FUTURE DIRECTIONS IN RE-ENTRY

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Office of Attorney General
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DEFINING RE-ENTRY

- Definition of Re-Entry
- Current Landscape
- Transition from Jail to Community Model
- Projects
The Process of leaving incarceration and returning to society

SUCCESSFUL RE-ENTRY:

- Begins in the Facility
- Evidence Based Programming and Workshops
- “Reach In”
### FACILITIES

<table>
<thead>
<tr>
<th>Local or Regional Jails</th>
<th>Number of Jails</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheriff Operated County &amp; City Jails</td>
<td>36</td>
</tr>
<tr>
<td>Superintendent - Regional Jails</td>
<td>23</td>
</tr>
<tr>
<td>Superintendent Operated Jail Farms</td>
<td>1</td>
</tr>
</tbody>
</table>

### COST

- **FY13 average operating cost per inmate per day was $75.00**
- **low of $43.27 - Henry County Jail**
- **high of $184.69 - Loudoun County Jail**
CURRENT LANDSCAPE

- Currently
  - *No state led re-entry service for local facilities*

- Localities as Kingdoms
CURRENT LANDSCAPE

- Norfolk Reentry Court
- Hampton City Jail
- Albemarle/Charlottesville Regional Jail
The underlying principle of Transition from Jail to the Community model is that jails and communities must jointly own the issue of local reentry. The challenges are too great and the issues too complex for either a jail or the community to do it alone.

FOUR MAIN BENEFITS:

1. Long Term Public Safety
2. Cost Effective
3. Improved Individual Outcomes
4. Resource Expansion
SYSTEM ELEMENTS (FRAMEWORK)

TJC MODEL

Leadership, vision, organizational culture

Collaborative structure and joint ownership

Data-driven understanding of local reentry

Targeted intervention strategies

Self-evaluation and sustainability
LEADERSHIP, VISION, AND ORGANIZATIONAL CULTURE

How We Can Help / Need

• Use a step by step process to develop leadership team
• Develop vision and mission statement
• Training Opportunities
COLLABORATIVE STRUCTURE AND JOINT OWNERSHIP

How We Can Help / Need

• Refocus your Reentry Council
• Invite Community Organizations to conduct programming within facility
TJC MODEL-SYSTEM ELEMENTS

DATA DRIVEN

How We Can Help / Need

• Overcome common hurdles
• Shared Correctional Information System
TJC MODEL-SYSTEM ELEMENTS

TARGETED INTERVENTION

JAIL
- Screening & Assessment
- Transition Plan
- Targeted Interventions

COMMUNITY
- Information & referrals
- Case management
- Formal services
- Informal support systems
- Supervision
### Recidivism Rates by Risk and Treatment

The chart above illustrates the recidivism rates of participants in the Treatment and Non-Treatment groups, categorized by Low Risk and High Risk levels.

<table>
<thead>
<tr>
<th></th>
<th>Low Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td>32.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td><strong>Non-Treatment</strong></td>
<td>14.5%</td>
<td>51.1%</td>
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The table below provides a summary of the recidivism rates:

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</table>
NORFOLK SMART SUPERVISION GRANT

- WHAT

- Evidence Based Probation strategies to improve supervision success rates

- Target 40 gang involved supervisees and 40 incarcerated identified gang members or violent offenders
NORFOLK SMART SUPERVISION GRANT

- **HOW**
  - Using Risk Assessment Tools
  - Introduce Cognitive Behavior Programs while incarcerated
  - Supervision plan to include family interventions in the community
GOVERNOR’S COORDINATING COUNCIL ON HOMELESSNESS

Pam Kestner, MSW
Deputy Secretary
Health and Human Resources
GOVERNOR’S COORDINATING COUNCIL ON HOMELESSNESS

- **Strategies**
  - Increase the number of permanent supportive housing units in the Commonwealth
  - Increase flexibility of funding to prevent homelessness and support Rapid Re-housing for individuals and families
  - Increase statewide data collection and system coordination
  - Increase access to substance abuse and mental health treatment
  - Improve discharge policies and procedures for foster care, hospitals, mental health facilities and correctional facilities
GOVERNOR’S INITIATIVE ON HOMELESSNESS

Governor’s Coordinating Council On Homelessness

Governor’s Advisory Committee On Homelessness

Performance & Impact Committee

Solutions Committee

Ending Veteran Homelessness Committee

Interagency Partnership to Prevent & End Youth Homelessness
SOLUTIONS COMMITTEE

- Housing & Healthcare ($H^2$)
- Chronic Homelessness
- Criminal Justice & Homelessness
May 2016

Partnered with VHA and DOC

Brought key stakeholders together to identify barriers of and solutions for housing ex-offenders and those involved in the criminal justice system

Results
RESULTS & FEEDBACK

- What I found most valuable about the Summit was the opportunity to network and build new relationships with community partners...

