Module 7: Transition Plan Development

Welcome to *Transition Plan Development*. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module explores the use of individualized written transition plans that lay out the intervention, treatment, and services for a person in jail and after release, based on prior assessment of his or her risk and needs.

Transition plans are essential in preparing individuals for release and enhancing long-term reintegration, particularly for those who are assessed as moderate or high risk/need. Transition plans also serve as a means by which offenders can open a dialogue with their counselors, case managers, and program or supervision officers and plan for their return to the community.

> *The most vital piece of successful reentry is a comprehensive reentry plan. This plan should begin as early as possible, and entail having the inmate active in the development and completion of the plan. Community agencies need to build a relationship with the offender and schedule appointments. The plan should be given to community agencies, the offender and facility programs. The comprehensive reentry plan is a road map to success for offenders trying to negotiate the struggles of a new lifestyle.*
>
> Paul Mulloy,
> Director of Programs, Offender Reentry Center
> Davidson County, Tennessee, Sheriff's Office

Before we begin, take some time to think about what transition plans, if any, your jail presently uses. Ask yourself the following three questions:

1.	Does your jail facility use transition plans?	● Yes ● No
2.	Do your jail facility's transition plans include in-custody, discharge, and post-release components?	● Yes ● No
3.	Do risk and needs assessments actively inform the individual's transition plan?	● Yes ● No

Did you answer "Yes" to each of the questions? If not, this module is meant to help you develop transition plans that identify the appropriate range of in-jail and community-based interventions for your incarcerated population, given the range of needs identified.

This module has five sections and will take between 15 and 20 minutes to complete.

Recommended audience for this module

- Sheriffs
- Jail administrators
- Correction staff involved in transition efforts
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Probation officers
- Pretrial services
- County board members
- Criminal justice council members

Terms to Know

Transition Plan: Preparation and strategy for each individual's release from custody, preparing them for return to the community in a law-abiding role after release. In some jurisdictions, transition plans are referred to as case management, discharge, reentry, supervision, or aftercare plans.

Module Objectives

In *Module 5: Targeted Intervention Strategies,* you learned about the 11 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and the importance of using the risk-need-responsivity model to determine the appropriate strategies to address an individual's criminogenic factors pre- and post-release.

In this module we guide you through task 4 of the Targeted Intervention section of the Roadmap. This task highlights the importance of developing transition plans for selected individuals during their jail stay, based on objective assessment of risks and needs.

Task 4. Produce transition case plans for selected jail entrants.

This module has five sections:

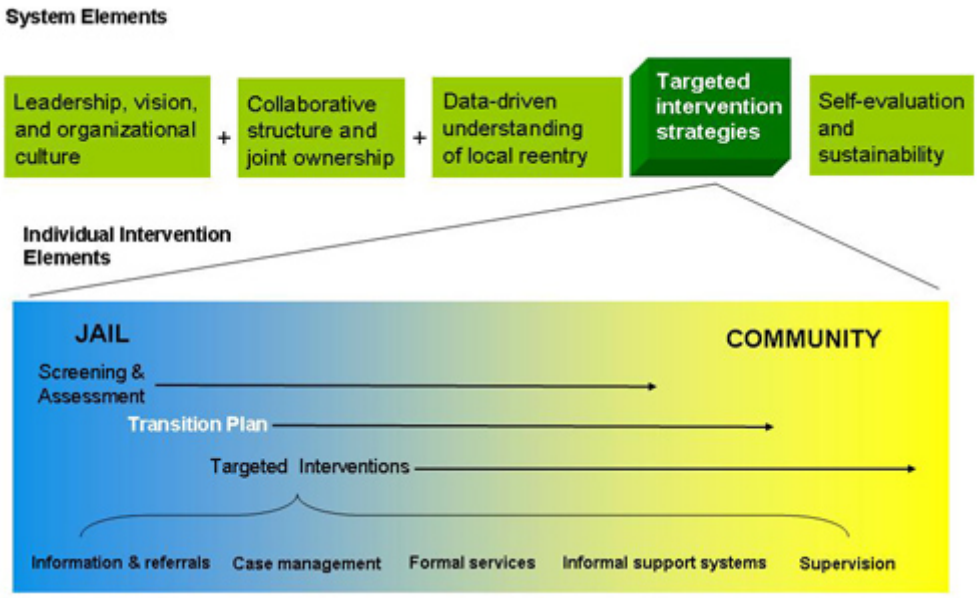
1. The Role of Transition Plans
2. Transition Plan Content
3. Selecting the Targeted Population
4. Case Management and the Transition Plan Process
5. Terms Used in the Field

By the end of this module, you will be able to

- Explain why transition plans are important.
- Identify the essential elements of a transition plan.
- Determine who receives transition plans.
- Develop transition plans for your population.

