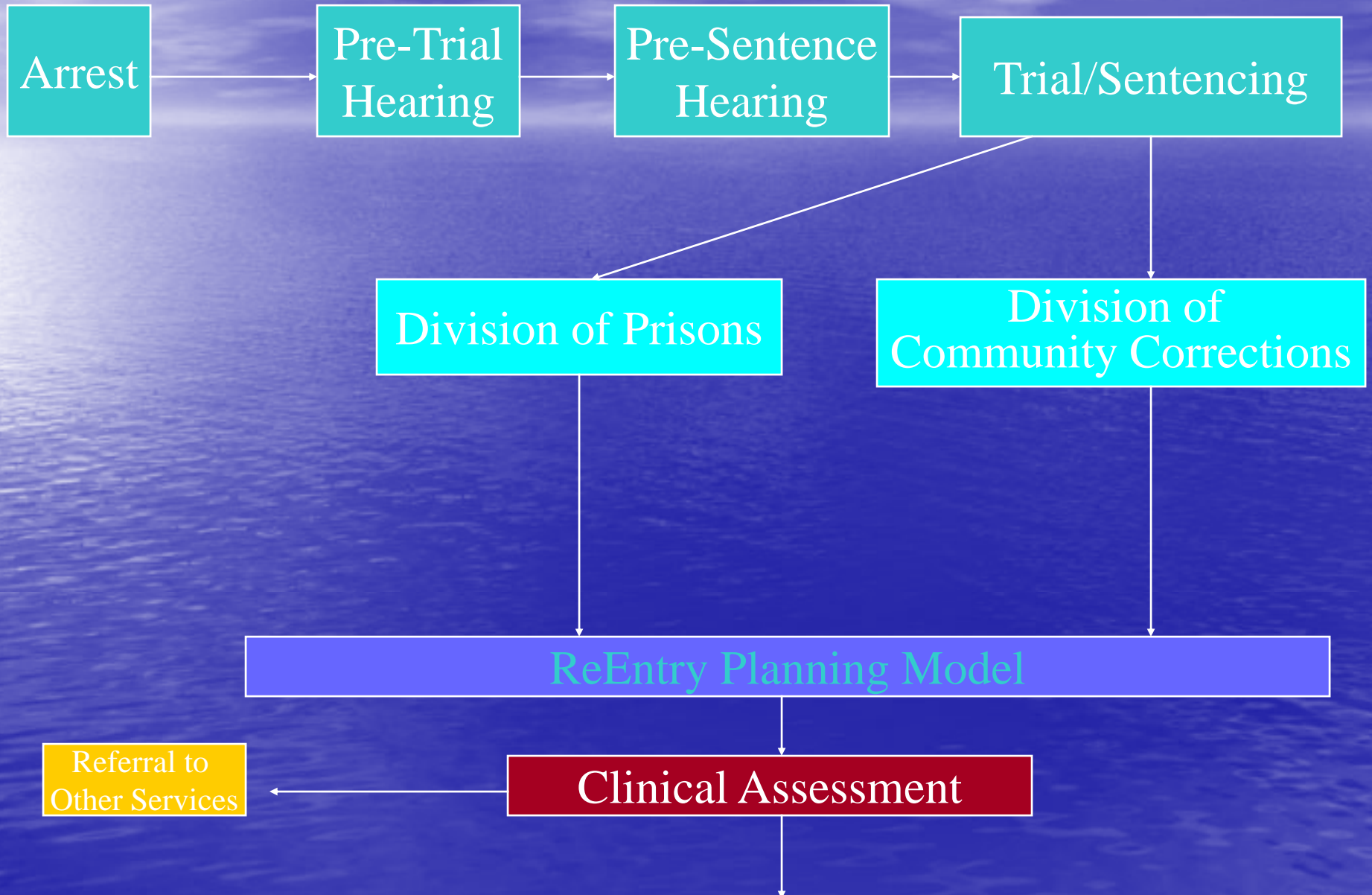


# Stopping the Revolving Door: Re-Entry from Prison to Home

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NCDOC/DOP/HS/MHS

# North Carolina Criminal Justice ReEntry Planning Flow Chart



# Community Reintegration Process

DOP Health Services- Mental Health Services  
DOP Case Management

Release

DCC, TASC, CJPP  
Community Resources

Diagnostic Center  
(Assessment)

