterly basis to issue or renew state identification cards to inmates with the necessary forms of identification. ID cards

⁶ Whereas individuals already in the OMV system can use their prisoner ID card as proof of identification, those not registered with the agency must also present a social security card and birth certificate.

are free of charge for those eligible for welfare funds, and all exiting prisoners receive their ID cards at discharge as part of their release packet.⁷

Social Security Administration

The Medical Services Division of the Oklahoma DOC has partnered with the Social Security Administration to connect prison inmates with social security benefits prior to release. A reintegration specialist at each correctional facility works with a counterpart at the local social security office to pull together applications (Bazelon Center 2006).

Mental Health Agency

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) refers exiting prisoners with mental health ailments to the regional mental health services and benefits coordination office in their expected county of release. These offices then send workers to meet with prisoners, developing pre-release plans and making referrals a benefits eligibility specialist who files an application SSI/SSDI 90 days prior to release. The TCOOMMI will pay for medical services until Medicaid is activated and provides a 10-day supply of medications upon release. The state also provides a stipend to released inmates until they receive their disability checks (Bazelon Center 2006).

Courts

The Indiana Department of Corrections operates a reentry court program in which participants appear before a judge on the first Friday after release to learn about the program. Two weeks later, they meet with the judge again and are given a mandatory reintegration plan. A reentry team handles case management and makes recommendations to the judge. The court also shares a strong relationship with the faith-based community—local pastors attend court hearings and offer mentoring services (Lattimore et al. 2004).

Law Enforcement

Lowell Massachusetts's Police Department's Reentry Initiative is designed to provide support to and improve the surveillance of returning prisoners. Through the program, the MDOC notifies the Lowell police department prior to a local inmate's release. A police officer then meets with the prisoners prior to release both to offer a range of support services and to inform the inmate that the department is aware of their upcoming release and will be informally monitoring his conduct in the community (MacLellan 2005).

Probation and Parole

The Transition from Prison to the Community (TPC) model strives to create a “single, dynamic case planning process that shares information, assessments, and progress across the divide between

⁷ http://reentry.microportals.net/reentry/Programs_Cited_as_Examples_in_Report.aspx

institution and community supervision" (Burke 2008). The model includes probation and parole officers entering the prison prior to release in order to prepare inmates for their period of community supervision. In Rhode Island, the TPC Model has engendered a close partnership between the DOC and the Probation and Parole unit, and led to increased familiarity and opportunities for sharing between the agencies. Probation and Parole Officers in Rhode Island report greater input into projects once reserved for institutional staff and enhanced knowledge about prison functions and the needs of newly-released inmates (Burke 2008).

Other Agencies

In Pennsylvania, the County Assistance Office (CAO) is part of the Department of Public Welfare and assists individuals with problems they encounter when applying for or receiving a wide range of public services, including food stamps, the Earned Income Tax Credit and TANF benefits. The CAO is responsible for contacting the Department of Corrections to resolve problems with returning prisoners' applications for public financial assistance (Bazelon Center 2006, Pennsylvania Department of Public Welfare 2008). In Illinois, the state's Department of Corrections directly funds St. Leonard's Ministries, a local housing and social service provider, to provide housing and social services for parolees at just under the cost to the department of supervising a parolee (MacLellan 2005).

Funding

Correctional departments can also leverage funding opportunities to support pre-release planning efforts and to link exiting prisoners with resources and agencies on the outside. One example is to seek support for exiting prisoners who are veterans, as their health and disability benefits are typically suspended after 60 days into a prison term (Council of State Governments 2005). Corrections agencies should help inmates reapply for these benefits, as most can be reinstated when the incarcerated veteran is released without supervision, paroled, on work release, confined to a halfway house, participating in a community control program, or confined to a state hospital (Council of State Governments 2005).

With correctional expenditures increasing at the same time that state budgets are shrinking, tapping into non-traditional sources of funding is a necessary strategy to fully address the immediate needs of exiting prisoners. Many federal agencies (Department of Labor, Department of Health and Human Services, Veteran's Administration, etc.) provide funding to various organizations serving specific populations. DOCs should identify these agencies and explore potential funding opportunities that will result in a shared responsibility of fulfilling each agency's mission. For example, when two or more partnering agencies do not have the funds to independently serve their desired population, they can draw on each agency's existing budget and resources to jointly cover associated costs of the service or program (Council of State Governments 2005). Another scenario is when one partnering organization is more likely to appeal to a funder, in which case that organization should be recognized as the grantee and the partnering organizations could write in support of the grantee (Council of State Governments 2005). For example, a health foundation is much more likely to be interested in awarding a grant to a community health center or other health provider than to a corrections agency. Partnering organizations

can also establish new entities - often independent, 501(c) organizations - to serve as a locus for monies, which may be more appealing to private foundations because the organization is not accountable to any particular state or county agency (Council of State Governments 2005).

Revising Policies and Laws

In addition to the challenges of soliciting buy-in from community agencies, from the correctional system, and from inmates themselves, corrections departments will encounter constraints within the current legislative system that hinder their ability to plan for the moment of release. Efforts to coordinate with local businesses to secure employment for an inmate will be fruitless if those businesses are barred by law from hiring individuals with a criminal record. Exiting prisoners with drug offense convictions may face permanent bans on obtaining TANF and other needed benefits, regardless of a DOC's efforts to work with the local SSA. Although corrections agencies can use creative strategies to circumvent some of these barriers, policy changes—at the federal and state level—may be needed to secure an adequate level of resources and services for soon-to-be-released prisoners.

Legislative Changes at the Federal Level

Action may be required at the federal level to improve exiting prisoners' access to a variety of resources and services. Some legislative action is relatively simple, such as updating federal eligibility requirements that have historically excluded recently released individuals from obtaining certain services. One example is HUD's federal definition of homelessness, which includes people discharged from correctional institutions only if they were homeless prior to incarceration and their incarceration term was 30 days or less (Council of State Governments, 2005). For those being discharged from prison, an incarceration term of less than 30 days is nearly impossible, precluding them from accessing a variety of federal programs designed for homeless individuals (especially those with chronic disabilities such as mental illness, substance addiction or HIV/AIDS). In some special circumstances, inmates may qualify as homeless when correctional transition planners or community-based organizations can determine, prior to release, that those individuals are at serious risk of homelessness (Council of State Governments 2005); a potential policy improvement may be as simple as advocating for the use of assessments to determine the *risk* of homelessness.

Other federal action may require changing agencies' incentives to provide certain services. For example, the Federal Work Opportunity Tax Credit encourages employers to hire former inmates by reducing employers' federal income tax liability by as much as \$2400 per qualified new worker (U.S. Department of Labor 2007). Federal action may also be helpful in ensuring uniformity across states. One area in particular need for standardization lies in assessment. Currently, many inmates are statutorily prohibited from participating in pre-release programming, such as work release, education release, and placement in pre-release centers, because of a subjective classification system that assigns inmates to a security level based on individual-decision making and the use of overrides (Harshbarger 2005). As a result, inmates may be over-classified (assigned to higher levels of security than necessary), leading to increased state costs and inmates who go from a highly structured and restrictive environment one day to

a completely unstructured, unrestricted environment the next (Harshbarger 2005). Entities such as the National Institute of Corrections (NIC) may serve an important leadership role in this regard, setting standards for classifications systems and security level designations.

Numerous strategies exist to reform existing laws, such as mandating a research-based, objective, and uniform classification system across states that includes appropriate procedures and trained staff to implement it. Such legislation would help eliminate obstacles to graduated movement, pre-release programming, and post-release supervision without reducing the length of prison sentences (Harshbarger 2005). A common assessment form would also reduce the need for an extra assessment and the consequent delay in beginning some services (AAPC 2000). For example, the *Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007* (United States H.R. 3992/S. 2304) promotes public safety and community health by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems. Part of the act includes \$10 million per year for correctional facilities to improve services for inmates who have mental illnesses, including the standardization of screening and assessment practices used to identify inmates with mental illnesses. As of April 2008, the bill has been referred to the Senate Committee where it awaits further action (United States S. 2304).

Other federal legislation effectively counteracts existing legislation by allowing another agency or program to address unmet service needs. For example, Ryan White Funds attend to the health needs of persons living with HIV by funding primary health care and support services that enhance access to and retention in care. These funds can be used to serve people who are not eligible for Medicaid benefits and comprise multiple streams targeting different jurisdiction levels. Services include wraparound treatment for substance abuse, primary health care, mental health care, case management, social services, food, supportive housing, and outreach and education (Council of State Governments 2005).

Legislative Changes at the State Level

Many federal laws that place bans on individuals with a criminal record can be amended at the state level. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 allows states to restrict TANF assistance, food stamps, and public housing to individuals with a history of drug offenses. Although states can amend or eliminate the ban, most restrict at least some people from receiving these benefits (MacLellan 2005; Council of State Governments 2005). Similarly, federal law allows Public Housing Authorities and federally assisted housing providers to screen or refuse to house or accept Section 8 vouchers from people who have been convicted of certain offenses (Council of State Governments 2005). Federal law also requires suspension of Medicaid benefits during incarceration, and some states choose to completely terminate them, despite encouragement from the Center for Medicaid and State Operations that states "suspend" and not "terminate" Medicaid benefits while a person is in a public institution such as a correctional facility (Council of State Governments 2005; Bazelon Center for Mental Health Law 2001). These restrictions and delays in service are based on federal guidelines, but ultimately result from state law. In Colorado, progress has been made to change state policies toward inmate benefits; the 2002 benefits reinstatement law mandates that correctional facilities implement steps to facilitate benefit

reinstatement for individuals leaving jails and prisons (Bazelon Center for Mental Health Law 2006). The legislation requires correctional facility personnel or community corrections program agents to provide assistance in applying for Medicaid or for SSI to any person who is sentenced to a term in a correctional facility or community corrections program and who was receiving Medicaid or was SSI-eligible immediately prior to entering the facility or program, or who is reasonably expected to meet Medicaid eligibility criteria or SSI eligibility criteria upon release. The law requires that corrections departments begin Medicaid and/or SSI applications at least 90 days prior to release and attempt to enter into prerelease agreements with local SSA offices, and, if appropriate, the county social service departments, the Department of Human Services (DHS), or the Department of Health Care Policy and Financing (DHC/P) to simplify the Medicaid application process and the SSI application process. In turn, the DHC/P and the DHS must provide information and training on medical assistance eligibility requirements and on SSI income systems, respectively, to each correctional facility or program. The bill also mandates that the DHC/P simplify the processing of inmate applications for Medicaid (Colorado H.B. 02-1295).

Similar to action needed at the federal level, states may need to change agencies' incentives to providing services and resources to inmates. For example, corrections agencies will often enter into agreements with the SSA to notify the agency when an individual has been incarcerated. Institutions that report this information within 90 days of incarceration receive \$200 per individual; within 30 days, the amount rises to \$400. However, similar incentives do not exist for corrections agencies to reinstate benefits (Bazelon Center for Mental Health Law 2006).

In addition to working within the laws set forth by the federal government, states must examine the potential impact of their own policies on release planning. In general, states must improve the process for allowing supportive local service providers access to institutions and participation in post-release service planning (MacLellan 2005). Laws may include requiring corrections agencies to advise community based partners about upcoming release dates and releasing prisoners during hours when supportive services are available (MacLellan 2005). Some states (Illinois and Montana) actually have laws that require the DMV to exchange a DOC-issued id for state identification (MacLellan 2005). In Kentucky, recent legislation enabled the Cabinet for Health and Family Services/Department for Mental Health and Mental Retardation Services, in collaboration with several local agencies, to develop and implement a homelessness prevention pilot project from June 2005 through June 2007. The completely voluntary project sought to prepare a limited number of persons exiting state operated prisons, mental health facilities and the foster care system for return or reentry into the community by offering information about community services and help with finding housing. Other support services include employment, medical and mental health services, education, and social support. The program was able to prevent homelessness in 86 percent of its clients and to drastically reduce recidivism in those individuals exiting state operated prisons (about three out of five of total clients); of the 57 clients exiting the prison system, only three returned to prison, compared to a DOC recidivism rate of 27.5 percent. Officials estimate that in one year, the pilot project could save the prison system a little under \$300,000 and the State of Kentucky and the shelter system over \$1.7 million (Coalition for the Homeless 2008).

Corrections agencies may also be able to petition for an executive order or apply for a waiver in order to allow collaboration between community agencies. For example, a waiver from the federal Health Insurance Portability and Accountability Act (HIPAA) was necessary to permit an exchange of medical information among Texas health services agencies; the waiver allowed officials to complete benefits applications on behalf of prisoners (Bazelon Center for Mental Health Law 2006).

One state policy also requiring significant revision is that concerning inmates released without community supervision (Harshbarger 2005; Piehl 2002). DOCs often struggle with the choice between holding certain inmates behind bars for the maximum length of their sentence and releasing them under mandatory supervision in the community with supervision (Piehl 2002). Other corrections agencies allow inmates to waive their right to a parole hearing, choosing to serve out their full sentences in order to be released to the community without oversight (Harshbarger 2005). To address these problems, states might adopt a system to ensure that all offenders are released with ongoing monitoring and supervision, such as through a legislative mandate that all inmates who are not released under parole supervision, either because of the terms of their sentences preclude parole, because they waive parole eligibility, or because they are denied parole, receive post-release supervision (Piehl 2002; Harshbarger 2005).

Ensuring Quality and Accountability

Perhaps the most challenging component of successful discharge planning is not the development of the policies that an agency prescribes as representing release planning, but rather identifying the gap between those policies on the books and how they are carried out in action. Identifying the existence and size of this gap is critical toward holding staff accountable as well as for measuring the degree to which agency-wide goals are met. This requires the development of data collection tools; some of data collection tools may already be in place, while others will need to be generated, imported from, or integrated into other information systems.

Ensuring quality management practices is a subject that has received increased attention recently. In 2008, the Pew Center on the States conducted interviews with officials from 45 DOCs to identify the most effective prison management practices. They found that the performance management tools that are most effective in meeting agency-wide goals set specific objectives and clearly measure progress toward those ends using unambiguous input and outcome measures. For example, 36 jurisdictions have standardized their performance measures, including their release planning practices and outcome goals, in an effort to develop defined standards of quality performance (Pew Center on the States 2008). The Council of State Governments has also developed a comprehensive self-assessment tool for DOCs. In an effort to help DOCs identify their release planning procedures that can be improved and provide guidance as to how to make those improvements, the assessment tool identifies the issues that should be addressed during the reentry planning process, what personnel should be responsible for addressing them, and where to go for information about addressing each need (Council of State Governments 2008). The emerging set of best reentry policies that is being developed by these and other sources can make it easier for DOCs to evaluate their own performance and hold themselves accountable for outcomes.