The Transition from Jail to Community Model

This visual indicates where *Transition Plan Development* fits in the *Transition from Jail to Community* model.



Section 1: The Role of Transition Plans

This section describes the important role formal transition plans play in the TJC model. Informed by risk and needs assessment, a transition plan specifies

- The types of interventions an individual needs
- When and where interventions should occur and who will provide them
- The activities for which the individual needs to take responsibility

Transition plans are intended to help make transition back to the community as healthy and productive as possible by developing specific actions and/or strategies designed to address individual needs. Beyond the obvious advantage of planning for success over the medium to long term, transition plans provide specific direction for an individual during his or her first days post-release. As we are all too aware, choices people make soon after their release are pivotal to their success or failure.

Transition plans target issues such as housing, employment, family reunification, educational needs, substance abuse treatment, and health and mental health services. In many cases, a transition plan is the primary intervention for individuals released within hours or a few days of entering jail.

We use the term "transition" because it embodies a central tenet of the TJC model—that the overwhelmingly majority of those in jail are *passing through*—returning to the community—and need help identifying support and interventions in both locations.

A transition plan has three components:

1. **In-custody (prerelease) plan section:** This component specifies prerelease interventions to be delivered either by jail staff or community-based providers conducting jail "in-reach."
2. **Discharge plan section:** This component specifies interventions addressing the "moment of release"—those critical first hours and days after release from jail—and facilitating the provision of needed services in the community.
3. **Post-release plan section**: This component specifies interventions for covering the mid- to long-term transition period upon return to the community. Though the post-release plan is initially developed in jail, it is expected to be revised in the community.

Implicit in this approach is the understanding that one size does not fit all and that plans should be tailored to the needs of each individual. Some individuals, for example, will need extensive services and support, including intensive case management, to effectively transition to the community; others may require only minimal assistance, if any.

Regardless of the individual, however, the goals of a transition plan are to

- Prioritize a person's needs.
- Develop an individualized written plan of intervention.
- Identify when goals have been accomplished.
- Identify who is responsible for providing each intervention.
- Link and schedule appointments with community providers.

- Ensure continuity of interventions from jail to the community.
- Establish goals and/or targets of change that are agreed upon by the inmate and those responsible for his or her custody and treatment.

For more information

1. Burke, Peggy, Paul Herman, Richard Stroker, and Rachelle Giguere. 2010. *TPC Case Management Handbook: An Integrated Case Management Approach,* Washington, DC. National Institute of Corrections. Available: http://nicic.gov/Downloads/PDF/Library/024393.pdf

2. Burke, Peggy. 2008. *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model* . Information on the "Transition from Prison to the Community Model: Transition Accountability Plans (TAP)" is available on page 212. Available: http://nicic.gov/Library/022669

3. Carey, Mark. *Coaching Packet: Effective Case Management.* 2010. The Center for Effective Public Policy. Available: http://www.cepp.com/documents/Effective%20Case%20Management.pdf

5., Christensen, Gary E. 2008. *Our System of Corrections: Do Jails Play a Role in Improving Offender Outcomes?* National Institute of Corrections/Crime and Justice Institute.
Available: http://nicic.gov/library/files/023357.pdf

6. Conly, Catherine H. Conly. 2005. *Helping Inmates Obtain Federal Disability Benefits: Serious Medical and Mental Illness, Incarceration, and Federal Disability Entitlement Programs,* Cambridge, MA: Abt Associates. Available: http://www.ncjrs.gov/pdffiles1/nij/grants/211989.pdf

7. Parent, Dale G. and Cranston Mitchell. 2002. *Transition from Prison to Community Project Briefing,* Abt Associates Inc. Transition Accountability Plan PowerPoint slides 16–18. Available: http://nicic.gov/Library/020462)

8. Warwich, Kevin, Hannah Dodd and S. Rebecca Nuesteter. 2012. *Case Management Strategies for Successful Jail Reentry*: *Transition from Jail to Community Initiative Practice Brief*, Urban Institute, Available: http://www.urban.org/UploadedPDF/412671-Case-Management-Strategies-for-Successful-Jail-Reentry.pdf

Summary

In this section, you learned that a transition plan specifies the types of interventions an individual needs, when and where the interventions should occur, and by whom. A transition plan has three components: (1) an in-custody (prerelease) section, (2) a discharge planning section, and (3) a post-release planning section.

