

Reentry System Assessment

Prisoner Reentry in Oneida County

An assessment of the characteristics of New York State prisoners released in Oneida County, NY and the systems that intersect with their needs.

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The Oneida County Reentry Task Force

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INTRODUCTION TO THE REPORT

Approximately 26,000 felony offenders are released from NY state prisons each year: three to four hundred of this group are released into Oneida County each year. Counting all those individuals who were released from NYS prisons to this county over the last five years, those released elsewhere and who moved to Oneida County, and those released here but who have moved away or are now dead or back in prison we estimate that our current prison reentry population (those released in the last five years) in Oneida County exceeds 1,500 persons. Yet to be counted locally are the many children of those who are incarcerated or who have recently returned, many of whom are (or were) in foster care or without adequate family support.

Nationwide, two-thirds of released prisoners are rearrested within three years of their release and half return to prison within this short time frame. Statistics for Oneida County reflect these national averages. Clearly, incarceration alone does not prevent crime in Oneida County or elsewhere in NYS or the rest of the nation, especially since the vast majority of those who are incarcerated in our state prison system are released within two years¹.

Up until 2003, this population in Oneida County was largely misunderstood and almost completely ignored except for the attention of our local law enforcement agencies, the NY State Division of Parole Office in Utica, NY and a very small number of local human service providers. The price of neglecting to understand and effectively monitor and support ex-offenders and their families using research-based programs and practices in a coordinated way is high. This price is paid by the victims of the new crimes ex-offenders commit and by the families of these victims, by the children and families of the offenders, by our local police departments, our courts, our county jail, and by city and county taxpayers who financially support local police departments, the DA's office, the Public Defender's Office, city and county courts, the jail, and our expensive state prison system.

This report is funded by the NY State Division of Criminal Justice Services (DCJS) through the Oneida County Reentry Task Force (OCRTF) which is coordinated by the Oneida County Department of Workforce Development. DCJS recognizes the systemic problems associated with prisoner reentry in New York State and the burdens these problems place on the Division of Parole and the Department of Corrections. To address these problems, this state agency made funding available to IMPACT² counties in early 2006 to conduct a system

¹ Nearly 70% of prisoners released into Oneida County in 2003 served a sentence of less than two years, compared to 57.6% in this category Statewide. (Source, NYS Department of Criminal Justice Services (see recidivism stats in this report).

² IMPACT, a statewide law enforcement initiative implemented in high crime areas in Upstate New York counties, is an acronym for Integrated Municipal Police Anti-Crime Teams. IMPACT counties account for approximately 80% of all the Part I crimes committed outside NY City.

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assessment, develop a strategic plan for successful reentry, and design a local process to coordinate and monitor reentry for individual high-risk offenders. In 2007, DCJS made additional funds available to continue sustain Task Force development, to strengthen local reentry systems and services, and to update local reentry system assessments and strategic plans. Oneida County is one of nine initial Upstate counties that chose to partner with DCJS to develop a more effective reentry system to enhance public safety and reduce the public and private costs associated with repeat felony crime. Three additional upstate counties joined this reentry system development partnership in 2007.

In this report we first examine in detail the characteristics of our local reentry population. We also take a look at how Oneida County compares with other Upstate NY Reentry Task Force counties using a variety of indicators. We then take an in-depth look at the key systems (housing employment, public assistance, substance abuse and mental health treatment, etc.) that this population needs- to one degree or another- for successful, crime-free integration into the community. Finally, based on our systems assessment, we identify targets of change and strategies to strengthen and better coordinate our local law enforcement and human service resources and develop a “blueprint” for the successful integration of ex-offenders in Oneida County.

An overview of challenges to successful prison reentry

Incarceration rates in the U.S. have quadrupled in the past twenty-five years: over 650,000 state and federal prisoners are released each year (Harrison and Beck, 2005). A body of recent research indicates that the transition from prison to community for a substantial portion of this population is highly problematic.

Prisoner reentry and integration into family, community, and the labor market is a multi-level challenge. Returning prisoners typically have little education or work experience, inadequate identification documents, untreated healthcare and substance abuse problems, and little knowledge of local service systems. Local law enforcement and parole agencies, mental health, substance abuse treatment, housing, and employment assistance systems are often under-funded and not well coordinated. The families and intimate partners of those returning struggle to house and support those who are released, and the disadvantaged neighborhoods where most returning ex-offenders concentrate are challenged as well by the needs and characteristics of this population.

While one would commonly assume that release from prison is an event of celebration and immense relief for both the prisoner and their family, the reality for most ex-offenders is far from this; returning to the community is often a frightening, foreign process of psychologically adjusting to a new environment and daily living routine, navigating bureaucracies, reestablishing broken ties, and managing the new stigma of ‘felon.’ This process in most communities that has none of the structure and guidance to which prisoners become inured on the ‘inside.’

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Upon leaving prison, one faces the multiple tasks of finding housing, getting a job, and reuniting with sometimes-estranged family, friends and intimate partners. In the case of the target population for this initiative, following all of the conditions of their release on parole is added to the above. And in most cases, prisoners exit with only around \$50 of 'gate money' to begin their new lives (The Economist, 2002).

Each person's transition from prison to the community is different, some being mired with difficulty while others have a smoother path. However, nearly all of these experiences can be framed and understood through four main areas that impact the reentry process. It is the combination of these four factors that help determine one's likelihood of "successful" transition into the community ('success,' in most cases, referring to desistance from re-offending):

- 1) The individual characteristics of the ex-offender;
 - 2) Family and peer relationships;
 - 3) Community contexts; and
 - 4) Federal, state, and local policies
- (Vischer & Travis, 2003, p. 91)

Prisoner reentry is also experienced at a community level, for most (especially urban) areas have come to realize that it is in the community's interest to assist reentering offenders in reintegrating so that they a.) do not again become a threat to public safety through re-offending, and b.) become working, tax-paying citizens; healthy members of the community rather than marginalized quasi-citizens. To give ex-offenders a second chance in their bid to define and pursue success in the community and to help their communities benefit from their willing reintegration, we must attend to the four areas listed above in order to ease offender reintegration and community safety.

Some major areas in which reentry infrastructures are still lacking are housing, employment, and health care (which includes mental health and substance abuse treatment). These issues all occur in community, social, and policy contexts that can enable or harm a person's chances in staying in the community and out of incarceration.

One of the biggest concerns upon release from prison is finding housing. Without employment income or another source of funds, one cannot secure an apartment, and many returning prisoners must immediately move in with family (if possible), or go to a shelter or another temporary housing program.

Up to this point, insufficient attention has been paid to the time period immediately following release, though this is the time that releasees have the highest levels of need and are most likely to recidivate. While the first ninety days following release from prison are commonly cited as the most important in determining recidivism (Bahr, et al., 2005), the first week accounts for much of this importance. Without proper guidance and support, and basic provisions like

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housing and food, coupled with unmet mental health or substance abuse treatment needs, many ex-offenders return to old sources of comfort and negative peer influences.

In most areas of the country, including here in Oneida County, human service agencies, both private and public, are ill-prepared for the number and particular needs of ex-offenders returning to the community. While families of ex-offenders can be a source of support during reentry³, communities cannot (and should not) rely on informal support networks alone (Taxman, et al., 2004). Family and peer networks can be very helpful during the immediate transition phase by providing housing, social support, and job connections; however, they can be an equally negative influence by creating emotional tension, pressure to relapse, or by providing connections to illegal sources of income (Bahr, et al., 2005; Uggen et al., 2004; Vischer & Travis, 2003). As returning prisoners are often not prepared to navigate the reentry process alone, and both families and communities still lack the infrastructure to support successful transition- especially for high-risk offenders- we need to strengthen and better coordinate our local law enforcement and human service systems if we want to ensure safer communities and reduce the tax burden for all.

When I first got out it was confusing. Because it's not like you come in where you left off. Everything is new. You have new ideas and new thoughts trying to do the right thing and it just wasn't working out. A lot of agencies don't want to help so you wind up confused. The first few weeks was a struggle going to different agencies to get assistance, and getting no results. I started thinking about the old ways and ideas to get money and it becomes a struggle trying to do right but thinking about doing wrong.

Interview with a 27 year old white male parolee, July 2006.

After getting out, I felt kind of lost because I was doing everything all over again. I was at the Emmaus House [women's shelter] and I didn't want to be there. I just stayed in the shelter and called my kids. In the first few weeks I started doing all of the things that I was doing before- drinking and drugging and hanging around the wrong places, getting involved with the wrong people. These behaviors led to me going to treatment at McPike via the ACC [Addictions Crisis Center] and after treatment I got involved with JCTOD's [supportive housing] program. I've been involved in JCTOD for a year and two months. What helped me to get where I'm at was the first few months out of treatment, I've gotten really involved with my recovery program and the process and structure of JCTOD's program along with parole's restrictions. I got my oldest three children back in May 2005 and my youngest four back in October 2005.

Interview with a 36 year old female parolee, July 2006.

³ In a longitudinal study of prisoner reentry including the period immediately following release, The Vera Institute found that 40 out of 49 releasees in the study stayed with family immediately upon release (Nelson, Deess, & Allen, 1999).

ABOUT THE DATA

Data on the general inmate population released into Oneida County in 2003 were obtained from the New York State Division of Criminal Justice Services. They are a compilation of information collected from several New York State agencies:

- Department of Correctional Services (DOCS)
- Division of Parole (DOP)
- Office of Mental Health (OMH)

The data for this portion of the report (Section 1A) count both inmates who are being released for the first time from the conviction that led to incarceration, and inmates who are being released subsequent to first release and re-incarceration (usually due to parole violations). The county of reentry is based on where prisoners were indicted on the crime associated with their current imprisonment, as prisoners are usually released to the county of indictment, regardless of their home address prior to indictment.

There is a slight discrepancy in the total number of releases to Oneida County in the data from New York State Division of Criminal Justice Services (DCJS). One N for the “number of releases in 2003 on parole, on conditional release, and upon maximum expiration of sentence” is 400, and does not count those in the “other” category of release. Some other DCJS data on demographics and incarceration history uses an N of 404, presumably including the four cases that did not fit into any of the categories of parole, conditional release, or expiration of sentence. Unless otherwise specified, all charts in Section 1A refer to Oneida County releases for 2003. The 2003 data we used were made available in 2006. Updated data for reentry demographics and other characteristics of the population released from NYS prison facilities to Oneida County was not available in 2007.

In Section 1B of this report, data from the County Reentry Task Force (CRTF) *Crimestat* reports are used, which focus exclusively on parolees in the CRTF counties. These data were made available by NYS DCJS in 2007.

Interview data from formerly incarcerated individuals and CRTF Providers

A total of 22 formerly incarcerated persons participated in semi-structured, confidential, and anonymous interviews designed to learn about their experience following release from prison. Interviews were performed between September 24, 2007 and November 14, 2007. Most of those we interviewed were released from prison within six months of the interview: none had been out for more than two years.

An additional 18 formerly incarcerated persons participated in similar interviews in 2006 and we use data from these interviews in this report as well. Interview participants in both 2006 and 2007 were recruited through the Rescue Mission’s Emergency Housing Program (shelter) in Utica and through other members of the Mohawk Valley Housing and Homeless Assistance Coalition. We also

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interviewed Parole Officers, supportive housing, and employment service providers who work directly with recently returning prisoners and/or their families, and the CRTF Coordinator.

Formerly incarcerated individuals who agreed to be interviewed were told that their experiences and ideas were valuable and they were each paid \$15.00 for approximately an hour of their time and their expertise with reentry in Oneida County. All interviews were confidential. Completed interviews were numeric coded and transcribed. No names, addresses, or other specific information that would allow anyone to identify them are included in this report- or on the interview transcripts.

A comparison of the characteristics of those we interviewed with the larger population on persons under parole supervision in Oneida County indicates that our sample is skewed toward the highest-risk group. Nearly all those we spoke with were homeless or recently homeless and as a group they were much more likely to have been out a year or less than the county parole population as a whole.

PART I: THE REENTERING POPULATION

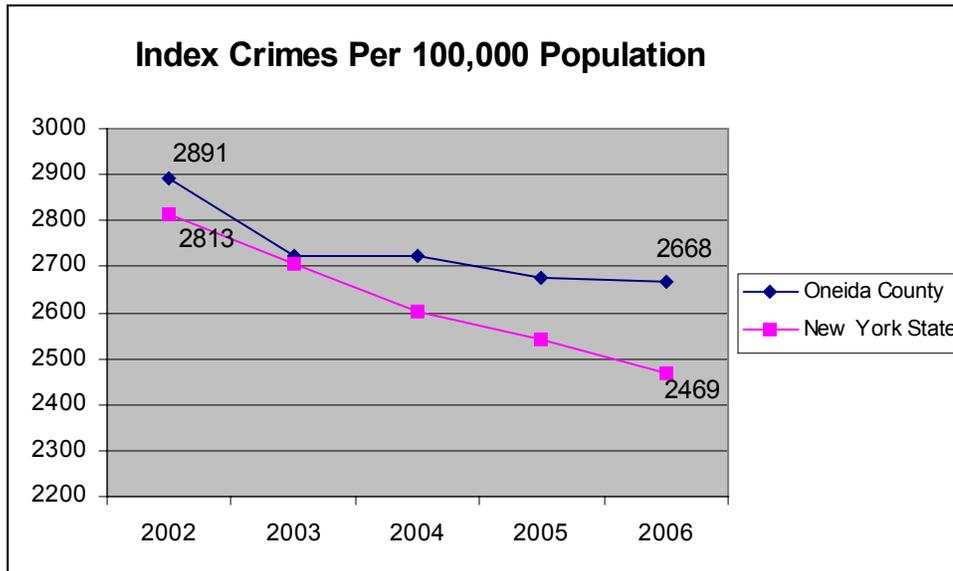
A. GENERAL REENTRY POPULATION CHARACTERISTICS

This section establishes in detail the characteristics of the population that leaves prison for Oneida County, including persons released due to expiration of sentence, on parole, or on conditional release.

Crime in Oneida County

Reentry from prison starts with entry into prison, and even before that, the commission of a crime and subsequent sentencing. Over the past several years, serious crime (index crimes) has declined in Oneida County, and throughout the rest of the state. The sharp decline in crime in New York State in this graph is largely a function of precipitous crime declines in New York City. For the rest of New York State, reductions in crime are less significant.

Figure 1



How many leave Oneida County for prison, and how many return?

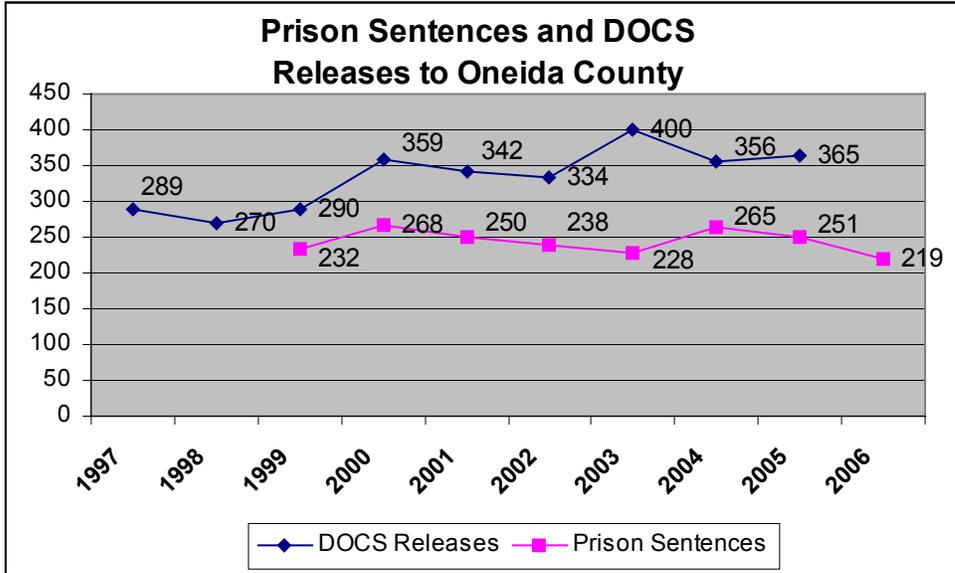
For annual felony convictions resulting in imprisonment, the numbers have remained steady since at least 1999, with an annual average of 244 offenders sent to prison from offenses disposed in Oneida County between 1999 and 2006.

Interestingly, significantly more offenders are released from prison back into Oneida County than are currently being sent away. Even given a lag of up to five years (the vast majority of Oneida County releasees served sentences of less than two years), Oneida County still sees many more returning offenders than it puts away. One possibility for this discrepancy is that the DOCS system has been releasing many offenders in the past decade who have served long sentences which were disposed in the 1980s and early 1990s. Another explanation is that

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offenders whose offenses were not disposed in Oneida County are still being returned to the area. See Figure 2.

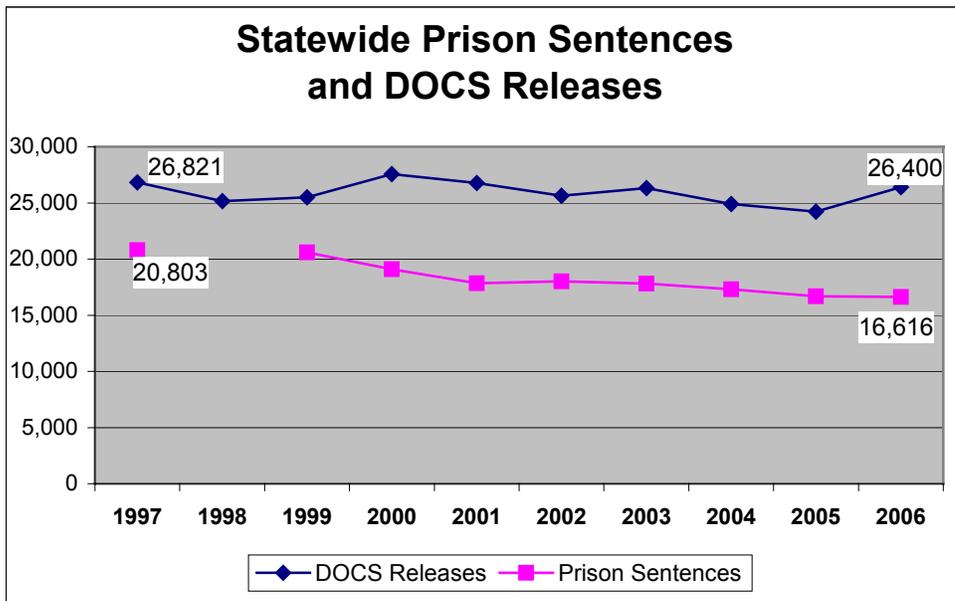
Figure 2



Source: DCJS Computerized Criminal History system (As of 12/20/07) and DCJS County Recidivism Report (September 25, 2007).

The large discrepancy in releases and prison dispositions is mirrored at the state level, suggesting that this is not necessarily the result of offender migration unique to Oneida County:

Figure 3



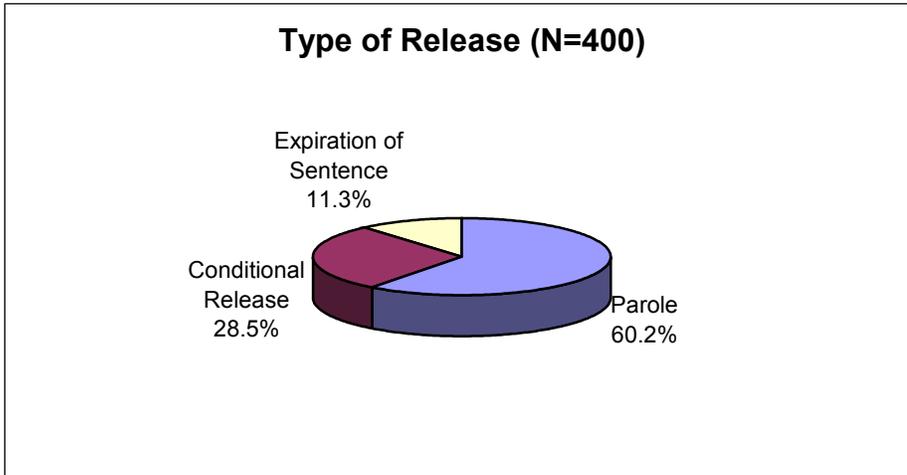
Source: DCJS Computerized Criminal History system (As of 12/20/07) and DCJS County Recidivism Report (September 25, 2007).

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Type of Release

A majority of prisoners (241 out of 400, or 53.5%) released into Oneida County in 2003 were released under parole supervision and 114 others on conditional release. The remaining 45 prisoners were released after expiration of their sentence.

Figure 4



Sentences Served

Nearly 70% of prisoners released into Oneida County served a sentence of less than two years, compared to 57.6% in this category Statewide. These data are skewed towards shorter sentences in part because of the large number of recidivists who are being released a second time after serving the bulk of their sentence earlier.

With so many people released after less than a year, there is less time for reentry planning and completion of program participation within correctional institutions. This large cohort of younger inmates (see Figure 8) with short sentences has different characteristics and needs than older prisoners and those who have spent more time in prison. Reentry planning should be expedited for those inmates who will be released within a year of intake in order to maintain or develop the skill sets useful for reintegration. The reentry approach for this population may differ greatly from offenders who have adapted to longer sentences. These offenders are often able to avail themselves of more programming and a planned release, but they may also suffer from greater attrition of soft skills and social and human capital due to the length of their imprisonment (Toch, 1997).

Figure 5

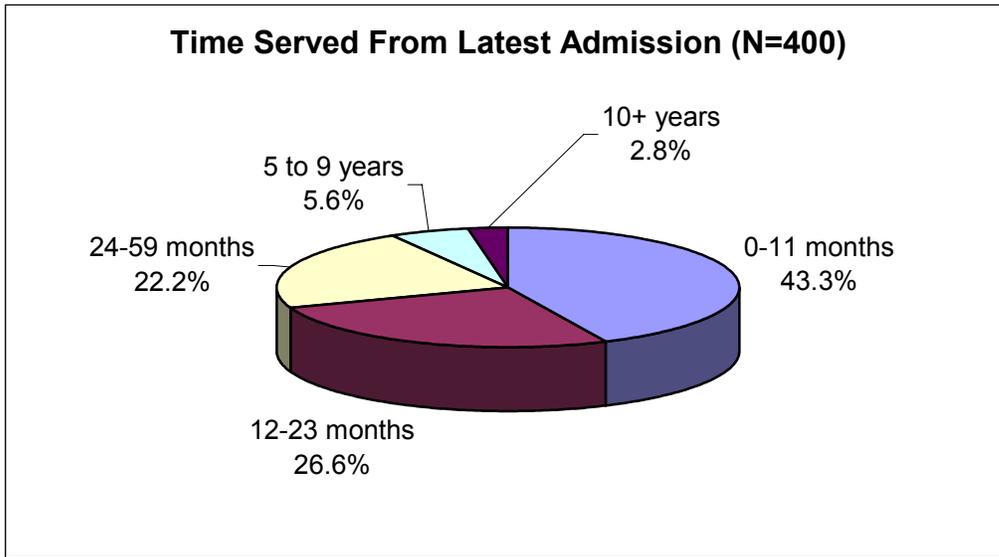
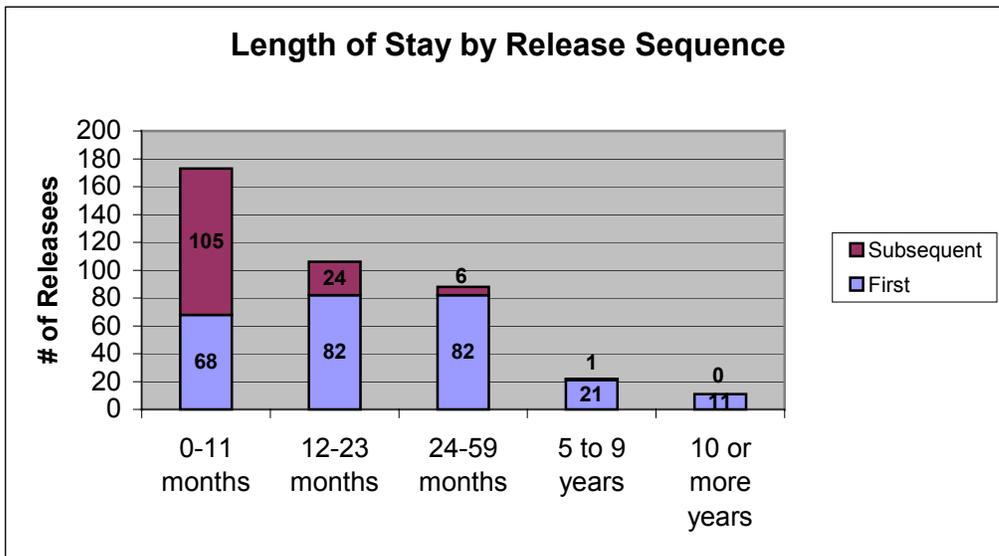


Figure 6



Note: The large proportion of releases who served very short sentences is in part accounted for by the number of subsequent releases who have recidivated since serving the main sentence from their original conviction. Also, individuals sentenced to Willard (for drug treatment) or to shock incarceration typically serve very short sentences.