Prison Assignment  
(Needs & Risks)

Transition  
(90-120 days  
Pre-Release)

Post Release  
(Community Reintegration)

Recognition of:  
Case Factor Points  
Educational Level  
Vocational Level  
Mental Illness  
Substance Abuse  
Developmental Disabilities  
Physical Handicaps

MH Treatment  
Substance Abuse Services  
Specialized Care Units  
DD Services  
Handicap Accommodations  
CBI  
GED/ABE  
Pre-Employment Training  
Work Release  
Life Skills Training  
Vocational Training  
In-Prison Work

**Comprehensive,  
Collaborative,  
Cooperative  
Transition/Aftercare Plan**

ReEntry Model

ReEntry Model

CBI Continuum

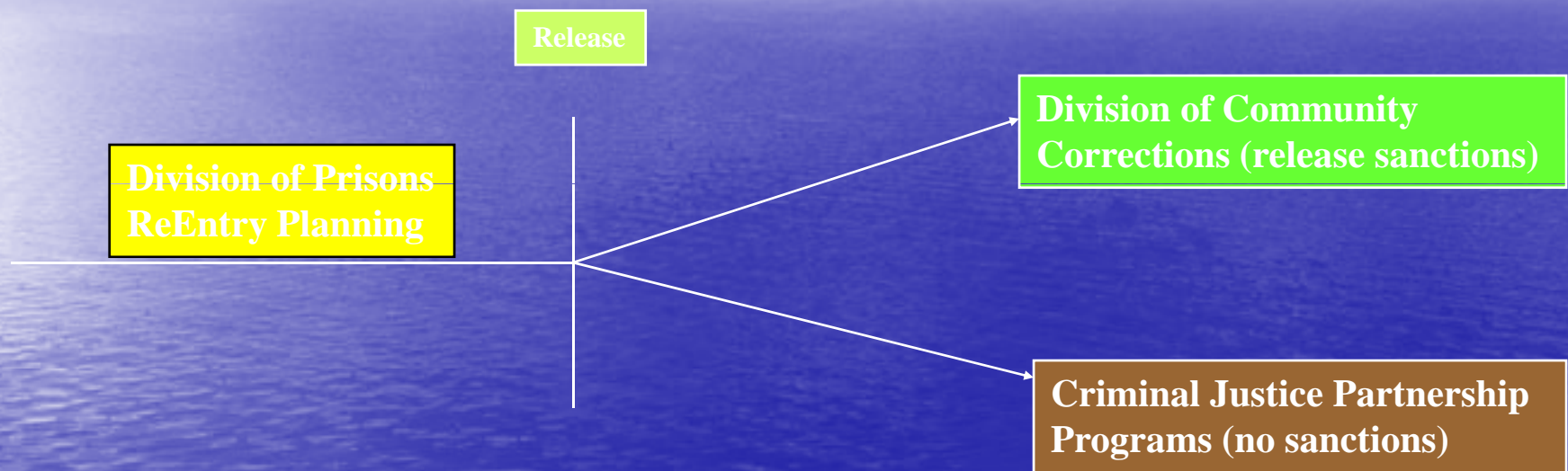
Cognitive Skills Training

Cognitive Restructuring Therapy

Based on  
"Effective Interventions"



# Service Continuum re:Post Release Supervision



ReEntry Process facilitated by DOP Mental Health Social Workers

# Clinical Assessment

- Assessment begins at the **diagnostic center** with medical, psychological and functional testing. The inmate is interviewed and information entered into the data system pertaining to medical needs, mental health and substance abuse history, criminal history, family of origin, marital status, prior employment, education level, and vocational skills. This information follows the inmate through out the period of incarceration. Reentry planning begins at the diagnostic center with the initial compilation of data used to complete the aftercare plan at release.