- Took home some excellent ideas from other reentry and housing programs, and plan to implement in our area.

- Developing collaborative partnerships with housing providers to aid returning citizens with housing concerns.

- Already began planning around working with our local jails. Have discussions with agencies in the community that work with re-entry.
NEXT STEPS

- Revamped committee
- Aligning with similar efforts
- Determining how best to support local communities
- Identifying barriers to housing
ALIGNING EFFORTS

- Center for Behavioral Health and Justice
- Council of State Governments
April 8, 2014 - Governor McAuliffe signed EO12 to continue the work of the task force established the previous December in order to:

- help improve Virginia’s mental health crisis services and help prevent crises from developing,
- review existing services and challenges in the mental health system, and
- make recommendations for critical improvements to procedures, programs and services

The Governor approved a budget that enhanced the array of community-based services while improving access to effective facility-based treatment when necessary.
The Center for Behavioral Health and Justice will:

- Identify and utilize Virginia’s resources (both public and private) to more effectively address behavioral health needs within the Commonwealth
- Address the behavioral healthcare needs of individuals involved in all aspects of the criminal justice system
- Serve as a coordinating center among state agencies and communities
- Serve as a means to support evidence based programs and develop data resources
GOALS

- Improve clinical and criminal justice outcomes for individuals living with behavioral health disorders
- Effectively transition individuals between communities and facilities (jails, hospitals)
- Reduce inappropriate incarceration
- Provide earliest access to most appropriate services
- Enhance public safety
- Assure awareness of training needs and opportunities
STATUS REPORT

- Summit held in March 2016 with key stakeholders in attendance
- Action Committee structure developed
  - Technology, Data & Information Sharing
  - Diversion & Re-Entry
  - Criminal Justice/Behavioral Health Facilities
- Action Committees have begun to meet
COUNCIL OF STATE GOVERNMENTS

- Nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government
- Provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities
- Stepping Up Initiative
PROMISING PRACTICES AT THE LOCAL AND REGIONAL LEVEL

Hunter Snellings
Director of Programs
Virginia Housing Alliance
GOAL: REDUCE THE NUMBER OF PEOPLE WITH MENTAL ILLNESSES IN U.S. JAILS

SCOPE OF THE PROBLEM

- Estimated 26% of homeless adults using emergency shelters live with serious mental illnesses, like schizophrenia, bipolar disorder, and major depression, and an estimated 46% live with serious mental illness and/or substance use disorders.
  - 1.1% of adults in the U.S. live with schizophrenia
  - 2.6% live with bipolar disorder
  - 6.9% had at least one major depressive episode in the past year
- Approximately 20% of state prisoners and 21% of local jail prisoners have “a recent history” of a mental health condition.
CALL TO ACTION
- Arlington, Fairfax, Rockingham County Resolutions

COMMITMENT TO SIX ACTION STEPS
- Convene or draw on a diverse team
- Identify and assess mental health needs and recidivism risk factors
- Examine treatment and service capacity
- Develop a plan
- Implement research-based approaches
- Track progress

FOCUSED TECHNICAL ASSISTANCE
- Peer exchange/facilitate practice sharing among 285 counties signed on nationwide
- Identify demonstration sites for particular strategies – determining if they can be taken to scale
RE-ENTRY COUNCILS

■ Virginia Community Re-Entry Model
  - Integrated human services and public safety
  - Addresses both system change and service needs

■ FOUR PRIMARY PRINCIPLES
  - Pre-release planning
  - Interagency/governmental level coordination
  - Integrated service delivery
  - Positive links to community within system of family and community support
RE-ENTRY COUNCILS

Bring together law enforcement, local human services, Community Service Boards, Workforce Investment Boards, non-profits and faith-based groups, business community, along with probation offices and others to coordinate pre- and post-release services with the previously incarcerated person and the correctional center/jail.