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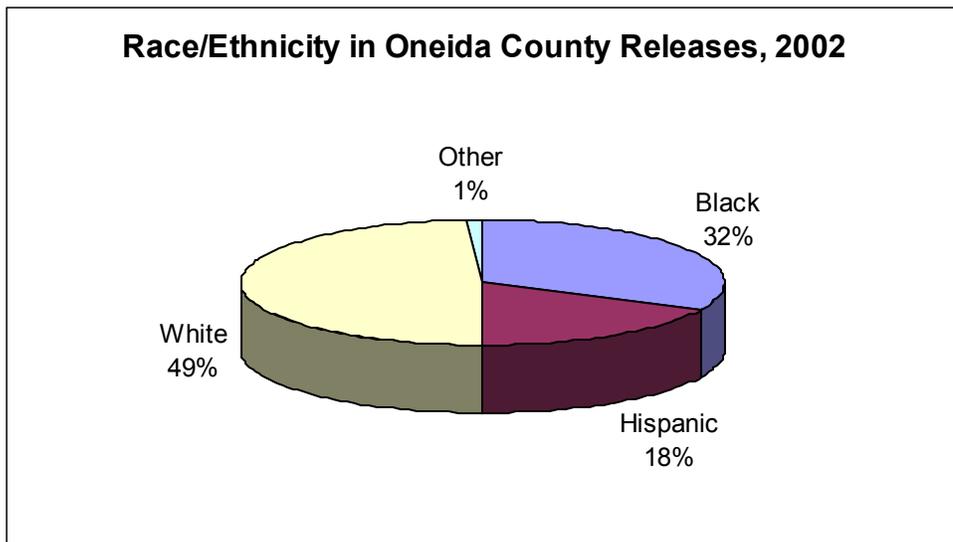
Sex

Of all releases into Oneida County in 2003, 370 (91.6%) were male, and 34 (8.4%) female.

Race/Ethnicity

Oneida County has the second highest percentage of Caucasians in the 2002 reentry population of New York State IMPACT⁴ Counties (next to Broome County). Oneida County also had significantly higher levels of reentering Hispanics (18%) than comparable Upstate IMPACT Counties. For example, the proportion of released prisoners who were Hispanic in Broome County (a county similar to Oneida in many other ways) was 6%, and in Albany County 11% of those released were Hispanic.

Figure 7



⁴ IMPACT, a statewide law enforcement initiative implemented in high crime areas in Upstate New York counties, is an acronym for Integrated Municipal Police Anti-Crime Teams. IMPACT counties account for approximately 80% of all the Part I crimes committed outside NY City.

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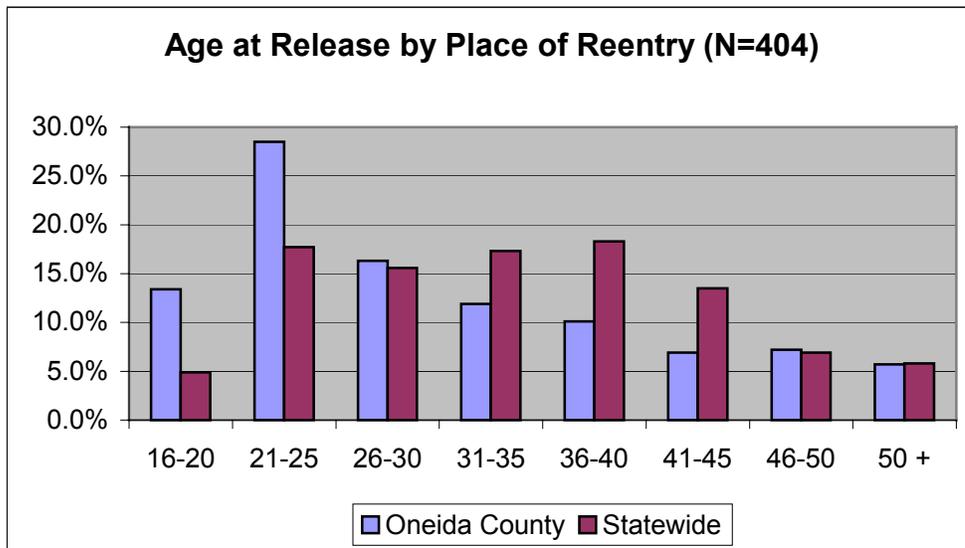
Age

Offenders reentering Oneida County are significantly younger than those in the rest of the State. The plurality of ex-offenders released into Oneida County are in the 21 to 25 year-old age group (28.5%), with the proportion of 16 to 20 year olds released into Oneida County two to three times higher than the statewide proportion in this age group (13.4% vs. 4.9%). All persons incarcerated in New York State DOCS facilities are entitled to high school or GED training until the age of twenty-one. Given the youthful composition of the returning population and the level of need indicated by the educational needs assessment shown in Figures 18 & 19, educational preparation is an imperative for reentry services in Oneida County.

Age and Recidivism

The young age of returning offenders alone can be a risk factor (though it is difficult to control for many variables confounded by age). A Bureau of Justice Statistics longitudinal study found that returning offenders age 18-24 were significantly more likely to re-offend during the span of the study than those over the age of 45; 80% vs. 45% were re-arrested within three years after release (Report of the Reentry Policy Council, 2003, p.34).

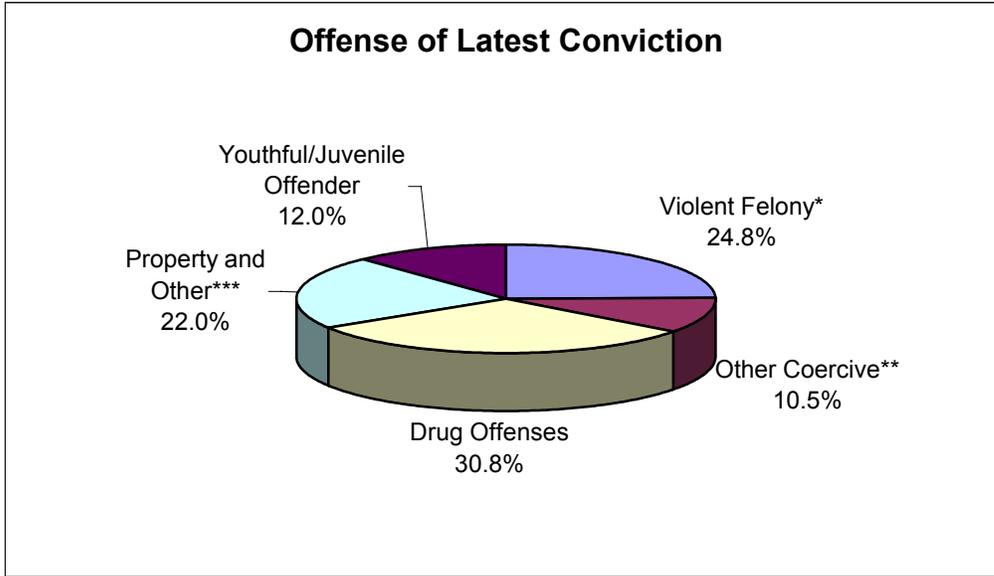
Figure 8



Conviction Offense

Drug possession was the most common commitment offense related to Oneida County prison releases (21.5% of all releases), nearly twice the state average (12.2%). Oneida County also exhibits exceptionally high rates of returning youthful offenders (11.5% of all releases, over three times higher than the state average of 3.0%).

Figure 9



*Murder, attempted murder, manslaughter, rape, robbery 1 & 2, assault, burglary, arson, sodomy, sex abuse, weapons offenses, kidnapping, other violent felonies

**Manslaughter 2, other homicide, robbery 3rd, att. assault 2nd, conspiracy 2,3,4, other weapons, other sex offenses, other coercive

***Burglary 3rd, grand larceny, forgery, stolen property, DWI, contempt 1st, all other felonies

Drug Offenders

While nearly a third (30.8%) of those convicted and sent to prison from Oneida County are sentenced for drug offenses, many of those who are convicted of other offenses (property, violent felony and other coercive offenses) were illegal drug users and their crimes are indirectly or directly related to their drug use.

Sex Offenders

In 2003 there were 32 registered sex offenders released into Oneida County, making up 2.3% of all registered sex offenders released into New York State that year. As of October 2007, there were a total of 103 sex offenders on parole in Oneida County.

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Needs Upon Release

New York State DOCS assessed needs of prisoners returning from prison in 2003. For the areas of substance abuse treatment, academic and vocational training, and identification documents, releasees to Oneida County and New York had high needs in many areas.

Table 1
Identified Program Needs for 2003 Oneida County Releasees

| Type of Program | Oneida County | NY State |
|------------------------|----------------------|-----------------|
| Substance Abuse | 81.10% | 77.6% |
| Aggression Treatment | 45.30% | 43.8% |
| Academic | 50.30% | 57.1% |
| Vocational | 73.60% | 76.9% |
| ID Documentation* | 64.2%/53.6% | 62.0%/59.8% |

*Refers to the percentage of inmates who did not have a birth certificate or Social Security Card (respectively) upon release

Note: Valid N for each category differs, and is below full reentering population of 400.

B. ONEIDA COUNTY PAROLEE CHARACTERISTICS

*This section will look only at those persons who have been released from prison under **parole supervision** in Oneida County, the population for which CRTF services have been largely reserved. As noted in the above section, parolees make up approximately 60% of all people released from New York State Department of Correctional Services facilities into Oneida County. There is no evidence, to our knowledge, that parolees differ significantly from other types of releasees in New York State.*

In contrast to Section 1A, which focuses on offender characteristics, such as demographic details, sentence lengths, and health needs; the data from this section serve to compare Oneida County to other counties in New York State (i.e., analysis is leveled more at the county than the offender). This section provides some context for Oneida County in the field of prisoner reentry in New York.

Parolees in Oneida County: Monthly and Active

Each month, approximately 32 people are released from prison to parole into Oneida County. In the twelve-month period from November 2006 to October 2007, 379 people were released onto parole in Oneida County. There was a total of 561 active parolees as of the end of October 2007 (see Figures 10 and 11).

Figure 10

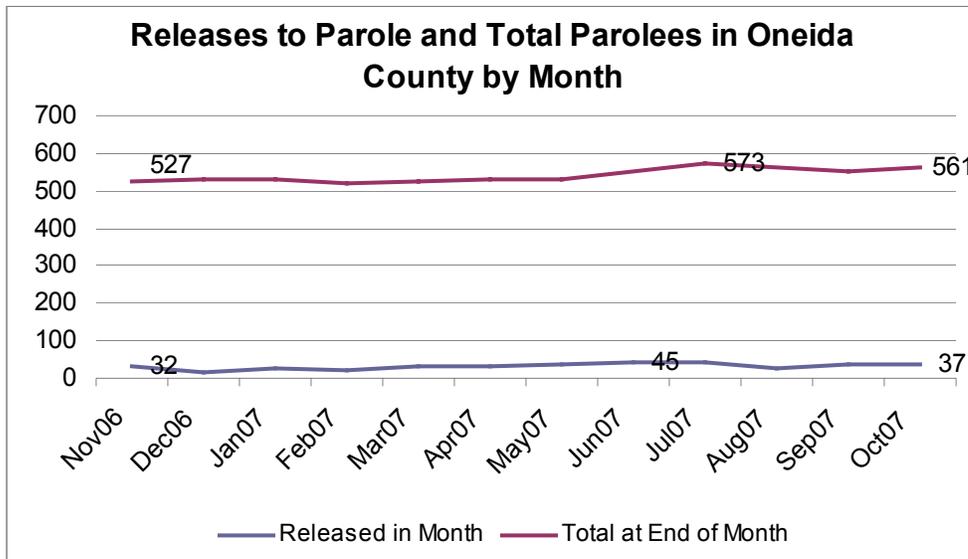
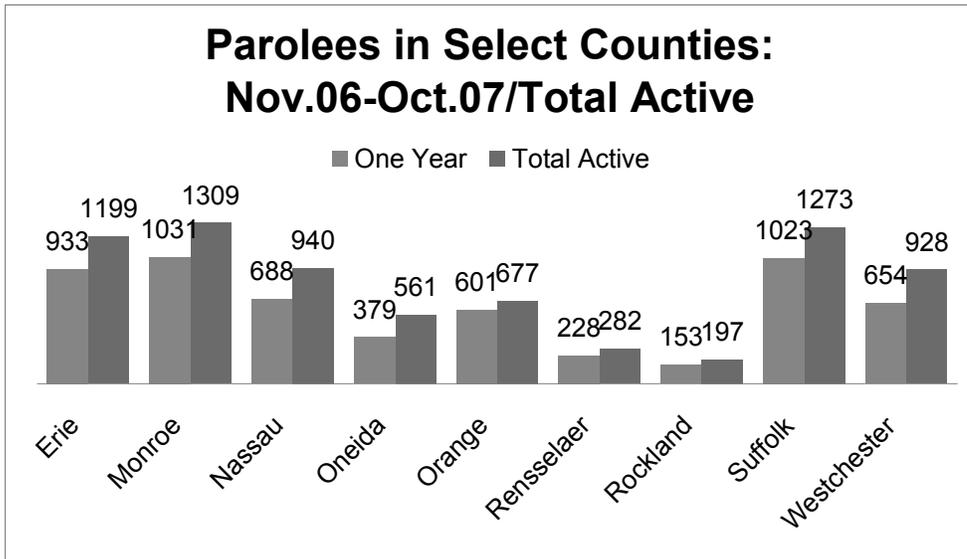


Figure 11



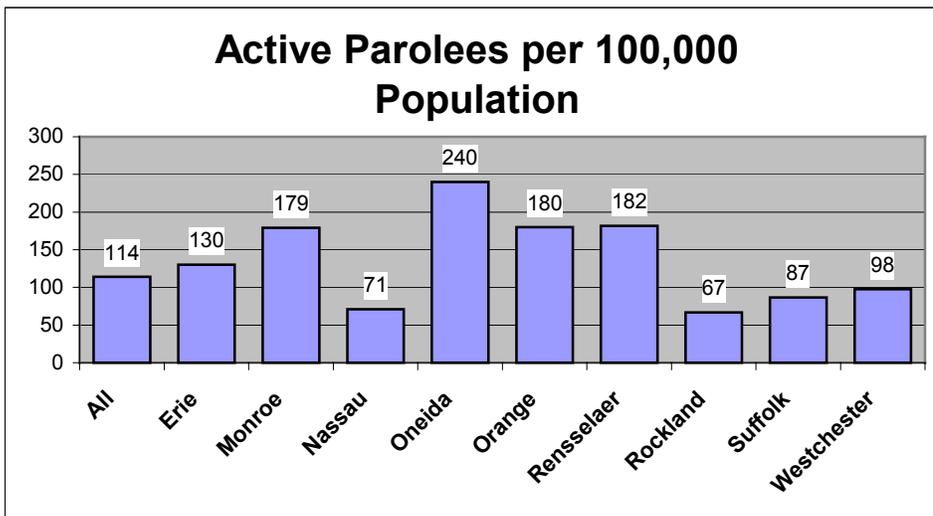
*One Year refers to the number of parolees released during the twelve month period of November 2006 through October 2007.

**Oneida County has the lowest ratio of recent One Year to Total Active parolees among the nine CRTFs at 68:100 compared to the mean of 77:100.

Disproportionate Parolee Population in Oneida County

While the active parolee population in Oneida County is the third smallest among the three original CRTF counties, it is the highest proportion of the general population for all of the counties. This suggests that Oneida County bears a disproportionate resource burden for parolees when compared to other, even highly populous counties:

Figure 12

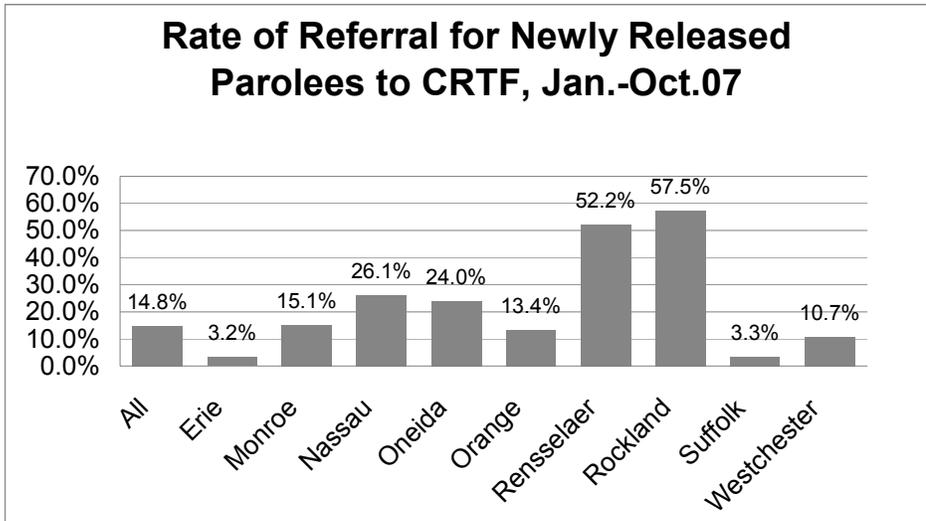


*Source for general population data: U.S. Census Bureau, 2006 Population Estimates.

Parolees Engaged in County Reentry Task Forces

Seventy nine, or 24% of all parolees released into Oneida County from January through October 2007 were referred to the Oneida County Reentry Task Force. Another thirty-six referrals of non-parolees were made to the CRTF in this same period. This group is made up jail releases, those who were released unconditionally due to maximum expiration of sentence (ME) and others. Out of these 115 referrals, all but one case was accepted.

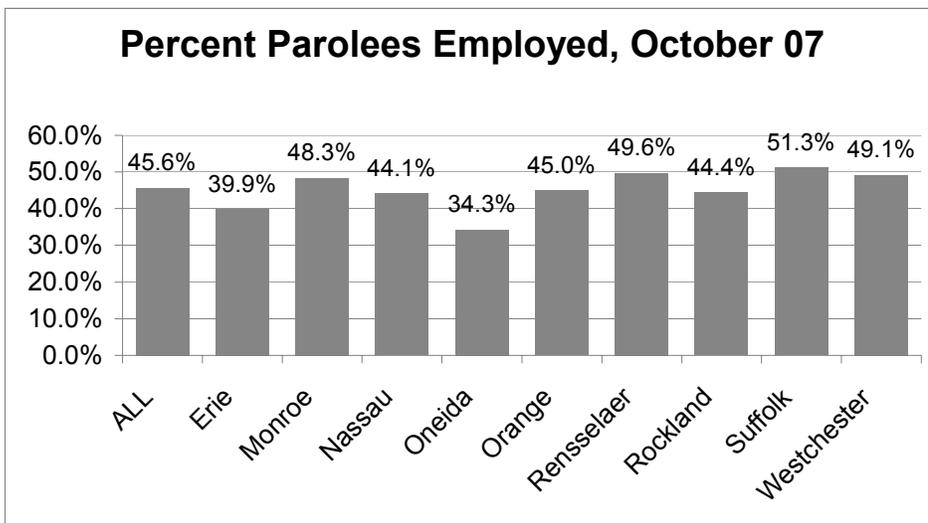
Figure 13



Parolee Employment Levels

Parolee employment levels in Oneida County are lower than any other of the original CRTF counties, and significantly below the mean: Only 34.3% of all parolees for whom there is employment data are employed.

Figure 14



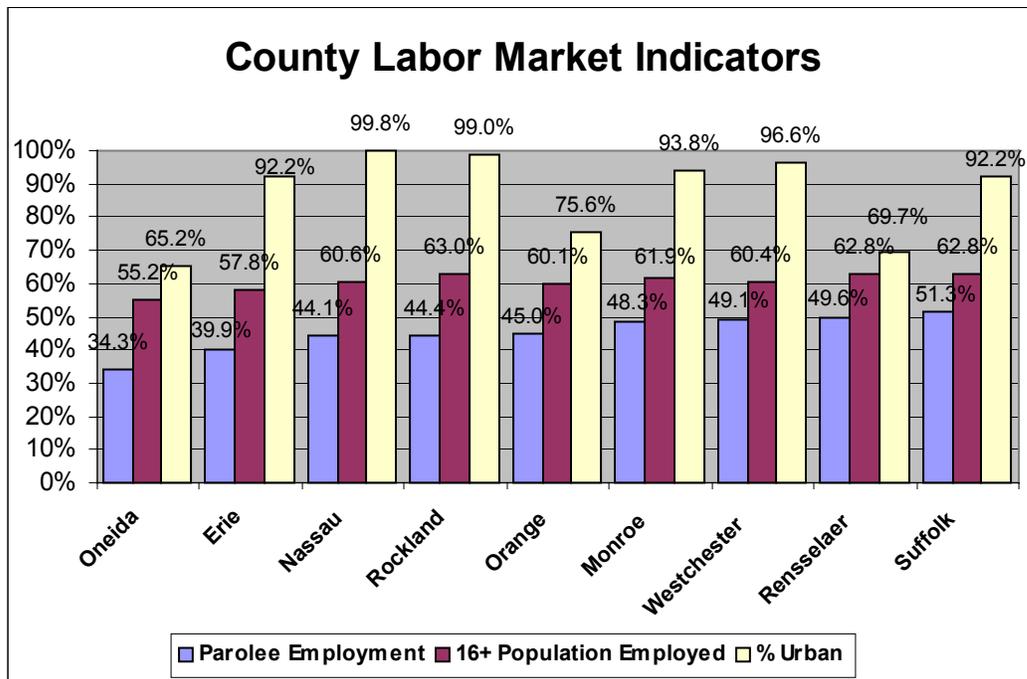
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It is not entirely clear why employment levels are so low for parolees in Oneida County compared to the other CRTF counties, however some trends are apparent. Investigation of county level workforce data establishes a relationship between general employment rates for the population over sixteen years old and parolee workforce participation: Oneida County is the lowest for both (see Figure 15). In a labor market that is already marked by low employment levels for the general population, it is likely more difficult for people with a criminal record who are competing with others that may have the same levels of social and human capital, but without the stigma of a felony record.

Another possibility for low employment rates for parolees in Oneida County is the rural nature of the county in comparison to the eight other CRTF areas; all of which are more urban than Oneida. This relationship initially presented in interviews with parole officers, many of whom noted the preponderance of parolees living in rural areas outside the reach of public transportation, and who had difficulty in finding transportation to work, or even to visit the parole office in downtown Utica (see Figure 15).

A third variable that may contribute to low parolee employment levels is the sheer proportion of parolees in Oneida County compared to other CRTF areas: nearly three times higher in parolee concentration than Suffolk County, which has the highest level of employment for parolees, and nearly the highest general employment level (see Figures 12 and 15). The size of a parolee population can lead to greater competition between people with felony records, and greater difficulty for jobs programs that are flooded with ex-offenders seeking jobs.

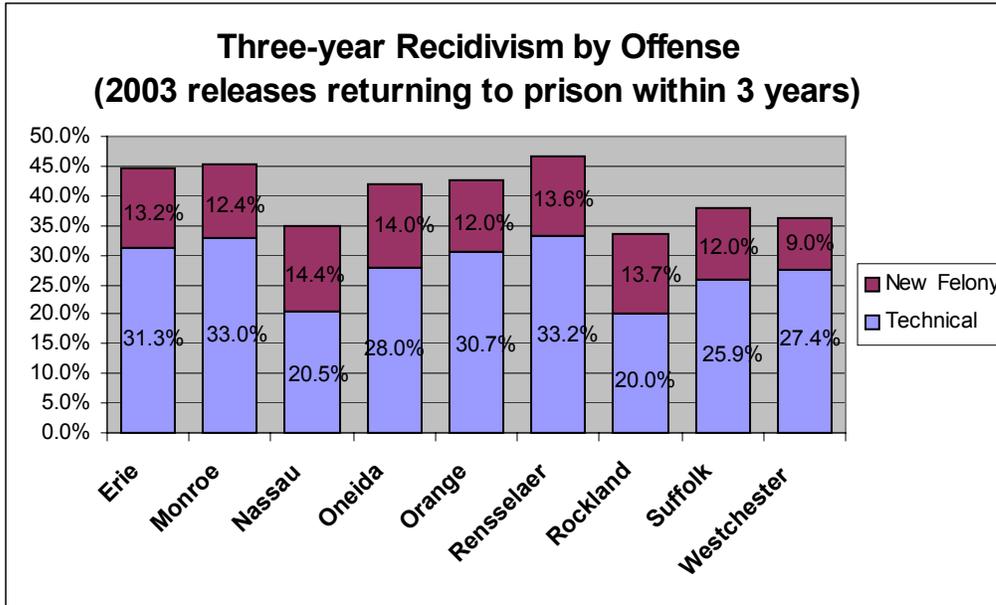
Figure 15



Recidivism Among Parolees (prior to the CRTF)

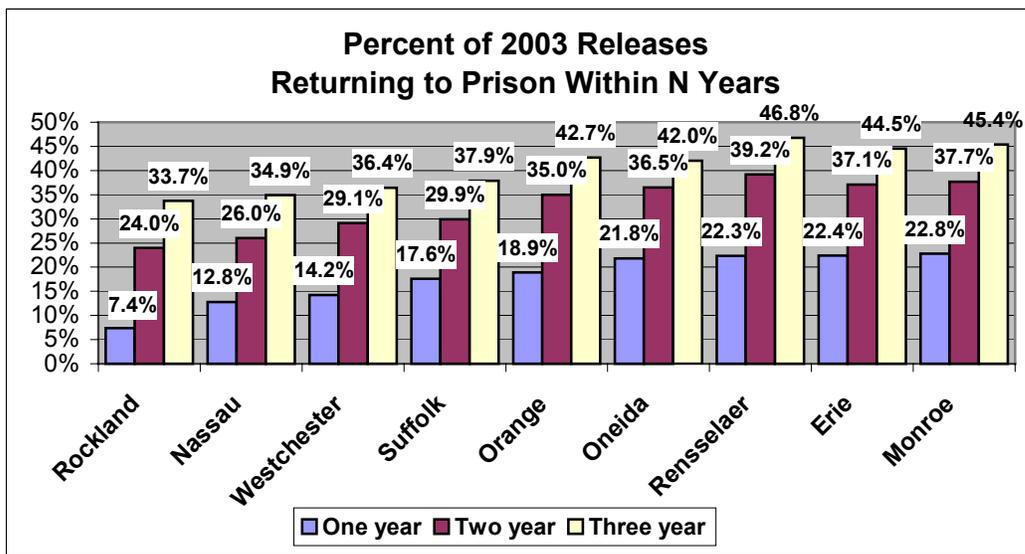
42% of offenders released from prison onto parole in Oneida County returned to prison within three years. Oneida County recidivism falls exactly on the median for the nine original CRTF counties.

Figure 16



One year, two year, and three year recidivism are highly correlated within each county, suggesting that the roots of recidivism for each cohort are similar.