Another important element of ensuring quality is holding prison personnel and administrators accountable for results. To ensure that corrections officers and prison wardens provide constructive release planning guidance to prisoners, performance measurement standards should be developed and enforced on a regular basis (Pew Center on the States 2008). In New York City, the Compstat system keeps up-to-date records of crime statistics and holds weekly departmentwide meetings during which precinct captains are held publically accountable for results in their precincts. A similar policy could be implemented in state prison systems to hold wardens and prison personnel accountable for release planning policy improvements, including ensuring that a greater number of inmates receive comprehensive written discharge plans and increasing formalized collaboration with other agencies and community organizations. Investing more resources in staff and developing leaders within the prison system whose main responsibility is to enforce quality release planning policies can also improve outcomes for released prisoners (Pew Center on the States 2008).

Conclusion

Effective release planning is not an easy process. Corrections agencies must assess and incorporate an inmate's strengths, weaknesses, and needs into one comprehensive document that the inmate can both understand and follow. They may encounter inmates who are either reluctant or unable to follow through on their discharge plans. Staff members may feel their time is better spent on other activities. Limited past collaboration between the DOC and community agencies may hinder future partnerships. Finally, considerable time constraints, scarce funding, and federal and state policies may restrict the realization of even the most effective release plan.

This guidebook was designed to offer constructive suggestions for overcoming these challenges and improving discharge planning across the country. It began by identifying **eight** basic needs that all inmates will have upon their release from prison. Following an assessment of whether inmates will be able to attend to these basic needs following release, corrections agencies should plan to incorporate the following activities into their standard release planning process:

TRANSPORTATION	<ul style="list-style-type: none"><input type="checkbox"/> Arrange transportation for releasees from the correctional facility to their release destination (e.g. provide public transportation subsidies, facilitate the coordination of a transportation plan with a community group, and verify that the releasee has access to transportation in some other from)<input type="checkbox"/> Examine an individual's access to transportation to locations mandated by their release plan (e.g., probation office, medical services, employment, etc.)
CLOTHING & FOOD	<ul style="list-style-type: none"><input type="checkbox"/> Provide releasees with clean, seasonally-appropriate clothing, basic toiletries, and a list of food providers and resources accessible immediately following release
FINANCIAL RESOURCES	<ul style="list-style-type: none"><input type="checkbox"/> Provide exiting prisoners with an amount of gate money sufficient to attend to immediate needs in the first 24 hours of release; a minimum \$109 is recommended to attend to transportation and food costs
IDENTIFICATION & IMPORTANT DOCUMENTS	<ul style="list-style-type: none"><input type="checkbox"/> Provide releasees with a state-issued identification card upon release or an identification card that can be easily exchanged for a state-issued identification card upon release
HOUSING	<ul style="list-style-type: none"><input type="checkbox"/> Identify safe, affordable places where releasees can reside for at least 24 hours after release<input type="checkbox"/> Verify that bed space is available at any recommended facility
EMPLOYMENT & EDUCATION	<ul style="list-style-type: none"><input type="checkbox"/> Refer releasees to employment opportunities<input type="checkbox"/> Provide documentation of releasee's skills, challenges and credentials to the appropriate workforce development or other community-based agency
HEALTH CARE	<ul style="list-style-type: none"><input type="checkbox"/> Provide releasee with contact information of a health care facility/provider in the community in which they plan to reside<input type="checkbox"/> Schedule an appointment with a counselor in the community for releasees with a history of mental illness or substance abuse prior to release<input type="checkbox"/> Provide 45 days worth of medication to releasees who are on medication while incarcerated
SUPPORT SYSTEMS	<ul style="list-style-type: none"><input type="checkbox"/> Provide releasees with a release handbook listing community resources<input type="checkbox"/> Notify family members (if applicable) of the release date and release plan<input type="checkbox"/> Refer releasees to community or faith-based organization that can offer support within the first 24 hours of release

In addition to these formal suggestions, the guidebook offered several examples of how state correction agencies have addressed these basic needs by implementing creative programs, generating buy-in from key stakeholders, seeking out innovative funding sources, and working to change restrictive laws. We encourage corrections agencies that consult this guidebook to implement the minimum standards outlined in this guidebook, as well as to experiment with different programs, policies and partnerships that may serve as an example for other agencies in this country.

References

Alexander, Margaret A. 1999. Sexual Offender Treatment Efficacy Revisited. *Sexual Abuse: A Journal of Research and Treatment* 11(2).

American Association of Community Psychiatrists (AACP). 2000. Position Statement on Post-Release Planning, with Special Reference to Brad H., Robert K. et al. vs. The City of New York et al. *AACP Newsletter* 14(4).

Association of State Correctional Administrators. 2008. "ID Cards for Inmates Survey." *Forthcoming*.

Backer, Thomas, Elizabeth Howard, and Garrett Moran. 2007. "The Role of Effective Discharge Planning in Preventing Homelessness." *Journal of Primary Prevention* 28: 229-243.

Baer, Demelza, Avinash Bhati, Lisa Brooks, Jennifer Castro, Nancy La Vigne, Kamala Mallik-Kane, Rebecca Naser, Jenny Osborne, Caterina Roman, John Roman, Shelli Rossman, Amy Solomon, Christy Visher, and Laura Winterfield. 2006. "Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio." Washington, DC: The Urban Institute.

Bazelon Center for Mental Health Law. 2006. "Best Practices: Access to Benefits for Prisoners with Mental Illnesses." Washington, DC: Bazelon Center for Mental Health Law.

———. 2001. "Finding the key to successful transition from jail to the community: An Explanation of Federal Medicaid and Disability Program Rules." Washington, DC: Bazelon Center for Mental Health Law.

Beck, Allen and Laura Maruschak. 2001. "Mental Health Treatment in State Prisons." Washington, D.C.: Bureau of Justice Statistics Bulletin, NCJ 188215.

Belknap, J. 1996. *Invisible woman: Gender crime and justice*. Belmont, Calif.: Wadsworth.

Binswanger, Ingrid A., Marc F. Stern, Richard A. Deyo, Patrick J. Heagerty, Allen Cheadle, Joann G. Elmore, and Thomas D. Koepsell. 2007. "Release from prison—a high risk of death for former inmates." *The New England Journal of Medicine* 356(2):157-165.

Bloom, Dan, Cindy Redcross, Janine Zweig, and Gilda Azurdia. 2007. *Transitional Jobs for Ex-Prisoners Early Impacts from a Random Assignment Evaluation of the Center for Employment Opportunities (CEO) Prisoner Reentry Program. An MDRC Working Paper*. New York, NY: MDRC. Available online: <http://www.mdrc.org/publications/468/overview.html>

Bloom, B. 1998. Women with mental health and substance abuse problems on probation and parole. *Offender Program Report*.

Bloom, B. and S. Covington. 2000. "Gendered Justice: Programming for Women in Correctional Settings." Paper presented at the November meeting of the American Society of Criminology, San Francisco, CA. p. 11.

Blume, S. 1990. Alcohol and drug problems in women: Old attitudes, new knowledge. In *Treatment choices for alcoholism and substance abuse*, ed. H. Milkman and L. Sederer. New York: Lexington.

Bonta, James, Rebecca Jesseman, Tanya Rugge, and Robert Cormier. (2006). *Restorative Justice and Recidivism: Promises Made, Promises Kept?* In D. Sullivan and L. Tifft (eds.), *Handbook of Restorative Justice: A Global Perspective*. London: Routledge.

Braithwaite, John. (2002). *Restorative Justice and Responsive Regulation*. New York: Oxford University Press.

Brooks, Lisa E., Amy L. Solomon, Sinead Keegan, Rhiana Khol, and Lori Lahue. 2005. "Prisoner Reentry in Massachusetts." Washington, DC: The Urban Institute.

Byrne, James M., and Faye S. Taxman. 2004. "Targeting for Reentry: Inclusion/Exclusion Criteria Across Eight Model Programs." *Federal Probation* 68(2).

Califano, Joseph A. Jr. 1998. *Behind Bars: Substance Abuse and America's Prison Population*. New York, NY: National Center on Addiction and Substance Abuse at Columbia University (CASA), January. Available online at <http://www.casacolumbia.org/Absolutenm/articlefiles/5745.pdf>

Center for Budget and Policy Priorities. 2006, Sept. 28. "The New Medicaid Citizenship Documentation Requirement: A Brief Overview." Washington, DC: Center for Budget and Policy Priorities. Available online: <http://www.cbpp.org/4-20-06health.pdf>

Chesney-Lind, M. 1997. *The female offender: Girls, women and crime*. Thousand Oaks, Calif.: Sage Publications.

Coalition for the Homeless. 2008. *Homeless Prevention Pilot Project Report*. Louisville, KY: Coalition for the Homeless. Available online: http://www.homelesscoal.org/coal%20files/hppp_report.pdf

Colorado House of Representatives. 2002. H.B. 02-1295 Inmates held in correctional facilities and offenders held in community corrections programs - medical benefits application assistance - repeal - appropriation. Available online: http://www.state.co.us/gov_dir/leg_dir/olls/sl2002a/sl.221.htm

Community Shelter Board. 2002. "Preventing homelessness: Discharge planning from corrections facilities." Columbus, OH: Community Shelter Board.

Conly, Catherine. 2005. "Helping inmates obtain federal disability benefits." Washington, DC: National Institutes of Justice.

Council of State Governments. 2002. "Criminal Justice/Mental Health Consensus Project." New York, NY: Council of State Governments, June.

Council of State Governments. 2004. "2004 Innovations Award Program Application Form: Louisiana." Lexington, KY: Council of State Governments. Available online: <http://www.csg.org/programs/innov/documents/PSJFinalist2004-LA.pdf>

Council of State Governments. 2005. "Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community." *Reentry Policy Council*. New York: Council of State Governments, January.

Council of State Governments. 2006. "PHAs and prisoner re-entry." *Re-Entry Policy Council*, National Association of Housing and Redevelopment Officials (NAHRO). New York: Council of State Governments.

Council of State Governments. 2006. "Assessments Tool." New York: Council of State Governments. Available at: <http://tools.reentrypolicy.org/assessments/chart>

Ditton, P.M. 1999. "Mental Health and Treatment of Inmates and Probationers." NCJ 174463. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Eckholm, Eric. 2006. "Help for the Hardest Part of the System: Staying Out." *The New York Times Online*, August 12. Available online: <http://www.nytimes.com/2006/08/12/us/12reentry.html>

Family Justice. 2006. "Tapping Social Networks: A Resource for Probation and Parole Officers to Improve Supervision." New York, NY: Family Justice.

Gaynes, Elizabeth. 2005. "Reentry: Helping former prisoners return to communities." Baltimore, MD: Technical Assistance Resource Center, Annie E. Casey Foundation.

General Accounting Office (GAO). 2000. "State and federal prisoners: Profiles of inmate characteristics in 1991 and 1997." GAO/GGD-00-117. Washington, DC: General Accounting Office.

Gever, Matthew. 2007. "Prisoner Reentry and Lack of Substance Abuse Treatment Coverage." Denver, CO: National Conference of State Legislatures, March 31. Available online: <http://www.ncsl.org/programs/health/reentryib.htm#3>

H.I.R.E Network. 2003. "Nationwide Survey of Identification Requirements for Newly Released Prisoners." New York, NY: National H.I.R.E. Network, September. Available online: http://www.hirenetwork.org/ID_Survey_Summary.htm

Hals, Kristina. 2007. "From Locked Up to Locked Out. A Training Resource for Community Organizations (2007 Update)." Seattle, WA: AIDS Housing of Washington. Available online: http://www.aidshousing.org/usr_doc/2007_From_Locked_Up_to_Locked_Out_Book_REV.pdf

Hammett, Theodore M., Cheryl Roberts, and Sofia Kennedy. 2001. "Health-Related Issues in Prisoner Reentry." *Crime & Delinquency* 47(3): 390 - 409.

Hancock, Loni. 2007, October 11. "Parolee ID bill should be signed by Governor Schwarzenegger." *California Progress Report*. Available online: http://www.californiaprogressreport.com/2007/10/parolee_id_bill.html

Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. 2002. "First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sexual offenders." *Sexual Abuse: A Journal of Research and Treatment* 14(2): 169-194.

Hanson, R. Karl, and Kelly Morton-Bourgon. 2004-2. "Predictors of Sexual Recidivism: An Updated Meta-Analysis." Ottawa, Canada: Public Safety and Emergency Preparedness Canada. Available online: http://ww2.ps-sp.gc.ca/publications/corrections/pdf/200402_e.pdf

Hardin, Jennifer, Lisa Tucker, and Linda Callejas. 2001. "Assessment of Operational Barriers and Impediments to Transit Use: Transit Information and Scheduling for Major Activity Centers." Tampa, FL: National Center for Transit Research (NCTR), University of South Florida. Available online: <http://ntl.bts.gov/lib/12000/12000/12049/392-11.pdf>

Harshbarger, Scott. 2005. "Improving Reentry is the Goal of Prison Reform." *CommonWealth Magazine*, Fall. Available online: http://www.prisoncommission.org/supplements/harshbarger_4.pdf

Hebert, Tony. 2005. "The Invisible Tenant: Living in Federally Assisted Housing after Prison." New York, NY: Family Justice.

Holzer, Harry J., Raphael, Steven, and Stoll, Michael. 2001. "Will Employers Hire Former Offenders? Employer Preferences, Background Checks and their Determinants." *Institute of Business and Economic Research, Program on Housing and Urban Policy, working paper W01-005*.

———. 2003. "Employment Barriers Facing Ex-Offenders." *Urban Institute Reentry Roundtable*. Los Angeles: University of California Center for the Study of Urban Poverty.

Idaho Department of Corrections. 2007. "Transition and Treatment Funding Program for Offenders, version 2." Idaho DOC Standard Operating Procedure, Division of Education and Treatment. Control Number 607.26.01.013.

James, Doris J. and Lauren E. Glaze. 2006. "Mental Health Problems of Prison and Jail Inmates." *Bureau of Justice Statistics Special Report*. Washington, DC: U.S. Department of Justice.

Joplin, Lora, Brad Bogue, Nancy Campbell, Mark Carey, Elyse Clawson, Dot Faust, Kate Florio, Billy Wasson, and William Woodward. 2004. "Using an Integrated Model to Implement Evidence-based Practices in Corrections." *International Community Corrections Association and American Correctional Association*. Available online: http://www.cjinstitute.org/files/NICCJI_Project_ICCA.pdf

Keegan, Sinead, and Amy L. Solomon. 2004. "Prisoner Reentry in Virginia." Washington, DC: The Urban Institute.

Kennedy, David. 1998. "Pulling Levers: Getting Deterrence Right." *National Institute of Justice Journal* 236.

Knight, K., Simpson, D. D., & Hiller, M. L. (1999). "Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas." *The Prison Journal* 79(3): 337-351.

Koyanagi, Chris. 2002. "A Better Life—A Safe Community Helping Inmates Access Federal Benefits." *A Bazelon Center Issue Brief*. Washington DC: Judge David L. Bazelon Center for Mental Health Law.

