



Graduated Reentry Participation Eligibility

2021 Report to the Legislature

As required by Engrossed Substitute Senate Bill 5121, 2021.

December 2021

Cheryl Strange, Secretary
cheryl.strange@doc.wa.gov

Danielle Armbruster, Assistant Secretary Reentry Division
danielle.armbruster@doc.wa.gov

This is the report to the Legislature as directed by ESSB 5121 and contains information on Department of Corrections Graduated Reentry Program – Participation Eligibility.

Table of Contents

Purpose	2
Executive Summary.....	2
Implementation of GRE Expansion	2
Participant Data	4
State v. Blake Impacts	5
Participant Letter	5
Attachments.....	5

Graduated Reentry: Participation Eligibility

2021 Report to the Legislature

Purpose

“The department shall submit an annual report by December 1st to the appropriate committees of the legislature with the number of offenders who were transferred to home detention as part of the graduated reentry program during the prior year.”

-Engrossed Substitute Senate Bill 5121, Section 1 (9), [2021]

Executive Summary

In 2018 Graduated Reentry (GRE) was established through the passage of Substitute House Bill 2638. Through GRE, incarcerated individuals were eligible to return to their communities for up to the final six months of their sentence if they met certain criteria.

The initial staffing for GRE was based on a maximum average daily population (ADP) of 187 individuals, which included nine Correction Specialists 3, two Correction Specialists 4, one Community Correction Supervisor, and one Administrative Assistant 3. On average, GRE participation was at 80 percent capacity prior to the expansion in 2021.

In 2021, the Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 5121, significantly expanding eligibility for the GRE program. The revised statute creates two tracks for individuals to serve a portion of their sentence in partial confinement alternatives. Both tracks have additional requirements that are either contained in the statute or within the departments policies. In the first 4 months of expanded eligibility, 99 additional individuals have moved to GRE.

Since the passage of ESSB 5121, the department has been focused on building infrastructure including developing policies, screening tools and criteria, establishing new staff positions, and processes to support the transfer of individuals into the community. This work has included the engagement of outside stakeholders, including families of incarcerated individuals, to ensure that a wide variety of perspectives are considered when developing reentry plans and meeting individual’s needs.

Successful reentry relies on positive support systems such as family, employment, education, and targeted treatment to reduce the likelihood of negative lifestyle choices which could lead to returning to prison thus negatively impacting public safety.

Implementation of GRE Expansion

Implementation of ESSB 5121 is planned in two phases. The first phase is currently underway, with the goal of transferring 599 individuals to approved residences, utilizing EHM, by the end of February 2022. The second phase will begin in March 2022, with the goal of reaching at least 1200 participants by the June 30, 2022. It is

in the second phase that we plan to integrate screening level one and two sex offenders to be included in the movements onto GRE.

Since the passage of ESSB 5121, which went into effect on June 7, 2021, a team of dedicated staff members from multiple divisions within the agency have worked for months to create a strategic plan, put processes into place, and build an infrastructure to identify, screen, and transfer individuals into the community as part of GRE. This work has included the engagement of outside stakeholders with the hope that every perspective is considered when developing reentry plans and meeting individual's needs.

The department has taken a phased approach to this expansion, consistent with the 2021-23 biennial budget assumptions, to allow for continual processes improvement, to ensure the safety of our communities, and in meeting the needs of those individuals who are returning home.

Staffing

The agency received funding for 100 Correction Specialists, seven Correction Supervisors, one GRE Administrator, one Administrative Assistant 4, 20 Administrative Assistant 2, one Electronic Home Monitoring Manager, and one Community Contracts Manager. The department prioritized an internal recruitment to expedite the onboarding and training process to offer those in positions that were impacted by community supervision and prison caseload reductions, an opportunity to transition into the Reentry Division. To date, 44 Correction Specialists, five Supervisors, and five support staff, have been hired.

As the GRE population grows, the department will continue to recruit, hire, and train Correction Specialists to maintain the desired ADP. A lower caseload ratio, 20:1, allows for staff to “shoulder” with an incarcerated person on their reentry pathway to understand their goals and what is important to them so that we can work together for a successful transition from incarceration to the community.

DOC Policy 390.590 - Graduated Reentry

A policy workgroup was established and met virtually on five separate occasions, over a two-month timeframe to review and provide feedback on proposal of the new policy. The workgroup consisted of over 23 internal and external stakeholders, including family members and community partners. After each meeting, updates were made based on feedback and discussion from the group. The policy workgroup concluded their meetings in October 2021. At the time of this report's writing, the policy has been posted for public comment and will then be prepared for the Secretary's review. Once approved, the policy will be made available on the departments [website](#) along with other already developed forms and processes.