# Clinical Assessment & ReEntry

- Assignments to the **prison facilities** are based on a number of factors including custody status along with the mental health, substance abuse, communication, educational and vocational needs of the inmate. At the assigned prison facility the assessment process continues with more in-depth vocational and educational evaluations as well as mental health, substance abuse and developmental screenings. Once these screenings are completed, job and school placements can be made. Inmates participate in Adult Basic Education, Graduate Equivalency Diploma classes, Exceptional Learning Programs, university sponsored continuing educational classes, and a variety of vocational classes including brick-masonry, HVAC, computer skills, plumbing and other job skills useful after release.



# Clinical Assessment & ReEntry

- After completing job training and demonstrating a willingness and desire to work, inmates are afforded the opportunity to earn income and save for anticipated expenses related to housing, transportation, tools (as needed) and other financial needs at time of release. These jobs can be located within the prison campus or may be located in the surrounding community. Inmates participate in projects such as Habitat for Humanity home construction which serve the dual purpose of teaching an employable skill useful post-release and allowing the inmate to earn a modest salary.

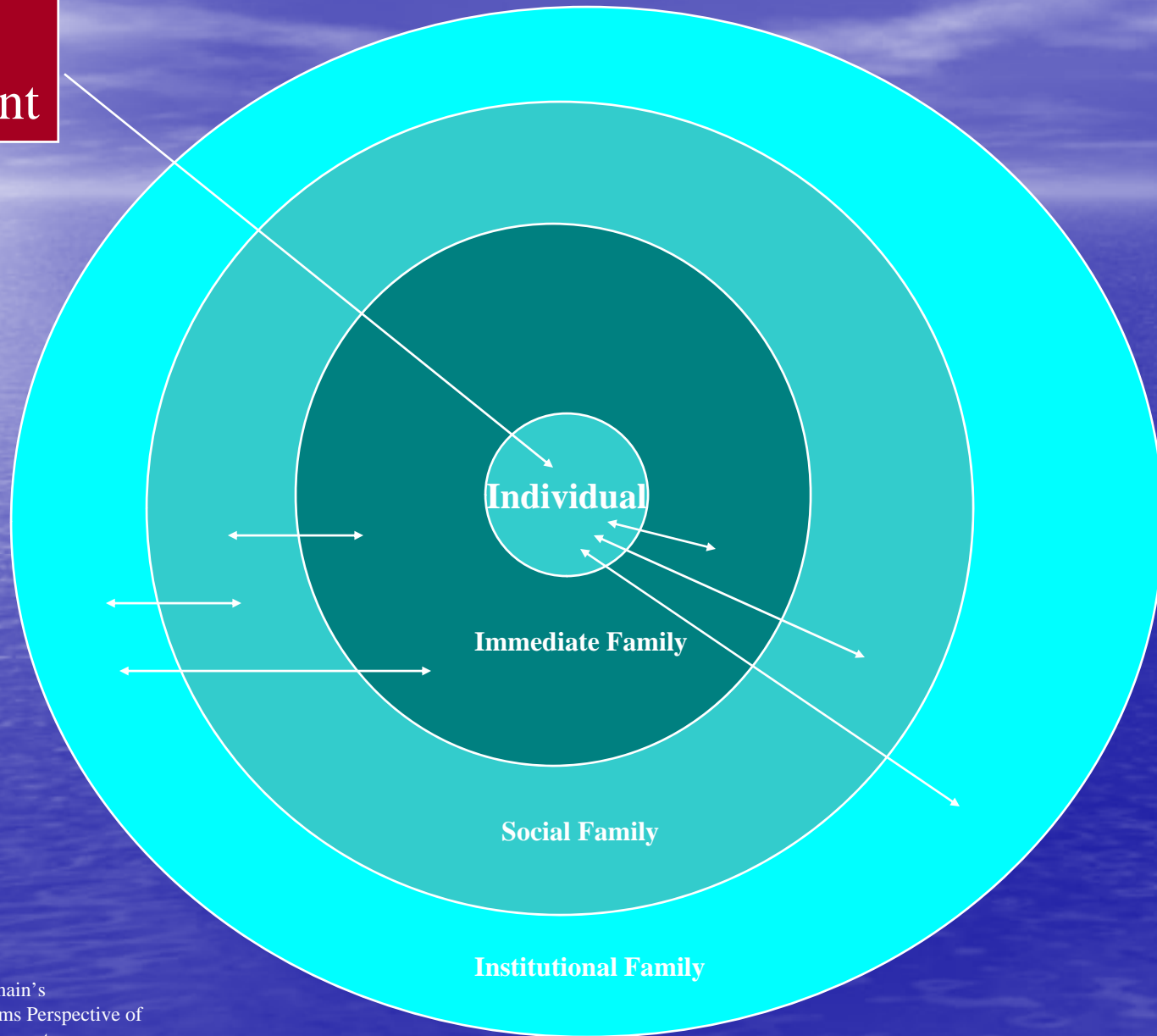
# Clinical Assessment & ReEntry

- Inmates are also offered the chance to participate in a number of programs geared at reuniting the family. These programs include MATCH (Mothers and Their Children) for Women and FatherRead for Men. Both of these programs focus on reintegration of the incarcerated parent with their children in preparation for release and return to the immediate family. Also available are opportunities to interact with community volunteers to build a support base for release. These community volunteer groups include AA, NA and Yoke Fellows Prison Ministries.



