The Michigan prisoner reentry initiative: An examination of a statewide reentry program

Michelle Lynn Corwin

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THE MICHIGAN PRISONER REENTRY INITIATIVE:
AN EXAMINATION OF A STATEWIDE REENTRY PROGRAM

By

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Thesis

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ABSTRACT

The concept of prisoner reentry has only recently sparked a significant interest in the field of criminology and criminal justice; however, it is blatantly apparent that attention to the subject is not only needed but necessary. Each day men and women are sentenced to serve terms in prison systems throughout the country. Simultaneously, each day men and women are released from prison to reintegrate back into society. With the rising incarceration rates and rising release rates, it became clear that the United States has a difficult dilemma. Thus, attention to concepts that help in addressing such dilemmas, like prisoner reentry, became popular.

This paper explores a prisoner reentry program designed to assist the State of Michigan in its battle towards addressing its prison problem. The Michigan Prisoner Reentry Initiative (MPRI) is a statewide initiative developed to reduce the rising incarceration rates in Michigan prison systems and assist those inmates returning home after being released. The information utilized was obtained from the current literature on prisoner reentry and the MPRI program. Also, methods such as participant observation and examinations of official documentations pertaining to the Michigan correctional systems was used to support the overall findings of this paper. The MPRI program is a step in the right direction for the State of Michigan and will prove to be a critical piece of solving the dilemma of reducing crime, incarceration rates, increasing public safety and assisting individuals released from prison to lead a law-abiding successful life outside of prison.
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CHAPTER 1: AN INTRODUCTION TO PRISONER REENTRY IN THE UNITED STATES

The rates of incarceration in the United States are the highest in the world, making “America the global leader in the use of imprisonment” (Travis 2005:23). This prison expansion was not concentrated in a singular region of the United States but, instead, occurred in states across the country, in every region and in both metropolitan and rural counties (Lawrence and Travis 2004). In addition to the change in the number of people who are sentenced to prison, the prison structure has also steadily changed over time. Having to accommodate diverse groups of prisoners, varying in age, race and ethnicity, gender, type of crime committed, and/or affiliation with multiple types of crime (i.e., organized crime, gang crime, or white collar crime) has caused a significant shift in the complexity of prisons across the United States. “Prisons have become increasingly sophisticated in separating and classifying populations by security level, medical problems, special program needs, and even work programs” (Seiter and Kadela 2003:361). Despite the dramatic changes that have taken place in corrections, one thing that remains constant is that the majority of people who go into prison will eventually be released.

Of those who enter the prison system, approximately 95 percent will return to the community. “In 2003 alone, roughly 630,000 prisoners were released from state and federal prisons to begin the process of reintegrating into their communities” (Vigne et al. 2005:315). However, this reintegration is not always successful. Nearly 68 percent of individuals released from prison will be rearrested within three years of their release (Travis 2005). Consequently, the prisoners who are released, their families, and the communities to which they return have all had to find ways to cope with the challenges of this transition.

These challenges are continually getting tougher for prisoners to deal with when returning home. Prisoners are returning from longer sentences behind bars with little preparation
for reintegration. Returning offenders are immediately faced with the disadvantage of their label as an ex-offender and are unprepared to face these challenges (Uggen 1999). They are more likely to have substance abuse and health issues that go untreated or undiagnosed. In addition, the limited availability of housing, employment, and social service opportunities make it even more difficult to successfully reenter society. Many have trouble reconnecting and developing stable relationships with family and friends, which further alienates them from feeling secure in their life outside of prison. Combining all these challenges upon their release from prison, it is obvious why so many individuals return to prison or fail to be successful when released from prison.

Prisoner reentry – the process of a prisoner leaving a correctional institution and reintegrating into society – is a rich topic of interest among social scientists today. The research currently in place on prisoner reentry focuses mainly on the effects of incarceration on community and family structures, the difficulties one faces when returning home, and how state- and federally-funded programs already set in place to aid economically and socially disadvantaged individuals may help those who are being released from prison as well. The latter has sparked a national movement towards the development and implementation of state and federal programs designed specifically to aid individuals being released from prison.

Despite many states integrating some sort of prisoner reentry program into their correctional process, very little research has been published on the effectiveness and successfulness of these programs as a whole. Many of these evaluations are not labeled as prisoner reentry program evaluations, and many do not evaluate the program as a singular unit. Instead, it is more common to find evaluations on the individual components of the programs (i.e. the substance abuse treatment programs or the employment-readiness programs) versus
finding an evaluation of the entire program encompassing all components in the analysis (Seiter and Kadela 2003). Prisoner reentry programs encompass a wide variety of services and overlap in many ways with rehabilitative services, which are usually available for access while an individual is still incarcerated. These services can include substance abuse counseling (in or out of prison), education programs where inmates are eligible to achieve their GED or other specialized degree, employment readiness assistance programs, and emotional or psychological treatment programs to assist individuals in dealing with life inside and outside of prison. Those are all examples of services that are typically found in rehabilitative programs but are also essential elements to a reentry program. This is what makes prisoner reentry programs so unique and also so important. These services not only begin while a prisoner is still incarcerated but continue until around six months after his or her release. By examining these prisoner reentry programs, both as whole and broken down into its components, the strengths and weaknesses can become apparent. Implementing programs that are well designed and meet the needs of all parties involved will make the reentry process seamless, thereby improving the prisoners’ experience before, during, and after they are released and decreasing the likelihood they will recidivate.

In a variety of ways, the challenges and dimensions of prisoner reentry and prisoner reentry programs examined at the national level reflect that of the state level in Michigan. Both incarceration and release rates have increased significantly in Michigan. “Between 1980 and 2003, the Michigan prison population more than tripled, increasing from 15,148 to 49,357” (Solomon et al. 2004:1). In 2006, Michigan’s budget for the Michigan Department of Corrections (MDOC) was $1.78 billion, which exceeds 20 percent of Michigan’s general fund (MPRI website). Solomon et al. (2004) also notes that Michigan has experienced a growth in the
number of prisoners being released from Michigan prisons. “In 1990, 9,752 individuals were released from the state’s prisons compared with 13,707 in 2003, an increase of 40 percent.”

Almost all of the individuals being released from Michigan prisons will parole to a community in Michigan. Additionally, nearly half of the former prisoners who are released will return to prison within two years, costing the State of Michigan $112 million per year (MPRI website). These statistics have prompted the Michigan government into action to deal with the increase in incarceration, increase in recidivism, and increase in prisoners returning to Michigan communities. As a result, the Michigan Prisoner Reentry Initiative (MPRI) program was developed to address these issues.

The goal of this paper is to discover whether the MPRI is organized and executed in a fashion that meets its mission and vision statement. Also, this paper is meant to uncover what the MPRI program is doing well and what parts of the program should be improved. This process will be done by focusing on analyzing and comparing the components of the MPRI program to other statewide initiatives set forth to address the issues surrounding reintegration. In addition, using participant observations, the examination of official public documentations, feedback from group discussions, and brief interviews with various stakeholders of MPRI, a comparative analysis will be done on whether the MPRI program, as it is currently practiced today, is actually meeting the missions and goals set forth in its original proposal. This project will follow each component of the program, from the time a prisoner is designated an MPRI participant while incarcerated until the time when that MPRI participant “graduates,” to see if the services being provided to ex-offenders are implemented in such a way that the missions and goals of the program have the ability to be successfully accomplished.
Review of the Literature on Prisoner Reentry Programs in the US

The MPRI program is a statewide effort led by the Office of the Governor and the Michigan Department of Corrections. MPRI links key state service agencies, business leaders, and community organizations in Michigan to form a network of integrated services intended to help recently released prisoners successfully transition from prison back into society. The mission statement of MPRI is “to reduce crime by implementing a seamless plan of services and supervision developed with each prisoner-delivered through state and local collaboration-from the time of their entry into prison though their transition, reintegration, and aftercare in the community” (MPRI website). The MPRI vision is “that every prisoner released from prison will have the tools needed to succeed in the community” (MPRI website). By helping those who are preparing to be released or have recently been paroled from prison utilize the tools needed to be successful in the community, MPRI hopes to meet its mission statement and thus achieve the overall vision.

Other states have developed programs similar to that of Michigan’s MPRI program. The main components found in a prisoner reentry program are relatively comparable across all states. Preparation begins while the individual is still incarcerated and continues until they are released. While inmates are still in prison, preparation for release usually begins by assessing the major needs of the prisoner and developing a release plan for when they are paroled. Release plans, sometimes called treatment plans, are designed based on the unique needs of the offender. Some prisoners are put at a higher risk level because of their conviction(s), some need substance abuse treatment, and others just need basic help getting back on their feet upon release. Overall, most programs are designed to target three areas, what this paper will refer to as pre-release, upon-release and post-release assistance, that will help the prisoner be successful in the community.
when he or she is paroled. The amount of assistance that actually goes into each stage varies with each state’s needs and budget. Generally, many states deliver the same basic assistance for all ex-offenders. However, differences can be found in the number of ex-offenders the program actually provides services to as well as the length of time the services can be accessed by the ex-offenders.

Despite research showing that providing services such as educational opportunities, job training, specialized treatment services, and reintegration services prior to release and upon release aids the reentry process and allows the individual to be more successful once paroled, many programs are still met with suspicion and skepticism (Ubah and Robinson 2003). Additionally, locating a prisoner reentry program evaluation is a nearly impossible feat. Many evaluations on prisoner reentry programs are not labeled as such (Seiter and Kadela 2003). The majority of evaluations done on statewide prisoner reentry programs are evaluations on the components of the program itself and whether that specific program has an effect on recidivism rates throughout the state. There are little known data on the successfulness and effectiveness of a complete reentry program that encompasses all components of the reentry process. However, Seiter and Kadela (2003) argue the programs that are in place that could be labeled as a prisoner reentry program,

“indicate a positive result for vocational training and/or work release programs (found to be effective in reducing recidivism rate as well as in improving job readiness skills for ex-offenders), for drug rehabilitation (graduates of treatment programs were less likely than other parolees and noncompleters to have been arrested, commit a drug-related offense, continue drug use, or have a parole violation), to some extent for education programs (only to increase educational achievement scores, but not to decrease recidivism), for halfway house programs (found effective in reducing the frequency and severity of future crimes), and for prerelease programs” (p. 379-380).

Research shows there is a clear need for attention to the topic of prisoner reentry and a need for further evaluations to be done on the programs that are currently in operation (Petersilia 2001;
Travis and Petersilia 2001; Austin 2001; and Seiter and Kadela 2003). One main concern is merely locating programs that could be considered prisoner reentry programs.

It is evident these programs exist, but there is little clarity as to what extent they are being implemented and if these programs are truly effective for the ex-offenders. “The recent emphasis on postrelease planning is based in the reality that the correctional system does not have a rehabilitative effect” (Mellow and Greifinger 2008:22). The current rearrest and reincarceration rates show that there is a need for pre-release, upon-release, and post-release programming to help positively integrate ex-offenders back into their home communities. Since the research shows that providing varied services to prisoners prior to their release and upon their release has an impact on how successfully they reintegrate into society, the majority of the states have already made the move towards implementing various reentry programs into their correctional systems (Roman and Travis 2004).