La Vigne, Nancy G., and Vera Kachnowski. 2005. "Texas Prisoners' Reflections on Returning Home." Washington, DC: The Urban Institute.

La Vigne Nancy G., and Sarah Lawrence. 2002. "Process Evaluation of the Pennsylvania Community Orientation and Reintegration (COR) Program." Washington, DC: The Urban Institute.

La Vigne, Nancy, Cynthia A. Mamalian, Gillian Thompson, and Jamie Watson. 2004. "Prisoner Reentry in Idaho." Washington, DC: The Urban Institute.

La Vigne, Nancy G., Christy Visher, and Jennifer Castro. 2004. "Chicago Prisoners' Experiences Returning Home." Washington, DC: The Urban Institute.

La Vigne, Nancy G., and Samuel J. Wolf, with Jesse Jannetta. 2004. "Voices of Experience: Focus Group Findings on Prisoner Reentry in the State of Rhode Island." Washington, DC: The Urban Institute.

Langan, Patrick A., Erica L. Schmitt and Matthew R. Durose. 2003. "Recidivism of Sex Offenders Released from Prison in 1994." NCJ 198281. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, November.

Lattimore, Pamela K., Susan Brumbaugh, Christy Visher, Christine Lindquist, Laura Winterfield, Meghan Salas, and Janine Zweig. 2004. "National Portrait of SVORI: Serious and Violent Offender Reentry Initiative." Washington, DC: The Urban Institute, July.

LeClair, Daniel P., and Susan Guarino-Ghezzi. 1991. "Does Incapacitation Guarantee Public Safety? Lessons from the Massachusetts Furlough and Prerelease Programs." *Justice Quarterly* 8(1).

Legal Action Center. "Securing official identification for individuals leaving prisons and jails." New York, NY: Legal Action Center. Available online: <http://www.lac.org/toolkits/ID/ID.htm>

Legal Aid of Western Michigan. 2007. "Ex-Offender Identification Issues in Michigan." Michigan Reentry Law Website. Available online: http://reentry.mplp.org/reentry/index.php/Ex-Offender_Identification_Issues_in_Michigan

Levi, Robin, and Judith Appel. 2003. "Collateral Consequences: Denial of Basic Social Services Based Upon Drug Use." Berkeley, CA: Office of Legal Affairs, Drug Policy Alliance.

Lotke, Eric. 2006. "Sex Offenses: Facts, Fictions, and Policy Implications." Baltimore, MD: National Center of Institutions and Alternatives, Inc, January.

Lovell, David, L. Clark Johnson, and Kevin C. Cain. 2007. "Recidivism of SuperMax Prisoners in Washington State." *Crime & Delinquency* 53(4): 633-656

Lowenkamp, Christopher T., and Edward J. Latessa. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders." *Topics in Community Corrections*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

MacLellan, Thomas M. 2005. "Issue Brief: Improving Prisoner Reentry through Strategic Policy Innovations." Washington, DC: National Governor's Association (NGA) Center for Best Practices.

Mallik-Kane, Kamala. 2005. "Returning Home Illinois Policy Brief: Health and Prisoner Reentry." Washington, DC: The Urban Institute.

Mallik-Kane, Kamala, and Christy Visher. 2008. "Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration." Washington, DC: The Urban Institute.

Martin, Ginger, and Cheryl Roberts. 2004. "From Incarceration to Community: A Roadmap to Improving Prisoner Reentry and System Accountability in Massachusetts." Boston, MA: Crime and Justice Institute.

McLean, Rachel L., and Michael D. Thompson. 2007. "Repaying Debts." New York, NY: Council of State Governments Justice Center.

Mears, Daniel P., Laura Winterfield, John Hunsaker, Gretchen E. Moore, and Ruth M. White. 2003. "Drug Treatment in the Criminal Justice System: The Current State of Knowledge." Washington, DC: The Urban Institute.

Messina, N., Burdon, W., and Prendergast, M. 2001. A profile of women in prison-based therapeutic communities. Draft. Los Angeles: UCLA Integrated Substance Abuse Program, Drug Abuse Research Center.

Mellow, Jeff and James M. Dickinson. 2006. "The Role of Prerelease Handbooks for Prisoner Reentry." *Federal Probation* 70(1).

Mellow, Jeff, and Robert Greifinger. 2008. "The Evolving Standard of Decency: Postrelease Planning?" *Journal of Correctional Health Care* 14(1).

Meredith, Tammy, John Speir, Sharon Johnson, and Heather Hull. 2003. "Enhancing Parole Decision-Making through the Automation of Risk Assessment." Atlanta, GA: Applied Research Services, Inc.

Metraux, Stephen, and Dennis P. Culhane. 2004. "Homeless Shelter Use and Reincarceration Following Prison Release." *Criminology & Public Policy* 3(2): 139–160

Moran, Garrett, et al. 2005. "Evaluability assessment of discharge planning and the prevention of homelessness: final report." Washington, DC: U.S. Department of Health and Human Services. Available online: <http://aspe.hhs.gov/hsp/05/discharge-planning/index.htm>.

Mumola, Christopher J. 1999. "Substance Abuse and Treatment, State and Federal Prisoners, 1997." *Bureau of Justice Statistics Special Report*, NCJ 172871. Washington, DC: U.S. Department of Justice.

Mumola, Christopher J., and Jennifer C. Karberg. 2006. "Drug Use and Dependence, State and Federal Prisoners, 2004." *Bureau of Justice Statistics Special Report*, NCJ 213530. Washington, DC: U.S. Department of Justice.

National Academies. 2007. "Chapter 4: Services and programs for releasees." From *Parole, Desistance from Crime and Community Integration*. Washington, DC: National Research Council.

———. 2007. "Preface and Executive Summary." From *Parole, Desistance from Crime and Community Integration*. Washington, DC: National Research Council.

National Commission on Correctional Health Care (NCCHC). 2002. "Chapter 3. Prevalence of Communicable Disease, Chronic Disease, and Mental Illness Among the Inmate Population." From *The Health Status of Soon-to-be-Released Inmates. A Report to Congress* 1: 15-28. Available online: <http://www.ncchc.org/stbr/Volume1/Chapter3.pdf>

National GAINS Center. 1999. "Courage to Change: Communities to Create Integrated Services for People with Co-Occurring Disorders in the Justice System." Delmar, NY: National GAINS Center for People with Co-Occurring Disorders in the Justice System.

National Institute on Drug Abuse (NIDA). 1999. "Principles of Drug Addiction Treatment: A Research-Based Guide." Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

Nelson, Marta, and Jennifer Trone. 2000. "Why planning for release matters." *Issues in Brief*. New York, NY: Vera Institute.

Nelson, Marta, Perry Deess, and Charlotte Allen. 1999, September. "The First Month Out: Post-Incarceration Experience in New York City." New York, NY: Vera Institute of Justice.

New Jersey State. 2007. "Reentry: A strategy for safe streets and neighborhoods." New Jersey, Office of the Attorney General. <http://www.nicic.org/Library/022735>

New York State Bar Association. 2006, May. Executive Summary. "Re-entry and Reintegration: The Road to Public Safety." Albany, NY: New York State Bar Association.

North Carolina Department of Correction. 2007. "Shaping the Future of Transition (power-point)." Office of Transitional Services, North Carolina Department of Correction. www.doc.state.nc.us/rap/OTS-Presentations/OTS-talking-points.ppt

Office for Victims of Crime. 2002. "Enforcing Restitution Orders." *OVC Legal Series Bulletin* 5. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Office of Program Policy Analysis and Government Accountability, Florida Legislature (OPPAGA). 2004. "Corrections Education and Rehabilitative Programs Significantly Reduced." *Progress Report* 04-59. Tallahassee, FL: Office of Program Policy Analysis and Government Accountability an office of the Florida Legislature

O'Brien, Patricia. 2001. Making it in the "free World": Women in Transition from Prison. Ithaca, NY: SUNY Press.

Owen, B., and Bloom, B. 1995. Profiling the needs of California's female prisoners: A needs assessment. Washington, D.C.: National Institute of Corrections.

Parent, Dale G., and Liz Barnett. 2004. "Improving Offender Success and Public Safety through System Reform: The Transition from Prison to Community Initiative." *Federal Probation* 68(2).

Pawasarat, John. 2007. "Barriers to Employment: Prison Time." Milwaukee, WI: Employment and Training Institute, University of Wisconsin-Milwaukee.

Payne, Andrea. 2007. "Prisoner Release in Maryland: No Valid I.D. and No Money." Baltimore, MD: JOTF Works. Available online: http://www.jotf.org/pdf/JOTFWorks_Spring_May07.pdf

Pennsylvania Department of Public Welfare. 2008. "County Assistance Offices." Webpage. Accessed on 8/29/2008. Available at: <http://www.dpw.state.pa.us/ServicesPrograms/CashAsstEmployment/003670281.htm>

Pew Center on the States. 2008. "10 Steps Corrections Directors Can Take to Strengthen Performance." Washington, DC: Pew Center on the States.

Piehl, Anne M. 2002. "From Cell to Street: A Plan to Supervise Inmates After Release." Boston, MA: Massachusetts Institute for a New Commonwealth.

Quinn, Thomas C., Maria J. Wawer, Nelson Sewankambo, David Serwadda, Chuanjun Li, Fred Wabwire-Mangen, Mary O. Meehan, Thomas Lutalo, and Ronald H. Gray. 2000. "Viral load and transmission of Human Immunodeficiency Virus type." *New England Journal of Medicine* 342: 921-929.

RAND. 2003. "Prisoner Reentry: What are the Public Health Challenges?" *Rand Research Brief RB-6013-PSJ*. Santa Monica, CA: RAND Public and Safety Justice.

Reentry Policy Council. "Colorado: John Inmann Work and Family Center (WFC)." New York, NY: Reentry Policy Council. Available online: http://reentrypolicy.org/program_examples/john_inmann_work_family_center_wfc

Regenstein, Marsha, Jack A. Meyer, and Jennifer Dickemper Hicks. 1998. "Job Prospects for Welfare Recipients: Employers Speak Out." *New Federalism: Issues and Options for States A-25*. Washington, DC: The Urban Institute.

Richie, B.E. "Challenges Incarcerated women Face as They Return to Their Communities: Findings From Life History Interviews". In *Crime and Delinquency*, Vol. 47, 3, July 2001(368-389).

Roman, John, Michael Kane, Emily Turner, and Beverly Frazier. 2005. "Instituting Lasting Reforms for Prisoner Reentry in Philadelphia." Washington, DC: The Urban Institute.

Roman, Caterina Gouvis, and Jeremy Travis. 2004. "Taking Stock: Housing, Homelessness, and Prisoner Reentry." Washington, DC: The Urban Institute.

Roszman, Shelli B. and Caterina Gouvis Roman. 2003. "Case-Managed Reentry and Employment: Lessons from the Opportunity to Succeed Program." Washington, DC: The Urban Institute.

Sabree, A.J. 2006. "GDC Reentry Services: Restitution, Rehabilitation and Restoration." Georgia Department of Corrections. Presented to the National Transitional Job Conference, October 12.

Samuels, Paul and Debbie Mukamal. 2004. "After Prison: Roadblocks to Reentry: A Report on State Legal Barriers Facing People with Criminal Records." New York, NY: Legal Action Center.

Sipes, Leonard A. 2006. "Returning from Prison to Washington, D.C.: 'We Makes Transition Possible.'" *Journal of Community Corrections, International Community Corrections Association*, Fall.

Solomon, Amy L., and Gillian L. Thompson with Sinead Keegan. 2004. "Prisoner Reentry in Michigan." Washington, DC: The Urban Institute.

Stephan, James J., and Jennifer C. Karberg. (2003). "Census of State and Federal Correctional Facilities, 2000." Washington, DC: Office of Justice Programs, Bureau of Justice Statistics.

Stand Up for What's Right and Just (SURJ). 2007. "Ex-Offender Reentry in Delaware: A Report of the Delaware Reentry Roundtable." Wilmington, DE: Stand Up for what's Right and Just.

Strang, Heather. (2002). *Repair or Revenge: Victims and Restorative Justice*. Oxford, U.K.: Oxford University Press.

Taxman, Faye S. 1998. "Reducing Recidivism through a Seamless System of Care: Components of Effective Treatment, Supervision, and Transition Services in the Community." Office of National Drug Control Policy Treatment and Criminal Justice System Conference. Greenbelt, Maryland: University of Maryland.

Taxman, Faye S., Douglas Young, James Byrne, Alexander Holsinger, and Donald Anspach. 2002. "From Prison Safety to Public Safety: Innovations in Offender Reentry." College Park, MD: University of Maryland, College Park.

Taylor, Bruce G., Nora Fitzgerald, Dana Hunt, Judy A. Reardon, and Henry H. Brownstein. 2001. "ADAM Preliminary 2000 Findings on Drug Use and Drug Markets: Adult Male Arrestees." Arrestee Drug Abuse Monitoring Program (ADAM). Washington, DC: Department of Justice, December.

Tennessee Department of Correction. "Rehabilitative Services: The Good Samaritan Network." Nashville, TN: Tennessee Department of Correction. Available online: <http://www.state.tn.us/correction/rehabilitative/goodsamaritan.html>

Texas Department of Criminal Justice. 2006. "TDCJ Chaplaincy Mentor Training." Available online: http://www.tdcj.state.tx.us/pgm&svcs./mentor_course/A-Introduction/01Intro.htm

Travis, Jeremy, Sinead Keegan, and Eric Cadora, with Amy Solomon and Charles Swartz. 2003. "A Portrait of Prisoner Reentry in New Jersey." Washington, DC: The Urban Institute.

Travis, Jeremy, and Sarah Lawrence. 2002. "Beyond the Prison Gates: The State of Parole in America." Washington, DC: The Urban Institute.

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

U.S. Department of Labor. 2007. "Work Opportunity Tax Credit." Washington, DC: U.S. Department of Labor, Employment and Training Administration. Available online: <http://www.dolceta.gov/business/incentives/opptax/>

U.S. Department of Justice. 2001. "Trends in State Parole, 1990-2000." *Bureau of Justice Statistics Special Report*. Washington, DC: U.S. Department of Justice.

U.S. House. 109th Congress, 2nd session. 2006. "H.R. 6205, Public Safety Ex-Offender Self-Sufficiency Act of 2006." Available online: <http://thomas.loc.gov/cgi-bin/query/D?c109:2:/temp/~mdbsJtwLhY>

U.S. Senate. 110th Congress, 2nd session. 2007. "S. 2304, Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007." Available online: <http://thomas.loc.gov/cgi-bin/query/C?c110:/temp/~c1105piAba>

Venkatesh, Sudhir A. 2002. "The Robert Taylor Homes Relocation Study. A Research Report from the Center for Urban Research & Policy." New York, NY: Center for Urban Research & Policy.

