

# MARYLAND ALLIANCE FOR JUSTICE REFORM

Working to end unnecessary incarceration and build strong, safe communities



## **Focus Group: Reentry in Maryland's Criminal Justice System**

### **Participants:**

#### *In person:*

- *Shannon Murphy, Deputy Chief of Programs and Services at Montgomery County Department of Correction and Rehabilitation (Pre-release and Reentry Services Division)*
- *Jennifer Masslieno, Senior Program Director for Volunteers of America – Chesapeake Re-entry Center*
- *Sonji Roach, Accountability Specialist, Volunteers of America - Chesapeake Reentry Center*
- *Phil Caroom (Facilitator), MAJR Coordinating Council*
- *Barbara Thomas, Recorder*

#### *By Phone Conference:*

- *Judge Broughton Earnest – Circuit Court for Talbot Co.(retired) and founder of Talbot Co. “Reentry Court”*
- *Steve Leitess, Esq.- Uniform Laws Commission(ULC) - Md. Commissioner*
- *Brian Lewis,Esq.- ULC Legislative Counsel*
- *Margy Love, Esq. – U.S. Dept. of Justice (retired).*

1. **RISK-NEEDS SCREENING. Status quo:** Many Maryland programs now are labeled “reentry” but do not systematically assess individual inmates’ needs or provide timely services.

**Recommendation:** Reentry via local reentry centers should be offered, based on evidence-based risk/needs screening, to all Maryland inmates 6 months or more prior to release from incarceration.

2. **A) LIMITED REENTRY. Status quo:** Limited “reentry referral services” are only marginally effective. Currently, most Maryland DOC centers and most local detention center reentry programs offer only limited *referral services*:

- They assist inmates to obtain Division of Corrections (DOC) identification cards, consistent with MD Code, Correctional Services, § 9-609.1, and provide referral pamphlets. *These DOC identification cards, however, are not uniformly accepted by all branches of the Social Security Administration, the Md. Motor Vehicle Administration and other government offices.*

- This limited referral service often is not tailored to individual needs. For example, it may not include information as to an offender's community on the opposite side of the state.
- The limited referral service often is untimely, for example, information may not be distributed until 30-60 days before an inmate's release. With inmates' limited ability to communicate while incarcerated, this is too little, too late.
- Direct access to local housing, employment, mental health, and other needed services too often remains unavailable until the day of release.

**B) FULL REENTRY. Status quo:** Full reentry services including work release can be very effective: [Montgomery County's Pre-Release Center \(MPRC\)](#) offers a "full-service reentry" model, including work-release, transitional housing, contacts with local service providers, and more.

**Recommendation:** MPRC's model reentry program—nationally recognized for its excellence—can and should be imitated in other counties. Md. Code, Correctional Services Art., sec. 9-402, may be amended to provide full reimbursement for counties that transform work-release units into reentry centers; sec. 11-316 may be amended to permit up to 12 months reentry participation. If availability of county trained staff is insufficient, full service local reentry alternately might be managed and staffed contractually with assistance from nonprofit organizations such as [Volunteers of America](#) or the [Episcopal-Jericho](#) programs.

3. STATEWIDE COORDINATION. **Status quo:** In recent years, a number of "statewide reentry" symposiums have been sponsored by a State Senator, by the Md. Correctional Administrator's Association, and by other nongovernmental organizations. The Division of Corrections has sponsored multiple reentry pilot programs. However, none has succeeded in coordinating or implementing needed screening, best practices or plans for full reentry services for all Maryland inmates.

**Recommendation:** Maryland's Department of Public Safety and Corrections should designate an administrator to coordinate state and local reentry programs, to facilitate standardized screening, to teach best practices, and to implement universal reentry services for all state and local inmates with a sentence of 6 months or more.

4. GAPS IN MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT. **Status quo:** Major gaps in funding for inmates' substance abuse, mental health and other medical needs occur at the time an inmate is released from incarceration to community supervision. Under current Medicare, Medical Assistance, Social Security and related rules, an inmate does not qualify to begin the lengthy process of applying for such assistance during incarceration.