The following is a look into how prisoner reentry programs are currently designed and being implemented in three states: Texas, Ohio, and Indiana. These particular states were chosen based on the reentry program design and services each state provided to its returning citizens. These three states have programs that provide services comparable to those of Michigan’s prisoner reentry programs. Additionally, Ohio and Indiana are geographically similar to Michigan. Their populations and reentry statistics are similar and each experience related climate changes presenting challenges that can be compared. It is apparent that Texas does not follow along the same comparable paths as Ohio, Indiana, and Michigan. However, given the amount of research that has been done on Texas’s recent implementation and changes in its prisoner reentry programs and given the philosophy Texas has historically held in how justice should be carried out, Texas would be an excellent comparison state to that of Ohio, Indiana, and Michigan,
simply because of its differences. Overall, each state has its own approach to prisoner reentry. The primary goals seem to remain constant, and many of the services provided to the returning offenders are also comparable. However, the structure and implementation techniques do differ in a variety of ways, mainly because each state has a diverse range of political, economic, and social issues to solve. By tailoring the reentry programs to meet the needs of its own population of citizens, each state attempts to increase the effectiveness of the programs and decrease the recidivism rates of its returning offenders, thereby increasing public safety and decreasing crime.

**A Look at Prisoner Reentry in Texas**

In the State of Texas, the Texas Department of Criminal Justice (TDCJ) has incorporated a number of programs to help prisoners prepare for reintegration upon release with a full medical staff and outpatient care services on hand, employment-readiness programs, vocational training, education programs, substance abuse treatment programs, behavior modification programs, and mental health counseling administered in the correctional facilities. Texas provides a Career and Technology Education (CTE) program that offers occupational training courses in 34 subject areas ranging from electrical trades and plumbing to graphic arts and information technology. There are also programs designed for vocational education, manufacturing, and logistical work with on-the-job training, agribusiness job training, and assistance in obtaining the necessary documentation (birth certificates, social security cards, or state identification) to secure employment once they are released. It was reported that approximately 97,300 prisoners participated in some sort of employment-readiness program during the 2002 fiscal year (Watson et al. 2004).

Texas also places emphasis on education programs in the correctional facilities to help ex-offenders successfully reenter their home communities. Because nearly half of the
populations of state prisoners in Texas do not possess any type of high school diploma or GED, it is evident that some type of education programming is needed. At present there are two specified education programs currently being implemented in various Texas prisons. The first program focuses on giving basic education to the inmate, which includes literacy programs, English as a second language classes, and special education classes for inmates with special needs. The second program is geared towards college coursework and offers college-level education through partnerships with 16 two-year and 3 four-year colleges and universities. There are also many programs in place to help inmates with substance abuse treatment. These programs start while the inmate is still incarcerated and extend to after they are released. This provides continuous support for the ex-offender in the most difficult and stressful times, where temptation to relapse is at its highest (Welsh 2007; Walters et al. 1992).

Parallel to the substance abuse treatment programs are programs for sex offender treatment, behavior modification, women directed services, and mental health care. Texas’s sex offender treatment program (SOTP) functions similar to that of the substance abuse programs, in that there is continuous support provided to the inmate in and out of the prison. “For those prisoners who complete all program components, the program is extremely successful: CJPC reports that these prisoners have a 38 percent lower arrest rate and a 39 percent lower reincarceration rate than the comparison group” (Watson et al. 2004:33). The behavior modification programs are focused on teaching and improving social skills, community and personal responsibility, and positive parenting skills. Programs that target women prisoners include Love Me Tender, a program designed to increase bonding between mothers and their newborns; Girl Scouts Behind Bars, designed to keep mothers in contact with their children; Plane State Jail Wrap-Around Program, a transitional opportunity program to aid women in
reentry; and The Empowerment Project, launched for women who are victims of sexual abuse or domestic violence. Finally, various mental health care programs and programs for mentally retarded offenders are active for the nearly 16 percent of state prisoners nationwide who are suffering from some type of mental illness (Watson et al. 2004).

A Look at Prisoner Reentry in Ohio

Ohio reentry programs operate slightly different than those of Texas. Ohio has implemented a development strategy called the “Second Chance to Change” initiative for Intensive Program Prisons (IPPs). IPPs refer to several 90-day programs that are available to certain inmates and are characterized by intense specialized treatment services. When an inmate successfully completes an IPP he or she is given the chance to have his or her sentence reduced to the amount of time already served and are released on post-release supervision for an appropriate time period (Ohio.gov website).

This “Second Chance to Change” strategy incorporates ten new IPP programs in various prisons across Ohio. These programs are targeted towards addressing seven major areas of programming, called “domains,” and were developed under the reentry philosophy that there are predictive factors that can influence an offender’s behavior, attitudes, morals, and values. More specifically, there are certain needs that can be considered criminogenic and may lead an individual to commit criminal acts. The seven domains are as follows: a) employment/education domain, b) substance abuse domain, c) marital/family relations domain, d) associates and social interaction domain, e) community functioning domain, f) personal/emotional orientation domain, and g) attitude domain (Ohio.gov website). Each IPP program incorporates one or more domains in its application and outlines what the program primarily targets in the offender’s life as well as what factors must be considered to make the program, ultimately, effective. Currently, there is
one program for offenders convicted of drunk driving; two programs focusing on community service work, one for male offenders and the second for females; one program that incorporates academic and vocational education for male offenders and two for female offenders; and four drug and alcohol abuse treatment programs, three for male offenders and one for female offenders.

The IPP DUI program is focused on not only alcohol abuse treatment but other drug abuses as well. The offender is required to participate in a minimum of 32 hours per week of program activity for the length of 90 days. The primary goal of the program is to teach offenders the skills needed to live a life that does not include alcohol, drugs, or crime. It educates the offender on how to change their ways of both thinking and behaving. In addition, it helps inmates understand how to make positive decisions, designing and writing a marketable resume, and learning ways to promote themselves in the job field when looking for employment after release. Unfortunately, the program accommodates only 24 beds. This means that at any given point, only 24 individuals are allowed to participate in this IPP DUI program.

The two programs focusing on community service work offer inmates an alternative to standard prison confinement. The offenders, both male and female, are required to participate in a minimum of 30 hours of program activity per week for 90 days. The foundations of the community service programs are based on the philosophy of restorative justice: “to restore the well-being of victims, offenders, and communities damaged by crime, and to prevent further offending” (Liebmann 2007:25). The secondary focus is to educate the offender in areas such as effective parenting, computer literacy, resume writing, substance abuse recovery, GED completion, and marketing themselves for employment. Offenders are also given the opportunity
to obtain specialized certification in areas such as lawn care services, food service safety, modular furniture installation, or factory work.

There are three programs available that aim to address the educational needs of both male and female offenders. The vocational and academic programs are targeted towards reducing recidivism by supplying inmates with the educational skills needed to obtain and maintain employment as well as reducing the financial burden put on the citizens of Ohio as a result of long-term incarceration. This is also a 90 day intensive program that requires the inmate to participate in a minimum of 36 hours of program activity per week. This program is available for 90 male inmates and 20 female inmates at each location. The curriculum will concentrate on five components: a) concentrated academic training, which will provide basic literacy education for varied reading levels; b) intensive vocational skills enhancement, which provides technology training in administrative office fields, copper and fiber optics, and A+ certifications for more advanced levels of learning; c) character education, addressing cognitive skill development and appropriate decision-making processes; d) reentry skills acquisition, looking at career exploration, job readiness, parenting and family values, victim awareness, and life coping skills; and e) community service, participating in service projects and learning workshops.

Last, the four alcohol and other drug treatment (AOD) programs are at the highest level of demand in the Ohio prison system. Substance use and abuse has always been prevalent in both male and female inmate populations across the United States. In fact, “the percentage of released offenders who had been convicted of drug offenses increased significantly during the past 20 years” (Travis and Petersilia 2001:299). It is no different in the State of Ohio. The goal is to provide a continuum of treatment, over a period of 90 days, for inmates with a substance use and abuse problem. Program capacity can range anywhere from 24 to 48 participants, at any given
time, depending on the facilities’ accommodations. The programs’ core focus will consist of components such as AOD education, developing an individual treatment plan, group and individual counseling, support meetings, rational thinking skills, relapse prevention techniques, and positive relationship skills. By addressing these components, the IPP AOD program hopes the inmates achieve secondary skills like stress and anger management, positive life and communication skills, victim awareness, positive parenting skills, and transitioning successfully in the community upon release. Inmates are required to attend the service-learning workshop where they will receive their treatment, and they must complete four hours of community service per week.

A Look at Prisoner Reentry in Indiana

The State of Indiana, much like Texas and Ohio, also provides support for their returning citizens. Their approach to programming is quite similar; however, the Indiana correctional system provides a Pre-Release Re-Entry Program Offender Handbook to every offender returning to a community in Indiana. This handbook is designed around Indiana’s Pre-Release Re-Entry Program and provides a detailed description of what is to be expected upon their release from prison. It contains a checklist of information the offender must complete prior to his or her release date. If the offender completes their checklist, the offender’s reentry coordinator signs for approval and the offender is then eligible for release. Each offender is assigned a coordinator who becomes his or her point of contact throughout his or her participation in the Pre-Release Re-Entry Program. The coordinator also assists in designing each inmate’s customized itinerary, which dictates where the offender will go and what programs the inmate will be required to attend. The checklist includes programs on economic issues, stress issues, establishing social identification, health issues, substance abuse issues, and family issues, all of
which are a requirement for completion prior to the offender being eligible for release. The checklist items do not have to be completed in any particular order; however, each item that is designated by the coordinator is required for completion prior to release.

Indiana’s programs for economic issues include providing advice on housing, doing a preliminary job search, and then completing a course on learning interviewing techniques and skills. When offenders leave prison, depending on their personal situation, it is common for them to live in a shelter or hotel for housing instead of with family or friends (Hammett et al. 2001). The handbook requires them to reflect on the benefits and consequences of leaving prison and going to shelter or hotel versus living with family or friends. There is information on attitudes towards trying to obtain employment, sample job application forms, what one might expect when applying for a job, descriptions of resumes and resume writing tips, where one should begin looking for a job, how to keep the job one obtains, and problem-solving techniques when one gets frustrated on the job with either co-workers or superiors. The offender is then required to complete a mock interview to better prepare them for future job interviews. This also allows them to gain feedback on things they might do very well and items that may need improvement. Learning how to manage their finances by providing sample monthly budget tables and establishing planning goals for their financial future is also given in the economic programs. In addition, education on maintaining positive credit scores, properly reading bank statements, and reconciling accounts is helpful information for offenders but is frequently overlooked in reentry programming. Finally, offenders are also schooled on current sexual harassment laws and the acceptance and management of cultural diversity, all in the context of the workplace.