# ReEntry Planning Model

Clinical  
Assessment



From Caryl Germain's  
Ecological Systems Perspective of  
Person in Environment

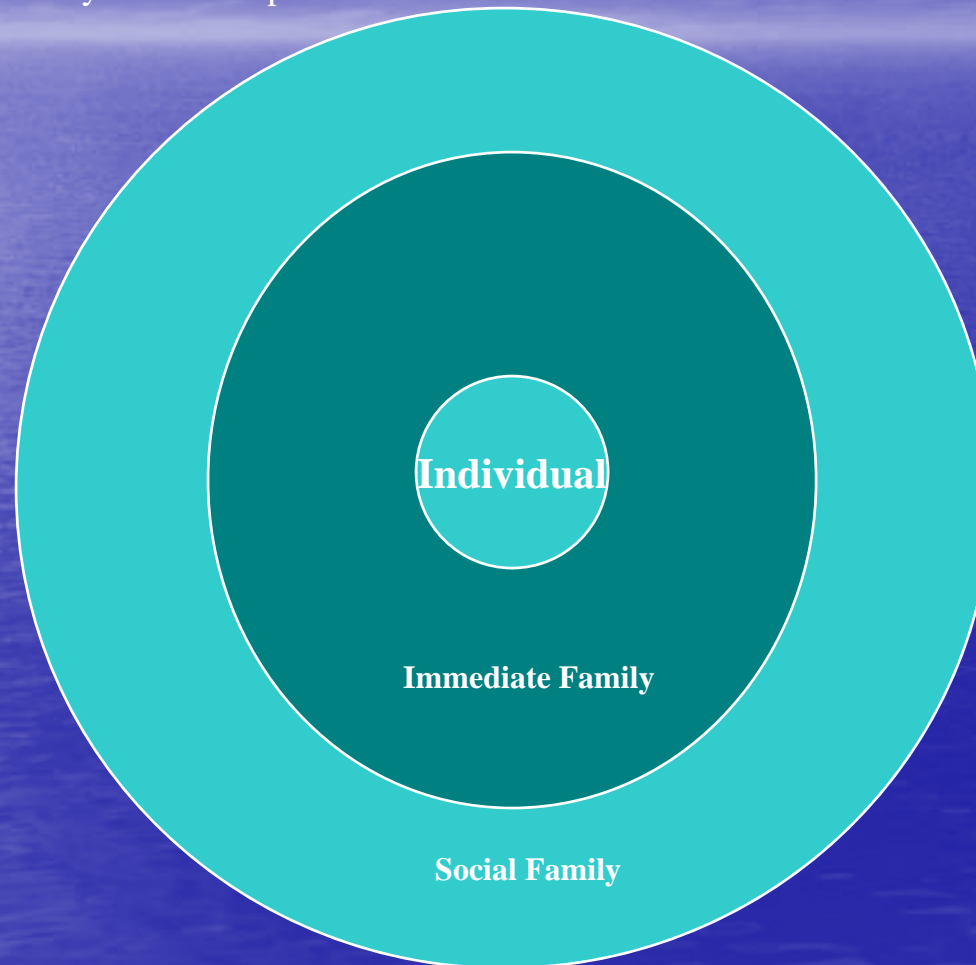
# ReEntry Planning Model

Immediate Family is defined as family of origin plus significant others, i.e., spouse, life partner, children. These relationships are the most intense and are the most important for the success of the re-entry process. The individual interacts with the immediate family, the immediate family interacts with the individual and each interacts with the other components of the wheel, alone or in consort.



# ReEntry Planning Model

Social family is defined as those close relationships outside of the immediate family. These relationships could be friends from school, work, or church, or neighbors or extended family such as grandparents, aunts, uncles, and cousins. These relationships are less intense than immediate family relationships, however, they do occasionally replace the immediate family relationship.