Improved Processes

As we continue to build the infrastructure needed to move this population from confinement to community, procedures and processes are continually being assessed to ensure operational sustainability. This involves not only the Reentry Division but also the Prisons, Health Services, Community Corrections, and Administrative Operations. Multiple workgroups met to evaluate the journey a participant travels once screened as eligible for GRE. This work has resulted in improved processes within the agency's current operations and provides the reality that reentry begins at reception.

EHM Equipment

We have worked closely with Washington Association of Sheriffs and Police Chiefs (WASPC), who provides the electronic monitoring equipment from the vendor. We are carefully and thoughtfully acquiring equipment on an as needed basis to ensure that our vendor has enough lead time to fill our orders. With the addition of an EHM Manager our ability to meet ADP and ensure the essential equipment to monitor individuals in the community completing a prison sentence is in place.

Training

The department continues to build and enhance the GRE training course which provides an overview of programmatic elements, treatment, EHM equipment installation and monitoring, and staff resiliency work with Dr. Thompson, Equity and Inclusion Administrator. In addition, the department has contracted with the University of Washington to deliver trauma informed training that includes suicide awareness and self-care from a trauma informed lens. This training is standard for all GRE staff. The department will continue to prioritize training opportunities in areas that enhance our ability to understand challenges faced by our returning population.

Stakeholder Engagement

Stakeholder engagement is an ongoing and important strategy as we expand the ways in which individuals can transition from prison into the communities. The agency has established a mailbox docreentryexpansion@doc1.wa.gov for the purpose of communicating with loved ones, staff, and other community members regarding GRE policy, processes, and general inquiries. In addition, the Statewide Family council and other family stakeholders have been updated on GRE as well as our incarcerated individuals. On November 5, 2021, we published a public facing webpage, <https://doc.wa.gov/corrections/incarceration/graduated-reentry.htm>, that includes frequently asked questions, resources, and information regarding GRE. This public facing page contains the number of individuals that move monthly from total confinement onto home detention.

Participant Data

The 2021-2023 legislative fiscal note estimated 2,656 individuals would be participating in GRE by June 30, 2022 which was based on prison population data as of February 28, 2021. Subsequent changes to the overall prison population will directly impact those estimates. Since the passage of legislation, the estimated GRE participant numbers have been revised to 1,200 by June 30, 2022. The adjustment is in part due to the Covid-19 pandemic's impact to admissions and the Supreme Court State v. Blake decision.

Between July 1, 2021 and November 1, 2021, 99 individuals were transferred onto GRE.

July 2021	August 2021	September 2021	October 2021	Total
-----------	-------------	----------------	--------------	-------

13	20	27	39	99
----	----	----	----	----

State v. Blake Impacts

On February 25th, 2021, the Washington State Supreme Court issued an opinion in State of Washington v. Blake, declaring that RCW 69.50.4013 (Washington’s simple possession of a controlled substance statute) violates the due process clause of the state and federal constitutions and is therefore void. As of October 14th, 2021, the department has received 2,650 orders, impacting 1,434 incarcerated individuals with 459 individuals granted immediate release pursuant to State v. Blake. If these individuals would not have been part of the court decision, most would have been eligible for and participating in GRE.

Participant Letter

From Aaron Morrow, who entered prison in 2018 and released from GRE in March of 2020.

“Thank you for allowing me to be a part of the GRE program. To be able to progress back with my family/community. Self-accountability helped me restructure how I changed my habits to create healthy new choices in my life. My life was lost, insecure, and deep with a drug addiction. After poor choices and neglecting my family, I continued wrongful decisions and ended up with my incarceration.

Having an opportunity with the GRE program helped inspire a fresh start in my life. My first focus was creating structure for myself and re-connect a relationship with my family. Being able to go on lunch dates with my wife, picking up and attending my children’s’ events from school, attending substance abuse disorder recovery meetings and church programs gave me a sense of freedom while still being accountable with my outings.

My new approach with the ability to change the course of my life– not looking into the past– but running to a better future. Community Corrections Officer Sara Thompson helped keep me accountable to all my outings I attended, be sure I stayed on point with my daily itinerary logs, listen to barriers I told her and gave insight/suggestions to better myself during check-ins. My relationship with family and a good support system are better today than ever. I applaud all those who take the time to keep this program moving forward for inmates who want to change their lifestyles.”

