

Voices of Experience: Focus Group Findings on Prisoner Reentry in the State of Rhode Island

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research for safer communities



URBAN INSTITUTE
Justice Policy Center

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Table of Contents

Executive Summary.....	1
Introduction	3
Methodology	5
Statement of Limitations	7
Background	9
Basic Needs	11
Employment	17
Family	23
Health Care	29
Housing	39
Prisoners and Ex-Prisoners	45
Conclusion	53
Appendix A: Service Providers Represented in Focus Groups.....	55
Appendix B: Questions Posed to Focus Group Participants	57
Appendix C: Adult Correctional Institutions (ACI) Programs.....	71
Appendix D: Discharge Planning within ACI	76

Executive Summary

Government leaders, corrections officials, local organizations, and service providers have become keenly aware of the prisoner reentry challenges experienced by states and communities across the country, and they have begun to use both research and programmatic knowledge to address these challenges. This new emphasis on prisoner reentry issues prompted the National Governors Association to launch the Prisoner Reentry State Policy Academy. Established in the summer of 2003, the goal of the Academy is to help governors and other state policymakers develop and implement effective prisoner reentry strategies in an effort to reduce costly recidivism rates. Activities include an in-state policy workshop, two policy academy meetings, and customized research and technical assistance provided by the Urban Institute.

Rhode Island was one of seven states—along with Georgia, Idaho, Massachusetts, Michigan, New Jersey, and Virginia—selected to participate in the Academy. As part of their work in the Academy, the Rhode Island Department of Corrections requested that the Urban Institute conduct a series of focus groups with service providers and current and released prisoners across a variety of subject areas related to prisoner reentry. The purpose of the focus groups is to identify (1) resources and services that are available for released prisoners to assist them with reentry; (2) gaps in service delivery for both released prisoners and their families; (3) challenges that exist in serving this population; (4) barriers to coordinated service delivery across agencies and service providers; and (5) recommendations for better serving this population.

The overriding themes that emerged from the focus groups included (1) a lack of coordination between ACI and state and local service providers; (2) the belief that prisoners are not adequately prepared for reentry prior to their release; and (3) a general consensus that the demand for community services to assist released prisoners far exceeds supply. Key insights and recommendations by topic area are outlined below.

- **Basic Needs.** Service provider participants reported that after release, a large share of prisoners struggle to meet their basic needs, including food, clothing, housing, and transportation. Providers identified a lack of knowledge of the social services system as a reason why many released prisoners encounter problems on the outside. They also reported that lack of transportation presented an obstacle to securing housing, employment, and social services after their release. Participants recommended increased discharge planning and more work release programs and halfway houses for released prisoners.
- **Employment.** Both service provider and prisoner participants believed that current corrections policies make planning for post-release employment difficult. Prisoner participants consistently cited employment as their most pressing concern following release and recommended that they have access to more job search resources while incarcerated. Provider participants also noted the need for more employment counseling, since most prisoners have few, if any, job-search skills. All participants believed that the stigma of a criminal record was a tremendous obstacle to finding employment. They recommended that training in skilled trades, such as carpentry, mechanics, and plumbing, could increase the prospects of successful post-release employment.

- **Family.** Most prisoner participants reported heavy reliance on their families and friends for both financial and emotional support immediately following their release. Service provider participants noted, however, that the constraints of imprisonment can cause prisoners to become disconnected from their families, which can create significant reunification challenges following release. Both provider and prisoner participants recommended that corrections alter its policies to facilitate increased visitation and telephone communication between prisoners and their family members. They also recommended that family members participate in the pre-release planning process.
- **Health care.** Service provider participants observed that the health needs of prisoners exceed treatment capacity—both in prison and in the community. They believed that the challenges to providing health care to this population begin in prison, when many prisoners do not avail themselves of health care resources. Prisoner participants reinforced this belief, citing both long waits for in-prison health care and poor-quality health care services as reasons for not seeking treatment. Service providers felt that corrections staff do not try to incorporate them in the pre-release planning process. They also noted a lack of coordination among service providers that results in large numbers of individuals with acute health care needs slipping through the cracks. Providers recommended that everyone—corrections staff, health care providers in the community, and soon-to-be-released prisoners—come to the table to coordinate pre- and post-release health care planning.
- **Housing.** Service provider participants reported that the shortage of housing in the Providence area has become an enormous problem for released prisoners. This lack of housing stems from increasing gentrification and the inability of former prisoners to receive public housing benefits or, in some cases, shelter space due to the stigma of the ex-prisoner label. Service providers reported that many prisoners lack the necessary housing-related preparation for release and, as a result, end up on the street. They also noted that, while housing providers have been very successful in collaborating, they are also all competing for the same scarce resources. Providers and prisoner participants alike overwhelmingly agreed on the need for more affordable housing and fewer restrictions on public housing in the Providence area.

Introduction

In July 2003, the State of Rhode Island became a member of the Prisoner Reentry State Policy Academy, a group of seven states selected by the National Governors Association to develop and implement effective prisoner reentry strategies in an effort to reduce costly recidivism rates. Activities of the policy academy include an in-state policy workshop, two cross-state policy academy meetings, and customized research and technical assistance provided by the Urban Institute.

In May 2004, the Rhode Island Department of Corrections (RIDOC)—known locally and referred to hereafter as the Adult Correctional Institutions (ACI)—contracted with the Urban Institute (UI) to conduct a series of focus groups with service providers, current prisoners, and former prisoners. The goal of this project was to help ACI and its partners in other state agencies gain a better understanding of the reentry challenges facing released prisoners as well as the resources and opportunities that exist to better serve this population.

In total, UI conducted seven focus groups to include the following topic areas and populations: employment, health and substance abuse, housing, family, basic needs, current prisoners, and released prisoners. Focus group participants consisted of service providers from state and nonprofit agencies, recently released prisoners, and individuals who had been returned to prison on probation or parole revocations.

This report begins with a description of the focus group methodology, including sampling and recruitment procedures and focus group protocols. The body of the report synthesizes the comments made by Rhode Island

service providers, state agency employees, and current and former prisoner participants. The report is organized by five topic areas: employment, health and substance abuse, housing, family, and basic needs. In addition, a section of the report is dedicated to focus group findings from current and former prisoners. Each section synthesizes findings that resulted from the following questions:

- What resources and services are available for released prisoners to assist them in reentry?
- What are the gaps in service delivery for both released prisoners and their families?
- What challenges exist in serving this population?
- What are the barriers to coordination of service delivery across agencies and service providers?
- What recommendations do you have for better serving this population?

Throughout the report, comments are highlighted that may provide guidance to Rhode Island decisionmakers as they develop initiatives to enhance the successful reintegration of released prisoners, reduce recidivism, and increase the safety of communities across the state.

Methodology

Sampling and Recruitment of Participants

Urban Institute staff identified three distinct groups of focus group participants: (1) service providers from nonprofit organizations and state agencies; (2) recently released prisoners; and (3) current prisoners recently returned to prison on parole or probation violations. For the remainder of this report, the participants in the service provider focus groups will be referred to as “service provider participants” and participants in the current and former prisoner focus groups will be referred to as “prisoner participants.” When reporting the combined views of all focus group participants, they will be referred to as “focus group participants.”

Service provider participants were recruited to represent the areas of employment, health and substance abuse, basic needs, housing, and family. Individuals were identified through subject-area experts employed by the State of Rhode Island, who forwarded to UI a list of line-level staff persons for whom released prisoners are a part of their clientele. UI staff then mailed letters to these candidates, inviting them to participate in the study and later confirming their agreement to participate through a follow-up phone call and letter. The size of the service provider focus groups ranged from four to nine participants, with an average of seven participants per group. In total, 18 participants worked for state agencies, and the remaining 20 service providers worked for nonprofit organizations (see appendix A for a list of participating organizations). Seventy-one percent of service provider participants were female, 20 percent were

nonwhite, 55 percent worked for nonprofit organizations, and the other 45 percent worked for state agencies.

UI staff identified recently released prisoners through ACI, which generated a list of 40 people who had been sentenced in Superior Court in Providence and had been out of prison for between 6 and 12 months. The names were selected randomly by first stratifying across the five Providence probation¹ offices (ensuring geographic representation) and then selecting every *n*th case. UI staff contacted each name on the list until nine participants were confirmed. Released prisoners were invited to participate in a two-hour “group conversation” during which dinner would be served and after which participants would be compensated with \$50 in cash. In an effort to ensure a good turnout, UI held the focus group with former prisoners at the Family Life Center in Providence, which is located within the zip code identified by ACI as having the highest concentration of released prisoners. Of the nine individuals recruited, however, only two actually attended despite the fact that UI staff made confirmation calls the day before the focus

¹ In Rhode Island, approximately 12.5 percent of released prisoners are paroled and are subject to post-release supervision. Of the 87.5 percent of prisoners who are discharged through an expiration of their sentence, 91 percent are released to a period of probation supervision. Thus, the vast majority of released prisoners in Rhode Island are under supervision, which is primarily conducted by the Probation Department. RIDOC (2004) Prisoner Reentry in Rhode Island (PowerPoint presentation). Boston, MA: National Governors Association Prisoner Reentry Policy Academy.

day before the focus group. UI staff were able to recruit two other recently released prisoners from the Family Life Center at the time the focus groups were scheduled to take place. Of those who participated in this focus group, two were African American and two were Caucasian/non-Hispanic; one participant was female and the other three were male. Participants had been out of prison for an average of five months.

Participants representing current prisoners were recruited through the assistance of ACI staff, which provided UI with a list of persons who had been returned to prison within the past 60 days after having been released from prison for a previous offense. ACI generated a list of 50 prospective participants from the minimum-security prison² and then UI staff randomly selected 25 of them to attend a session during which UI staff described the study and informed consent procedures and identified those prisoners interested in volunteering for the study. A total of 17 prisoner showed up to the session, of which six agreed to participate. ACI policies did not allow for incentive payments or any other form of compensation to prisoners in exchange for their participation in the study. Forty percent of currently incarcerated participants were nonwhite (Hispanic and/or African American), and all were male. The elapsed time between their previous release and the start of their current sentence ranged from nine months to ten years, with the average time being four years. Current sentences for this group ranged from three to six months, with an average sentence of five months.

² While sampling from the minimum security prison alone may result in a biased sample, UI was advised by ACI staff that the vast majority of prisoners are housed in the minimum security facility and that it would not be feasible to recruit participants from the medium and maximum security facilities.

Focus Group Process

Focus groups were scheduled for two hours, which allowed time for the focus group discussion plus 10 to 15 minutes at the beginning of the session, as participants arrived and got settled, for the focus group moderator to develop a rapport with participants through casual conversation. Focus group participants were provided nametags and asked to create false names for themselves; this served the dual purpose of ensuring anonymity and being an icebreaker for the group discussion that followed. Focus group sessions began with an introduction of the UI staff, an explanation of the purpose of the study, a description of how the focus group would be conducted, and a discussion of informed consent procedures. UI staff assured those present that participation was voluntary, that their comments were confidential and would only be reported in the aggregate, and that their decision to participate would not affect their employment or their probation/parole status. Focus group participants signed consent forms prior to participating.

Focus group discussions lasted approximately 90 minutes. The moderator began the discussion by informing focus group participants that the nature of the meeting was to provide a comfortable forum in which to discuss openly and frankly their experiences with prisoner reentry. She explained that the overall goal of the focus group was to learn from the experts—those who are intimately involved in the management and delivery of essential services for prisoner and ex-prisoner populations and those individuals who have reentered the community from prison—about the most pressing and important issues of prisoner reentry. With this goal in mind, the moderator asked broad, open-ended questions of the groups and made an effort to let the conversations flow to topics that the focus group participants felt were the most important, while

still ensuring that a number of predetermined topics were covered at some point during the discussion (for the full list of questions, see appendix B).

The content of the focus group discussions was captured both through audiotapes of the sessions and through notes taken by a UI staff person present at the focus groups and equipped with a laptop computer. The first

step in analyzing the data was to catalog participants' remarks based on the various themes and subject areas that emerged during the course of the discussions. Each of the seven session transcripts was then reviewed in its entirety to identify quotations and ensure that the final report was representative of the opinions and experiences of the group overall.

Statement of Limitations

Focus group research seeks to develop insights and direction, identifying perceptions rather than quantifying precise measures. Because of the sampling procedures employed and the limited number of respondents, this research should be considered qualitative and informative; it should not be considered reliable in the statistical sense and so it cannot be projected to a universe of similar respondents without additional quantitative support. Some information may appear inconsistent or inaccurate—this should be considered valid from the participant point of view; the participant may be misinformed or simply wrong in his knowledge or judgment, but that should be interpreted as useful information. It should also be noted that this report cannot convey nonverbal information, such as body language and tone of voice, nor can it report on subtle forms of peer pressure that may exist and influence the types of responses reported herein.

Background

The Rhode Island Department of Corrections (RIDOC) began working to establish a formal reentry system for prisoners early in the 1990s, when it developed a reentry program specifically for inmates with HIV or AIDS. Based on the success of that initial program, RIDOC began gradually developing re-resources for discharge planning for other segments of its population. Over the course of the past 14 years, RIDOC has assembled a reentry program that includes 10 community agencies working inside the prisons daily to assist soon-to-be-released inmates in their plans for reentry into the community. Today, all sentenced women and approximately half of RIDOC's male inmates receive individualized discharge planning and some form of aftercare support. Target populations, in addition to women, include the mentally ill, homeless, and those posing the highest risks, such as sex offenders. All others receive, at a minimum, a reentry preparation class in which they are given materials and resource lists with contact information for social service agencies in the community. (For a more extensive description of RIDOC's reentry planning efforts, see the sidebar on page 23.

Despite this long-term commitment to the development of a meaningful and effective reentry system, significant barriers to reentry remain—both within and outside of the corrections system. RIDOC has yet to implement its plans to conduct individual assessments and long-term program planning for all prisoners, although a policy is in place and staff training on administration of assessments is scheduled in the coming months. Moreover, much of RIDOC's reentry activities are funded by grants and have not been established in the state budget, meaning that many prisoners will continue to receive only the bare minimum assistance for reentry. The most daunting obstacle, however, is that the Rhode Island community is far from ready and able to support and absorb prisoners returning home: Resources are simply not available to fill critical needs. Rhode Island's participation in both the National Governors Association's Prisoner Reentry Policy Academy and the National Institute of Corrections Transition from Prison to Community Initiative, however, has helped state planners begin to develop a workable plan for moving forward with more comprehensive reentry initiatives.

The focus group findings presented herein are an indication of just how complex and difficult the task of reentry preparation is. Seven groups of people selected at random or from agencies outside of corrections expressed very clearly that they do not believe that RIDOC is doing its job. They all perceive major gaps that remain unaddressed, and most are unaware of the reentry work that has been accomplished over the past decade. Perhaps the greatest value of these focus groups is that they serve as a reminder to RIDOC that, although their accomplishments are real, much work on the reentry initiative remains to be done. RIDOC will need to continue to build internal and external resources, to develop partnerships with state and community agencies, and to spread the word about their work so that community and state agencies begin to join in the effort.

Basic Needs

The Basic Needs focus group comprised two men and seven women. Five participants represented the Rhode Island Department of Human Services, one worked at a local Rhode Island food pantry, and three worked for the Rhode Island Department of Transportation, which includes the Rhode Island Public Transportation Authority. While the participants from the Department of Transportation had not interacted as extensively with returning prisoners as had other focus group members, all focus group participants were of the opinion that re-leased prisoners are important clientele.

Basic Needs of Ex-Prisoners

Focus group participants began the discussion by talking about the immediate needs of prisoners on the day of their release from prison. One of the greatest needs participants cited is that many prisoners have not secured housing prior to or upon their release from prison and have few resources available to them in getting to temporary housing or housing referral services. One participant noted that, although Adult Correctional Institutions (ACI) staff sometimes unofficially appropriate funds for bus fare, no authorized program exists to transport prisoners from prison to their residences upon release.

“They’ve got nowhere to go, and no way to get there.”