Figure 17



ONEIDA COUNTY PAROLE OFFICERS' DESCRIPTION OF PAROLEE CHARACTERISTICS

How would you characterize the individuals on your caseload?

Parolees from Rome and Western Oneida County

- About half are 16-25, school dropouts, into the “drug lifestyle”
- They have kids but no parenting skills- and they are not living with their kids
- Have very poor interpersonal and social skills- communicate by yelling and fighting
- These poor interpersonal skills are connected to their problems with getting and keeping a job

Parolees in the City of Utica

- Most are under 30 years old
- 10-15% are female
- Even mix of white, black, and Hispanic
- Almost all are very poor, have a GED only or less education.
- Poor work history and work habits
- Many are caught up in hip/hop and rap culture
- High proportion is from NYC area

Parolees from Northern & Western Oneida County: Vernon, Ava, Sylvan Beach

- Mostly White. Out of a caseload of around 65, only 2-3 is African American, 2-3 Hispanic, a handful of females.
- Most of the parolees are young, late teens with family and social connections intact
- A lot of the young parolees left school in 10th grade (on their 16th birthday) and have not completed their GED or finished high school. Many have Attention Deficit Disorders or other learning disabilities.
- Most of them come out of Willard or Shock Incarceration, so they have served very short sentences. This works against them because they are not in long enough to get their GED or participate in any programming for a long enough period for it to help.
- The intactness of the young parolees' social connections is often detrimental to their success because their friends are still unemployed and involved in drugs/alcohol when they get out after a short sentence.
- The older people on the caseload are often mid 40s white males with multiple DWIs- no drivers license and unlikely to ever get one; these chronic alcoholics have usually burned all of their bridges and do not have the connections that the majority of the younger parolees do.

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Sex offender parolees

- Sex offenders are more likely to be white, older than other parolees
- Most without GED or HS education (like other parolees)
- This group has served more time (often 8 years or more)
- Less social support- often disconnected from community and family
- Only about ¼ are pedophiles. The remaining group is split- about half have adult (over-18) victims- the other half have assaulted young women age 12-18.
- This group has a more difficult time in prison- and they are more motivated to stay out

Parolees from other counties in NYS released to Oneida County on Parole

Several persons we interviewed in 2007 said that they were directed to come to Oneida County by the NYS Division of Parole because their county of origin did not have a homeless shelter or substance abuse treatment facility. However, we do not have data on the total number of parolees who are released to Oneida County rather than to the county in which they committed the crime that led to their incarceration.

The mental and emotional state of the reentry population

We end our analysis of the characteristics of the Oneida County prisoner reentry population with a look at the internal state of those making the transition from prison to the community. As we know from extensive social-psychological research, the attitudes and mindset of individuals can have a dramatic impact on what happens in their everyday lives- in school, in the workplace, in the family, and in the community.

He walks past the prison gates with a smile and a plan, then he embraces his girlfriend and climbs into her late-model car. She has new clothes, and money for him. They have a nice place to stay. He has dreams and the resources to achieve them. Life is good now that he's out.

Television and movie images of men leaving prison in a state of happy anticipation as they enter a great new life or pick up where they were before prison don't fit the reality of many leaving NYS prison facilities. Nearly all forty persons we interviewed said felt very different. They report feeling scared, anxious, hopeless, and lost after release. Their state of mind and the way they feel often gets worse- not better- in the days and weeks that follow, especially for those without housing or family support. Those using drugs and alcohol to cope with emotional and psychological stress prior to prison sometimes (not surprisingly) use the same strategy to cope with the stresses of making it on the outside after release. Interview excerpts (below) tell the story. The first set of responses are from individuals not directly served by the CRTF. The second (shorter) set are from those who were served directly by the CRTF. While not representative samples, the difference is stark and suggests that guidance, support, structure and the right resources during the days and weeks immediately after release can make a positive difference.

In your own words, describe what it was like to return to this community after being away. Start with what it was like the first day- then what the first few weeks and months were like:

- Confusing, to put it simply. I was out of touch. No housing, no job, no family, no support. It was a scary time.
- The first day, I just didn't know what to do. I just wanted to see my PO and get a roof over my head. My girl had left me and my parents are gone. Not knowing anyone, I was just lost.
- Different. I felt lost. I was so used to everything being so structured and now I could do whatever I wanted, to a certain extent. You now have to abide for yourself and it is difficult.
- I did all the paperwork in prison before my release and made arrangements to have a bed available at the Rescue Mission. When I came to the Rescue Mission, there was no bed available. When I went to DSS, they did not have my paperwork from prison but I had copies. I needed to go to Syracuse for treatment for Hepatitis C, and I did not have transportation.

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Everything that I am doing seems to be a door shutting. The whole system has changed and it is different.

- Hard. The roughest part is how people are going to take you. Since I've been out here for some months, it has not gotten any easier. It's been obstacle after obstacle.
- It felt good to be out from behind the walls because I had protected myself and got out. It was a good feeling. What scared me was that I didn't really know where I was going, where I was going to live, and to get a job. Where I was going to live bothered me the most.
- I was petrified because I felt like I was thrown under the bus. Everything fell through and I had nowhere to go when I came out. I had a house when I went in and I didn't have one when I came out. They just opened the gate and let me out. I had gone to another county which was my county of origin with my girlfriend. But she was on probation and I almost got violated for that until they brought me back up here. When I got back up here, there was someone that I knew from prison who was in the same program as I am in. I have to be real careful with who I associate with. Once I got to know my way around and started doing things, and meeting people, it seemed to get easier.
- Tense. I didn't know what to do, where to go, and was afraid of being violated for any little thing. I am originally from Herkimer County but they did not have a shelter, so I was sent here. It was either that or staying locked up in Herkimer County (Jail) until they found me a place. As the weeks went on, it became more difficult. Financially especially! There were things that parole wanted me to do and I had no idea or assistance to getting these things done.
- The hardest part is because I was dropped in Utica cause I'm from like 60 miles away, so I didn't know anybody.
- Scary, awkward, and different. I was not used to it (being out free). I went to my wife's house and seen my kids. What I was told by my parole officer gave me the discipline to get things going. It took about a solid month and a half to get back into the routine of being out here.
- Overwhelming. I spent some time with my kids and I spent time unpacking. The next morning, I went and visited my parole officer. My first week was hectic and overwhelming. I had all this time doing nothing and now I had to get a job and do outpatient [drug treatment]. I got a job Right away, I started getting high and ended up losing the job.
- Scared. I felt like I was five steps back and it was going to be hard to regroup. Especially over a lie and losing everything behind the lie.
- The housing that I was in... was not a good place to live. There was drug dealing going on, another parolee lived in the building and his parole officer would knock on my door looking for him. I finally got out to a better place... I have mental health and substance abuse issues.
- Hectic. I'm from Rome. The first thing I did was report to my PO. The next thing I did was I went to the liquor store after cashing my little \$40.00 check. I chilled with my family drinking and whatever. I started

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seeing people and making plans for the night. I got in touch with my connect and just started wilding out. That's what it was like until a month and a half ago. I had gotten myself a job cooking. I was high as a kite all day there. The manager knew. I would smoke weed but not do coke cause I would really wild out. A month and a half ago, I realized that my life was going down to hell. I started spending less time with my kids again and I was hustling. I talked to my cousin about recovery and he told me about the Parker House [at Rescue Mission]. I made an appointment and went and told my PO that I was doing crazy coke and I needed help. June 31, '07 I went into the Parker House and I'm still clean now.

- It was a blessing just to be free. First week out in the streets, it was the same old, same old. This is my place of birth and it's up to me to do what I need to do to stay out. I went out there filled out applications, pounded the pavement, and got a job.
- My first day, I had really bad anxiety because I was coming back to Utica. There was stress because I had to go to a shelter. I went to the Emmaus House on Kemble Street. I had to check in to parole that day. That week, I went to DSS trying to get public assistance, trying to get my own apartment, and trying to find a job. I knew I had an addiction problem but I wasn't required to do any outpatient treatment. As the weeks went by, it became more stressful because people wouldn't want to rent to me when they found out I was a convicted felon and DSS had a limitation on what they were going to spend. You can't find a place around here for what they were going to give you. I stayed at the Emmaus House for about a month. I got an apartment on Mary Street with a roommate. I had found a job and was going to start working for Rent-a-Center. But I ended up relapsing because I became complacent. I was out there for a day and a half. I called my parole officer and told him I was dirty and he told me to get help and he wouldn't violate me. I checked myself into ACC and then went to McPike. From McPike, I was accepted into Serenity Village and I'm doing outpatient at CAR. I will have 6 months clean on the 11th of November.

Below are the responses from interviewees served directly by the CRTF coordinator:

- I was nervous, very nervous of peers and people that I know. The first night, I reported to the Rescue Mission where I was assigned. I knew they were open because I walked past there in the past many times and I thought you had to be in by 6:30pm but that's not true. They stay open until 9:30pm. The people there welcomed me with open arms, gave me a place to sleep with clean linen, a shower, and a place to eat. They changed my whole perception because I don't have any family here.
- New. It seemed new again. I felt nervous but I did have a letter from Working Solutions and Mrs. Jenkins's [CRTF Coordinator] help because I had no connections with my family because they did not keep in contact. I felt like my life was at a zero point, so I felt that I definitely had to get it going and get a job. Everyday, it became a little harder to reach my goals.

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I put in an application at I had an interview and they photocopied my ID, so I'm pretty sure I got the job. I'm just waiting for the call to start.

- I just felt better, I felt better about being free. I went to the emergency housing shelter at the Rescue Mission first thing. My first day back, I was with my family. My second day was my initial visit with my PO. It went fine. The first week I secured employment, talked to someone from the OCRTF, and went to DSS. The first few weeks seemed easy for me.
- My first day out was hectic. I had to go to the shelter. I didn't know anybody and I couldn't get in contact with anyone. I reported to parole that day. I had to report to parole two days later to actually see my parole officer. Actually, everything is falling into place because I know what to do and how to go about doing it.
- I was real nervous because I didn't know what to expect. The first day I just chilled, stayed in the house, spent some time with my family, and ate a lot. My first week I felt different from everybody else because I hadn't been around for 5 years and everything was different. It felt good and strange which made me feel different.

At first, it started off real bad. I started working, I got into school, and I found an apartment. It didn't get easier because the more responsible I had to become, the harder it seemed! I'm just not used to this and it has not become second nature with me yet. I know what I have to do because when I was up top [in prison]; I was trying to figure out how to go about this. So, I'm just doing what I got to do.

PART II: RESOURCES, POLICIES, AND PRACTICES THAT AFFECT REENTRY SUCCESS IN ONEIDA COUNTY, NY

Overview

The successful transition from prison to community life is dependent upon the availability of those things that everyone needs: housing, food, transportation, and enough income to meet basic needs. Additionally, many of the individuals in our county who were incarcerated and have been released to relative independence in the community have needs that go beyond the basics, e.g. they cannot read or write, they need special services to prevent substance abuse or treat relapse, they are victims or perpetrators of domestic violence, they lack basic life skills, and many don't know how to do an effective job search or seek and find the other services they need.

This section of the report addresses resources, practices, and policies that directly and indirectly affect the likelihood that the reentry process will be successful for those who return to Oneida County. For conceptual clarity, we separate our discussion into resource, policy, and practice "domains," e.g. housing, substance abuse and mental health treatment, benefit eligibility and accessibility, workforce development services, etc.

Coming back here from prison was confusing. I came down here with no place to stay and I had to go to the Emmaus House [women's shelter]. My first few weeks were busy. I had to do a lot of running around all over the place like to DSS and stuff. After my first few months, I'm still looking for a job and it hasn't gotten easier. I don't have my own housing yet. Now it's becoming frustrating.

Interview with a 22 year old single, black female, July 2006.

It took about a solid month and a half to get back into the routine of being out here. It took like two months but I finally landed a factory job. My wife covered my transportation needs. Ten months later, I picked up (drug and alcohol relapse) again and it started to become difficult. My parole officer sent me to outpatient treatment and I had only three months of parole left. I had lost my job when I picked back up. It was another 5-6 months at least, before I landed another job.

Interview with a 35 year white male, October 2007.

HOUSING, HOMELESSNESS, AND PRISON REENTRY

The following overview of prison reentry and homelessness is quoted directly from Richard Cho's paper presented to the Columbia University Center for Urban Research and Policy in 2004 titled *"Putting the Pieces Back Together: Overcoming Fragmentation to Prevent Post-Incarceration Homelessness"*:

One thing is certain: the past decade has seen tremendous growth in the sheer number of people who are homeless who have very recent experiences of incarceration. In New York City, for instance, recent analysis shows that at least 30 percent (20,712) of the people who entered the City shelter system between 1999-2002 are persons who have at least one recent jail admission prior to their entry.⁵

Another new feature is the rate of people leaving state prisons, as opposed to city jails, who are entering the shelter system. The 1996 national survey of homelessness identified this growing trend. Comparing currently homeless with formerly homeless persons who were no longer homeless, the survey found nearly equal rates of jail involvement among currently and formerly homeless people, but higher rates of state and federal prison involvement among the currently homeless (18 versus 9 percent).⁶

Furthermore, studies focusing on prisoners and their re-entry to the community, mostly by students of public safety and corrections, are highlighting the degree to which homelessness is a growing concern. The most recent study of prisoner re-entry noted that in California, "at any given time 10 percent of the state's parolees are homeless" and that "in major urban areas such as San Francisco and Los Angeles...as many as 30 to 50 percent of parolees are estimated to be homeless."⁷

A forthcoming study found that 11.9 percent of persons released from New York State prisons to New York City experienced a shelter stay within two years of their release.⁸ These alarming figures, coupled with growing rates of homelessness in general, suggests that correctional facilities are no longer simply an expected stop along the cycle of institutionalization involvement widely experienced by most homeless people, but indeed have a causal role in homelessness as well.

Certainly the rising number of people leaving state and federal prisons who become homeless suggests that bouts of correctional involvement are no longer the result of vagrancy violations or the benevolent sheltering function of local

⁵ "Home Page," Newsletter of the New York City Department of Homeless Services. January/February 2004.

⁶ "Homelessness: Programs and the People They Serve."

⁷ Jeremy Travis, Amy Solomon, and Michelle Waul. "From Prison to Home – Dimensions and Consequences of Prisoner Reentry. June 2001. 36.

⁸ Stephen Metraux and Dennis P. Culhane. "Homeless Shelter Use and Reincarceration Following Prison Release," Manuscript of forthcoming paper. March 2003.

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jails, but involves far more serious levels of criminal justice involvement. Added to this fact is the growing concern within the criminal justice sector itself on the rising rates of homelessness. No longer simply a problem raised and discussed among shelter providers and advocates for the homeless, post-incarceration homelessness has captured the unlikely attention of corrections, criminal justice officials, and community supervision personnel alike.

Their concern stems not just from the growing housing needs among people leaving their facilities—the lack of housing has to a more or lesser degree been a problem for people leaving prisons for many years—but is also about the growing sense among discharge planners and parole officers that homelessness experienced by their clients involves far more complex issues: serious mental illness, high rates of substance abuse, chronic and co-occurring health challenges like AIDS, hepatitis and tuberculosis, etc. Coupled with the recent and often traumatic experience of incarceration and the vast geographical and institutional distance often separating the prison from potential housing, the homelessness experienced by people leaving prisons and jails seems not a simple matter of the lack of housing, but in fact, a new kind of crisis altogether.

Recent attempts to unpack of the causes of this crisis has led to the identification of numerous barriers that prevent people leaving incarceration from obtaining or securing housing. These barriers typically fall under three types: a) those that identify individual characteristics or challenges limiting housing stability, such as physical or mental disabilities, lack of education or employment skills, or disrupted or unstable family situations; b) those that point out the limits of discharge planning and prison aftercare assistance; or c) those that cite statutes or policies restricting or limiting otherwise viable housing options.⁹ These formulations draw attention to not only the growing number and complexity of “special needs” among formerly incarcerated persons, but also the role that public agencies, lawmakers and bureaucracies have played in frustrating the re-housing process. Furthermore, embedded in the last set of formulations is the creeping notion that somehow public systems—those that govern corrections, social services and housing—have made some critical miscalculations. For how could policies and statutes have been made that are so easily identifiable as contributing to homelessness? Surely these policies must have been the result of oversight or error. In other words, what the ‘barriers’ approach leads us to is an understanding of post-incarceration homelessness as a problem of institutional failure.

What (were/are) the biggest barriers to getting your own housing? What would (have made/make) this process easier? My felony conviction because every time I find a place that seems nice and affordable, this issue comes up.

Interview with a 52 year old white male veteran. September 2007

⁹ Nino Rodriguez and Brenner Brown, “Preventing Homelessness among People Leaving Prison.” December 2003. Caterina Gouvis Roman, Jeremy Travis, and Lisa Feldman. “Taking Stock: Housing, Homelessness and Prisoner Re-entry.” Draft report. October 2003.

HOUSING POLICIES AND PRACTICES

Federal Policies

Federal law *allows*, but does not require local housing authorities to deny admission to federally funded housing for applicants with certain types of criminal backgrounds: Drug-related crimes, violent crimes, or other crimes that may harm the health and safety of neighbors. Currently, the Municipal Housing Authority in Utica (the largest city in Oneida County) denies applicants with a recent felony history from leasing municipal housing units (with some possible exceptions). All applicants undergo a criminal background check as part of the application process.

Federal law *requires* that local housing authorities deny admission to households with a member who has been convicted of methamphetamine production or is on a state lifetime sex-offender registry; these bans are permanent (42 U.S.C. § 1437n(f); 42 U.S.C. § 13663)

People who were evicted from public housing because of drug crimes are prohibited from residing in federally funded housing for three years; less if they complete an approved drug treatment program (the local housing authority determines suitability of program).

HUD Homeless Assistance “Continuum of Care” housing policies

In contrast to federal HUD funding for Municipal Housing, HUD Continuum of Care funds are targeted to those who are homeless and have a disability. In fact, CoC funding for permanent supportive and transitional housing projects can only be used for those with a mental health, substance abuse or other disability or for victims of domestic violence. Some reentering prisoners in Oneida County are caught in the policy gap created by HUD: they have a felony conviction that effectively disqualifies them from obtaining municipal housing in Oneida County, but they do not have a disability and cannot qualify for one of a number of Continuum of Care housing programs available here. However, HUD’s Continuum of Care Programs in Oneida County are currently the largest set of permanent supportive housing resources for returning prisoners with a substance abuse disability and many reentering prisoners and other ex-offenders would be homeless without this resource.

Housing Resources

Housing resources are separated into four categories: emergency, transitional, permanent supportive, and permanent housing. Emergency housing (commonly referred to as “shelters”) is temporary, group housing where individuals stay 30 days or less.

Transitional housing, using HUD’s definition, is housing where an individual or family will stay up to- but not longer than- two years. Transitional housing units are usually rooms or apartments- not open and shared common space. Most

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transitional housing programs provide specialized support services for the population in the program.

Permanent supportive housing is “normal” housing- apartments, a trailer, a house- where the cost of the housing unit is fully paid for or subsidized and where the residents receive some level of support services, often case management. In Oneida County, permanent supportive housing units are scattered throughout Utica, Rome, and the rest of the county, and they do not look different from the other housing units in the neighborhoods they are located in.

Permanent housing is permanent housing- an apartment, trailer, or house with no formal support services attached. Most of us live in permanent housing.

EMERGENCY HOUSING RESOURCES

Single adult men

There is one emergency housing program for single adult men in Oneida County: The Rescue Mission of Utica’s Emergency Housing Program. This program, located very close to downtown Utica, has a relatively small shelter space with nine bunk beds in a single room, a bathroom, shower, and small office. This program is often on “overflow”, i.e. Mission staff will set up cots in common space in an adjacent building to accommodate 6-8 additional residents. Occupancy has exceeded 18 persons during many of the months prior to the time of writing this report. This program has a “direct admit” agreement with NYS Parole and accepts men who have been released from prison- with the exception of convicted sex offenders and arsonists.

Single adult women

Other than two small domestic violence shelters, there was only one shelter for single adult women in Oneida County until very recently. As of 2007, we now have three. Two of these shelters are located in central Utica; a third shelter is located in Rome, NY.

- **Emmaus House**, located in a residential neighborhood near Oneida Square in Utica (about 10 blocks south of downtown), will house up to eighteen women and children. Typically, there are ten beds for adult women and eight for their children, although staff can rearrange this configuration to accommodate the needs of women and children on any particular day. Emmaus House routinely serves women who have been released from prison.
- **JCTOD, Outreach Inc.**’s new (2005) shelter in the Cornhill section of Utica will accept single women, women with children, and families of any configuration. There are up to eighteen beds that can be rearranged to serve a variety of family configurations. JCTOD Outreach, Inc. has served many women recently released from prison in their permanent

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supportive housing program and is familiar with the special needs and challenges in serving this population.

- **Welcome Hall** in Rome (a program of the Utica Rescue Mission) opened a 14-bed shelter for single women and women with children in 2006. The shelter director reports that this facility quickly reached capacity and has been consistently busy.

Adult women who are victims of domestic violence (DV)

Oneida County is home to two small DV shelters: one in Utica (**Hall House** with 16 beds) and one in Rome (**Lucy's House** with 6 beds). Women who are returning from prison seldom occupy these shelters.

EMERGENCY HOUSING RESOURCE GAPS, POLICIES AND PRACTICES

Oneida County has been able to accommodate most, but not all, persons returning from prison who have no other place to go than the streets. Currently our biggest resource gaps in this area are:

- Emergency housing for released sex offenders
- Emergency housing for released arsonists
- Emergency housing in the Rome area for men
- Adequate support services for individuals residing in shelters, e.g. case management services to provide linkage to housing and employment programs
- Current emergency housing capacity for adult men is inadequate- often on overflow
- Current emergency housing program for adult men lacks the support services necessary to help some reentering prisoners who have trouble applying for mainstream resources, finding a job, locating permanent housing

Policies and practices that inhibit access to or limit the effectiveness of emergency housing for returning prisoners include:

- Shelter programs in Oneida County are under-funded and rely to a large extent on Department of Social Services emergency housing per-diem subsidies (under \$30/day for both room and board for individual adults) that are barely enough to keep the doors open. The adult men's shelter does not have the resources to support daytime staff to help residents with their many needs and shelter space is inadequate for more than sleeping. A recent application for a zoning variance from the City of Utica to expand the number of beds available was denied after several city residents objected to having "addicts and felons" living in the city.
- Individuals who act disruptive, those with symptoms of a mental health disability, and other "difficult" residents can be refused admission or turned away after an incident largely because area shelters do not have the space or specialized staff to manage them in a safe and effective manner.

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- The only shelter for adult men in Oneida and neighboring counties is the Rescue Mission's Emergency Housing Program in Utica. This facility will not accept persons convicted of a sex offense or arson- consequently there is no emergency housing for men convicted of these crimes in a multi-county region between Syracuse and Albany, NY. Oneida County recently passed a new ordinance restricting where sex offenders can live and the likelihood that any local agency will develop an emergency or transitional housing program for sex offenders in Oneida County is small. Parole for sex offenders is often delayed until suitable housing can be arranged: taxpayers pay the high cost to house these offenders in state prison facilities until housing that meets Parole requirements and local statutes can be secured.

Parole Officers' comments on problems with emergency housing for men in Oneida County:

- Parolees experience frustration and confusion: They don't know how to access housing and entitlement resources. Many are in the Mission's men's shelter immediately after release. They need help with PA/MA application, but there is no support for this. The shelter is not a good environment for them (crowded, little support) and 'They feel hopeless and often return to using drugs and getting into trouble.' They will leave the Mission to stay with "friends" because they have no other housing options- then get into trouble with these friends- or they self-medicate (take illegal drugs) to cope with depression and hopelessness- and return to prison.
- Many go to the Mission's men's shelter- this environment is not conducive to successful reentry.

TRANSITIONAL HOUSING RESOURCES

The bulk of the transitional housing resources in Oneida County are dedicated to individuals who are actively participating in substance abuse outpatient treatment. Although a large proportion of the population using these resources has been incarcerated in jail or prison at one time, a much smaller portion are recent releases in the early stages of the reentry process. These transitional housing programs provide housing (usually single room in a fairly large building), meals, and some level of monitoring and support. All have 24/7 staff.

Often called "halfway houses" these programs are licensed by the NYS Office of Alcohol and Substance Abuse Treatment (OASAS). Providers are reimbursed on a per resident/per month basis and residents stay for up to six months. All substance abuse transitional housing programs in Oneida County are located in the City of Utica at the current time. An additional facility for women now in the planning stage will be located in Rome and is anticipated to open in 2008. Below are lists of transitional housing programs by family status in Oneida County.

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Transitional housing programs for single adults with a substance abuse disability or on parole in Oneida County

| Transitional Housing Program/Location | Provider | Number of Beds | Population Served |
|--|---|-----------------------|--|
| Rutger St. Halfway House/Utica* | Catholic Charities of Oneida and Madison Counties | 16 | Adult men in recovery attending substance abuse treatment program. 6 mos. |
| Genesee St. Halfway House/Utica* | Catholic Charities of Oneida and Madison Counties | 16 | Adult women in recovery attending substance abuse treatment program. 6 mos. |
| Rutger St. SRO/Utica | Rescue Mission of Utica | 6 | Adult men in recovery attending substance abuse treatment program who have graduated from Parker House program |
| Parker House/Utica | Rescue Mission of Utica | 20 | Adult men in recovery attending substance abuse treatment program |
| 820 River St/Utica* | Peter Young Housing, Industries, Treatment, Inc. | 11 | Adult men in recovery attending a substance abuse treatment program. 6 mos. |
| Delta Recovery Halfway House/Utica* | Delta Recovery | 11 | Adult men in recovery attending substance abuse treatment program. 6 mos. |
| Residential Stabilization Program/Utica** | Rescue Mission of Utica | 5 | Adult men recently released from prison and under parole supervision. Up to 90 days stay. |

* OASAS-Licensed Congregate Care Level II facility

**In November 2005, Oneida County opened its first transitional housing program dedicated to individuals coming directly from the NYS prison system to the community (see listing above). This 5-bed program is called the Residential Stabilization Program. It is managed by the Rescue Mission and located at its Utica campus. Stays are brief (no more than 90 days) and there is a full-time case manager employed to support the transition of residents to permanent housing and employment. NYS Parole works directly with Mission staff to select, monitor, and support participants in this program.