Section 2: Transition Plan Content

This section guides you through the development of a transition plan based on the National Institute of Corrections' Transition Accountability Plan (TAP). According to Peggy Burke, author of the *Transition from Prison to Community Reentry Handbook,* a transition plan has the following components:

- It is based on validated assessments of risk and needs.
- It indicates appropriate interventions to address the highest areas of criminogenic need.
- It is developed early in the period of incarceration.
- It is shared with members of the case management team.
- It follows the individual through his or her time in the jail and post release.
- It is automated so that the collaborative case management team can update it and share it across organizational boundaries.[1]

At minimum, according to Burke, transition plans should[2]

- Identify the assessed risk level and criminogenic needs of the incarcerated person.
- Develop strategies to address obstacles and **triggers**.
- Outline the incarcerated person's responsibilities clearly and concisely, and work with him or her to gain consensus on how to carry out these responsibilities.
- Articulate specific goals that are directly related to the highest rated domains of criminogenic need. Each goal should specify strategies that are clearly stated, measurable, attainable, relevant, and have a timeline.
- Afford a degree of flexibility to accommodate change and recognize small successes during planning, treatment, and intervention.
- Identify the individual's strengths or protective factors, and build strategies to maximize prosocial assets already present in the individual's life.
- Assess the need for interventions to minimize the effects of criminal thinking on the realization of an offender's transition plan.
- Assess the individual's readiness for change, and consider the best ways to enhance motivation for change.

Terms to Know

Trigger: A stimulus which has been repeatedly associated with the preparation for, anticipation of, or the use of alcohol or other drugs. These stimuli include people, places, things, time of day, emotional states, and secondary drug use.

The transition plan template contained in Appendix A reflects the minimum requirements of an effective transition plan. Our purpose is not to recommend any one transition plan, but instead to provide you with a transition plan template you can modify based on your jurisdiction's needs.

[1] Peggy B. Burke, *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model* (Washington, DC: Center for Effective Public Policy, The National Institute of Corrections, 2008).
[2] Ibid.

However, as discussed in the previous section, each plan must identify the types of interventions and individual needs, when and where interventions should occur, and by whom.

Discussed here is the rationale for each section of the plan:

- Transition Plan Section: The plan begins with the incarcerated person's name and identifying information. Identifying the individual's current status (pretrial detainee or sentenced inmate) and expected release date helps you estimate how much time you have to work with this individual prior to his or her release.
- Risk Level, Treatment and Criminogenic Needs Section: The plan reminds you of the importance of objective assessment to guide the transition plan. For example, a person who does not have a substance abuse problem should not be referred to Alcoholics or Narcotics Anonymous. You will want to modify this portion of the plan based on the risk assessment used in your facility. Persons who have a medium- to high-risk score should have more referrals than those with low-risk scores
- Interventions Needed Section: This section of the plan identifies the 10 most common needs incarcerated people face when returning to the community. It's important to remember that intervention in the following needs is based on assessed needs, not a one-size fits all intervention strategy.

    1. Identification: Recognizing the need for multiple types of identification—for example, to apply for a job, public benefits, or a driver's license—this section determines the number of identification documents a person has. Ideally, the individual will have access to identification application forms in jail to begin the process prior to release.
    2. Benefits Eligibility: Recently released persons will need a source of income, at least temporarily, until they are employed. Though not all will qualify for public entitlements, this plan identifies the available benefits so individuals can begin applying for eligibility while incarcerated or at release.
    3. Transportation: The first few hours and days after release are crucial in determining whether a person will recidivate. Those discharged without reliable transportation to home or to a program may find themselves dropped off or walking in an environment that triggers problematic behavior. Over the longer term, transportation is a key factor in gaining and maintaining employment, attending school, making appointments, and participating in treatment.
    4. Housing: Stable housing is an important component of successful reintegration back into the community. Those released without shelter are more likely to return to the criminal justice system.
    5. Medical/Mental Health/Dental: For individual and public health reasons, it is important that recently released individuals attend to their health care needs; a plan to maintain their medical regimen after release and a referral to a health care provider for any health-related issues are key. Individuals with mental health issues must have medication at release and continue with mental health treatment immediately upon release
    6. Substance Abuse Counseling/Treatment: Substance abuse is a dynamic criminogenic risk factor that affects recidivism. Those identified with a recent history of problematic drug use or dependency should be referred to treatment

7. Family: Though reuniting with family members can be exciting, it can also be stressful for both those returning to the community and their families. It is important to know what the family situation is prior to determining whether marital and family counseling and parenting classes are appropriate. Many factors—including family criminality, domestic violence, sexual offense, and varying levels of abuse—are important considerations.
8. Education: A low level of personal education is a criminogenic risk factor. Though education is often not included in a person's short-term transition plan, it should be noted for longer term planning, particularly if the person does not have a high school diploma or GED
9. Employment: Getting a job is one of the most important things people need to do after release. The job development section helps begin the process by identifying what, if any, skills must be attained before the individual is employable.
10. Financial Obligations: Paying financial obligations is an important part of the transition process. Failure to pay court fines or child support increases the chance of the person being re-arrested and possibly serving additional time in jail