- CORE RE-ENTRY ACTIVITIES INCLUDE:
  - Linkage to employment/workforce development services
  - Assistance with locating housing resources
  - Help with connecting to transportation
  - Connection to health/mental health/substance abuse services
  - Family strengthening/reintegration services
VIRGINIA’S RE-ENTRY COUNCILS: PROMISING PRACTICES

- COMMUNITY COLLABORATION AND SYSTEMS CHANGE
  - Northern Shenandoah Valley Re-Entry Council’s “Evolve Your Workforce: The Benefits of Hiring Ex-Offenders” public forum
  - Norfolk Re-Entry Summit
  - 2017 Lynchburg Point-In-Time Count
  - Resource informational cards
  - Hosting trade organizations
VIRGINIA’S RE-ENTRY COUNCILS: PROMISING PRACTICES

IMPROVED SERVICES

- Enhanced needs assessment/case management
- Resource/re-entry events at correctional facilities
- Jobs preparation
- Referrals
- Avoiding duplication of services
- Mental health assistance
REINVIGORATING RE-ENTRY

- Virginia Re-Entry and Community Collaboration Councils – 2016 Leadership Team Meeting Scheduled for December 2\textsuperscript{nd}
  - \textit{Meeting/Video Conferencing Locations:}
    - Northern VA; Central; Eastern; Piedmont; Southwestern VA Regional VDSS Offices

- Things to consider...
  - \textit{Seek out collaboration from wide-range of community stakeholders}
  - \textit{Focus on solving specific, community-based challenges through targeted initiatives}
  - \textit{Develop vision/mission and clear charge for your council members}

- For more information on how to engage with your Re-Entry Council:
  - \textit{Email: prisoner.reentry@dss.virginia.gov}
  - \textit{Phone: 1-800-777-8293}
Can permanent supportive housing reduce the cost and frequency with which public systems serve the most vulnerable in our community?

- Aimed at improving life outcomes for tenants
- More efficiently utilizing public resources
- Identifying cost avoidance measures – particularly within Jails, Hospitals, and Emergency Shelters.
FUSE
FREQUENT USER SYSTEMS ENGAGEMENT

- Framework for creating and targeting supportive housing combining,
  - *Data-driven targeting*
  - *Stakeholder engagement*
  - *Quality supportive housing for most vulnerable frequent users of public emergency systems*
  - *Project evaluation to make a case for more supportive housing resources*

- Signature initiative of Corporation for Supportive Housing (CSH). Created in 2007 and replicated across roughly 30 communities around the US, including Fredericksburg and Richmond.
FUSE PHASES

- **Project Planning**
  - Establish roles and responsibilities
  - Develop and finalize MOU/Data sharing agreement
  - Establish evaluation goals/process
  - Conduct data match(es)

- **Phase 1: Pre Move**
  - Locate, engage, and screen potential clients

- **Phase 2: Move-In**
  - Place program clients into supportive housing units and assess to determine care/supportive service needs

- **Phase 3: Post Move-In**
  - Develop client service plans and provide each with housing-based case management
  - Evaluate program effectiveness and client experience
  - Maintain ongoing case conferencing to discuss occupancy/vacancy information, client well-being, participation in structured activities, health status, crises intervention, etc.
Richmond FUSE – Reentry supportive housing program for individuals with chronic medical or behavioral health challenges leaving jails or prisons

• Developed in partnership with CSH in 2012. The City’s Criminal Justice Services Division received HUD funds to provide PSH for 15 homeless offenders off of the court’s mental health docket. Beginning in October 2015, the City’s Department of Justice and VSH began the process to house 12 individuals.

• Partners: Department of Justice Services, Department of Social Services, Sheriff’s Office, Homeward, VSH, and RBHA.

• Results: VSH currently has 11 participants in housing and 1 in the process with the goal of serving 12 by the end of the first year.

• Service Connections: Units prioritized and matched by the GRCoC’s Singles Housing Team by the results of interview and assessment gauging vulnerability, chronicity, and medical needs. Participants are provided ongoing stabilization support and 24-hour crisis response.
FredFUSE - Supportive housing program for chronically homeless individuals with histories of frequent incarceration and healthcare system involvement

- Developed in partnership with CSH and VHA. Currently in the initial planning phases, VHA is working with the George Washington Regional Commission to develop a MOU that will guide the pilot implementation later in 2016. Micah Ecumenical Ministries will house and provide services for up to 8 of the region’s justice-involved chronically homeless individuals. The University of Mary Washington will evaluate the program’s effectiveness over a two-year period following move-in.

- **Partners:** Regional stakeholder collaborative, GWRC, Micah Ecumenical Ministries, Mary Washington Healthcare, Rappahannock Regional Jail, Fredericksburg Police Department, Rappahannock Area Community Services Board.

- **Results:** Partners have housed 3 of 8 FUSE participants. Currently completing a second review of jail/HMIS data to

- **Service Connections:** Initial data match; assertive engagement process; ongoing stabilization services and program evaluation.
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