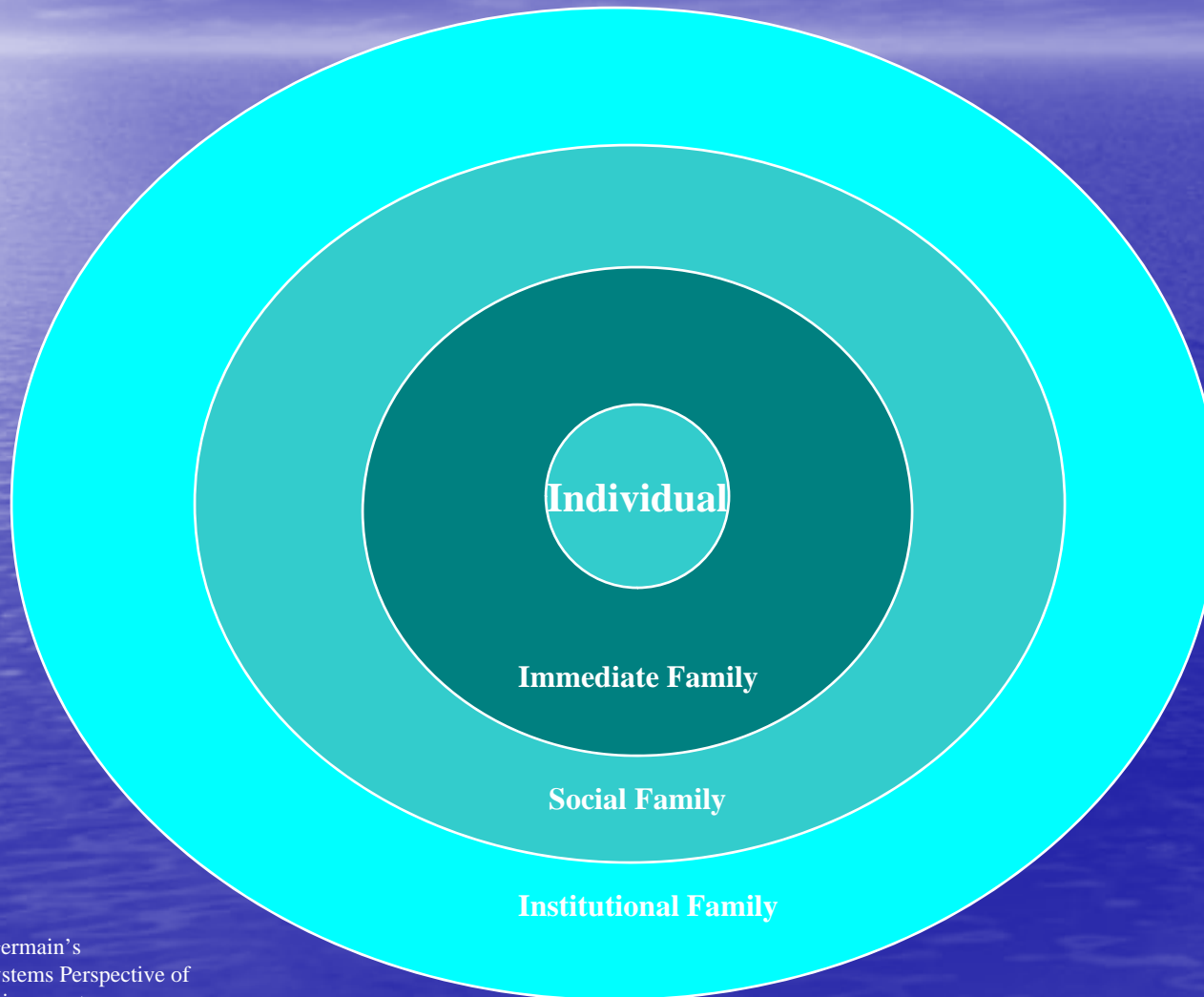


From Carrel Germain's  
Ecological Systems Perspective of  
Person in Environment