- In-Jail Program Participation Section: This section identifies the prerelease interventions based on assessed needs delivered by either jail staff or community-based providers conducting jail "in-reach" that are available to meet the needs of the incarcerated population. The plan identifies what program(s) a person has participated in and whether he or she will need to continue working on each identified need in the community after release. This section will help determine moving into step-down programs like work release, day reporting, and electronic monitoring. Each jail should modify this section based on its range of existing transition programs
- Post-Release Community Referrals Section: This section specifies effective interventions in the community to address the person's needs at the "moment of release"—those critical first hours and days after release—and longer term—weeks and months after returning to the community

A comprehensive knowledge of community resources by the transition planner is essential. Each individual who needs a referral must be given the agency's name and address as well as a contact person's name, and in many cases the date and time of an appointment. Though the post-release plan is initially developed in jail, it should be reviewed and revised by a community-based partner upon release.

Released individuals often have a difficult time following up on a referral, even when post-release services are available and accessible. This plan includes a reentry accountability plan so the person can work with his or her case manager or counselor to identify behaviors that may impede them from utilizing a referred community service.

- Completion of Plan Section: This section records whether the transition plan was completed and discussed with the incarcerated person

Case Manager/Counselor Information and Inmate Agreement Section:

This section formalizes the transition plan process and requires the inmate to sign the agreement in an effort to increase buy-in and participation

For more information and examples from the field

1. Burke, Peggy B. Burke. 2008. *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model*. Available: http://www.nicic.gov/Library/022669

2. Davidson County, TN Sheriff's Office. Re-Entry Success Plan: A Check List of Goals. Basic two-page re-entry case plan: Available: http://www.urban.org/projects/tjc/toolkit/module7/Davidson-Re-Entry-Success-Plan.pdf

3. Denver Sheriff Department. Denver Jail to Community Reentry Case Management Form. (). Available: http://www.urban.org/projects/tjc/toolkit/module7/Draft-Universal-Case-Management-Form.xls

4. Douglas County, KS Sheriff's Office Corrections Division. 2008. *Reentry Eligibility, Rules and Expectations*. A comprehensive inmate questionnaire: Reentry eligibility, rules, expectations and development of transition goals. Available: http://www.urban.org/projects/tjc/toolkit/module7/Douglas-County-Reentry-Intake.pdf

5. Douglas County, KS Sheriff's Office. *Local Correctional Inmate Release and Accountability Plan*. Available: http://www.urban.org/projects/tjc/toolkit/module7/LoCIRP.pdf

Summary

In this section, you learned both the rationale for each section of the transition plan and the 10 most common needs incarcerated people face when returning to the community. A transition plan template was provided, which you can modify to fit your jurisdiction's needs.

Section 3: Selecting the Targeted Population

This section provides an overview of whom to target for transition plans. Your goal is to identify high-risk and -needs individuals, those research tells us stand to benefit the most from a transition plan. Research indicates that low-risk individuals do not need transition plans, and resource limitations may preclude planning for those who are not likely to be released back to the community or for whom someone else will take responsibility for developing a plan (i.e., those facing transfer to state or federal prison).

First, determine if your incarcerated population has been screened and assessed for risk and need and whether that information is easily accessible.

Second, the TJC model recommends using a person's risk and needs levels as the two main criteria to identify who should receive transition plans.

1. Risk

Screen your entire jail population and assign individual levels of risk of reoffending to each inmate. Set a cut-off point considering the risk screen score and the resources available to provide extensive assessment and transition services to higher risk inmates.

Remember that based on the Risk-Need-Responsivity (RNR) model for assessment and rehabilitation, low-risk individuals should not be targeted for extensive intervention; however, as indicated in previous modules, they can still receive referrals and information that will address targeted needs. For higher risk inmates above the established cut-off point, a more extensive risk/needs assessment should be conducted to inform your transition plan.

2. Needs

Next, identify the criminogenic needs (e.g., antisocial values, substance abuse, family dysfunction, antisocial friends, and low levels of personal education) of the population who have a high-risk score. As discussed in Module 5, research shows a positive relationship between these needs and re-arrest.

Transition plans should also target and address basic survival needs (e.g., identification, housing, employment), health, and mental health needs because homelessness and severe mental illness, for example, can affect transition from jail to the community. Transition plans should address the needs identified by individual risk/needs assessments and avoid a "one-size-fits-all" approach.

Other criteria your jurisdiction will want to consider:

- **Length of stay**: How long a person is going to be incarcerated is often used to identify where the person receives a transition plan. Generally, you should develop transition plans for sentenced and pretrial persons whose assessments determine need for a transition plan and who are expected to stay in jail for more than 10 days. Transition plans should be initiated in the community after release for those with high risk and/or needs, but who will be in jail for a shorter period.