A sub-set of transitional housing programs for single adults includes programs that only serve youth or younger adults. There are two such programs in Oneida

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County: one for males and one for females (see below). Rising Son, which did accept- within limitations- young men who are returning from prison- was recently closed. There are now no beds for homeless male youth under the age of 18 in Oneida County.

Transitional housing programs for young adults and youth 16-21

| Transitional Housing Program/Location | Provider | Number of Beds | Population Served |
|--|--------------------------------|-----------------------|---|
| New Horizons/Utica | YWCA of the Mohawk Valley | 8 | Female youth/young women age 16-21 |
| Rising Son | Mohawk Valley Community Action | 11 | THIS PROGRAM WAS CLOSED IN THE FALL OF 2007 |
| Evelyn's House | Family Nurturing Center | 7 | Pregnant and parenting young women age 16-21. Program opened Fall 2007. |

Women and men in families where there are dependent children are served (for the most part) in discrete transitional housing programs in Oneida County. Housing units in these programs are larger: 2-4 bedroom apartments (Johnson Park Apartments) or bungalows (Serenity Village).

Transitional housing programs for adults in families in Oneida County

| Transitional Housing Program/Location | Provider | Number of Family Units/Beds | Population Served |
|--|-------------------------------|------------------------------------|---|
| Serenity Village/Clinton | Center for Addiction Recovery | 5/11 | THIS PROGRAM WAS CLOSED IN THE FALL OF 2007 |
| Welcome Hall/Rome | Rescue Mission | 3/6 | Single women with children. Not directly tied to substance abuse or MH treatment. |

TRANSITIONAL HOUSING RESOURCE GAPS, POLICIES AND PRACTICES

- There is almost no “low threshold” housing in Oneida County, i.e. individuals must have a documented substance abuse or mental health disability to qualify for nearly all the transitional housing programs in or area- and elsewhere in NYS. Those returning to the community who have no financial, family, or social support resources are ineligible for many of transitional and permanent supportive housing programs due to restrictions by the state (OASAS) and federal (HUD) agencies that fund these programs for targeted populations. Without a place to stay or substantial savings, this group tends to stay far too long in emergency housing (shelters) and struggles to make the transition to a place of their own. This is a resource gap as well as a state and federal-level policy barrier.
- Intake procedures for transitional housing programs do not begin until the individual has returned to the community. Beginning the intake process while an individual is serving the last six months or year of their sentence could alleviate these delays.
- There is no transitional housing for families- regardless of their disability status-in Utica at the present time. However, this resource gap has been alleviated to a large extent by the expansion of emergency and permanent supportive housing for families in Utica during the past two years.

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PERMANENT SUPPORTIVE HOUSING RESOURCES

Permanent supportive housing is housing with some support services attached: typically an apartment owned by a private landlord and rented or leased by a local not-for-profit agency or directly by a client in a supportive housing program along with some level of case management.

| Permanent Supportive Housing Program | Provider | Number of Family Units/Beds | Number of Individual Units/Beds | Population Served |
|---|--------------------------|------------------------------------|--|--|
| Shelter Plus Care | CNY Services | 44/133 | 89 | Homeless individuals and families: must be in substance abuse treatment to qualify |
| Shelter Plus Care | CNY Services | 4/13 | 31 | Homeless individuals and families: must be in mental health treatment to qualify |
| Shelter Plus Care | Upstate Cerebral Palsy | | 12 | Homeless individuals-must be in substance abuse treatment to qualify |
| Johnson Park Apartments (Phase I, II, & III) | JCTOD, Outreach, Inc. | 15/52 | | Homeless individuals and families: must have a mental health diagnosis or dual diagnosis (Mental Health and Substance Abuse) |
| Housing Opportunities for Persons with AIDS (HOPWA) | AIDS Community Resources | | 9 | Individuals with AIDS who are homeless |
| Supportive Housing Program | Catholic Charities | | 14 | Homeless individuals-must be in substance abuse treatment to qualify |
| Dual Recovery Network Supportive Housing Program* | Upstate Cerebral Palsy | 10/25 | 8 | Homeless individuals-must be in substance abuse treatment to qualify |

* This program was funded with a HUD Continuum of Care grant and became operational in the fall of 2006. It quickly filled to capacity.

PERMANENT SUPPORTIVE HOUSING RESOURCE GAPS, POLICIES AND PRACTICES

Shelter Plus Care (S+C) and JCTOD Outreach Inc.'s Johnson Park Apartment Program (for women with children) are the backbone of Oneida County's permanent supportive housing for individuals with a substance abuse disability. However S+C usually has a 3-4 month wait list and case management resources for this program, which serves nearly 200 adults, are stretched thin. Not all of those reentering qualify- and there are not enough S+C apartments to serve the reentry population that continues to grow as more individuals are released each year.

Also, as the comments below clearly indicate, problems- and solutions- to obtaining safe and affordable housing are related to other systems and issues like employment and family resources and the ability to get along with family members.

Sample 2006 responses to the question: "What (were/are) the biggest barriers to getting your own housing? What would (have made/make) this process easier?"

1. Getting adequate housing, which could pass Section 8 inspection standards. It would have been easier if Section 8 had a list of more landlords that they worked with.
2. A lot of landlords don't want to rent to people who have as many kids as I have. One of the main barriers to me obtaining housing was my admission to my substance abuse problems. Before this, I really wasn't worried about where and how I lived.
3. I have a lot of mental and physical issues going on that I can't get a job to be self-sufficient. There are programs to help you to get and obtain adequate housing. I need the help that I'm getting where I'm at.
4. My age is one of my biggest barriers. I can't get any help from DSS or other agencies because my parents are still responsible for me.
5. Employment is my biggest barrier to getting housing. You need a job to pay bills because the County can't help you with everything.
6. Found good housing at Johnson Park Apartment program after a short time in women's shelter.
7. Family initially helped with housing- but family situations did not work out. Didn't know what to do until referral to Shelter Plus Care- then got my own place.

Sample 2007 responses to the one of the following questions:

“What (were/are) the biggest barriers to getting your own housing? What would (have made/make) this process easier?”

- I’m still homeless and I’m now living in the SRO (Rescue Mission) and am waiting for Shelter Plus Care. I have been number three for two months on their list.
- My felony conviction because every time I find a place that seems nice and affordable, this issue comes up.
- Security deposit and my first month rent. I also have no references for two years and I can’t remember the landlord’s phone number where I last lived. I usually lived in rooming houses or with my girlfriends.
- Income is the biggest thing for me right now. They have programs set-up to help you with deposit and DSS with first payment but after that, you have to have income or you are out.
- My criminal history check denies me a lot of housing opportunities.
- I am originally from Herkimer County but they did not have a shelter, so I was sent here. Financially is definitely a problem and where I can look and live because I’m not from Utica. A lack of information on what is available is another problem.
- The charge of arson was my biggest barrier to finding housing. A lot of landlords don’t want to rent me.
- If I had a little more help from my counselors and therapist because I filled out all this paperwork before I got out and they didn’t turn it in. So I’m back at step one having to fill out all that stuff again.

The above and other comments on housing and housing barriers by recently released inmates interviewed for this report highlight the following themes:

- Released inmates without family support and an immediate place to stay that is acceptable to Parole often get “stuck” in emergency housing for months as they try to complete paperwork for Public Assistance, sign up and then wait for housing programs, and/or obtain employment so they can earn enough to afford their own place.
- Released inmates are frequently denied housing based on their criminal record.
- The barriers to obtaining affordable housing after release are formidable: information, transportation, security deposit and first month’s rent, and a clear path to employment are all necessary to obtain permanent housing. Shelters and substance abuse halfway houses are not designed to provide this comprehensive package.

Designing housing programs for returning prisoners

Housing is a critical factor in the successful reentry of ex-offenders into mainstream society. Without a safe, supportive place to stay *immediately* upon release, many ex-offenders find themselves back in the very same places that got them into jail: the streets or the apartments of “friends” who are using illegal drugs. Considering the psychological phenomenon known as “gate fever”, it is no wonder that a considerable percentage of released prisoners find themselves back in jail only weeks after release. With the contemporary ideology of surveillance and punishment, programs that ease reentry by providing transitional housing and appropriate support services are scant. Oneida County has only five beds for this specific purpose and 350-400 inmates are released to Oneida County each year. Most ex-offenders are poor and uneducated when they go to prison and they are poor and uneducated when released. They do not have the knowledge, the tools, or the material and social resources they need to start a new life. In order to stop the “revolving door” of the criminal justice and prison system, these deficits need to be addressed.

There are many program models for prisoner reentry housing in the United States, ranging from faith-based to secular, short-term to permanent, and profit to non-profit. Most have only been operating for the past one or two decades, with a few dating as far back as the late 19th century. Each model is designed around the particular needs of the area hosting the organization; therefore no single model will fit the particular needs of Oneida County. That said, there are some features that are important, if not essential, to all reentry housing programs. Following are general recommendations, particular approaches, and necessary program qualities, which can be used to develop an effective program to serve as a model for future projects in Oneida County and beyond.

HOUSING PROGRAM QUALITIES

Staffing

Selection of staff members should be based on 1.) staff ability to understand and handle the particular problems and **qualities** that shape the experiences of ex-offenders, and 2.), the most efficient number of staff proportionate to number of clients and service hours of the organization.

The former issue is addressed by many reentry organizations by hiring ex-offenders that have already successfully reintegrated into society (often called “forensic peer specialists”). People with experience dealing with substance abuse (recovering addicts or drug counselors) are also a great resource for staffing needs. This allows ex-offenders to see first hand the possibilities of recovery and social reintegration, because understanding staff members can inspire greater confidence from clients than people who have only been on the “other side of the wall.” Two model reentry programs in New York State, Peter Young Housing, Industries, and Treatment (PYHIT) based in Albany, and The Fortune Society in New York City follow this ‘wounded healer’ approach; however the efficacy of this staffing model has yet to be scientifically evaluated (S.C. Richards in Visher & Travis, 2003).

Although most people who get incarcerated in jails or prisons have served or are serving a sentence of less than 6 months, many have cycled in and out of correctional institutions. The social environment of these institutions is one of mistrust for authority, as well as other inmates. The hurdle of gaining trust is lowered when ex-offenders are dealing with people of similar backgrounds. By understanding the demographics of returning prisoners in Oneida County, it may also be suitable to consider racial and age diversity when making staffing decisions.

Secondly, the number of staff should allow for 24/7 coverage and support—especially in transitional housing programs for those coming right from prison or jail. This is important for program and community safety and because someone should be present when prisoners are released, which can be at any time of day or night. The Fortune Academy in New York City, for example, has ex-offenders dropped off from prison and jail directly on their doorstep between four and five in the morning. As we explain later, the first few hours out are the most crucial to the well-being and success of reentering offenders.

Environment

Reentering prisoners are coming from a “total institution” which controls every aspect of prisoners’ lives, into a world that may be totally unfamiliar, which the ex-offender must navigate in order to procure what was previously supplied during incarceration. With the decline in parole assistance due to greater numbers of expired sentences, many ex-offenders find release like falling into chaos from order. This often leads to what is called “gate fever,” a collection of symptoms like uneasiness, anxiety, confusion, and fear; sometimes strong enough to make people want to go back into lock-up.

One objective of well-established reentry programs is to provide the most stable environment possible, where routines can be followed, and ex-offenders can ease into their new life. In the words of Kristina Hals, a housing program should “emphasize **predictability, consistency, and safety** during moment of release and first two months thereafter”.¹⁰

Offenders’ greatest concern [regarding reentry to the community] seemed to be a sense of belonging. Emotional barriers of re-entry—uncertainty, apprehension, fear—need to be acknowledged and addressed by re-entry program partners, particularly community members.

Taxman, et al., 2004, p.252

¹⁰ Hals, Kristina. 2003. From Locked Up to Locked Out: Creating and implementing post-release housing for ex-prisoners. Aids House of Washington. Online at http://www.aidshousing.org/usr_doc/From_Locked_Up_to_Locked_Out.pdf

EMPLOYMENT POLICIES, RESOURCES, GAPS

For ex-offenders, employment is not only a source of income and structure in daily life, but it also helps form a ‘prosocial identity’ that is theoretically linked to desistance from crime as the result of a new social role (Uggen, et al., 2004). Furthermore, Vaillant (1995) notes that employers help reduce the chances of substance and alcohol relapse through “informal monitoring” of recovering ex-offenders (Bahr, et al., 2005, p. 246).

Federal Policy

Under federal law 18 U.S.C. §§3563(b)(5), 3583(d) and U.S. Sentencing Guidelines, the court may apply discretionary bans on certain types of employment when it is deemed that there is a “reasonably direct relationship” between the offense and the occupation denied to the offender, or if the restriction will serve to protect the public, as further engagement in said occupation may pose a risk for re-offending and public threat (U.S. Pardon Attorney, 2000). There are further federal restrictions on specific occupational licenses for particular convictions, and federal occupational licenses may also be restricted if the license served to aid in the execution of drug offense (U.S. Pardon Attorney, 2000).

New York State Policy

In New York State, it is illegal for employers to deny employment solely due to a conviction history, however employers may deny employment if the nature of any past convictions is related to the job that is being applied for. There are also bans on specific types of employment for people with certain felony convictions. Per NY State Corrections Law 23-A § 754, ex-offenders are entitled to a written explanation by an employer for the reason they were denied employment.

A Certificate of Relief From Disabilities restores the rights of offenders to be licensed in vocations previously prohibited due to their conviction, and also must be taken into consideration by employers with ex-offender applicants; the Certificate of Relief From Disabilities and the Certificate of Good Conduct (also administered by NY State) “create the presumption of rehabilitation in regard to the offense or offenses specified therein” (NY State Corrections Law 23-A § 753).

One very real employment obstacle for ex-offenders is not related to policy at all, but results from the job-seeker’s fear and ignorance regarding disclosure of a past conviction. While employers cannot deny employment to someone merely because he or she has been convicted of a crime, they can deny applicants who failed to report a conviction during the application process. During the course of interviews with local job-seekers, many stated their ‘criminal background’ or ‘felony conviction’ as an obstacle to finding a job; whether this obstacle is real or perceived, it still appears to be hurting the employability of people with criminal convictions in Oneida County (Interview data from CEG 2006 interviews).

Pre-employment and Work Requirements

Institutional actors in the reentry process should be flexible with work requirements if ex-offenders are expected to attain long-term success. Some ex-offenders need help finding permanent or transitional housing (not just emergency shelters), and may also want to get a GED or attend college. These goals should be acknowledged and promoted even if it means that ex-offenders may not begin work immediately upon release. For those who want to or are required to begin work soon after release, but must attend therapy or drug treatment as a condition of release, they are caught in a bind between two or more competing priorities. Drug treatment sessions usually occur in the middle of the day, making it difficult for ex-offenders to attend and to find a job that will never require them to work during these hours. More collaboration is needed among those institutions in order to remove barriers to compliance for ex-offenders, thus ensuring greater reentry success rates.

While prisoners released to Oneida County in 2003 ranked higher on indicators of education and vocational training than the State as a whole, the indicated unmet needs in these areas were still fifty percent for education and seventy-four percent for vocational training. These figures illustrate the need for pre-employment training and education, and also show that most ex-offenders may not yet be ready and/or qualified to enter the labor force.

The Transition from Prison to Community Initiative (Abt Associates, No date) describes a longer-term, individualized approach to reentry that would promote immediate employment for those qualified, but also encourage ex-offender engagement in vocational and/or educational services before getting a job, if necessary. This requires strong collaboration between human service agencies and law enforcement within the community. Collaborating institutions must smooth out any differences before ex-offenders find themselves completely bound by divergent interagency mandates.¹¹

Assets for Ex-Offender Employment

While there are some obstacles to ex-offender employment, there are also some assets (at policy level and program level) that can be used to enhance employability among this population.

At the local level, *Jobs and Hope*, a reentry employment program run by the Oneida County Department of Workforce Development, assists homeless ex-offenders with employment by advocating for them with area employers, helping

¹¹ The TPCI paper does not address this dilemma, in which law enforcement and human service agencies are expected to collaborate in the reentry process, yet each of these institutions has sometimes-divergent goals. Law enforcement usually focuses on the community as the client, where human service agencies usually see the individual as a client. Sometimes issues arise where the rights of one client are not beneficial to those of the other. For example, an ex-offender has a right to privacy, yet law enforcement, in order to do what they think is best for the community, may want to abridge these rights to ensure the safety or ease of neighbors. Social workers in human service agencies are also bound by confidentiality in the absence of imminent danger to others, and must withhold information that if revealed could send an ex-offender back to prison.

them develop interview skills and resumes, supplying clothes for interviews and work and bus passes to look for work and get to work, and connecting them to a range of other services that are useful in finding, obtaining, and maintaining employment. This three-year old program has been very successful (to date, over a hundred homeless ex-offenders have found employment), but it is only staffed by one full-time person, and is the only one of its kind with ongoing funding in Oneida and the surrounding Counties.

Building on the individualized approach to job readiness for ex-offenders introduced by the Jobs and Hope Program, the Workforce Investment Board of Herkimer, Madison, and Oneida Counties applied for and received a US Department of Labor grant to provide pre-employment services to all ex-offenders- not just those recently released from NYS prisons. This program (called *Second Chance*) utilized both faith-based and community organizations to serve those on parole and probation as well as anyone who has ever been in county jail or in drug court. The target area for this program was limited to the Cornhill area of Utica (Utica's poorest neighborhood). Participating agencies (including the Rescue Mission, JCTOD Outreach, Inc., Youth Empowerment Program, the Women's Resource and Employment Center and the Muslim Community Center) provided both pre-employment services (job clubs, resume and interview help, etc.) and mentoring. Funding for *Second Chance* expired at the end of 2006 and was not renewable. However, the knowledge and capacity developed by partner agencies during the program's duration, coupled with the excitement and interest generated by the program's success directly contributed to subsequent efforts by Oneida County Workforce Development to obtain federal and state funding for employment-centered reentry programs and applications to both state and federal agencies are pending as of the date of this report.

The New York State Department of Labor has One-Stop Employment Centers in both Utica and Rome in Oneida County. These One-Stops (called *Working Solutions*) were set up through the Workforce Investment Act of 1998, and they serve as a point of access for job-seekers to perform job searches in the New York State job database, and also to access more rigorous services like counseling and pre-employment services.

There are no reentry-specific employment services at area One-Stops, however, Oneida County Workforce Development now sends a reentry employment specialist to the Utica One-Stop one full day a week and refers those with needs beyond what the One-Stop can offer to the Reentry Task Force Coordinator and/or the Jobs and Hope program.

Employer Incentives for Hiring Ex-offenders

There are three federal-level financial incentives that can encourage employers to hire ex-offenders: the Work Opportunity Tax Credit, the Federal Bonding Program, and the Welfare-to-Work Tax Credit. In order for these incentives to become an asset to job seekers, employers must first be aware of them. An informational campaign to educate both employers and job seekers on the

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advantages of hiring ex-offenders would strengthen the power of these incentives, as knowledge of these incentives is not widespread.

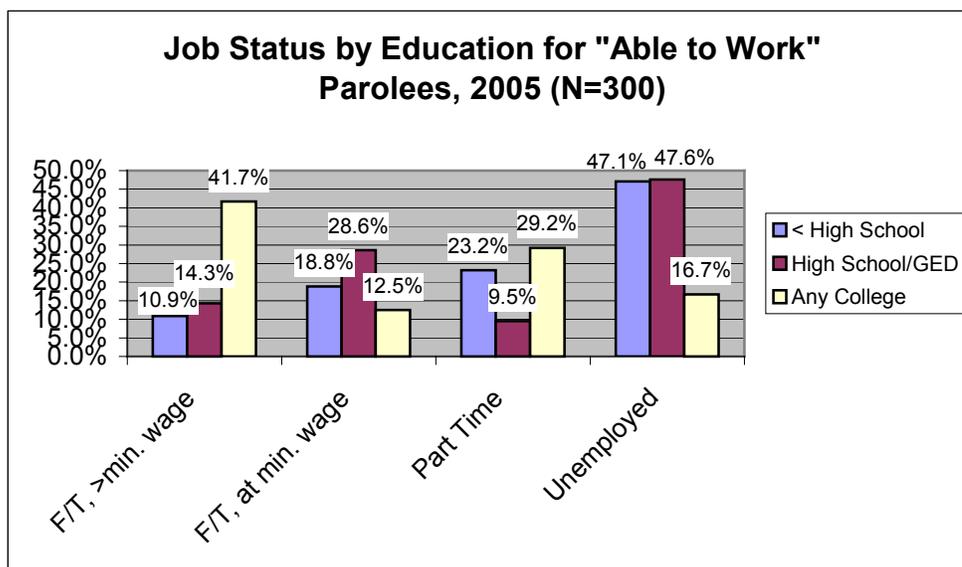
- The Work Opportunity Tax Credit (WOTC) reduces employer tax liabilities by up to \$2,400 per new worker that is hired from any of eight social brackets deemed less employable, one being *ex-felons from low-income families*.
- Through the Federal Bonding Program, the federal government provides free ‘fidelity bonds’ for employers who are unable to cover ex-offenders under their commercial insurance policies because their records represent an undue risk for theft, embezzlement, larceny, etc. This is done in order to offset the liability of hiring ex-offenders that appear to be a risk for employer losses. Fidelity bonds can be requested by the employer, the jobseeker, or any agency assisting in the employment process.
- The Welfare-to-Work Tax Credit can reduce employers’ federal tax liabilities by up to \$8,500 per new employee that is coming off of long-term government assistance; this can include ex-offenders. The amount of the tax credit depends on how much the employee earns

Employment for reentering prisoners in Oneida County

I thought I had a residence when I was released, but it didn't work out so I got a ride to Utica and went to the Mission shelter, then reported to Parole. I stayed at the shelter for 28 days in February. We had to be out from 8:30 to 4:30. I tried to find work without any help or guidance and couldn't find any work. I got frustrated so I went home [out of state] and got a job. I got into a scuffle at this job, got picked up and returned to NYS- did 90 days in jail here and then I was released. (Interview with a white male parolee in his late thirties, July 2006. He now has a fairly good job working construction.)

Out of the 420 *parolees* under active supervision by the New York State Division of Parole in Oneida County as of 12/31/2005, 300 (71.4%) were in the community and deemed “able to work” by New York State Division of Parole officials. This number generally excludes parolees who are considered unable to work because they are in school, have a disability, or other factor deemed a significant impediment to work by a supervising parole officer. Out of these 300 parolees eligible for work, nearly half were unemployed at the time this data was recorded. Only 12.7% of all parolees at all educational levels were employed at a full-time job for above minimum wage; for parolees with at least some college or vocational school, this rises to 41.7%.

Figure 18



Employment for General Releases

Out of the 400 Oneida County releases from parole, conditional release, or expiration of sentence, 202 (50.5%) were registered for NYS Department of Labor (NYS DOL) services, making their post-release work status known through NYSDOL's use of New York State Department of Taxation and Finance (NYS DTF) data on all employees working in New York. 152 (75.2%) of these DOL registered ex-offenders had wage data recorded by NYSDTF for one or more quarters after release, evidencing some employment for at least three-quarters of DOL registered ex-offenders released in 2003; this number is the same for all offenders returning Statewide in 2003.

BARRIERS TO EMPLOYMENT FOR THE REENTERING POPULATION

Parole Officers in Oneida County made the following observations about parolee employment in interviews conducted in July 2006:

- Many get frustrated during first two weeks when they haven't yet found a job, and they give up very quickly. The low wages offered at many entry-level jobs are not enough for many parolees who may choose to sell drugs instead.
- Not enough low-skill, entry-level employment for those coming out.
- Very few of those released have their own transportation- this is a barrier to employment.
- Employers have different policies about accepting ex-offenders. Wal-Mart in Rome is known to refuse employment for ex-offenders, while the Utica Wal-Mart does accept ex-offenders (it was explained that the Utica

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Wal-Mart had a positive experience with an ex-offender employee in the past, so they hire more).

- Some ex-offenders think that if they lost a job at one chain franchise, that they cannot get a job at another franchise of the same brand (ignorance of policy and practices)
- Many parolees go to the One-Stop once, and find it confusing, or the One-Stop never contacts them after they have registered; this frustrates them [and they don't know what to do].

Individuals released from NYS prison living in Oneida County made the following observations about employment in interviews conducted in July 2006:

- Being a convicted felon with a DWI, and childcare are my biggest barriers to obtaining and finding jobs.
- My counselor at CHBS [mental health clinic] has suggested to me not to work right now. But before I went to prison I was a professional healthcare worker at a local hospital. I'm also a member of Second Chance's Job Club and I'm registered at Working Solutions so that when I'm ready, I can seek employment.
- I work here and there with my uncle maybe two times a week. I have to go all the way out to Oneonta and take a bus. This is hard on me financially.
- It's hard trying to get a job because of lack of money. Then, my work history comes up. There's a big gap right there. Then there's my felony.
- Transportation was the biggest barrier to finding a job because nothing was in walking distance. But I walked and found me a job.
- Transportation is the biggest barrier because there are no jobs in the city proper.
- I have applied to all kind of places, Applebee's, Kirby's, Hannaford, CICS, APAC, the Radisson Hotel, and none of these places has hired me yet. But I still keep on trying. I'm not going to give up.
- I walk, take the bus, I do whatever I need to do in order for me to put in applications and find a job.
- A lot of the jobs were in the outlying areas and it was hard for me to get to them because of lack of transportation. I had to use the bus line.
- I try just not to be stressed out that when I go to places and they knock me down, I just keep on looking.

What worked?