Furthermore, at the time of their release, many prisoners have no money, and most are

Some prisoners are released in winter months wearing nothing more than shorts and a T-shirt.

released with nothing more than a few bus tokens. Typically, prisoners are released with the clothes they were wearing at the time of their arrest,

and some prisoners have no resources for additional clothing. This creates a situation, for example, in which some prisoners are released in winter months wearing nothing more than shorts and a T-shirt. In general, participants found the basic needs of many returning prisoners to be overwhelming.

Release Planning in Prison

As a result of their talking directly with professional contacts and ex-prisoners, the strong consensus among focus group participants was that only a small percentage of prisoners receive release planning while in prison. Focus group participants noted that many returning prisoners are misinformed—either by ACI staff or by word of mouth from other prisoners—about the availability of transportation, housing, and jobs, as well as about eligibility requirements associated with assistance programs and services.

“We don’t know what the policy is with the DOC in terms of releasing people into society.”

The group also agreed there is a lack of coordination among ACI staff, prisoners,

families, and community service providers about how and when prisoners are released. For example, families sometimes do not know when their incarcerated family member is scheduled for release. Several focus group participants reported that ACI seems unwilling to coordinate with them; this lack of coordination has affected the attempts of focus group participants to provide services for returning prisoners.

*“The attitude at ACI seems to be
‘When they’re here they’re ours,
when they’re gone they’re yours.’ ”*

According to participants, ACI is not the only agency with coordination problems. Many service providers in the focus group feel overwhelmed by their caseloads and simply do not have the resources to engage in long-term planning and service coordination. Focus group participants also noted that recent growth in their caseloads has put tremendous pressure on their organizations and cited this as a reason for the lack of collaboration among agencies.

*“Caseloads are growing so fast—
you can’t do long-range planning
when you are putting out fires. It’s
not that there isn’t a willingness to
coordinate, it’s just that individual
agencies are overwhelmed.”*

Resources Available to Returning Prisoners

Focus group participants routinely mentioned two places where prisoners can go to take care of a wide range of basic needs after their release: Amos House and Crossroads Rhode Island (formerly Travelers Aid of Rhode Island). According to their Web site (<http://www.amoshouse.com/>), Amos House provides permanent and transitional housing to people in need and also provides social service referrals for health care, housing, and employment. One participant estimated that

Amos House provides roughly 800 meals a day. Crossroads Rhode Island (<http://www.crossroadsri.org/>) also provides transitional housing and clothing, although they only offer housing to families with two or more children.

Released Prisoner Profile¹

Michael is 42 years old and is estranged from his family. He has a history of alcohol and drug addiction and related chronic liver problems. Because he was unaware of the discharge planning available to him, he was not advised to submit paperwork for Supplemental Security Income. As a result, Michael was penniless at the time of his release. He found a place to stay at a local homeless shelter and spent much of his time trying to find his next meal. He received a few bus tickets from ACI upon his release, but once those tickets ran out, getting around became very difficult. These transportation problems restricted Michael’s ability to find a job and obtain health care.

¹The released prisoner profiles that appear in this report are composites of several of the prisoner/ex-prisoner focus group participants.

*“There’s no way to pull yourself up if
you have no access to
transportation.”*

Participants also noted that both Amos House and Crossroads Rhode Island provide returning prisoners with free bus tickets. These agencies, however, dispense only one ticket per visit, so released prisoners must stop by in person each time they wish to go somewhere, which is inconvenient and makes it difficult to get around. Participants also noted that disability bus passes are available for those who qualify, but theft of these passes is a very serious problem.

The consensus among participants was that the Department of Labor and Training, in

Agencies only dispense one ticket per visit, so prisoners must stop by in person each time they wish to go somewhere.

conjunction with Crossroads Rhode Island, has done well in employment planning for soon-to-be-released prisoners. Several participants from the Rhode Island Public

Transportation Authority did note, however, that transportation for certain Department of Labor Training programs not on the public transportation grid amounted to an “unfunded mandate.”

Challenges Facing Returning Prisoners

Focus group participants identified many obstacles that released prisoners face. One of the greatest obstacles cited is that, upon release from prison, prisoners have absolutely no official paperwork or personal identification. Released prisoners frequently tell service providers that their identification was confiscated when they entered prison and not returned to them upon their release. Participants cited this lack of documentation as causing significant delays in the process of connecting prisoners to essential social service programs and benefits.

“They have nothing when they come out the doors; no prison ID, not even a photocopy of their prison ID, nothing.”

Participants also noted that the stigma of “ex-con” status is a very significant obstacle for many released prisoners. For example, many employers have policies prohibiting the hire of ex-prisoners, and food stamps are not available to those with drug trafficking convictions.³ Many shelters will not take

victions.³ Many shelters will not take felons convicted on charges of drug trafficking, and ex-prisoners typically are not eligible for Section 8 housing vouchers.

Coupled with a recent decrease in the availability of affordable

Participants noted that the stigma of “ex-con” status poses a significant obstacle for many released prisoners.

housing, these restrictions make finding shelter very difficult.⁴

“There is a stigma attached to ‘ex-cons’ by service providers and employers.”

Focus group participants representing the Rhode Island Public Transportation Authority (RIPTA) reported facing tremendous pressure, especially from middle-class commuters, to segregate released prisoners from other riders on the bus system. This pressure is due in large part to the antisocial behavior of prisoners while using the bus system.

“Behavioral issues yield prejudice directed towards ex-prisoners. . . . Prisoner behavior on the bus system coming in and out of the facility does not help.”

For reasons unrelated to their status as ex-prisoners, many of those released from prison do not qualify for needed social services. For example, according to the RIPTA representatives present, eligibility requirements for free bus fare include having children

³ Participants noted, however, that the Rhode Island Department of Human Services does not conduct background checks to verify this information.

⁴ Ironically, one participant noted Providence’s lead laws, which require landlords to provide lead-free housing to families with children. This legislation, however, has had the unintended consequence of limiting families’ access to low-cost housing because many landlords prefer to bar families with young children rather than remove lead paint.

and/or a physical disability. Focus group participants repeatedly mentioned the lack of information on programs and program eligibility requirements as a problem for both prisoners and service providers. Several participants referenced the book *Starting Over*⁵, a resource that gives an overview of state agencies and services, but noted that it does not give readers any information about eligibility requirements.

“One attitude is that we can’t have a social service package that is too good or people will start moving here from New York.”

Language barriers also pose a challenge for a small minority of prisoners. Service providers equipped to accommodate non-English speakers are few and far between. Participants also reported that they were unaware of any educational programs in the prison system designed specifically for those who do not speak English.

Finally, participants mentioned child support arrearage as an obstacle for many released prisoners. Child support in Rhode Island accrues while an individual is in prison, and the state may garnish wages from prison jobs for the purpose of making those payments. As a result, many prisoners leave prison penniless. In extreme cases involving prisoners who are able but unwilling to pay child support, their release may be conditional upon payment of child support.

Recommendations

The consensus among the group was that the philosophy of the prison system in general needs an overhaul. Several participants noted that harsh sentencing policies were leading to prison overcrowding, and were overwhelming the capabilities of service providers both in-

side and outside the prison. Others believed the prison system desperately needed to focus more on rehabilitation and less on punishment.

More specifically, participants unanimously agreed on the need for greater communication and coordination between ACI and community-based social service agencies. Rather than pointing prisoners to social services upon their release, participants hoped

ACI would welcome these providers into the pre-release planning process. Several focus group participants recommended that case plans be de-

veloped for all soon-to-be-released prisoners. This case plan would include an assessment to determine the needs of the individual and would also require regular meetings between ACI authorities and social service providers for planning purposes.

Participants unanimously agreed on the need for more communication and coordination between ACI and community service providers.

“ACI needs to welcome social services into the pre-release planning process.”

Several participants recognized the need to help prisoners become more self-sufficient. For example, long after his return to the community, human services will often continue providing an ex-prisoner with emergency food stamps despite the fact that he might not have needed them had he planned better. In the words of one participant,

“Prisoners need to be accountable. They have to follow through, wean themselves from services.”

⁵*Starting Over*. 2003. Providence: Traveler’s Aid of Rhode Island.

To this end, participants also recommended a more “blended” approach to release. One participant recommended, in addition to involving outside agencies in the planning process, more follow-up by discharge planners at ACI.

Several other participants noted the need for more halfway or transitional houses and work release programs.

“There is no follow-up with the prison. Perhaps we need a halfway or transitional house.”

Employment

The employment service provider focus group comprised seven women and two men. Eight of the participants worked for netWORKri offices in Woonsocket, Providence, West Warwick, and Pawtucket as case managers, employment counselors or center managers. NetWORKri is a collaboration of employment and training organizations. One participant worked in vocational services at Crossroads Rhode Island (formerly Travelers Aid of Rhode Island), an organization that provides services to the homeless and others in desperate situations, which is often the first stop for people leaving prison in Providence.

Employment Needs of Ex-Prisoners

The consensus of employment focus group participants was that the vast majority of prisoners released from Rhode Island correctional facilities need assistance in finding employment. Prisoners have few resources at their disposal for conducting a job search while incarcerated. Many lack basic job search skills such as knowing how to fill out an application, create a resume, or successfully interview for jobs. A

The vast majority of prisoners released in Rhode Island need assistance in finding employment.

felony record and gaps in employment history resulting from incarceration also handicap the ex-offender's job search. As a result of these factors, prisoners

struggle to find employment with sufficient pay to support themselves, much less their family members.

Obstacles to Finding Employment for Ex-Prisoners

Focus group participants agreed that obstacles to finding employment begin prior to release. Prisoners seeking employment have few resources beyond classified ads in the newspaper; access to telephones is very limited, and Internet use is not an option within the prisons.

In the rare event that a prisoner identifies a prospective employer, it is often difficult to arrange for a job interview due to the furlough application process, availability of prison staff escorts, and the availability of transportation to and from the interview. A prisoner who successfully navigates this process must be interviewed in his prison uniform. Prisoners are also required to obtain a referral letter from the prison administration each time they want to see an employment service provider.

“Bureaucratic procedures make getting referrals and interviews difficult for inmates even if they have the initiative or resources.”

Focus group participants believed that work release helps inmates develop job skills and find employment. They also thought that work release rules were sometimes cumbersome and interfered with program effectiveness.

Ex-prisoners often lack reliable transportation, a valid photo ID, presentable clothing, and stable housing.

For example, for employers who hire multiple work release employees, if any one of those employees gets into trouble, all of the

work release employees are returned to prison. In one case, this policy resulted in an employer deciding not to continue employing work release inmates.

After their release, ex-prisoners often lack reliable transportation, a valid photo ID, presentable clothing, and stable housing. They also have to make substantial adjustments and critical choices in response to newfound freedom and to the cultural and technological changes that may have occurred while they were in prison. All of these adjustments can result in a lag of at least a few weeks before a released prisoner is ready and able to secure employment, and during which time releasees may fall into previous patterns of criminal behavior.

Participants observed that released prisoners tend to lack basic job-seeking skills, such as putting together a résumé or behaving professionally during an interview. Many prisoners had a poor idea of what jobs would be suitable for them. For example, one focus group participant told of a released prisoner with a prior DUI conviction who applied for a truck driving job.

“When inmates come to class, they don’t know how to sell themselves to employers or talk to employers.”

Released prisoners often find their criminal record is an impediment to finding employment.

Even ex-prisoners with skills gravitate toward low-skill, low-wage employment.

Employers scrutinize, stigmatize, and discriminate against released prisoners who often have long gaps in employment histories due to incarceration. In

addition, parole rules that prohibit a released prisoner’s association with other felons may restrict the ability of employers to hire multiple offenders.

Participants explained that even released prisoners who have good skill sets and job marketability gravitate toward low-skill, low-wage employment. These ex-prisoners either are un-

aware that better opportunities exist for them or do not believe that they could be hired for more desirable positions. At the same time, many become frustrated with the low-wage jobs they do get, which results in low job retention.

“Inmates have low expectations. They have skills but apply for the lowest rung jobs because they feel they have no options and no one would hire them.”

Finally, some participants felt that the employment assistance system itself is an obstacle. Resources exist, but accessing them is intimidating for many released prisoners.

“The system of employment search resources is overwhelming to those without initiative. It is difficult to navigate even for those that do—almost every aspect of it. Inmates described being walked in and sat down at a computer terminal. They didn’t know what to ask. The system is set up to provide great services, but to access them you have to be assertive, self-directed, and not look like a lot of the people that we refer to those centers.”

Existing Employment Resources for Ex-Prisoners

Focus group participants described employment resources within the Adult Correctional Institutions (ACI) as limited. Several participants mentioned that discharge planners working in the prison facilities had called them to ask about employment for returning prisoners. Although these calls indicated a lack of familiarity with available resources outside the prison, they suggest that discharge planners have an interest in being a conduit for employment information.

“A lot of folks working with inmates don’t know what happens after they’re released, as far as barriers to be faced and resources that are there.”

Participants, who represented Crossroads Rhode Island and netWORKri, all indicated that they provide job training and referral services to released prisoners. They also mentioned a program called Justice Assistance, which provides job referral services exclusively to people who have criminal records. Justice Assistance has a reputation for responding quickly and reliably to all referral requests.

Cooperation between ACI and Service Providers and among Service Providers

There is little in the way of coordination and collaboration between ACI and employment service providers in the community. At one time, netWORKri operated a program that placed staff

Preparing prisoners for successful release is not part of ACI’s core mission.

within the prisons to work directly with soon-to-be-released inmates, but they currently lack the resources to continue that effort. Participants also cited collaboration between ACI and net-

WORKri that was in place two years ago, whereby ACI sent netWORKri eight inmates to participate in a job placement program located offsite at a netWORKri center. Participants felt that this program, which originated with the Department of Labor and Training and through informal conversations with wardens and Department of Corrections (DOC) administrators, was successful.

Despite occasional positive cooperative experiences as described above, focus group participants expressed frustration in working with ACI. Participants questioned why ACI was not doing more to address prisoner reintegration challenges. The prevailing sentiment among

focus group participants was that preparing prisoners for successful release is not part of ACI’s core mission.

“Whose job is it to have prisoners ready to reintegrate? I don’t think the prison thinks it’s their job. They think it is our job.”

Participants described having some contact with parole and probation officers, who sometimes call to see how their clients are doing in their employment search. Some focus group participants characterized the interactions with parole and probation as superficial, however, and wished that there could be more comprehensive cooperation.

Service providers have had some success linking directly with employers. In one instance, Capco Steel was brought into ACI for job recruitment. This resulted in several hires, but the effort has not been repeated. Participants cited logistical difficulties in coordinating with ACI that inhibit these types of arrangements with prospective community-based employers. Focus group participants felt it was important for ACI to nurture relationships with employers who have demonstrated a willingness to hire ex-prisoners.

According to focus group participants, while there are no formal connections among employment service providers serving ex-prisoners, there is a great deal of informal contact. One participant described the network of Rhode Island’s employment service providers as a “landscape, not a system.” The participants had a lot of general knowledge of the service environment but were often hazy on the particulars. They mentioned that there is a grant in the works to promote service provider connections between the Department of Labor and Training and ACI.

Participants characterized their interactions with parole and probation as superficial.

Participants considered this to be a positive development but noted the non-permanency of grant funding and the likelihood of it being cut in a budget crisis.

“Money for training and capacity gets cut every year.”

Recommendations

Focus group participants were unanimous in their recommendation to ease restrictions and bureaucratic requirements so that prisoners may contact employers prior to their release. Limits on the number of hours prisoners may work with employment service providers, coupled with paperwork requirements, leave inadequate time for an effective job search.

“Prisoners with work release have two weeks to find a job, and we are losing two to three days on administrative things.”

Participants also suggested that ACI make Internet use available to prisoners. They understood the necessity of limitations for security reasons but said they had, with proper supervision, successfully provided Internet services to prisoners participating in programs at their centers.

