


HOWARD COUNTY DEPARTMENT OF CORRECTIONS
POLICY & PROCEDURE

	SUBJECT:	Programs
	P & P #:	L-200
	TITLE:	Reentry Program
	EFFECTIVE DATE:	April 3, 2020
	REVIEWED BY:	<i>Darlene Jolly</i> Darlene Jolly, Work Release/Reentry Supervisor
	REVIEWED BY:	<i>Andrea King-Wessels</i> Andrea King-Wessels, Deputy Director
	AUTHORITY:	<i>Jack Kavanagh</i> Jack Kavanagh, Director

POLICY: It is the policy of the Howard County Department of Corrections (HCDC) to enhance long term public safety by establishing an integrated system for the Reentry Program. Howard County has adopted the Transition from Jail to Community (TJC) model which is an integrated system wide approach that involves policy and organizational change and the engagement of jail and community leaders in a collaborative effort to reduce recidivism. By utilizing validated screening, assessment, and evidence based programming and interventions, the Howard County Department of Corrections can prioritize resources by targeting interventions for those assessed as higher risk to reoffend. Completion of program allows Howard County Department of Corrections to better facilitate a released person’s successful transition into our community and remain as contributing, self-sufficient and law-abiding citizens.

REFERENCES: Transition from Jail to Community (TJC)
<http://www.urban.org/project/tjc/> and HCDC Policy L-201 Reentry Housing Programs.

DEFINITIONS:

ACTS – Applied Correctional Transition Strategy: Designated criminogenic risk and needs assessment tool.

TJC Client – Transition from jail to community client: Inmates that are assessed as moderate to high risk to reoffend.

CCP – Community Case Plan.

HCCRS – Howard County Corrections Reentry Services.

HMIS – Homeless Management Information System.

SBIRT – Screening, Brief Intervention, Referral to Treatment.

ICMS - Intensive Case Management Services

PROCEDURE:

I. Eligibility to be a Reentry Client:

- A. Incarcerated at HCDC or another jurisdiction to include local, state, and federal and who is returning to Howard County or has established Howard County ties.
- B. Released from incarceration within the last two (2) years from Howard County Detention Center (HCDC) or another jurisdiction provided they have HCDC ties. Clients outside of these time frames will be reviewed by the Reentry Supervisor on a case-by-case basis. Prioritization will be given to those clients identified as medium to high risk to reoffend and those who are experiencing homelessness.
- C. Howard County Detention Center Reentry works as a county partner in the effort to reduce or eliminate homelessness. (Reference Policy L-201). As such, staff will work to locate and engage those who have been recently released from incarceration and are literally homeless in Howard County. These clients will be identified as Street Outreach Reentry Clients. These homeless individuals must be living outside in a place not meant for human habitation per HUD guidelines.

II. The Reentry Program is guided by the Transition from Jail to Community (TJC) model. All Reentry services are voluntary. Reentry services are divided into the following two (2) categories:

A. General Reentry

All inmates are eligible for General Reentry services which may include an array of services: Reentry Orientation sessions, information packets, in jail and community referrals, etc. Inmates may sign-up for General Reentry services by sending a message through the kiosk for Reentry services or may be referred by staff.

B. Intensive Case Management

1. TJC clients and homeless individuals will be prioritized for intensive services.
2. Court orders/referrals will also be accepted for Intensive Case Management services, if deemed necessary.
3. Referrals will be accepted for Screening, Brief Intervention, Referral to Treatment (SBIRT) clients as necessary to support their recovery.
4. Intensive Case Management may also be utilized for clients of the Maryland Community Criminal Justice Treatment Program working with the County Health Department Behavioral Health Administration.

C. Disqualifications for Reentry Services: pending transfer to a state or federal correctional facility, pending cases/detainers. In these cases where transfers to other institutions may occur, resource contact information shall be provided. Pending cases will be monitored by staff for case resolutions.