- I have a college degree- and know how to do a job search. The Second Chance Program helped me get a job- however the missing piece to this program is job development.
- Tried a formal job search – used the Utica One-Stop. It didn't work out. I got a job through the Jobs and Hope Program.
- I got a job on my own through StaffWorks after I got out. It was the first time in my life that I had a job. It was great- I saw that I could do

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something and I loved it. I got [seriously] injured on this job. I got the next job at Zogby. I started to go to [job club] meetings at JCTOD [funded by the *Second Chance* Program]- this and working changed the way I thought about myself.

- I needed transportation, clothes for interview, resume, help with interview skills and presentation skills, alarm clock and answering machine. I got help with all of these things from the Jobs and Hope program- then got a job.

Individuals interviewed in 2007 had these comments about barriers to employment:

- I started looking for work and I had an interview at Lowe's. I had YO [youthful offender] status, so I put that I had not been convicted and they told me that I had lied on the application because of my prison ID. I need a non-driver's ID.
- I am looking for work because I've worked construction but I was offered a job as a bouncer. When they found out I had a felony that was violent, they didn't hire me.
- Having decent transportation to get to and from the different places would have definitely made this [job search] easier.
- The hardest part is because I was dropped in Utica cause I'm from like 60 miles away, so I didn't know anybody. I have my own business down in ***** (NY), I'm a [specialty craftsman] and I've could have been out working.
- It took like two months but I finally landed a factory job. My wife covered my transportation needs. Ten months later, I picked up again (drugs and alcohol relapse) and it started to become difficult.
- I had found a job and was going to start working for [local retail employer]. But I ended up relapsing because I became complacent.
- My first few months were hard, I couldn't find a job. My family took care of me by letting me do some work for them like carpentry, and I was like sitting on a fence. I could have easily fallen either way. It was hard, no one was trying to hire me and I was networking. Transportation would have made this a lot easier because I have a certification for asbestos removal but one of the things asked for is "Do you have reliable transportation?"
- It's not hard for me to get a job because I have 14 years in cooking. I had gotten myself a job at [local restaurant] cooking. I was high as a kite all day there. The manager knew. I need to focus on my recovery [now doing outpatient treatment] and hopefully, I will go to Culinary Arts School.

NOTE: About one of four persons interviewed in 2007 had physical or other disabilities that they felt interfered with their ability to work and were not currently employed or seeking employment.

In 2007, we asked “What helped/would help with finding, getting, and keeping a job?” Below are sample responses representing the range of answers from twenty-two interviews:

What helped:

- Connections that I made with a service provider and Working Solutions [CRTF coordinator] sent me a packet while I was incarcerated so that when I got out, I just had to make it active.
- I felt like my life was at a zero point, so I felt that I definitely had to get it going and get a job. Everyday, it became a little harder to reach my goals. I put in an application at the Utica Auditorium. I had an interview and they photocopied my ID, so I'm pretty sure I got the job. I'm just waiting for the call to start. [This person received support from the CRTF coordinator.]
- Being that I was away for a while, the job world changed. A lot of jobs now have you put your resumes and applications on-line and I knew nothing about this. I knew I had to learn about it, so I signed up for some workshops at Working Solutions and they sent me to the Utica School of Commerce where I got certification and then I applied it [to get two different jobs].
- I was working at [local coffee shop] as soon as I got out of the halfway house. I had worked 10 years ago in Louisiana at [chain restaurant] and they hired me in New Hartford [chain restaurant] because of my experience. Transportation is still my biggest problem.
- I just had to come out and put in applications, and I sold myself at the interview. I was honest and told them that I just came home from upstate serving thousands in a kitchen for \$.10 an hour and the dude told me that he believed in giving someone a second chance and he hired me.
- She [CRTF Coordinator] helped me with getting an apartment by paying the 1st month rent and security deposit. She had my DSS paperwork ready and handed it in and got me appointment set-ups. She gave me bus fare to and from work. The first week [after release] I secured employment.

The first day, I just didn't know what to do. I just wanted to see my PO and get a roof over my head. My girl had left me and my parents are gone. Not knowing anyone, I was just lost. People at transitional services [at Cayuga Correctional Facility] told me what I had to do but did not know the agencies and services available to help me to do what it is that I am supposed to be doing.

They should tell us more about the programs such as Jobs and Hope...which helped with...transportation to talk to my place of employment. Interview clothing. They helped me to get a non-driver ID and help to get a child advocate/ family liaison to get back in touch with my son. Also, transportation back and forth to work for the first two weeks until I can get my first check. That's all I wanted was some help until I could get paid. Now, I got things going on with a job, welfare, and some other stuff kicking in.

42-year-old white male released in September 2007 after a two-year stretch

Summary

Employment is a critical piece of the reentry system for several reasons:

- It provides the income necessary to earn income to obtain and maintain housing.
- It provides structure to the day and week, leaving less opportunity for criminal activity.
- It can play a major positive role in the psychological reorientation of returning prisoners. As one mother in recovery who did a six-year stretch put it: *I got a job on my own through StaffWorks after I got out. It was the first time in my life that I had a job. It was great- I saw that I could do something and I loved it.*
- It offers ex-inmates a chance to give back to the community.
- It can facilitate family formation and a shift toward mainstream values.

Common barriers to seeking, finding, and maintaining employment for prisoners reentering Oneida County include:

- There are both perceived and actual barriers related to having a felony record. Some ex-felons unrealistically think it's hopeless to obtain legitimate work with area employers because of their "paper" (criminal record). As employers more and more frequently institute criminal background checks as part of the employment process, it is more difficult for those with a felony record to make it to the interview stage of a job search where they have an opportunity to change stereotypical views.
- Limitations of the region's public transportation system are a substantial barrier to both seeking and maintaining employment. Job seekers without personal transportation are limited to places of employment they can access using public transportation. Much of the job growth in the region has been outside the county's larger urban centers where public transportation is available- or public transportation routes and schedules do not match job locations and schedules.
- A unknown, but not insubstantial number of individuals released to Oneida County are from other Upstate counties and do not have a knowledge of the local labor market or community, or the social support and connections that can help with employment.
- Some with a history of alcohol and/or drug abuse continue to struggle with their addiction after landing a job- putting their health, their job, and their freedom at risk. Other than parole supervision, there is currently no other mechanism for supporting and monitoring those who are successful with employment- but continue to struggle with addiction and other life issues. Several interviewees thought that a support group for released felons would be helpful during the early stages of reentry- and perhaps on-going peer support could help prevent relapse after ex-felons with a substance abuse history begin working again.

What's working to improve employment outcomes in Oneida County?

Those released from prison with no or little work history, no ID, no interview-appropriate clothing, no contact phone number, no money for the bus or other transportation, and no knowledge of where to look for employment and how to deal with their felony record on an application or during an interview have little chance of getting and keeping a job.

Reentry Task Force funding from NYS Department of Criminal Justice Services, coupled with federal funding for the Jobs and Hope Program has gone a long way toward addressing these deficits. Both of these programs provide individualized support, guidance, and pre-employment training coupled with wrap-around resources for interview clothing, bus passes, identification documents, occupational licenses/certifications, alarm clocks, and other miscellaneous items necessary to get and keep a job- but not supplied by any other program.

2007 sample interview comments about what's working:

- Jobs and Hope really helped me to help myself. They helped with bus passes, computer access, they paid for my non-driver's ID, helped with job references, and called the place where I got an interview tomorrow [to provide a] character reference for me.
- [Jobs and Hope helped with] transportation to talk to my place of employment. Interview clothing. They helped me to get a non-driver ID and help to get a child advocate/ family liaison to get back in touch with my son. Also, transportation back and forth to work for the first two weeks until I can get my first check. That's all I wanted was some help until I could get paid. They helped to get me back into the workforce.
- She [CRTF Coordinator] set up my appointments for DSS and paid for my non-driver's ID card. She took me to apply for my Social Security card today. She offered her services if I needed bus transportation, resumes, mock interviews, etc. [Jobs and Hope Program Manager] did a mock interview with me and gave me clothing for the interview and I got the job.
- The first week out I got a job. She [CRTF Coordinator] helped me with getting an apartment by paying the 1st month rent and security deposit. She had my DSS paperwork ready and handed it in and got me appointment set-ups. She gave me bus fare to and from work. It helped me get out of the homeless shelter and to get to and from my job.

By all indications from the interviews we conducted, a holistic and individualized approach that meets the basic needs of released prisoners contributes directly to the likelihood that they obtain and maintain employment. Also, both the Jobs and Hope Program and the CRTF Coordinator provide moral support and hope for those they serve. These less tangible program elements appear to have a positive effect.

When I got out I felt like I was at the zero point... the talks [with my employment counselor] helped me to stay motivated.

24 year old white male released in June 2007 after a four and a half year stretch

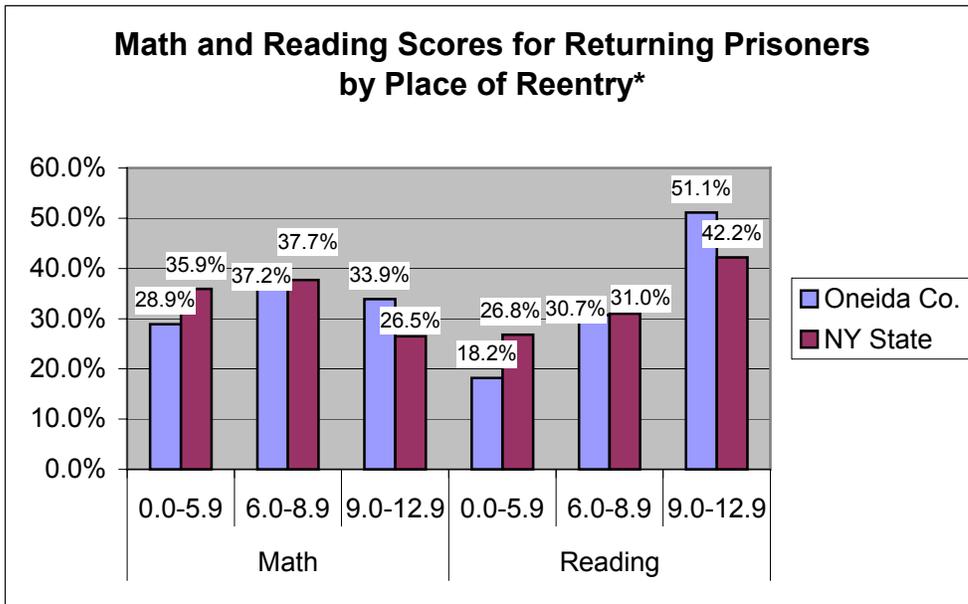
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However, as discussed in Part I of this report, the employment rate for the Oneida County Parolee population lags substantially behind the rate for other CRTF counties at this point in time (DCJS CrimeStat data, October 2007). Given the critical importance of employment to successful reentry we recommend that our local public employment resources continue to be realigned and strengthened to better serve individuals returning from prison. This is one “target for change” for the Oneida County Reentry Task Group.

EDUCATION

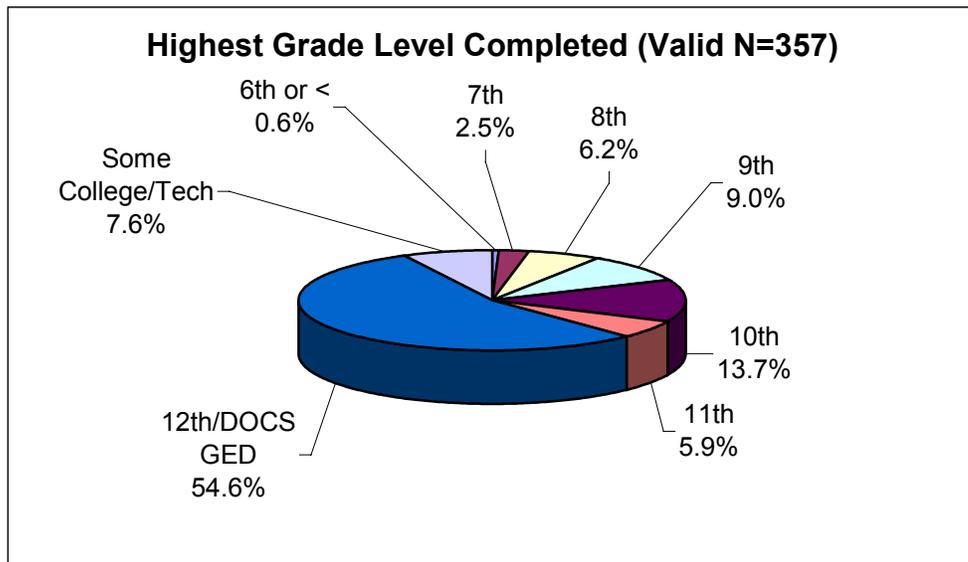
Based on DOCS standardized math and reading tests, inmates returning to Oneida County displayed significant educational deficits, with 48.9% of inmates scoring below a 9th grade reading level and 66.1% of inmates scoring below a 9th grade math level. 62.2% of returning Oneida County prisoners have a high school diploma, GED, or higher (valid N=357). These figures are better than those for prisoners returning Statewide (with 51.7% high school/GED completion rate), but still indicate high levels of academic need.

Figure 19



*Valid N is 360 for math scores and 352 for reading.

Figure 20



PUBLIC BENEFITS FOR THOSE LEAVING PRISON IN NYS: PUBLIC ASSISTANCE (PA) AND MEDICAID (MA)

When I first got out I was scared. The reason why was because I was dropped off at a bus stop, in a place that I've never been before. They dropped me off in Buffalo and I've never been there and knew nothing about Buffalo. Also, when I was released that day, I had just had a kidney transplant, so I was released not knowing if I would have a doctor to treat me. I was also being paroled to a city where I didn't have any family. This was the City of Utica. This was because of the program I'm in now.

My first few weeks were still kind of shaky for me. I had no family or friends and I didn't know the town that good. I'm disabled so I had to get appointments to get my benefits back on track. I'm in the process of now just getting my personal life together. I also thought about doing what I knew how to do because of the money, power and respect that it brings. These first two months, I'm just now getting accustomed to my environment. It's still a little shaky because I have a lot of little medical needs. Dealing with DSS for Medicaid and Food Stamps can be hard. (Interview with a 38 year old male parolee in Oneida County, July 2006)

Public Assistance policies and practices for ex-offenders

Federal policy (21 U.S.C. § 862a) places a lifetime ban on Temporary Assistance for Needy Families (TANF) and food stamps for persons convicted of a drug-related felony; many federal monies are excluded from this ban, including Medicaid, SSI, SSDI, drug treatment, and prenatal care. However, states may opt out of this ban, as New York State has. States *cannot*, however, provide TANF, Food Stamps, SSI, or public housing to persons in violation of parole or probation, or to fleeing felons; yet these person still remain eligible for Medicaid (42 U.S.C. § 608(a)(9)(A)). Benefits will be restored once the violator returns to compliance, usually after a forty-five day waiting period (Legal Action Center, 2000).

Applicants for TANF may be required to submit to a verbal drug/alcohol screening assessment by a county worker; if the applicant answers “yes” to any two of nine questions, he or she must then undergo a formal drug/alcohol abuse assessment by an OASAS approved facility with the possibility of urinalysis (Legal Action Center, 2000).

New York State's public assistance program for single adults not living with children (Safety Net Assistance) requires applicants to wait 45 days until receiving benefits. This is the practice in Oneida County (email from the Oneida County Director of Income Maintenance, 7/13/2006).

The New York State Office of Temporary and Disability Assistance (OTDA) asks that county departments of social services accept applications from incarcerated persons within 45 days of release. However counties are not required to do so, and often refuse incarcerated applicants because their access to resources in

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prison precludes their indigence (Antos & Smyth, 2005). In Oneida County, the current practice is to accept applications within the 45-day time period, but not process them or make payments until after the required waiting period. During the waiting period, Oneida County DSS will handle food stamps emergencies. DSS Income Maintenance Director Arline Beaty (email on 7/13/2006) reports that a PA application can be filed and the 45-day wait can begin while an applicant is incarcerated – however “it is not good to cut it too close because if the 45 days expire and there has not been an interview [perhaps due to] a delay in release, the application will be denied and they start the [45-day] wait all over again with the next application.” PA applications for those held at the county jail are treated differently: Ms. Beaty reports that “it has always been common practice for Oneida County Jail to send us applications before release.”

After the initiation of the Reentry Task Force in Oneida County, the CRTF Coordinator began sending “packets” with a cover letter and consolidated application forms (PA/Medicaid/Food Stamps) to incarcerated individuals with pending release dates so they could begin the DSS application process prior to release. The Oneida County Department of Social Services, a CRTF partner, agreed to facilitate the DSS application process for CRTF clients by providing appointments for their application review. Interviews conducted in the summer and fall of 2007 (see below) indicate that this new practice has had a positive effect on the reentry experience of some individuals.

What was this process [applying for public assistance and Medicaid] like? (How long did it take? Were there any problems?)

Sample comments by individuals not served by the Oneida County Reentry Task Force:

- I had a lot of the stuff done in the first week but it took almost another week before I got any assistance. I would leave the shelter at 7:30am to stand in line until 8:30am and I was there like all day for that week. I have osteoporosis and I need a couple of operations. One of my shoulders is worn out and I shrunk about three inches. I had three bouts with cancer and massive bone loss in my hips and lower back. I can't work.
- It wasn't too hard for me, I went one morning and they gave me an appointment to meet my worker. I went to the 6th floor and I didn't have to go anymore. They sent papers to the Parker House to tell me that my case was opened.
- You just got to sit there and bear it. Everybody knows what it's like. You just got to have patience to get what you want.
- They look at you like “why do they need to help you when it was your fault why you're there.” They look down upon you. Once I got into Serenity Village [transitional housing for women with an addiction disability], they treated me nice. When you're out there struggling, they treat you with a whole different attitude. I got into Serenity Village in June but didn't get assistance until September.

Comments by those who were served by the OCRTF:

- [Getting PA] doesn't seem very helpful [because I quickly got a job that disqualified me from getting public assistance] but to talk to someone [at DSS] was a speedy process because of the assistance from the OCRTF.
- It was in and out because [CRTF coordinator] had my appointments all set up. It was a piece of cake.
- It really wasn't a problem because I understand how it works. I was assisted by [CRTF coordinator] and she helped to jumpstart the paperwork. She really helped me and I'm grateful.
- It took me about a week to get [food stamps] because I did not need anything else. They treated me decent and nothing really out of the ordinary.

There is no help with PA paperwork for those staying at the men's shelter – parolees often can't handle complicated PA applications without help or support.

"It's like jumping through hoops to get social services", complicated paperwork-missing one piece of paper leads to immediate sanction if already on PA- and prevents getting PA if not yet enrolled. We don't have time to help with PA applications.

OC Parole Officer comments in interviews conducted in July 2006 prior to CRTF support with PA applications was instituted.

Identification documents

Another barrier inhibiting the receipt of Public Assistance and Medicaid (and delaying legal employment) for returning prisoners is that the identification documents required to receive these benefits are not in the reentering prisoner's possession upon release. Oneida County DSS representative Theresa Tong (email on 7/25/2006) reports that "The identification requirements are set by the State. They are the following: Photo ID, Driver's license, US passport, naturalization certificate, hospital/doctor's records or adoption papers. If they don't have any of these, they will need two of the following: a collateral signed statement/statements, validated social security number, birth/baptismal certificate."

Unfortunately, many prisoners are released to Oneida County without a birth certificate or social security card in their possession – and most do not have a valid driver's license. Obtaining a birth certificate for those who were born outside the area is not always a simple task and usually involves a fee of \$10-15 and a wait of up to six weeks (interview with Jobs and Hope program manager).

Also, in spite of an announcement in DOCS Today (Vol. 14 #1, Autumn 2007), the newsletter of the NYS Department of Correctional Services, that NYS

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Department of Motor Vehicles has agreed to cease charging a \$10.00 fee to convert a DOCs NYS Prison ID to a NYS Non-Drivers ID, the Utica DMV office continues to charge this fee. In addition to the cost burden this imposes on programs designed to facilitate successful reentry, payment of this fee in an approved manner (no cash transactions-must have receipts for all purchases) by program staff requires a personal visit to the DMV office with the released prisoner. This takes valuable time away from helping clients in more meaningful ways and funds used for non-drivers identification cards could be used for job interview clothing or bus passes for a job search. Given the statement by DOCs Commissioner Brian Fischer below, we do not know why the ten-dollar fee is currently charged.

“Under an agreement with the Department of Motor Vehicles, DOCS will underwrite the cost for ex-inmates to receive non-drivers identification cards, documents that make navigating society much easier. Until now, former inmates had to pay \$10.00 for the cards and many were hard pressed to do so.”

Commissioner Brian Fischer, Autumn, 2007 DOCS Today, Vol. 14 #1

Effects of Public Assistance policy and local practices when combined with other factors on recidivism in Oneida County

This state policy of requiring a 45-day wait for Safety Net assistance, coupled with the fact that few, if any, returning prisoners have filed an application with Oneida County DSS prior to their release, leaves many of those returning from prison who are homeless and without resources or family support in a position where in order to obtain housing they must earn income through legal or illegal work- often while staying in an emergency shelter. Given the difficulty finding and obtaining employment for reentering prisoners who often have little education or work experience, compounded by the cost of renting or leasing in Utica or elsewhere in Oneida County relative to average wages for low-skill work, the bar is discouragingly high for many men staying at the shelter and looking for work after release.

Oneida County Parole Officer interviews and interviews with other key informants indicate that many releasees get overwhelmed, frustrated, or angry, leave the shelter after a week or two and return to criminal activity to earn money or self-medicate. Many in this group return to prison relatively quickly after violating parole and/or getting rearrested for committing a new crime. This phenomenon creates more victims, more costs for taxpayers for law enforcement, and communities that are less safe. This is a major problem with the reentry system in Oneida County and is a key target for change for the reentry task force.

DCJS and interview data from Parolees and Parole Officers indicate that both policy and practice barriers currently inhibit access to Public Assistance and Medicaid for returning prisoners. When access is too difficult or delayed, housing and healthcare (physical, mental, and substance abuse treatment) can be hard to obtain and successful reentry is less likely. This is a serious system problem that

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should be addressed at both the state and local levels if we hope to address risk factors that contribute to recidivism in our community.

A recent study published by the National Institute of Justice (NIJ) found that not only does early application for benefits (applying while still in prison) increase access to public benefits for releasees, but that this ultimately results in cost savings for state and local governments due to less use of expensive emergency services by ex-offenders (Conly, 2007). It is only logical that many offenders who are receiving treatment for physical and mental health conditions in prisons, should be encouraged to continue this treatment upon release; any gaps in care can lead to relapse, or even recidivism as the result of untreated behavioral disorders.

Even with positive findings for the effects of pre-release application for public benefits, the NIJ study noted some challenges that must be faced as New York prepares to institutionalize pre-release benefits applications as part of transition planning:

- Many New York State DOCS prisoners are parole violators (nearly a third of all new admissions), who rapidly cycle through the system. This makes it harder for these prisoners' paperwork to follow them through DOCS, and to be managed seamlessly by multiple correctional personnel.
- Correctional staff noted that benefit applications for prisoners with mental illness were difficult to file for a couple of reasons: Some staff were unclear of a prisoner's diagnosis, or believed that the person was feigning mental illness while in prison. Also, it becomes more difficult to identify mental health symptoms that may be mitigated by a healthy prison routine and medication, but will likely manifest upon the chaos ensuing at release.
- Co-occurring disorders: it is difficult to determine "priority diagnosis" for some prisoners with a substance abuse disorder and a psychiatric diagnosis.

Evidence from releasee interviews supports the findings of the NIJ study that early application and eligibility for public benefits can result in overall cost savings for communities: Nearly all of recently released prisoners were staying in costly emergency shelters while awaiting public benefits that can help them find less expensive housing and help them maintain a job and household through necessary health, mental health, and substance abuse treatment. The early days after release are the most critical, and require more attention in order to offset the costs of emergency housing, emergency room visits (paid for by indigent care dollars), and often, returns to prison.

Medicaid eligibility

A high proportion of those returning to Oneida County from NYS prison facilities need healthcare, including physical healthcare, dental care, substance abuse, and/or mental health treatment. Few of those returning have private resources (cash or private health insurance) to pay for the healthcare they need and must rely on Medicaid to cover the cost of their care or go to the emergency room without any insurance to get basic care. The data we have indicates that many do not get either the public insurance or the care that they need and to which they are entitled by law. If they do get care, they generally receive it after long delays.

Medicaid eligibility during incarceration: Federal and state policy overview

The policy overview below is from the Bazelon Center for Mental Health Law accessed 7/16/2006 at

<http://www.bazelon.org/issues/criminalization/findingthekey.html>

Under Medicaid law, states do not receive federal matching funds for services provided to individuals in jail. However, federal law does not require states to terminate inmates' eligibility, and inmates may remain on the Medicaid rolls even though services received while in jail are not covered. Accordingly, someone who had a Medicaid card when jailed may be able to use it again immediately after release to obtain needed services and medication.

However, the situation for inmates who qualify for Medicaid through their eligibility for SSI can be complicated. Everyone whose SSI eligibility is terminated will lose Medicaid. When SSI benefits are suspended due to incarceration, states have the option to-and generally do-terminate an inmate's Medicaid eligibility.

When an inmate's Medicaid eligibility is not tied to SSI, the state has the flexibility under federal law to suspend the eligibility status during incarceration. But the federal Medicaid rules establish only minimum requirements, while states are permitted to impose more restrictive policies. Unfortunately, most states have procedures that terminate Medicaid eligibility automatically any time someone is in jail.

Under federal rules, eligibility should be reinstated upon release unless the person is no longer eligible. Before ending someone's Medicaid eligibility, states must make a redetermination of the person's potential for qualifying under all the state's eligibility categories. This redetermination need not be conducted until release is imminent, but if the released inmate still meets the state's eligibility standards for Medicaid, eligibility should not be ended. Regrettably, this redetermination often does not occur.

