



Examining the Needs of the Incarcerated, Soon-to-Be Released and Ex-offenders

RE-ENTRY STAKEHOLDERS MEETING
OCTOBER 10, 2006

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Community Voices
Healthcare for the Underserved

Community Voices

Community Voices: Healthcare for the Underserved is working to make health care available to all. With eight sites across the country and managed by the National Center for Primary Care at the Morehouse School of Medicine, Community Voices is helping to ensure the survival of safety-net providers and strengthen community support services. Launched in 1998 by the W.K. Kellogg Foundation, the sites are part of a national effort to sort out what works from what does not in meeting the needs of those who receive inadequate or no health care.

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At the end of 2005, there were over 2.2 million people incarcerated in jails and prisons in the United States (Harrison & Beck, 2006). The mass incarceration of individuals in the U.S. has had a detrimental impact on people of color, particularly African American men. These men who reenter their communities upon release confront numerous obstacles including unemployment, disenfranchisement, limited housing, poor health, and lack access to health services. These obstacles have health and socioeconomic implications for their children, families and communities.

Addressing the implications and redressing the impact are of grave social concern. Community Voices therefore convened a meeting of thirty-three key community stakeholders representing non-profits, advocacy groups, governmental agencies, and academic institutions based in Georgia. The goal of this meeting was to specifically identify the challenges to the establishment of successful reentry pathways and to foster development of model reentry projects in the state of Georgia. The specific objectives were to

identify the public policy constraints faced by the reentry community in Georgia; increase public awareness to reentry issues in Georgia; identify best practice models that demonstrate effective partnerships between public health and social services; and, discuss strategies for development and implementation of a community based reentry project model for Georgia.

Corrections Population in Georgia

According to the Georgia Department of Corrections (GDC), approximately 63 percent of inmates were non-white, and 37 percent were white in 2005. Of these inmates, 94 percent were male and 6 percent female. The average age of incarceration was 35.5 years. Sixty-nine percent of those incarcerated have completed up to the 11th grade; and 31 percent had a GED or have completed high school. Moreover, GDC reported that expenditures totaled \$968.5 million in 2005 with \$164,176,043 spent on inmate health care, including both physical and mental health. Those expenditures were a 9.1 percent increase from 2004 and were attributed to the growth of the chronically ill population and those incarcerated. In the area of mental

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health, in 2005, there were 7,394 mentally ill inmates in the correctional system, an increase of 176 from the end of 2004. At the end 2005, approximately 15 percent of the total inmate population was on a mental health caseload. (Georgia Department of Corrections, 2006)

Collateral Consequences of Incarceration

Dr. Henrie Treadwell, director of Community Voices, welcomed the stakeholders with a moving call to action that invited participants to share their stories and learn from each other as we tackle, as concerned citizens, this crisis in all of our communities. Afterwards, Dr. Natasha Williams of Community Voices discussed the collateral consequences of incarceration rising data found in the Community Voices policy brief titled, *Where are the Men? The Impact of Incarceration and Reentry on African American Men and Their Children and Families*. (Williams, 2006)

Health Care

Those who are incarcerated suffer from a myriad of health care problems including HIV/AIDS, tuberculosis, hepatitis B, hepatitis C, hypertension, diabetes, asthma, cancer, Alzheimer's, anger and depression, and mental illness. Many inmates also have poor oral health which can complicate chronic conditions such as diabetes and cardiovascular disease (Treadwell & Formicola, 2005). Once released, these individuals will return to their children, families and communities, many of which are overburdened and underserved, in poor health with limited or no access to health care resources. (Williams, 2006)

Disenfranchisement

Due to voter disenfranchisement, the political voice of many African American men has been muted while incarcerated. As they return to their communities because their right to vote is either restricted or denied. As a result, communities lose their political power and access to resources when those who could vote are either incarcerated or unable to vote once they are released. This not only reduces the political power of African American men but the entire African American community. (Williams, 2006) Georgia prohibits inmates to vote while in prison and prohibits felons from voting while on parole and probation. (The Sentencing Project, 2006) Expungement proceedings are not straightforward, are time intensive and in many cases impossible to successfully complete.