- **County of release**: Will transition plans be provided to people with high risk or needs who are released to counties outside of your jurisdiction?
- **Chronic health problems**: From a public health standpoint, will all individuals identified with an infectious disease (e.g., HIV/AIDS, tuberculosis, viral hepatitis, sexually transmitted disease) receive a transition plan?
- **Capacity**: Will time and monetary cost, staff availability, and staff training limit transition plans, even for those who meet the threshold criteria? Is some method available to target the highest need individuals to ensure the best expenditure of available resources?
- **Receptivity**: Will the transition plan be voluntary? The TJC model recommends that all persons who meet the criteria receive a transition plan, whether they want it or not.
- **Incentives**: Develop incentives to foster inmate participation in the recommended services, especially post-release.

In Jail Incentives	Community Based Incentives
• More visitations • Later curfews • More phone access • More recreation time • More television • Access to more television channels • Certificates of completion • Letters of recognition • Improved housing assignments • Extra or early movement into community corrections • Good-time credits	• Bus passes • Access to phone cards • Food • Special activities for people who participate in programs – donated from community • Better housing • Family reconciliation • Certificates of completion • Letters of recognition • Being asked to serve as a mentor to other offenders • Reduction of conditions • Early termination of supervision

For more information and examples from the field

1. La Crosse, WI. *TJC Process system case flow chart outlining screening assessment, targeted treatment and transition planning.* Available: http://www.urban.org/projects/tjc/toolkit/module7/Proposed-La-Crosse-TJC-Process.pdf

2. Lowenkamp, Christopher T. and Edward J. Lateessa. 2005. Developing Successful Reentry Programs: Lessons Learned from the 'What Works' Research. *Corrections Today,* 72–77. Available: http://www.caction.org/rrt_new/professionals/articles/LOWENKAMP-SUCCESSFUL%20REENTRY%20PROGRAMS.pdf

3. Orange County, CA. *Basic case flow chart outlining screening assessment targeted treatment and transition planning.* Available: http://www.urban.org/projects/tjc/toolkit/2011/module7/Client-flow-chart.pdf

Summary

In this section, you learned that an individual's risk and needs level should be the main criteria for identifying who should receive a transitional plan

Section 4: Case Management and the Transition Plan Process

In this section, we discuss case management and the transition plan process. Ideally, one individual oversees and coordinates all phases of the transition plan. This individual could be a correctional case manager, community service provider, community supervision officer (pretrial and/or probation), correctional program staff, or other designated staff member.

For the section that follows, we use the term "case manager," but this role could be filled by someone inside or outside the jail—or both, with a dual-based case management system.

Keys to Effective Case Management

- Establish an empathic relationship with the client.
- Complete a comprehensive assessment of the client.
- Develop a comprehensive treatment plan.
- Develop a contract that focuses on short-term goals.
- Work with the client to develop a comprehensive aftercare plan.
- Provide a system of incentives to assist clients in meeting their goals.
- Have a good understanding of the communities to which people return.
- Be aware of community services and resources.
- Understand that different treatment approaches suit different clients.
- Provide regular opportunities to review progress with the client.
- Make a connection at the first meeting.
- Have a good orientation for each client.
- Provide a welcoming environment.
- Engage clients and link them to appropriate interventions.

In addition to the "hard" components of the transition plan identified above (risk/needs), what is most important is the professional's ability to work with the incarcerated person to design a transition plan that meets the needs of the jurisdiction and facilitates change in behavior after release. Therefore, although the case manager starts the transition planning process, to achieve maximum effectiveness, the transition plan must be developed in collaboration with the incarcerated person.

Referrals

Only service providers committed and accessible to the incarcerated population should be included in a transition plan. It is frustrating when the formerly incarcerated contact service providers only to discover that the location is overloaded or cannot provide a service for some other reason. This creates unnecessary conflict and obstacles early in a person's transition; therefore, we recommend that the transition planner contact providers to verify their interest and ability to work with the returning population. Ideally, the services will be available for free or on a sliding scale.

You may also want to have a conversation with service providers about the use of appointments. Many people have a difficult time making their appointments after they are released and tend to show up at services hours, if not days, late. Discuss with service providers how they can service the drop-in population, understanding the need to provide services to former inmates regardless of their limitations, especially close to their release from jail.

Unity Health Care, Inc., the largest provider of medical care in Washington, D.C., to the medically underserved and the homeless population, has an open-access system. Individuals get an appointment the day they call. Unity allows an override for patients coming from the D.C. jail because they want as much access for this population as possible.

Corrections professionals know that the individual's participation in the transition planning process increases adherence to the plan and that even people with high risk and needs can often recognize their problems and have preferences about which interventions are best suited for them. Simply stated, a person who views his or her transition plan as his or her own will be more likely to adhere to agreed-upon actions and will be far more likely to avoid behaviors associated with recidivism.

