



Cuyahoga County Reentry Review

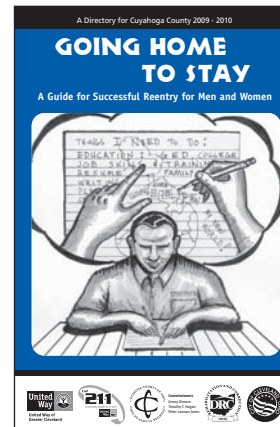
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Going Home

In 2006, the Greater Cleveland Reentry Strategy saw the need to develop a resource guide for men and women reentering Cuyahoga County from prison. The United Way of Greater Cleveland and its 211/First Call to For Help program was asked to join forces with the Reentry Strategy's Service Directory Workgroup to produce such a guide. As they looked around the Country, many guides for ex-offenders had been developed for professionals. They tended to be for persons working in the criminal justice field and were of little use to the formerly incarcerated men and women who needed the assistance. 211 committed itself to developing a "hands-on self-help" guide. The first edition of the directory, compiled by United Way's 211 and the Initiative, took nearly one year to develop and publish.

As they were not the experts on reentry, 211 staff did what they always do--worked with persons who are or were in the corrections system. These were people who and understand its value and would likely be consumers of a guide. 211 staff did not presume to know what people reentering the community needed. They listened to those persons who had reintegrated successfully before determining what should be in a guide. Together with a number of community partners (including some formerly incarcerated persons), 211 Associate Director Diane Gatto worked to provide a guide designed to make sense and simplify the reentry process from the multiple systems through which 5,000-6,000 men and women must go through on a yearly basis.

Out of this process came the *Going Home to Stay Guide*, given to inmates from Cuyahoga County six months before their release. Successful reentry plans must begin while participants are still incarcerated, not just at the time of release. The Guide begins with check lists of activities in preparation for release and as the First Steps after Release:



- Contact a Reentry/Employment Program
- Stay in a positive living situation
- Get proper clothing and food
- Find your way around-know the bus system
- Get a birth certificate
- Get a photo ID/Driver's license
- Sign up for benefits
- Keep in touch with your PO
- Take care of health and dental needs
- Get help with Alcohol and Drug Abuse
- Take care of Mental Health Needs
- Get more training and education
- Clean up your record and get legal help
- Clean up your credit and spend money wisely
- Register to vote

Going Home to Stay provides detailed and specific information on how to accomplish these helpful things. Three editions and 40,000 copies later, Cuyahoga County is the only community to develop such a guide because, as the people who have work to develop and improve this guide demonstrate, persons reentering our community can become some of this region's greatest assets.

Copies of the 2009-2010 edition of *Going Home to Stay* are available at no charge by calling First Call for Help at 216-436-2000. You can also download a copy online at www.211cleveland.org/pdfs/communityreentry.pdf.

We want to hear from you...

Your comments are important to us.

Write to us at

Cuyahoga County Department of Justice Affairs
Office of Reentry
310 West Lakeside Avenue, Suite 550
Cleveland, OH 44113

Collateral Consequences: Discretionary Disabilities

In last month's Reentry Review, we discussed barriers faced by reentrants due to collateral sanctions—"any legal penalty, disability, or disadvantage. . . that is imposed on a person automatically upon that person's conviction for a felony, misdemeanor or other offense, even if it is not included in the sentence."¹

This month we focus on the other major category of collateral consequences—discretionary disqualifications—which are defined by the American Bar Association Standards for Criminal Justice as "a penalty, disability or disadvantage. . . that a civil court, administrative agency, or official is authorized, but not required, to impose on a person convicted of an offense on grounds related to the conviction."²

At first glance it appears that a discretionary disqualification is a less severe form of collateral consequence than a collateral sanction. After all, by definition and since it is discretionary, the condition may not necessarily be imposed. However, two potential problems arise,

First, if the discretion is placed in the hands of a single individual, or even a small group of people, this discretionary penalty may become, in essence, a pro forma mandatory sanction. Rather than examine circumstances on a case-by-case basis, those with unchecked discretionary authority may always choose to impose the "penalty."

Second, unstructured discretionary authority could be used in a discriminatory manner. Further research is needed to determine if these discretionary sanctions are imposed in a disproportionate manner on particular racial, ethnic, or other demographic group.

As is the case with collateral sanctions, some of the discretionary disabilities allow for the restoration of the

rights that have been suspended. While the number of mandatory collateral sanctions imposed by law (150) is almost the same as the number of discretionary disabilities (145), the mandatory sanctions are much more likely to include some provision for restoration than the discretionary collateral penalties. More than two-thirds of the mandatory collateral sanctions (69%) allow for the possibility that the sanction can be lifted. Less than four percent of the discretionary penalties permit restoration.³

Last month we noted that 56.5% of all collateral sanctions that affect employment rights of ex-offenders under Ohio statutory or administrative law did not allow for restoration of that right. Among discretionary disabilities affecting employment in Ohio, less than five percent (5%) have any provision for restoration of the affected employment right. In almost every instance, if any of these discretionary sanctions is imposed, it becomes a life sentence.

Reentry advocates are spearheading efforts for a comprehensive review of all collateral consequences to determine which may be appropriate (such as prohibiting a convicted child sex offender from operating a day care center) and those which may be tangentially related, to the offense. Other issues that need to be reviewed include whether distinctions between consequences that allow for restoration rights and those that do not are necessary or, at least, consistent with some underlying principles, and whether restoration rights should be tied to specific evidence of rehabilitation.

¹ ABA Standards for Criminal Justice, §19-1.1(a).

² *Id.*, note 5 at §19-1.1(b).