Stress programs include education on techniques to manage anger and stress, as well as learning self-esteem maintenance and motivational methods. The handbook provides interactive,
reflective exercises for the offender, including short questionnaires, short answer reflection questions, exercises to help understand the offender’s own personal approach to conflict, and advice on how to approach anger, stress, and self-esteem issues. It also provides an anger log, where the inmate can track his or her thoughts, actions, and feelings to help reflect on how the situation was handled, what could have been done differently, and implications for future change; a Self-Esteem Self-Evaluation Survey from the National Association for Self-Esteem (NASE) to help the offender understand how they view themselves and ways to raise their self-esteem levels; and information on how to effectively communicate and ways to develop healthy relationships with people outside prison.

For inmates to establish their social identification they are given documentation that explains Indiana state laws pertaining to the requirements for obtaining a driver’s license, social security card, voter registration card, military records, and birth certificate. The handbook also explains where the offender must go to obtain all of these necessary identification items and provides copies of the applications so that the offender can be prepared to not only acquire the identification(s) but expedite the process as well. Indiana’s website does not state whether this Pre-Release Re-Entry Program will provide supplemental payments for the fees associated with the identification applications.

During the health education program, inmates receive information on general health care maintenance, STDs and HIV/AIDS statistics and facts, and healthy nutritional strategies. The handbook speaks to making responsible sexual decisions; learning safer sex-communication foreplay; becoming educated on the symptoms, diagnose, and cures to all sexually transmitted diseases; becoming educated on the effectiveness, descriptions, and methods of birth control; and learning factual information about the HIV/AIDS virus. The offenders are also given information
and provided with classes to teach them ways to stay fit and healthy, including healthy eating and drinking choices, exercise regimes, and nutritional facts.

Indiana provides substance use and abuse education programs as well to help those inmates convicted or admitted with substance use and abuse issues. According to Indiana’s government website, approximately eighty percent of the prison population has a substance abuse problem. The handbook provides some self-help exercises, circumstance exercises (that require the offender to respond to various situations involving drugs), and educational exercises that teach the inmate to know their triggers and ways to cope with them, which the offender can complete to aid in reflecting on their own habits and choices. The most important is to develop a plan for dealing with relapses and use available support systems to help get the offender back on track in the direction towards recovery. Indiana has developed therapeutic community units called C.L.I.F.F. (Clean Living Is Freedom Forever) to help offenders deal with their substance use and abuse issues. While participating in this substance use and abuse program, the offenders get the treatment they need, have the opportunity to take responsibility for their actions in a positive environment, and reflect on ways they could improve their lifestyles so that they do not revolve around alcohol, drugs, and other controlled substances.

Depending on the design of the treatment plan and on the services needed by the offender, Indiana also provides a program for sex-offender treatment. The Sex Offender Management and Monitoring Program (SOMM) is a containment model approach to sex offender treatment and involves providing the offender with a sex-offender treatment specialist to help guide the inmate through the program, specialized treatment plans designed around the inmates offense, taking regularly scheduled polygraphs, and specialized parole supervision to help maintain a successful reentry. This continued management and monitoring is meant to keep
the offenders on track with their treatment plan in hopes of completing the program and reintegrating back into the community safely, securely and successfully.

The final program that is made available to Indiana offenders revolves around family issues and is conducted usually through Faith and Character-Based Units. This includes involving the family in the reintegration process, learning about parental rights, approaching and dealing with one’s family upon release, developing positive social and personal relationships with members of one’s family and friends, and providing self-help information and resource surrounding domestic violence and domestic abuse. A strong family and friend support network is a very important tool that offenders need upon returning to the community. However, in many cases, this is the one area of support that the offender lacks. It difficult for both the offenders and their family when dealing with issues surrounding incarceration and reentry. Indiana provides a variety of programs to help the offenders understand what their family and friends are going through and how best to manage the tough situation when one comes home. The handbook provides tips to the offender on managing conflict with family members upon release, contact information for help centers that deal with situations involving domestic violence and domestic abuse, tips on using community and local resources to help succeed, and contact information for all mental health centers throughout Indiana that can help the offender in situations that become too stressful to deal with.

Need for Upon-Release and Post-Release Assistance

Unfortunately, pre-release assistance is not all that is needed in a prisoner reentry program (Lynch and Sabol 2001). Research also shows that providing services upon-release and post-release, such as housing assistance, continued treatment services, health care services, education services, and job skill services to recently released prisoners is also needed to help the
individual stay out of prison and remain successful in the community (Austin 2001; Petersilia 2001; Travis and Petersilia 2001; Seiter and Kadela 2003; Mellow and Greifinger 2008; Marbley and Ferguson 2005; Zhang et al. 2006; and Travis 2005). Many statewide programs do address the majority of these issues in their programming while the inmate is still incarcerated; however, assistance is halted many times upon the release of the offender. Very little continued support is provided to the offender that provides services free of charge to aid the ex-offender in getting subsequent housing, help in obtaining employment, free health and mental care services for low-income individuals, and assistance in acquiring the proper identification needed to get all the services listed previously.

**Purposes and Methods of Study**

Despite many states integrating offender reentry assistance programs into their correctional operations, the reentry process for returning offenders is still challenging and difficult. Many states still have limited funding available to monetarily support these reentry programs and there is still very little community, local, and governmental support for these programs. This translates into a reduced number of services made accessible and a reduced number of offenders who are actually eligible to receive such services. In addition, many of these services are deficient in that they do not target all the necessary components a reentry program should target. They also do not provide the continued support one needs to help prepare for successfully reentering the community and maintaining their residency outside of prison. All of these limitations have created incomplete and problematic responses to reentry that do not address all issues needed to develop a comprehensive theory that could then be utilized to create a more intelligent approach.
When responding to the challenges of prisoner reentry by implementing various prison-based and non-prison-based programs, it is clear there is little political support for either. Jeremy Travis (2005) notes that “in crafting public policies to improve the chances of successful reentry, we must confront this stubborn fact: under current condition, most prisoners will fail to lead law-abiding lives when they return home” (p. 87). The issues surrounding prisoner reentry clearly create a public safety concern that is difficult to manage. However, each state should be willing to assist its returning citizens before, during, and after their release. Allowing free access to publicly available resources that can assist in many of the basic necessities of survival (i.e., the process by which one goes about getting proof of identification, where low-income housing or local shelters are located, where one can get food stamps, location(s) of employment referral agencies or assistance with getting health care) is just one way individuals getting out of prison can get the information they need to achieve successful reentry.

This philosophy draws from that of conflict theory, originally postulated by Karl Marx. However, for the purposes of this paper, theoretical implications are drawn from the works of European sociologist Georg Simmel (1950), who suggested that conflict is an essential component of societal function. Conflict theory revolves around the idea that “the most powerful groups control the law, so that their values are adopted as the legal standards for behavior” (Akers and Sellers 2004:191). Therefore, those who are part of the less powerful group end up suffering many governmental and political defeats but still continue to function within the internal norms of the group. This usually consists of breaking the laws or defying the direction of those in power. Conflict theory views society in a constant battle between those in power and those without power. Those that hold the power are less likely to be punished or effected by the law whereas “the economically and socially disadvantaged groups of lower class, minorities,
youth, women, and others will be similarly disadvantaged and differentially processed through the criminal justice system” (p. 196).

Power also designates on who can access the necessary resources and tools to survive. Many of the individuals coming out of prison today come from the less powerful group of people in society. In turn, these individuals have a difficult time adjusting to their newfound freedom because very little attention is given to their many needs. The mere lack of information and lack of direction causes great distress and confusion among returning offenders. Little to no support from family, friends, or the community makes this feat even more unreachable. By simply providing basic information on locations of businesses and services that will be beneficial for helping inmates reintegrate into society, it may be possible to alleviate some suffering caused by the process of being released and trying to stay out of prison. Many programs to aid in reentry are attempting to do just that: provide information and training on the tools needed to succeed in the community.

This paper tries to improve on previous research by proposing enhanced, integrated remedies for prisoner reentry that are aimed at not only helping offenders successfully reintegrate into society but at addressing what is currently happening in Michigan’s prisoner reentry program, MPRI, and how effective this program is at meeting its mission statement, values, and goals set forth in the program. Using participant observation, a clear understanding of how the many services and stages of how the MPRI program actually functions will shed light on the political agenda(s) and inner workings of the program. The MPRI holds a variety of meetings, public advocacy events, and benefits to help gain support and funding, and brings together many local businesses, community members, and law enforcement officials to help run the MPRI program. Being an active participant and observer in these meetings, events, and
gatherings will allow for a first-hand approach to the program as well as a more complete comprehension of the MPRI program as a whole. Information will also be acquired through group discussions, among various stakeholders, held at these meetings, events, and gatherings.

During my personal involvement in the MPRI program, I held the role of being a Meet and Greet Coordinator for approximately one year. As a coordinator, it was my job to host the informational meetings, every Friday, for those participants in their first few days of being released. At these meetings, I was also in charge of making contact with and scheduling all presentations that were supposed to take place at the Meet and Greet meeting. If presentations were canceled or rescheduled, it was my job to find replacements or improvise when necessary. I also kept in contact with the participants’ parole agents in the event one or more participants did not show at the meetings. I also had access to a handful of other portions of the program in which I was able to not only assist the program’s participants in maintaining their success outside of prison but assist program leaders in developing and improving upon certain aspects of the program surrounding areas of the Meet and Greet meeting.

Additionally, an examination of official documentation pertaining to Michigan’s correctional institutions and the MPRI program will be used to further support the findings and conclusions of this paper. There is much to be learned from research that has already been published on Michigan’s correctional systems and operations in the realm of prisoner reentry. This includes both electronically accessed materials (i.e., accessed via the internet or public computer databases) and printed originals made available for the public. Finally, brief interviews with various stakeholders in the MPRI program will add to the understanding of how MPRI functions internally and how it is perceived through the eyes of the individuals in charge of implementing the program. To gain an insight into the external perceptions of the program from
the views of the program participants, involved or interested community members, and local businesses, informal discussions will be conducted among these stakeholders. All interviews and discussions will be held at any public meetings, events, and/or gatherings the MPRI program hosts.

By combining these methods, a clear comprehensive understanding of the role(s) MPRI plays in aiding Michigan’s returning citizens can be shown. Each method brings to the table a new perspective, one that can lead to an analysis the effectiveness of the MPRI program. Effectiveness will be achieved through how well MPRI adheres to its mission statement, vision, and actual program implementation. Where the program is doing well, where it is lacking in services, and future implications for Michigan’s prisoner reentry outlook will be accomplished. The paper aims to not only fill the gaps in the literature surrounding prisoner reentry programming but to also provide further knowledge into the life of a returning offender, the difficulties one faces returning home to a Michigan community, how MPRI can help or hinder this reintegration, and how Michigan approaches this overall topic of prisoner reentry.