Medicaid

Many ex-offenders do not have health insurance when they return to their families and are unable to receive Medicaid when they are incarcerated. Even though some ex-offenders are eligible for Medicaid upon release, they still may not receive medical care due to delays in reapplying for benefits which may take weeks or months and subsequent delays as they then seek to find a source of care. These individuals are not receiving treatment or a continuum of care for infectious diseases, chronic diseases, substance abuse, or mental illnesses while waiting for successful reenrollment into the program. (Williams, 2006)

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Welfare Assistance and Food Stamps

Anyone who is convicted of a federal or state felony that involved the possession, use, or sale of drugs is barred from receiving cash assistance and food stamps for life. (Finzen, 2005; Cooper, 2003) States have the choice to modify, limit, or opt out of the lifetime ban provisions. Fifteen states have adopted the ban in its entirety, 12 states and the District of Columbia opted out of the ban, and 23 states have modified it. (The Sentencing Project, 2006) **Georgia denies food stamps benefits entirely (The Sentencing Project, 2006) making the return home a complete financial burden on the receiving household that was already financially fragile.**

Housing

Over the years, federal legislation has restricted the access to public housing for many ex-offenders who are returning to their families and communities. For example, under the Housing Opportunity Program Extension (HOPE) Act of 1996, **the public housing authorities (PHA) “may deny public admission to or evict individuals who have engaged in criminal activity, especially drug-related criminal activity, on or off public housing premises, regardless of whether they were arrested or convicted for these activities.”** (Cooper, 2003, p. 6) Even though the PHA may take into consideration rehabilitative factors in rendering their decision, those with criminal records are at a definite disadvantage when applying for limited public housing. (Travis, 2005)

Employment

When released, many ex-offenders face barriers to employment due to employers’ unwillingness to hire people with criminal records, legal restrictions on certain types of federal and state employment for those with felony convictions, and the inability to improve their labor skills for employment in the workforce. (Finzen, 2005) Moreover, many in reentry are unskilled, uneducated and feel the effects of social stigma as a result of incarceration.

Other Collateral Consequences

The impact of incarceration itself on children and families is significant. While the father is incarcerated, children and families lose financial and emotional support and suffer the social stigmatization of having a family member in prison or jail (Travis and Waul, 2003). More importantly, the children and families lose connectedness with the individual. While incarcerated, many fathers are unable to maintain ties with their children and families because of distance, restrictive visitation rules, and the high cost of telephone calls. **When they return home, they may not be able to visit their children if the children live in subsidized housing.** (Williams, 2006)

Mental Health in Georgia

We’ve seen many go and come back. I feel we have been growing old together – Dr. James DeGroot

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According to Dr. James DeGroot, Director of the Mental Health /Mental Retardation Program for the Georgia Department of Corrections, the severity of the inmate's mental illness is related to the rate of recidivism. Specifically, the more severe the mental illness is, the higher the recidivism. Furthermore, depression or anger can be manifested in acting out behavior which can lead to being arrested or greater punishment while incarcerated. Depression and/or anger are legitimate concerns though they are not reported in statistics.

Finally, those that are released after serving time in the criminal justice system often encounter difficulties accessing services that would allow them to successfully reintegrate into the community. Services are not always easy to locate, service delivery systems can be difficult to navigate, and it is often difficult to coordinate and integrate services provided by different agencies. This is especially true for offenders with mental retardation or mental health issues. The lack of housing is also a major barrier for reintegrating these individuals back into the community once they are released.

Even though Georgia is the 9th largest state, it has the 5th largest state prison population; the 4th largest jail population; 2nd highest incarceration rate; the 3rd highest school drop-out rate; and ranks 43rd in per capita in expenditures for mental health services. (DeGroot, 2006) Providers and community advocates report that those that are incarcerated with mental

health conditions and reenter community suffer from psychological, educational and employment deficits; lack coping skills; and face the collateral consequences of being incarcerated, conditions and circumstances often exacerbated by their mental health illness. During their incarceration, mental health services are provided by the Department of Corrections, but upon release from prison, it is often difficult to ensure that these individuals are referred to and ultimately receive the treatment and rehabilitation services necessary for a successful transition back into their communities.

Reentry in Georgia: What is It?