Attachments

- Essential Needs Checklist
- Reentry Continuums (Prison to EHM, Work Release to EHM)
- Individual Reentry Plan
- Reentry Purpose and Guiding Principles

Essential Needs Checklist

Participant Name	DOC#	Transfer to Partial Confinement/Release Date	Reentry Team Meeting Completion Date	Staff member assisting individual in completing this checklist
Funds				
How much money will you release/transfer with?				
Will you be able to open a bank account?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you plan to spend this money for your transition?				
Are you currently receiving any supplemental income? (i.e., pension, apportionment of VA benefits, tribal benefits, back child support etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food				
Will you need to visit a local foodbank and know where one is located? <i>(staff can provide food bank resources)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you need to apply for public assistance from DSHS – EBT card/cash benefits?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you are purchasing food for yourself, please complete grocery list of needed items.</i>				
Medical				
Is your medical insurance set up?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a 30-day supply of needed medications?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there any other medical needs that need to be addressed once you have transitioned?				
Cell Phone/Computer				
Do you have a cell phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what is the number?	
If you do not have a cell phone, how will you get one?				
Will you have access to a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		What is your email?	

Essential Needs Checklist

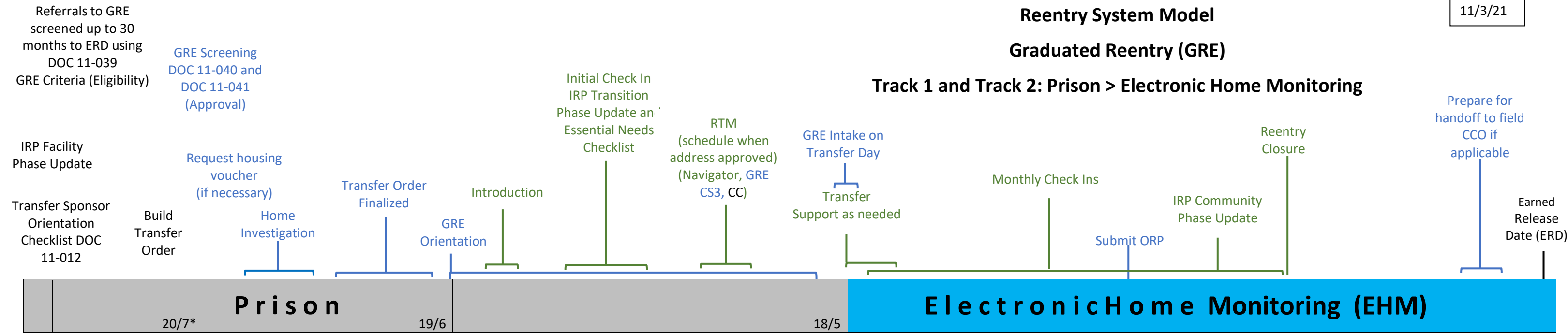
Other Needs/Concerns/ Navigator Assistance				
What other needs or concerns do you have for your transition? (<i>Clothing, bedding, hygiene etc.</i>)				
Transportation/Identification				
Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is needed to obtain a license?		
Will you have a copy of your state ID/DL on your transition day?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a plan to obtain insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current bus pass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have funds to purchase next bus pass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other methods of transportation Walk/Bike/Rides (Who?)				
Scheduled Appointments (If Applicable)				
Date		Time		Service/Address
Date		Time		Service/Address
For GRE/CPA Participants ensure you have provided information to your Specialist regarding driving sponsors and visitors.				
For community supervision ensure you provide your plan to your Community Corrections Officer (CCO).				

*This form has been reformatted for display purposes.
The original is a one-page document*

Reentry System Model

Graduated Reentry (GRE)

Track 1 and Track 2: Prison > Electronic Home Monitoring



*Prison>EHM has time frames. Either 18 months on EHM or 5 months on EHM

Reentry Navigator

Introduction

- Introduce RN role within one week of receiving the transfer date (kiosk message)

Initial Check In set up with Classification Counselor

- Provide Individual Reentry Plan (IRP) and Essential Needs Checklist to be completed by the RTM (kiosk message or phone call as available with instructions and send forms to CC to provide to the individual). Provide GRE handbook **for information only**.
- Ask the participant if there are other staff involved in their reentry planning (treatment providers, education navigator, etc.) to identify who should be included in the RTM
- Discuss future Reentry Team Meeting (RTM)- Coach the participant to review the GRE handbook before the RTM to prepare questions for the GRE CS3 and inform them the RN will be assisting with completing the IRP- Transition Phase update and Essential Needs Checklist to have them completed by the RTM
- Community resource navigation
- Answer general questions and refer supervision questions to the GRE CS3