Each subsequent chapter will analyze a different portion of the MPRI program. Since the program is clearly split into three distinct parts, it only makes sense to divide the chapters in that fashion as well. First, an insight into how the MPRI program assists participants prior to their target release date will be accomplished in the second chapter on the pre-release stage of the MPRI program. This chapter focuses on the components of how the program aims to prepare participants for their release from prison and services that are made available to each participant that will help in this transition. Second, a look into what services are provided to participants from the day they are released to approximately 30 days after their release. Since this is usually considered the toughest time an ex-offender will face upon their reentry back into society, the
program puts much emphasis on this stage, and the services are abundant. The final stage of the program is aimed to look at how the MPRI program follows up with services for participants 30 days after they are released until approximately six months after their release. This stage is meant to provide a continuous range of support services for the participants to help them stay successful in the community. However, it implemented only to a minimal extent. The reasoning behind this is analyzed in this chapter as well. The final chapter of this paper brings together all stages of the program as a whole and provides a comprehensive analysis as to what the program is doing well, what needs improvement, and how the MPRI program can utilize or adapt portions of other statewide initiatives across the United States to assist with the weakest areas of the program.
CHAPTER 2: MPRI PRE-RELEASE ASSISTANCE

In 2005, the Michigan Prisoner Reentry Initiative (MPRI) was originally implemented in only eight pilot jurisdictions, covering 16 counties in Michigan. Many of these counties were chosen because they had already begun incorporating community and reentry assistance into their correctional process, using their own resources. “These first sites include 7 of the 14 urban counties that account for 75% of all prison releases each year” (MPRI Statewide Implementation Plan). Since this statewide initiative was a relatively new direction of thought, the program was activated in only a handful of communities to test the readiness and successfulness of the program prior to allowing the program to be implemented into every county in Michigan. By the end of fiscal year 2006, the second wave of pilot MPRI sites were developed covering an additional seven counties. Finally, the concluding wave of pilot sites were incorporated in the fiscal year 2007 and covered the remaining rural counties in Michigan, to begin the full statewide implementation plan for the MPRI program.

Currently, there are 18 MPRI sites, covering approximately 68 counties in Michigan that are actively being implemented in the Michigan correctional process. Each site is led by local community coordinators who work within their respective communities organizing and educating a variety of teams and committees that collectively comprise the MPRI program in that site. By having community coordinators supervise each location, the MPRI sites are tailored to meet the needs of their particular community and its residents (MPRI website). This makes each site uniquely designed for the individuals exiting prison and returning to that particular location, which is very important because counties vary in size, population, and demographic. This becomes especially crucial when dealing with more urban counties versus more rural counties because the numbers of returning offenders to urban counties is much greater that of the rural
counties. However, the goal is to make sure that every county in Michigan has an MPRI site location that can assist returning offenders in reintegrating into their respective communities.

The MPRI’s involvement in the correctional process and in an offender’s life begins when the offender is first sentenced to prison, continues until their target release date, and extends until the offender has been released from prison on parole. This process and the services provided by MPRI are modified to address the issues that each individual offender may face when he or she enter and exit prison. As seen with the Ohio, Indiana, and Texas reentry programs, the length of time the services are made available is also dependent upon the offender’s needs and the amount of funds that are accessible at that time. Since the MPRI program has been active for only about three years, minimal monetary support has been made available for the program to utilize. Consequently, the first and last stages of the program have yet to reach their full capacity for involvement in the MPRI. Once the MPRI program shows continued successfulness in assisting offenders being released, reducing recidivism rates of those offenders, and increased public safety, these stages will hopefully be activated to their maximum potential.

At its current state, in the Washtenaw County site, the MPRI process begins actively providing services to inmates approximately one month prior to their release and extends their services, depending on the needs of the offenders, until 90 days after they are released. Some inmates need substance abuse counseling, anger management, or sex-offender treatment. If the court mandates them to participate, or they voluntarily become involved in these counseling programs, the inmate will access these programs while still incarcerated. This is similarly implemented in other states as well, like Ohio, Indiana, and Texas. Once the inmates have completed their programming requirements, served their minimum sentencing obligation, and are
deemed ready for release, the inmates are required to appear in front of the Parole Board for a final decision. The function of the Board is to decide whether an inmate is ready, or has earned the right, to be released before he or she has reached their maximum sentence.

A Michigan Department of Correction (MDOC) Parole Board consists of a ten-member team that is divided into three-member panels. Each inmate who is up for an appointment with the Parole Board must appear before this panel, and the decision is made on whether the inmate is ready, or suitable, for release. This decision is based on the inmates’ “current offense, prior criminal record, institutional behavior and programming, the parole guidelines score, information obtained from the prisoner interview and information from victims and other relevant sources” (Michigan.gov website). The Parole Board also decides the terms and conditions of the inmates’ release, which includes whether the inmate becomes a participant in the MPRI program. Since there is often a period of time, sometimes up to several months, between the approval of the prisoner’s parole and his or her actual release date, the inmate’s behavior is closely monitored, and in the event that any problems arise, parole can be suspended based on his or her behavior.

If the inmates are approved for release and their behaviors are positive, they are scheduled for transfer to the nearest facility to where their “home” communities are located. Because inmates are housed in a variety of locations throughout Michigan, the MDOC has attempted to alleviate some additional stress by transferring the prisoner back to their “home” communities. This is decided by the inmate prior to their target release date and is usually the community they are either most familiar with or a location where their family and/or friends are located. Once the inmates have made the successful transfer, they begin the transition from prison to society. If they are designated to be an MPRI participant, the inmates are met by the MPRI Transition Team (TT), typically one month prior to their release date.
The Transition Team consists of members from different partner organizations associated with the MPRI, such as POWER Inc., Work Skills Corporation, Department of Labor and Economic Growth (DLEG), Department of Human Services (DHS), the Washtenaw County parole office, and sometimes the Community Coordinator for Washtenaw County will also attend. Members of these organizations go into the prison to assist the inmate in a variety of tasks that are crucial for their reentry. These tasks include: filling out the proper paperwork to obtain their birth certificate, finding and organizing housing for the inmate, filling out the application to obtain health care assistance with the Washtenaw Health Plan, speaking with a Workforce Developer to gain an understanding of past employment history and current employment needs, making a connection with someone from their parole office to provide a contact point, speaking to an MPRI member about getting involved in a mentorship program, making sure all their health check-ups and vaccinations are up to date, and providing an informational overview of what the inmate should expect over the course of the next month prior to their release and upon their release.

This process, as seamless as it sounds, does present many limitations. The foremost is that the MPRI program has yet to be implemented, in this pre-release stage, to its fullest capacity. As stated previously, because the program is a new statewide initiative, the monetary support is just not there to fund every aspect of the program. As a result, the MPRI services begin about one month prior to an inmate’s target release date instead of from the day the inmates are incarcerated. Many of the services that the MPRI would like to head, such as educational programs, specified treatment programs, and other counseling services, are provided by MDOC, not the MPRI. Granted, these two entities are very interrelated and do support one another; however, the MPRI is not at the forefront for providing these specific services to the
inmates. This presents a significant problem for the MPRI because it cannot extend its full support to the offenders who are being released from prison. Had the program operated at full capacity with full funding support, many offenders would have access to additional resources that could further assist in successfully reintegrating them into their “home” communities. Some of the assistance that the MPRI would ideally like to provide is grouped into two major decision points: (1) assessment and classification and (2) prisoner programming. By assessing and classifying the inmates’ risks, needs, and strengths, the correctional system can provide a detailed and structured plan for the inmates’ incarceration period. This includes continued support and specific programs the inmates may qualify for (i.e., assignments to reduce risk, address need, and build on strengths) given their current offense(s), prior criminal history, and behavior before and during their prison term (MPRI website).

A second but equally challenging limitation of the current implementation process is that the MPRI would ideally like to include every inmate who enters a Michigan prison into the MPRI program. However, many times this is not the case. The Parole Board is the leading decision-maker of whether an inmate receives MPRI assistance. Priority is given to inmates who are either first-time or repeat offenders, inmates who have shown positive behavior(s) during their incarceration term and inmates who are not “lifers” (inmates with a life sentence term). Those inmates who are first-time or repeat offenders are especially targeted for the MPRI program because research shows that providing support services to a first-time offender will significantly reduce their likelihood of returning to prison (Austin 2001; Petersilia 2001; Seiter and Kadela 2003; and Travis and Petersilia 2001). Similarly, for those offenders who have repeatedly returned to prison, ongoing support is particularly needed because many of these inmates will have an even more difficult time successfully reintegrating back into their “home”
communities, given the many challenges faced by being repeat offenders (Austin 2001; Duffee and Duffee 1981; and Mellow and Greifinger 2008). Van Ness and Strong (2006) take note of these challenges by commenting,

“Too few offenders establish themselves in productive, crime-free lives following their prison sentence…one of the most difficult challenges an ex-prisoner encounters is finding employment…other difficulties include the lack of societal acceptance or approval, lack of positive role models, peer pressure, unrealistic expectations, an excessive or deficient sense of sin or guilt, fear of failure, distrust of others, hopelessness, and the lure of addictive behaviors.” (p. 100)

All of these are challenging for both first-time offenders and even more so with repeat offenders. Jeremy Travis (2005) also notes that “individuals who have failed on parole before are considerably more likely than others to be returned to prison for a parole violation or a new crime” (p. 33). Even certain repeat offenders, depending on their criminal offense(s), have a more difficult time dealing with these challenges more than other repeat offenders. An example is trying to find some sort of housing for convicted sex-offenders, mainly pedophiles.

For those inmates who do not receive the MPRI assistance, it can promote hostility between MPRI participants and non-participants, as well as between non-participants and the MPRI program, or correctional system in general. This becomes even more of a concern since the guidelines for who gets to be a participant in MPRI are not universally applied. It is up to the Parole Boards’ discretion as to who receives this support and who does not. By implementing the assistance in this manner, there is the risk of including offenders in the program who possibly do not need as much support as they have received and conversely excluding offenders who really do need the help in reintegrating back to their community. This also poses a problem when dealing with the Transition Team (TT). For example, if the Parole Board decides the inmate is ready for release but does not include him or her as an MPRI participant, and upon meeting with his or her parole officer, the decision is made that he or she really could use the assistance of
MPRI, that inmate has lost out on all the services provided by the Transition Team. This translates into a delayed response in receiving their birth certificates and other essential forms of personal identity, thereby decreasing the likelihood that inmates can successfully get their driver’s license or state identification, which leads to a prolonged time period when the inmates are not eligible to gain legitimate employment.