The transition plan process has six steps:

Step 1: Identify the transition plan population.

- Review all screens and assessments gathered at intake.
- Identify assessed individuals in need of a transition plan, and determine who will receive more intensive interventions based upon a risk triage process.
- Generate a list of soon-to-be-released individuals to further assist triaging based on risk, needs, and length of stay.

Step 2: Begin to fill out the transition plan.

- Fill out sections of the transition plan with information available from the person's file.
- Triage activities dictate who should be seen first and to what extent he or she will receive service and/or further assessment.

Step 3: Prepare the transition plan in consultation with the incarcerated person.

- A program room, booking area, or other space in the jail should be designated for transition planning conferences.
- To maximize effectiveness and impact, case managers, counselors, or officers responsible for transition planning meet face-to-face with incarcerated individuals to discuss and form transition plans, including the interventions needed both in jail and after release to the community.
- If prerelease interventions are required, offer to help the transitioning person apply or sign up.
- Discuss pre- and post-release interventions and make referrals as indicated by interviews and assessments. Inmates receive a copy of the transition plan with names of the service providers, addresses, telephone numbers, time and date of appointments, and, if possible, public transportation routes to get there

Step 4: Identify interventions.

The case manager, reentry director, counselor, or officer

- Counsels the incarcerated person on interventions available in the jail and in the community.
- When feasible, invites a community service provider into the jail to meet face-to-face with the person prior to his or her release to enhance successful linkage and responsivity after release.

- Works with jail classification and security to coordinate transition plan activities, including housing assignments, program attendance, and referrals to in-custody and community-based services.
- Develops incentives (e.g., increased visitation, release earlier in the day for those with a plan, improved access to services) to reward the person for starting the in-jail component of the plan and meeting short-term goals.
- At a minimum, creates a mechanism and timeline to update a transition plan when the incarcerated person completes in-jail programming. The transition plan should act as a "living" document and be reviewed with the incarcerated individual and updated to reflect progress and new goals

Step 5: Make referrals.

The case manager, reentry director, counselor, or officer

- Communicates with community programs and agencies to ensure intervention referrals.
- Revises transition plans as changes occur.
- As much as practical, acts as a liaison with community entities to support and invite their presence within the jail. May make presentations and provide information as well as meet potential referrals prior to their release.
- Schedules referrals for appointments for specific times whenever possible.
- Notifies local health departments in advance of the release of any person with an infectious disease such as active tuberculosis

Step 6: Ensure that the transition plan follows the person back to the community.

The case manager, reentry director, program staff counselor, or officer

- Determines a comprehensive mechanism for having transition plans follow people from jail to the community.
- Ensures that transition plans are written in a format that allows them to also be used by probation officers and service providers upon release.
- Ensures that all individuals with mental health issues leave with medication and an appointment at their local health clinic.
- Contacts all individuals with high risk and/or high needs within the first week after release to determine if they have kept appointments, maintained prosocial contacts, complied with treatment or probation directives, and maintained employment. Provides any additional help or referral that might be necessary.

For more information and examples from the field

1. Burke, Peggy, Paul Herman, Richard Stroker, and Rachelle Giguere. 2010. *TPC Case Management Handbook: An Integrated Case Management Approach,* (Washington, DC. National Institute of Corrections. Available: http://nicic.gov/library/files/024393.pdf

2. Healey, Kerry Murphy. 1999. Case Management in the Criminal Justice System, Washington, DC: National Institute of Justice: Research in Action. Available: http://www.ncjrs.gov/pdffiles1/173409.pdf

3. Montgomery County Department of Correction and Rehabilitation. Pre-release and Reentry Services Program Contract. Available: http://www.urban.org/projects/tjc/toolkit/module7/Montgomery_County_program_contract.doc

4. Orange County, CA. 2009. Orange County Transitional Reentry Center. Transitional reentry center compliance agreement and instructions – contract style form signed by participant and probation officer. Available: http://www.urban.org/projects/tjc/toolkit/module7/OCTRC-Compliance-Agreement.pdf.

5.. Taxman, Faye. 2006. Assessment with a Flair (Purpose): Offender Accountability in Supervision Plans, *Federal Probation*. Available: http://www.gmuace.org/documents/publications/2006/2006-publications-assessment-with-a-flair.pdf

Consent Form Examples

1. Denver Sheriff Department. Inmate's consent form for release of reentry information. Available: http://www.urban.org/projects/tjc/toolkit/module7/RELEASE-OF-INFORMATION-FORM-Electronic.pdf.

2. Douglas County, KS Sheriff's Office. Reentry Release of Information. 2009. Inmate's consent form for release of reentry information. Available: http://www.urban.org/projects/tjc/toolkit/module7/Release-of-Information-Reentry.pdf.

