

# Executive Summary

## I. THE PROBLEM

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

Re-entry has major implications for both public spending and community safety. With the exception of health care, spending on corrections has increased faster than any other item in state budgets.<sup>5</sup> Nationally, corrections expenditures have gone from \$9 billion in 1982 to \$60 billion in 2002.<sup>6</sup> Despite this increased investment, the likelihood of a former prisoner succeeding in the community upon his or her release has not improved. Approximately two out of every three people released from prison in the US are re-arrested within three years of their release.<sup>7</sup>

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

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

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

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

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

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

5 National Association of State Budget Offices, *2003 State Expenditure Report*, available online at [www.nasbo.org](http://www.nasbo.org), accessed December 9, 2004.

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

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

8 Ibid.

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

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

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

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

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

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

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

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

parents owe average of more than \$20,000 in child support debt when they are released from prison.<sup>17,18</sup>

To complicate matters further, people released from prison and jail return in high concentrations to a small number of communities in each state. Far too often, these are communities that are especially ill-equipped to serve, support, and supervise them. In Connecticut, almost half of the prison and jail population is from just a handful of neighborhoods in five cities—the cities with the most concentrated levels of poverty and nonwhite populations in the state.<sup>19</sup> In Chicago, only 24 percent of identified organizations that provide services to re-entering individuals were located in any of the six communities to which the highest numbers of people returned from prison in 2001.<sup>20</sup> In two of those six neighborhoods, there were no such services at all.<sup>21</sup> Reintegrating prisoners successfully means therefore assisting not just individuals, but whole communities, so that they have the capacity to absorb their returning residents and to keep their neighborhoods safe.

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

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

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

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

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

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

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

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

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

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

21 Ibid.

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

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

### III. POLICY STATEMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

### **PART III.**

#### ***Elements of Effective Social Service Systems***

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

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

#### IV. USING THE REPORT AND NEXT STEPS

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

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

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