During incarceration, the federal government stops its Medicaid Match contributions, but the State is not required to terminate that person's Medicaid recipient status, and may just suspend Medicaid payments; Often, however, States will terminate Medicaid coverage, resulting in a long waiting period for determination of eligibility during reentry. This can be addressed by either

ensuring that NY State does not terminate Medicaid when it is notified of a person's suspension of federal Medicaid match funds, by enrolling prisoners in Medicaid or by having them undergo redetermination of eligibility procedures while still incarcerated (Bazelon Center for Mental Health Law, 2001).

Medicaid eligibility after release in Oneida County

NYS Department of Health regulations stipulate that “the social services district must determine an applicant's eligibility for MA within 45 days of the date of the MA application” (NYSDOH Regulation 360-2.4) There are some exceptions to this regulation (see complete regulations in Appendix A.). In Oneida County, the local practice for single adults is to wait the full 45 days before determining eligibility. For returning prisoners who were enrolled in Medicaid at the time of incarceration, a new law requires that enrollment is only suspended and not terminated, so they will automatically become eligible for Medicaid reimbursable services at the time of release (see below).

DCJS data indicates that 41.8% of Oneida County releasees were Medicaid eligible within one year of release, compared to 50.0% Statewide. Of the 186 Oneida County releasees deemed eligible within one year, 38.2% did not obtain first post-release Medicaid enrollment until fifty-seven or more days. Statewide, only 28.4% of eligible releasees waited this long for eligibility in 2003. According to the New York State Office of Mental Health, out of the fifty-two Oneida County releasees with an identified mental health disability, only sixteen were enrolled in the Medication Grant Program in that year.

New Medicaid Policy in New York State

Fortunately, a new law was enacted in New York State that will require that Medicaid is only suspended rather than terminated for persons sentenced to a state or local correctional facility. On July 18, 2007, Governor Eliot Spitzer signed a bill (Chapter 355) to amend the Social Services Law which rectifies the problem of releasees being required to wait up to 45 days for reinstatement of Medicaid, allowing them to receive critical health and mental health care at a critical time.

This bill will go into effect on April 1, 2008 (or later if implementation requires more time), and will allow any person who was eligible for Medicaid at the time of incarceration to remain enlisted in Medicaid while incarcerated, and to continue to be enlisted after release. There is a provision in this policy ensuring that Medicaid dollars are not spent on a person while he or she is incarcerated.¹² Unfortunately, for persons returning from prison who have not received Medicaid before, this law is of no help. Given that there is still no incentive or requirement to help previously un-enrolled prison releasees complete complicated Medicaid applications, it is of no surprise that many of those who are released and who qualify for Medicaid either do not apply, or apply and are denied coverage

¹² For a copy of the bill enacting this policy, and its memorandum of support, see Appendix C .

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because of incomplete applications. Compounding the Federal and state disincentives to facilitate Medicaid enrollment, NYS counties, including Oneida County, are burdened with a local share of the cost of Medicaid (25% for most healthcare categories) and- understandably- are not eager to increase the number of MA eligibles and raise the cost of Medicaid for county taxpayers.

Medication Grant Program: Filling the gap when individuals leave prison or jail, need psychiatric medications, and are not yet Medicaid eligible

In August 1999, as part of Kendra's Law legislation, the Medication Grant Program (MGP) was established by New York State to provide funding to counties to pay for an individual's mental health medications while they are waiting for Medicaid eligibility determination. Individuals qualify for this resource if they are being discharged from a hospital or released from the Oneida County jail or a state prison facility and are in need of mental health medication. Although high-risk, high-need individuals are targeted, individuals can be enrolled into the MGP if they have been diagnosed with a mental illness, are eligible for Medicaid, are 18 years or older and are a Oneida County resident.

An individual with mental illness must apply for Medicaid prior to or within seven days of release or discharge from jail, prison or a hospital. The Medicaid application should be filed with the local Department of Mental Hygiene. Upon receipt of the Medicaid application, the Local Department of Mental Hygiene (or their designated proxy) will provide an individual with a Medication Grant Card. This card allows an individual to receive medications related to their mental illness at no charge. This card can be used at any of the 3,700 participating pharmacies across the state.

In Oneida County, the Department of Mental Health administers this program directly from their administrative offices in downtown Utica at 235 Elizabeth St. Utica, 13501 (315-797-5652). An interview with the program manager revealed that few NYS correctional facilities have made referrals to this program during the last several years. This resource appears to be underutilized – most likely due to lack of awareness of the program and the fact that an official referral must be made by the correctional facility from which the returning prisoner is released. This is work that goes beyond the mission of “care, custody, and control”.

As the MGP only covers persons with mental illness there is still a gap in health service availability, including substance abuse treatment while newly released prisoners await Medicaid enrollment. This gap could be easily closed if it were *required* rather than *allowed* for prison inmates to apply (and be assisted in applying) for Medicaid before they are released.

There is a 45-day delay for Medicaid. Medicaid eligibility is necessary to get into some drug treatment programs. For example, the Community Recovery Center in Rome will not admit without MA in place, “so we lose them.”

Interview with OC Parole Officer, July 2006

ALCOHOL AND SUBSTANCE USE

More or less, my first day out was just overwhelming because it is a big transition from incarceration to freedom. My first few weeks were frustrating. I was bored and I was basically trying to learn to live life a new way. My first few months were frustrating with trying to find work and get a job and all. After the first two months out, I started using again. I used for another 2 ½ months and then got violated. (Interview with 18-year-old male releasee, July 2006)

When I first got out, I thought I was going to start off where I left off. I thought I was going to use. I was pretty much institutionalized even though I wasn't there that long. I was scared, kind of, in a way. My first few weeks were hard because all I wanted to do was use drugs and alcohol. I wasn't looking for work or nothing. After a few weeks, I went to an AA meeting and things started to get better from there. What happened there with the connections I made, things started happening for me. I started getting hooked up with job leads, and interviews, and even a few jobs. (Interview with a 19 year old male releasee, July 2006)

Alcohol/Substance Use in Reentering Population

113 (28.3%) persons released in 2003 were admitted to an OASAS licensed chemical dependency (CD) treatment program within one year of their release. 34.5% of those admitted to a program within a year of release were between the ages of 16 and 25, nearly twice that of the Statewide proportion in this age group. Alcohol accounted for the plurality of substance abuse reports by CD admissions within a year of release.

Figure 21

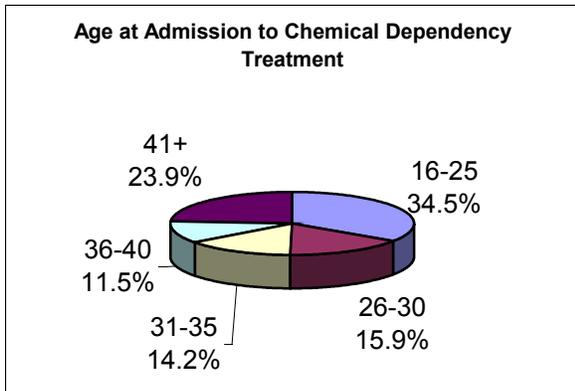


Figure 22

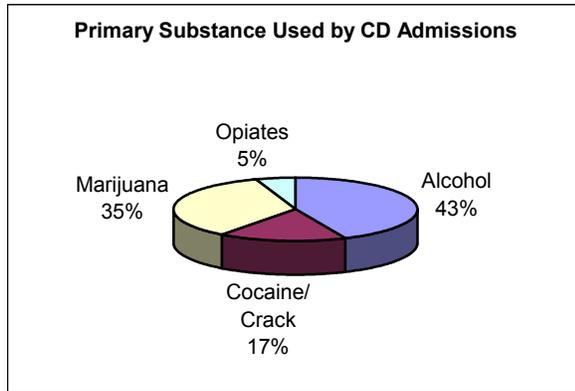
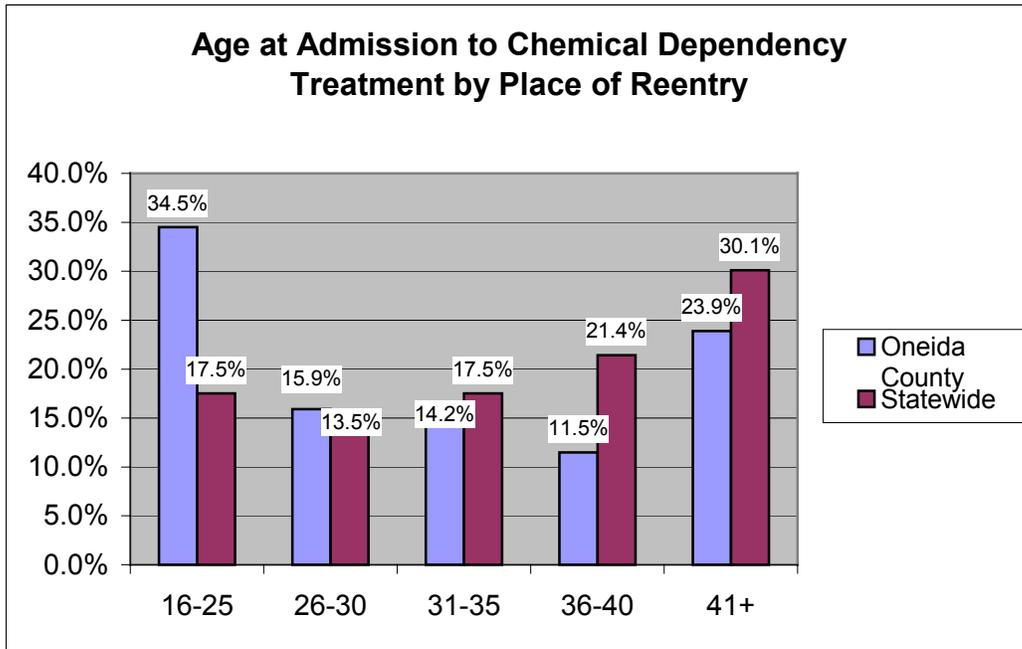


Figure 23



Many are depressed and anxious and feel like they can't cope when they first come out. They will self-medicate with alcohol and/or illegal drugs to feel better and wind up back in jail.

The shelter is not a good environment for them when they first get out (crowded, little support) and 'They feel hopeless and often return to using drugs and getting into trouble.' They will leave the Mission to stay with "friends" because they have no other housing options- then get into trouble with these friends- or they self medicate [take illegal drugs and/or drink] to cope with depression and hopelessness- and return to prison.

Interview data from OC Parole Officers, July 2006

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Substance Abuse Treatment Resources in Oneida County

Oneida County is fortunate to have a number of addiction treatment programs. In general, returning prisoners who need and seek treatment can get admitted to one or more of these programs without a long delay.

| Agency Name | Program Name | Program Description | Program Phone |
|--|----------------------------------|---|-------------------|
| Community Recovery Center for Rome Hospital | | Outpatient Chemical Dependency Services | 315-334-4701 |
| Conifer Park | Substance Abuse Treatment | Substance Abuse treatment center inpatient providing detox and rehabilitation services to adolescents and dual diagnosis specific programming, psychiatry available but NOT a MICA program. | 607-760-1063 |
| Insight House | Substance Abuse Treatment | Outpatient Clinic, Day Rehabilitation, Residential and Preventive Services | 315-724-5168 |
| Integrated Dual Recovery Program - MVPC/MCPIKE ATC | Integrated Dual Recovery Program | Inpatient psychiatric treatment. Outpatient psychiatric treatment in Utica, Rome and Herkimer. Dual Recovery Services are part of a comprehensive treatment services available to all consumers with alcohol/substance abuse history. | 315-738-4071 |
| McPike Addictions Treatment Center | Addiction Treatment | Substance abuse treatment. Residential dual diagnosis treatment | 315-738-4400 |
| Rescue Mission | Addictions Crisis Center (ACC) | Medically-monitored withdrawal. 25 beds for primary and extended care for intoxicated men and women | 315-735-1645 x162 |
| Rescue Mission | Residential Treatment Program | Six to nine months drug-free rehabilitation program for men. Includes a discipleship program, remedial and substance abuse education, work therapy and counseling. | 315-732-0884 |
| Tully Hill Alcohol and Drug Treatment Center | Addiction Treatment | Inpatient Substance Abuse Treatment | 800-456-6114 |

NOTE: All agencies and programs are located in Oneida County except for Tully Hill and Conifer Park.

Policies, practices, and resource changes related to substance abuse treatment for the reentering population in Oneida County

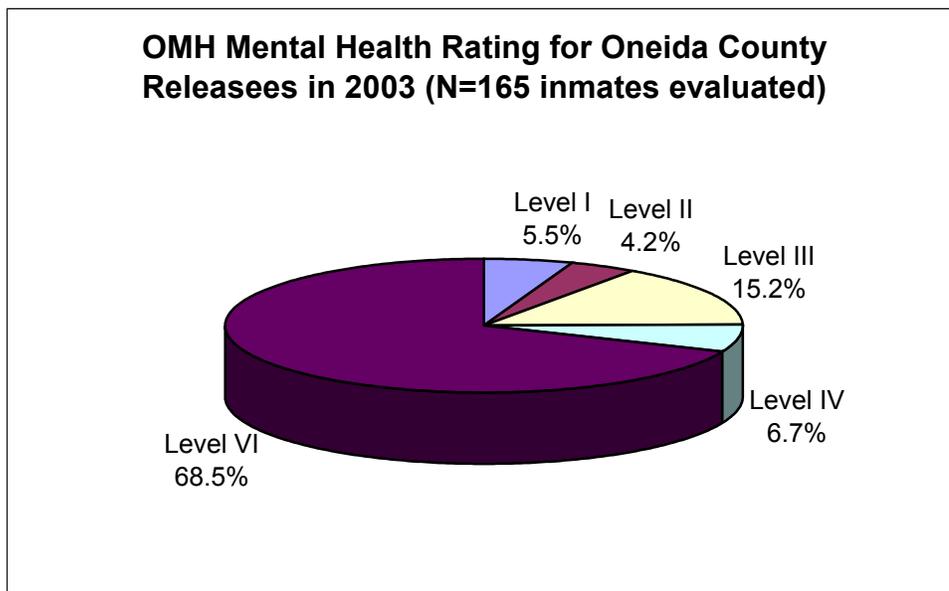
Currently, access to substance abuse treatment for individuals reentering from prison is not a major system problem in Oneida County. However, there are local practices that threaten access to this resource including:

- DSS Drug and Alcohol Assessments required by NYS Social Service law for individuals who apply for Public Assistance or Medicaid and indicate they need treatment were log jammed in 2006 after the retirement of a long-time Oneida County employee. Assessment delays translate to treatment delays because provider payment is not secure without a completed assessment and referral for treatment.
- One local outpatient treatment provider (Community Recovery Center in Rome) has decided not to accept individuals using what's called "presumptive eligibility" (without Medicaid in place- but an application is in progress). If other providers follow this practice, access to treatment for returning offenders will become a serious problem.
- Transportation to and from treatment is not available for many who do not live near public transportation, and for those who do, public transportation is too costly and there are no public subsidies to cover the cost. One asset in this area up to mid 2007 was that a major provider of outpatient treatment services in the county (Center for Addiction Recovery) provided free transportation to and from their treatment center from pick-up points in Utica and Rome. Unfortunately, Center for Addiction Recovery suffered a series of setbacks in mid 2007 that led to the closing of their Methadone clinic and their supportive housing program for women in recovery, the end of their transportation services, and reduction in outpatient substance abuse treatment to just a handful of clients. At this point in time, it is too early to assess the impact of these service capacity losses on prisoner reentry in Oneida County. A second substance abuse treatment provider in Oneida County did not obtain a license renewal from OASAS in 2007, further diminishing treatment capacity in the county.
- Substance abuse treatment providers are generally reluctant to encourage or support their clients who want to find employment for two reasons: 1) Working can interfere with the recovery process for those who are new to recovery or who need more time before they can handle working without the possibility of relapse, and 2) If their clients earn too much, they will lose their Medicaid benefits and providers will lose revenue.

MENTAL HEALTH

Of the 400 Oneida County releasees with data in 2003, 58.8% (235 people) had not been evaluated by New York State Office of Mental Health staff by the time of release (indicated by OMH Level VII). Of the 165 people who were evaluated by OMH staff, 68.5% rated at Level VI, indicating *no* mental health service needs; the remaining 31.6% of those evaluated had OMH mental health ratings from I to IV, indicating *some* level of need for mental health treatment (note total is greater than 100% due to rounding errors).

Figure 24



OMH Mental Health Status Legend

- Level I Determined by OMH staff that the inmate “needs/may need” residential crisis treatment, residential day treatment, and/or medication monitoring by OMH psychiatric/nursing staff for a major mental disorder.
- Level II Determined by OMH staff that the inmate “needs/may need” psychiatric treatment for a major mental disorder in a facility which has full-time OMH staff.
- Level III Determined by OMH staff that the inmate “needs/may need” short term chemotherapy for disorders such as anxiety, moderate depression, or adjustment disorders, OR suffers from a mental disorder which is currently in remission and can function in a dormitory facility which has part-time Mental Health staff.
- Level IV Determined by OMH staff that inmate “needs/may need” mental health intervention (excluding medication) for disorders such as anxiety, mild depression, adjustment disorder, or life circumstance problems.
- Level VI Inmates with this classification level have been seen by OMH staff and a decision has been made that no mental health services are required.
- Level VII This is the default value for OMH level. Inmates with this classification level have not been seen or evaluated by OMH staff.

(From *New York’s Transition from Prison to Community Initiative Glossary of Terms*, The New York State Division of Criminal Justice Services, pp.18-19)

Prisoner Reentry in Oneida County, NY

Mental Health Resources in Oneida County: Crisis, Clinical, Outpatient and Peer Support Programs

| Agency Name | Program Name | Program Description | Program Phone |
|---|------------------------------------|---|-------------------|
| Community Health and Behavioral Services (CHBS) | Mental Health Clinic | Behavioral counseling, group therapy, medication management, social support programs, psychiatric evaluations and psychological testing, day program for those with high needs. Licensed Outpatient Clinic. | 315-798-8869 |
| Mobile Crisis Evaluation Team (MCAT) | Crisis Services | 24-hour suicide hotline- Mobile MH crisis assessment in Utica and Rome. Information and referrals | 315-734-3456 |
| Family Services of the Mohawk Valley | Individual and Family Counseling | Individual and Family Counseling: United Way subsidized- accessible to those without resources. | 315-735-2236 |
| Family Services of the Mohawk Valley | Sex Offender and Batterers Program | Special clinical services for sex offenders and batterers | 315-735-2236 |
| Human Technologies Corporation | Mental Health Connections | Mental Health Treatment – Licensed Outpatient Clinic | 315-735-9501 |
| Mohawk Valley Psychiatric Center | Inpatient psychiatric unit | Mental Health Treatment - Inpatient Dual Recovery and psychiatric services offered | 315-797-6800 |
| Samaritan Counseling Center | Counseling | Individual and Family Counseling | 315-724-5173 |
| St. Elizabeth Psychiatric Unit | Inpatient psychiatric unit | Inpatient Mental Health Treatment Services | 315-798-8186 |
| Faxton-St. Luke's Hospital | Inpatient psychiatric unit | Inpatient Mental Health Treatment Services | 315-624-6322 |
| Mohawk Valley Psychiatric Center | York St. Clinic | Mental Health Treatment – Licensed Outpatient Treatment | 315-738-4440 |
| Neighborhood Center | Club Tempo | Tempo is a club that provides a safe, comfortable and supportive environment where adults diagnosed with mental illness can socialize and participate with peers. | 315-797-7573 |
| Mental Patients Liberation Alliance | Alliance Peer Support Center | Peer support for those who have past or present involvement in the mental health/psychiatric system | 315-732-5377 |
| Rescue Mission of Utica | Enriched Living Center | SRO-type 24/7 OMH-licensed 52 bed facility | 315-735-1645 x120 |

Mental Health Resources in Oneida County: Case Management Programs

| Agency Name | Program Name | Program Description | Program Phone |
|----------------------------------|---|---|---------------|
| CHBS Dual Recovery Network | Dual Recovery Network | Serves homeless dually diagnosed individuals over age 16. Providing case management services. | 315-738-0794 |
| Mohawk Valley Psychiatric Center | Intensive Case Management (ICM) | Intensive Case Management Services- frequent client contact and small caseloads. Axis I diagnosis only. | 315-797-6800 |
| Mohawk Valley Psychiatric Center | Assertive Community Treatment (ACT) | Intensive Case Management Services- frequent client contact and small caseloads. Axis I diagnosis only. | 315-797-6800 |
| Neighborhood Center | MH Supportive Case Management Program (SCM) | Case Management services (lowest level of licensed CM services- 2 visits per month.) | 315-735-7571 |

Overview of access barriers to mental health services for those returning to the community from NYS prison facilities:

As the program lists above indicate, Oneida County is fortunate to have a plethora of mental health clinical and case management programs. Unfortunately, many of these programs are not accessible to our reentry population when they need them. The two publicly-funded outpatient clinical programs in the county (Mental Health Connections and Community Health and Behavioral Services) have lost substantial revenue in recent years. Both clinics are seeking an adjustment to the NYS Office of Mental Health’s COPs reimbursement rate to increase revenue but without success at this point in time. At this point in time, Mental Health Connections is not taking new clients and access to services at Community Health and Behavior Services often takes several months.

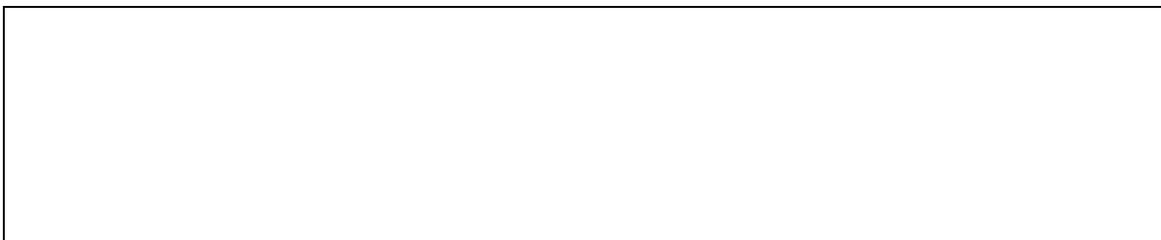
Case management services for individuals with a mental health disability are strong in Oneida County, but the ratio of those served to those needing services remains unfavorable for those returning from prison. Access to mental health case management services is controlled through the County’s Single Point of Access/Accountability (SPOA/A) process. SPOA/A referrals are lengthy and complex so self-referral is difficult. Prisoners residing in emergency housing do not have access to support staff who have the resources to do a referral and the subsequent follow-up. Shortly after the inception of the Oneida County Reentry Task Force, a representative from the Utica Parole office began attending SPOA/A meetings to share information and facilitate referrals. Although too early to assess the impact of this new partnership, it represents a positive development for that portion of the reentry population with mental health service needs.

FAMILY IN THE REENTRY PROCESS

Family plays multiple roles in the reentry process for returning prisoners. According to a number of studies, contact with family during incarceration is positively related to successful reentry and desistance from further law enforcement involvement (Visher & Travis, 2003). Participation in prison programming to build and/or strengthen family relationships also increases likelihood of positive post-release outcomes (Howser et al., 1983, in Visher & Travis, 2003). Post-release success increases in proportion to the volume of family contacts during incarceration (Visher & Travis, 2003).

There are a few different theoretical explanations for the role that family plays in affecting desistance from recidivism:

- **Social control model:** Family helps enforce social norms and monitor ex-offender family member (Bahr, et al., 2005, also citing Laub & Sampson, 2001 and Vaillant, 1995). Bahr et al. (2005) note that prisoners returning to live with a wife are more likely to desist in re-offending, while prisoners returning to live with a non-marriage relationship are more likely to re-offend. One explanation for the importance of a married partner in protecting from recidivism is that marriages keep ex-offenders from spending time with old friends who may still be engaging in criminal activity (Warr, 1998 in Bahr et al., 2005).
- **Symbolic interactionism/Role development model:** Families assist in the formation or promotion of a pro-social identity in the ex-offender. One's role as an equal, or a responsible party or decision-maker in the family member will build an identity that can be translated into a responsible citizen; as Uggen and colleagues describe it, "work, family and community inhibit (or promote) crime by changing the way that offenders think about themselves as citizens" (2004, p. 266).
- **Structural support model:** Families provide tangible resources for the ex-offender to ease his or her transition: financial, housing, emotional, social capital (Nelson, et al., 1999; Taxman et al., 2004; Visher & Travis, 2003). This is most commonly cited reason for the importance of family in the reentry process, especially during the immediate post-release period. And for good reason; Nelson et al. (1999), in their study of prisoners returning to New York City from prison found that 40 of the 49 subjects stayed with family members immediately upon release, illustrating the even very basic utility of family in the reentry process, and its importance in such fundamental areas as housing.



Prisoner Reentry in Oneida County, NY

Whatever the explanations for how families affect reentry, family is an important element of the reentry process- and families can have both positive and negative effects on the reentry process, underscoring the importance of prerelease contact between prisoners and their families to maintain or build positive relationships. However, it is not safe to assume that even a healthy family relationship is a protective factor ensuring desistance; these relationships, even when positive need to be fostered and guided during the immediate and long-term reentry process in order to enable the greatest benefit from such an institution, whether the system of interaction is a married couple or an entire extended family (Taxman et al., 2004).

As noted above, the more a person is in contact with family members *before* release, the more likely he or she is to desist from offending after release. Hence there is a greater need for the involvement of family reunification and mediation programs during the early stages of reentry planning, or ideally, more contact should be encouraged and institutionally enabled for the families of people in prison so that they do not have to *reunite*, but rather maintain contact for the duration of the sentence or as early as possible before release.

A functional family can provide the support mechanisms that an offender needs, particularly in the areas of housing and emotional support. The family is seldom brought into the mix in a formal process for addressing re-entry issues; instead, the tendency is to assume that the family can reunite without the support of others. In the past such efforts have not been facilitated by the process with the offender assuming more of a role in reintegration...an item for the future, is the need for re-entry to focus on the family as the unit of service.