III. Program Suspension or Removal

- A. Reentry services may be suspended or removed for non-compliance with program requirements/recommendations or serious infractions.
- B. To be removed from Intensive Case Management Services (ICMS), the case shall be reviewed by the Work Release Reentry Supervisor for final approval. If the inmate was ordered or referred to participate in the Reentry Program by the judge, notification will be made in writing by Reentry Staff of their subsequent removal.
- C. In the community, a client may be suspended or removed for not cooperating with Reentry Staff. Clients shall be exited from Reentry Services if there has been no communication after 30 days.

IV. Transition/Release Planning for Intensive Case Management Clients.

- A. Reentry staff shall complete an ACTS assessment if one has not been completed. Within 30-60 days of release, Reentry staff will meet with Intensive clients to develop a Community Case Plan HCDC Form (L-200a) attached as Appendix 1. A Confidential Release of Information HCDC Form (L-200b) attached as Appendix 2 will be signed during this time and a copy placed in their file.
- B. Within 7-14 days of release, Reentry staff will meet with Intensive clients to review/update the Community Case plan and discuss release plans. A copy of the Community Case Plan will be provided to the Intensive client prior to release and a copy placed in their file.
- C. For released clients, an ACTS assessment shall be completed and a CCP developed within two (2) weeks.
- D. Intensive community case management services may be provided for at least six (6) months. Intensive community case management services provided beyond the six (6) month period shall be approved by the Work Release/Reentry Supervisor.
- E. The Community Case Plan will include objectives with timeframes which lead to a completion of reentry services.
 - 1. Case management services may include providing transportation to and from intervention appointments, employment interviews, problem solving support, and referral services.
 - a. Weekly contact should occur within the first two (2) months; face-to-face, phone or email.
 - b. Bi-weekly contact should be a goal until completion of post-release services.
 - c. Face-to-face contacts may be at the Multi-Service Center, Court House, treatment facility office or at a public meeting area (library, restaurant, etc.).
 - d. A County vehicle shall be used to transport clients whenever possible. If a client is perceived to be intoxicated/impaired/under the influence, or deemed

a potential danger to themselves or others, that person shall not ride in a vehicle with Reentry staff. When transporting a client with personal property, all property shall be secured in the vehicle's trunk/cargo section.

2. Secondary community case management services may include collaborating with other community partners to facilitate communication, make referrals and ensures community linkages are maintained for seamless services delivery. Release of information forms shall be exchanged with community partners if applicable.
- F. A goal of the Reentry Program is to complete a follow-up ACTS assessment approximately six (6) months after engaging the client with intensive services.
- G. Staff coordinate closely with other county agencies and are partners of the Multi Service Center. HCDC Staff support the ServicePoint system of data by including reentry client information.
- H. Case notes on Community Reentry Clients that are engaged in Howard County Services will be entered in ServicePoint to maintain compliance with the County's Homeless Management Information System (HMIS) policy and procedure. Case files will be created and maintained by reentry staff for active clients. These files shall contain a signed Reentry Participation Agreement, a signed Authorization to Release Information and completed CCP.
- I. Reentry Staff and the Program are part of the coordinated point of entry of individuals who are experiencing homelessness.

V. Directors Prerogative

The Director has the authority to revise/change a policy or post order as needed to meet the operational demands of the Department. As the change(s) are initiated, they may be communicated by an email, memoranda or in rare circumstances verbal due to unforeseen situations.

ATTACHMENTS: Appendix 1, Community Case Plan HCDC Form L-200a.
Appendix 2, Authorization to Release of Information HCDC Form L-200b.
Appendix 3, Reentry Participant Agreement HCDC Form L-200c.

RESCISSIONS: HCDC Policy L-200 Reentry Program effective January 10, 2019, May 14, 2018, August 11, 2017, November 16, 2016.