Reentry is more than just a program or initiative. Reentry is a correctional philosophy that must change the way we do business and must be embraced by all stakeholders. – A.J. Sabree

With approximately 650,000 being released from prison to the community each year, nearly 2/3 of those formerly incarcerated will return to prison after their release. (Sabree, 2006) According to A.J. Sabree, Director of Reentry Services for the Georgia Department of Corrections, *reentry is a three-fold process involving “a transition that should begin at the offenders earliest point of entry into the prison at pre-sentence guided by offender assessment and evidence based interventions; provision of effective opportunities for offenders to achieve positive change and to be a more pro-social contributor to society; and promotion of public safety through collaborative partnerships which reflect a seamless*

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*system that ensures that all returning offenders are law-abiding, productive community citizens. **The mission of reentry is to “establish effective methods that permeate all levels of affected agencies and organizations to reduce recidivism through collaborative partnerships that support offender transition to the community.”** Moreover, many of those released have numerous needs including housing, job training, GED assistance, substance abuse treatment, mental health needs, family and support services, and need to be connected with community sources and social services.*

According to Mr. Sabree the goals of reentry in Georgia are:

- To increase public safety by implementing research-based interventions that increase offender capacity to remain crime free
- To flatten the growth of the prison population by implementing intervention strategies and programs that reduce recidivism
- To implement programs that support restitution, restoration, and rehabilitation of offenders based on individually assessed risks and needs
- To leverage information technology that is cost effective, cost efficient, that reduce redundancy of information gathering and that supports web-based data systems

- To promote public safety through collaborative partnerships that support offender transition to the community
- To build individual capacity of the offender to be a productive member of his/her family
- To link offenders to program services necessary for successful transition and reentry into the community
- To increase the community and correctional capacity to address the offenders’ needs and identify community resources to match assessed needs
- To enhance public safety by reducing recidivism among the formerly incarcerated population

Reentry: Key Issues and Concerns of Stakeholders

The concerns expressed by the stakeholders can be summarized into several key areas. These are: housing; employment; health care, public health and social supports; public education and awareness; research; and community involvement.

Housing

- Inmates are released from jail with no where to go even though they have provided an address.
- ***Former inmates who are fathers are not allowed to return to their homes due to restrictive public housing policies.*** They should be allowed to

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return if the family lives in housing subsidized by their and other taxpayer dollars and does not object to their return.

- ***Families are being dismantled*** due to housing policies that prohibit those who are formerly incarcerated from returning home even if the men simply want to visit, baby-sit, or just ‘parent’ their children for awhile.

Employment

- Inmates that receive vocational training within prison are often unable to practice their skills once released due to restrictive licensure and certification policies associated with a felony conviction that prohibit them from getting licensed or certified.
- There is a need for work release programs that are programs that build technological skills, consistent with individual ability, to prepare individuals for technology based jobs.
- There is a need to develop entrepreneurial initiatives and for those reentering with acuity for and interest in self-employment and small business development.
- No small business funds are routinely available, along with technical assistance to provide those returning home with the supports needed to successfully start their own businesses when felony convictions make employment under current Georgia laws difficult or impossible to find.
- Georgia should experiment with eliminating any

requirement for job applicants to state on their applications whether they've ever been convicted of a crime to ensure that applicants with criminal records are not discriminated against when seeking employment and have access to jobs. Requirements to report a felony conviction have recently been eliminated in St. Paul, Minnesota to give individuals a genuine second chance.

Health Care, Public Health and Social Supports

- The general public lacks awareness of the high prevalence of HIV/AIDS, hepatitis, and sexually transmitted diseases among those incarcerated, released and the impact on communities.
- The issue of condoms in prisons and jails must be revisited particularly when paired with data that show increasing incidence in African American women who become unwitting casualties of the criminal justice system.
- Many of those that are released are dually diagnosed and suffer from mental health and substance abuse problems but little to no resources to support redress of these particular health concerns are available to them upon release.
- Prohibitions related to felony convictions need to be alleviated or eliminated so that single non-custodial fathers returning to the community can be assisted with navigating the system to employment and to engaging in the lives of their children emotionally and financially.