Virginia Serious and Violent Offender Re-entry Initiative (VASAVOR Initiative). 2003. "Going Home to Stay." Available online: http://www.reentry.gov/sar/pdf/wp1_va.pdf.

Visher, Christy, Demelza Baer, Rebecca Naser. 2006. "Ohio Prisoners' Reflections on Returning Home." Washington, DC: The Urban Institute.

Visher, Christy, and Jill Farrell. 2005. "Chicago Communities and Prisoner Reentry." Washington, DC: The Urban Institute.

Visher, Christy, Vera Kachnowski, Nancy G. La Vigne, and Jeremy Travis. 2004. "Baltimore Prisoners' Experiences Returning Home." Washington, DC: The Urban Institute.

Visher, Christy, Nancy G. La Vigne, and Jeremy Travis. 2004. "Returning Home: Understanding the Challenges of Prisoner Reentry." Washington, DC: The Urban Institute.

Visher, Christy, Rebecca L. Naser, Demelza Baer, and Jesse Jannetta. 2005. "In Need of Help: Experiences of Seriously Ill Prisoners Returning to Cincinnati." Washington, DC: The Urban Institute.

Visher, Christy, and Shannon Courtney. 2006. "Cleveland Prisoners' Experiences Returning Home." Washington, DC: The Urban Institute.

Walters, Scott, Michael E. Clark, Ray Gingerich, and Melissa L. Meltzer. 2007. "A Guide for Probation and Parole: Motivating Offenders to Change." Washington, DC: National Institute of Corrections, June.

Watson, Jamie, Amy L. Solomon, Nancy G. La Vigne, and Jeremy Travis with Meagan Funches and Barbara Parthasarathy. 2004. "A Portrait of Prisoner Reentry in Texas." Washington, DC: The Urban Institute.

Appendices

A. Case Studies

B. 2007 Urban Institute Discharge Planning Survey

C. Scan of Practice

Appendix A: Case Studies

Obtaining Financial Resources: Oregon's Department of Corrections

Methods for improving prisoner access to financial resources upon release

The state of Oregon has introduced several new policies and procedures that provide inmates with greater access to financial resources upon release.

In partnership with the Department of Health and Human Services, the Oregon DOC gives soon-to-be-released inmates "Offender Debit Cards" (similar to the Oregon Trail Card administered by Department of Human Services) instead of checks for any money they have earned while incarcerated. Shortly before an inmate's release, the funds in an inmate's trust account are transferred to his Oregon Trail Card. The cards can be used at most ATM's for cash or for purchases at point-of-sale machines in stores that accept the Oregon Trail Card. In addition, inmates eligible for food stamps and other forms of public assistance can access those benefits immediately upon release.

According to Oregon DOC official Scott Taylor in an interview with Legal Aid of Western Michigan, the Oregon Trail Card system not only makes the transition easier for former prisoners, but has also saved the Oregon DOC money. Taylor noted that the debit card system is much cheaper for the corrections department than printing and mailing checks. When an individual uses his or her card, the money comes from a private company, E-funds, contracted by the Department of Human Services. E-funds act as a "pseudo-bank" and bills the Department of Human Services for that money. The Department of Human Services then passes on the bill to the Department of Corrections.

In addition to improving post-release access to money earned while incarcerated, Oregon has also passed legislation to "protect" this money by decreasing inmates' financial burden upon release. The community supervision statute (Ore. Adm. Rule 255-065-0005(5)) caps the amount of an individual's income that parole and post-prison supervision officers can collect toward court-ordered financial obligations. Collections are capped at 20 percent of a person's take-home salary, unless the person has significant savings or assets that would permit larger amounts, in which case the cap is waived. Oregon's child support statute (Ore. Rev. Stat. 416.425(9)) also returns child support payment amounts to *pre-incarceration levels* for the first 60 days after a non-custodial parent is released from prison. These legislative changes mean more money on an inmate's debit card in the days following release and in turn, a greater ability to pay for their basic needs.

Sources:

Legal Aid of Western Michigan. 2007. "Ex-Offender Identification Issues in Michigan." Michigan Reentry Law Website. Available online: http://reentry.mplp.org/reentry/index.php/Ex-Offender_Identification_Issues_in_Michigan

McLean, Rachel L., and Michael D. Thompson. 2007. "Repaying Debts." New York, NY: Council of State Governments Justice Center.

Oregon Department of Corrections. "The Oregon Accountability Model - Accountability Reentry." http://www.oregon.gov/DOC/PUBAFF/oam_reentry.shtml

Addressing Identification Needs: The H.I.R.E. Network

Opportunities for collaboration between the DOC and the DMV to obtain inmate identification

In 2003, the National H.I.R.E. Network conducted a state-wide survey of DOC efforts to ensure that inmates have proper identification at the moment of release. After review of this survey, Western Michigan Legal Services developed four models that states should consider when planning for the identification and documentation needs of releasing inmates (H.I.R.E Network 2003).

The first two models propose that corrections agencies coordinate with the Department of Motor Vehicles (DMV) to issue state ID cards to inmates at the moment of release; in the first model, the *DOC* issues the ID card in collaboration with the DMV, whereas in the second model the *DMV* issues the ID card within the DOC facility. Regardless of which entity is ultimately responsible for creating the ID cards, both models would allow the returning prisoner to immediately use the ID card to cash checks, find housing, start a job search, and obtain a driver's license. Although such an initiative requires significant cooperation and coordination between the DMV and the DOC, it has the potential save money by avoiding the duplication costs associated with issuing both a parolee ID and a state ID. Logistically, the first model may be slightly more challenging to implement, as the DOC would also need to ensure that it had the proper machinery for creating state IDs as well as the legal ability to perform such a function. In the second model, the DMV could potentially bring in its own machinery to issue IDs and would retain control over the process.

The first model has been implemented in at least one state thus far. In collaboration with the DMV, the Minnesota DOC installed state approved photo ID equipment, linked to state DMV computers, at several of its facilities. DMV employees then go to these facilities and process ID cards and driver's license renewals for inmates before release. The second model has also been successfully implemented in northern Louisiana, state ID cards and license cards are made at the correctional facility prior to inmate discharge. Six to eight months before release, prisoners may apply for a new state ID card, a renewed state ID card, or a renewed driver's license. After the DOC obtains information from the Office of Motor Vehicles (OMV) about the status of these inmates, it works to ensure that all individuals have the correct documentation necessary to receive their cards, often by requesting social security cards and birth certificates from the appropriate agencies.⁸ The OMV visits each correctional facility on a quarterly basis to issue or renew state identification cards to inmates with the necessary forms of identification. Inmates are expected to pay for state ID cards out of pocket, unless they are eligible for welfare funds, and will receive their ID cards at discharge as part of their release packet.⁹

Alternatively, the second two models propose that the DOC issues some other form of identification or documentation; in the third model, this identification can be directly exchanged for a state ID card upon release, whereas in the fourth model, it can be used as a part of an application to obtain

⁸ Whereas individuals already in the OMV system can use their prisoner ID card as proof of identification, those not registered with the agency must also present a social security card and birth certificate.

⁹ http://reentry.microportals.net/reentry/Programs_Cited_as_Examples_in_Report.aspx

state identification. Although inmates would not have a state ID at the moment of release and the cost duplication cannot be avoided, this model requires less inter-agency collaboration or technology within the DOC. Inmates released in Montana receive a prison card with a photo that also includes their date of birth and adult offender number, and a discharge certificate or parole order. Under Montana law, these documents can be exchanged within 60 days of release for a free state-issued ID (as cited in Bazelon Center 2006). In Illinois, the DOC provides every inmate with an identification card, valid for 30 days, in a prescribed form identifying the person as being on parole or mandatory supervised release, issued a final discharge, or granted a pardon. The Department then informs the inmate that he or she may present the identification card to the Office of the Secretary of State upon application for a standard Illinois Identification Card.

In the fourth model, the DMV accepts a DOC ID or prison release papers as a form of identification. Once released, the former inmate would present DOC documentation along with other proofs of identity in order for the DMV to issue them a personal ID card or driver's license. Since many prisoners do not have any form of old identification, this approach would facilitate the process for former prisoners obtaining other forms of identification. However, the process of obtaining the other necessary forms of identification and applying for a state ID or license will take considerable time that lasts well beyond the first few days of release. Such identification is rarely adequate to serve as identification for other purposes, such as obtaining employment or housing (Legal Action Center n.d.). This model has been used in many states, at least seven of which accept prison identification as a primary form of ID. The UI survey of DOCs revealed that 44 percent of agencies surveyed provide exiting prisoners with a DOC ID card that they may exchange for a state ID.

In all models, the DOC and DMV would collaborate in establishing a standard for verifying inmate identity and determining the policy if identity cannot be proven. In the last two models, if there is a question of identity, it would either not issue the temporary ID or would flag the card to alert the DMV to follow-up.

Sources:

Legal Action Center. "Possible Models for Post-Release Identification." New York, NY: Legal Action Center. Available online: www.lac.org/toolkits/ID/Model_Legislation.pdf

H.I.R.E. Network. 2003. "Nationwide Survey of Identification Requirements for Newly Released Prisoners." New York, NY: H.I.R.E. Network. http://www.hirenetwork.org/ID_Survey_Summary.htm

Addressing Housing Needs: Idaho's Transition and Treatment Funding Program

Housing for Inmates at Risk for Homelessness

In Idaho, inmates who do not have family or financial resources to support their return to the community may be eligible for a limited amount of transitional funding through the Transition and Treatment Funding Program. The program helps recently released inmates gain residence, treatment, and services necessary to promote stability in the community. While transition funds can be used for a variety of services, including evaluations, assessments, polygraphs, GPS, transportation, and approved initial necessities, their main use is in assistance with payment for up to 30 days of lodging and living expenses. Additional funding for lodging and living expenses may be approved on a case-by-case basis. Typically, funds provided will be the minimum amount necessary to establish residence but should not exceed \$1,500 per offender. Treatment-related expenses are also common, including assessments, treatment (drug and alcohol, mental health, sex offender, and cognitive behavioral), polygraphs, medications, and other indirect or direct treatment requirements associated with risk-reduction. The funds provided would be the minimum required to ensure treatment continuity. Eligible inmates must have a tentative parole date but lack a viable parole plan; have less than \$500 and no other resources; be at risk of becoming homeless if on community supervision; and not being designated as a violent sexual predator.

The process begins when case managers identify an inmate who appears eligible for transition funds. Case managers will interview the individual to assess his or her needs and verify his or her lack of family, friends and other persons to help out with the transition process. Following approval, the case manager will contact the reentry Probation and Parole Officer (PPO) in the receiving district for assistance or referrals to housing resources. If necessary, the case manager or PPO will contact potential landlords to facilitate application and placement, identify the costs associated with rent, and gather billing payment information. Upon acceptance of the release plan, the Coordinator of Treatment and Housing takes over inmate management by requesting a firm parole release date from the Commission on Pardons and Paroles and processing funding to hold the residence as needed. Once a firm release date is set, the Coordinator processes the funding to cover the cost of housing by arranging for direct payment to the landlord or service provider. Additional funding for living expenses are made payable to the released inmate and forwarded to his or her parole officer on a weekly basis until funds are either expended or no longer needed.

Sources:

Idaho Department of Correction. 2007. "Transition and Treatment Funding Program for Offenders, version 2.0." Standard Operating Procedure 607.26.01.013.

Addressing Health Care Needs: Massachusetts' DOC / Mass Health Pilot Program

Fast and Easy Access to Health Coverage for All Returning Inmates

The Department of Correction/Mass Health pilot program represents a collaborative effort between the Department of Correction and the Office of Medicaid/MassHealth to provide inmates with health coverage upon release to promote continuity of care and to prevent transmission of infectious diseases. The program is funded by existing state budgets, through the Department of Correction and the Office of Medicaid/MassHealth, and did not require an executive order or change in legislation. The program was enhanced in 2006 with the implementation of the Virtual Gateway online application, which streamlines the application process and decreases processing time. A Correction Program Officer (CPO) will begin to file the standard application process for MassHealth benefits electronically 90 days prior to release, and upon approval, a card is sent to the correctional facility and given to the inmate upon release. DOC staff members have access to several on-line applications which allow them to monitor the application from beginning to end. The Correction Program Officer (CPO) will also complete a supplemental disability form for eligible inmates. Because verification of citizenship is also required of most MassHealth applicants, the DOC also assists inmate in obtaining necessary documentation through an agreement with the Registry of MA Vital Records. The DOC created a Reentry Division to focus on managing resources and providing direction on various reentry initiatives, including the MassHealth pilot program.

This technological development has dramatically increased the percent of releasees who are approved for MassHealth and who have completed an application prior to release. The Massachusetts DOC has been able to increase the percent of inmates approved for MassHealth coverage from 13 to 60 percent after implementing the online application process. Prior to the implementation of this program, the MassHealth enrollment process could not begin until after an individual left prison, rendering many released prisoners without coverage for days and even weeks. The ultimate cost to the state was higher incarceration rates than if the former inmates had received care immediately following release.

Sources:

Council of State Governments. 2007. "2007 Innovations Awards Program Application: Massachusetts." ID# 07-E-03MASSHEALTHPILOT. Lexington, KY: Council of State Governments. Available online: www.csg.org/programs/innov/documents/07-E-03MASSHEALTHPILOT.pdf

Wilson, Rachel. 2003. "Testimony in Support of Senate Bill 598: An Act Relative to MassHealth Enrollment for Persons Leaving Correctional Facilities in Massachusetts." Jamaica Plain, MA: Massachusetts Public Health Association, October 20.

Lizotte, Kenny. 2007. Personal Correspondence. Milford, MA: Reentry Services Division, Massachusetts Department of Correction.

Managing Special Populations: Allegheny County State Forensic Support Services

Comprehensive discharge planning for mentally ill inmates released without community supervision

In Allegheny County, inmates with a mental illness who will complete their sentence without community supervision spend an average of thirteen years in prison.¹⁰ Upon release, many of these individuals will neither recognize the place to which they are returning nor understand how to negotiate life on the outside. They may feel alone, overwhelmed, confused, and scared. Many risk a return to old habits or to the prison system that represented a home for so many years. In response to these issues, corrections staff began the Allegheny County State Forensic Support Program, a program that provides comprehensive, individualized release planning and intensive case management to this particularly vulnerable population of inmates.

The process begins while the individual is still incarcerated. Staff members visit inmates two or three times prior to release in order to assess the inmate's needs and establish rapport and trust with the individual. During these initial steps, program staff members begin to coordinate services and resources for the inmate upon release, typically by arranging housing, assisting with employment, and securing benefits. Staff members work with local landlords to find suitable, single-person housing, offering the landlords a guaranteed security deposit and first month's rent, along with a 24-hour hotline that landlords may call should any problems occur. Depending on the individual's situation, the program will pay up to three months of rent, even if the person is living with their family. If the inmate is released before private housing can be arranged, inmates are typically placed in transitional housing, typically single occupancy rooms, personal care homes, supportive living or community residential rehabilitation.