From participant observation, this trickle-down effect has been experienced by a large number of returning offenders in Washtenaw County. The lack of structure and uniformity in the decision-making process of the Parole Board further exacerbated these issues. Upon entering the MPRI program, the offender is told what he or she is to expect of the program pre-release, upon-release and post-release. However, these expectations often fall short because of the unpredictable circumstances that may arise from the time the offender meets with the Transition Team to the time the offender is actually released. The challenges are even greater when the inmates must rely on the Transition Team to not only deliver their applications to the correct institutions but also to input all their data and personal information correctly for the applications to process and become active. If the Transition Team delays in their delivery of the applications, or the processing of the applications are delayed for any reason, this can also lead to inmates waiting longer than necessary to receive the support they were promised upon entering the MPRI program. Sometimes this lack of efficiency can cause many offenders to distrust or negate the program’s helpfulness. Participants’ distrust of the program can clearly be seen in their attitude portrayed, in which they approach the meetings that are required of them. Again, as seen with personal participant observations, it is obvious that some of these participants are unhappy with what the program has done or accomplished for them. They expect more assistance and more clarity in situations where little has been given.
A third limitation to the current pre-release assistance provided by the MPRI program lies in the involvement of the members of the Transition Team: paid employees, volunteers, and interns who work for the various partner organizations of MPRI. This may not present an immediate problem, but by involving interns and volunteers in this process, and by placing heavy reliance on free labor, there is a possibility that the members may not be as dedicated to helping the prisoners as the program would like. This lack of financial investment to employ more full-time, wage-earning employees in a program as large and as necessary as the MPRI could prove a major fault in the program. Also, including members from affiliated organizations not directly related to the MPRI program brings about the potential for abuses or misuses and exploitation of a vulnerable population, such as the incarcerated. However, it is apparent that unless the program can gain the political, economic, and social support it needs to function at this level, it is likely the program will have to continue utilizing resources such as these, for merely practical reasons.

Those who implement this type of program are often times forced to rely on their ability to attract interns, volunteers, and donors to help fund and run the program. If the program cannot attract grants or people willing to give their time for the cause, it literally cannot function. Volunteers do not have any real ties to their position with the program, and many of them have jobs outside of their volunteer obligations. Interns are satisfying a requirement set forth by their school program in a field that is closely related to their topic(s) of study. Also, as an intern or as a volunteer, their assignments with the program are usually short-lived, lasting only a couple months. Those who are able to manage and function with the multiple obligations for long periods of time are rare and highly desired. The work that is done is very helpful and extremely worthwhile, but the lack of commitment on many intern or volunteers’ part can diminish the capacity of the program to operate at its full potential.
The last two limitations have to do with prisoner preparedness and organization of the pre-release assistance. If the pre-release assistance provided by the MPRI program cannot properly prepare the offenders for the challenges they might face upon their release, then the likelihood of them being successful in the community can be highly unlikely. At its current state, the pre-release assistance is not as organized and efficient as it could be. The potential for an MPRI participant to fall through the cracks of the program is a concern that needs to be addressed. Additionally, the amount of information provided to the inmates about the MPRI program as a whole is minimal. Many inmates do not fully understand the magnitude that the MPRI program could have on their chances of successfully reintegrating. And if the inmates are not put through an organized and seamless process, then they may not have high hopes for the program to begin with.

When designing and implementing a program as large as the MPRI program, these pre-release limitations must be taken into consideration. Once this pre-release assistance stage of the MPRI program can operate at its full potential from the original targeted starting point, the point when the inmate enters the prison, and continue until the inmate is released, the program will then be able to fully assist returning offenders in successfully reentering into their “home” communities. However, once this happens there are still issues that need to be addressed to continually make this program a success. It needs to be organized and efficiently operated so that no inmate falls short of the services to which he or she is entitled. Every inmate, no matter the guidelines, should be allowed access to these resources that are provided by the MPRI program. There should be no exclusions in the Parole Board’s decision. If an inmate is deemed ready for release, he or she should be entitled access to MPRI’s resources no matter their status, offense, risk-level, age, or prior criminal history. If this portion of the program can take into consideration
all its strengths and weaknesses, then a positive and successful future in Michigan’s prisoner reentry programming can begin.
CHAPTER 3: MPRI UPON-RELEASE ASSISTANCE

The majority of the MPRI assistance is provided from the day the inmate is released from prison until approximately 30 days after the participant has been out on parole. This assistance differs with every statewide program; however, in Michigan, emphasis is placed on the program providing services to the ex-offenders within the first few months of being released. This can also be attributed to the role of political funding for the program. The success of the program had to be established by incorporating only a part of the program due to it being such a new, drastic change in the Michigan criminal justice process. This was done by fully implementing the largest portion of assistance upon-release and only minimally implementing the pre-release and post-release assistance to discover whether the program is making a difference in the lives of the participants. The MPRI program has been active for three years and has slowly improved and expanded many aspects of its design but has not yet fully implemented each stage of its program in pre-release, upon-release, and post-release assistance.

These improvements and expansions can clearly be seen in the upon-release assistance provided to the MPRI participants. After the participants complete the meeting with the Transition Team, during the pre-release stage, they are then told what they are to expect from the program and from society upon their release. This explanation consists of information about the MPRI program, including what the programs’ goals and values are, what services the program can provide to recently released inmates, meetings the participant will be required to attend, and, depending on how long the participant was incarcerated, how things have changed in the state of Michigan with regard to technology, economic conditions, and/or laws. Many of the reentry difficulties and hardships an ex-offender will face occurs during the first few months of their release date, and nearly fifty percent of the ex-offenders released in Washtenaw County alone
will return to prison within two years (MPRI website). Upon-release assistance is crucial for the returning offenders because it is a highly stressful and frustrating time for them. Research shows that the more support given to ex-offenders prior to and just after their release, the more likely the individual will be successful in reintegrating into society (Austin 2001; Mellow and Greifinger 2008; Petersilia 2001; Roman and Travis 2004; Seiter and Kadela 2003; Travis 2005; and Travis and Petersilia 2001).

The MPRI begins this process of upon-release assistance by determining the risk level of the inmates just before they are released. This is done by using the COMPAS system, an instrument that estimates risk based on four areas: violence level, the likelihood that they will commit a new crime, whether they failed to appear at any hearings, and, last, the individual’s compliance level (i.e., if they have ever had any technical violations while incarcerated). After their risk level is determined, the MPRI has a team of staff members go to the prison to pick the participant(s) up in the morning they are scheduled to be released (see Appendix #1 for the 2008 MPRI services flowchart). However, when and where a prisoner is released is still not a formalized process. Despite the inmate having a scheduled release date, they may not be released on that date. Many factors can delay the release process, some of which can include a lockdown at the facility, bad behavior by the participant, issues with the legal and/or court process, and delayed or rescheduled hearings. Additionally, some participants are transferred back to the community in which they committed their crime(s) while others are released to communities where they have family or familiar ties.
In the Washtenaw County MPRI site, staff members go to Parnall Correctional Facility, located in Jackson, to pick up the participants who are being released. Participants receive “1st Day Out Services,” which, ideally, include a welcome home meal, hygiene supplies, a bus pass, and identification materials. Currently, the “1st Day Out Services” are organized where only medium to high risk participants receive transportation from the facility to the restaurant where they are given their welcome home meal. Restaurant location varies, but it is most often held at a local Coney Island in the Ypsilanti area. Hygiene supplies and bus passes are given to only those individuals who need the assistance and are not influenced by a participant’s risk level. This is done because not all participant’s need these supplies and materials upon their release. The last service, help in getting up-to-date identification, is not provided at the “1st Day Out Services” because the assistance is usually given later in the program, and many of the documents (i.e., birth certificates) take time to process and arrive.

Documentation, like birth certificates, taking time to process and arrive is only one limitation that this portion of the upon-release assistance encounters. Secondly, as mentioned previously, some inmates do not get released when they are scheduled to because of a variety of unforeseen circumstances. A similar effect can also take place during the “1st Day Out Services.” Not all participants receive the services provided to them on their day of their release. If an intern or volunteer helping with providing the “1st Day Out Services” cannot make the meeting, he or she must rely on someone else to take his or her place. This means that it is possible that a few released inmates do not receive the services they are eligible for merely because there was no one available to give it to them. If the individuals being released are expecting to be picked up by someone from the MPRI program or are told they are to be given certain services their first day
out and MPRI does not provide these services, it can cause major distrust and lack of faith in the program’s effectiveness among the participants towards the program. This lack of solidarity within the program is a large obstacle that MPRI must overcome, as one of the primary goals of the program is to provide seamless services to the participants of MPRI. Additionally, overcoming this requires the MPRI program and the Michigan Department of Corrections to better coordinate their efforts in releasing the participants in a timely fashion so that the MPRI staff members may pick them up, on schedule. It also requires a willingness on the part of the MDOC to coordinate efficiently with the MPRI program. If each of these elements is not able to work in sync with each other, then overcoming this obstacle of a lack of solidarity will be highly unlikely.

The MPRI “Meet and Greet”

Participants are then required to attend what is known as the “Meet and Greet,” typically coordinated by two volunteers or interns with the MPRI program. The “Meet and Greet” is held every Friday at a local business that is a partner of the MPRI, the Catholic Social Services (CSS) building in Ypsilanti. Each MPRI site may differ in location; however, at the Washtenaw County MPRI site, the meeting is held at CSS every week and lasts about two hours. With the help of a local Ann Arbor pizza shop, pizza, breadsticks, and soda are served at the meeting as a gift to the participants to celebrate their release from prison. The “Meet and Greet” was originally developed to bring both the participants and local law enforcement officials together to form an alliance and address any questions or concerns the participants might have as they attempt to succeed upon their release. It has since grown to incorporate more than five large affiliated companies and/or partner corporations throughout Washtenaw County to form a large
informational meeting designed to help the participants with some of the many challenges of reentry.

Partnerships have been developed between the Ann Arbor Police Department, Ypsilanti Police Department, and Pittsfield Township Police Department to make up the law enforcement presentation of the “Meet and Greet.” The MPRI program includes local law enforcement in this meeting because many of the participants have issues with getting their driver’s licenses or state identification, questions regarding outstanding warrants on their record(s), questions about custody issues with their significant others, and other general concerns with their safety or well-being. These are issues that can easily be answered by the police and which, had the participants not come to the meeting, may have continued to go unanswered. The police involved in these meetings have a great deal of experience when it comes to assisting ex-offenders in gaining their identification. This is one of the most crucial aspects of the “Meet and Greet” meeting because participants need identification to do almost everything, including getting a job. The police officers have many connections with the Secretary of State offices in Washtenaw County and can assist the participants in understanding what forms of documentation will be acceptable, what documents will not work, and how the participants should handle themselves when entering the Secretary of State office.

Another underlying reason why the MPRI program includes local law enforcement is that many ex-offenders have a bad relationship with or a negative view of the police in general, and by incorporating the police in the meeting, the MPRI is trying to break down these negative barriers and stereotypes. Conversely, the police can sometimes have a generalized negative perception about ex-offenders. By being incorporated into this meeting, the police are able to both welcome the participants back to society and attempt to assist them in changing their
behaviors. Just as Georg Simmel (1950) postulated, with his underlying theoretical roots in conflict theory, this continuous battle between those who enforce the law and those who break the law is necessary for societal function (Akers and Sellers 2004). However, as a whole, the MPRI program tries to work with both sides in changing these perceptions towards a more positive view so that those not in power can have a chance to be successful, and those in power can provide help to the underprivileged.

