

Center for Public Safety Initiatives

Re-entry Services Focus Group

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Clare Regan Conference Room

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Introduction

The Center for Public Safety Initiatives (CPSI) has a continuing interest in prisoner reentry and implications of it for the Greater Rochester Area. For this, the second working paper on the subject of reentry CPSI held a focus group with people actively involved in prisoner reentry in the Rochester area. The focus group lasted for over 2 1/2 hours. The discussion was wide ranging but we were particularly interested in the practical problems connected to reentry at the local level and how delivery of services might be improved. By the end of the focus group it was clear that it would be beneficial to the community to establish a policy group that could regularly identify and address reentry related problems.

Methodology

A group of approximately six service providers met at RIT's Center for Public Safety Initiatives Clare Regan Conference Room with faculty and staff from the Criminal Justice Department. Hand written notes were taken by two staff members of CPSI capturing the discussion of participants. The conversation was facilitated by Dr. John Klofas, Professor and Chair of the Criminal Justice Department and Director of the Center for Public Safety Initiatives (CPSI). The group was co-facilitated by Chad Posick, Project Coordinator of CPSI. The discussion lasted approximately two and a half hours. This working paper is a product of the notes from the focus group and recommendations offered by CPSI.

Overview

According to the panel, 1,200-1,500 parolees are released to Monroe County each year and of those, an estimated 1,000 are released to the City of Rochester. There was a consensus amongst the group that the re-entry clients almost all want services; and very few would ever refuse services. Particularly, they are interested in receiving short term, concrete services such as a place to live, money for food, etc. Around 95% of prison releasees are on parole, the largest service provider for individuals released from prison or jail. Only about 5% of inmates max out, but a high number of them need intense services. A number of organizations will still provide them with the same services as those who are on parole, but there is no incentive for those who max out to continue services if they decide not to. The group felt that sometimes this is problematic because these are likely to be the clients who need the most intensive services.

Monroe County Reentry Taskforce

There is one organization in the City, Catholic Family Center (CFC) that works predominantly with the re-entry population. Because of this, the organization is equipped and well connected with the vital services (i.e. DHS, employment agencies, mental health centers, and housing services). There were a number of times during the conversation that this organization had a different way of obtaining services due to its continue relationships with various providers. Representatives reported that when dealing with DHS it has more success due to its relationship with it; it seems to have circumvented the system. For example, the inmates in re-entry at Orleans already are applying for DHS services while still incarcerated in order to allow for a smooth process for their clients.

At this organization, everybody who receives services gets a caseworker. Currently there are 16-18 cases per caseworker. Once the case is stabilized (job, housing, etc.) then it is shifted to maintenance where one worker is in charge of all the cases; however these clients are still eligible for wraparound services (funded through DCJS).

Housing

When the panel was asked about the top services needed for re-entry clients, the first response was housing. Housing is thought to be a considerable problem for a number of reasons:

- For one, there are issues with certain housing agencies. For instance, some housing agencies try to do more than just provide a bed and food (i.e. enforce curfew, enforce food rules) without having any experience in providing certain services. These organizations appear to be less effective by widening their scope than if they were to only provide housing.
- Another issue with housing is that it is very difficult to obtain grants for a shelter. With a lack of funding, the number of shelters available is far below the actual need in this community. There was a bit of disagreement among the panel on how many beds are needed, but there was strong agreement that we currently have about 100 beds available which is short at least 400-500 beds to serve a population around 600 that needs immediate housing.
- A third issue is that there are no housing services used that are outside of the city. When asked if there were housing services outside of the City, the panel stated, "No way!" There was mention of previous housing facility in a rural area that worked with parolees and included them working on a farm which the panel felt to be a successful model.
- The only identified population that has more housing needs than others were those who had maxed out. Housing was thought to be more difficult to find for them. Often times sending someone to Salvation Army, VOA, or House of Mercy would be the only option. These are not the best options because there are issues with these places, such as being around illegal activities. About 2-3 parolees go to Open Door each month. Open Door is not so forthcoming with information which makes it difficult for parole officers to obtain information on their client. Francis Center is the place where sex offenders are sent.

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- There is a strong need for transitional housing that provides services for the clients.
- Housing – there is no money to pay for it, it simply postpones the problem when sent to a shelter; trying to find housing that fits within DHS amount; often times can end up in unsafe environment – where had d.v incident before
- Housing for county jail – younger population, very active population- more gang more drugs; just immature, going back out to same neighborhoods

DHS Processes

The Department of Human Services (DHS) works directly with a number of parolees. One of the first things one of the panelists made clear is that DHS outwardly denies 75% of applicants from the general population. This would certainly be higher among the high-risk population being released from jail or prison. Some of the issues with DHS include:

- DHS will not pay cash for security deposits, so instead will give a landlord tenant agreement only. However, there appears to be some de facto racism with this process because there is a small number of places which will take this form of a deposit and they are located in the poorest most crime ridden areas of the city.
- DHS works in a very difficult way; it is hard to get benefits the first time around. One person stated, “Part of the process is to get denied at least the first time.”
- Sometimes ex-offenders were receiving benefits prior to going to prison, but then they get sanctioned by DHS and cannot receive services when they are released (which is illegal).
- There is a 45 day waiting period for any applicants to receive any assistance.
- Eligibility is a major issue, usually the ex-offenders will easily pass the lack of resources piece, but it is in the employability and chemical dependency piece which is difficult. If they do not file through CFC, then they wait 1-2 weeks to see someone and then if they are considered employable, then have to go through a list of onerous requirements before receiving benefits. For example, need to do 20 job searches at places that are hiring in addition to other onerous tasks.
- Obtaining legal documentation (i.e. birth certificates) is costly for the clients; sometimes they are expected to pay fees for documentation when by law they are not supposed to be.

Drug Addiction and Substance Abuse

When it came to chemical dependency, there was a conversation regarding it being a lifestyle versus addiction issue. One panelist felt that only about 25% of their clients have an addiction that is a problem that is driving their criminal activity. It was felt by this panelist that though other clients may be using drugs, it did not drive their crime. This panelist felt that the substance abuse issue was somewhat overstated and a focus on those issues would ultimately undermine underlying causes of criminal activity on the part of the reentering individuals.

Although the substance abuse issue may be overstated and there was a strong consensus that when you delve into addiction there is a number of underlying issues that

need to be addressed, substance abuse, when it exists, needs to be taken seriously. The treatment in prison was thought to be inadequate for a number of reasons, such as fellow inmates teaching the courses. It was felt that those with serious addiction issues need to receive better treatment.

The panel recognized that there are a number of underlying issues (i.e. trauma) that must be treated either before or during the drug treatment. It was felt that the Department of Corrections believes that if someone is treated for drug addiction, then the remainder of the problems will disappear, when the drug addiction is truly a symptom of the problem, not the problem itself.

When asked about payment for drug treatment, it was believed by the panel that Medicaid pays for a vast majority of the treatment. The parolees are likely to receive Medicaid benefits, so as long as they receive treatment at a facility that accepts Medicaid. The panel felt that in their experience, if a parolee was trying to get Medicaid for treatment, they most likely would receive the aid. Most likely, they would be turned down at least once in the process. However, if there is a history of substance abuse, then DHS will require a case act, which can make the process lengthier.

Issues with parole conditions came up with drug treatment as well. Some of the panelists felt that often times drug treatment is a condition of parole when it is not necessary. This requirement was therefore only another of several arbitrary conditions that ultimately leads to parole failure. This comes back to the 25% in which the addiction is driving their crime.

There was a consensus that there is no inpatient detox facility in Monroe County. This is a problem according to the panel. There are inpatient detox facilities in other areas outside of the County and there is one inpatient detox in the city, but it does not accept Medicaid (both inaccessible by parolees). There are all sorts of insurance problems, such as Medicaid not sending people out of county for inpatient. There used to be entry to care which “was a real good thing. A good alternative to jail.” But that is now no longer in use. An individual on the panel explained, “You get a parolee who you find is slipping and needs detox *now*. But because you have no place to send him now, you need to lock him up. A positive urinalysis kicks everything else – if he had a job, he loses it, if he had a place, he loses it, ...”

It was thought by some of the panel that drugs may not have been what made the client commit crimes, but it is what is now making him violate parole. The comment was made that we will spend \$35,000 to keep the client in prison when treatment would be much cheaper and likely to be more effective.

Mental Health Issues

The panel felt that there were a number of mental health problems with this population, yet not adequate services. Some of the issues with the services included: the stigma attached to diagnosis (which is necessary to receive services), the mental issues are complicated (“you are not dealing with a straight schizophrenic”), the people who have these problems are not good at negotiating these systems especially with an added mental health disorder, the level of trauma is so high within this population, find a high number of women survivors of sexual abuse who are living their lives of crime in response to the trauma, a high number of women seen with mental health issues, and

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competition for services (i.e. plenty of non-criminals with mental health issues that need services).

While persons with mental health issues are incarcerated it was felt by some of the panel that those inmates are not successfully receiving services. For example, because the mental health issues may be so difficult to deal with, the inmate is sent to solitary confinement (SHU) instead of receiving treatment. It was felt that the state is ambivalent with this difficult population, so then our approach to the problem is ambivalent, which is not helpful.

Developmental disabilities are a big issue in the prison system. The panel agreed that the system doesn't do well in these areas as far as providing the appropriate services. Single point of access (SPOA) was viewed by some panelists as a positive thing.

Parole

The panel felt that there were a number of issues with the conditions of parole. It was felt by some on the panel that it is easier for a parole officer to violate a parolee than to take the risk. The panel believed that when a number of the parolees are violated, they are often violated for reasons that are not so important or even related to the crime committed by the individual. The most common reason for a client to be violated is for absconding (dirty urine, not reporting).