³ *Mossoney*. Kimberly R. and Roecker, Cara A. (2005). "Ohio Collateral Sanctions Project: Executive Summary," *The University of Toledo Law Review*, Vol. 36, No. 3, p. 611.

Committee Addresses Health Care Needs of Reentrants

The Leadership Coalition of the Greater Cleveland Reentry Strategy has established the Reentry Health Care Committee.

Research across the county consistently has shown that the majority of formerly incarcerated individuals leave prison with one or more unresolved issues, such as mental illness and/or substance abuse and dependence, that contributed (either directly or indirectly) to their arrest and conviction. Those who are able to receive assistance in addressing and overcoming these issues have a much lower rate of recidivism and a greater chance of becoming productive members of their community.

The Leadership Coalition is dedicated to identifying issues that inhibit successful reentry and to ensuring that services are available to help ex-offenders resolve or manage them. Coordinated efforts are already in place to address issues such as lack of education and training, substance abuse and mental health conditions.

It is becoming more apparent, however, that one set of problems has taken a back seat to these others—problems associated with physical health. Prisoners and those released from prison are, on average, in poorer health than the general population throughout the country. According to research conducted by the National Commission on Correctional Health Care (NCCHC) the increased prevalence of infectious diseases ranges from four times (active tuberculosis) to nine to ten times greater (hepatitis C). Chronic diseases, such as asthma, are also more common among the prisoner population than the general population.

A number of factors may be involved: Screening for these health issues is lacking in prisons. One reason for this is budgetary considerations. Aside from the cost of the screenings themselves, prisons would have an ethi-

cal obligation to provide medical care for inmates diagnosed with these diseases. Most prisons would find the cost of such treatment prohibitive, given personal budgetary constraints.

In addition to the prisoners' need for medical attention, once released they pose an increased risk to the health of the general public. In a concerted effort to give this the attention it deserves, the Leadership Coalition established the Reentry Health Care Committee. Although most health issues are not unique to the reentry community, knowledge about and access to health care screenings and treatment may be less among reentrants in comparison to the general public.

The mission of the Health Care Committee is:

To assure timely, seamless access to comprehensive health care for individuals and appropriate family members returning to the community from incarceration in jail or prison. This may include individuals on community control, judicial release, and post-release control.

The committee is chaired by Louis Weigele, the former Director of Behavioral Health at The Free Clinic of Greater Cleveland and presently a PhD student at Case Western Reserve University. In order to have the greatest impact, Weigele says, the committee will make specific recommendations, that may include program structures, in areas in which health care issues are identified that are specific to the reentry community. In situations that generalize to broader aspects of reentry policy—such as health insurance and preventative medicine, the committee will identify a representative to advocate for health issues as part of broader policy.

¹ NCCHC, "Prevalence of Communicable Disease, Chronic Disease, and Mental Illness Among the Inmate Population," *The Health Status of Soon-To-Be-Released Prisoners, A Report to Congress, 2002*

The Cuyahoga County Office of Reentry

Announces the Opening of the

**North Star
Neighborhood Reentry Resource Center**

On February 15, 2010

An innovative resource center that helps individuals who have been involved in the criminal justice system navigate barriers and become law abiding, contributing members of their families and of their communities.

1834 East 55th St., Cleveland, Ohio 44103, 216-881-5440

Operated by **Oriana House, Inc.**

The Citizen Circles Concept



Citizen participation and guidance is essential for correctional practices inside and outside institutions. The Ohio Department of Rehabilitation and Correction has embraced the needs related to offenders returning

home from correctional settings and as such one strategy is the implementation of Citizen Circles. The focus is on eight dynamic domain areas: employment, education, associates/social interactions, family/marital, substance abuse and community functioning, personal/emotional orientation and attitude. They create partnerships that promote positive interaction and accountability for offenders upon release. Circle members address risks that contribute to criminal activity by taking ownership of the solution. It is an opportunity for citizens to communicate expectations for successful reentry and help offenders recognize the harm their behavior has caused others. Offenders are able to make amends and demonstrate their value and potential to the community.

Citizen Circles Locations

(Call for meeting dates and times)

**The Euclid Avenue Citizen Circle
Congregational Church**

Kathleen Farkas
9606 Euclid Ave.

2nd Monday of every month at 7:00 pm
216.421.0482 ext. 282

**East
Cleveland**

Andrea Graham
1850 Belmore Ave.
Last Wednesday of every month
at 5:00 pm
216.214.4254

Zion Chapel

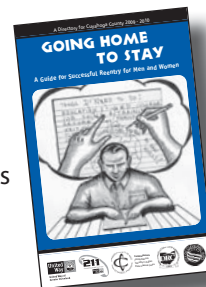
Rev. Dennis Jonel
4234 Lee Rd.
3rd Monday of every month
at 6:00 pm
216.752.2743

**CEOGC
Medical Arts Building**

Lewis West
2475 E. 22nd St.
(Lower level)
2nd Monday of every month at
11:30 am
216.357.2621

**Mt. Pleasant
Murtis Taylor Center**

Diane Coats
13411 Kinsman Ave.
1st Tuesday of every month
at 6:00 pm
216.751.1085



To receive a copy of **Going Home to Stay**

contact First Call for Help at 216.436.2000 or go online and download a copy at www.211cleveland.org/pdfs/communityreentry.pdf



COMMENTS OR SUGGESTIONS:
Cuyahoga County Office of Reentry
email: ReentryInfo@cuyahogacounty.us
phone: 216.698.2501



Funded by the Cuyahoga County Board of Commissioners.

Circles Trainings are now being planned.

Please call 216-698-2501 for more information.