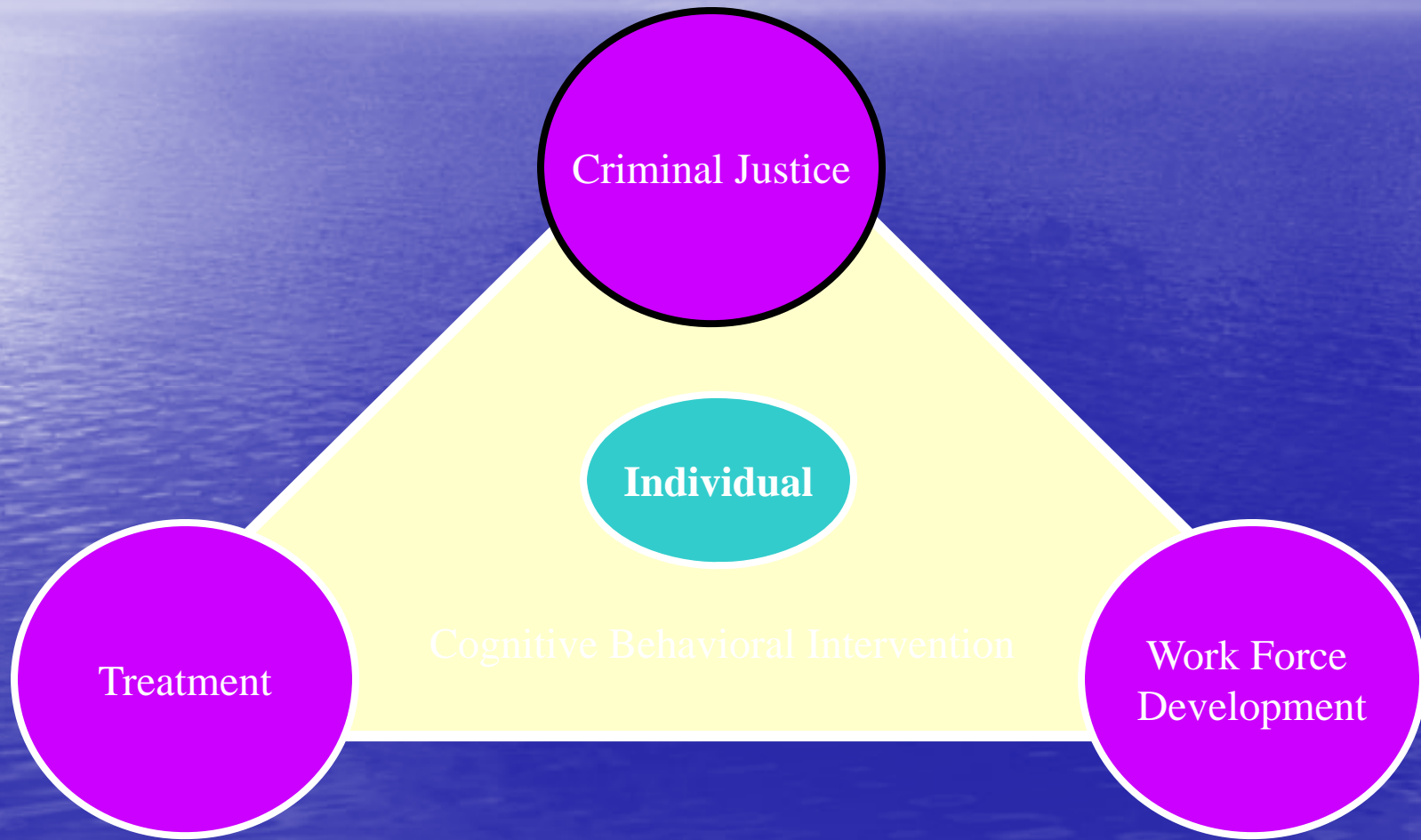
# ReEntry Planning Model

Institutional family is defined as those agencies which significantly impact the life of the individual. These agencies can act separately or in a collaborative, cohesive manner. These agencies address the needs of the individual taking into account the impact on the family as defined by the individual, the community and society.



From Carel Germain's  
Ecological Systems Perspective of  
Person in Environment

# Service Areas in ReEntry



# Service Areas in ReEntry



The primary service providers in the North Carolina Criminal Justice System are the North Carolina Department of Correction—consisting of the Division of Prisons, the Division of Community Corrections and the Division of Alcohol and Chemical Dependency Programs. Also involved in this system from the Division of Mental Health/ Developmental Disabilities/Substance Abuse Services is TASC.



# Service Areas in ReEntry

Treatment services in this system consist of mental health and substance abuse services both within the prison facility and within the community. Mental Health treatment in prison is provided by Division of Prisons Mental Health Services. The Division of Community Corrections is involved in the referral process for released offenders. In the public sector, mental health treatment is provided through area programs of the Division of Mental Health/DD/SAS. Substance abuse treatment in prison is provided primarily by DART- the Drug and Alcohol Recovery Treatment program. In the public sector, substance abuse services are provided through the Division of MH/DD/Substance Abuse Services and TASC.