Some issues with Parole included:

- Arbitrary conditions (curfew, apply the same fix to different problems)
- Takes months to get approved for a condition to be removed
- Err on the side of restrictions
- System should be a reward system (It was believed by some members of the panel that the evidence behind a reward system is strong and that it should be in use with the parolees)
- Clients completely cut off once parole ends
- Should be supervising according to risk (some are genuinely risky)
- A few specific cases were discussed in regards to the negative impact that the conditions had on a parolee getting a job and engaging in normal social activities.

Education

Receiving a GED was seen as an important piece to the parolees' success by the panel. In fact, the panel felt that most of the clients would like an education. Some issues with the current programs included: transportation, environment, and overall quality of the program. One program that no longer is around was discussed by the panel. The Stage program at MCC was effective because it placed the parolees in a population with college kids showing them what they could attain if they successfully received their GED.

Vocational programs within the prison system were viewed as outdated by the entire panel. DOCS offers a large number of vocational programs for the inmates, but because of them being so outdated, they are not useful when the inmate gets released. The vocational programs are run through NCCER. Some of the individuals on the panel wondered why not use SUNY, bricklayers, or BOCES instead?

Employment

There was consensus among the panel that of those who were released from prison, about half are employable. When asked what agencies are used to help their clients find jobs, some of the agencies included: Career Start (through DSS), JPC, Hope Initiatives, Wax Network, Rochester Landscape Technicians, and some use temp agencies (temp agencies are a last resort because it can mess up DSS benefits). No member of the panel could recall a client receiving employment through RochesterWorks. The panel felt the Rochester Works was generally unprepared to deal with the extensive needs of reentry clients. For them to be successful either dedicated caseworkers would be needed or a broader sensitivity to the needs of these clients would be necessary. There are a few large companies, such as Wal-mart, Wegmans, and Price-Rite that have hired large numbers of parolees.

The panel noted that there are few industrial and construction companies hiring which really hurts their clients. It was noted by a few panelists that there a number of manufacturing jobs in Victor, but it is out of the County (inaccessible to parolees) and there is a problem with transportation.

One agency was so successful with Career Start that one third of their clients who were employable last year were hired through Career Start. Career Start is particularly beneficial because they only refer jobs that are above minimum wage and include benefits.

A number of the clients have never seen a computer, ATM, etc. which only demonstrates more the need for case management and employment training. Likewise, several individuals are not capable of receiving a GED and it is unlikely that they ever will be. These individuals need to receive training as well and receive some gainful employment if they are to be successful.

It was noted that there are no subsidized employment shops around other than the availability of TEAP (Training and Employment Assistance Program) funds. TEAP will reimburse the employers and it is available to all. However, it was felt by some members of the panel that you need to know somebody to receive the benefits.

The major suggestion from the group was to offer more subsidized employment opportunities to those reentering the community. This helps individuals obtain short term employment to help with costs of reentry, provide them with an option of legitimate work instead of illegal employment and assists in building a resume for continuing work. Currently, subsidized work is needed and not provided to the extent necessary.

Family Re-unification

Some of the issues mentioned included: the elimination of trailer visits, lack of visiting hours in medium facilities during the week, and DOCS acknowledging the importance of family ties but not specifically supporting this stance. The panel felt that the families were being punished for a crime they did not commit. DOCS and public need to be educated on the importance of reunification for reducing recidivism, promoting positive behavior and health, and treating people respectfully.

Sex Offenders

The stipulations around sex offenders were seen as sometimes too restrictive and many times unfair. For example, due to Meghan's Law, a sex offender cannot live with his family because he has a child, even though sex offense not related to youth. Thus, these sex offender ghettos have been created because of the strict rules on housing.

Additional Thoughts

When asked what additional comments panelists wanted to add, these were heard:

- The city does not acknowledge that this is their problem – they need to be educated on the issues facing reentry
- Employers need to be educated and need to develop specific training programs
- On a positive note, DOCS is trying to reinvent itself because it has not been as successful with re-entry as was expected
- DOCS needs to focus on the effects of incarceration on the inside as well as after release to ensure people won't come back – humane treatment of people
- As a society, we just cannot let go of the need to punish people, even if studies show that this is not an effective method – public education needed
- Not much of a connection between custody side and re-entry side
- The work-release was a good program – then one bad apple ruins out
 - phased out
 - very tiny amount going through work release – maybe 100 (high number)
 - once release then “no more job” because of all the conditions of parole (treatment, no license, etc.)
- DOCS needs to change (i.e. need better, well run programs in prison – not run by inmates; need to be more concerned about treatment, not only if the client is committing crimes) – better use of evidence-based practices
- CFC seems to have their own system that works for them
- “I don't think anybody has a real number of the amount of people receiving services and those that aren't” – More analysis
- Would like to suggest to legalize drugs, to have people in prison for drug use is just ridiculous
- County does not actively pursue grant money
- Restrictions on sex offenders are often impossible and/or unfair

Recommendations

- 1) A policy committee be established focusing on issues of offender reentry
- 2) The policy committee meet monthly to focus on reentry issues with local political leaders and service providers
- 3) An agenda be set forth for public education around reentry