The participants expressed a desire for the Department of Corrections to create a formal program that helps prisoners transition into employment upon release. Components of the program they envision include facilitating access to employers for interviews or work

Participants also suggested that ACI make Internet use available to prisoners.

release positions and providing training in résumé writing, interviewing, and other job-seeking skills. Education programs that enable prisoners to earn their general equivalency diploma (GED) or achieve English fluency were also suggested.

“I wish we could develop a resource book for assisting inmates.”

Participants would like to see a user-friendly employment resource guide designed for inmates. They acknowledged that Crossroads Rhode Island has already developed one, but viewed it as so comprehensive that it intimidated most providers and prisoners.

Participants also expressed hopes for a program modeled after a Baltimore-area bakery⁶ that employs ex-prisoners. They felt that with tax incentives and the possibility of earning a profit, businesspeople could be induced to start such enterprises. In that same vein, participants noted that Crossroads Rhode Island is opening a copy center to provide employment to its clientele, including ex-prisoners. Participants also noted that the skilled trades, such as plumbing and carpentry, are very open to hiring people with criminal records. They recruit throughout the year and pay a starting wage double the minimum wage, plus benefits. For ex-prisoners fortunate enough to obtain work in the skilled trades, this gives them access to a variety of union-offered resources and protections. While acknowledging that many ex-prisoners do not have the schooling, transportation, or driver’s license that is typically required to obtain trade jobs, they nonetheless believed that preparing more prisoners for the skilled trades would be beneficial and promote successful reintegration.

“Trades become like a family for the workers. In this industry, individuals will take care of each other to a certain extent within the various unions.”

⁶ Although participants did not refer to this bakery by name, further investigation revealed that participants were likely referring to Gourmet Again (<http://www.gourmetagain.com/>), a Baltimore-area caterer and bakery collaborating with the Maryland Department of Corrections to hire ex-prisoners and prisoners on work release.

Noting that a criminal record is perhaps the greatest obstacle to post-release employment, one of the participants' more ambitious policy recommendations was to make the expungement of criminal records possible after a shorter period of time, particularly for nonviolent offenders. Currently, the expungement process takes seven years for a misdemeanor and ten years for a felony, with the clock starting after the completion of any post-release supervision.

Finally, focus group participants unanimously agreed that a philosophical change within the corrections system was in order. They expressed an interest in seeing ACI focus more squarely on preparing prisoners for life on the outside, as well as for ACI to take a role in ensuring that prisoners do not end up right back in prison after release.

“I think there needs to be a philosophy of exit built into the prison system.”

Family

The family service provider focus group was composed of five women and one man. Two participants were discharge planners who were grant-funded to work within the prison system, one with women and one with men. One participant supervised a parenting program within the Department of Corrections (DOC), while another was a social worker at a juvenile detention facility. Two participants worked with the Division of Taxation, Child Support Enforcement Division.

Challenges Facing Returning Prisoners and Their Families

Family focus group participants discussed the familial challenges prisoners face both before and after their release. They noted that prisoners who remain in contact with family members, particularly children, while incarcerated are more likely to successfully reunite after release. Furthermore, families can provide prisoners both emotional and tangible support after release that can help prisoners successfully transition into

Men are much more likely than women to have family support.

the community. Focus group participants reported, however, that many inmates lack these ties that promote successful reentry. Nonetheless, participants

agreed that while the goal of helping prisoners maintain supportive ties with their families was daunting, it was realistic and could yield long-term benefits.

“People seem to get disconnected in the time they are [in prison].”

Disconnection is a common problem for many prisoners; family members do not participate in the discharge planning process, and the expectations prisoners have about family relationships upon their release are often very different from the expectations of their families. Focus group participants also agreed that men

and women face very different family-related reentry challenges. Typically, men are much more likely than women to have family support, particularly from a girlfriend, mother, or aunt. By contrast, many women face additional reentry challenges associated with child care and not having relatives who can assist them. One participant expressed particular frustration with the support male prisoners tend to receive from the women in their lives, noting that in many cases these women reinforce dependence and irresponsibility:

“Men are perpetually children in that they are always being supported and not being empowered or educated to be supportive.”

Focus group participants noted that strong family ties not only benefit the prisoner but their families, which are in need of the released prisoner’s support, particularly as it relates to children. Participants estimated that more than 40 percent of prisoners owe child support payments. Often this financial obligation has been accumulating without the prisoner’s knowledge while he has been incarcerated.

“Unfortunately there’s not much [child support] information provided because we cannot offer them the money to develop [materials]. There is no one to tell them there are ways you may be able to get in front of the judge and ask if your payments may be suspended.”

Focus group participants also identified the establishment of paternity as an important issue for both parents. Fathers may be unable to provide certain types of care for their children, such as obtaining medical attention for them, because

Family members can put prisoners in a difficult position.

they are not officially recognized as the parent. Parents need to know how to get the father’s name

listed on the birth certificate. Conversely, being on record officially as the father can create problems for some male prisoners. Participants told of how some prisoners’ wives have children by other fathers while their husbands are incarcerated but list the husband’s name on the birth certificate, saddling him with legal responsibilities for someone else’s children.

Even for those prisoners with strong family ties, family members can put prisoners in a difficult position. Focus group participants observed that, due to lack of information about the service system and resources, family members sometimes give advice that conflicts with that of service providers. For example, family members may not understand why discharge planners or probation officers are requiring the released prisoner to participate in certain programs and therefore may advise them not to comply.

“There is no type of counseling between the prisoner and the family member[s] . . . they will be in direct contact with following release.”

Participants were careful to note that the post-release challenge of family reintegration is not simply a matter of repairing relationships

damaged by incarceration; many inmates had difficult relationships with their families prior to incarceration. As evidence of the extent of family problems facing released prisoners, focus group participants cited the fact that many of the minors in juvenile facilities have at least one parent who is currently or had previously been incarcerated.

Barriers to Maintaining Family Relationships While Imprisoned

One of the greatest obstacles to maintaining or building family relationships while incarcerated is the difficulty prisoners have in staying in touch with their families. Many focus group participants noted that it is often too expensive for families to visit and call their incarcerated family members. In addition, prisoners’ family members often change residences frequently, which adds to the challenge of prisoners maintaining contact with them.

Adult Correctional Institutions (ACI) policies also play a role in family contact with prisoners. ACI prohibits persons with criminal records from obtaining prison clearance, which can prohibit any number of a prisoner’s family members from visiting. In addition, non-English-speaking persons may find it difficult to obtain the documentation (i.e., a photo ID) that is required to visit the prison, are often fearful of the authorities, and thus are hesitant to visit their incarcerated relatives.

Many prisoners withdraw from their families so as not to burden them.

“Many times, family members just cannot get in here because they have a record.”

Perhaps the greatest obstacles to maintaining family contact are the prisoners themselves. Participants noted that many prisoners choose to withdraw from their families to protect them

from burdensome expenses, such as collect calls, or the stress and discomfort of prison visits. Focus group participants believed that prisoners are not always aware of the damage to family relationships that such an attitude can cause.

“Men aspire to what society tells them to be, and since they are not [meeting those expectations], they pull away.”

Some participants believed that focusing on child support payments as the primary parental responsibility of incarcerated fathers impedes the formation of positive, nurturing, and functional relationships. Often fathers must pay child support before they are allowed a formal role in the lives of their children, which discourages them from involvement in their children’s lives. If they established a relationship first, they might be more inclined to pay child support.

Participants also noted, however, that the system does not appear to support paternal relationships. One participant observed that, at juvenile detention, “Young fathers don’t get the same considerations for visits as do young moms.”

Focus group participants cited poor relations between many ex-prisoners and the Department of Children, Youth and Families (DCYF) as negatively impacting family relationships for ex-prisoners. Relationships are poor for several reasons: first, many ex-prisoners lack knowledge about how DCYF operates, and DCYF lacks the resources to develop and disseminate educational materials for this specific population. Furthermore, prisoners do not trust the DCYF agency, with many believing that DCYF’s goal is to police ex-prisoners and remove their children from them. By way of example, participants noted that DCYF will often not allow children to reside with a parent who is having problems finding permanent housing—a common challenge for many ex-prisoners.

DCYF is widely distrusted among ex-prisoners.

DCYF has company, however: participants observed that prisoners and ex-prisoners are widely distrustful of most public agencies because there are so many rules and inconsistencies across the system, including lack of follow-through on program delivery and support services.

Released Prisoner Profile

John is 28 years old and has two children who currently live with their mother. He had very little money upon his release because most of the money he made from his prison job went toward child support payments. John relied on his girlfriend to take him in after his release, but she made it clear to him that she would not support him for long. In the weeks after his release, John worked for temporary employment agencies, but he did not have a sense of urgency in finding regular full-time employment. Over time, his relationship with his girlfriend deteriorated due to arguments arising from his inability to contribute to household expenses and his lack of motivation in finding a permanent job. John ended up back in prison on a new conviction for domestic violence.

Cultural and language differences also impede access to family service providers. Focus group participants believed that service providers should learn to recognize that different cultures define family in different ways, and that for non-English speakers to approach them for assistance, service providers or the social services network may need to extend greater encouragement and effort to this population.

Existing Family Resources and Assistance for Prisoners

According to several focus group participants, all prisoners at minimum-security facili-

ties are offered the option of discharge planning, and all female inmates—regardless of security level—have discharge planning. Several participants also noted that planning services for released prisoners within ACI have expanded greatly within the past five years (see appendix D for a list of agencies providing discharge planning within ACI).

“We just had a real discharge planning boom, you could say.”

Some prisons have parenting programs that allow the prisoners’ children to accompany family members when visiting the prison. The programs enable incarcerated parents to take the time necessary to develop and nurture relationships with their children. The juvenile detention facilities have separate visiting areas for teen parents and children, which provide a friendlier environment and help encourage more interaction between parent and child.

Several of the in-prison parenting groups are specifically for incarcerated fathers, using a curriculum designed by the National Fatherhood Initiative. These programs focus solely on the relationship between the father and the children, and do not address relationships with any other family members. Focus group participants also cited a parenting program that allows female prisoners to videotape messages to send home to their children during the holidays.

Focus group participants mentioned several family program resources that are available to prisoners after their release. The Family Life Center provides case management for prisoners and their families, beginning prior to release and continuing for up to 18 months after release. Juveniles are able to participate in Project Hope,⁷ a program that transitions juveniles from

the Rhode Island Training School for Youth back into their communities. In addition, the Child Support Enforcement Agency refers released prisoners to job training and other services and offers a program inside the prison facility that informs prisoners about the availability of their services.

Coordination Between ACI and Service Providers

Focus group participants agreed that the prisons lack the supportive atmosphere necessary to address family needs. Many participants believed that, whether implicitly or explicitly, corrections officers send the message to prisoners that they are “doomed” and that the programming resources expended on prisoners are a waste. Participants stated that prisons simply are not equipped to help prisoners succeed on the outside and do not help them become responsible parents much less productive members of society.

The Family Life Center provides case management for returning prisoners and their families.

“The attitude of the [corrections] staff toward discharge planners is ‘what do you do here? Why are you even here? You know they are going to come back.’ ”

Participants expressed frustration that programs do not follow inmates through the prison system from one facility to the next. As prisoners serve their terms and exhibit good behavior, they are housed at progressively lower-security facilities. Programs available in one facility, however, may not be available in another. Even

its successful Child and Adolescent Service System Program to develop a more effective system of transitioning youth from the Rhode Island Training School for Youth to their home communities with the services and resources they need.”

⁷ According to the National Center for Juvenile Justice Web site (<http://www.ncjj.org/stateprofiles/profiles/RI04.asp?state=RI04.asp&topic=>), “This initiative, funded through a five-year grant from the Substance Abuse and Mental Health Services Administration, has allowed the state to build on

if the same program is available in a facility to which a prisoner is moved, program slots are typically allocated on a first-come, first-served basis, and most programs have long waiting lists. Thus, a prisoner's good behavior may cause interruptions in program participation, including programs designed to facilitate family reunification.

"Not only is there a lack of creative, inventive programming, it's not consistent throughout the system."

Focus group participants also discussed how discharge planning, which is conducted by contract employees from local nonprofits and government agencies, is not available to all pris-

Lack of communication among the court system, prison system, and service providers is a tremendous problem.

oners. While they believed that discharge planning is critical to successful reintegration, participants noted that prisoners do not always take

advantage of planning when it is offered since participation is voluntary. In addition, some participants believed that corrections officials were not informing prisoners of their eligibility for discharge planning.

Focus group participants cited a few initiatives beyond discharge planning that are designed to connect various agencies serving ex-prisoners and their families and to improve knowledge of family resources available to prisoners. DCYF trains social workers on the services provided at the prison and how to tap into those services. The Fatherhood Coalition works to educate and cross-train agencies on what other agencies are doing in the area of child support, including fostering parental responsibility among the prisoner population. Nonetheless, participants agreed that a lack of communication

among the court system, prison system, and service providers is a tremendous problem in the area of family services.

Recommendations

Participants felt that ACI could better prepare prisoners for reentry into the community if preparations for release began on the day they entered the prison system. To this end, participants discussed the need for a cultural change across the system to foster greater cooperation between the prisons, family, and service providers. Specifically, participants recommended there be a needs assessment when a prisoner is admitted into the prison so that ACI can educate prisoners about their child support obligations.

"Inmates should be informed as to their child support obligations, if any, while incarcerated, so that they don't continue to accrue over time."

This assessment could also alert prison and discharge planning staff to the needs of bilingual inmates. Several participants felt the prison staff and family support provider system should include bilingual individuals with a cultural understanding of Rhode Island's immigrant communities.

"If you cannot identify where that person comes from, you don't know what the needs are."

Focus group participants were also very interested in the possibility of incorporating family members into the reentry planning process so that they could provide additional support for prisoners upon release.

"The family member who will have the most contact with the inmate should be involved in discharge planning."

Sidebar: Rhode Island Department of Corrections Reentry Planning Efforts

The Rhode Island Department of Corrections (RIDOC) began working to establish a formal reentry system for prisoners early in the 1990s, when the incidence of AIDS and HIV in prisons began to receive national attention. At that time, RIDOC had just established a contract with the Brown University Medical School and the Miriam Hospital AIDS program to provide treatment inside its institutions. These programs' doctors, in collaboration with RIDOC managers at the Women's Facility, quickly recognized how critically important aftercare treatment would be to HIV-positive prisoners when they returned to the community. With funding from the Rhode Island Department of Health, they provided the first RIDOC discharge planners to work with incarcerated women who were HIV positive. A short time later the Health Department funded an additional position to work with female prisoners who were not HIV positive but were at high risk for HIV. Prior to this formal support for reentry, members of the RIDOC Chaplaincy Team had worked for years with several community agencies assisting individual prisoners seeking assistance. The introduction of a formal effort quickly spread to all of its prison facilities and the HIV Team began serving men as well.

In April 2000 several local faith-based groups and social service agencies working in the city of Providence approached RIDOC asking to participate in the effort of preparing prisoners for reentry. They offered to participate in a partnership with corrections and other community groups to discuss how best to absorb the large number of offenders returning to their neighborhoods. Out of their efforts, a new initiative called the Family Life Center (FLC) was created with facilitation from the Council of State Governments and CASES, an agency in New York City doing similar work for many years, and funding support from private foundations including the George Soros Open Society Institute, the Annie E. Casey Foundation, the Robert Wood Johnson Foundation, and the Rhode Island Foundation. FLC began operations in 2002. The FLC is a "one-stop" agency dedicated solely to released offenders returning to the South and West End of Providence. Its case management services have received funding from Rhode Island's Serious and Violent Offender Reentry Initiative (SVORI) grant. More than twenty community groups, including faith-based groups, victims' rights groups, numerous health and social service agencies, and elected city and state officials, along with RIDOC, the Department of Labor and Training, the Department of Human Services, and the Rhode Island Department of Children, Youth and Families have joined together in this genuine community-government partnership.