Staff members also work on securing financial resources that will support the inmate in his or her transition into unsupervised living. Prior to release, the program sends prisoners to day labor centers to ease their reentry into the community. If inmates appear capable of concentrating and working an eight-hour day, they will receive help in obtaining full-time employment; individuals who perform their job duties particularly well will be introduced to local businesses. The program also coordinates with AmericaWorks, which places former prisoners into employment. The program also assists inmates in filling out welfare forms while in prison and upon release, provides money for food, transportation, clothing, and other basic necessities. In fact, at the moment of release, staff members meet the releasing prisoner at the gate and immediately take him or her to a low-cost, new clothing store to purchase up to \$200 of clothing. In the day and weeks that follow, participants in the Allegheny County State Forensic Support Program are encouraged to call staff members if they receive a bill they do not understand or have any questions about money.

In order to remain in the program, released inmates must continue to take their medications, follow their service plans and go to their mental health treatments. Program staff members assist their clients in meeting these requirements by setting up, providing transportation to, and attending initial

¹⁰ Estimated statistics for program participants

appointments with behavioral health and social service providers. This oversight also helps to ensure that individuals receive the eligible benefits.

Thus far, the program has been successful in reducing recidivism rates and improving life for this special population of former prisoners. Of the participants in this program, recidivism rates range from 10.4 to 14.6 percent. According to the Allegheny County State Support Services, nationally, 61 percent of individuals released from state prisons with a behavioral health diagnosis have recidivated. In a 2007 interview, program coordinators also reported that 25 percent of its participants sought and gained employment and claimed to save taxpayers money by reducing costs from over \$25,000 a year (for each person that recidivates) to an average of \$3,000 for program participants. The program's advocacy work has also encouraged the Department of Corrections and the Board of Probation and Parole to review current policies and procedures that allow inmates maxing out of state correctional institutions to be released when community service providers are available (i.e. not on weekends, nights, or holidays). According to program manager Amy Kroll, the success of this program can be attributed to its emphasis on giving inmates confidence, support, and ownership over their own lives; "If you have somebody else's clothes on and you're living in somebody else's house, it's easy to go back [to prison]. But when you have your own possessions and are somebody, it [becomes] a lot harder [to give up what you have and return to prison]."

Sources:

Center for Civic Innovation at the Manhattan Institute. 2007. "Building Support Systems to Reduce Recidivism." *Civic Bulletin* 48.

Allegheny County. "Allegheny County State Justice Related Support (Max Out) Program." Allegheny County Website. Available online: <http://www.county.allegheny.pa.us/dhs/maxout.aspx>

Allegheny County. "Allegheny County State Forensic Support Services FAQ." Allegheny County Website. Available online: www.county.allegheny.pa.us/uploadedFiles/DHS/Individual_and_Community_Health/Mental_Health_Services_and_Support/Forensic_Services/MaxOut%2520FAQs.pdf

Government Innovators Network. 2005. "State Forensic Program: 2005 Winner Allegheny County, PA." Boston, MA: Government Innovators Network, JFK School of Government, Harvard University.

Collaborating with Community Agencies: Tennessee's Good Samaritan Network

Moment-of-release support through direct service, resources, and guidance

In response to the number of items it collected following Hurricane Katrina, the Tennessee DOC began the Good Samaritan Network (GSN), a collaboration of non-profit, civic, and faith-based members who agree to provide certain services to individuals who are released from correctional facilities. The GSN provides comprehensive services to support releasing prisoners and allows them to develop a relationship with a person they know will be able to provide support and assistance upon release. The process begins with a counselor at a Department of Correction or Corrections Corps of America institution completing an inmate's needs assessment several months prior to release, and then contacting the GSN liaison for the county of residence for that inmate. After acquiring some basic information, the liaison appoints a mentor to the inmate. Ideally, the mentor relationship will begin 12-18 months prior to release. One week prior to the inmate's release, the DOC counselor, county contact / liaison, and inmate discuss and decide on what services the inmate will need upon their return to the community. Once the inmate has been discharged, he or she will immediately begin to receive the services as agreed upon prior to release.

All GSN members must sign a Memorandum of Understanding (MOU), agreeing to provide certain services with statewide consistency. However, the type of service an inmate receives generally depends on what their needs are following release. Inmates without jobs or who have been working less than two weeks may receive emergency food, such as food boxes and/or vouchers, and clothing for job interviews, employment and recreational activities. The network is also developing an employment listing that identifies business owners willing to hire qualified individuals regardless of their criminal background. Others will receive emergency assistance with their housing needs; some GSN members pay up to three months' rent for those recently released from prison or offer boarding homes for inmates to temporarily stay. Good Samaritan baskets may also be given to inmates and include such essentials as toothpaste, deodorant, shampoo, a t-shirt and underwear. Recently released inmates without access to an automobile may be transported to appointments and jobs via a church van or given bus passes. GSN members will also provide life skills, substance abuse, and/or cognitive based programming when or if available. Mentors may also be available to offer spiritual edification and promote a positive social atmosphere.

Sources:

Tennessee Department of Correction. "Rehabilitative Services: The Good Samaritan Network." Nashville, TN: Tennessee Department of Correction. Available online:
<http://www.state.tn.us/correction/rehabilitative/goodsamaritan.html>

Appendix B: 2007 UI Discharge Planning Survey

Instructions:

Thank you for taking the time to complete this survey. There are four sections to the survey and the entire survey should take between 10 to 15 minutes to complete. The information you provide is extremely valuable as it will help to provide a holistic view of how inmates across the country prepare for their release and what exactly occurs during the discharge process.

We are mindful of the fact that some questions may be difficult to answer when you consider the entire inmate population across your system. It is possible, for example, that your agency provides discharge planning services for some inmates (based upon population characteristics or the facility in which they are housed) and not for others. To the extent possible we have structured this survey to enable you to provide more detail on these subpopulations. However, in cases for which questions are posed in more general terms, we ask that you answer with regard to the subpopulation in receipt of the greatest available discharge planning services. In other words, if any inmates receive a particular discharge planning service please answer "yes" to the question pertaining to that service.

In addition, we welcome you to provide more detailed information on the types of discharge planning services offered to different inmate subpopulations in the open text box associated with question 47.

I. Discharge Policies and Guidelines

1. Does your agency have specific discharge policies and guidelines in place?

Yes	95%	(n= 41)
No	5%	(n= 2)
Don't Know	0%	(n= 0)

2. Does your agency prepare individualized written discharge plans for releasees?

Yes	98%	(n= 42)
No	2%	(n= 1)
Don't Know	0%	(n= 0)

3. What types of inmates receive individualized written discharge plan upon release?

All releasees	40%	(n= 17)
Some releasees	58%	(n= 25)
Inmates released to parole supervision/probation	37%	(n= 16)
Inmates with mental health disorders	44%	(n= 19)
Inmates convicted of sex offenses	23%	(n= 10)
Inmates convicted of violent offenses	14%	(n= 6)
Inmates with co-occurring disorders	28%	(n= 12)
Inmates with a history of substance abuse	30%	(n= 13)
Other inmates	21%	(n= 9)
Don't know who receives individualized written discharge plan	0%	(n= 0)
Agency does not provide individualized written discharge plans	2%	(n= 1)

4. Does the written discharge plan contain contact names, phone numbers, and addresses of referrals and/or resources?

Yes	79%	(n= 34)
No	12%	(n= 5)
Don't Know	7%	(n= 3)
Agency does not provide inmates with individualized written discharge plans	2%	(n= 1)

5. Is the person who prepares the discharge plan required to contact the referral agency prior to release to confirm that bed space or services are available?

Yes	67% (n= 29)
No	21% (n= 9)
Don't know	9% (n= 4)
N/A	2% (n= 1)

6. Do inmates whose sentences expire ("max out") receive individualized written discharge plans upon release?

Yes - all inmates that max out	37% (n= 16)
Yes - some inmates that max out	37% (n= 16)
No	16% (n= 7)
N/A	9% (n= 4)

7. Does your agency conduct discharge planning with inmates who will be released directly from segregation?

Yes	74% (n= 32)
No	14% (n= 6)
Don't Know	5% (n= 2)
N/A	7% (n= 3)

8. Does your discharge planning policy include step-down procedures whereby inmates in segregation or maximum security transition to lower security housing units prior to release?

Yes	23% (n= 10)
No	58% (n= 25)
Don't Know	7% (n= 3)
N/A	12% (n= 5)

9. Does your agency's budget identify discharge planning with its own line-item?

Yes	12% (n= 5)
No	65% (n= 28)
Don't Know	23% (n= 10)

10. Does your agency have written institutional and/or employee performance measures related to discharge planning?

Yes	42% (n= 18)
No	47% (n= 20)
Don't Know	12% (n= 5)

11. Does your agency have formal policies in place to ensure that discharge procedures are followed properly?

Yes	84% (n= 36)
No	14% (n= 6)
Don't Know	2% (n= 1)

12. Does your agency have formal policies in place to ensure that releasees have secured adequate living arrangements?

Yes - All populations	23% (n= 10)
Yes - Only specific populations	63% (n= 27)
No	14% (n= 6)
Don't know	0% (n= 0)

II. Creating a Discharge Plan

13. Does your agency offer inmates a discharge planning or pre-release "class"?

Yes - All populations	54% (n= 23)
Yes – Only specific populations	40% (n= 17)
No	5% (n= 2)
Don't know	2% (n= 1)

14. If yes, how many days prior to release does this class commence?

Less than 7	0% (n= 0)
7-14	0% (n= 0)
15-30	5% (n= 2)
31-60	12% (n= 5)
61+	67% (n= 29)
Don't know	12% (n= 5)
N/A	5% (n= 2)

15. How many total hours is the class? 79 (range 10-300; n= 20)

16. Who teaches the class?

Institutional program staff teaches class	65% (n= 28)
Community-based staff/service provider teaches class	47% (n= 20)
Correctional staff teaches class	30% (n= 13)
Other teaches class:	26% (n= 11)
• Contract staff	
• Correctional Social Workers	
• Department of Correctional Education staff	
• Education Department	
• Offenders	
• Private contractors	
• Some providers/contractors or DC Staff	
• Specialized discharge planners	
• Trained inmate assistants supervised by staff	
• Transition Coordinators	
• School System	
Don't Know	2% (n= 1)
N/A	5% (n= 2)

17. Does your agency provide inmates with one-on-one discharge planning sessions?

All releasees	44% (n= 19)
N/A - My agency does not provide inmates with one-on-one	2% (n= 1)
Don't Know	0% (n= 0)

18. If yes, how many days prior to release does this occur?

Less than 7	7% (n= 3)
7-14	0% (n= 0)
15-30	7% (n= 3)
31-60	21% (n= 9)
61+	40% (n= 17)
Planning for discharge begins at intake	19% (n= 8)
Don't know	2% (n= 1)
N/A	2% (n= 1)

19. How many total hours of one-on-one discharge planning is provided (on average)?

19% (s.d. 36, range 1-100) (n= 7)

20. Does your agency involve families in the discharge planning process?

Yes	70% (n= 30)
No	19% (n= 8)
Don't Know	12% (n= 5)

21. Which agencies does your agency collaborate with regarding discharge planning?

Mental health center/agency	93% (n= 40)
Other Community-based service providers	91% (n= 39)
Probation/Parole	88% (n= 38)
Health and Human Services	86% (n= 37)
Veterans Affairs	77% (n= 33)
Social Security Administration	72% (n= 31)
Department of Motor Vehicles	54% (n= 23)
Sheriff's Department/Local Jail	37% (n= 16)
Courts	33% (n= 14)
Other agency	7% (n= 3)
• Department of Children and Families	
• Department of Social Services	
• Family Services	
• Local substance abuse providers	
• Housing providers	
• Workforce Services	
Don't know if agency collaborates with other agencies	2% (n= 1)
Agencies does not collaborate with other agencies on discharge planning	0% (n= 0)

22. Does your agency have formal partnerships (e.g. MOUs) with other government and/or private/nonprofit agencies to help with discharge planning?

Yes	79% (n= 34)
No	14% (n= 6)
Don't Know	7% (n= 3)

23. If yes, please select the agencies with whom you have discharge planning MOUs?

Health and Human Services	49% (n= 21)
Other Community-based service providers	47% (n= 20)
Social Security Administration	44% (n= 19)
Department of Motor Vehicles	37% (n= 16)
Mental health center/agency	35% (n= 15)
Probation/Parole	28% (n= 12)
Veterans Affairs	26% (n= 11)
Sheriff's Department/Local Jail	19% (n= 8)
Courts	7% (n= 3)
Other:	5% (n= 2)
• Department of Children and Families	
• Labor and Workforce Development	
Don't know if agency has formal partnerships	9% (n= 4)
Agency does not have formal partnership with another agency	14% (n= 6)

24. Does your agency involve community and/or faith groups in the discharge planning process?

Yes	84% (n= 36)
No	9% (n= 4)
Don't Know	7% (n= 3)

25. Does your agency have an assessment or a discharge planning questionnaire designed specifically to identify an inmate's needs/history prior to release?

Yes	72% (n= 31)
No	21% (n= 9)
Don't Know	7% (n= 3)

26. If yes, what does the assessment/questionnaire cover?

Housing needs	72% (n= 31)
Employment needs	72% (n= 31)
Substance abuse treatment	67% (n= 29)
Current medication	65% (n= 28)
Identification needs	63% (n= 27)
Veteran's benefits	61% (n= 26)
Mental health history	61% (n= 26)
Substance abuse history	61% (n= 26)
Disability benefits	56% (n= 24)
Vocational training	56% (n= 24)
Educational requirements/needs (i.e. literacy)	77% (n= 24)
Current educational status	54% (n= 23)
Post-release health care needs	54% (n= 23)
Medical benefits	51% (n= 22)
Family life/domestic relations	49% (n= 21)
Child support	49% (n= 21)
Physical health history	49% (n= 21)
Transportation	49% (n= 21)
Sources of income	44% (n= 19)
Food stamp eligibility	35% (n= 15)
Life skills	35% (n= 15)
Child custody	30% (n= 12)
Other	5% (n= 2)
Don't know what assessment/questionnaire covers	12% (n= 5)
Agency does not have an assessment or questionnaire	19% (n= 8)

III. Discharge Procedures

27. Does your agency ensure that people leave prison with a State issued ID (not including DOC ID)?

Yes	33% (n= 14)
No	65% (n= 28)
Don't Know	2% (n= 1)

28. What percentage of the population is released with a State ID?

49% (range 0-100, n= 8)

29. Does your agency provide exiting prisoners with a DOC ID card that they are able to exchange for a state-issued ID?

Yes	44% (n= 19)
No	47% (n= 20)
Don't Know	9% (n= 4)

30. Does your agency make referrals to an agency that can assist existing prisoners with obtaining a State issued ID?

Yes	67% (n= 29)
No	14% (n= 6)
N/A - My agency provides or ensures exiting prisoners have a State ID	14% (n= 6)
Don't know	5% (n= 2)

31. Does your agency ensure that people leave prison with a Social Security card?

Yes	42% (n= 18)
No	56% (n= 24)
Don't Know	2% (n= 1)

32. What percentage of the population is released with a Social Security card?

57% (range 5-100, n= 11)

33. Does your agency make a referral to someone who can assist with obtaining an SS card?

Yes	72% (n= 31)
No	9% (n= 4)
Don't know	7% (n= 3)
N/A - My agency ensures exiting prisoners are released with an SS card	12% (n= 5)

34. Upon release does your agency provide a supply of prescription medication to those inmates who were on prescription medication in the months leading up to their release?