This presentation has proven to be quite helpful in answering many legal questions that the police deal with on a daily basis. Nevertheless, there is always the potential for issues to arise, for the participants, due to the mere presence of the police. The police must handle the meeting in a courteous and professional manner so as not to entice or offend the participants. This can prove to be a difficult feat, especially when an officer is met with extreme hostility. The main purpose, as stated earlier, is to bring both sides together to break down some emotional barriers between the two parties. Officers coming to the “Meet and Greet” must be prepared to handle hostility from participants in a professional manner, if this is the case. They must also be there with a helpful mentality.

Additionally, the officers who attend the meetings should be in good standing with both their respective departments and in the eye of the public they serve. This means that an officer who has a history of using excessive force or lashing out with a bad attitude should not be attending a meeting where his or her main purpose is to welcome ex-offenders back into the community. The officers should also have extensive experience working in the criminal justice system so that any questions that are asked or concerns mentioned can be answered in an experienced and detailed manner. The officers should be familiar with the general mission, vision, and function of the MPRI program. This will allow the officers more clarity as to the role
they play in the program, as well as give them additional assistance when questions arise about the general operations of the program. Overall, the officers should want to attend the meeting. If their superior sends them by force, it is unlikely the officers are going to want to be there for the right reasons and is unlikely that any help will be given to the participants. Unfortunately, not every officer can do this, and it is important to make note and address any potential character flaws from the beginning because this meeting is one of the first meetings the participants will encounter with the MPRI program. All parties must be there for the right reasons and be willing to help the participants in changing their behaviors, no matter what they have done in the past.

The Washtenaw Health Plan (WHP) is the second presentation in the “Meet and Greet” meeting (see Appendix #2 for WHP handouts). Many individuals coming out of prison do not have the means to get any type of health care coverage. The WHP was developed for Washtenaw County residents who do not have any health care coverage. This is not to be confused with health insurance; it is simply a benefit plan for uninsured Washtenaw County residents to get basic health care and anything that is medically necessary when they would have otherwise been denied. All MPRI participants automatically qualify for the WHP and can use it if they choose to do so. During the in-reach meeting with the Transition Team, all participants fill out a WHP application so that when they get out and attend the “Meet and Greet” meeting, they are already covered and their paperwork is waiting for them at the meeting. For those participants who did not fill out a WHP application, the “Meet and Greet” serves as a catch-up meeting where the participant can fill out the application and get it processed next day.

As with any benefit coverage plan, there are guidelines for individuals trying to get on the WHP. However, the purpose of having a WHP representative attend the meeting is to explain the benefit plan and its coverage, how to use the plan properly so as not to get medical bills, and
also who qualifies for the plan. Many individuals coming out of prison do not have custody of their children (if they have children) and do not have a steady income stream (Travis and Waul 2003). As long as the participant is a Washtenaw County resident, cannot qualify for the Adult Medical Program (AMP), Medicaid, MIChild, Medicare A or B, and does not have a gross household income that exceeds $20,508 per year for one person, they are eligible to receive the plan. An individual can renew the plan each year; however, if an employer offers insurance through their company, the participant is encouraged to utilize their employer’s insurance, as this will cover more medically and give the participant better than basic care.

As stated previously, this health coverage is not insurance but more so a benefit plan for individuals who cannot obtain insurance. This means there are a variety of services that the Washtenaw Health Plan does not cover, and the participants must find alternative means to obtain these needed services. The two major services that are not covered under this plan are dental and vision care. Other services that are not included involve ambulance calls, physical therapy, substance abuse-related services, chemotherapy treatments, chiropractic care, and certain prescription medications. For most of these services, if absolutely necessary, assistance can be given through a variety of charitable organizations for free or low-cost care. However, this assistance is in high demand so it can be difficult to obtain. Also, the WHP has two plan types: Plan A and Plan B. Plan A offers more services and better care than Plan B but is not always available. If enrollment opens up for Plan A, those participants exiting prison at that time will be eligible to receive Plan A services. However, this plan is regulated by the county so it can be closed at any time, which means individuals just missing the cut-off date will be denied Plan A services and be eligible for only Plan B. This can seem unfair and become problematic for those participants really needing the extra medical assistance.
A representative from either the Public Health Department or Planned Parenthood gives the third presentation in the “Meet and Greet.” Each year, statistics are continually changing with regard to sexually transmitted diseases and pregnancy. Despite many offenders going through an extensive physical examination upon entry into the prison, there are still widespread health concerns in prison. Additionally, every offender is typically given a tuberculosis (TB) test and vaccinated for Hepatitis B upon entrance into the prison, but when an inmate is already infected there is not much that can be done other than provide follow-up examinations and treatments after the initial diagnosis. Jeremy Travis (2005) notes that “compared with the overall U.S. population, prisoners are in extremely poor health. They exhibit markedly higher rates of HIV and AIDS, tuberculosis, Hepatitis C, and mental illness” (p. 185). If an ex-offender had been incarcerated for a few years the knowledge he or she might have about these issues could be outdated. It is important to keep knowledge of STDs, HIV, and AIDS as current as possible.

The presentation given at the “Meet and Greet” on sexual health is intended to shed light on these health concerns and to provide information on these diseases to help promote safety among the participants and their partner(s). During this presentation, the participants are shown how to properly use and dispose of condoms; given information on current STD, HIV, and AIDS facts and statistics; given a brief overview of how the diseases are passed from one carrier to another, the symptoms of these diseases, and any available cures (See Appendix #3 for sexual health handouts). One important factor that is often overlooked is the lack of knowledge about where to go to get tested and treated. The presentation is also helpful in providing locations of clinics, usually free or very low cost, where the participant can come to get further information, get tested, or get the treatment(s) he or she needs. Last, both male and female condoms and
water-based lubricant packets are passed out to those participants who are interested, to encourage safe-sex practices.

This is a presentation that can make individuals quite uncomfortable when talking about personal topics like sex, STDs, or HIV/AIDS. It is key that the presenters are aware of this and come prepared to field questions and concerns regarding these topics. Also, it is very important to continually engage the participants in the presentation because if they are uncomfortable they may not want to listen to the presentation, thereby missing crucial information that may be helpful to them. Handing out literature is very helpful as well, especially when the participants do not want to engage in the conversation on sexual health. Finally, because the representatives are from two separate organizations, their presentations must be consistent in what information is presented to the participants. This can sometimes become an issue because one representative is from the Public Health Department, whose main concern is educating the public on HIV/AIDS and STD facts, while the other representative is from Planned Parenthood, a private organization whose primary concern is educating the public on birth control methods. This is an essential aspect of the presentation that must be recognized. Despite the different focuses of the two sexual health presentations, it is critical that each presenter must bring both aspects together and blend the information at the “Meet and Greet” for the participants.

A fourth presentation revolves around employment assistance. Van Ness and Strong (2006) state that “one of the most difficult challenges an ex-prisoner encounters is finding employment” (p. 100). The MPRI has two main sources of information for this portion of the “Meet and Greet” meeting. First, the MPRI program’s Workforce Developer attends the meeting as the participant’s employment advocate. The Workforce Developer’s main duties include actively searching for employers willing to hire ex-offenders, advocating for the MPRI program
and its participants, assisting the participants in gaining employment, and working with a representative from Work Skills in coordinating various training seminars for interested participants. Also, by being an MPRI participant, he or she is eligible to receive services that can help in gaining and maintaining employment. These are benefits that can be actively used by the participants and their prospective employers immediately upon hire. Benefits include on-the-job training reimbursement, which reimburses employers for hiring an MPRI participant; work opportunity tax credit of up to $2,400 for each hire that can be given to the employers if they hire an MPRI participant for at least 400 hours of work; and free 100% federal bonding for participants as long as their employers are insured up to $25,000 for six months.

The second source for employment consists of a representative from Work Skills who attends the meeting to help ex-offenders improve their technical and computer skills to prepare the participants for the job market. This includes helping the participants build professional resumes, doing online job searches and online applications, improving the computer and typing skills of the participants, improving interviewing skills and professional image, and assisting the participants in becoming more familiar with computer programs (i.e., Microsoft Office). Once the participant completes a set number of workshops at Work Skills, he or she is able to receive a $25.00 gift certificate to Wal-Mart and is eligible for consideration in the 90 day transitional employment program through Work Skills, which will be described in further detail later in the chapter. Combined, these two sources of information are crucial in helping the participants gain legitimate employment when they feel ready to take on the job market (See Appendix #4 for employment handouts).

The final presentation is not always regularly scheduled at the “Meet and Greet.” However, the majority of the time, a presentation is done on mentoring and various activities
happening in the MPRI program that may benefit or spark an interest in the participants. Employees and interns with the MPRI program publicly advocate for community members to become a mentor for a returning offender. The individuals, who decide they would like to become involved in the mentoring program with the MPRI, go through a series of training and informational seminars where they can develop the necessary skills to become a positive mentor, coach, support figure, and role model for MPRI participants. These volunteer mentors must be caring and experienced community members, over the age of twenty, and willing to commit to the mentoring program for a one-year period. Those participants who are interested in becoming part of the program are given information about the mentoring program at the “Meet and Greet” (see Appendix #5 for mentoring flyers). The participants who decided to join the mentoring program have reported positive feedback about the helpfulness and supportive nature of having a mentor through the MPRI program.

Additionally, any announcements about upcoming conferences, events, seminars, activities, or exhibitions are mentioned at the meeting during this presentation, as well. As an example, beginning this spring 2008 season, the MPRI program came together to make a first ever MPRI softball team that consisted of MPRI participants and MPRI employees, interns, and volunteers. This softball league season went from April 2008 to July 2008. The team name is, appropriately, “Second Chance,” and the goal is to bring all members of MPRI together to have a good time and to teach teamwork and professional competitive attitudes, in order to encourage success among the participants. “Second Chance” competes with five other teams that have joined from Pittsfield Township in hopes of winning the championship. If there are no announcements of upcoming events or activities, such as the newly formed softball team, this presentation is usually not needed.
The “Meet and Greet” is meant to be a helpful and informative meeting aimed at getting the questions and concerns of the participants answered and addressed. The meeting is designed to run smoothly and efficiently; however, there are many times when this does not occur. It is difficult to get five representatives from different organizations, with different schedules, to come together to provide a seamless presentation to the participants. Often one or more of these representatives cannot attend the meeting at their scheduled times and the interns or volunteers coordinating the meeting must accommodate this change. It is likely that one or more participants, at any given meeting, miss crucial information from one of the presenters because the representative from the organization was unavailable to attend the meeting and give the presentation. This also puts significant pressure on the coordinators of the meeting to come prepared with information from each presenter because if they are not prepared to give a brief overview of what the presentation would have covered, it could be very detrimental and limiting to the participants.