In 2002, RIDOC created a new full-time staff position in their Rehabilitative Services Unit dedicated to managing and coordinating transitional services. The transitional services coordinator oversees contracts with community agencies and coordinates their services with other agencies that accept reentry as an extension of their own funded services. They all place their staff inside RIDOC's facilities to work with clients that meet their criteria.

In November 2003 a second agency, the Urban League of Rhode Island, won a contract funded through federal Byrne funds to offer comprehensive transitional services to high-risk prisoners statewide. The Urban League and the Family Life Center have provided the most intensive aftercare services, affording ex-prisoners community-based services in Providence for as long as necessary after their release. A third agency, Comprehensive Community Action Program (CCAP) has worked on contract with RIDOC since 1994 providing less comprehensive services to male and female inmates who request assistance and are leaving minimum-security facilities. CCAP continues to work in this capacity. RIDOC is also working inside its institutions to identify the risks and needs of its prisoners immediately upon sentencing and to work with them throughout their incarceration to give them the training and treatment they will need to adjust to responsible community life upon their release (see appendix D for more details on discharge planners).

Health Care

The health care provider focus group comprised three men and three women. Four of the participants represented state and community health care institutions, including the Department of Mental Health, Retardation and Hospitals (MHRH); the ambulatory and behavioral health program at Comprehensive Community Action; the Providence Center; and Crossroads Rhode Island. One participant worked for the Department of Corrections doing medical and discharge planning within the Adult Correctional Institutions (ACI), and another participant worked as a substance abuse counselor for the Starrbirth program. All participants viewed released prisoners as an important part of their clientele and each presented a distinctly different view on the current health care landscape facing returning prisoners in Rhode Island.

Health Care Needs of Returning Prisoners

Health care focus group participants reported that the inmate population has higher than average rates of chronic diseases, such as diabetes, hypertension, coronary heart disease, HIV/AIDS, and tuberculosis. Additionally, the rates of substance abuse and mental health disorders are extremely high. For these reasons, participants agreed that the health care needs of returning prisoners are numerous. Unfortunately, for many released prisoners, the continuity of medical services and medication they received in prison is interrupted.

Resources Available to Returning Prisoners

Focus group participants expressed frustration and disagreed over the extent to which prison and community health care providers are coordinated. It was clear, however, that significant communication and coordination does take place, and positive features of the

For many returning prisoners the continuity of medical services and medication is interrupted.

health care landscape in Rhode Island do exist. The focus group participants identified four potential resources that exist for inmates upon their release from prison: Starrbirth, the Providence Center, Comprehensive

Community Action, and Crossroads Rhode Island.

The ACI representative noted that they had very good relationships with Starrbirth and the Providence Center. Starrbirth is a one-year residential addiction recovery and parenting program for pregnant, postpartum, and parenting women. The program allows women to bring female children under the age of 11 and male children under the age of 9 into the program with them. In addition to substance abuse programming, Starrbirth has a nurse practitioner on staff providing medication monitoring and treatment. Focus group participants reported, in some cases, walking prisoners from ACI across the street to Starrbirth on the day of their release.

The Providence Center is a stand-alone health center that provides extensive treatment for co-occurring disorders. The Providence Center's representative in the focus group session had worked with a significant number of former prisoners conducting assessments for high-risk patients. It was not clear from participants' comments or from the Center's Web site (<http://www.providencecenter.org/>), however, the extent to which the Providence Center serves former prisoners.

Through their relationships with Starrbirth, the Providence Center, and MHRH, ACI is able to place between 120 and 150 returning

prisoners directly into residential treatment facilities throughout the state each year.

“We try not to leave any door unopened.”

The behavioral health programs at Comprehensive Community Action (CCA) are integrated with ACI. They operate two federally qualified health centers in Cranston and Coventry and plan to open another in Warwick in the fall of 2004. These centers work under the umbrella of the Community Action Program, which provides a number of programs *within* ACI, including discharge planning, parenting classes, visitation programs, and HIV testing.

Focus group participants also referenced Crossroads Rhode Island, which is a federally funded program that provides “essential life services” to the homeless population and is

Crossroads Rhode Island provides sorely needed follow-up within the community.

one of the most widely known programs among providers and the community. According to focus group participants, many of the most desperate cases—those who receive little or no discharge planning—come to Crossroads Rhode Island upon their release. Participants agreed that Crossroads Rhode Island provides sorely needed follow-up within the community, including a mobile medical van that travels to shelters in Greater Providence and provides health care services. Crossroads Rhode Island also operates a primary care clinic in Providence and offers psychiatric and dental care in its main office on Union Street. Focus group participants reported that Crossroads Rhode Island works with the Providence Center, which has psychiatric staff that can perform full psychiatric assessments. Participants also cited the Urban League’s Welcome Arnold emergency shelter and its overflow facility, Harrington Home, as

popular destinations for newly released prisoners.

“When folks are released and they receive no discharge planning, they end up on our [Crossroads Rhode Island] doorstep.”

In addition to identifying some specific health care—providing institutions that are potential resources to released prisoners, focus group participants from community health care institutions also praised the medical records department at ACI as a helpful resource.

When health care providers have requested medical records from ACI, they were able to

Many prisoners leave prison without enough medication.

obtain them almost immediately. These records greatly speed up the process through which a patient is able to see a doctor, get an assessment, and ultimately get the medications and/or treatment he or she needs. Speed is extremely important since the reality is that, while discharge planners at ACI are able to order up to a 30-day supply of prescription medication for prisoners to take with them upon their release, many prisoners leave prison without enough medication because either they do not receive discharge planning or discharge planners do not order enough medication, a function of pressure from senior management not to “over-order.”

“We get the medical records in no time when we request them. If we can do that, we can put them through to the doctor, get the meds off the shelf, give them a one-month supply.”

The participant from CCA felt that primary care organizations were other potential resources that released prisoners underutilize. Released prisoners need to be made aware that 12 of the 26 “community health centers”

across the state do not deny access to services for any reason. These centers treat one-tenth of the state's population with roughly 25–30 percent of their patients being uninsured. Some of these centers are “open access,” meaning that a person can call early in the morning (8:00 a.m.) to schedule an appointment and see a doctor that same day.

“Community health is one of Rhode Island's best kept secrets.”

Factors Affecting Health Care Options of Released Prisoners

Participants had differing viewpoints on the many factors that affect the health care options of released prisoners. There was, however, one point on which the group unanimously agreed: individuals with communicable diseases (specifically HIV/AIDS, tuberculosis, and hepatitis) that constitute a public health risk always receive treatment.

“If someone has a chronic disease, they will get treatment because it is a public health issue.”

Individuals classified as “Axis I diagnosed” also fall into the category of individuals who always receive treatment. Axis I diagnoses include serious mental illnesses that

The incarceration location from which prisoners are released can significantly affect their health status after they leave prison.

require comprehensive care. According to one participant, this classification separates major mental illness from personality disorders, which

traditionally are an Axis II classification.

For those prisoners who do not fall into these two categories (i.e., communicable disease or Axis I diagnosed), the incarceration location from which they are released can

significantly affect their health status in the days and weeks after they leave prison. Occasionally, prisoners are released directly from the courthouse following a decision by the judge. In these cases, the prisoner's belongings

Inmates with serious mental illness can refuse to be treated as long as they do not pose a threat to others.

(including medicine and identification) remain at the prison to be picked up by the released prisoner. As a result of their reluctance to return to the prison—even to gather their own belongings—many prisoners end up at Crossroads Rhode Island or the emergency room in need of medicine.

“They get released from the courthouse . . . and all their clothing, everything—their basic needs, their meds—is back at the prison and the difficulty is that they don't want to come back to prison once they are released. . . . So they usually show up on our doorstep and need shelter or transportation back to wherever they were previously located.”

Focus group participants also suggested that noncompliance was a significant obstacle to providing released prisoners with health care. The reality is that within the prison, inmates with serious mental illness can refuse to be treated as long as they do not pose a threat to others. One participant noted that once released, many prisoners do not show up for appointments made for them and do not follow up on information given to them. Several others also noted that many clients do not refill their prescriptions following release from prison.

“The vast majority of the prescriptions for mental health are ineffective because most are not refilled.”

Although all of the focus group participants agreed that noncompliance is a problem among both existing and former prisoners, several participants pointed out that this problem may be explained by the fact that prisoners face other immediate and pressing issues. One participant noted that among the homeless population, most do not seek treatment for health problems until those problems are extremely acute because food and shelter take priority.

“The reason why they don’t follow up with that phone number to connect with that doctor at ABC clinic is that . . . those other things are going to go by the wayside until they are absolutely so ill they can’t get from point A to point B, and that is when they seek care.”

Participants also reported that preventive health care simply is not a priority for most released prisoners. One positive aspect of being incarcerated at ACI is that prisoners

The homeless do not seek treatment for health problems until those problems are extremely acute because food and shelter take priority.

receive preventive health care treatment they might not otherwise seek or access. According to information from one ACI official, however, ACI does have an HIV Team of five full-time employees responsible for providing health education services to HIV/AIDS patients within ACI. (See appendix C for a full list of ACI programs.)

“Younger people are not attuned to preventative health, but when they’re here, they get access to care they didn’t have access to on the outside.”

Participants also noted that, while prisoners may have access to preventive health care such as screenings and examinations, ACI does not educate prisoners about the chronic diseases with which they are diagnosed. As a result, many prisoners are unable to care for their chronic disease after their release.

“While they may be maintained . . . they have very little awareness about the severity of their chronic illness. Many have come to us right at death’s door because they didn’t realize they were that sick.”

Focus group participants noted that a released prisoner’s failure to follow up on referrals is also not always an issue of noncompliance. Many times patients who show up in the emergency room for primary care do not follow up at clinics because they do not know to make an appointment or the wait is too long.

Participants noted this was particularly common among patients who were given a phone number to call or just told to show up and wait in line. One

Failure to follow up on referrals is not always an issue of compliance.

participant noted that, in his experience with Massachusetts General Hospital (MGH), the building itself was very intimidating. According to this participant, MGH was able to increase the follow-up rate among its patients from roughly 10 percent to 90 percent by installing a booth at the front door with a staff member to direct or escort patients to the place of their follow-up appointment.

“You go in the front door of MGH, and there is a booth . . . you show them your card and they actually direct or go with you to where the appointment is.”

Released prisoners also face an additional obstacle: the stigma attached to “ex-prisoner” or “indigent” labels. One focus group participant explained that the stigma becomes apparent when health care providers look for reasons to deny treatment. For example, if an

The attitude and behavior of an individual can greatly affect his or her access to treatment.

individual does not have a fixed residence, he or she can be denied interferon treatment.⁸ Individuals who go through

one session of interferon and fail cannot receive interferon treatment in the future. Missed appointments can also be grounds for denial of service with the Rhode Island Department of Health. The general consensus among focus group participants was that the attitude and behavior of a released prisoner can also greatly affect his or her access to treatment.

“Those who are better able or willing to jump through hoops . . . get the treatment.”

“They [service providers] also want to have a specific kind of patient.”

Obstacles to the Delivery of Health Care Services

Financial and capacity limitations were constant themes throughout the session. Focus group participants agreed that many released prisoners do not have the financial resources

to connect with physicians and that service providers lack the capacity to treat everyone needing treatment. For example, funding cuts forced Starrbirth to reduce the weekly hours of their nurse practitioner from 32 to 8. Massachusetts General Hospital had to cancel its briefly implemented policy of directing patients to follow-up appointments because the policy’s success strained the capacity of the system as a whole.

“They realized part of the reason they weren’t having a good follow-up [rate] is that they didn’t want one.”

“There are not enough beds in Rhode Island for substance abuse treatment because it is really not the focus of the powers that be.”

Coordination, as it relates to released prisoners, is also a huge problem in the Rhode Island health care system—a problem that compounds the effects of resource limitations. Focus group participants from community health care institutions reported having encountered prisoners leaving prison without medication or any follow-up appointments, even in cases with chronic disease. Focus group participants working with ACI noted that they did not have the resources necessary to provide adequate health care planning for every individual leaving prison.

“Health care providers really don’t understand how corrections work. . . . There are not enough of us to walk people through and make sure that the needs of everyone get addressed. . . . Some providers make an effort to contact ACI medical staff, but most do not.”

⁸ Interferon treatment is a method of treating diseases such as cancer and Hepatitis C through regular injections of interferon proteins.

Community health care providers in the focus group felt that primary care clinics were underutilized, while several other participants

Providers felt that primary care clinics were an under-utilized option.

countered that these organizations just did not have the capacity to handle released prisoners. ACI discharge planners frequently find, how-

ever, that clinics and treatment centers do not have the capacity to treat their clients because ACI did not contact them far enough in advance.

“I’ve tried to access them [primary care clinics] . . . It’s a lack of capacity.”

“It is my belief that [primary care clinics] will be very happy to schedule primary care appointments, it’s just not going to happen next week.”

Service providers generally agreed that they needed to do a better job making sure that patients receiving treatment had a provider or an organization that would be responsible for

Two-thirds of Rhode Island’s homeless do not fit the community support program criteria.

follow-up to make sure that they continued to receive needed care. On this point, providers overwhelmingly

agreed on the need for greater communication among all those involved in the health care process. Several focus group participants mentioned that community health care providers have done a poor job of keeping mentally ill people out of hospitals. One participant noted that two-thirds of Rhode Island’s homeless population does not fit the “community sup-

port program” (CSP) criteria,⁹ although many still have serious mental health needs that end up being addressed in hospitals. Participants agreed that if one health care–related person or organization were responsible for follow-up with each released prisoner, it would decrease the degree to which mental health issues are being addressed in hospitals.

“We haven’t done a good job of keeping people out of hospitals. Our system’s failure has been . . . no one wants to take responsibility for the catchment area for mental health. If they’re CSP it’s so much easier, but a lot of my clients don’t fit that CSP model.”

Dental care is another area where released prisoners can fall through the cracks of the health care provider network and end up in hospitals for treatment:

“Dentists are impossible to get. . . . If someone has an emergency, they get sent to the emergency room and come home with vicodin, not treatment.”

⁹ According to Rhode Island statute, “community support program” refers to programs allowing adults with serious mental illness to function effectively within the community. To be eligible for these programs, an individual must be diagnosed with a “serious mental illness,” defined by Rhode Island state law as “an illness which is biologically based, severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifetime duration. Serious mental illness includes schizophrenia, bi-polar disorders as well as a spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include infirmities of aging or a primary 16 diagnosis of mental retardation, alcohol, or drug abuse or anti-social behavior.” R.I. Code § 40.1-5.4-7 (2003) available at <http://www.rilin.state.ri.us/Statutes/TITLE40.1/40.1-5.4/40.1-5.4-7.HTM> (accessed November 1, 2004).

Depression is also a major problem for returning prisoners. Clinical depression does not meet the DSM-IV¹⁰ definition of a major depression, which means those with clinical depression do not fall into any of the categories guaranteeing treatment. One focus group participant cited a study conducted 15 years ago indicating that 20 percent of the homeless population in Providence suffered from clinical depression. Another participant noted that,

Clinical depression does not fall into any category guaranteeing treatment.

due to the advocacy work of one woman working for ACI, 74 percent of the women incarcerated there are on psychotropic medication—medication that will not be available

after their release from prison unless they have been given an Axis I diagnosis. One participant did mention that proposed 340B¹¹ legislation could make such medications more readily available to those who could not afford them.

“We can’t do anything about it [depression]. It doesn’t fall under any special needs population categories that would guarantee they got treatment.”

Providers also have difficulty accommodating the health care needs of those with co-occurring disorders. Focus group participants disagreed about whether individuals with both a serious mental illness and a co-occurring substance abuse problem were guaranteed to

get treatment. One participant estimated that among inmates with a “serious and persistent mental illness,” approximately 90 percent have co-occurring alcohol or substance abuse problems. Among those prisoners with alcohol and substance abuse problems, roughly 60 percent to 70 percent have a “serious and persistent mental illness.”

“Clearly, one of the issues we have struggled with is co-occurring disorders.”