Taxman, et al., 2004, p.251

In particular, offenders who establish a stable work history and a strong marriage appear to have better post-release adjustment than those who have yet to enter such work and family roles.

Uggen et al., 2004, p.261

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Community resources for family reunification and mediation

There are a few programs in the Utica/Oneida County area that help promote family reunification, either through mediation, counseling, or through providing the material or structural support (e.g. safe stable housing, childcare vouchers) to allow formerly incarcerated parents to be eligible and prepared for custody and care-giving. However, these programs are not yet integrated with corrections-based institutions such as the Department of Corrections and the Division of Parole.

| Agency Name | Program Name | Program Description | Program Phone |
|---|--|--|---|
| Family Nurturing Center of Central New York | Project Step | Project Step provides case-management, parenting classes, supervised visitations, and other services to corrections-involved people trying to develop or maintain relationships with their children | (315) 738-9773 |
| JCTOD Outreach, Inc. | Johnson Park Apartments | One-on-one mentoring and support for women who are mothers of children they were separated from during their incarceration. Linkage to mainstream benefits, housing, childcare, counseling, treatment, and employment resources | (315) 734-9608 |
| The Peacemaker Program, Inc. | Peacemaker Program | Peacemaker provides family court mediation, parent-child mediation, and custody dispute resolution, among several other types of mediation and arbitration services. | (315) 724-1718 |
| Family Nurturing Center of Central New York | Nurturing Fathers Program | 13-week fatherhood course for fathers who have been involved in the criminal justice system | (315) 738-9773 |
| American-International Fathers Coalition | Fathers Program | 13-week fatherhood course for fathers who have been involved in the criminal justice system. Also, a program where Fathers meet the first Thursday of each month to discuss issues they face in the community and when dealing with the court system. Also facilitates training for father's programs. | (315) 337-2516 (315) 843-6256 (315) 527-9649 John Prescott |
| Catholic Charities of Oneida and Madison Counties | Support group for family members of incarcerated individuals | This group was re-established in 2007 after not functioning for several years. Meets weekly. | (315) 724-2158 ext.250 Michelle Bennett |

Here are representative responses by men and women we interviewed in 2006 and 2007 in response to the following question: **How have family or relationship issues affected the reentry process or the likelihood that you will stay in the community and be successful?**

Many interview respondents made purely positive statements about the role of their family in the reentry process as a motivator (especially when the children of reentering prisoners are present)- such as:

- Getting my children back played a major role in me adjusting to the reentry process and made my stay in the community successfully.
- I don't think that I would be where I'm at now if my kids didn't come back into my life. I had to worry about people other than myself.
- My son's mother is really why I'm where I'm at right now. [If it weren't for] her allowing me to stay with her and giving me support, I think I'd be in trouble. The Mission had me doing things more on my own and I was constantly depressed.
- My kids are really important to me and my commitment to them helped keep me on track with the reentry process.

Other respondents were positive about the role of their family for material, social, and emotional support:

- My family's cooperation is very important in helping me to reenter the community. My niece, my brother are all there for me. I have reconnected with my family and it helps for me to have this connection with my family because of my mental and physical health issues.
- The only person up here is my girl and she's been helping me to get all the right connections and make the right moves. She's been very helpful and supportive.

Some respondents indicate that family had mixed effects:

- Being released to my parent's house had some rules and regulations that I was not feeling. It was very stressful because of my stepmother. So I was very glad to get my own apartment. My parents are somewhat supportive. My significant other is very supportive in my reentry process.
- I had to disassociate with a lot of my family because a lot of my family members are doing things that I was doing before going to prison. So I have to distance myself from them. I have a cousin and a sister who are supportive and helps me with a lot.
- I am in the process of getting my two children back who are twins (3 years old). I have visitations that used to be over here [in Utica] but now it is in Rome. I have no transportation to get to Rome. The relationship with their mother is strained but we are friends. She just has problems that I don't want to deal with.

Prisoner Reentry in Oneida County, NY

A few respondents indicated that their family or intimate partners were a negative influence on their ability to stay clean, desist from criminal activity, and avoid a return to prison:

- My family and significant other are really helpful in my process of starting out here and being successful. They make this better for me.
- I was dealing with my own issues from childhood and I had responsibility for this child that I wasn't sure I could handle. I cried every night. My child was the key motivating factor in "stepping up" and keeping it together.
- My family is emotionally supportive (even though they live in NYC). My son is a big motivation to make it on the outside.
- I got a girlfriend here and that's hindering me here. I am trying not to be a burden on her. That's why I'm where I'm at now [staying in the shelter]. I believe a better relationship with her will help me stay out of jail.

Approximately a third of respondents said that their family "had no effect on their ability to stay out of prison"- many were either estranged from their family members or their immediate family did not live in Oneida County or in NYS.

One clear finding from interview data is that family-related issues appear to be as critical to the success or failure of men in the reentry process as they are for women with children.

Contact with my family [while I was in prison] could have made it much easier. My grandmother's illiterate [so she cannot read a letter] and she did not have the money to accept my phone calls when I was incarcerated. They could have had things set up for me coming out if we had stayed in contact.

24 year old white male from western Oneida County- released in September 2007 after doing over 4 years (his first prison term)

Prisoner Reentry in Oneida County, NY

To gain greater insight into the family dimension of incarceration, we conducted an in-person interview with Alison Coleman, director of Prison Families of New York- a non-profit group based in Albany, NY that advocates for the families of those who are incarcerated in the NYS prison system. Below are Ms. Coleman's views on the relationship of family to prisoner reentry.

The family is often an integral part of a person's reentry from prison. As a person returns from prison, the family provides housing, emotional support, and social and occupational connections that can ease the reentry process. However, as a support system for an incarcerated and returning prisoner, families are often neglected as systems in themselves, that are seriously affected not only by the incarceration of a loved one, but by his or her return from prison, sometimes decades later. Furthermore, the interim- the period in which an offender is incarcerated, is just as much a part of 'reentry' as the day of release.

Recent rhetoric that "reentry starts at day one" generally refers to the importance of reentry planning for the offender from the day that his or her sentence begins. However this is usually a vague and academic concept that needs to be fleshed out more, particularly for families for offenders whose role in the reentry process "starts at day one" too. From the day a loved one is sentenced, families begin restructuring their lives to accommodate this absence, and they are usually ignored until a few months before the offender's release, if at all. It is important that reentry systems in the future acknowledge families earlier in the criminal justice system process, and not just as auxiliary bodies to an offender's reentry, but as an entity in itself that is significantly changed by the incarceration and reentry process.

Ideally, family outreach should occur immediately at the sentencing of an individual. In Albany County, for example, a representative from *Prison Families of New York* (PFNY) is present during sentencing at county court. This person does direct outreach to family members after the sentence, offering immediate services, or at least information on the services available to families of prisoners. This includes the recent family guidebook distributed by DOCS, with information on NY State prison visitation, phone call, and care package policies (now available on DOCS's website). Other critical services are mentoring for children of prisoners and support groups for family members of the incarcerated.

While often families do not seek or want services immediately, many will reach out when they have reached a crisis point, or are at the "end of their rope." In order for them to finally reach out when they need, information on services must be provided up front.

As Alison Coleman, director of *PFNY* states, "many prison families only need a little bit," and that a large part of family support is just having support present- so they know that it is there and can be used at their choice. Ms. Coleman also made two general recommendations for community-based agencies and churches that provide support for families of prisoners:

Prisoner Reentry in Oneida County, NY

1. Be proactive and consistently welcoming of prisoners' families (as opposed to passive acceptance): It is not enough for an organization that serves multiple purposes (such as a church or mosque) to say: "Of course, families of prisoners are welcome, we are here for all." Families are still often uncomfortable reaching out and disclosing their situation- it is important to have an explicit offer of help for a group that is often so stigmatized.
2. Don't treat family members of prisoners as curiosities: Often agencies and their staff condescend to prison families, or spend a lot of time during initial visits asking amazed questions. Ms. Coleman recommends that agency staff do their homework on issues facing prison families, but then allowing the family members to guide their own services- they are not there merely to educate program staff, but to obtain whatever services necessary.

(personal communication, 10/5/07)

Conclusion and the recommendations of Alison Coleman

While families are important support systems to offenders during incarceration and in the reentry process, not enough attention is paid to the effects of the criminal justice process on the families themselves, outside of the offenders' reintegration needs. Comprehensive reentry systems will acknowledge the family during this entire process, and allow the understanding that family reintegration is not necessarily always the goal during reentry. There are many cases where a person is incarcerated, and their family learns to live without him or her and ends up better for it. Notwithstanding the general protective factor of family integration against recidivism, reunification should not be a universal objective of reentry.

As the collateral victims of crime and the correctional system, families should be entitled to assistance to ease the adjustment from the loss of a loved one to prison, just as they should be assisted if or when this loved one is returning home. Providing immediate outreach, whether they use it immediately, or years down the road, will not only help the offender's individual reentry process and the family's general well-being, but it will foster stronger and healthier community in general.

THE NEW YORK STATE DIVISION OF PAROLE

The role of Parole Officers and Parole policies in relationship to reentry

The majority of those returning to Oneida County are released under the supervision of the NYS Division of Parole. For these individuals, their Parole Officer and the policies they operate under can have a major impact on the likelihood that they will desist from further criminal activity and successfully reintegrate into the community.

The mission of NYS Division of Parole is “to promote public safety by preparing inmates for release and supervising parolees to the successful completion of their sentence.” Given the current case loads for Parole officers in Oneida County, the bulk of their time is spent supervising parolees and referring them for needed services- not directly providing the intensive case management and other support that many need to locate and secure housing and employment and successfully reunite with their families and reintegrate into the community.

That said, it appears from our research here in Oneida County, that Parole Officers play an additional role that- if not vital- is important to successful reentry and reintegration. As the first point of contact- and often the only point of periodic contact- for returning prisoners they can shape the attitude and mindset of those coming home. Their expectations of and their reactions to the men and women they serve can have a powerful impact as the comments from parolees we interviewed in 2007 (below) indicate.

Also evident from our interview data is that, because a high proportion of those who go to- and return from- NYS prisons have addiction issues, Parole plays a key role in monitoring their recovery and abstinence by testing their urine for drug use- then- as long as there is no threat to public safety- working with parolees who relapse to get the treatment they need- a better option for long-term success in the community than sending them back to complete their sentence and then releasing them with no supervision.

Interview Question: “Talk to me a little about your experience with parole and your parole officer. **How has parole been helpful or harmful in the reentry/readjustment process?**”

- I maxed out but the last time that I was on parole, I got off of it early because I was working twelve hour days and I got an early parole release because my parole officer thought I was doing good but I ended up getting a new charge afterwards. But parole was very helpful last time, honestly.
- My parole officer has been very helpful and he is positive with what I want and what my plans are.
- So far my parole officer has been helpful and it has not been like the horror stories that I heard about parole officers. He said he’ll work with me in whatever I need that is reasonable.
- Parole has been cool. So far, he has not given me any problems or attitudes. He knows that I am doing everything that I am supposed to do.

Prisoner Reentry in Oneida County, NY

- It's been ok so far but I know that they will violate a person if they are not doing what they are supposed to be doing because I just had been violated for my addiction problem.
- It and him has been really helpful so far. Because I've got all my ducks in a row, he is letting me do some things but he told me not to mess up.
- This time it had been helpful because he did not violate me for relapsing. But in the past, it was not good because I was violated twice for dirty urines, no crimes or nothing. Just because my urine was dirty.
- Truthfully, it has been helpful because I have a decent parole officer. He asks me if I have any questions and when I do, he answers and if he doesn't know, he'll direct me to someone who does know. The negative side is me having to take time out of my day every two weeks just to sit for a few minutes.
- Helpful. I loved both of my parole officers, the one here and the one back home. The one at home just wanted me to get out of Plattsburgh and get my stuff together. My parole officer here is the same way; he just wants me to stay clean no matter how I have to do it.
- My experiences with my new PO and parole have been good. We have communication and he helps me. He once even drove me to work one day when I was running late.
- It as good. I saw my parole officer every Thursday. He would make home visits every week and when he seen I was doing he started coming once a month and then one every three months. I got off parole 5/xx/07.
- My parole officer has been pretty cool. He actually believes in what I'm trying to do.
- My PO treats me good. He's on the up and up with me. He tells me to do what I got to do, take my meds, and try to live a clean life.
- I love my parole officer because he could have locked me up when I relapsed. Instead, he helped me to get help. He's very supportive in my recovery and my goals for a future life off of parole.
- Helpful because he has requirements and expectations. To me, it's a challenge and I know I can handle it. That's why I spent that whole year getting prepared. I don't have any excuses; it's time to man-up.
- They have been very helpful. My relationship with my parole officer is very good. [There were several other general comments like this by others who were interviewed.]

Note: None of the twenty-two persons we interviewed in 2007 had a single negative comment about Parole or their current Parole Officer. Utica Parole Office personnel did not have any input into who we selected to interview. While there is the possibility that respondents may not have felt comfortable talking honestly about their parole experience, we tried to minimize this effect by not asking for identifying information and by employing a person who looked more like an ex-felon than a parole officer to conduct the interviews.

I love my parole officer because he could have locked me up when I relapsed. Instead, he helped me to get help.

PART III: BUILDING A BETTER REENTRY SYSTEM IN ONEIDA COUNTY, NY

Below are the thoughts of those on the front lines of prison reentry in our community- those returning to Oneida County after incarceration and the Parole Officers that monitor their reentry and reintegration.

Sample responses of returning prisoners in 2006 and 2007 to “What did you learn from the reentry process that you would tell local service providers and agencies to do in order to make reentry better for others in the future?”

Preparation for release while still in prison:

- If I could have taken care of some things before I got released, it would have been a change for the better instead of not being prepared to do what I need to do.
- The people at transitional services [at Cayuga Correctional Facility] told me what I had to do but they did not know the agencies and services available to help me to do what it is that I am supposed to be doing. They should tell us more about the programs such as Jobs and Hope.
- Get the process started with DSS and housing about two months before the person is released. This, I think, will make it a lot easier for those coming home.

Reducing delays getting necessary assistance immediately after release

- Make Public Assistance accessible immediately and start this process months prior to being released.
- If they started the paperwork for DSS, housing, and Food Stamps set up for about at least 2 weeks before we are released, I think, would make reentering the communities we return to a lot better and easier.
- I think that if I was allowed to do the paperwork for DSS and SSI before I was released, it would have been in place. That would have helped me a lot.

Information on local resources:

- One thing is if the information of the agencies that are available along with the resources is told to us when we are going through Phase III, the exiting portion of imprisonment. Information is given but it is not extensive and related to particular geographic areas. This is what is lacking, I think.
- Programs such as JCTOD [a supportive housing program for women with children] should be told to inmates getting ready to reenter society. I didn't know anything like this and I fell off [relapsed] just a few weeks back out in the world.
- I think maybe having the right resources and brochures inside the state facilities so that parolees might have some idea where they can go and obtain help.

Prisoner Reentry in Oneida County, NY

- [We need] more reliable, accurate information of the resources and services available.

Transitional services and support:

- Those who are returning need to be set up somewhere like a halfway house, where they have time to get their stuff together without the pressure of having to get it done all on your own.
- They need to have more protective measures implemented from the transition to the outside in place so that we have the support and resources available immediately upon our release from prison.

Housing

- Open doors for them to have places to stay should be a number one priority. Jobs, I believe, will come after a person has a place to call his/her own.
- They need more halfway houses and permanent housing just for people coming home. The [local shelter] is almost like being back in prison. They need housing that will make a person feel like he is home and part of society. By placing a person in a place like [local shelter], that person's mentality is still on alert like in prison.
- Well, they need to have more places available such as shelters and halfway houses in all counties because there were none in my county [Montgomery]. So when you're homeless down there, you're homeless [on the street].
- Women getting out need good space to live in- especially when they have kids.

Emotional and psychological support

- Having someone to listen to me and to talk to in the first months after I got out made the difference in my being able to make the transition.
- Have peer advocates or mentors help with the initial reentry process.
- Projects where women live together and become one community by doing peer support and mentoring are good.
- Some kind of counseling because I really needed encouragement to put one foot in front of the other. I also needed to learn how to communicate and relate to people. I think a pre-release and post-release program would help people coming home a lot.

Immediate access to mental health and substance abuse treatment if needed:

- "When the prison door opens we don't know whether to go right or left". Those who have substance abuse problems, must have access to treatment.

Reduce stigma and give us a chance to be part of society

- Providers are doing their job- but the community should be more receptive to ex-offenders who should be judged as individuals and given a second chance.
- What would make it easier if people who work for [local government agency] would treat people like humans instead of like animals. They are playing God with people's lives and it is terrible. Even when you do the right thing, they still treat you horrible.

Here is what Oneida County Parole Officers had to say about building a better reentry system and the barriers to reentry:

What is needed to make this initial reentry phase work better?

- Begin PA application while still inside. (There was a project to do this a few years ago, but it never got off the ground.)
- Have support at shelter for PA application- and to provide an overview of the reentry process in our area- resources, common obstacles, etc.- and more intensive support, especially for those who have been recently released and are facing a major adjustment and big barriers.
- Transportation: "Bus passes from Rome [to Utica] would be invaluable."
- A step-by-step practical guide for reentry- showing what resources are available where, and most importantly *how to* go about getting what one needs in this area specifically- organized temporally, with names and addresses of agencies, etc.
- Helping parolees see more clearly the steps they need to take to realize their goals- often they will have unrealistic goals, or ones that require planning and preparations, so some way to coach them or help them plan out their long term future would help so they don't become too frustrated when they do not meet 'big' goals right away.
- Expedited Medicaid enrollment: many parolees cannot get into certain substance abuse treatment programs without Medicaid, and they wait up to 45 days or more for eligibility and by then have relapsed and recidivated.

After this initial phase, what makes the difference between the parolees you serve who are able to obtain housing and work, reunite with family, and reintegrate into the community and those who struggle in one or more of these areas?

Characteristics of the person:

- Have many poor young blacks with little education and no work experience who are caught up in the hip/hop and drug lifestyle who don't see any other way to make it without being part of the drug culture.
- Many of my clients are depressed and anxious- and either don't seek or seek but don't receive treatment.
- Have very poor interpersonal and social skills- communicate by yelling and fighting. These poor interpersonal skills are connected to their problems with getting and keeping a job.

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- Domestic conflict and violence
- Very little family support
- Literacy problems
- Lack of motivation
- Negative peer or family influence- abusive or negative relationships lead some to relapse and/or recidivate.
- No high school diploma/GED
- No employment history for both young and old parolees

Characteristics of our reentry “system:”

Housing resources, programs, policies, practices

- Rescue Mission men’s shelter will not serve sex offenders who often cannot live with family members when they return (because of the nature of their offense). “I had a released sex offender who had no other choice than to rent an apartment in a crack house from a slumlord- he started using again then went back to prison.” We have no dedicated housing for sex offenders and it is extremely difficult to link them with housing. Approximately 40% of released sex offenders we serve come out “undomiciled” (no place to live).
- “SARA” rules on where sex offenders can live can be counterproductive, e.g. client forced to live far from treatment and other supports because of rules on proximity to school.
- Rent in Rome is prohibitively high: \$375/month for one parolee to rent a single bedroom in a building with a shared bath, kitchen, living area. Rome does not have enough housing, and the existing housing is too expensive.
- Parolees who go to the Mission men’s shelter do not do well with the rules and structure and recidivate at much higher rates than the rest of the Rome and North and West Oneida County parolees.

Rocca LaDuca, Utica Observer-Dispatch, November 29, 2007

UTICA – A city man previously convicted of robbery in 2000 was arrested by Utica police again early Wednesday morning following an armed robbery Tuesday night at a South Street gas station, police said. Dwayne Wright, 33, has been charged with first-degree robbery after police said he used a shotgun to rob the Gas Up Shoppe at the corner of South and St. Vincent streets, Utica Police Deputy Chief Pasquale Benzo said. The gas station/car wash was robbed around 8 p.m. Tuesday, and Wright was taken into custody at an Elm Street residence around 1 a.m. Wednesday, Benzo said.

Nobody was injured during the robbery, Benzo said. The shotgun has been recovered as well as stolen money, but Benzo did not know how much cash had been taken. Wright was arrested with the assistance of the state Division of Parole, Benzo said. This latest arrest occurred just over a month after Wright was released from prison Oct. 12 following a seven-year sentence for a previous second-degree robbery conviction. According to Observer-Dispatch archives, Wright was arrested in 1999 after he used similar long-guns to rob two Utica pizzerias that year.

Police said Wright brandished a shotgun or rifle Oct. 7, 1999, when he entered Sunset Pizza & Sub on Sunset Avenue and ordered employees to turn over cash. **Accompanying him were two 12-year-old Utica boys** who were picked up by juvenile authorities after Wright’s arrest. Wright also was armed when he held up Palermo Pizza on Genesee Street a week later, police said at the time. Wright was later charged then with first-degree escape after he attempted to flee the Utica police station while he was being booked, police said. Wright had run from the officer, broke a glass in the exit door and was apprehended outside the building.

ONEIDA COUNTY REENTRY TASK FORCE STRATEGIC PLAN

Our Vision

A safer New York as a result of the successful transition of the many individuals who leave prison and reenter our communities each year.

Our Mission

To ensure the successful transition of individuals who reenter our communities after incarceration by 1.) Creating a system and processes that facilitate the communication, cooperation, and accountability of local and state law enforcement, corrections, and community-based human service agencies, and 2.) By sharing expertise and using research-based approaches to design the programs and individual-level processes necessary to prevent criminal activity and recidivism in Oneida County.

How we propose to accomplish our mission

Based on our research, data analysis, and Task Force partner discussions, we agree that the Reentry Task Force should continue its initial focus in the following domains to improve the likelihood of reentry success in Oneida County.

The three targets of change for action to improve the reentry system in Oneida County are:

1. Public benefits for returning prisoners

DCJS and interview data from Parolees and Parole Officers indicate that both policy and practice barriers currently inhibit access to Public Assistance and Medicaid for returning prisoners. When access is too difficult or delayed, housing and healthcare (physical, mental, and substance abuse treatment) can be hard to obtain and successful reentry is less likely. This is a serious system problem that needs to be addressed at both the state and local levels if we hope to address key risk factors that contribute to recidivism in our community.

2. Appropriate housing for returning prisoners

Oneida County Parole Officers, returning prisoners, and other key informants indicate that many individuals returning from prison without housing and family support get overwhelmed, frustrated, or angry, to the point where some leave emergency housing after a week or two and return to criminal activity to earn money or to self-medicate. Many in this group return to prison relatively quickly after violating parole and/or getting rearrested for committing a new crime. This phenomenon results in more victims, more costs for taxpayers and law enforcement, and communities that are less safe. This is a major problem facing the reentry system in Oneida County.

Also, the county's only emergency housing program for adult men does not admit male sex offenders or arsonists, sometimes delaying the release date for those on parole. In general, this practice makes it more difficult to monitor those

released and to provide accessible support for these groups because they are scattered rather than congregated in one or a few sites.

3. Vocational development and employment for returning prisoners

Nearly half the parolees who were able to work and were under active supervision in Oneida County on 12/31/2005 that had less than a high school education or actually had a HS diploma or GED were unemployed on this date. Seventeen percent of those with any college were unemployed. [See Figure 9. in the Employment section of this report.] Employment reduces the taxpayer burden for social service and health care costs incurred by unemployed ex-offenders and their minor children and employment reduces the risk of recidivism- lowering law enforcement costs and increasing public safety.

Based on the critical importance of employment to successful reentry- both short and long term- we will continue to work to realign, strengthen, and expand our local public employment-related resources to better serve individuals returning from prison.

Overview of the progress made by the Oneida County Reentry Task Force in 2007 and discussion of the challenges ahead

As 2007 comes to a close the OCRTF is completing its first year and a half of active operation. Much progress has been made- and much still needs to be done.

In 2007 the Task Force and its partners accomplished the following:

- Directly served over 100 individuals returning to Oneida County. Referrals to the CRTF coordinator from the Utica Parole office began slowly in the initial months of the CRTF- but have turned into a steady stream as the benefits of CRTF services became tangible and the partnership with Parole strengthened.
- Worked with NYS OASAS to develop the funding for two new case managers to the Shelter Plus Care supportive housing program- currently the largest permanent supportive housing program for returning prisoners in Oneida County. This program has been operating with large case loads for many years (65:1) precluding their ability to provide the extra support and monitoring that returning prisoners with substance abuse and mental health disabilities need- especially during their first year in the community after several years in prison. This new funding is in the Governor's 2008 budget.
- Applied for and received renewal (HUD) funding to continue to provide Shelter Plus Care supportive housing in Oneida County. This program supports over 200 homeless persons by providing supportive housing and case management to homeless persons with substance abuse and mental health disabilities. As mentioned above, it is currently the largest permanent supportive housing program for returning prisoners in Oneida County and is the largest Shelter Plus Care program in NYS (outside of NYC).
- Worked with the NYS Homeless Housing Assistance Program to develop eight new units of supportive housing for women with mental health and substance abuse disabilities who are chronically homeless. These women typically cycle in and out of emergency rooms, our local jail, the streets, psychiatric inpatient facilities, etc. This application was successful, and construction on these new units will begin later in 2008.
- Added a transitional services piece to the Oneida County Life Skills for Prisoner's Program located at the Oneida County Jail (beginning in January 2008). This new program element will focus on employment for the youngest offenders to prevent further criminal activity.
- Developed and implemented an educational program for individuals in Phase III (Transitional Services) at Mohawk, Mid-State, and Pharsalia Correctional Facilities. The Oneida County Workforce Development's Jobs and Hope Program manager delivers this program monthly to inmates at these three facilities. It is designed to get inmates to think differently about themselves and their future and inspire confidence in their ability to desist from further crime, secure employment, and live a different life after release. Taught by a person with intimate knowledge of Oneida the psychology of reentering prisoners and of County's resources and job

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market, the program has received very positive feedback from inmates and prison staff alike. It currently receives no state funding.