Reentry Team Meeting (RTM) (phone or Teams meeting as available)

- Coordinate and schedule RTM with individual, GRE CS3, classification counselor and other stakeholders as needed to support successful reentry and progressive achievement of goals and objectives (other stakeholders could include health services, housing specialist, education navigator etc.).
- Review IRP (Transition Phase) with team (upload to SharePoint and OnBase)
- Review Essential Needs Checklist and coordinate transfer day support with GRE CS3 (upload to SharePoint and OnBase)

Transfer Support

- Coordinate with GRE CS3 on transfer day, assist with transport as needed and communicate with GRE CS3 on transfer day support with the participant
- Assist participant on transfer day or as needed with personal essential business, i.e. banking, hygiene, bedding, etc.

Monthly Check Ins (up to 90 days after EHM transfer from prison depending on the needs of the participant)

- Assistance and advocacy for access and maintaining services and resources
- Community resource navigation- bank account, ID, etc. through regular communication with program participant through e-mail, telephone or office visit and communication with support system members as needed
- Updates to IRP (Community Phase Update required- upload to SharePoint and OnBase)
- Monthly progress update to GRE CS3 to determine ongoing reentry needs (email, phone, or in-person)
- Chrono entry for contacts, attempted contacts, collateral contacts and updates to the reentry plan at least monthly

Reentry Closure

- Reentry navigation can be closed upon agreement of the RN, GRE CS3, and the participant that reentry services have been met after 30 days on EHM

Chrono entry-**ALWAYS USE RELEASE PLANNING/ISSUES** (**GRE Reentry**) Introduction, Initial Check In, RTM Completion, Transfer Day Support, Monthly Check In, IRP Update (Transition Phase/Community Phase), Reentry Closure) add same entry to SharePoint Navigator notes.

If the GRE CS3 requests assistance from the RN at any point during the GRE program (including after Reentry Closure), the RN will assist and document the resource(s) provided.

The RN will not assist the GRE Participant with completing outing requests (weekly outing requests) and/or daily itineraries and will refer the participant back to the GRE CS3, unless the GRE CS3 requests the RN assist the participant with completing the form(s) for a specified time (such as the first week or longer as needed).

GRE Staff

Ongoing

- Available to answer GRE supervision questions

GRE Screening DOC 11-040 and DOC 11-041

- Determine 5 month or 18 months EHM time frame using DOC forms 11-040 or 11-041

Request Housing Voucher if necessary

Home Investigation

- Prepare packet for sponsor and interview sponsor

GRE Orientation

- 0 to 30 days prior to EHM transfer (GRE CS4) with Navigator information

Reentry Team Meeting (RTM)

- Coordinates transportation for day of transfer (Navigator to assist as needed)
- Reviews Essential Needs Checklist with Navigator for blackout dates
- Review sample daily itinerary logs, outing requests (weekly outing requests) and visitor logs and expectations
- Review IRP Goals
- Available to answer GRE supervision questions or concerns

GRE Intake on Transfer Day

- Review of conditions, standard rules, electronic monitoring agreement form, acknowledgment of drug and alcohol testing, emergency contact, receipt of handbook, GRE personal property disposal, GRE orientation checklist, acknowledgment of receipt of SS card, GRE personal vehicle authorization, daily itinerary log, job search log