As a result of the overwhelming number of individuals with co-occurring disorders,

many of them end up at health centers and clinics that are equipped to handle only one issue or the other. According to focus group

Very few residential treatment centers are set up to handle substance abuse and major mental illness

participants, very few residential treatment centers are set up to handle substance abuse and major mental illness; most can only handle minor mental health and substance abuse.

“Mental health and substance abuse are not integrated as well as they could be in residential treatment centers and in outpatient treatment centers.”

Many mental health providers will not take those dually diagnosed patients without an Axis I diagnosis. Consequently, many individuals with significant mental health problems end up in substance abuse treatment centers. Several focus group participants noted that substance abuse treatment in Rhode Island does not have the resources it needs because the state has not made it a priority. Participants suggested that better coordination among outpatient mental health and substance abuse programs would also improve the system’s

¹⁰ The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States, according to the American Psychiatric Association Web site (<http://www.psych.org/research/dor/dsm/dsmintro81301.cfm>). Accessed August 23, 2004.

¹¹ 340B programs allow federally qualified health care centers and other specified entities to purchase drugs at very deep discounts.

ability to treat individuals with co-occurring disorders.

“Substance abuse is overextended by dumping dually diagnosed, who are primarily mental health cases—and I screen a lot of them myself—on substance abuse treatment.”

Recommendations

Focus group participants had a number of specific recommendations to improve the

Advocacy from the inside is an effective way to change policies.

health care treatment of the released prisoner population. One participant reported that the Providence Center is

in the process of arranging a courier system with ACI so that medications belonging to clients released from the courthouse will be sent to the Providence Center.

One policy change the representative of MHRH suggested was to allow the prison medical staff to commit those inmates who, under Rhode Island statute, are committable for treatment without consent. Focus group participants noted that advocacy from within the prison is an effective way to change such policies. One provider praised the effective efforts of one ACI employee who has advocated that the women’s incarcerated population receive needed psychotropic medication.

“If somebody is in the prison and they are committable within the statute of Rhode Island, why don’t we actually treat them in the prison?”

Focus group participants also suggested that more resources be devoted to getting paperwork in place for prisoners prior to their release. One participant noted that ACI is starting to submit Supplemental Security In-

come (SSI)¹² paperwork for prisoners prior to their release. Other focus group participants recommended that ACI help prisoners get their health insurance in place before their release date. Specifically, ACI can make sure that those eligible for RightCare¹³ have their paperwork submitted before release.

“We need to work on having things in place before they leave the prison.”

Several participants also suggested that ACI perform a standard assessment of each prisoner. In addition to gathering data about each prisoner’s needs, this assessment could help the ACI

educate prisoners about their health care needs and relevant services that are available upon their release

Participants suggested that ACI perform a standard assessment of each prisoner.

from prison. Participants also noted that this would require stronger collaboration between health care providers and ACI.

“I’d like a standard assessment inside that the DOC can do. Get information to the inmates.”

“We don’t have info about inmates as much as we’d like, and they don’t have info about us as much as we’d like.”

Participants agreed that, aside from greater funding and capacity, the most necessary condition for improving the health care treatment available to returning prisoners would be to “bring everyone to the table” in

¹² Supplemental Security Income (SSI) is a federal supplemental income program for the disabled and those with little or no income, providing cash for basic needs such as food, clothing, and shelter.

¹³ RightCare is a Medicaid health insurance program for pregnant and parenting women.

the release planning process. Health care providers from ACI and from the community acknowledged that everyone needed to do a better job communicating, as they were “all in the same boat.”

“We would like to see stronger collaboration and partnership with the DOC, so that there is a seamless transition in services.”

Housing

The housing provider focus group comprised three men and five women. One participant represented the Providence Housing Authority, one worked for the Veterans Administration, one was a discharge planner working within the prison system, and the remaining participants worked for nonprofit housing providers or agencies that provided housing referrals. All participants viewed returning prisoners as part of their clientele and all had extensive experience with the housing challenges of this population.

Housing Needs of Released Prisoners

Focus group participants estimated that at least 60 percent of released prisoners are in need of housing. As a result of their criminal records, however, many are denied housing—particularly federally funded public housing, which bars many ex-felons. Temporary housing for families of prisoners is a related issue. Many families pay nightly to stay in a hotel while they await the prisoner’s release, which is very costly. Even after their family member is released from prison, these families often do not have the resources to take up permanent residence elsewhere.

Obstacles to Housing for Released Prisoners

Focus group participants cited many obstacles to obtaining housing in the community. Returning prisoners are typically denied public and Section 8 housing if they have a criminal record. Specifically, the following individuals are barred from public housing in Providence:

- registered sex offenders (barred for life)
- those who have been evicted from public housing (barred for five years)
- those convicted of drug or violent crimes (barred for 10 years)

Many of these restrictions apply to other types of subsidized low-income housing as well. Those convicted of arson, for example, are barred virtually across the board. Public housing restrictions, however, are not entirely

rigid; if an applicant demonstrates signs of rehabilitation, restrictions are flexible. Specifically, the housing authority looks for two years of abstinence from drug or alcohol use for those with drug convictions. Evidence of positive prison

Many non-profits steer clear of serving the ex-prisoner population.

program participation is also persuasive. Participants noted, however, that ex-prisoners are not always aware of these policies, and it is difficult to obtain documentation of program participation from the prison.

Participants believed that the stigma of a criminal record is a significant obstacle to obtaining housing. Many nonprofit organizations steer clear of serving the ex-prisoner population.

“Non profits say ‘we are in the business of housing families’ and they don’t want problems.”

“There are no new resources, people are being stretched to the limits, and now they are being asked to serve another population [prisoners] with no new funds.”

Even law-abiding citizens are on waiting lists for five years or more before a public housing space becomes available. The wait for

other types of low-income housing is anywhere from six to nine months, and this wait can be even longer for the unemployed, as the Providence Housing Authority gives preference to employed individuals.

Some focus group participants characterized these housing obstacles as a political issue since prisoners and released prisoners under supervision are disenfranchised and barred from voting.

“We have very extensive voter registration. But under supervision, you cannot vote.”

Focus group participants also noted that housing in Providence is simply not affordable. Housing values and rental fees have increased dramatically in the past five years and many Providence communities are changing due to gentrification. Participants cited a recent study by The Poverty Institute at Rhode Island College School of Social Work, which found that a two-parent family of four in Rhode Island needs approximately \$48,000 a year to meet basic needs, including housing.¹⁴

“Most women in our program have sentences of six months or less. They can’t make enough money during that time to cover their needs upon release.”

The lack of affordable housing is a problem throughout the state, and a large share of released prisoners end up in Providence, so people view this as a “Providence problem.” Participants indicated, however, that many prisoners want to move out of Providence and are unable to do so because they are cut off

¹⁴ The Poverty Institute at Rhode Island College School of Social Work. 2004. “The 2003 Rhode Island Standard of Need.”

<http://www.povertyinstitute.org/matriarch/DocumentViewMain.asp?From=Search&PageID=90&PageName2=publications&p=&PageName=risonpresscolor%2Epdf>

(Accessed July 19, 2004.)

from transportation networks. Transportation poses a problem even within Providence, as many released prisoners do not have money for bus fare to get to and from housing and prospective places of employment.

Released Prisoner Profile

Jane is 26 years old and left prison with no release planning and no family or friends with whom she could stay. Due to drug-related offenses on her criminal record, the Department of Human Services denied her food stamps. Because she received no discharge planning prior to her release, Jane was not aware of the policies of the local housing programs or the Providence Housing Authority. She visited numerous shelters and housing programs only to learn that she is not eligible due to her criminal background, which left her discouraged and depressed. As a result, Jane was forced to stay in hotels, quickly draining what little funds she had.

Another obstacle to obtaining housing for ex-prisoners is misinformation. Released prisoners often seek housing by word of mouth, and many are unaware that their criminal records eliminate public and other low-income housing resources as options for them. This misinformation quickly leads to discouragement when released prisoners are repeatedly turned away.

“I think prisoners are easily discouraged . . . that is where we in the community come in.”

Even when likely housing prospects are available to returning prisoners, it is often a challenge to obtain accurate information about the prisoner’s release date and his or her specific housing needs in advance of release.

“Our role is making plans for people prior to release . . . one of the most difficult things is knowing what people need to get prior to leaving.”

Discharge planners do not always know when their clients are being released from prison: Prisoners’ release dates are often moving targets based on both judicial discretion and the accrual of good time.

“I’ve worked with people for months at a time and the next day they are gone.”

Existing Housing Resources and Assistance for Ex-Prisoners

Despite the many obstacles to housing for released prisoners, participants were quick to note that “Not all housing says no.” Advent House, for example, only denies convicted child molesters (because they have children on site) and convicted arsonists. Advent House, however, is a court-ordered program, so it is

Discharge planners could be more effective if they gave service providers advance notice of a returning prisoner’s needs.

not an option for people released directly from prison with no referral. Many released prisoners are told to first stop at Crossroads Rhode Island, which has

residential beds for families, but not for individuals. Some transitional housing does exist, but it is only for women (participants believed that the Adult Correctional Institutions [ACI] has plans to create transitional housing for men). The Veterans Administration’s housing program has 40 beds, but it is restricted to veterans who have received honorable discharges, which represents a very small share of released prisoners.

Focus group participants discussed the role of discharge planners, who are contractors

hired by ACI to work with certain populations of prisoners prior to their release. They noted that not all prisoners are eligible for discharge planning. Some participants felt that discharge planners could be more effective if they gave service providers more advance notice of a returning prisoner’s needs. Other participants noted that advance notice is not possible because discharge planners often do not know what the exact release date will be. Discharge planners are also challenged with getting released prisoners to follow through on the housing plans arranged for them.

“Unless I take them by the hand from point A to point B, it doesn’t happen.”

“Lots of people don’t have problem-solving skills and they get overwhelmed very easily. It’s very necessary for us to work with them to make the plan and make sure that they stick with the plan.”

One focus group participant shared that the goal for discharge planning is that it begin as soon as an offender walks through the door of the prison. Unfortunately, this early planning does not happen very often, but the process is improving.

“Ideally, as soon as someone gets there, they try to start discharge planning . . . more and more that is what they are trying to do.”

In addition to discharge planning, participants discussed how other prison programs can help returning prisoners obtain housing. For example, work release enables prisoners to obtain jobs and save money prior to their release, making it more feasible to afford housing. Substance abuse treatment programs might be useful in making the argument to public housing that they are on the path to rehabilitation. Focus group participants noted, however, that such programs are voluntary,

Even when prisoners are interested in participating in programs, they are only available to a small portion of the prison population and certain types of offenders are prohibited from participating.

in some programs (e.g., work release).

“Most people don’t volunteer for programs.”

Community Coordination Between ACI and Service Providers

Focus group participants generally have not felt welcomed by the prison system and expressed frustrations about the limited interactions they have had with discharge planners and corrections officials.

“The system doesn’t involve those of us from the outside. I think that is the most frustrating thing.”

They also felt that corrections officials were primarily concerned with security rather than the provision of services.

“The idea of security is very different from the idea of rehabilitation, and these are the two philosophies that are colliding here.”

Participants acknowledged that more of ACI’s budget is being devoted to rehabilitation now than perhaps twenty years ago, but they also believed that the values of the prison system as a culture were not supportive of rehabilitation.

and even when prisoners are interested in participating in programs, they are only available to a small portion of the prison population, and certain types of offenders are prohibited from participating

“I think that is a question of values.”

Participants expressed an overall lack of knowledge of how prisoners are prepared for release and what programming and services are available to them during the course of their incarceration.

“I don’t even know what they do in the prison. I don’t have any sense at all.”

Some participants reported occasional interactions with discharge planners and probation officers. There are, however, so few beds available that it is not feasible for community-based service providers to hold an empty bed in anticipation of a prisoner’s release when there are other needy people on the streets.

“The day somebody leaves my program is the day I admit someone else.”

Coordination and Collaboration Among Housing Providers

Participants believed that there was a good amount of coordination and collaboration among housing providers in the community and referenced several partnerships (e.g., the Family Life Center and Amos House).

“From my perspective, I think there is a healthy network. We’re always in contact with housing authorities.”

One mechanism designed to enhance coordination is the Rhode Island Coalition for the Homeless management information system. The system, which launched on July 1, 2004, is continuously updated so that service providers may identify available beds. Although housing providers have an incentive to participate in the system because such cooperation is tied to federal funding, some focus

group participants were skeptical that the system would work.

“It’s my impression that it doesn’t work very well.”

Despite some positive evidence of collaboration across agencies, participants also noted that because resources are so scarce, housing providers are both partners and competitors.

“People are competing for the same funding. I think there is an unofficial cooperation. It’s based on personal relationships, not on system relationships.”

Recommendations

Participants were unanimous in their recommendation to provide discharge planning to all exiting prisoners. Specifically, they recommended that discharge planners explain to their clients which housing options are and are not available to them so that they are not given false hope (e.g., applying for public housing if they are registered sex offenders). Participants recommended that a list be developed documenting all housing sources including clearly articulated criteria, restrictions, and appeals processes. If these policies were circulated to service providers, they could begin working

Participants were unanimous in their recommendation to provide discharge planning to all exiting prisoners.

with released prisoners on a long-term plan to get into public housing. For example, if the average wait for public housing is five years, then there is a possibility that some released prisoners can get their records expunged before a criminal background check is ever conducted.

In addition, participants recommended that discharge planners prepare documentation that released prisoners can take with them to demonstrate that they have participated in substance abuse and other rehabilitative programming.

“I’d love to have a released prisoner come out with a sheet of paper listing what they accomplished while they were in there.”

Participants expressed a strong desire to work more collaboratively with corrections officials and to be true partners in the release planning process.

“Invite us to the table. We are the ones who are serving this population. Invite us to the table because it is less work for me and for my staff and for everybody’s staff if I know what to expect and I can begin three months—even three weeks—in advance to know what I’ve got coming into my agency so that I can provide adequate services to this client.”

The more challenging recommendation was to create more housing for released prisoners—both transitional housing and permanent housing.

“What we need to work on is finding additional resources to house this population.”

Participants believed that housing should be developed throughout the state and that at least some of it should be supportive housing that involves case managers and aftercare support, as well as “low criteria” housing that is accessible to a greater share of returning prisoners. Several participants suggested that more transitional housing would be helpful so

that released prisoners could better transition to free society.

“I’d like to see people go through some sort of transitional housing before they come through my door.”

Participants believed that transitional housing could help released prisoners learn important life skills, including how to live on their own and how to blend in and avoid “jail think” as they gradually return to free society.

“I’d like to see a wing in the DOC for people being released soon so that people can start learning those skills.”

Participants agreed that developing more permanent housing will be an uphill battle. Property is becoming more and more expensive and neighborhood politics (e.g., “Not in my backyard” issues) often thwart efforts to find sites for new low-income housing projects, especially those designed for ex-offenders. Participants believed that it was important to raise community awareness about the issue of prisoner reentry, letting them know that “these people are fellow residents whether you like it or not.”

Participants also suggested a grant program be established that would enable housing providers to keep beds empty when necessary to have them available for returning prisoners. Currently it is cost-prohibitive to keep beds vacant because housing providers lose money when their beds stay open.

Prisoners and Ex-Prisoners

Urban Institute staff conducted focus groups with recently released prisoners and with current prisoners who had recently returned to prison. The information collected from these two focus groups has been combined into this section. It represents the views of four former prisoners who had been released between one and six months ago and six current prisoners who previously had been out for between nine months and ten years. All six current prisoners were male, while the former prisoner group consisted of three males and one female.

In-Prison Programming

Participants in both focus groups mentioned a number of programs that they felt had been helpful in their transition from prison to the outside. Several participants who struggled with addiction prior to their incarceration mentioned Talbot House,¹⁵ a substance abuse program that helped them understand and manage their addiction problems while in prison. One participant also mentioned a six-month drug program within ACI called Spectrum. Others offered that they had taken art classes, sex offender classes, and classes about domestic violence. Participants in each group noted that many of the classes could be helpful even if they are not specifically relevant to an inmate's life. For example, one focus group participant reported that he found the sex offender class to be beneficial even though he had never committed a sex crime.