**Recommendation:** Inmates transitions' through house arrest are not considered "incarceration" for purposes of applying for medical assistance. Use of transitional house arrest may assist in avoiding gaps and easing transitions to stepped-down levels of supervision.

5. **TRANSITIONAL STAFFING. Status quo:** Some local reentry programs have attempted to use correctional officers as staff with minimal training. Difficulties sometimes have arisen with some correctional officers whose personalities are unsuitable to assist transitioning inmates with “motivational interviewing” and greater respect.

**Recommendation:** A reentry center should employ staff with appropriate social work and mental health education, perhaps from an independent agency such as the Health Dept. If current correctional officers are reassigned, they should be carefully screened & educated for these new responsibilities.

6. **DIFFERENTIATED EMPLOYMENT ASSISTANCE. Status quo:** Successful existing full-service reentry programs do not provide “one-size-fits-all” services. Screening should recognize that inmates’ risk levels exiting incarceration may differ from the same inmates’ scores on entering incarceration. Also, a higher level of scrutiny is needed for sex offenders and violent offenders, who may not be appropriate for standard reentry programs.

**Recommendation:** Each full service reentry program needs the capacity for at least three tracks-

- i) Assistance for ***inmates who are not employment-ready*** (e.g., developmentally-disabled inmates in need of supported or transitional employment; also, inmates unable to earn a GED, with no work history) as well as those who are unemployable (e.g., disabled or retirement age);
- ii) Assistance for ***inmates who are semi-prepared for employment*** (reentry practitioners report this is the largest group— inmates’ needs include training for modern IT, id. cards, financial assistance, transportation assistance, housing assistance); and
- iii) Less assistance for ***inmates who are employment ready and have good work experience.***

7. **STATE / LOCAL COORDINATION. Status quo:** Under the prior Governor’s administration, Maryland counties seeking to establish reentry pilot programs contacted the Department of Public Safety and Correctional Services (DPSCS) and asked for cooperation to identify and transfer inmates from DPSCS custody to local detention centers. DPSCS agreed in concept, but failed to produce and transfer any inmates, despite the passage of many months.

**Recommendation:** The current Governor’s administration had designated a DPSCS administrator for reentry coordination. This administrator and DPSCS secretary should develop a system to identify inmates by their county of residence, to screen them for reentry needs, and to refer the most qualified inmates for local reentry programs, as available. If local reentry programs are not currently available, the DPSCS Secretary and the reentry administrator should implement a program where inmates are placed in state pre-release / reentry programs located in or as near as possible to their county of residence during their last 12 months prior to release.

8. **SPECIALTY COURT STAFFING. Status quo:** Several Maryland counties have “Drug Court” dockets, a few have “Mental Health Court” dockets, and fewer still have “Reentry Court” dockets. There also is one “Veterans Court” in Prince Georges County. The Maryland Judiciary has established an “Office of Problem-Solving Courts (OPSC)” to advise and assist courts with these specialized dockets.

**Recommendation:** While the populations of a drug court, a mental health court, a veterans court, and a reentry court may differ demographically, the resources, staff and management for each type of docket is

quite similar, as recognized by Maryland Courts' consolidation of its OPSC program. Maryland courts could achieve more efficient use of their resources by using existing drug courts as templates and by implementing additional docket time for the same or supplemental staff to assist, as needed, for reentry court dockets.

However, it also should be recognized that successful reentry programs can be operated without implementation of a specialized "Reentry Court" docket, as has been demonstrated by Montgomery County's successful reentry program. In Montgomery County, the original sentencing judge may act as needed for an ex-offender's reentry. Indeed, some "problem-solving court" training would benefit every judge assigned supervision of a sizable probation or reentry docket because the "problems" to be solved—addiction, mental disorders, etc.—actually are very common to a majority of criminal defendants.