3. La Crosse County, WI. Reciprocal Authorization for Disclosure of Confidential Information. Inmate's consent form for release of reentry information. Available: http://www.urban.org/projects/tjc/toolkit/module7/TJC-REciprocal-ROI-2010.pdf.

Summary

In this section, you learned that the transition plan is a six-stage process. Key to the process is involving the incarcerated person in the transition planning

Section 5: Terms Used in the Field

This section defined a number of basic terms used in this module. These terms have been highlighted in purple throughout the module, allowing you to rollover the term to see the definition.

Case manager: The individual responsible for establishing release planning and addressing offender issues during and after incarceration.[3]

Criminogenic: Recognized factors that are proven to correlate highly with future criminal behavior.

Discharge plan section: Specifies interventions addressing the moment of release—those critical first hours and days after release from jail—and facilitating the provision of needed services in the community.

In-custody (pre-release) plan section: Specifies prerelease interventions to be delivered by either jail staff or community-based providers conducting jail "in-reach."

Post-release plan section: Specifies interventions covering the mid- to long-term transition period to the community. Although the post-release plan is initially developed in jail, it should be revised in the community.

Prosocial: Caring about the rights and welfare of others.[4]

Transition plan: Preparation and strategy for each individual prisoner's release from custody, preparing them for return to the community in a law-abiding role after release. In some jurisdictions, transition plans are referred to as case management, discharge, reentry, supervision, or aftercare plans.

Trigger: "A stimulus which has been repeatedly associated with the preparation for, anticipation of, or the use of alcohol or other drugs. These stimuli include people, places, things, time of day, emotional states, and secondary drug use."[5]

Summary

In this section, you learned basic terms that are used throughout this module.

Conclusion

The main goal of Targeted Intervention Strategies is to develop and implement individualized transition plans based on assessed risk and needs in order to coordinate programming and services in the jail, and to link inmates with appropriate community resources upon release. Well-conceived transition plans group incarcerated persons by risk and need, consider all post-release

[3] http://www.doc.state.mn.us/crimevictim/terms.htm

[4] J. W. A. Sanstock, *A Topical Approach to Lifespan Development,* 4th ed. (New York: McGraw-Hill, 2007).

[5] Joan E. Zweben, Peggy F. Hora, and Judith B. Cohen, *Moving Evidence Based Treatment into the Drug Court Setting* (Rockville, MD: Center for Substance Abuse Treatment, 2004). Available at www.ebcrp.org

treatment/placement options, offer services in jail that are consistent with those in the community, and place high importance on the input and assistance of the incarcerated persons themselves. Such plans position both incarcerated persons and system professionals to achieve the many benefits associated with successful transition from jail to the community

Transition Plan[1]					
Inmate Last Name:	First Name:			MI:	Gender M □ F □
DOC Number:	SSN#		DOB:		Today's Date:
Name of Facility:	Person Completing Form:				
Current Status:	Pretrial Detainee □		Sentenced Inmate □		
Date of Admission:	Expected Release Date:				

Risk Level, Treatment, and Criminogenic Needs			
Was the inmate's screen and assessment questionnaire reviewed?		Yes □	No □
Risk/Needs Assessment Score:	High □	Medium □	Low □

Interventions Needed					
Identification					
Social Security Card	Yes □	No □	Veteran Identification Card	Yes □	No □
Birth Certificate	Yes □	No □	Passport	Yes □	No □
Alien Registration Card	Yes □	No □	Valid State ID/Driver's License	Yes □	No □
Picture Identification	Yes □	No □	Military Discharge Papers	Yes □	No □
Certificate of Naturalization	Yes □	No □	High School Diploma/ GED Certificate	Yes □	No □
Are any identification documents in inmate's property?					
If yes, specify type of documentation:					
If no, explain how identification is being obtained:					
Benefit Eligibility					
Public Assistance	Yes □	No □	Food Stamps	Yes □	No □
Medicaid	Yes □	No □	SSI	Yes □	No □
SSD	Yes □	No □	Veteran	Yes □	No □
Transportation					
If known – Time of Release					
Will someone pick up the inmate?				Yes □	No □
If yes, who?					
If no, how will the inmate get home?					