“Every class you take can help, even if you didn't commit that type of crime.”

Several participants also reported that they were able to work toward their general equivalency diploma (GED) and/or take classes at the Community College of Rhode

Island (CCRI). One current inmate explained that he was able to attend technical classes for mechanics at CCRI during his previous five-year stint in prison, which helped him obtain employment after his release. Another current inmate described a similar situation during his previous incarceration in Massachusetts. According to information from ACI staff, ACI offers programming on a variety of vocations including carpentry, welding, asbestos abatement, computer literacy, culinary arts, food management, and land removal. Several participants noted, however, that many classes in the minimum-security wing of ACI have no instructors.

“They have classes in minimum, but they don't have any instructors, they only have textbooks. You do it completely on your own.”

One program that frustrated focus group participants was work release. According to participants in both focus group sessions, the work release program is underutilized. With space for 40 participants, there are typically only about 15 prisoners enrolled in work release at any given time. Participants also noted that ACI assigns some inmates “red tag” status based on their conviction offense, which bars them from participating in work release programs.

¹⁵ According to an ACI official, Talbot House was a substance abuse treatment program at ACI absorbed by the Providence Center roughly a decade ago. Although no longer officially named Talbot House, many prisoners still refer to the program, which meets several days a week at ACI, in this way.

Family Relationships

Participants in both groups noted the difficulty—and importance—of maintaining relationships while they were imprisoned. Most all of the participants said they kept in touch with family and/or friends to some degree while they were in prison. Participants also noted that because people on the outside have their own lives and daily routines, the prisoners are forgotten or are not a priority—even for those that love them.

Phone contact was a problem for several prisoners because collect calls are expensive for their families. Others also reported that the limited opportunities to make phone calls made it difficult to maintain close relationships. Similarly, several inmates said that the prison forbids three-way calls, which enable

Most participants said they kept in touch with family and friends while they were in prison.

prisoners to keep up with more of their friends and family on the outside. Prisoners' attitudes toward visitation present

another barrier to maintaining relationships with friends and family. Several participants expressed embarrassment about receiving visitors in prison; others told friends and family not to visit because they felt the prison staff treated visitors as if they were inmates themselves.

"I don't want anyone to visit me here—they get treated just as bad as we do."

Pre-release Planning

Participants in both groups reported receiving little in the way of discharge planning. Some of the older participants in the group of current prisoners noted, however, that the last five years had seen a noticeable increase in

discharge planning. Several participants reported meeting with their discharge planners, who told them where shelters were and, in one case, distributed a booklet of social services. Another reported receiving help in obtaining identification.

"I pretty much planned everything myself over the phone."

"They don't help you here, all they do is help you come back."

Although one current prisoner acknowledged that his previous prison stay was only 30 days, he noted that discharge planning could still be

helpful. Another participant said her only release planning was being tested for communicable

The general consensus was that counselors were unhelpful or too busy.

diseases. The general consensus was that counselors were unhelpful, too busy, or too focused on the consequences of relapsing into criminal behavior to provide information. One former prisoner felt that he received helpful planning because he took the initiative, going to his counselor in advance of his release and asking questions.

"Go to your counselor before [leaving] and make sure you have a proper pre-release [plan]."

In discussing discharge planning, most participants focused on employment as the area in which they were most in need of assistance. Almost all of the focus group participants said more employment planning would have been helpful. Several participants stated that ACI no longer allows prisoners to go off site for job interviews and does not provide adequate resources with which to conduct a pre-release job search. One participant noted

that one of the conditions of his parole was that he find a job, requiring him to stay an extra two weeks in prison until he was able to find one.

“Before they used to have pre-release job search, they used to let you go out on job interviews, now that don’t happen no more.”

Transportation

On the day of their release, several prisoners reported difficulty in obtaining bus tickets for their trip home. Among those who did not have family members to pick them up, several mentioned that ACI planners gave them a few bus tickets. One focus group participant reported being released from the courthouse and being misinformed that her court papers would be accepted as bus fare. When she learned this was not true, she had to plead with the bus driver to let her on—which was almost certainly a factor in her decision not to return to ACI to retrieve her belongings.

“I didn’t get a bus ticket. They told me at the courthouse that if I showed my court papers they’d let me on the bus. I had to really beg the bus driver to let me on the bus.”

Housing

In the days and weeks following their release, most of the participants in both focus group sessions were able to rely on parents,

Those who had family and friends to return to were able to avoid homelessness.

siblings, aunts, uncles, girlfriends, or friends for a place to stay. Although these living ar-

rangements created tensions over time, those who had family and friends to return to were

able to avoid homelessness. Only one participant had no support network, and she admitted to immediately returning to her “old ways” after her release from prison.

“When I was down and out, they didn’t want to be there for me. . . . I’ve been on my own since 13, in the streets, group homes, foster homes. . . . When I got out, I went back to my old ways [selling drugs].”

This participant eventually received help from a woman she met on the street, who helped her get into transitional housing at Amos House. However, the participant also noted that Amos House had stipulations on drug use, forcing her to wait until she could pass a drug test before she could get into the program. During this lag time, the participant reported being denied at several homeless shelters due to her criminal record.

“I was denied from a homeless shelter because I had a domestic violence on my record. I felt bad because the guy souped me up, ‘we can do this and that for you, come back this day, I’ll get you set up.’ I get there and he made me get a BCI [Background Criminal Investigation] check, I give him my BCI check, he was like, ‘Oh don’t worry, I’ll get you in here.’ They looked at it—domestic violence; he said ‘We can’t accept you.’”

Even for participants who had family or friends to take them in after their release, their newfound freedom was uncomfortable.

Ex-prisoners said that in the weeks after their release they felt anxious and withdrawn.

Ex-prisoners said that in the weeks after their release they felt anxious and withdrawn, pre-

ferring to isolate themselves to stay out of trouble.

“One of the biggest things was just not feeling comfortable in my own skin.”

While most participants had immediate housing through family or friends, the stigma associated with being a former prisoner created problems in obtaining a more permanent living arrangement. Participants reported that public housing denies placement of those persons with felony criminal records.

“They always find some way to kick you back out on the street. They don’t give you a chance.”

Focus group participants also noted that many shelters close in the summertime, yet it is illegal to sleep on the streets. This may explain one participant’s observation that ACI becomes more crowded in the wintertime as shelters fill up:

“Some dudes want to come back just to have a place to stay. Especially in wintertime, this place gets packed. Some people will do anything just to go to jail because they don’t want to be out in the cold.”

Post-release Services and Assistance

Most focus group participants were at least somewhat familiar with the social services network in the Providence area. One

The only money prisoners have upon release is pay from their prison jobs, which amounts to very little.

participant reported that his discharge planner put him on the list for help at the Family Life Center, where he was currently in group domestic violence

counseling. The Family Life Center also provided bus tickets and directed him to the Family Resource Center, which provided clothing. Another participant noted the availability of clothing at Crossroads Rhode Island and other area shelters.

Focus group participants reported, however, that their status as former prisoners made it difficult to take advantage of certain public services. One participant noted that he was denied General Public Assistance¹⁶ (GPA), which can make things very difficult for recently released prisoners. The only money prisoners have upon release is pay from their prison jobs, which in many cases amounts to very little. Another participant could not obtain food stamps because of prior drug convictions.

“I made the mistake by telling the lady that I’ve been released out of prison. She says, ‘You don’t qualify because you have a drug charge of a delivery.’ ”

Employment

Participants unanimously agreed that the biggest factor in their ability to successfully re-enter society was their ability to find work. Several inmates were able to find jobs through word of mouth, and one participant was even able to get work with his previous employer. Most participants, however, felt that their record was a significant barrier to finding employment—and that for many returning prisoners

The only avenue for employment for many returning prisoners is the “temp” agency.

¹⁶ The Rhode Island Department of Human Services (DHS) General Public Assistance Program (GPA) provides assistance with certain prescription medications and physician office visits. For more information on benefits and eligibility guidelines, see the DHS Website (<http://www.dhs.state.ri.us/dhs/adults/dgpadult.htm>). Accessed November 1, 2004.

the only available employment is through temporary employment agencies.

“I tried to get a job and they wouldn’t even hire me at Burger King. That’s like the easiest place to get a job now. . . . It’s because of your record. They don’t tell you that, but they just blow you off totally. It’s like they took your [application] and threw it in the trash. . . . Temporary agencies are the only place that will give you a chance.”

One focus group participant was able to get a temporary job through the Department of Labor and Training. Another participant noted that many of the employers advertising on the temporary agency Employment 2000’s Web site (<http://www.employment2000ri.com/>) have restrictions against hiring former prisoners. Labor Ready is another source of employment for released prisoners, offering temporary manual labor employment on a daily basis (e.g., workers get paid on the same day they work). Those who are in need of employment show up at Labor Ready early in the morning and the agency sends them out to employers. However, veterans of Labor Ready said that they had to show up each morning, sometimes waiting for weeks before finally getting work. Transportation was also a problem, as Labor Ready does not help workers get to and from job sites. Participants noted that even at Labor Ready, those with criminal records were a lower priority than those without them.

Post-release Supervision

All focus group participants had been or were currently under post-release supervision—either probation or parole. Participants had no problems with their probation or parole officers, indicating that interactions with them were brief, and that their officers treated them

fairly overall.

Generally, focus group participants did not view their probation or parole officer as a resource, with

Participants did not view their probation or parole officer as a resource.

one participant reporting that he had never even thought to ask his parole officer for help.

“I see my [parole officer] once a week. I do what I’m supposed to do. I pretty much make my schedule out and he tells me what to do. Do this, do this. Do that. He sees that I’m doing what I’m supposed to be doing, but as far as resources, that type of department doesn’t really have resources like [social services].”

While most focus group participants viewed post-release supervision as benign, it did produce tension in their domestic lives because family members or intimate partners always have the option of calling the released prisoner’s probation or parole officer to report on them.

“There’s always small things that put you back. It could be your girlfriend—‘Why don’t I get rid of him, I’m going to put him back in jail.’ Or it could be your sister, because you’re in the house all the time and she can’t bring her boyfriend by. Or your mother wants to bring over her boyfriend. You get mad and run the streets and you find yourself back.”

Health Care

Health care treatment was also an issue for focus group participants both within prison and on the outside. Participants expressed frustration with medical care services that are available to prisoners. Participants unani-

mously agreed that the biggest issue was the long lag between requesting and receiving medical attention. This lag was reportedly anywhere from several weeks to a month or more. A few participants noted that the \$2 charge to see the nurse also discouraged many inmates from seeking medical attention.

“You have a headache, a cut, by the time they see you a month later, it’s healed up. You’re your own doctor in here.”

“They put people in jail but they can’t take care of them. They charge us \$2 to go see the nurse. We can’t survive on a dollar a day. And they freeze about a third of that.”

Another issue for many participants was ACI’s policy of only granting dental services to those inmates with sentences of one year or more. Several also noted that dentists are quick to pull prisoners’ teeth for minor cavities—presumably because pulling them is cheaper and easier than filling them.

“You tell them your tooth hurts, they pull it out.”

“I went to get this knot taken out of my head . . . I woke up and my tooth was gone.”

Several participants mentioned that they had problems with drug and alcohol issues, although none of them were treated for these problems while in prison, nor had they received treatment after their release. Another participant noted that her application for Medicaid was denied, although the reason for this was not clear. This participant was ultimately

Debt incurred from medical treatment is an issue for many former prisoners.

ably able to get free treatment at Crossroads Rhode Island’s downtown clinic. While one participant reported obtaining full medical coverage from a private organization called Lifespan, many former prisoners incur debt from medical treatment.

“They can’t refuse you if you get hurt, but if you can’t pay your bills, it ruins your credit.”

Recommendations

The recommendation that arose most often and for which focus group participants felt most strongly was the need for work release and employment readiness and placement programs. Many participants believed that the best way to prevent relapse was to find employment.

“They kick guys out of here with nothing, they go out there, they don’t know what to do, they sell drugs, rob someone, or just come back to jail—if they don’t put you into something, you’ll come back here.”

When asked, based on their experiences, what recommendations they would have for other returning prisoners, one participant felt that maintaining relationships with friends and family was paramount to a successful reentry:

“It’s essential that you have some type of support in prison because if you don’t have that, you don’t have nothing.”

Focus group participants also recommended that more resources be devoted to mental health and addiction treatment. Several recommended follow-up in the community by prison staff or parole officers. Other participants felt that halfway or sober houses would reduce the temptation for returning prisoners.

“There’s a lot of drugs out there, so that’s convenient for everyone—and it puts you here. And when you’re here you think, ‘yeah, I messed up,’ but when you go back to the street again, you still don’t have anything, so what are you supposed to do?”

Participants voiced their wish to be treated with more respect once they were released from prison. Many noted that because “everybody knows each other” in Rhode Island, former prisoners are often made to feel as though they will never really lose the label of “prisoner”:

“When we get out, I don’t feel that we should get the same treatment as if we were still there.”

Conclusion

Conversations with both service provider and prisoner participants indicate that many—if not most—exiting prisoners are not adequately prepared for their return to the community. While some share of released prisoners have the benefit of discharge planning, others are unaware of this option, do not meet the criteria to receive planning, or choose not to participate in the planning that is offered to them. In addition to pre-release planning activities, focus group participants lamented the fact that work release and other employment readiness programs are available to just a handful of prisoners. Such programs could be critical in improving post-release outcomes: prisoner focus group participants cited employment as the single most important factor in avoiding criminal behavior in the weeks and months following their release. Focus group participants also noted that those individuals who leave prison without the ability to secure housing, health care, and meet other basic needs are likely to resort to the patterns of criminal and substance abuse behavior that led to their prior incarceration.

In addition to the need for more reentry-related programs provided within the prison, focus group participants noted the need for increased services in the community to help meet released prisoners' basic needs as well as to provide a continuity of care for those with health and addiction problems. Participants observed, however, that in most cases demand for such services exceeds supply, with long waiting lists for housing and substance abuse treatment beds. In addition to waiting lists, participants observed that services provided to other needy populations, such as public housing and general public assistance, are not available to released prisoners due to regulations or statutes that bar certain individuals with criminal records from receiving such support. Focus group participants recommended that these restrictions be eased to enable more released prisoners the opportunity to receive public assistance.

The focus group findings presented in this report describe a system of prisoner reentry service provision in Rhode Island that is fragmented and encumbered by clashing organizational cultures that prevent positive and productive collaboration between ACI and service providers in the community. One of the major overarching themes that cuts across all five of the service provider focus groups was the perception that ACI is disinclined to work with community service providers. This perception prevailed despite the fact that ACI recently created the role of discharge planners, who work as contract employees within the prison system to prepare prisoners for their release to the community. Participants in service provider focus groups called for Rhode Island to bring “everyone to the table” in the prisoner release planning process, arguing that ACI can facilitate more successful prisoner reentry by connecting prisoners, service providers, and even prisoners' families early on in the release planning process. To do so, however, focus group participants believed that a significant cultural shift would need to occur within ACI. Discharge planners feel unwelcome by ACI corrections officers, and current and former prisoners believe that ACI staff send the message—both verbally and through their actions—that exiting prisoners are destined to fail and therefore there is no point in spending resources to assist them in reentry preparations. One participant observed that the culture of ACI staff is firmly entrenched and only minimally responsive to leadership from above. Conversations with focus group participants, however, suggest that if Rhode Island wants to increase the likelihood that released prisoners will lead productive and crime-free lives, ACI staff at all levels must come to view successful reentry as an important part of their mission.