# Service Areas in ReEntry

Workforce Development in this system begins in the prison setting. Academic and vocational training is offered to every inmate who is able/willing to participate while incarcerated. This paradigm continues over and beyond the release process as referrals are made to the Workforce Development Boards through JobLink and the Employment Security Commission. Educational services are coordinated after time of release with the local JobLink Career Center, the community college, through the State University system, Vocational Rehabilitation, and specialized vocational training programs within the community.



Work Force  
Development

# Formal ReEntry Planning

- Formal ReEntry Planning begins approximately 6 months prior to the anticipated date of release. The Mental Health Social Worker assigned to the prison facility meets with facility staff including Programs case managers, nursing and custody to review the inmate's progress while on the unit. She also reviews the inmate's health and field records to gather information pertinent to conditions for release, if a conditional release, and mental health and medical information for the plan. After gathering the necessary data, the mental health social worker meets with the inmate to discuss his/her desires relevant to the plan. Where to live, where to work, reuniting with family, etc.



# Formal ReEntry Planning

- It is the role of the mental health social worker in this process to continue the incarceration-long process of assessment, act as the facilitator for the plan and access the necessary agencies or persons to bring the plan to fruition. These agencies are the recognized "institutional family." This social worker also works to facilitate reunification with the inmate's "immediate family" as appropriate. In cases where the immediate family is not able/willing to reunite, the social worker would access resources from the "social family" to provide the social supports so important to the inmate's success after release.