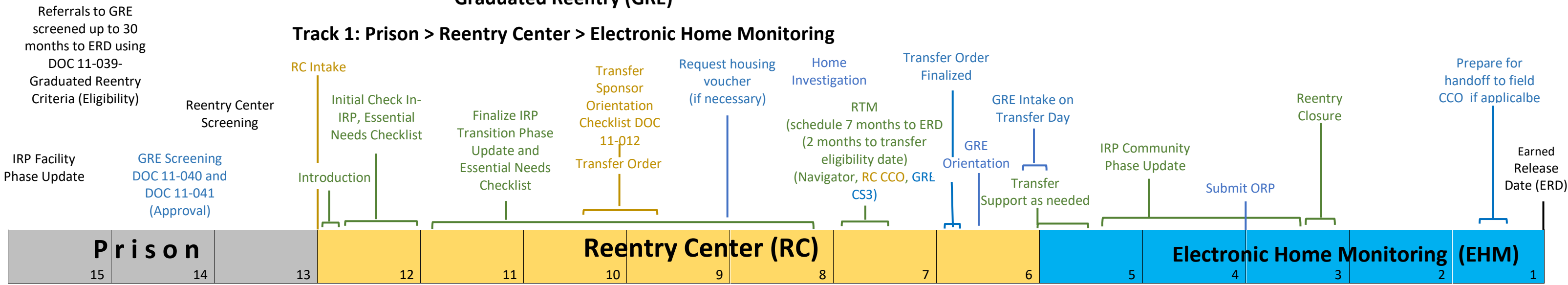
Submit ORP 90 days to ERD

SIF participants will receive reentry navigation services through SIF Case Managers. For SIF participants returning to non-SIF counties a Reentry Navigator will be assigned to assume duties at the

Reentry System Model

Graduated Reentry (GRE)

Track 1: Prison > Reentry Center > Electronic Home Monitoring



Reentry Navigator

Introduction

- Introduce RN role within one week of RC transfer to the participant in person, via phone, or kiosk message

Initial Check In (Within 30 days of transfer to RC)

- Distribute Individual Reentry Plan (IRP), Essential Needs Checklist to be completed by the RTM
- Distribute GRE packet **for information only**- GRE brochure, IRP brochure, GRE handbook, blank daily itinerary form 11-024, outing request sample, blank outing request form, home visitor log 02-368, RN and GRE CS3 contact information
- Discuss future Reentry Team Meeting (RTM)- Coach the participant to review the GRE handbook before the RTM to prepare questions for the GRE CS3 and inform them the RN will be assisting with completing the IRP and Essential Needs Checklist during the monthly check ins to have them completed by the RTM
- Community resource navigation
- Answer general questions and refer supervision questions to GRE CS3

Monthly Check Ins (In RC and up to 90 days after EHM transfer from RC depending on the needs of the participant)

- Assistance and advocacy for access and maintaining services and resources
- Community resource navigation- bank account, ID, etc. through regular communication with program participant through e-mail, telephone or office visit and communication with support system members as needed
- Updates to IRP (Transition Phase Update prior to RTM and Community Phase Update prior to Reentry Closure- upload to SharePoint and OnBase)
- Complete Essential Needs Checklist prior to RTM (upload to SharePoint and OnBase)
- Monthly progress update to RC CCO while in RC and GRE CS3 while on EHM to determine ongoing reentry needs (email, phone, or in-person)
- Chrono entry for contacts, attempted contacts, collateral contacts and updates to the reentry plan at least monthly

Reentry Team Meeting (RTM)

- Coordinate and schedule RTM with individual, RC CCO, GRE CS3 and other stakeholders as needed to support successful reentry and progressive achievement of goals and objectives (other stakeholders could include health services, housing specialist, education navigator etc.).
- Review IRP with team
- Review Essential Needs Checklist and coordinate transfer day support with GRE CS3

Transfer Support

- Coordinate with GRE CS3 on transfer day, assist with transport as needed and communicate with GRE CS3 on transfer day support with the participant
- Assist participant on transfer day or as needed with personal essential business, i.e. banking, hygiene, bedding, etc.

Reentry Closure

- Reentry navigation can be closed upon agreement of the RN, GRE CS3, and the participant that reentry services have been met after 30 days on EHM

Chrono entry-**ALWAYS USE RELEASE PLANNING/ISSUES** (**GRE Reentry** Introduction, Initial Check In, RTM Completion, Transfer Day Support, Monthly Check In, IRP Update (Transition Phase/Community Phase), Reentry Closure) add same entry to SharePoint Navigator notes.

If the GRE CS3 requests assistance from the RN at any point during the GRE program (including after Reentry Closure), the RN will assist and document the resource(s) provided.

The RN will not assist the GRE Participant with completing outing requests (weekly outing requests) and/or daily itineraries and will refer the participant back to the GRE CS3, unless the GRE CS3 requests the RN assist the participant with completing the form(s) for a specified time (such as the first week or longer as needed).