Date: _____

Howard County Reentry Program Community Case Plan

Client Information:				
Last:		First:		Middle Initial:
Date of Birth:	Age:	Veteran: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what is client status:		
Client Court Information:				
Judge:		Probation: <input type="checkbox"/> Y <input type="checkbox"/> N	Agent:	
				County:
Financial Supports		Identification Documents		
SSI <input type="checkbox"/> Y <input type="checkbox"/> N	Employment <input type="checkbox"/> Y <input type="checkbox"/> N	SSN Card <input type="checkbox"/> Y <input type="checkbox"/> N	Government Issued ID Card <input type="checkbox"/> Y <input type="checkbox"/> N	
SSDI <input type="checkbox"/> Y <input type="checkbox"/> N	Food Stamps <input type="checkbox"/> Y <input type="checkbox"/> N	Selective Service <input type="checkbox"/> Y <input type="checkbox"/> N	Birth Certificate <input type="checkbox"/> Y <input type="checkbox"/> N	
Residential/Family			Living Arrangements	
Primary Support System:			Address:	
Dependents:			Phone Number:	
Emergency Contact Information:				
Name:		Relationship:	Address:	
City:		State: MD	Zip Code:	Cell Phone:
Client Present Status:				
Area	Risk Factor	Current Status	Objectives	Goal Date
Housing	<input type="checkbox"/> Y <input type="checkbox"/> N			
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Education	<input type="checkbox"/> Y <input type="checkbox"/> N			
Family	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recreation/Pro Social	<input type="checkbox"/> Y <input type="checkbox"/> N			
Companions	<input type="checkbox"/> Y <input type="checkbox"/> N			
Addictions Treatment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Mental Health Treatment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Transportation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Health	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N			
Health Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N			
Community Service Providers		Name:		
Social Services:		Community Case Manager:		

Medical Support:		Addiction Services:	
Mental Health Support:		Health Insurance:	
Landlord:		Children & Family Services:	
Crisis Services:		Education:	
Employment Support:		Employment Provider:	
Other Support Agency:		Other Support Agency:	

Comments:



HOWARD COUNTY DEPARTMENT OF CORRECTIONS

7301 Waterloo Road, P. O. Box 250 ■ Jessup, Maryland 20794 ■ 410-313-5230

Jack Kavanagh, Director

www.howardcountymd.gov

FAX 410-313-5226

TDD 410-313-2323

Authorization to Release Information

Date: _____

Name: _____

Date of Birth: _____

I hereby authorize _____ to:
(check one): _____ obtain from the following _____ release to the following:

Name: _____

Address: _____

the following documents/information from the records pertaining to services received.

Date(s) of Service: _____

The documents to be released are described or listed as:

The records are required for the specific purpose of:

I understand that my authorization will remain effective from the date of my signature for a period of six (6) months, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Client/Client's Designated Representative Date

Howard County Department of Corrections Reentry Participation Agreement

1. HCDC believes that reentry to the community from incarceration is a very important building block to success.
2. HCDC agrees to assist you with services and supports that are available and for which you are eligible.
3. A Community Case Plan may be developed by you with the help of your team of Reentry staff while you are incarcerated in preparation for your return to the community.
4. The Community Case Plan is an outline of goals to help you successfully reenter the community and what services may be provided to assist you. The CCP (Community Case Plan) can be changed upon agreement of the Reentry staff and yourself.
5. The CCP is not a guarantee that there will be specific programs and services available for you. It is a guide to focus your efforts and the Reentry staff efforts toward the goal of success.

All information collected will remain confidential.

There are rules and requirements for using various funding sources for housing programs, financial assistance, etc. The Reentry staff must follow these requirements to determine if you are eligible for services or funding.

You are responsible for doing your part in your successful reentry. This is defined as:

1. Following the requirements of your Probation or Parole conditions; and
2. Working together with Reentry staff by following through with taking steps toward continuing to meet your goals and working with staff to change your goals.

In the event you choose not to work towards the goals you established and choose not to set new ones with the Reentry staff, you may be removed from the program. If you are removed from the Reentry program then you will no longer receive services from Reentry staff.

If you do not agree with this decision you may contact the Work Release/Reentry Supervisor to appeal this decision at 410-313-5277 or by email to djolly@howardcountymd.gov

If you have any questions about your CCP or your Reentry service, please contact the Reentry staff.

Reentry Participant Signature

Date

Reentry Staff Signature

Date