Appendix A: Service Providers Represented in Focus Groups

Focus group attendees came from the following 16 organizations:

Community Service Providers	State Agencies
Amos House	Department of Administration Division of Taxation, Child Support Enforcement
Advent House	Department of Corrections
Comprehensive Community Action	Department of Human Services
Crossroads Rhode Island*	Department of Mental Health, Retardation and Hospitals
The Providence Center	Department of Transportation
St. Mary’s Food Pantry	Department of Labor and Training
Starrbirth	Rhode Island Veterans Home
West Elmwood Housing Development Corporation	

*Formerly known as Travelers Aid of Rhode Island

Appendix B:

Questions Posed to Focus Group Participants

Basic Needs Focus Group Questions

Introduction

- Please introduce yourself (using your false name) by saying a little bit about what you do and the services your agency provides.

Basic Needs of Inmates

- Let's start by talking about the group's perceptions of the needs of returning prisoners in the days and weeks after their release. Please tell me about them. (Probe: What are some common issues you encounter with this population?)
- In what ways are these needs addressed while offenders are still in prison? (Probe for specifics; what planning?)

Release Planning

- What type of planning takes place in prison to address the needs of released prisoners on the outside in the days and weeks after their release? (Probes: Do they have a pre-release class that covers how to access social services? What is the process through which prisoners regain their social security card, driver's license, birth certificate, etc.?)
- What challenges exist in providing planning for the basic needs of prisoners in the days and weeks after their release?
- If you could change one thing about pre-release planning for basic needs in prison, what would it be and why?

Post-release Service Delivery

- What social service resources, such as access to food, cash assistance, and transportation, are currently available to returning prisoners?
- What are the greatest barriers to providing for the needs of returning prisoners? (Probes: financial, scheduling, transportation, stigma)
- How would you characterize the community service capacity to respond to the needs of returning prisoners? (Probes: Adequate facilities? Adequate number of providers? Awareness among service community of needs? Informal resistance among any providers to serving this population?)
- Are there issues on coordination of service delivery across social service agencies?
- What are your recommendations for better serving this population?

Wrap-up

- If you could change one thing about social services for returning prisoners, what would it be and why?

Employment Focus Group Questions

Introduction

- Please introduce yourself (using your false name) by saying a little bit about what you do and the services your agency provides.

Release Planning

- What type of planning takes place in prison to prepare prisoners to seek and gain employment upon their release from prison? (Probes: Do they have a pre-release class that covers employment? Employment readiness programs? Work release? Vocational training? GED classes?)
- What kind of community connections are made between soon-to-be-released prisoners and employers or employment agencies in the community? (Probes: Pre-release meetings with providers or employers? Referrals? Appointments or interviews scheduled?)
- What factors do you think affect prisoners' success in finding employment after their release from prison? (Probes: Availability of jobs? Stigma? Appropriate wage/skill levels? Amount of work? Lack of documentation? Lack of housing? Lack of work skills? Transportation?)
- To what extent do you think employment services for soon-to-be-released prisoners are coordinated with other pre-release services? (Probes: transitional housing, documentation)
- What challenges exist in providing employment counseling and social services specifically to this population? (Probes: Trust? Stigma? Not keeping appointments? Attitude?)

Post-release Employment and Social Service Systems

- What employment-related social service resources are currently available to former prisoners in Providence? (Probes: employment counseling, places to get the necessary documentation for work? Job referral agencies?)
- How would you characterize the community service capacity to respond to the employment needs of returning prisoners? (Probes: Adequate budget? Adequate number of providers? Awareness among service community of needs? Informal resistance among any providers to serving this population?)

Collaboration

- How do agencies and organizations, such as corrections, probation, and community providers collaborate on employment and social service needs? (Probes: Location of service providers? Documentation? Probation demands and employment requirements?)
- What are some barriers to collaboration among prisons, supervisory agencies, and community service providers with regard to the provision of employment services to former prisoners?
- What are some opportunities for collaboration among these groups/agencies?
- Are there issues on coordination of service delivery across employment providers and other agencies?

Wrap-up

- What are the greatest barriers to adequately preparing prisoners to successfully seek employment upon their release from prison?
- What are your recommendations for better serving this population?
- If you could change one thing about employment services and employment opportunities for returning prisoners, what would it be and why?

Family Focus Group Questions

Introduction

- Please introduce yourself (using your false name) by saying a little bit about what you do and the services your agency provides.

Family Relations During Incarceration

- Let's start by talking about the group's perceptions of the needs of returning prisoners. Please tell me about them. (Probes: Do you have much contact with this population? What are some common issues you encounter with returning prisoners?)
- How do families relate to these needs? (Probes: Are they the first place returning prisoners go for assistance? Are they a positive or negative influence on the reentry process? How and/or why?)
- What types of activities take place in prison to connect prisoners with family members prior to their release? (Probes: Do you have any type of family conferencing activities? Are family issues raised in one-on-one discharge planning?)
- What factors do you think affect prisoners' relationships with family members both while they are in prison and after release? (Probes: Financial? Reluctance of families? Restrictions on phone calls/visits? Lack of services/providers in the community to include family?)

Family Relationships Post-release

- What challenges exist in reuniting prisoners with their family members after release? (Probes: Custody issues? Public housing barriers?)
- How would you characterize the typical family's capacity to meet the needs of their returning family member?
- How would you gauge the typical family's willingness to provide both tangible (e.g., food, housing, money) and emotional support to their returning family member?
- What resources are available to recently released prisoners and their family members in Rhode Island? (Probes: Any programs/agencies that specifically target the needs of this population? Family counseling? Assistance with custody issues?)

Coordination Among Service Providers

- To what extent do the agencies and organizations that provide family assistance to former prisoners and their families collaborate?
- What are some barriers to collaboration and improved coordination between prison and the community for family issues?
- What are some opportunities for collaboration and improved coordination between prison and the community for family issues?

Barriers to Maintaining Family Relationships

- What gaps exist that specifically relate to the family issues of recently released prisoners—both in terms of services for families of returning prisoners and services for returning prisoners themselves?
- What are some of the system or policy barriers that prevent former prisoners from reuniting with their families/children after their release? (Probe: public housing restrictions, reluctance of returning prisoners to associate with family members for fear of jeopardizing their access to public assistance/services)

Wrap-up

- What are your recommendations for better serving this population (both families of returning prisoners and returning prisoners)?
- If you could change one thing about family-related services for returning prisoners, what would it be and why?

Health Care Focus Group Questions

Introduction

- Please introduce yourself (using your false name) by saying a little bit about what you do and the services your agency provides.

Prison Health Care and Release Planning

- Let's start by talking about the group's perceptions of the health care needs of returning prisoners, including substance use/addiction. Please tell me about them. (Probes: How do they differ from the general population? What are some common health care issues you encounter with this population? Are their needs different after release from when in prison?)
- What type of planning takes place in prison to continue mental and physical health care treatment, including drug treatment, of released prisoners on the outside? (Probes: Do they have a pre-release class that covers health matters? One-on-one or group meetings? Consultations with a mental and/or physical health professional to discuss health care after release?)
- What kind of community connections are made between soon-to-be-released prisoners and health care and drug treatment providers in the community? (Probes: Pre-release meetings with providers? Referrals? Prescriptions? Appointments scheduled?)
- What factors do you think affect prisoners' use of or access to health care and/or drug treatment services after their release from prison? (Probe: Financial? Lack of insurance? Lack of services/providers in the community?)
- What challenges exist in providing health care and drug treatment services specifically to this population? (Probes: Trust? Stigma? Taking meds consistently? Not keeping appointments?)

Community Health Care Resources

- What health care and drug treatment resources are currently available to recently released prisoners in Rhode Island? (Probes: Referrals from family/friends, prison, or community organizations? Health care clinics or centers? Outpatient or residential treatment facilities? Any programs that specifically target the health care and social service needs of this population?)
- How would you characterize the community service capacity to respond to the mental and physical health needs of returning prisoners and their families? (Probes: Adequate facilities? Adequate number of providers? Awareness among provider community of needs? Informal resistance among any providers to serving this population?)

Collaboration among Service Providers

- How do agencies and organizations, such as corrections, probation/parole, and community providers that are involved in health care and drug treatment service delivery to prisoners/ex-prisoners collaborate?

- What are some barriers to collaboration and improved continuity of care between prison and the community?
- What are some opportunities for collaboration and improved continuity of care between prison and the community?

Barriers to Providing Health Care for Returning Prisoners

- What gaps exist in your health care and drug treatment delivery system that specifically relate to recently released prisoners?
- What are some of the system or policy barriers that prevent former prisoners from accessing health care and drug treatment services?
- What are the greatest barriers to providing quality health care and drug treatment to returning prisoners? (Probes: Capacity? Financial? Scheduling? Transportation?)

Wrap-up

- What are your recommendations for better serving this population?
- If you could change one thing about health care services for returning prisoners, what would it be and why?

Housing Focus Group Questions

Introduction

- Please introduce yourself (using your false name) by saying a little bit about what you do and the services your agency provides. Housing Needs of Returning Prisoners and Release Planning
- Let's start by talking about the group's perceptions of the housing needs of returning prisoners. Please tell me about them. (Probes: What percentage of released prisoners have housing lined up prior to release? How do they differ from the general population? What are some common issues you encounter with this population?)
- What type of planning takes place in prison to assist individuals in finding affordable housing after their release? (Probes: Do they have a pre-release class that covers housing issues? One-on-one discharge planning?)
- What kinds of community connections are made between soon-to-be-released prisoners and housing entities in the community? (Probes: Pre-release meetings with providers? Referrals?)
- What factors do you think affect prisoners' use of or access to permanent or transitional housing after their release from prison? (Probes: Financial? Reluctance of families? Public housing restrictions? Lack of services/providers in the community?)
- What challenges exist in providing transitional housing as well as finding permanent housing for this population? (Probes: Supply? Stigma?)

Housing Resources

- What housing resources are currently available to recently released prisoners in Rhode Island? (Probes: Halfway houses? Transitional housing? Shelters? Public housing/Section 8? Any programs/agencies that specifically target the housing needs of this population?)
- How would you characterize the community's capacity to meet the housing needs of returning prisoners? (Probes: Adequate supply? Location of available/affordable housing? Awareness among provider community of needs? Informal resistance among any providers to serving this population?)

Collaboration Between Service Providers

- To what extent do the agencies and organizations that provide housing assistance to former prisoners collaborate?
- What are some barriers to collaboration and improved coordination between prison and the community with regard to housing issues?
- What are some opportunities for collaboration and improved coordination between prison and the community with regard to housing issues?

Barriers to Housing Returning Prisoners

- What gaps exist in your housing system that specifically relate to recently released prisoners?

- What are some of the system or policy barriers that prevent former prisoners from obtaining both transitional and permanent housing after their release? (Probe: Public housing restrictions?)
- What are the greatest barriers to providing affordable housing to returning prisoners? (Probes: Supply? Available housing stock?)

Wrap-up

- What are your recommendations for better serving this population?
- If you could change one thing about housing services for returning prisoners, what would it be and why?

Prisoner Focus Group Questions

Intro Question

- Please tell us your (false) name and how long you were out of prison before being returned this time.

Release Planning

- How did your time in prison prepare you for your release from prison? (Probe: What types of classes, counseling, discharge planning did you have?)

Resources Available to Returning Prisoners

- What or who helped you when you returned to the community? If you could pinpoint just one person, organization, or thing that helped you, who/what would it be? (Probes: How did you find out about services? Location of services—was it easy to get there?)

Challenges in Returning from Prison

- In your opinion, what are the most pressing issues for returning prisoners? What were the most difficult issues you personally confronted on your return to the community? (Probes: Employment? Housing? Health? Family relationships and reunification? Drug/alcohol use and treatment? Basic needs such as food, public assistance, civic participation? Conditions of post-release supervision?)
- What, if any, problems did you experience as a result of your status as a former prisoner? Describe the “typical” problems you’ve encountered.
- What kinds of help did you need but not receive? Why not?

Wrap-up

- What are some possible ways the community, the DOC, organizations, or the government can help to assist prisoners on their return? Brainstorm possible solutions. Prioritize.
- What are the top two things that resulted in your return to prison?
- What advice would you give to prisoners who are about to be released to help them with the reentry experience?

Ex-Prisoner Focus Group Questions

Intro Question

- Please tell us your false name and how long you've been out of prison.

Release Planning

- Let's talk a bit about the months leading up to your release from prison. How were you prepared for your release? (Probe: What types of classes, counseling, discharge planning did you have?)

Challenges Facing Returning Prisoners

- In your opinion, what are the most pressing issues for returning prisoners?
- What were the most difficult issues you personally confronted on your return to the community? (Probes: Employment? Housing? Health? Family relationships and reunification? Drug/alcohol abuse and treatment? Basic needs such as food, public assistance, civic participation? Conditions of post-release supervision?)
- What, if any, problems did you experience as a result of your status as a former prisoner? Describe the "typical" problems you've encountered.
- What or who helped you when you returned to the community? If you could pinpoint just one person, organization, or thing that helped you, who/what would it be? (Probes: How did you find out about services? Location of services—easy to get there?)
- What kinds of help did you need but not receive? Why not?

Wrap-up

- What are some possible ways the community, the DOC, organizations, or the government can help to assist prisoners on their return? Brainstorm possible solutions. Prioritize.
- What advice would you give to prisoners who are about to be released to help them with the reentry experience?

Appendix C: Adult Correctional Institutions (ACI) Programs

ACI officials provided the following descriptions of programs offered to prisoners:

MENTAL HEALTH SERVICES

Counseling incarcerated offenders who are victims of sexual violence: To provide psycho-educational groups to incarcerated men and women focusing on the impact that abuse has had on individuals' lives. Topics covered include what constitutes sexual assault, sexual abuse, and sexual harassment; and the effects of witnessing domestic violence and emotional and physical abuse.

Sexual offender treatment programs: To instruct, orient, evaluate, and treat male and female sexual offenders through educational classes and, when appropriate, comprehensive treatment groups. To reduce risk and promote public safety, the Sexual Offender Treatment Program communicates and coordinates its services with the RIDOC classification process as well as with Community Corrections, the parole board, and the judiciary.

Mental health services: To identify and treat acute and long-term mental health needs of offenders while incarcerated and to work with community resources to prevent inappropriate incarceration and reduce recidivism of offenders with mental illness. Treatment includes psycho-educational and psychotherapeutic interventions, medications, and liaison with the correctional staff.

INSTITUTIONAL PROGRAMS

Anger management: The anger management program incorporates a 15-week curriculum that emphasizes the ability to develop an awareness of current angry behaviors, clarifying the origins of and alternatives to aggressive anger. Group members take an active part in role-playing and are encouraged to utilize the various tools for managing anger effectively.

AVATAR: Spectrum Health Systems conducts a three-month integrated program for offenders at the high-security prison currently on punitive segregation. This integrated curriculum will allow a slow and steady transition from complete isolation and idleness to human interaction and relationship building in a safe environment.

Boundaries for Healthy Relationships: Boundaries helps a person take responsibility for his or her life and improve relationships. Learning involves when to say yes and when to say no as well as the importance of setting limits to create a healthier life and actually help friends and family members to live healthier and more responsible lives.

Changing Lives Through Literature: The program design operates under the premise that offenders commit criminal acts in part because they operate from a belief system that honors unbridled passion over reason and thoughtful choice and because they insist that following authority is by its very nature a victimizing position. The program poses challenges to this belief system by exploring works of literature through the lens of law and nonviolence to unfold the complexity and challenges of character and conscience and by establishing interactive and democratic processes of conversation about these works and theories among offenders, professors, and government officials, including judges, legislators, corrections officials

Choosing New Directions: This lecture course explores 10 theories of popular psychology: (1) Maslow's pyramid of needs; (2) four motivators; (3) Eric Bern's theory of transactional analysis; (4) Kohlberg's scale of moral development; (5) Erik Erikson's developmental tasks of childhood; (6) birth order; (7) E. Kubler-Ross's five stages of grief and loss; (8) boundaries; (9) anger; and (10) choosing a new direction.

Criminon: The Criminon program utilizes the research discoveries made by American author and humanitarian L. Ron Hubbard. Criminon provides educational tools and life skills to those in need so that they may rejoin society as responsible and contributing members.

Vantage Point: Vantage Point provides introductory, psycho-educational, domestic violence support groups. These groups are offered to both male and female offenders who are abusive and to abuse victims to end the cycle of family violence.