Reentry Center Community Corrections Officer (CCO)

Reentry Center Intake

- Intake

Transfer Sponsor Orientation Checklist

- Using form DOC 11-012 completes Release/Transfer Sponsor Orientation Checklist

Reentry Team Meeting (RTM)

- Update team (employment, education, visitors, etc.)/Continuous case plan
- Available to answer RC questions
- Update team on transfer funds in the individual's account

GRE Staff

Ongoing

- Available to answer GRE supervision questions

Request Housing Voucher if necessary

Home Investigation

- Prepare packet for sponsor and interview sponsor

GRE Orientation

- 0 to 30 days prior to EHM transfer (GRE CS4) with Navigator information

Reentry Team Meeting (RTM)

- Coordinates transportation for day of transfer (Navigator to assist through escorting to essential businesses as needed)
- Reviews Essential Needs Checklist with Navigator for blackout dates
- Review sample daily itinerary logs, outing request (weekly outing requests), and visitor logs and expectations
- Review IRP Goals
- Available to answer GRE supervision questions or concerns

GRE Intake on Transfer Day

- Review of conditions, standard rules, electronic monitoring agreement form, acknowledgment of drug and alcohol testing, emergency contact, receipt of handbook, GRE personal property disposal, GRE orientation checklist, acknowledgment of receipt of SS card, GRE personal vehicle authorization, daily itinerary log, job search log

Submit ORP 90 days to ERD

SIF participants will receive reentry navigation services through SIF Case Managers. For SIF participants returning to non-SIF counties a Reentry Navigator will be assigned to assume duties at the



Individual Reentry Plan

The **Washington State Department of Corrections** is looking forward to working with you. Although this is a challenging time in your life, please take this time to self-reflect and begin planning for your future. There will be targeted opportunities and pathways supporting your successful transition back into your community. This is intended for your use to begin planning your journey through the 3 phases of reentry (Facility, Transition, Community). We encourage you to take advantage of programs and resources for skill building, self-improvement, and preparing for a successful reentry. Please review your assessed criminogenic risks and programmatic needs and be mindful of areas identified through your Washington ONE assessment as opportunities for growth.

Your **Individual Reentry Plan (IRP)** will include this plan and attachments to create an individualized portfolio. Your plan should include your SMART goals and objectives, essential needs checklist, letters of support, personal education achievements, certifications, employment skills, work experience, skills, and training received prior to and during incarceration, resources specific to your county, and any other documents that you feel will support your successful reentry. You should review and update your plan throughout the 3 phases, with a focus on updates prior to transferring to your community.

Reentry Team Meetings (RTMs) may be offered to discuss how to support you for successful reentry. Your Individual Reentry Plan, Individualized portfolio, SMART goals, and next steps would be reviewed at the RTM. Depending on your reentry path these meetings may occur during the transition phase of your incarceration and could include current support system members and community partners.

Please take your time completing your Individual Reentry Plan by answering all the questions as honestly as you can. The answers you provide in this plan will assist in identifying any unmet needs you may have so current support system members and community partners, and staff can provide you information on community-based resources to support you in your success. This plan will also assist you in organizing your thoughts, identifying areas where you may still need assistance, and help you to track where you are at with your SMART Goals and Individual Reentry Plan to align with your Mission Statement.

Mission Statement- A personal mission statement defines who you are as a person and identifies your purpose in life or a specific area of your life. It explains how you pursue that purpose and why it matters so much to you.

SMART (Specific, Measurable, Achievable, Relevant, Time-Based) Goals: Goals are thoughts you have about the future that you wish to make happen. Using the SMART Goals framework sets boundaries and defines the steps you will need to take, resources necessary to get there, and milestones that indicate progress along the way. With SMART goals you are more likely to achieve your goal efficiently and effectively.



Name	DOC	
Anticipated release or transfer date to the community:		
Facility Phase IRP Completed on:	Transition Phase IRP Completed on:	Community Phase IRP Completed on:
Review(s) and Update(s) Completed on:		

Goal Setting

1. What is your Mission Statement?	
2. What would you like to accomplish during each phase of reentry? (<i>Facility, Transition, Community</i>)	
Facility Goal:	
Transition Goal:	
Community Goal:	
3. Have you developed a SMART Goals plan outlining how you will achieve these goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Identification

Check what forms of identification you <u>will have</u> when you transition to the community?	What forms of identification will you <u>still need</u> to get after your transition to the community?
<input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Veteran ID <input type="checkbox"/> Immigration ID <input type="checkbox"/> Prison ID <input type="checkbox"/> Military DD214 <input type="checkbox"/> Tribal ID	<input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Veteran ID <input type="checkbox"/> Immigration ID <input type="checkbox"/> Prison ID <input type="checkbox"/> Military DD214 <input type="checkbox"/> Tribal ID
1. What problems have you had in the past or think you might run into in trying to obtain these needed documents?	
<i>If you are currently in a corrections center, please ask staff to assist you in getting your ID and social security card prior to your transfer to the community (reentry center or electronic home monitoring). If you are in the community and experiencing trouble obtaining your identification documents, please contact staff for further assistance.</i>	



2. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you have it in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you <u>do not</u> have a valid driver's license, why not? (check all that apply)		<input type="checkbox"/> Never had a license	<input type="checkbox"/> Unpaid tickets
		<input type="checkbox"/> Ignition interlock needed	<input type="checkbox"/> Testing needed
		<input type="checkbox"/> Revoked	<input type="checkbox"/> Expired
Please explain:			
3. Does the county your license is suspended or revoked in have a driver's license reinstatement program?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
4. Do you need assistance in finding and/or navigating a relicensing program?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
5. If you have unpaid tickets, do you know what collection agency to contact to start paying?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
<i>If no, staff may be able to assist you with a driver's abstract (driving status, any unpaid tickets and contact information for paying the tickets).</i>			

Housing (Residential)

1. Where do you plan on living upon transition to the community and how long will this living arrangement be available? Or where are you currently living (community phase) and how long will this arrangement be available?
2. Who else will be living with you at this residence? Or is living with you (community phase)? <i>(Include first names, ages, and relationship to you for all household members if known)</i>
3. What challenges or barriers do you think you will be faced with while living at this residence?
4. What is your plan of action to overcome these challenges or barriers?
5. What resources do you need to succeed with this plan (personal supports, group supports, mentorship)?



6. If you have not secured housing, what are your housing options? You should be working on at least 3 housing possibilities. <i>(Staff can provide housing resources)</i>	
a.	
b.	
c.	
7. Will you be utilizing a DOC housing voucher? <i>(Transition phase only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What are your plans for permanent housing?	

Education/Vocational

1. What education and training goals did you set and/or accomplish while incarcerated? Or post incarceration? <i>(Community phase)</i>	
2. What other educational programing/training have you attended or completed while incarcerated?	
3. Do you have copies of your certificates or college transcripts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no, please contact your instructors or the education staff to get these important documents prior to transferring to the community.</i>	
4. How will you use what you have learned from these programs to help you succeed in the community?	
5. Is there any other education, programing, or workshops you want to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what do you need to do to complete this?	



6. Are you currently working with an Education Navigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, staff can assist you with connecting to the facility or community Education Navigator.</i>	
7. Are you interested in a pre-apprenticeship, vocational, technology programs or trades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which programs are you interested in?	
8. Are you registered for the selective service? <i>(This can impact your ability to apply and receive financial assistance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Do you have any outstanding financial aid debt that could prevent you from applying for FAFSA <i>(Free Application for Federal Student Aid)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Employment

1. What are three jobs you have held in the community that you felt most successful at? List job titles and type of work.	
a.	
b.	
c.	
2. What specific type of work do you want to obtain? List 3 or more (<i>"any job" is not an answer</i>)	
a.	
b.	
c.	
3. Do you have an updated resume, references, and cover letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What challenges or barriers do you anticipate with securing employment or maintaining employment?	
5. How do you plan to overcome these challenges or barriers, and who can help you?	



Supplemental Income

1. Are you currently receiving any supplemental income? (i.e., pension, apportionment of VA benefits, back child support etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, from what source(s)?		
2. Do you intend to apply for the following? <i>If none, skip to the Financial Management section</i>		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Insurance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Food Stamps <input type="checkbox"/> Women, Infants and Children (WIC) <input type="checkbox"/> Cash assistance <input type="checkbox"/> Child Support <input type="checkbox"/> VA Benefits <input type="checkbox"/> Tribal (SPIPA) <input type="checkbox"/> Other. Please Specify: _____		
3. It can take several months after your transition to the community for some of these supplemental incomes to be approved. How will you support yourself while waiting for this approval?		