Yes	100% (n= 43)
No	0% (n= 0)
Don't know	0% (n= 0)

35. How many weeks of medication are provided?

Less than 1 week	2% (n= 1)
1 to 2 weeks	51% (n= 22)
3 to 4 weeks	30% (n= 13)
Over 4 weeks	12% (n= 5)
Other	2% (n= 1)
Don't know	2% (n= 1)

36. Upon release does your agency provide a prescription for medication to those inmates who were on prescription medication in the months leading up to their release?

Yes	47% (n= 20)
No	37% (n= 16)
Don't Know	16% (n= 7)

37. How many weeks of medication does the prescription cover (on average)?

Less than 1 week	2% (n= 1)
1 to 2 weeks	5% (n= 2)
3 to 4 weeks	30% (n= 13)
Over 4 weeks	2% (n= 1)
Don't know	21% (n= 9)
Other	2% (n= 1)
N/A	37% (n= 16)

38. When applicable, does your agency ensure that eligible inmates leave prison with their benefits/entitlements (i.e. disability, employment, medical, etc.) reinstated or restored?

Yes	58% (n= 25)
No	35% (n= 15)
Don't Know	7% (n= 3)
N/A	0% (n= 0)

39. When applicable, does your agency ensure that eligible inmates leave prison with information on how to restore/enroll in federal benefits (i.e. disability, employment, medical, etc.)?

Yes	88% (n= 38)
No	2% (n= 1)
Don't Know	9% (n= 4)

40. Does your agency ensure that inmates leave prison with civilian clothes?

Yes	81% (n= 35)
No	14% (n= 6)
Don't Know	5% (n= 2)

41. Does your agency provide persons with gate money upon release (not including any personal funds in an inmate's account)?

Yes	77% (n= 33)
No	19% (n= 8)
Don't Know	5% (n= 2)

42. How much gate money are inmates provided with upon release (on average)?

\$65.90 (range 0-200) (n= 28)

43. Does your agency assist with transportation for inmates upon release?

Yes	93% (n= 40)
No	5% (n= 2)
Don't Know	2% (n= 1)

44. If yes, by what means?

DOC transportation	61% (n= 26)
Community-based mentor or service provider	51% (n= 22)
Transportation by probation/parole officer/agency	49% (n= 21)
Bus ticket to any location	42% (n= 18)
Bus ticket to prior neighborhood	40% (n= 17)
Other transportation	16% (n= 7)

- Bus ticket to state line, to parole address, to location within the state
- Family arrangements
- Ride to bus station
- Vouchers
- Bicycles

Don't know if agency assists with transportation	2% (n= 1)
Agency does not assist with providing transportation upon release	5% (n= 2)

45. Does your agency notify family members to inform them of an inmate's release or make arrangements so that a family member can meet releasees at the gate?

Yes	65% (n= 28)
No	30% (n= 13)
Don't Know	5% (n= 2)

46. Does your agency provide inmates with a reentry handbook or a community resource guide upon release?

Yes	54% (n= 23)
No	37% (n= 16)
Don't Know	9% (n= 4)

47. Please describe what is included in your agency's typical written discharge plan.

(Summarized in Appendix C: Scan of Practice)

Appendix C: Scan of Practice

The primary focus of the Scan of Practice is to identify which DOCs conduct pre-release assessments, what populations receive pre-release planning, if a written discharge plan is provided, and what are the key components addressed in release planning and/or the discharge plan. Only accessible relevant information is highlighted in the Scan. The following information was compiled from a variety of sources including: The 2007 Urban Institute Discharge Planning Survey, release planning material received from state correctional agencies and various correctional agency websites were the primary sources of information for the scan of practice, and the 2004 US Department of Justice (DOJ) report, *Releasing Inmates from Prisons: Profile of State Practices*¹¹ was used as a secondary source.*

¹¹ Linke, Larry and Petty Ritchie. (2004). *Releasing Inmates from Prison: Profile of State Practices*. Washington, DC: National Institute of Corrections Information Center.

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Alabama

Release Planning Activities

Assessment: Unknown

Class: Yes*

Individualized Written Discharge Plan: No

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood or jurisdiction of conviction

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$10

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID)

Housing: "Living and Employment Address Notification and Approval Process" initiated at least four months prior to release; address of sex-offenders declared 45 days prior to release

Physical and Mental Health Care: Supply of medication (unknown amount) to exiting prisoners who used medication in months before release; referral to mental health services

Key Partners: MH agency, and other community service providers; attempt to schedule an initial appointment with community agency for exiting prisoners receiving psychotropic medication

- **Formal Relationships (MOUs):** Existing prisoners sign ADOC form MH-001 to permit sharing of information with potential community partners

Alaska

Release Planning Activities

Assessment: Health care records review and need for follow-up care

Class: Yes, but voluntary*

Key Components Addressed

Basic Needs

Clothing and Food: Weather-appropriate clothing that must be returned within 30 days of release

Physical and Mental Health Care: Individuals responsible for their own medical treatment after release; separate medical plan if need exists

Arizona

- **Formal Relationships (MOUs):** Department of Economic Security, other community service providers
- **Handbook:** No

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child support, substance abuse treatment, current medication, mental health continuity of treatment, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners released to probation and parole, those with mental health disorders, convicted of sex offenses, convicted of violent offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$50; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, referral to an agency that can assist with obtaining a State-issued ID, SS card obtained pre-release, referral to an agency that can assist with obtaining an SS card post-release, Birth Certificate obtained pre-release, referral to an agency that can assist with obtaining a Birth Certificate post release.

Housing: Some indigent parolees receive 30-day housing subsidy, others referred to homeless shelters*

Physical and Mental Health Care: Supply of medication (3 to 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: DES, DHS, DOH, Families, Veteran's Affairs, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Arkansas

California

Release Planning Activities

Assessment: No

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, with co-occurring disorders, and with a history of substance abuse

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location within state; DOC transportation, often to bus station*; P&P transportation

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$100; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: Referral to an agency that can assist with obtaining an SS card

Employment and Education: Work release units allow exiting prisoners to work at civilian jobs as a way to transition back to the community

Physical and Mental Health Care: Supply of medication (1 to 2 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: DHHS, MH agency, P&P, community and/or faith groups

- **Formal Relationships (MOUs):** No

- **Handbook:** No

Note: Information refers to parolees, with the exception of sex-offenders

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, disability benefits, family and domestic relations, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, identification needs, and substance abuse history

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, with co-occurring disorders, with a history of substance abuse, and released directly from segregation

Key Components Addressed

Basic Needs

Transportation: DOC transportation; P&P transportation

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$200; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: Referral to an agency that can assist with obtaining a State-issued ID, referral to an agency that can assist with obtaining an SS card

Housing: Referral to short/long term shelters and sober living environments
Employment and Education: Referral to job search services and vocational training program; post-release programs also offered in prosocial skills; some culturally sensitive release programs

Physical and Mental Health Care: Supply of medication (3 to 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (unknown amount); referral to inpatient and outpatient services

Key Partners: Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** Veteran's Affairs, SSA
- **Handbook:** No

Other: Release plan includes a list of needs, goals, tasks, service providers, and start dates for services

Colorado

Release Planning Activities

Assessment: No

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, and released directly from segregation

Key Components Addressed

Basic Needs

Transportation: DOC transportation; P&P transportation
Clothing and Food: Civilian clothing (shoes, shirt, pants and coat in winter)

Financial Resources: Gate money \$100; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a State-issued ID, referral to an agency that can assist with obtaining an SS card

Housing: No information found

Employment and Education: No information found
Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)
Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, and other community service providers
- **Handbook:** Yes

Other:* Reintegration staff assist case managers in developing plans and coordinating community services in 17 of 22 facilities; released exiting prisoners begin post-release supervision on the day of release or the following business day

Connecticut

Services, MH agency, P&P, Court Support Services Division, Courts, SSA, Department of Children and Families, Dept. of Public Health, and other community service providers

- **Handbook:** Yes

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, family and domestic relations, child custody, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money (\$75 for indigent*); information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.); two DSS Entitlement

Specialists process state assistance applications prior to discharge

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that

can assist with obtaining a State-issued ID

Housing:* Housing placements are carefully reviewed for all exiting prisoners awaiting release; DOC contracts for halfway house beds that provide transitional placements for some released exiting prisoners

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (2 weeks); post-release HIV/AIDS and mental health services to eligible individuals

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, community and/or faith groups, Department of Children and Families, Department of Social Services, and other community service providers

- **Formal Relationships (MOUs):** DMV, Dept. of Social Services, Veteran's Affairs, DHHS, Dept. of Mental Health and Addiction

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Delaware

Florida

Release Planning Activities

Assessment: No

Class: Yes - Only specific populations (30-60 days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners who have completed a substance abuse program

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; DOC transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money: \$50; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication (up to 30 days) and prescription for medication to exiting prisoners who used medication in months before release (amount varies); follow-up appointments made for inmates with chronic physical and mental health care needs

Key Partners: Families, DHHS, P&P, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** No

- **Handbook:** Yes

*Information will be available pending review by
Florida's Department of Corrections*

Georgia

Community Affairs, Driver Services, Criminal Justice Coordinating Council, State Board of Pardons and Paroles, Faith Based Providers, and business and community leaders.

Handbook: yes

Release Planning Activities

Assessment: Reentry begins when the offender first enters the criminal justice system. During the diagnostic process each offender completes the COMPAS assessment that determines criminogenic risk to re-offend and needs. The results of the COMPAS assessment create the Reentry Case Plan.

Individualized Written Discharge Plan: Reentry Case Plan with active involvement of the exiting prisoner

Key Components Addressed

Basic Needs

Transportation: Bus ticket to release destination

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$25

Identification and Important Documents: Pre-release assistance in obtaining SS card and birth certificate (for Georgia born inmates; other receive help mailing applications out of state); completion of Reentry Skills-Building Program, DOL application with work history, resume, education credentials and certificates

Housing: Residential plans identified within 3-6 months of release. No individual released without a viable residence plan. Residential plans are forwarded to the Georgia Board of Pardons and Paroles for verification. Counseling staff has access to a resource manual with Parole approved housing options. Individuals past their tentative parole month (TPM) receive assistance from Reentry Services, Reentry Partnership Housing Program.

Employment and Education: Placement in transition centers 9-12 months before release; outside work opportunities to assist in transition. In House Transitional Centers and Pre-Release Centers provide OJT and career planning; post-release job placement assistance for inmates (special focus on those age 25 and younger who completed educational and vocational training in prison)

Physical and Mental Health Care: Through the Transitional Aftercare Parole Program (TAPP) exiting prisoners with a mental illness receive medication for 30 days and a confirmed appointment with a community provider. HIV+ inmates receive referral for treatment and receive a supply of medication.

Key Partners: Governor's Office, Department of Human Resources, Labor, Education, Public Health, Juvenile Justice, Technical and Adult Education,

Hawaii

Release Planning Activities

Assessment:* Yes; academic, vocational, treatment, security information, housing, employment, finances, continuing education, training, and follow-up treatment services

Individualized Written Discharge Plan:* “Prescriptive Plan” created to prepare exiting prisoner for return to the community

Key Components Addressed

Basic Needs

Clothing and Food:* Civilian clothing

Financial Resources:* Gate money to those placed on parole

Other:* Young, high-risk exiting prisoners releasing to Maui will receive substance abuse treatment, mental health services, employment assistance, family reunification, and other transition support

Release Planning Activities

Assessment:* Yes; criminogenic risk, drug use, housing, employment, community resources, and family and monetary resources

Class: No*

Individualized Written Discharge Plan:* Yes; exiting prisoners at risk of becoming homeless or who lack family and/or monetary resources

Key Components Addressed

Basic Needs

Financial Resources: No routine gate money, but transition funds for certain individuals, distributed by PPO

Identification and Important Documents: State-issued ID, SS card, referral to an agency that can assist with obtaining an SS card

Housing: Development of housing resource before parole/release; exiting prisoners are not released from prison unless their parole plan includes a verifiable residence*; for exiting prisoners with no family or financial resources (less than \$500) or who risk becoming homeless while on community supervision, case managers may contact and pay landlords directly with transition funds up to \$1,500 for up to 30 days of lodging and living expenses

Employment and Education: Identification of employment resources that can be accessed upon release, including alien work permits; employment verification performed within 2 weeks of parole assignment

Physical and Mental Health Care: Supply of medication and prescription for medication to exiting prisoners who used medication in months before release; arrangements to access substance abuse services, community mental health services, community health services, and cognitive programs

Key Partners: Families, community service providers, law-enforcement, MH agency, DHHS, and substance abuse groups

Other: RPA/PO meets release within 24-48 hours of release

Idaho

Release Planning Activities

Assessment:* Yes; academic, vocational, treatment, security information, housing, employment, finances, continuing education, training, and follow-up treatment services

Individualized Written Discharge Plan:* “Prescriptive Plan” created to prepare exiting prisoner for return to the community

Key Components Addressed

Basic Needs

Financial Resources: No routine gate money, but transition funds for certain individuals, distributed by PPO

Identification and Important Documents: State-issued ID, SS card, referral to an agency that can assist with obtaining an SS card

Housing: Development of housing resource before parole/release; exiting prisoners are not released from prison unless their parole plan includes a verifiable residence*; for exiting prisoners with no family or financial resources (less than \$500) or who risk becoming homeless while on community supervision, case managers may contact and pay landlords directly with transition funds up to \$1,500 for up to 30 days of lodging and living expenses

Employment and Education: Identification of employment resources that can be accessed upon release, including alien work permits; employment verification performed within 2 weeks of parole assignment

Physical and Mental Health Care: Supply of medication and prescription for medication to exiting prisoners who used medication in months before release; arrangements to access substance abuse services, community mental health services, community health services, and cognitive programs

Key Partners: Families, community service providers, law-enforcement, MH agency, DHHS, and substance abuse groups