This lack of coordination and preparedness for unexpected occurrences in the “Meet and Greet” meeting is the number one limitation of this portion of the program. The second limitation revolves around involving the parole agents in the scheduling process. Coordinators of the “Meet and Greet” must rely on the parole agents to remind their assigned parolees to attend the “Meet and Greet” at the specified time. This can become quite problematic given that the parole agents have a lot of other obligations to take care of. No matter how many reminders the MPRI program can relay to the all the organizations involved, there is always the chance that there will be some incidents of disconnect between the program and its affiliates. This disconnect in communication can cause participants to miss meetings like the “Meet and Greet,” which could have an impact on how the participants perceive the functionality of the program. They may have an incomplete
or inaccurate picture of what MPRI can do for them, as well as have a negative overall opinion of the program as a whole.

Third, communication is essential in making the “Meet and Greet” successful. However, it is not just communication between the parole agents and their parolees but also communication among all parties involved in the program. If a presenter has to cancel or reschedule their presentation time, the room assignment in the building has changed or been altered for the meeting, the meeting itself has been cancelled or some other outside event has occurred that has caused a problem in the meeting, this all must be communicated to every person involved in the program. Most likely, this responsibility falls on the coordinators to make sure everyone shows up at their scheduled time, all participants are accounted for, a detailed report is given to the parole agents on how the meeting went, what problems were brought up, and who attended the meeting, as well as updating any spreadsheets that are shared by the programs’ employees, interns, and volunteers. This is a large responsibility that must be taken on by the coordinators who, as mentioned previously, are usually volunteers. This means they are not getting paid for their duties and are expected to maintain their obligations to the fullest extent, as if they were paid employees of the MPRI program.

Also, the position as the “Meet and Greet” coordinator is not something that can be done whenever that person would like. There is a responsibility that the coordinators show up prepared to facilitate the meeting every Friday. This is a position that takes a dedicated, patient, detail-oriented individual who is willing to commit to the program for an extended period of time and does not view this position as just a temporary volunteering position. In addition, working with a population of ex-offenders is difficult, especially if a person does not have the necessary background knowledge of the many battles one faces when exiting prison and reintegrating into
society. As a coordinator, he or she must be comfortable working with people just released from prison as well as be aware that there are going to be a variety of questions and problems that these participants may have. They must be prepared to either answer and address these issues or be able to refer the participants to someone who can assist them. The important detail is that the MPRI program finds coordinators who are willing to commit fully to the program and be comfortable with the responsibilities that go along with facilitating the meetings.

**Low Risk Assistance**

Once the participants successfully attend the “Meet and Greet” they are given access to resources based on their risk level. For those participants who are low-risk, it is the philosophy of the program that they do not need as much assistance as someone who is medium- or high-risk. Low-risk participants deal primarily with interns and/or volunteers at the parole office. The main resource and service that is provided to them is housing assistance and coordination, which is based on the need of the participant. A housing coordinator works with all MPRI participants who need housing assistance to get them placement at the shelter if it is needed or make another arrangement if the shelter cannot accommodate the participant(s). In some cases there is the possibility of getting assistance in obtaining a permanent housing placement with either a halfway house or a local community placement. This is not a service available for all participants; however, if the service can be accessed and housing is available by these means, then the housing coordinator will make every attempt to give this service to the participant(s) in need.

As helpful as the housing assistance is for low-risk MPRI participants, it is still quite limited. There are many other services that individuals need, whether they are low-risk, medium-risk, or high-risk. One of these is help with gaining employment. Despite having access to
assistance from the Workforce Developer, low-risk participants do not have access to transitional employment provided by the MPRI program. A few other services that are not available to low-risk participants include access to a mentor (i.e., a community coach), access to family services that assist with care, access to cognitive change assistance that provides additional support, and assistance with transitional rent, meaning that the program helps the participant with monetary support towards their rental payment. All of these are crucial elements for successful reintegration but are not made available to low-risk participants.

Medium/High Risk Assistance

However, all services that are made available to low-risk participants, in addition to the variety of services listed above, are available to access by medium-risk and high-risk participants. Just as low-risk participants can gain access to housing assistance from emergency shelter placement to community-based housing placement, the same is true for medium-risk and high-risk participants. Medium-risk and high-risk participants are also eligible to receive monetary housing assistance from the program. For those who have steady employment and are making a strong effort to be successful, there are options available to help participants with their rental payments. This service is given to take away some stress and pressure while the participant is trying to make it after being released from prison. This is not a service that is given out to just anyone; one must work for these privileges, and the state budget must be able to accommodate these extra services. This cannot happen until the program helps the public, who are very reluctant citizens, in understanding how giving these services to recently released offenders can ultimately help them by reducing crime rates in their communities, boosting the surrounding economy, and increasing the public safety of the area.
In addition to housing assistance, medium- and high-risk participants are eligible to receive added employment services outside of what is generally provided by the program. During the “Meet and Greet,” participants meet with the programs’ Workforce Developer and representative from Work Skills. All MPRI participants are able to access resources to present to employers such as the work opportunity tax credits and free bonding, presented previously. Participants are also eligible to receive additional assistance in obtaining work clothes to help improve their appearance when attending an interview with a potential employer. By being a medium-risk or high-risk participant, he or she is entitled to take part in an accelerated training program. This program is aimed at allowing the participants to gain professional work experience utilizing the Work Skills Corporation’s intensive 90 day training program in production maintenance and management.

Work Skills has been given a contract with General Motors to provide temporary transitional employment for medium-risk and high-risk participants. During this 90 day training program, participants are able to develop hands-on skills in assembly production. This includes doing work in assembly components; visually inspecting and sorting materials; functional gauge and microscopic inspections; cleaning, repairing, and managing of reusable materials; material modifications; loading and unloading of industrial goods; and packaging, repackaging, and loading of various materials. Participants are also able to gain and develop additional employment skills in cooperative techniques, punctuality, and positive social skills with superiors and co-workers and are able to progress towards a more professional attitude.

This 90 day assignment is both temporary and part-time, so the MPRI program and Work Skills expects the participants to be actively looking for permanent employment during their time off from production work. Each participant is expected to take on this responsibility outside of
his or her time working on the production line. The Workforce Developer and a representative from Work Skills will attempt to work with the participants to assist them in gaining permanent employment, if the participants actively seek out this service. By continually taking the training seminars offered at Work Skills, continuously working on building a more professional resume and keeping in contact with his or her parole officer, the MPRI program and its affiliates hope this support will eventually lead to permanent employment for every participant in the program.

Also, since the Workforce Developer’s main position in the MPRI program is to actively seek out and recruit potential employers who are willing to hire MPRI participants, any job leads that are gained are referred to the Work Skills organization where they can be accessed publicly by medium-risk and high-risk participants. This helps to reduce some stress the participants may experience when having to seek out job leads themselves.

As helpful as this transitional employment can be for many of the participants, the program must be prepared to yield any political and economic backlash that could come from the public in utilizing this method of assistance. This help could pose a huge threat to the automotive industry union workers as they may see the program as taking over their jobs by employing ex-offenders at a lower hourly rate. Where many individuals are either losing their jobs or being laid off due to outsourcing or downsizing, the participants coming out of prison are given similar jobs at a lower pay rate and less hours, but nonetheless, they are still employed. It is important that the program divulge its intentions and also be careful as to how involved this transitional employment program actually becomes. They must reassure the public that their participants are not there to replace the union workers at a lower wage and the program is not in place to ultimately take over the automotive industry with their participants. It is a mutual cooperation with the State and the MPRI program to temporarily assist eligible participants in getting back on
their feet and providing some work history for their resumes when they go out looking for a job on their own.

However, this can prove to be a very difficult task for medium- to high-risk participants. Gaining employment is influenced by a variety of factors, and the MPRI program attempts to alleviate some of these obstacles. The economic stability and progress of the area and/or state can highly dictate the success of the job market. If the economy is in a negative state, it is going to make gaining legitimate employment even harder, especially for someone with little current work experience, minimal education, and a felony on their record (Parker and Horowitz 1986; Uggen 1999; Austin 2001; Finn and Willoughby 1996). Those jobs that do become available also become highly competitive, so preparing participants for this is crucial. It is also helpful when ex-offenders in the program are able to participate in mock interview settings and to gain access to further education on interviewing techniques. This too is up to the participants to take the initiative and seek out this extra help. Those participants who utilize all the services provided by the MPRI program have a greater chance of being successful not only when taking on the job market, but also increasing his or her chances of staying out of prison.

Another potential limitation, which is highly influenced by the economic stability of the area and/or state, deals with the availability of the transitional employment. Since the contract held by Work Skills is linked with the automotive industry, the availability of positions can be compromised if the industry is having cutbacks, layoffs, or strikes. This has been a large issue recently because many jobs are being outsourced to other countries for affordability purposes. Outsourcing can strain union employees, which can lead to employees striking for better pay, higher job stability, and better benefits. Company strikes have the potential of lasting long periods of time because of how many demands are made by the union officials and employees. If
production is down in the automotive industry for any of these reasons, transitional employment in the program can also decrease. Participants may need the temporary employment; however, they are unable to access it because positions are either not active or not available at that particular time. This puts additional strain on the participants and the program because the participants are unable to access the services they are entitled to access, and the program’s credibility is jeopardized because they are unable to provide said services.

One solution to this limitation could simply mean branching out the Work Skills organization and obtaining additional contracts with large, local corporations that could offer added transitional employment positions for MPRI participants. There are a variety of large corporations located throughout the Michigan area, and if each site could develop contracts with some of these larger companies, it would be possible to provide a reduction in labor costs and employee benefits, which could lead to many of these companies not having to outsource their labor and materials. This is not to say it would not be an easy feat to accomplish; however, these are things that should be taken into consideration for the future of the MPRI program. Secondly, if there are limited numbers of positions available, Work Skills should be able to provide additional services to those participants who need the help but could not get into the program under the transitional employment contract. This could include providing them with volunteering positions to add additional skills to their resumes or possibly referring them to another MPRI site location for additional jobs and added benefits.

Medium-risk and high-risk participants are also given services to assist with family concerns and cognitive change courses for one’s own personal behavior. Family services include assisting individuals being released from prison in reconnecting with their families and children. This service has limited availability and is given out based on need because the MPRI program
recognizes that family reconnection plays a large role in the success of the participant. Services provided include family counseling, child reconnection services, shared custody assistance, and parenting courses. These services are only made available, currently, to the higher-risk participants since many of these ex-offenders have spent extended lengths of time in prison compared to many of the lower-risk participants.