Financial Management (Transition and Community Phase)

1. How are you currently managing your money?		
2. Do you have an active bank account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you anticipate facing any barriers to opening a bank account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:		
4. Do you know your credit score?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you follow a financial budget each month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a plan to pay your child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. If you have Legal Financial Obligations (LFO), do you know how much you owe?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If you owe on LFOs, are you prepared to make payments.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Social Support (Social Influences)

Creating Your Community Support System- What specific people do you want around you after your transition?	
Mentors:	
Support Groups:	
Peer Groups:	
Spiritual/Religious:	
Therapy:	
Cultural:	
1. What are the things you can do to maintain and improve your support system?	
2. What do your relationships with family, extended family, loved ones or current support system look like?	
3. What are some ways you have been supporting and/or maintaining connection with your family, extended family, children or loved ones?	
4. What social support groups are you interested in attending? (For Facility phase please connect with your classification counselor to meet programming needs where available. For transition and community phases staff can provide resources for your county of release as requested.)	
<input type="checkbox"/> NA (Narcotics Anonymous) <input type="checkbox"/> AA (Alcoholics Anonymous) <input type="checkbox"/> Parenting (Miscellaneous programs/groups) <input type="checkbox"/> GA (Gamblers Anonymous) <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> NAMI (National Alliance on Mental Illness) <input type="checkbox"/> Al-ANON (support for people worried about someone with a drinking problem) <input type="checkbox"/> Religious programs/places of worship <input type="checkbox"/> Other
5. Do you have a mentor or a sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a plan to obtain a mentor or sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Parenting (Skip to *Overcoming Thinking Errors* section if you will not have children in your care or do not have children)

1. How many children are you the parent or guardian of (living with you or not)? List first names, ages, and relationship to you (<i>i.e., stepson, daughter</i>).	
2. What active role will you play in your children’s lives? Or maintain contact?	
3. Do you have a dependency case (CPS involvement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the next steps you need to take to meet your goal?	
4. Do you anticipate needing to complete a parenting class for any reason? (<i>i.e., participation in CPA, requirement of divorce decree, involvement in a dependency case</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already engaged/Completed

Hobbies/Interests

1. What healthy hobbies have you enjoyed while incarcerated that you will continue to enjoy as you transition to the community? (<i>reading, writing, exercising, etc.</i>)
2. What healthy hobbies or activities would you like to pursue in the future?
3. How has participation in these positive activities helped motivate you to accomplish the goals you have set for yourself?
4. What kind of tools, assistance, and support do you need to establish a healthy routine?

Overcoming Thinking Challenges (*Attitudes, Behaviors & Aggression*)

1. What will be the warning signs that you would want your support systems to look for that you may be on the pathway back to negative behaviors?
2. What do you want your support system to do for you if you are going back to negative behaviors?
3. What will you do when faced with thoughts of going back into negative behaviors?
4. What supports do you need to help navigate successfully through these types of challenges?

Other

1. What other needs do you have that are not already covered in this plan throughout the 3 phases (Facility, Transition, Community) of reentry?
a.
b.
c.
2. What other services and resources do you need to meet your needs?



Access to Healthcare (If you are within 30 days of your transfer to the community from a facility and have NOT met with facility medical staff regarding enrollment in an insurance plan under the Affordable Care Act (ACA), please contact facility medical staff. If you are at a reentry center and do not have ACA medical, please contact staff.)

BEFORE SHARING THIS DOCUMENT WITH A COMMUNITY MEMBER (SUPPORT OR PROVIDER) A RELEASE OF INFORMATION IS REQUIRED.

<http://insidedoc/forms/default.aspx?type=keyword&filter=Release%20of%20Information>

1. Are you interested in the Medication for Opioid Use Disorder (MOUD) program?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied/Assessed <i>(If yes, staff can refer you to MOUD program staff)</i>
2. What medical needs are a priority for you?		
<input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input type="checkbox"/> Mental or Behavioral Health <input type="checkbox"/> Medical equipment <input type="checkbox"/> Prescription(s) <input type="checkbox"/> Other		
Explain needs:		
3. How will your physical and mental health improve by following through with these medical needs?		
4. Do you currently have any medical issues that require follow-up appointments?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment/Aftercare (Substance Abuse & Mental Health)

1. Have you participated in treatment during this incarceration? (Chemical Dependency, Domestic Violence, Sex Offender Treatment Program, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have outpatient requirements in the community?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any assessments you need/want to complete (court-ordered or self-referred) once you transition to the community? (MH, CD, DV, SO, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what assessment(s) will you complete? (Staff can provide you a list of treatment providers in your county of release)		



Department of Corrections Reentry Division

Purpose Statement and Guiding Principles

Purpose Statement:

The Reentry Division provides targeted opportunities and pathways supporting successful integration into our communities.

Guiding Principles:

- Practice active listening
- Be open to learning
- Be authentic
- Be curious
- Make informed decisions
- Embrace change
- Build relationships
- Mentor each other
- Seek collaboration outside our own areas to gain perspective
- Model behaviors we wish to see
- Assume positive intent