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Public Education and Awareness

- Community forums are needed to educate Georgia's residents of the challenges and opportunities related to successful reentry and encourage problem-solving on a local and state-wide basis.
- There is a need to continue to build strategies and programs within all correctional facilities that help address family reunification.
- **There is a need for family centered meetings with the criminal courts and correctional administration to address family reunification as a part of the reentry process.**
- Baseline information is absent regarding reentry. Such information must be collected and organized so that community based organization can utilize the data to initiate programs and services provided that are directly based on the needs of those coming home.
- Reentry is even more difficult in rural communities where the stigma and adverse reaction is reportedly more pronounced. All local service providers must be charged with working together to address rules and regulation around limited housing, employment and access to care options to insure that everyone has a genuine chance to resettle and become a productive and valued community member.
- Georgians must examine cultural aspects and practices around incarceration and reentry, focusing on the issues of race, racism, poverty,

and education if they want to make a genuine attempt to both reduce the prison population and recidivism and in doing so, remove any appearance of unequal treatment based on race and gender.

Research

- Data are needed to inform the concepts and best practices around successful reentry and thereby remove opportunities for individual bias in service provision. **Aggregated data must also be used as a platform to launch a broader and more comprehensive statewide policy review and reform agenda.**
- Disaggregated data must be made available on the federal, state, county and local level in order to establish accountability and quality control measures.
- Documents, policy briefs, and fact sheets are needed on reentry to disseminate to the community and policy makers the story of who is incarcerated, the high cost of incarceration, and policy options that accomplish the original goals of rehabilitation and court supervised resettlement in family and community.
- Anecdotes that tell the human story of those affected unjustly by incarceration are needed, along with supportive data.
- Cognitive and affirmative programs to restructure public opinion are key to fostering appropriate public attitudes, beliefs and perceptions about those incarcerated and returning home to increase public problem solving that reduces recidivism.

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- More research and data are needed to build a foundation for policy review that will result in changes in provider and systems practices and procedures.
- Social, environmental and familial issues that place youth at risk for incarceration must be addressed immediately.
- Research must be developed and publicly supported that focuses on the tax and cost implications of reentry to develop an economic framework that counterbalance economic incentives for prison development and/or placement in rural areas.

Community Involvement

- A cadre of community-based mentors and volunteers to embrace those coming home is needed.
- Volunteers and mentors need systematic and continuing intensive training on the issues surrounding reentry and the collateral consequences (viz. barriers to housing, employment, and so forth).
- Community-based organizations which are closer to the people and often more culturally competent need to be included in collaborative fiscal streams and caring relationships and to build private and public networks and partnerships.
- Resources are needed to increase the capacity of community based organizations, governmental agencies, private business, and non-profits to respond to a crisis in our community.

- Financial resources must translate into direct services for the needs of individuals that reenter because often they do not. In some instances, programs have substantial administrative overhead and the financial resources do not reach the ground level.

In Conclusion: What Will We Do?

At the end of the meeting, Dr. Treadwell repeated the call to action and asked the participants what they would do to continue the dialogue, to help those who reenter to reintegrate into their communities and reunite with their families, and to educate as well as challenge current policy and public assumptions. The responses were varied but all encompassed the spirit and key themes of the meeting.

- “Provide housing and assist fathers released from jail to become more involved.”
- “Develop a workable placement system and substantive housing options for those that are mentally ill to prevent them becoming homeless and a greater burden to the community.”
- “Educate individuals and groups about the issues with success stories or stories that profile the challenges that must be eliminated.”
- “Locate organizations that assist with special

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needs i.e. HIV/AIDS.”

- “Increase public awareness on the issues related to reentry and host sessions and/or community-based meetings.”
- “Strengthen families using community based organizations and other institutions and engage communities more on the issues.”
- “Train those coming home on how to reenter communities successfully and engage the Georgia Department of Labor to form jobs and provide greater incentives for employers.”
- “Continue the dialogue and expand the settings for discussions and develop data and information to support systems reform and policy options review.”
- “Community building and workforce development must be embraced to forthrightly address public policy and change the mindset/stigma related to reentry using a proactive approach.”
- “Identify and expand, through the use of policy incentives, supportive programs that will hire ex-offenders.”
- “Educate individuals on the importance of the mind-body-spirit connection and affirmatively engage the ecumenical

community.”

- “Continue to implement community safety plans and increase awareness through national and state meetings and conferences.”
- “Adopt a plan to educate media so that descriptions of individuals with felonies will not be derogatory in view of non-violent offense committed and time served.”
- “Increase awareness among community based organizations and media and integrate reentry into a part of community life and opportunity while identifying public policy challenges issues.”

Next Steps

Those present at the meeting identified housing as a priority and requested that a policy brief be developed by Community Voices. This brief is forthcoming. (Spring 2007)



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FOR A N

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