Other: RPA/PO meets release within 24-48 hours of release

Illinois

Indiana

Release Planning Activities

Assessment:* Yes; treatment needs, mental health and substance abuse treatment needs, basic education needs, and vocational needs

Class:* Yes - All populations (60+ days prior to release)

Key Components Addressed

Basic Needs

Transportation:* Bus ticket to their release site within the state

Clothing and Food:* Civilian clothing

Identification and Important Documents: Gate money \$10, plus any additional funds in exiting prisoners' personal accounts

Housing:* Placement Resource Units located in field offices assist in securing housing and may help pay for up to three months of housing

Other:* Exiting prisoners released to mandatory supervision must report to a local field office within 72 hours of release

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody, substance abuse treatment, current medication, mental health and psychological* history, physical health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; community-based mentor or service provider; some individuals with special needs receive DOC transportation to their release location*

Clothing and Food: Civilian clothing (shoes, shirts, pants and coat in winter)

Financial Resources: Gate money \$75; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, SS card, referral to an agency that can assist with obtaining a state-issued ID/ SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)

Key Partners: Families, DMV, DHHS, MH agency, P&P, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, DHHS, MH agency, Sheriff's Dept/local jail, and other community service providers
- **Handbook:** Yes

Iowa

Kansas

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, disability benefits, veteran's benefits, life skills, family and domestic relations, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, identification needs, and substance abuse history

Class: Yes - specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, released directly from segregation, and who "max out" of their sentences (some)

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, sources of income, substance abuse history, criminogenic needs and cognitive issues

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners with mental health disorders, released directly from segregation, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$100; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, Sheriff's Department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** SSA, and other community service providers
- **Handbook:** Yes

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC or P&P transportation; community-based mentor/service provider; vouchers; bicycles

Financial Resources: Gate money \$40; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, DOC ID card (to exchange for a state-issued ID), SS card

Employment and Education:* Three work release centers allow some exiting prisoners to begin jobs in the community prior to release

Physical and Mental Health Care: Supply of medication (over 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (15 days)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, Sheriff's Department/local jail, community and/or faith groups, other community service providers, local substance abuse providers, housing providers, and family services

- **Formal Relationships (MOUs):** DMV, DHHS, MH agency, SSA, Sheriff's Dept/local jail, and other community service providers
- **Handbook:** Yes

Other: High risk/need exiting prisoners receive release plans, whereas exiting prisoners with a mental illness or co-occurring disorder receive "discharge plan"; exiting prisoners released to post-incarceration supervision or parole are required to report to field office on the day of release or the next business day, depending on travel and individual circumstances*

Kentucky

plan"; exiting prisoners released to post-incarceration supervision or parole are required to report to field office on the day of release or the next business day, depending on travel and individual circumstances*

Release Planning Activities

Assessment: No

Class: Yes - All populations (30-60 days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: No transportation offered

Clothing and Food: Civilian clothing

Financial Resources: Give money \$50 (to help with clothing and travel expenses*); information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Housing:* DOC contracts for halfway house beds throughout the state

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)

Key Partners: Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, and other community service providers

- **Formal Relationships (MOUs):** No

- **Handbook:** No

Louisiana

- **Handbook:** Yes
- Other:** Release plan includes voter registration materials; P&P receive community referrals for exiting prisoner

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, family and domestic relations, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$10; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a state-issued ID/SS card

Housing: Release plan includes housing resource materials; P&P receive information on exiting prisoner's proposed residence

Employment and Education: Release plan includes resume, copies of certificate and program participation; P&P receive exiting prisoner's employment plan

Physical and Mental Health Care: Supply of medication (1 to 2 weeks) and prescription for medication to exiting prisoners who used medication in months before release (less than 1 week)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, P&P, SSA, and other community service providers

Maine

Maryland

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, gender-specific needs, child custody, child support, substance abuse history and treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, and sources of income

Class: No

Individualized Written Discharge Plan: Yes; all exiting prisoners

Key Components Addressed

Basic Needs

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$50; eligible benefits/entitlements (e.g., disability, employment, medical, etc.) established or restored; information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a State-issued ID/SS card

Housing:* Placement of a limited number of exiting prisoners in Supervised Community Confinement (SCC) during the last months of sentences, allowing for closely-monitored living in the community; Maine State Housing Authority will provide vouchers for a limited number of released exiting prisoners to assist with up to two years of transitional housing, if those individuals agree to pay \$50 per month or one-third of their earnings and create a "self-actualization" plan

Employment and Education:* Supervised Community Confinement (SCC) provides opportunities for civilian employment

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks); referral to community provider

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV and DHHS
- **Handbook:** No

Release Planning Activities

Assessment: No

Class: Yes - Only specific populations (30-60 days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners with mental health disorders or pronounced medical issues

Key Components Addressed

Basic Needs

Transportation: DOC transportation; all exiting prisoners released from the western part of the state to Baltimore city or further east are shuttled to Baltimore by the DOC one day prior to release

Financial Resources: Gate money varies in amount depending on where exiting prisoner is housed; eligible benefits/entitlements (e.g., disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Housing: Exiting prisoners with serious medical or psychological issues receive special discharge plans that identify them as requiring special housing assistance

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** and other community service providers
- **Handbook:** yes; contains list of non-profit and community service providers

Massachusetts

- **Handbook:** No
- **Other:** Develop 24-hour schedule for first week of release; exiting prisoners placed on parole must report immediately to parole offices*

Release Planning Activities

Assessment: Yes; housing needs, community of release, employment needs, employment expectations, current educational status, educational requirements, vocational training, Medicaid benefits, veteran's benefits, family and domestic relations, child custody, substance abuse history and treatment, current medication, physical and mental health history, post-release health care needs, transportation, leisure, and religious activities

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: DOC transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing for purchase

Financial Resources: Gate money \$75; budget identified for first four weeks of release; eligible benefits/entitlements (e.g., disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card; forms for no-cost verification of birth to apply for other benefits

Housing: Identification and development of housing options to secure housing before release, particularly for exiting prisoners at risk of homelessness or who are hard to place; "Reentry Housing Program" helps identify transitional housing, in addition to other more long-term housing options

Physical and Mental Health Care: Supply of medication (over 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (1 to 2 weeks); electronically file MassHealth application prior to release

Key Partners: Veteran's Affairs, DHHS, MH agency, P&P, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DHHS, MH agency, Sheriff's Dept/local jail, and other community service providers

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Minnesota

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - Only specific populations (30-60 days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, convicted of violent offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Release Planning Activities

Assessment: No

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation

Key Components Addressed

Basic Needs

Transportation: DOC transportation; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$100; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; DOC transportation; P&P transportation; community-based mentor or service provider

Financial Resources: Gate money (unknown amount); information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication (1 to 2 weeks) and prescription to exiting prisoners who used medication in months before release (unknown amount)

Key Partners: DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, DHHS, SSA
- **Handbook:** Yes

Other: Release plan identifies no-contact orders; "resource center" in the prison library contains information on community resources and programs accessible upon release*

- **Formal Relationships (MOUs):** P&P, SSA,

- **Handbook:** Yes

Other: Uses Transitional Accountability Plan (TAP); exiting prisoners released to parole supervision must report to the local parole office within 24 hours of release*

Mississippi

Missouri

Release Planning Activities

Assessment: No

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners who "max out" of their sentences (some), with HIV and who attend the pre-release program

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; DOC transportation

Clothing and Food: Civilian clothing

Financial Resources: No gate money

Identification and Important Documents: SS card, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, P&P, SSA, and other community service providers

- **Formal Relationships (MOUs):** DHHS

- **Handbook:** Yes

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody, child support, substance abuse history and treatment, current medication, physical and mental health history, post-release health care needs, transportation, identification needs, and sources of income

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to P&P, with mental health disorders, convicted of sex offenses, convicted of violent offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; DOC transportation; community-based mentor or service provider

Financial Resources: No gate money; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, SS card, referral to agencies that can assist with obtaining a state-issued ID and an SS card

Physical and Mental Health Care: Supply of medication (3 to 4 weeks) and prescription to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, Courts, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, Veteran's Affairs, DHHS, MH agency, and other community service providers

- **Handbook:** Yes

Other:* Parolees must report to parole office within 24 hours of release

Montana

Release Planning Activities

Assessment: Yes; housing needs, employment needs, veteran's benefits, transportation, identification needs, and sources of income

Class: Yes - Only specific populations

Individualized Written Discharge Plan: Yes; exiting prisoners with mental health disorders, and released directly from segregation

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; ride to bus station

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$100; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits; Prison Industries established a welfare fund that may provide exiting prisoners with up to \$500 for release purposes*

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID)

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (over 4 weeks)
Key Partners: Families, Veteran's Affairs, DHHS, MH agency, P&P, SSA, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DHHS, SSA

- **Handbook:** No

Other:* Most exiting prisoners are released through pre-release centers

Release Planning Activities

Assessment: Yes; housing needs, employment needs, educational requirements, Medicaid benefits, disability benefits, veteran's benefits, family and domestic relations, child custody, child support, substance abuse treatment, current medication, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location;

Clothing and Food: Civilian clothing (seasonal)

Financial Resources: Gate money \$100; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)
Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DHHS, P&P, and other community service providers
- **Handbook:** No

Other:* Parolees must report to the local parole office within 24-48 hours of release

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Nevada

Release Planning Activities

Assessment*: Yes; education, cognitive needs, vocational needs, mental health history, substance abuse treatment, and sex-offender status

Class: Yes*

Individualized Written Discharge Plan: Yes; serious and violent offenders

Key Components Addressed

Basic Needs

Transportation*: Staff members often provide transportation to Reno or Las Vegas, or bus tickets

Clothing and Food*: Civilian clothing (Jeans, shirt)

Financial Resources*: Gate money \$25; Board has parolee fund that can be used to loan exiting prisoners money to assist with transitional needs

Employment and Education: Employment services

Physical and Mental Health Care: Mental health treatment, case management, substance abuse treatment, and health services

Key Partners: Community partners

Note: Most information included in this summary pertains to the SVORI program, as all release manuals in Nevada are confidential (NDOC Administrative Regulation 540)

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, Medicaid benefits, child support, substance abuse treatment, current medication, and physical health history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Occasional transport to bus station if family not available

Financial Resources: No gate money; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: Referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)

Key Partners: Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs)**: No
- **Handbook**: No

New Jersey

New Mexico

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, veteran's benefits, family and domestic relations (inc. marital status), child support, substance abuse treatment, current medication, mental health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - All populations (18 months prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released directly from segregation, who "max out" of their sentences,

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, disability benefits, veteran's benefits, food stamp eligibility, gang affiliations, child support, substance abuse history and treatment, current medication, physical and mental health history, post-release health care needs, transportation, identification needs, leisure activities, and faith-based participation

Class: Yes - Only specific populations

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: No gate money; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.); tribal benefits assessed; incidental funding to assist indigent exiting prisoners serving their maximum sentence or those leaving prison to parole supervision*

Identification and Important Documents: DOC ID card (to use toward the 6 point MVC point system), SS card, referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication (30 days for mental health patients, 14 days for all others) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks); post-release follow up appointments scheduled

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, Veteran's Affairs, DHHS, SSA, and other community service providers

- **Handbook:** Yes
- **Handbook:** No

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; community-based mentor or service provider; family pick-up

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$50; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Housing: Two state-supported residential programs are used for some parolees in need of housing; some halfway houses provide a 30 day grace period before requiring payments*

Physical and Mental Health Care: Supply of medication (1 to 2 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, Sheriff's department/local jail, community and/or faith groups, and other community service providers; network of 20 non-residential programs provides various services upon release*

- **Formal Relationships (MOUs):** DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, and other community service providers

- **Handbook:** No

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Other:* After field offices look over the larger reentry plan, their report is incorporated into a Discharge Plan that is forwarded to Parole at least 30 days before parole hearings

New York

Other:* After field offices look over the larger reentry plan, their report is incorporated into a Discharge Plan that is forwarded to Parole at least 30 days before parole hearings

Release Planning Activities

Assessment: Yes; housing needs, employment needs, substance abuse treatment, current medication, mental health history, post-release health care needs, sources of income, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners with mental health disorders, with co-occurring disorders, with a history of substance abuse, released directly from segregation, who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$40 (plus funds from personal account*); information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a state-issued ID

Physical and Mental Health Care: Supply of medication (1 to 2 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: DHHS, MH agency; DOC contract with community agencies that provide assistance upon release*

- **Formal Relationships (MOUs):** DMV
- **Handbook:** Yes

North Carolina

North Dakota

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, vocational training, food stamp eligibility, disability benefits, veteran's benefits, life skills, child custody, child support, substance abuse history and treatment, current medication, physical and mental health history, transportation, identification needs, and sources of income

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, family and domestic relations, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, identification needs, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$45 (for sentences of 24 months or more*); eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card; "Transitional Document Envelope" contains documents that reflect program participation, identification, and SS card

Physical and Mental Health Care: Supply of medication (amount varies) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers; faith-based network and other volunteer groups link exiting prisoners with community resources and religious groups*

Formal Relationships (MOUs): DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, and other community service providers

• **Handbook:** Yes

Note: Eligibility for receipt of SS card and birth certificate depends on the

length of incarceration at the DOCR, and if the documents are available.

Key Components Addressed

Basic Needs

Transportation: P&P transportation

Financial Resources: Information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: State-issued ID, SS card, referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card, birth certificate

Housing: Contracts three halfway houses and one quarter-house for transitional living services, along with several county jails for prisoners who would qualify for work release programs in communities where other transitional housing is unavailable.

Physical and Mental Health Care: Supply of medication (amount varies) and prescription for medication to exiting prisoners who used medication in

months before release (3 to 4 weeks)

Key Partners: Families, DMV, DHHS, MH agency, P&P, Courts, Sheriff's department/local jail, community and/or faith groups, and other community service providers

• **Formal Relationships (MOUs):** Sheriff's Dept/local jail, and other community service providers

• **Handbook:** Yes

Note: Eligibility for receipt of SS card and birth certificate depends on the length of incarceration at the DOCR, and if the documents are available.

Ohio

- **Handbook:** Yes; community resources directory and a section on ODRC's website for inmates, families, and community providers that highlight county-level social services.

Other: Release planning and preparation begin at intake

Release Planning Activities

Assessment: Yes; education/employment needs, vocational training, SSI benefits, disability benefits, veteran's benefits, substance abuse treatment, mental health treatment, housing needs, transportation, rehabilitative needs, identification needs, sex offender treatment, and family/domestic relations

Class: Yes - All populations (120+ days prior to release)

Individualized Written Discharge Plan: Yes; "Reentry Accountability Plan" given to all exiting prisoners, including those released directly from segregation and who "max out" of their sentences. Individuals serving less than 30 days do not receive any formalized case plan.