Houses of Healing: This course was created for those who seek to restore their self-esteem and dignity and to interrupt the cycle of neglect, abuse, and violence that may have helped bring them to prison. The course requires that participants be committed to personal change and willing to do the hard work to get there, including personal journal assignments.

Long Distance Dads: Long Distance Dads is a character-based educational self-help and support program to assist incarcerated men in developing skills to become more involved and supportive fathers. Trained leaders facilitate the program in 12 weekly sessions in a small group format.

Providence Center—Discovery: Residential substance abuse treatment program at Women's Division, DIX Building.

Providence Center—Discovery II: Substance abuse counseling program at Women's Division, Gloria McDonald Building.

Religious programs: Religious programs and services for all faiths, available at all facilities.

Resolving Conflicts Nonviolently: This course provides a framework for conflict resolution/reconciliation and management through nonviolent and peaceful means. The course uses the key Christian ethical principles of forgiveness, reconciliation, peace, justice, and restoration of relationships to teach everyday nonviolent alternatives to conflict, drawing upon the 6 principles of building a peaceful community as identified by Martin Luther King Jr.

Spectrum Correctional Recovery Academy: Residential substance abuse treatment for men at Minimum, John J. Moran—Medium Security, and Maximum Security.

Women's Parenting: The Women's Parenting Program is a 10-week course presented by Women in Transition, designed specifically for incarcerated mothers. At the conclusion of the course, graduates are permitted to take part in special weekly visits developed specifically for their children.

HEALTH EDUCATION SERVICES

HIV Team: The HIV team consists of five full-time employees who are responsible for teaching classes to both inmates and staff about all infectious diseases. One member of the team is a registered nurse and works with our infectious disease consultants—specifically, scheduling and assisting in HIV clinics. The team is a valuable resource to the inmates, staff, and community at large as a public health resource.

SECONDARY-LEVEL EDUCATION PROGRAMS

General Educational Development (GED)

Testing Service: The education unit is a free-standing GED test center recognized and approved by the American Council on Education and the Rhode Island Department of Education. All students within the institutions have the opportunity to sit for the GED examination and acquire the credential. Candidates for GED testing must complete the GED class and receive the recommendation of the teacher to participate. (Ongoing days, all facilities)

High School Equivalency Program (GED):

This class is geared for students that have demonstrated competencies in fundamental academics (literacy, mathematics, and written expression) to begin preparation to take the GED examination. Instruction focuses on preparation for the five parts of the GED examination: written expression, science, social

studies, literature and the arts, and mathematics. (Ongoing, days and evenings, all facilities)

Adult Basic Education Program (ABE):

Classroom instruction geared at improving word skills, reading comprehension, mathematical computation and application, and written expression. The primary objective of this class is for participants to acquire academic skills to enable them to enter a GED class. (Ongoing, days and evenings, all facilities)

Special Education/Title I Program: This program provides legally required support services for inmates 21 years of age or younger who have received special education services while enrolled in public school, have a learning disability, or have any other disability that requires specially designed instruction for the student to benefit from classroom participation. Services include assessment, case management, transition planning, and the development of an individual education program. (Ongoing, days and evenings, all facilities)

English as a Second Language (ESL): Instruction in English is provided for those whose native language is not English. Content includes speaking, reading, writing, and listening. At the conclusion of the course participants should be able to communicate effectively with native English speakers. (Ongoing, days and evenings)

VOCATIONAL EDUCATION PROGRAMS

Carpentry/Cabinet Making (Levels I, II, and III): Students are trained in using tools, working with wood, cabinet making, and construction basics. Students are exposed to shop drawing and blueprint reading techniques. Emphasis placed on ability to work with others, take direction, and practice shop safety. (Ongoing, days at Moran)

Sheet Metal I and II (Introduction and Intermediate) 36-week program, 344 shop hours: An introduction to the techniques and practices used in the sheet metal shop, including safety practices, hand and power tool use, shop machinery, and the various materials utilized in the sheet metal shop. Includes the completion of shop projects and safety test. (Ongoing, days at Moran)

Sheet Metal III (Advanced) 18-week program, 172 shop hours: Continuation of Sheet Metal II with emphasis on parallel line, radial line, and triangulation methods of pattern layout including a shop project of the student's choice that must be designed and fabricated to instructor specifications. (Ongoing, days at Moran)

Welding I (18-week program, 172 shop hours): Introductory course in electric welding and plasma arc cutting. Includes safety, setup, and welding rod and electrode identification as they pertain to SHAW, MIG, and TIG welding processes and plasma cutting. (Ongoing, days at Moran)

POSTSECONDARY EDUCATION PROGRAMS (ACADEMIC):

Community College of Rhode Island (CCRI): Participants have the opportunity to earn college credits for various liberal arts and/or business offerings in community college-offered classes. Course offerings vary by semester. (Ongoing, all facilities, days and evenings, lecture and telecourses)

Law clerk training: A 10-hour course training participants in basic legal research consistent with the U. S. Supreme Court rulings/local consent decree settlement. This program is conducted as a joint effort between DOC Law Library Services and CCRI. (Ongoing, all facilities, one-week program)

Video/book discussion groups: These programs are conducted by DOC Institutional Library Services with the goal of inspiring guided discussion based upon a series of videos or a selected reading list with a relevant theme. (Twice per year, Moran/Price facilities, usually two months in duration)

Library orientation class: This class is offered by DOC Institutional Library Services to potential reading library clerks. Content includes instruction in the Dewey Decimal Classification System; book processing; classifying, cataloguing, and coding of library materials; organization of books on shelves; the circulation system; and other related duties of a library clerk. (Ongoing on an as-needed basis)

POSTSECONDARY EDUCATION PROGRAMS (VOCATIONAL):

Asbestos abatement supervisor training: Forty hours of instruction and a passing grade of at least 70 percent on the final course exam will confer certification as a licensed asbestos abatement supervisor or contractor recognized by the U.S. Environmental Protection Agency and a multitude of states. (Offered several times per year, minimum-custody population)

Computer literacy: A three-module format offering instruction in the Windows® operating system and Microsoft® Office applications including Word and Excel. (Ongoing, offered simultaneously in several facilities, nine-week program in total)

Culinary arts assistant certificate program:

This program consists of classroom, laboratory, and internship training in food sanitation, restaurant operations, and food production. Program includes approximately 247 hours of instruction and successful completers will be awarded 18 college credits that may be applied toward an associate's degree at the Community College of Rhode Island. (Offered several times per year to minimum-custody population)

Food manager's certification program: This 18-hour state-approved program includes the following highlights of the Rhode Island Food Code: food safety practices, food handling

policies and procedures, food premises and equipment, and subjects such as waste management, accident prevention, pest management, and food safety systems. (Ongoing, offered to all facilities' kitchen crews on an as-needed basis and to minimum-custody population)

Lead hazard supervisor training: Learn the necessary skills to safely remove lead from dwellings and supervise a project workforce. Completers are eligible to sit for the state exam and acquire a license approved by the Rhode Island Department of Health. (Offered several times per year, minimum-custody population)

Appendix D: Discharge Planning within ACI

The following is a list of agencies providing discharge planning services to prisoners at ACI. For each agency, the information provided describes where the discharge planning takes place, who receives the planning, when the planning is provided relative to prisoners' release dates, how the planning is provided, the agencies' contract size and funders, the number of prisoners the agency serves annually (caseload), and contact information. RIDOC officials provided this information for the purpose of this study.

LOW-RISK PLANNING

COMPREHENSIVE COMMUNITY ACTION PROGRAM

Where: Women's and Men's Minimum
Who: Low-risk offenders who request planning services
When: In the women's division, those already sentenced receive a case assignment from their classification board, while those awaiting trial are assigned by various groups. In the men's ward assignment is done by request slip.
How: Individual and group planning in both men's and women's minimum-security facilities.
Contract: \$125,000
Funder: State of Rhode Island
Caseload: 300 men and women
Staff: Chris Mansfield, supervisor (men's and women's divisions), (401) 781-3990
Lynne Adams, planner (men's minimum), (401) 462-3615
Sarah Gormley, planner (men's minimum), (401) 462-1985
Sandra Brohen, planner (women's division), (401) 462-2370
Victoria Kalnietis, planner (women's division), (401) 462-2263

AMER-I-CAN:

Where: Medium I and Medium II
Who: Low-risk offenders who request planning
When: An assignment meeting is held once a month with all the planners in Medium Security.
How: Individual and group. Their individual clients receive 40 hours of pre-release training before the plan is written.
Contract: \$180,000
Funder: State of Rhode Island
Caseload: 200 men
Staff: Geneva Johnson, supervisor, (401) 462-1980
Michelle Shepard, planner, (401) 462-1980

INTENSIVE HIGH-RISK INDIVIDUALIZED PLANNING

URBAN LEAGUE

- Where: All men's facilities except minimum security
- Who: Men are identified as high-risk releases by DOC high-risk protocol
- When: Each facility has a different assignment procedure. Most facilities have a monthly assignment meeting, but the ones with smaller populations—Maximum, High-Security, and Medium II—are assigned through self-referral or counselor recommendations.
- How: The counselors in each facility identify high-risk offenders and refer them to the Urban League planners. To have a discharge plan completed, inmates must participate in an 8- to 10-week Urban League workshop.
- Contract: \$410,000
- Funders: Byrne Grant, Federal Grant
- Caseload: 1,000 clients (400 through group discharge planning at the Intake Service Center)
- Staff: Judy Galmer, project coordinator, (401) 351-500 ext. 131
Toni Roderick, associate director, (401) 351-500 ext. 119
Eva Gamble, planner, (401) 351-5000 ext. 184
Jovanna Garcia, planner, (401) 351-5000 ext. 185
Maria Lopes, planner, (401) 351-5000 ext. 186

FAMILY LIFE CENTER

- Where: All ACI facilities
- Who: Men and women returning to Providence who are less than 35 years old and a serious offender and/or recidivist
- When: The case management supervisor reviews a list of all newly sentenced inmates and identifies possible clients at sentencing. Case managers interview them to see if they are interested in participating.
- How: FLC personnel also participate in monthly assignment meetings
- Contract: \$274,000
- Funder: DOJ Federal SVORI Grant
- Caseload: 200
- Staff: Paul Zambrano, eligibility coordinator and supervisor, (401) 781-5808
Mary Cameron, case manager, (401) 781-5808 ext. 103
Sylvia Orellana, case manager, (401) 781-5808 ext. 106

SPECIALIZED PLANNING

MIRIAM HOSPITAL BRIDGE/THUNDERMIST PROGRAM (HIV)

Where: All facilities
Who: HIV- positive inmates
When: At assignment meetings or by referral from the DOC HIV nurse or health specialist
How: Because of confidentiality the referrals are made from DOC medical staff.
Contract: Not provided
Funder: Not provided
Caseload: 75
Staff: Leah Holmes, supervisor , (401) 455-6879
Don Laliberte, planner
David Thayer, planner
Pat Threats, HIV nurse and public health specialist, (401) 462-3799

URBAN LEAGUE (HIV)

Where: Men's Maximum, Medium I and II
Who: HIV-positive inmates
When: After participation in an HIV education course
How: Judges order certain high-risk individuals to take the course.
Contract: Not provided
Funder: Department of Health, Centers for Disease Control and Prevention
Caseload: 75
Staff: Judy Galmer, project coordinator, (401) 351-500 ext. 131
Toni Roderick, associate director, (401) 351-500 ext. 119
Eva Gamble, planner, (401) 351-5000 ext. 184
Jovanna Garcia, planner, (401) 351-5000 ext. 185
Maria Lopes, planner, (401) 351-5000 ext. 186

FELLOWSHIP HEALTH RESOURCES

Where: All facilities

Who: Inmates who are eligible for the state Community Support Program (CSP) for seriously mentally ill individuals. Beginning in 2004 a second case manager has been hired to assist with individuals who have serious mental health problems but do not qualify for CSP.

When: Referrals are made from DOC mental health staff or discharge planners after initial an assessment is done. Fellowship also attends assignment meetings.

How: There are established criteria developed by the state mental health agency for qualifying for benefits. Offenders may have already qualified in the community or may have to be evaluated by Fellowship to establish eligibility.

Contract: Not provided

Funder: Rhode Island Foundation, others

Caseload: 50 CSP, 50 non-CSP

Staff: Wanda Clark, director of CRS, (401) 462-3467
Joseph Dziobek, supervisor, (401) 333-3980
Dawn O’Gorman, planner, (401) 462-3468

DOC TRANSITION HOUSE: PHOENIX HOUSE (Women)

Where: Transformation House

Who: Women only

When: Transformation House is a six-month transitional program for women. Discharge planning is part of their program.

How: Planning is done by case managers as part of the program.

Contract: Not known

Funder: State of Rhode Island

Caseload: 60

Staff: Diane Sprague, director, (401) 462-0697

Public Defender’s Office (Pre-sentence)

Where: All facilities but focus on Intake units

Who: Men and women who are being sentenced in Providence

When: Discharge plan in lieu of incarceration

How: Interview of offender with social work staff or police department representation in court

Contract: Grant received by PD’s office

Funder: Federal (state for fiscal year 2005)

Caseload: 100

Staff: Jim Forker, clinical supervisor, (401) 458-3081
Peter Wells, (401) 222-1549

RIDOC SPECIAL EDUCATION

Where: All facilities
Who: Special education statute inmates who are less than 21 years old and qualify for special education.
When: When IEP (Individualized Education Program) is done
How: RIDOC substance abuse personnel transition inmates who are court-ordered to residential treatment. A social worker works part-time to make community referrals for qualified inmates.
Contract: Not provided
Funder: State of Rhode Island
Caseload: 50
Staff: Ralph Orleck, supervisor, (401) 462-1415
Evelyn Henley, planner, (401) 462-3139

SUBSTANCE ABUSE

SPECTRUM

Where: Medium I and Minimum
Who: All inmates who complete the residential treatment programs
When: At the end of the six-month treatment regimen
How: Spectrum often cooperates with other agencies to complete the community referrals for the discharge plans
Contract: \$40,000
Funder: State of Rhode Island
Caseload: 100
Staff: Deana Pecchia, state director, (401) 462-2166
Kerri O'Dea, planner, (401) 462-1155
Julie Walsh, counselor, (401) 462-1881

DISCOVERY (PROVIDENCE CENTER)

Where: Women's facility
Who: Women only
When: Day treatment program in Medium Security or residential treatment in Minimum Security
How: To fulfill court-ordered treatment or by offender choice
Contract: \$260,000
Funder: State of Rhode Island
Caseload: 100
Staff: Margaret Plunkett, program coordinator, (401) 462-1380
Deb Campion, Providence Center Assessments, (401) 462-0269

PROVIDENCE CENTER

Where: In all men's facilities
Who: Men who participate in substance abuse group treatment or who request assistance in obtaining residential treatment upon leaving.
When: When requested before release
How: Request to Rhode Island Department of Corrections substance abuse coordinator Larry McDonald
Contract: Not provided
Funder: State of Rhode Island
Caseload: 100
Staff: Larry McDonald, substance abuse coordinator (RIDOC), (401) 462-3794
Deb Campion, Providence Center Assessments, (401) 462-0269

CODAC

Where: All facilities
Who: Inmates who want to work with CODAC treatment services as outpatients
When: 90 days before release
How: Request by inmates
Contract: No contract but reimbursement by state substance abuse funding
Funder: State of Rhode Island
Caseload: 50
Staff: Lisa Soderland, program coordinator, (401) 461-5056

THE MIRIAM HOSPITAL PROJECT MOD

Where: All facilities
Who: Those in need of methadone following release
When: 60 days before release
How: Staff interview the offender
Contract: Grant received by Miriam Hospital
Funder: Federal
Caseload: 50
Staff: Michelle McKenzie, supervisor, (401) 793-4790
Maria Garcia, intervention specialist, (401) 793-4853
Christine Anastacio, research assistant, (401) 793-4876