- Developed an RFP for cognitive-behavioral therapy services, issued the RFP to local providers, and selected an experienced provider to deliver this therapy to CRTF clients on an as-needed basis.
- Contracted with a faith based community provider to provide a wide range of pre-employment services in Utica's poorest neighborhood to individuals who have reentered the community from prison.
- Enhanced the ability of Utica's Working Solutions One-Stop employment center to serve those returning from prison by having a reentry specialist work there on a regular basis and having the CRTF coordinator provide one-on-one guidance for those who would be unable or unwilling to use the center's resources with support.
- The Workforce Investment Board of Herkimer, Oneida, and Madison Counties developed a new Homeless Veterans Employment Program that funds one full-time employment specialist. This specialist was cross-trained to provide services to veterans and others returning from prison and in the fall of 2007 he began to make regular visits (more than once a week) to the Rescue Mission's men's shelter to reach out to homeless vets and reentering prisoners and provide direct support and/or appropriate referrals.
- In the fall of 2007, a local faith-based provider (Catholic Charities) revitalized a family support group for family members of those who are incarcerated. This is the only group of its kind in Oneida County.
- Kicked-off a county-wide initiative to end chronic homelessness with 10 years. Criminal activity and chronic homelessness are correlated.

Challenges to Task Force and Reentry System development encountered in 2007

- Challenges to local law enforcement: The murder of a Utica Police Officer, the assault of a Utica Police officer by Utica youth, the development and implementation of new enforcement strategies to address a spike in violent crime, and community mobilization to address an emerging gang problem in Utica superceded an active focus on prisoner reentry issues in 2007.
- Public education: Prisoner reentry as a community issue is a sensitive topic. CRTF participants are cognizant that a public discussion of prisoner reentry must be handled in a way that garners public support- and not in a way that mobilizes the public in opposition to Task Force goals. Local providers and law enforcement agencies participating on the Task Force and/or the MV Housing and Homeless Assistance Coalition have been exposed to extensive information and discussion of prisoner reentry issues. Selected local employers have also been educated on a case-by case basis. However, there has not been a public education campaign to raise awareness and educate the community about what reentry is and why its important to work together and develop the resources necessary to reduce the recidivism of those who have already been locked up one or more times.
One addition note here: Oneida County currently serves a number of reentering prisoners who were not living in or indicted in Oneida County- but were released here to attend a substance abuse treatment program or because another county does not have a homeless shelter and the person released is un-domiciled. This fact could trigger a negative reaction from the public that could harm our reentry system development.
- Public resistance to serving ex-offenders: Related to the public education issue highlighted above, there has been tangible resistance to serving ex-offenders in both Utica City and Oneida County. The county passed a new ordinance in 2007 increasing the distance from which sex offenders can live or work from places where children are present, making it even more difficult for sex offenders to reenter the community and live a life free from crime. Also, the City of Utica's Zoning Board denied an application for a zoning variance that would have allowed the Utica Rescue Mission to expand their ability to provide quality supportive housing to homeless men, and to reentering prisoners.
- Capacity: As the CRTF has developed and taken on more and more cases, the caseload carried by the CRTF coordinator has expanded greatly- to the point that it demands nearly full-time attention, leaving less time for reentry system development or analysis of data on the performance of the CRTF.

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- Vocational Training and Employment: Many of those who are released are only quasi-literate and have little if any employment experience. Even entry-level jobs are difficult to access for this group and they often look to crime as their only alternative or they become a burden on our public assistance and public healthcare systems. We lack short-term vocational training and job-training programs that are accessible to them and would provide the necessary hard and soft skills they need to obtain and maintain employment.

Adjustments needed after the first year of implementation

- We need to develop an effective strategy to take public education on prisoner reentry to the next level. A closer partnership with the District Attorney's Office in which they take the lead with public education- and keep it within a public safety framework- is one strategy that we are currently looking at.
- We need to develop a system to monitor and evaluate the progress of reentering prisoners served- and not served- by the CRTF. Anecdotal evidence suggests that those served by the CRTF are doing well compared with similar reentering prisoners who are not served. We do not have the capacity at the present time to develop and implement the use of a secure database that will meet state and federal standards for the protection of personal health information and provide the information we need for both case management and for program evaluation purposes. We need additional funding- or a state-developed and supported database- for our Prisoner Reentry Program.
- We need better data to assess risk and monitor progress. DCJS *CrimeStat* data, while helpful, does not capture several key indicators of reentry progress. We recommend that DCJS adjust the quality and range of data elements provided in monthly CrimStat reports to reflect different statistics for those in the first year, second year, and third year of release- rather than the entire population on Parole. Stats on those returning to the community without Parole supervision are also essential to assessing risk and measuring progress. Also, access to individual level data on Parolees so we can, for example, look at unemployment rates by county region (Utica vs. Rome vs. western towns vs. southern towns, etc.) would be very helpful.

CRTF Enhancement funds:

Enhancement funds were targeted at previously identified gaps in the Prisoner Reentry System including 1.) Temporary housing and apartment deposits for those who are very difficult to house (primarily sex offenders and arsonists); 2.) Pre-employment services and tangibles- job clubs for resume and interview preparation and psychological and emotional support, clothing for interviews, personal hygiene and grooming supplies, ID documents necessary for employment, bus passes for job seekers, tools for work, and vocational licensing (e.g. for asbestos removal).

Improving our reentry system: Short-term work plan and action steps

The OC Reentry Task Force will use the data in this report in conjunction with knowledge of local and state service systems and funders to design a set of specific strategies and action steps to address each target of change identified above. Both our strategies and our action steps will take into account the objectives and principles of the *Transition from Prison to Community Initiative* (TPCI). The TPCI model has been adapted by the NYS Division of Criminal Justice Services and county-level “Reentry Task Forces” have been strongly encouraged to adopt it when designing their local reentry strategy. An overview of the TPCI model is attached as Appendix B.

General action steps to continue the development of a better reentry system

- The Task Force will continue to meet quarterly to discuss policy, program, and system issues related to reducing the barriers to successful reentry and achieving our vision. To increase the level of “buy-in” and improve overall effectiveness our system assessment and strategic plan may be modified to as new data and new resources become available.
- The Task Force will work directly with the NYS Department of Criminal Justice Services and the NYS Division of Parole to identify and implement a prisoner assessment tool that meets statutory requirements and has the ability to adequately measure every thing that needs to be measured to provide agencies the information they need to serve the individual when they reenter the community.
- Task Force participants, in conjunction with community partners, will continue to develop and implement new supportive housing and employment programs designed to serve reentering prisoners and those at risk of re-offending.
- The Task Force will work to build a partnership with DCJS that facilitates the free-flow of data to assess the impact of CRTF programs and system developments on the reduction of recidivism in Oneida County.

Specific action steps to address our targets of change

A. Addressing the barriers to receiving and maintaining public benefits

- The Task Force coordinator in partnership with Oneida County DSS will continue to facilitate Public Assistance/Medicaid/Food Stamp applications for reentering prisoners by sending applications to prisoners approximately 30 days prior to release and by helping with and monitoring the completion of the application immediately after release.
- Task Force member Geoffrey Shulkin (Jobs and Hope Program Manager) will continue to provide training session to area agencies on how to obtain identification documents for those who do not have adequate documentation to obtain benefits or employment.
- The Oneida County Department of Mental Health will work directly with the agencies it funds to provide rapid access to case management to reentering prisoners with a indications of a mental health disability. MH

case managers can provide much needed support with DSS and SSI applications.

B. Addressing the barriers to accessing appropriate housing for returning prisoners

The Mohawk Valley Housing and Homeless Assistance Coalition is represented on the Task Force by its Chair and several other members. This coalition will continue to:

- Address gaps in housing resources for reentering prisoners through planning discussions at coalition monthly meetings.
- Work one-on-one and in small planning groups with specific providers in the community who are currently interested in designing programs and seeking funding to address gaps our continuum of care for those who are homeless, in recovery, and/or reentering from prison.
- Monitor, support, and develop new programs to serve the reentry population. (See 2007 CRTF progress section for additional details.)

C. Addressing the barriers to vocational development and employment for returning prisoners

- The Oneida County Department of Workforce Development will continue to lead our local effort to develop and fund programs to address the vocational development and employment needs of reentering prisoners and ex-offenders in general by seeking new funding (writing grants) for employment programs that will serve reentering prisoners.
- The Oneida County Department of Workforce Development will implement a new program in January 2008 to facilitate the transition from Oneida County Jail life in the community for young offenders who- without intervention- are likely to commit felony crimes and enter the NYS prison system.
- The Oneida County Department of Workforce Development will maintain the *Second Chance* Program and the Jobs and Hope Program. Both programs specifically target ex-offenders in general and reentering prisoners in particular and provide a range of pre-employment services.
- Jobs and Hope will continue to provide life skill and pre-employment workshops in area state prison facilities.
- CRTF partners will support the development of a vocational training program called “Kitchens with Mission” designed to provide basic culinary training to those who are homeless, ex-offenders, and persons with disabilities. This initiative is in the planning stages: moving from phase one (conceptualization and program design) to phase two (site development, partnership development, and funding)

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Outcomes and Measures

The specific actions we propose to take will- we hope- result in some measurable outcomes as outlined below.

| Outcome | Measure/data source | Time Frame |
|--|--|---|
| The length of stay for reentering prisoners who reside initially in emergency housing will be less than 15 days. | Data from Oneida County’s three emergency housing providers via our Homeless Management Information System | One year: 1/1/2008 to 12/31/2008 |
| Reentering prisoners served by the Reentry TF who are eligible for Public Assistance and Medicaid and will submit completed applications to DSS within 10 days of their release from prison. | Data from CRTF case records | One year: 1/1/2008 to 12/31/2008 |
| Released prisoners in Oneida County who able to work will be employed within three months of release. | Data from CRTF case records | One year: 1/1/2008 to 12/31/2008 |
| The percentage of reentering prisoners who violate their conditions of Parole or commit new crimes and return to prison will be reduced by 25%. | DCJS/NYS Division of Parole data- Baseline is 2005. | Three years: 1/1/2007 to 12/31/2009 |

Author’s comment:

Reducing crime substantially by reducing recidivism in Oneida County and in New York State is not only possible, it is a realistic and achievable goal. The basic elements of the DCJS Prisoner Reentry Initiative are sound: assess reentry barriers, develop partnerships, educate law enforcement, local government and community providers and the public and develop and coordinate research-based programs that fit the needs of local communities. What’s most needed at this stage are: state-level efforts to remove policy barriers to effective and safe reentry, expansion of the resources available for transitional housing and employment programs for reentering prisoners, and effective public education at both the state and local levels to align public knowledge and attitudes with what we already know is effective: that to stop crime, we need to give individuals a second chance along with the tools they need to live a healthy, productive, crime-free life. Jim Nichols, (former) Mid-State Correctional Facilitator and CRTF Member said in 2006 that “*Here at Mid-State, we have good inmates- but lousy citizens.*” What sense does it make to fully fund supportive housing, treatment, healthcare and vocational training for those who are incarcerated- while starving these programs for those who behave well in prison but don’t know how to make it on the outside?

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Appendix A
New York State Medicaid eligibility determination regulations

The following regulations are from the NYS Department of Health via their website at <http://www.health.state.ny.us/nysdoh/phforum/nycrr18.htm>:

360-2.4 Decision. Time frames.

(1) Except as provided in paragraphs (2), (3) and (4) of this subdivision, the social services district must determine an applicant's eligibility for MA within 45 days of the date of the MA application.

(2) If an applicant's MA eligibility is dependent on disability status, the social services district will determine MA eligibility within 90 days of application. If a decision is not reached within 90 days, the applicant must be sent a statement explaining why.

(3) If an applicant for ADC or HR is determined ineligible for such benefits, the social services district will make a separate determination of MA eligibility within 30 days of the date the application for ADC or HR was denied. If timely action was not taken on the ADC or HR application, the district will determine eligibility within 30 days of the date when action should have been taken.

(4) The district will determine eligibility within 30 days of the date of the MA application if an applicant is:

(i) a pregnant woman or an infant younger than one year of age whose household income does not exceed 185 percent of the applicable Federal poverty level;

(ii) a child at least one year of age but younger than six years of age whose household income does not exceed 133 percent of the applicable Federal poverty level; or

(iii) a child born after September 30, 1983 who is at least six years of age but younger than 19 years of age whose income does not exceed 100 percent of the applicable Federal poverty level.

(b) The social services district must determine MA eligibility within the time frames in subdivision (a) of this section except in unusual circumstances including:

(1) when the district cannot reach a decision because the applicant or an examining physician has delayed taking or has not taken a required action, or because medical records have not been received; or

(2) where there is an administrative or other emergency beyond the district's control.

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(c) When a social services district determines that an applicant or recipient is eligible for MA, MA will be authorized. Such authorization will be effective back to the first day of the first month for which eligibility is established, except as otherwise provided in this Part. A retroactive authorization will be issued for medical expenses incurred during the three months prior to the month of application for MA, provided the applicant was eligible in the month in which the medical care and services were received. Direct payment to the recipient for paid medical bills will be limited to the MA rate or fee in effect at the time the services were rendered.

Appendix B
Overview of the *Transition from Prison to Community Initiative (TPCI)*

The TPCI is an attempt to conceptualize and institutionalize a set of principles and practices that are designed to prevent the continued criminal activity of those who have already been arrested and incarcerated. This initiative is laid out in a document by Abt Associates commissioned by the National Institute of Corrections, available at: <http://www.nicic.org/pubs/2002/017520.pdf>

Below is an overview of TPCI taken directly from the document of the same name cited above:

The overarching goals of the TPCI are for released offenders to remain arrest free over the long haul¹³, and to become competent and self-sufficient members of their communities. That goal should provide a unifying vision to the many correctional, law enforcement and human service agencies that are part of the transition process. It should cause leaders of those agencies to re-think and revise their respective missions in order to support improved transition. For example, the mission of corrections should not just be to run safe, orderly, secure, and affordable prisons, but also to improve public safety by contributing to better offender transition via its assessment, classification, programming and release preparation practices.

The objectives of the TPCI are:

1. To promote public safety by reducing the threat of harm to persons and their property by released offenders in the communities to which those offenders return;
2. To increase the success rates of offenders who transition from prison by fostering effective risk management and treatment programming; offender accountability, and community and victim participation.

The TPCI is based on the following premises:

- Corrections, law enforcement and human service agencies are stakeholders in the transition process. These stakeholders need to articulate and promote common interests,
- Integrate and coordinate policies, and develop mutual ownership of an improved transition process;
- Stakeholders should freely share information relating to transition within and among stakeholders' organizations;
- Transition should be built upon proven reforms and best practices;
- Transition reforms should be affordable, transferable, and adaptable;

¹³ Ideally, we would like former inmates to be crime-free in communities. However, we have no reliable way to measure non-detected crimes, either for persons who have been previously convicted or those who have not. Hence, we would judge all citizens (the non-convicted and the previously convicted) by the same standard—freedom from future arrests for crimes.

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- Basic transition reforms should apply to all imprisoned offenders, including those given discretionary release and those who leave at the end of their prison terms; and,
- The allocation of resources for programming, supervision and services should vary directly with the level of risk that those groups of offenders pose.

The TPCI model developed by the advisory board and working groups consists of the following functions:

- Classifying and assessing inmates,
- Developing and implementing transition accountability plans,
- Releasing offenders from confinement (via both discretionary and mandatory releases),
- Providing community supervision and services,
- Responding to violations of conditions of supervision,
- Discharging offenders from supervision and terminating jurisdiction,

The Transition Process consists of seven elements: assessment and classification, transitional accountability plans, release decision making, community supervision and services, responding to violations of conditions of release, termination of supervision and discharge of jurisdiction, and aftercare. (p.10)

The TPCI incorporates the following principles:

The Risk Principle states that risk of criminal behavior can be predicted based on the presence of specific factors and that the offenders' risk of criminal behavior increases directly with the number and severity of risk factors that are present. 'Static' factors do not change via provision of treatment or services, and are used primarily to make initial decisions about custody levels and tentative release dates. Static risk factors include such things as:

- age at first conviction,
- number of prior convictions,
- prior behavior during confinement,
- severity of prior criminal convictions,
- history of childhood abuse and neglect,
- history of substance abuse, and
- history of education, employment, family and social failures.

The Need Principle holds that when 'dynamic' risk factors, or criminogenic needs, are effectively treated, offenders' probability of recidivism declines. Treatment decisions should be based on individual offender's dynamic risk factors discerned through objective assessment processes. Offenders should be re-assessed periodically on dynamic risk factors to inform decisions about changes in custody, placement, service or supervision. Dynamic risk factors include:

- anti-social attitudes, values and beliefs,
- anti-social peers and associations,
- substance abuse,
- educational deficiencies,
- vocational deficiencies,

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- mental health problems,
- life skills and social skill deficiencies, and
- characterological defects (anger, aggression, egocentrism, impulsivity, etc.).

Finally, **the Responsivity Principle** requires that the delivery of treatment programs based on identified dynamic risk factors should be consistent with offenders':

- learning abilities and styles,
- motivation to change,
- personality types, and
- levels of interpersonal and communication skills.

General assessment instruments should gather information in the aforementioned areas and flag areas of concern that will be addressed through the administration of specialized assessment tools. Reception staff should have access to specialized instruments that assess the areas of mental health, substance abuse and dependency, sex offending, gambling, educational ability and vocational needs. Staff should be properly trained in the use and interpretation of specialized assessment instruments. Assessments should take offenders' gender, age, culture and cognitive functioning into consideration and assess offenders' risk of re-offending and flight. These measures should be assessed at differing intervals to measure changes in offender's dynamic risk factors during their terms of confinement.

In an ideal scenario, all partners in the transition process would use a common instrument to predict the probability that offenders will re-offend after release from prison. This would put everyone on the "same page" and make it easier to share information about dynamic risk factors across agencies. Using the same dynamic risk factors will help agencies measure offenders' changes over time more accurately. However, agencies that have invested considerable resources and time in developing their own assessment instruments may be unwilling to develop new common instruments. If so, in the long run it is more important that risk prediction instruments be properly constructed and validated than it is for them to be uniform across agencies.

All risk assessment instruments should be normed and validated for predictiveness for the population on which it will be administered. To "norm" an instrument means to assure that it (e.g. LSI-R) has the same statistical properties (i.e. normal distribution) for the population to which it is to be applied as it did for the population on which it was originally developed and tested. Validation is a process that ensures that an instrument is measuring what it is intended to measure. Ideally, validation will occur before assessment instruments are applied to a specific population. If that is not possible, jurisdictions should immediately begin collecting data that will enable them to validate (and revise, if necessary) prediction instruments as quickly as practical.

In addition, inter-rater reliability should be maintained through training, supervision and monitoring. If inter-rater reliability is low, the predictive power of assessments will decline, and the safety of inmates and staff will be diminished. Training should be skill-based, using pre- and post-tests to measure

improvements in assessors' understanding of the language and the intent of the assessment instrument, their competence in understanding offender logic or criminal thinking, their ability to discern discrepancies in self-report data, and their interviewing skills. Quality control can be achieved through regular supervision and monitoring of staff assessments. Computerized assessment instruments should have event-driven help and definitions, as well as built-in error and logic checking.

Beyond the training provided by the DOC to its reception and classification staff, instrument vendors should provide technical assistance regarding the proper or intended administration of their assessment tools. Participating jurisdictions should begin with a comprehensive review of current practices. They should inventory current reception procedures, classification and assessment instruments in use, the level of training and supervision for staff who perform classification and assessment intake function, and document current and projected workloads.

States should document the information that is currently being collected as well as what information is lacking. Ultimately, the system should be changed to gather the needed information and make it available to other decision makers at key points. To assist states' review of current practice, NIC's TPCI will provide a glossary that defines information to be assessed and gathered. Consistent definitions will assist inter-agency communication and information sharing. For instance, commonly named data elements will be essential to any type of electronic data sharing.

Appendix C
Legislation allowing suspension of Medicaid during incarceration

LAWS OF NEW YORK, 2007

CHAPTER 355

AN ACT to amend the social services law, in relation to eligibility for medical assistance

Became a law July 18, 2007, with the approval of the Governor.
Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 366 of the social services law is amended by adding a new subdivision 1-a to read as follows:

1-a. Notwithstanding any other provision of law, in the event that a person who is an inmate of a state or local correctional facility, as defined in section two of the correction law, was in receipt of medical assistance pursuant to this title immediately prior to being admitted to such facility, such person shall remain eligible for medical assistance while an inmate, except that no medical assistance shall be furnished pursuant to this title for any care, services, or supplies provided during such time as the person is an inmate; provided, however, that nothing herein shall be deemed as preventing the provision of medical assistance for inpatient hospital services furnished to an inmate at a hospital outside of the premises of such correctional facility, to the extent that federal financial participation is available for the costs of such services. Upon release from such facility, such person shall continue to be eligible for receipt of medical assistance furnished pursuant to this title until such time as the person is determined to no longer be eligible for receipt of such assistance. To the extent permitted by federal law, the time during which such person is an inmate shall not be included in any calculation of when the person must recertify his or her eligibility for medical assistance in accordance with this article.

§ 2. Paragraph (c) of subdivision 1 of section 366 of the social services law, as amended by chapter 450 of the laws of 1979, is amended to read as follows:

(c) except as provided in subparagraph six of paragraph (a) of this subdivision **or subdivision one-a of this section**, is not an inmate or patient in an institution or facility wherein medical assistance for needy persons may not be provided in accordance with applicable federal or state requirements; and

§ 3. This act shall take effect April 1, 2008. Provided that all actions necessary for the timely implementation of this act, including revisions to information, eligibility and benefit computer systems utilized by social services districts and administered by the department of health of the state of New York, shall be taken prior to such effective date so that the provisions of this act may be implemented on such

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date.

EXPLANATION--Matter in **italics** is new; matter in brackets [-] is old law
to be omitted.

CHAP. 355 2

The Legislature of the STATE OF NEW YORK **ss:**

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction and, in accordance with such section, is entitled to be read into evidence.

JOSEPH L. BRUNO
Temporary President of the Senate

SHELDON SILVER
Speaker of the Assembly

**NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1**

BILL NUMBER: S5875A

SPONSOR: HANNON

TITLE OF BILL:

An act to amend the social services law, in relation to eligibility for medical assistance

SUMMARY OF PROVISIONS:

Section 1 of this bill would provide that a state inmate or inmate of a local correctional facility who was in receipt of medical assistance prior to being admitted to such facility shall remain eligible for receipt of medical assistance while an inmate and upon release, except that no medical assistance shall be provided to such person while he or she is an inmate.

Section 2 of this bill amends a provision of law in relation to an inmate's eligibility for medical assistance to reflect the changes made in Section 1 of this bill.

Section 3 provides for an effective date 180 days after enactment, except that all necessary actions, including revisions to benefit computer systems used by local social services districts and the department of health, shall be made prior to such effective date.

REASONS FOR SUPPORT:

This bill will provide for the "suspension" of Medicaid benefits for individuals incarcerated in local and state correctional facilities and

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the immediate reinstatement of those benefits upon release. Federal law prohibits the use of Medicaid funds for health care services provided inside correctional facilities; these costs are born entirely by the local or state correctional system. Federal law also permits states to use administrative measures, including temporary "suspension" of an individual from payment status during incarceration, to help ensure no Medicaid claims are filed. Despite these federal protections, when individuals enter local and state correctional facilities in New York State, their Medicaid benefits are terminated in an effort to prevent fraudulent claims. As a result, individuals are required to re-enroll in the Medicaid program upon release from jail. With reenrollment taking as long as two to three months. This time frame is sometimes longer than the actual term of the individual's incarceration. Immediate access to Medicaid is essential in ensuring medical care, drug treatment and mental health services for individuals when they leave local and state correctional facilities. Access to these important services has been shown to play a critical role, in preventing recidivism. Even with facilitated enrollment, an approach that helps to expedite the application process prior to release, there are still significant gaps between the time of discharge and the reinstatement of Medicaid. The current reenrollment process also causes an unnecessary administrative burden on the system and takes time and resources away from others who need to be enrolled. In 2004, the Centers for Medicare and Medicaid Services sent a letter to State Medicaid Directors urging States to place incarcerated individuals in "suspended" status so that these individuals could begin receiving Medicaid services immediately upon release. The National Medicaid Commission and The National Commission on Correctional Health Care both recommend the suspension of Medicaid benefits for incarcerated individuals. There is consensus among practitioners and experts alike: Medicaid benefits are paramount to an individual's reentry and long-term success as a law-abiding member of the community. New York State and local jail inmates suffer from a host of medical and mental health issues, as well as chronic substance abuse. These include HIV infection, psychiatric conditions, drug and alcohol addictions, tuberculosis, and chronic conditions like diabetes, asthma and hypertension. For example, of NYC jail inmates:

- * 70% have a substance abuse history,
- * 20% require detoxification upon admission,
- * 40% require mental health services,
- * HIV-positive: 8% of males, 18% of females.

Large numbers of individuals who enter and exit the City Jail system do so in just a few days. Despite this swift movement through the system, many of these individuals have their Medicaid benefits terminated because of New York State's current approach. Due to the extremely high percentage of the inmate population that is indigent and Medicaid eligible, this policy essentially serves to block an individual's access to needed services at the most critical point in their return to the community. A recent Hunter College study confirms that, in the year after release from a NYC jail, women with Medicaid coverage were less likely to be re-arrested, more likely to participate in residential drug treatment and more likely to have received needed medical care. By "suspending" rather than "terminating" Medicaid benefits, inmates would have Medicaid coverage at the moment of release, facilitating immediate access to drug treatment, medical and mental health care services which

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are critical to their success in the first 30, 60 and 90 days after release. This would also give these individuals the greatest opportunity to start anew and not end up in a vicious cycle of repeated incarceration. In the end, suspending these benefits enhances the quality of life for everyone: the newly released individual through quality care and the general public through improved public safety. Accordingly, the Mayor urges the earliest possible favorable consideration of this proposal by the legislature.