Housing		
Address at Release:		Apt #:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Residents in House:		
Does the inmate expect to be released to known housing?	Yes □	No □
Does the inmate expect to be released to a homeless shelter?	Yes □	No □
Type of housing assistance required:		

Medical/Mental Health/Dental		
Primary health care needed:	Yes □	No □
Medical specialist needed:	Yes □	No □
Mental health provider needed:	Yes □	No □
Medication needed:	Yes □	No □
Date of last full physical:		

Substance Abuse Counseling/Treatment					
Alcohol counseling/treatment needed:				Yes □	No □
Substance abuse counseling/treatment needed:				Yes □	No □
Level of care required:			Outpatient □	Residential □	
Family					
Will have custody of children:	Yes □	No □	If yes, how many?	Ages: ___, ___, ___, ___, ___	
Family counseling needed:	Yes □	No □			
Education					
Has GED	Yes □	No □	Has H.S. diploma	Yes □	No □
Continuing education needed:	Yes □	No □			
Employment					
Job skills training needed:	Yes □	No □	Area of interest:		
Job placement needed:	Yes □	No □	Special skills:		
Financial Obligations					
Court:	Child Support:		Medical:	Civil:	
Other:	Other:				

In-Jail Program Participation

Completion Information				Postrelease Referral
AA/NA	Yes □	No □	N/A □	Yes □
Anger Management	Yes □	No □	N/A □	Yes □
Cognitive Behavioral Change	Yes □	No □	N/A □	Yes □
Domestic Violence	Yes □	No □	N/A □	Yes □
Education	Yes □	No □	N/A □	Yes □
Employment Skills	Yes □	No □	N/A □	Yes □
Inmate Worker	Yes □	No □	N/A □	Yes □
Parenting	Yes □	No □	N/A □	Yes □
Religious Studies	Yes □	No □	N/A □	Yes □
Substance Abuse	Yes □	No □	N/A □	Yes □
Other:	Yes □	No □	N/A □	Yes □
Other:	Yes □	No □	N/A □	Yes □

Post-Release Community Referrals

Check each need and then fill out a separate referral for each need.

Aging & Disability Services □	Community Corrections □	Domestic Violence □	Drug or Alcohol Treatment □	Education □
Employment □	Coping Skills – Family/ Children □	Management of Financial Resources □	Food/ Clothing □	Health Care Benefits □
Housing □	Identification □	Income/Benefits/Entitlements □	Life Skills Training	Medical/Dental Care/ Local Health Clinic □
Mental Health Care □	Medication Assistance □	Rent Assistance □	Social Security □	Transportation □
Unemployment □	Vocational Training □			

1. Referral Type:

In-Custody: □	At Discharge: □	Post-Release: □	
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □	Fax # or E-mail Address

Reentry Accountability Plan:			
My self-defeating behavior that blocks my success with this issue:			
My behavioral goal to address my issue is:			
My action plan to meet the above goal:		Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:			
Comments:			
2. Referral Type:			
In-Custody: □	At Discharge: □	Post-Release: □	
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □	Fax # or E-mail Address
Reentry Accountability Plan:			
My self-defeating behavior/problem that block my success with this issue:			
My behavioral goal to address my problem is:			
My action plan to meet the above goal:		Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:			
Comments:			
3. Referral Type:			
In-Custody: □	At Discharge: □	Post-Release: □	
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes □ No □	Fax # or E-mail Address
Reentry Accountability Plan:			
My self-defeating behavior/problem that blocks my success with this issue:			
My behavioral goal to address my problem is:			
My action plan to meet the above goal:		Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:			
Comments:			
4. Referral Type:			
In-Custody: □	At Discharge: □	Post-Release: □	
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed:	Fax # or E-mail Address

		Yes □ No □	

Reentry Accountability Plan:

My self-defeating behavior/problem that blocks my success with this issue:		
My behavioral goal to address my problem is:		
My action plan to meet the above goal:	Target Completion Date:	Completion Date:
Staff action plan to meet the above goal:		
Comments:		

Completion of Plan

Full plan completed and discussed with inmate?				Yes □	No □
If no, why?	Inmate refused □	Court release before plan completed □	Incomplete for other reasons □	Specify:	

Case Manager/Counselor Information

Name of Case Manager/Counselor:	
Facility:	Inmate Housing Area:
Date Memorandum of Agreement Signed:	Date Discharge Plan Completed:
Case Manager/Counselor (signature):	Phone #:
Supervisor:	Phone #: E-mail Address:

Inmate Agreement

I have participated in the completion of this transition plan, received a copy of this transition plan, emergency numbers for assistance in the community, and necessary psychiatric referrals (if necessary).	
Inmate's Name:	
Inmate's Signature:	Date:

[1] Transition plan adapted from the following plans: New York City Department of Corrections Rikers Island Discharge Enhance (RIDE) Plan; New York City Department of Corrections Discharge Planning Questionnaire; Davidson County, Tennessee, Sheriff's Office Re-Entry Release Plan; Washington, D.C., Department of Corrections Discharge Planning Form; Travis County, Texas, Inmate Discharge Plan; GAINS Re-Entry Checklist for Inmates Identified with Mental Health Service Needs; SAMHSA Sample Prison/Jail Substance Use Disorder Program Discharge Summary to Help with the Reentry Process; State of Missouri Department of Corrections; Douglas County, Kansas, LoCIRP reentry plan