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; ODRC transportation; P&P transportation; community-based mentor, community based organizations or service provider, family/friend

Clothing and Food: Civilian clothing or state uniform

Financial Resources: Gate money \$75; information on how to restore/enroll in eligible benefits (e.g. medical, employment)

Identification and Important Documents: ODRC ID card (to exchange for a state-issued ID), referral to an agency that can assist with obtaining an SS card and veteran discharge status; vocational career technical program certificate

Employment and Education: Employment leads and interviews scheduled upon release for appropriate candidates

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks); community linkage to social worker; post-release appointment scheduled

Key Partners: BMV, Veteran's Affairs (VA), Dept. of Job and Family Services (DJFS), DMH , Dept. of Alcohol and Drug Addiction (DADA), Rehabilitation Services Commission (RSC), SSA, and other community and/or faith groups; Community Centers and coalitions in some cities aid returning prisoners with links and resources; Citizens Circles provide resources to exiting prisoners in transition

- **Formal Relationships (MOUs):** BMV, VA, DMH , SSA, DJFS, DADA, RSC, Office of Faith-Based and Community Initiatives, Corporation for Supportive Housing, and Halfway Houses.

Oregon

Release Planning Activities

Assessment: Yes; housing needs, employment needs, educational requirements, disability benefits, veteran's benefits, child support, substance abuse treatment, current medication, mental health history, physical health history, identification needs, and substance abuse history

Class: No

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Release Planning Activities

Assessment: Yes; housing needs, employment needs, Medicaid benefits, disability benefits, veteran's benefits, life skills, and identification needs

Class: Yes - Only specific populations

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood

Clothing and Food: Civilian clothing

Financial Resources: Financial obligations identified in release plan; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits; 5% of all exiting prisoner earnings must be placed in savings for exiting prisoner's release.*

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), referral to an agency that can assist with obtaining a state-issued ID

Housing: Release plan includes name and address of release location, or referral to an agency providing housing; DOC uses several levels of community placements for transitional assistance for some exiting prisoners*

Employment and Education: Release plan includes name and address of employer or agency that assists in locating employment for exiting prisoner

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)

Key Partners: Veteran's Affairs, MH agency, P&P, community and/or faith groups, and other community service providers; release plan includes name and address of agency that can attend to post-release needs

Formal Relationships (MOUs): MH agency

Handbook: No

Other: Case managers intensify release planning 180 days prior to release

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money (unknown amount); eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits; Oregon Trail card provided upon release

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication (3 to 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: DMV, Veterans Affairs, DHHS, MH agency, P&P, SSA, and other community service providers

Formal Relationships (MOUs): P&P, and other community service providers

Handbook: No

Other: County community correction agencies investigate the release plan and make recommendations

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Pennsylvania

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, child custody, child support, substance abuse treatment, current medication, mental health history, post-release health care needs, transportation, identification needs, sources of income, substance abuse history, and citizenship*

Class: Yes - All populations (15-30 days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location
Clothing and Food: Civilian clothing
Financial Resources: Gate money \$20; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a State-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)
Key Partners: DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, other community service providers, and various local Reentry Councils in major cities; DOC collaborates with 11 organizations to provide transitional services for exiting prisoners up to 90 days following release (up to 12 months for special populations)*; discharge planners also assist newly released exiting prisoners during the first months of supervision with direct services and referrals to community resources*

- **Formal Relationships (MOUs):** SSA
- **Handbook:** Yes

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location
Clothing and Food: Civilian clothing
Financial Resources: Gate money \$20; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a State-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)
Key Partners: DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, other community service providers, and various local Reentry Councils in major cities; DOC collaborates with 11 organizations to provide transitional services for exiting prisoners up to 90 days following release (up to 12 months for special populations)*; discharge planners also assist newly released exiting prisoners during the first months of supervision with direct services and referrals to community resources*

- **Formal Relationships (MOUs):** DHHS, MH agency, P&P, SSA, and other community service providers
- **Handbook:** Yes

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

South Carolina

Release Planning Activities

Assessment: No

Class: Yes – General population beginning 60 days prior to release

Individualized Written Discharge Plan: Inmates released from the Youthful offender Intensification Program, Shock Incarceration, Intensive Community Supervision (ICS), Parole, Addiction Treatment Unit, Self-Paced In Class Education (SPICE) and those with mental health disorders.

Key Components Addressed

Basic Needs

Transportation: South Carolina Department of Corrections (SCDC) provides transportation to the bus station a bus ticket is provided to any location within 200 miles.

Clothing and Food: Civilian clothing

Financial Resources: Work Release Participants are allowed to work at civilian jobs as a way to transition back into the community and a percentage of their earnings is placed in saving for release.

Identification and Important Documents: South Carolina Department of Corrections (SCDC) ID Cards (to use for identification purposes only); State issued ID Card beginning Sept. 2008

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (less than 1 week)

Key Partners: South Carolina Department of Probation, Parole, and Pardon Services (SCDPPPS), Community Services providers and / or faith groups, Vocational Rehabilitation, Veterans Administration, Self-Paced In Class Education (SPICE) program, list of housing resources that can be accessed upon release- when resources are available

- **Formal Relationships (MOUs):** MH Agency, Vocational Rehabilitation
- **Handbook –** Provided to inmates released to a community sentence under supervision of SCDPPPS

Other: Case managers/counselors at each institution meet with exiting prisoners to review their needs and provide referrals to known community services

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational

status, educational requirements, vocational training, Medicaid benefits, disability benefits, veteran's benefits, life skills, family and domestic relations, substance abuse treatment, current medication, mental health history, post-release health care needs, transportation, identification needs, sources of income, and substance abuse history

Class: Yes - Only specific populations (1-5-30 days prior to release)
Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation and who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: Bus ticket to prior neighborhood; DOC transportation; most releases occur during early business hours*

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$50

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Housing: Release plan identifies housing

Employment and Education: Employment identified in release plan

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** No
- **Handbook:** No

Other: Exiting prisoner's responsibility to initiate discharge plan

Tennessee

Texas

Release Planning Activities

Assessment: Yes; housing needs, disability benefits, veteran's benefits, family and domestic relations, child support, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, identification needs, and substance abuse history

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, with co-occurring disorders, with a history of substance abuse, released directly from segregation, who "max out" of their sentences (some), and Transition Center releases

Release Planning Activities

Assessment: Yes; housing, educational requirements, employment needs, vocational training, life skills, current medication, substance abuse history and treatment, physical health history, and post-release health care needs

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, convicted of violent offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Bus ticket within the state

Clothing and Food: Civilian clothing

Financial Resources: No gate money; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Identification and Important Documents: Referral to an agency that can assist with obtaining an SS card

Housing: Release plan identifies housing

Employment and Education: Employment and education identified in release plan

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, Veteran's Affairs, DHHS, MH agency, P&P, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** Labor and Workforce Development
- **Handbook:** Yes

Other:* Counselors complete a checklist of available services two months prior to release, exiting prisoners released on parole must report to their PO within 72 hours of release

- **Formal Relationships (MOUs):** Veteran's Affairs, DHHS, MH agency, P&P, Courts, Sheriff's department/local jail, community and/or faith groups, and other community service providers
- **Formal Relationships (MOUs):** Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, Sheriff's Dept /local jail, and other community service providers

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

- **Handbook:** No
Other: Conditions of release included in discharge plan

Release Planning Activities

Assessment: No

Class: Yes - All populations

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, released directly from segregation, who "max out" of their sentences

Key Components Addressed

Basic Needs

Transportation: DOC transportation; Tuesdays are designated as the weekday of release to provide increased efficiency in release processing and to ensure that field staff have at least 3 normal work days to address transition issues*.

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$100; information on how to restore/enroll in eligible benefits (e.g. disability, employment, medical, etc.)

Housing: Housing decisions; DOC contracts for beds in a residential facility in Salt Lake City to provide temporary housing for homeless exiting prisoners*.

Employment and Education: Work plans/opportunities and educational plans identified in release plan

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks); therapeutic needs identified in release plan

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, community and/or faith groups, and other community service providers, Workforce Services

- **Formal Relationships (MOUs):** Unknown

- **Handbook:** Yes

Other: Parole stipulations and supervision requirements identified in release plan; DOC uses day reporting centers to track and assist new releases*

Vermont

Other:* Voucher system provides transitional services such as temporary housing, food and clothing

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody, child support, substance abuse history and treatment, current medication, mental health history, physical health history, post-release health care needs, transportation, identification needs, sources of income, criminal history, attitudes, leisure/recreation, sex-offender risk, and self-assessed strengths and assets

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole, with mental health disorders, convicted of sex offenses, convicted of violent offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, and who "max out" of their sentences (some)

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money (unknown amount); eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: State-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (1 to 2 weeks)

Key Partners: Families, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers; Community Justice Centers provide offices that facilitate matches between exiting prisoners and local aftercare services*

- **Formal Relationships (MOUs):** Veteran's Affairs, DHHS, SSA, and other community service providers
- **Handbook:** Yes

* Findings from *Releasing Inmates from Prison: Profile of State Practices*. Policies may have changed since its publication.

Virginia

Washington

Release Planning Activities

Assessment: Currently implementing assessment

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners with mental health disorders, convicted of sex offenses, with co-occurring disorders, with a history of substance abuse, released directly from segregation, who "max out" of their sentences

Release Planning Activities

Assessment: Yes; housing needs, employment needs, educational status and requirements, employment skills and experience (including training), Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, child custody and support, substance abuse history and treatment, sexual deviancy aftercare and treatment medication, mental and physical health history, post-release health care needs, transportation, identification needs, sources of income

Class: Yes - All populations (90 days prior to release)

Individualized Written Discharge Plan: Yes; all releasing prisoners receive an Offender Accountability Plan. Dangerous mentally ill exiting prisoners and high-risk individuals receive wrap around planning. Sex offenders have "recommended risk based level of public notification" as well as ongoing treatment services

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; community-based mentor or service provider

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$25

Identification and Important Documents: DOC ID card (to exchange for a state-issued ID), SS card, referral to an agency that can assist with obtaining a state-issued ID, referral to an agency that can assist with obtaining an SS card

Physical and Mental Health Care: Supply of medication (over 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (over 4 weeks)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, Courts, SSA, Sheriff's Dept/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DMV, DHHS, MH agency, SSA, Sheriff's Dept/local jail, and other community service providers

- **Handbook:** No

Key Components Addressed

Basic Needs

Transportation: DOC transportation; public transportation; community-based mentor or service provider; legislation requires release to county of first felony conviction

Clothing and Food: Civilian clothing

Financial Resources: Gate money \$40; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits; transition funds available for indigent persons

Identification and Important Documents: State-issued ID application is submitted electronically 60 days prior to release; DOC ID will be primary documentation for state ID, driver's license and/or social security card beginning October 1, 2008

Physical and Mental Health Care: Supply of medication (3 to 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, Dept. of Licensing, Veteran's Affairs (VA), Dept. of Social and Health Services (DHSS), MH agency, Courts, SSA, Sheriff's department/local jail, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** Dept. of Licensing, DSHS, Employment Security Dept. of Community Trade and Economic Development, VA, MH agency, Courts, Sheriff's Dept/local jail
- **Handbook:** Yes. Distributed through Transition Curriculum
- **Other:** Court ordered conditions of release included in discharge plan

West Virginia

- **Handbook:** Yes. Distributed through Transition Curriculum

Release Planning Activities

Assessment:* Screening includes a variety of risk assessments, mental health history, substance abuse history, and psychological and intelligence testing

Class: No information found

Individualized Written Discharge Plan:* A program plan is initiated for each exiting prisoner at intake

Key Components Addressed

Basic Needs

Transportation:* Bus transportation

Clothing and Food:* Civilian clothing

Financial Resources:* No gate money; however, case managers monitor exiting prisoners' personal accounts to encourage saving; private funding provides \$300 for exiting prisoners discharged at the completion of their sentences

Key Partners:* Aftercare plan developed with linkages to community resources

Other:* Exiting prisoners released to parole supervision must report to field office within 24 hours of release from prison

Wisconsin

Other: Most inmates begin a transitional preparation module as part of the pre-release curriculum six months prior to release. The module requires that community corrections agents begin reach-in during this phase.

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, disability benefits, veteran's benefits, life skills, family and domestic relations, child support, substance abuse history and treatment, current medication, physical and mental health history, post-release health care needs, transportation, identification needs, and sources of income

Class: Yes - All populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; all exiting prisoners, including those released directly from segregation

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation; P&P transportation; occasionally funding for incidental and travel expenses; transportation module for pre-release curriculum

Financial Resources: No gate money; eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: Assistance to eligible inmates with obtaining or reinstating a Driver's License; partnership with other key agencies allows eligible inmates to apply for and receive SS cards, birth certificates and state ID prior to release; referral to agencies that can assist with obtaining a state-issued ID or an SS card

Housing:* DOC may use funds to purchase temporary housing

Physical and Mental Health Care: Supply of medication to exiting prisoners who used medication in months before release (2 weeks)

Key Partners: Families, Department of Transportation, Veteran's Affairs, DHSS, Department of Workforce Development, MH agency, P&P, Courts, SSA, Sheriff's Department/local jail, community and/or faith groups, judges, public defenders, district attorneys, legislatures, and media

- **Formal Relationships (MOUs):** Department of Transportation, Veteran's Affairs, DHSS, SSA, Sheriff's Dept/local jails

- **Handbook:** Yes

Wyoming

Release Planning Activities

Assessment: Yes; housing needs, employment needs, current educational status, educational requirements, vocational training, Medicaid benefits, food stamp eligibility, disability benefits, veteran's benefits, life skills, family and domestic relations, substance abuse treatment, current medication, mental health history, physical health history, post-release health care needs, identification needs, sources of income, and substance abuse history

Class: Yes - Only specific populations (60+ days prior to release)

Individualized Written Discharge Plan: Yes; exiting prisoners released to probation and parole; High Risk and Special Needs exiting prisoners will receive Enhanced Case Planning in which referrals will be made and appointments set-up

Key Components Addressed

Basic Needs

Transportation: Bus ticket to any location; DOC transportation;

P&P transportation; community-based mentor or service provider

Clothing and Food:* \$7 provided to exiting prisoners for each meal while in transit

Financial Resources: Gate money (unknown amount); eligible benefits/entitlements (e.g. disability, employment, medical, etc.) established or restored and information on how to restore/enroll in other benefits

Identification and Important Documents: Referral to an agency that can assist with obtaining a state-issued ID

Physical and Mental Health Care: Supply of medication (3 to 4 weeks) and prescription for medication to exiting prisoners who used medication in months before release (3 to 4 weeks)

Key Partners: Families, DMV, Veteran's Affairs, DHHS, MH agency, P&P, SSA, community and/or faith groups, and other community service providers

- **Formal Relationships (MOUs):** DHHS, MH agency

Other:* Parole plan lists expectations of release; exiting prisoners released on parole supervision are required to immediately report to DOC field office