# Formal ReEntry Planning

- One of the essential functions of the Mental Health Social Worker is that of resource development. In this capacity, she will visit agencies willing to provide services for prior inmates to network for service provision. She will also visit those agencies which traditionally do not see themselves as providers for this population. During those visits, the mental health social worker will educate the agency to their ability to serve this population and will work through that education and interaction to allay any unrealistic fears the provider has of this population. This same social worker will also involve herself in public speaking opportunities in the community to educate society to the needs of and contributions to be made by the inmate population.

# Formal ReEntry Planning

- Interagency cooperation is essential to the success of the ReEntry program. Building bridges from the “inside” to the “outside” is the role of the Social Work Program Director. Interacting with the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, she has been able to work out a network wherein inmates are no longer denied mental health appointments upon release. Also in place are venues for teaming on difficult cases to insure continuity of care across the boundary of the prison walls.



# Formal ReEntry Planning

- The North Carolina Department of Correction, Division of Prisons, Mental Health Services Section is recognized in NC Statute as a mental health service provider on the same level as the State psychiatric hospitals. As such, we are able to span the full gamut of services from outpatient, day training, or residential to acute inpatient hospitalization. Having developed relationships with our cohorts in community mental health services allows us to make referrals for services upon release using comparable assessment instruments. Utilizing lateral scales for comparison facilitates the inmate's transition to community mental health services by eliminating duplicate testing and review.

# Formal ReEntry Planning

- Mental Health Services within NC DOP has a 20+ year history of providing aftercare planning services prior to release for inmates with mental health needs. During that 20+ year period, social workers in mental health have grown to cover the State of NC from mountains to coast and Virginia to South Carolina. These social workers are assigned to units by region and most live and work in the same region. These professional social workers are specialized in services to the mental health inmate and all understand the unique needs of the inmate and the barriers to success likely to be encountered in employment and other areas at release. This cadre of social workers, more than any other group in DOP, understand the needs, the available services and the barriers for these inmates.

# Service Areas for Community Partners in ReEntry Process

Clinical Assessment

Employment Services

Support Services

Transportation Services

Individual Care Plan

Mental Health Services

Substance Abuse Services

Cognitive Behavioral Intervention

Medical Services

Educational/  
Vocational Services

Housing  
Food  
Clothing  
Services



# Employment Services

- JobLink Career Centers
- Criminal Justice Partnership Programs-  
Day Reporting Centers
- Social Security Administration
- Vocational Rehabilitation
- Employment Security Commission
- Sheltered Workshop
- Goodwill Industries
- Prior Employer
- Private Employment Agencies

# Support Services

- Transition Aftercare Network- a prison ministry program of community mentors
- United Church Ministries
- Community Service Center
- Homeless Shelters
- Salvation Army
- Hispanic Service Center
- Social Services

# Mental Health Services

- County Mental Health Center
- Community Clubhouse
- NC Division of MH/DD/SAS
- State Psychiatric Hospitals
- Private Mental Health Professionals



# Educational/Vocational Services

- JobLink Career Centers
- CJPP- Day Reporting Centers
- Community College
- University
- Vocational Rehabilitation
- Veteran's Administration
- Vocational Training Schools

# Housing/Food/Clothing Services

- County Department of Social Services
- County Food Stamp Office
- Section 8 Services
- Local Housing Authority
- Homeless Shelters
- Salvation Army
- Rest Homes, Nursing Homes, Family Care Homes
- Flynn Christian Fellowship Homes
- Halfway and Three-Quarter Houses

# Medical Services

- Family Physician
- Local Hospital
- Major Medical Facility
- Specialized Care Provider
- Local Pharmacy
- Social Services
- Social Security
- HIV/AIDS Medical Provider
- Ryan White Funds
- HOPWA Funds/HIV Consortia



# Substance Abuse Services

- NC Division of MH/DD/SAS
- Treatment Alternatives to Street Crime
- Drug and Alcohol Recovery Treatment
- AA
- NA
- County Mental Health Center
- Private SAS Provider

# Transportation Services

- County Social Services
- United Church Ministries
- TAN
- AA/NA
- County Mental Health Center
- City Services Administrator
- County Coordinated Transportation System
- Veteran's Administration