It is important to understand that when one member of a family is incarcerated, it is not just that individual who suffers the consequences. If the offender is married at the time of incarceration, the removal of one member of the relationship for a long period of time can cause serious strain on both the incarcerated individual and his or her significant other. In many cases there are children involved in this relationship. Having a parent incarcerated produces a great deal of stress and anxiety for the children involved as well. Many of the children with an incarcerated parent experience “behavioral problems at home and in school, difficulty sleeping, mistrust, and fear of abandonment” (Christian 2005: 33). Travis and Waul (2003) go on to say that the “adolescent children of parents with the most involvement in the criminal justice system are three to six times more likely to exhibit violent or serious delinquency than peers with parents who have little or no criminal justice system interaction” (p. 238). These barriers, for both the offender and his or her family, are likely to continue to be problematic throughout the incarceration period and overcoming them, even after the offender is released, can be extremely difficult.

The purpose of the family services provided by the MPRI program is to not only recognize the other parties involved when incarceration of a family member happens but to help reintegrate the participants into both society and his or her family. Also, this assistance is directed at helping the family accommodate the return of the participant because this can prove
to be an unexpected barrier. There is a large amount of adjustment and compensation for both the incarcerated individuals and their families when they go into prison and also when they return home. It is not uncommon to see many relationships fail when a person goes to prison and also when he or she returns back to the family (Travis and Waul 2003). The family services are in place to aid in the many struggles a family may face when one member is returning home. Many participants need these services, but because there is a very limited availability, many families are not able to get the help they really need. This is unfortunate since it is possible that some families may fail to accommodate the returning family member, which may lead to the participant recidivating and returning to prison.

The second service, cognitive change assistance, is provided to help participants deal with the stress and strain of facing the challenges of reintegration. Again, these services are available but are limited to serve just under 200 participants at any given time and are only available for medium-risk and high-risk participants. Cognitive change services include twelve-week group sessions where the participants have a chance to change their ways of thinking, thereby changing and improving their skills, actions, and behaviors in hopes of staying successful in society. During these twelve-week group sessions, participants are able to learn ways to manage their anger; to avoid or turn down pressure from peers, which may lead them to revert back to prior illegal activities; manage their finances in a positive way; learn positive and proper social behaviors; improve relationship skills with family, friends, and significant others; and to cope with stress and anxiety. All of these are critical in order for the participants to be continually successful in maintaining their freedom from prison.

These services are intended to teach participants alternative ways to cope with the challenges of reentry and life in general. It is the programs’ hope that all participants take the
necessary information they need from these services and apply it to their own lives. Unfortunately, not all participants are ready and willing to take part in these family or cognitive change services. If they are unwilling to make the attempt to change their behavior and their lifestyle, then it is possible that they never will make the changes needed to be successful upon release from prison. If this is the case, there is not much the program can do to control the actions of the participant. Each participant must have some sort of desire to want to change and improve his or her life. Without that desire, it can be very difficult for assistance programs to help when the help is not wanted.

This portion of the program relies heavily on individual responsibility, and sometimes the only way they can get participants to take part in these services is by force. Participating by force is not always the best course of action because it can leave the participant feeling bitter or disdainful towards the program as a whole. However, there are parts of the program where the participants are forced to become involved or they are subject to disciplinary actions. One example is participants are required to attend the “Meet and Greet” meeting held the first Friday after they are released. If participants are expected to attend but do not, and they do not have a valid excuse as to their reasoning behind not attending, they are subject to a temporary parole violation where they could spend up to 30 days in county jail. Even though this statute had been in place since the program’s beginning, many participants felt very negatively towards it. Recently, the MPRI program has lifted this regulation and instead just highly encourages participants to attend the “Meet and Greet” meeting. It can be assumed that if attendance significantly declines because of the removal of this regulation, the temporary parole violation punishment will be reinstated to require participants to attend the meeting.
During the “Meet and Greet” meeting, a presentation is usually given on the mentoring program the MRPI makes available for medium-risk and high-risk participants. If participants would like to get involved in the mentoring program it is expected to last for duration of approximately twelve months. The first 90 days require daily contact between the mentor and the participant and it wanes off to once a week after the 90 day probationary period. The mentor/participant pair is always same gendered pairing, and it is common for the participant to get paired with someone with similar interests to their own. Each month the MPRI program hosts monthly meals where all the mentor/participant pairs can come together to discuss their experiences with other paired teams. This time can help facilitate communication between mentors, participants, program members, and the surrounding community. Additionally, this time can be used to brainstorm or share ideas of group activities that each mentor/participant team can take part in.

Every mentor is given continued training and support throughout their mentorship term with their assigned participant. The MPRI program attempts to recruit mentors with some background knowledge in criminal justice, sociology, social work, or psychology in hopes of finding individuals who are understanding, patient, and committed to developing a positive relationship with an MPRI participant. It is a shared relationship similar to that of an organization like Big Brothers Big Sisters, in that it is continuous and long-lasting. Mentors come into this program as a volunteer and are expected to remain for an extended period of time, which can be a large responsibility to take on. Again, mentors must be comfortable with being a community coach to a parolee who has recently just come out of prison and be willing to help with the many obstacles he or she will face upon his or her return. This may be a challenging but equally rewarding position that one must be completely dedicated to.
It is common to see many participants who have proved successful in the program and in the mentorship program to come back and become mentors themselves. This is a prime example of Simmel’s (1950) work being executed, in that those individuals who previously held little to no power or authority are in a position to fight back and regain some of that power that was previously lost, by going from being labeled an outsider to now being a member of both the program and society (Akers and Sellers 2004). This keeps a continued sense of progress within the program, and support continues for every member entering the MPRI program. Also, this can be extremely helpful for those just coming out of prison because they able to relate to another individual with a shared experience and it can provide some comfort knowing that support is readily available and they are not alone in this struggle to reintegrate. Regrettably, because this program is still relatively new and funding is limited, services are only available for medium-risk and high-risk participants. This means that even if low-risk participants would benefit greatly from using this portion of the program, they are not eligible to receive the services. Hopefully, the MPRI program can eventually be in a state of operation where funding is available to assist a wider variety of participants and include low-risk offenders more fully into the MPRI program services.

Last, the medium-risk and high-risk participants are eligible to receive additional assistance with regard to service navigation. Service navigation is meant to be used as directional assistance for the participants in the medium-risk and high-risk categories. Many of the services discussed throughout this service are difficult to find because it requires the participants to utilize computers and technology that they may not have easy access to. The service navigation portion of the program is designed to alleviate some of the stresses involved in locating the resources that the participant needs to get the help he or she wants. This includes additional assistance in
obtaining bus passes, prescription co-pays, supplies, meals, clothing, identification
documentations and paperwork, gas cards, transportation assistance, and additional help in
finding pro-social activities that the ex-offenders can participate in. This section of the program
is merely there to provide additional assistance to those participants who need the extra help
finding what they are looking for and getting to the places they need, on time and well prepared.

The participant does not always access this, despite each participant being eligible to and
having the right to ask for this additional support from his or her parole officer or MPRI
representative if they have a medium-risk or high-risk level. Arguably, even though this
assistance is available, it might not be necessary since so much support is given throughout the
program in each of these areas. If the program could transfer support that is not utilized by the
medium-risk or high-risk participants to the low-risk participants, this portion of the program
might be more helpful. Many of these services would benefit those who are low risk and are
having a difficult time adjusting to the change and reintegrating into the community. Had it been
made possible to give out additional services to low-risk participants when medium- and high-
risk participants are not utilizing the services, the program could see an increase in their success
rates of the lower-risk level participants as well as see the needed increase in success rate for
medium- and high-risk participants. It is possible that future analyses of the MPRI program
could shed more light on these subjects in hopes of improving the functions of the program as a
whole, especially in the upon-release assistance portion of the program.
CHAPTER 4: MPRI POST-RELEASE ASSISTANCE

At the conclusion of the participants’ upon-release assistance, the MPRI program aims to provide follow-up assistance to those participants active in the program and needing the continued support. Post-release assistance extends from the close of the upon-release assistance, around 30 days after the participant is released from prison, until approximately three months after the participants’ parole date. In some cases, participants continually use the help provided by the MPRI program for up to six months after being released from prison. However, despite these services being made available for extended periods of time, the support and depth of services continues to minimize, the longer the participants are out. Research has shown that the longer an individual is able to stay out of prison after they are released on parole, the less likely they are to return to prison (Travis 2005; Clear and Cadora 2003; Mellow and Greifinger 2008). Because of this, the MPRI program targets those participants who are having a difficult time adjusting to their lives outside of prison and attempts to provide continuous support for those who request it. Unfortunately, this part of the program, as with the pre-release assistance portion, is not currently enforced to its fullest extent due to the lack of financial support and because the program is still in the early stages of implementation. As a consequence, there are a limited number of participants actually receiving these post-release benefits.

Post-release assistance relies heavily on the participants taking responsibility for their actions. Additionally, the goal of this portion of the MPRI program is to help the participant stay home by encouraging the utilization of their network of family, friends, community, and mentor support systems. The MPRI program also helps by extending the upon-release assistance so as to provide continued support to assure success. This means that if participants are having problems gaining employment, they are still eligible to utilize the MPRI Workforce Developer and Work
Skills Corporation for job assistance. The option to use tools during interviews, such as tax credit opportunities or wage reimbursement during training periods with employers, is still made available for the participant to access. The participants can renew their membership annually with the Washtenaw Health Plan in the event that they cannot find employment that offers health benefits. Also, the participants continue to be eligible to participate in program activities like the mentorship program or other extracurricular activities like the MPRI softball team after their upon-release assistance term ceases. Overall, all services provided during the upon-release assistance stage of the program are made available to the participants in the event that they continue to need to additional support to maintain their stability in the community. Services do not have an expiration date; however, the longer the participants are out of prison, the more they are expected to take responsibility for their own actions and rely on their family, friends, community, and mentor support systems for their issues instead of turning to the program.

Despite the MPRI program not being able to fully implement this portion of the program, there are services, in addition to extending the upon-release assistance, that are made available to participants during this post-release stage. This includes participating in the semi-annual MPRI graduation ceremony, which recognizes those participants who have made an active effort to succeed. In addition, the participants are invited to attend a variety of church and community meetings and program seminars to interact with members of the community about their efforts to change their behaviors and the difficulties they have faced upon their return to the community, and they are given the chance to become familiar with what the community organizations have to offer. Finally, the participants have the opportunity to give back to the program by speaking on behalf of the MPRI program to local community organizations and local universities. This gives the participants the ability to share their stories and to help advocate for the MPRI program. The
latter, regarding public advocacy, will be discussed in further detail later on in this chapter but makes up a significant portion of the program and is an extremely important asset that the program utilizes to its fullest ability.

The semi-annual MPRI graduation ceremony allows the participants who have successfully completed the program requirements to voluntarily come together for recognition of their accomplishments. Those participants who have excelled in the program, exceeded the program requirements, and clearly made an active effort to change their behaviors and cognitive ways are also individually recognized during the ceremony. The graduation ceremony occurs every six months since the program is designed to provide needed services to the participants for that length of time. In the event that some participants do not quite meet the requirement of being released for a minimum of six months, this semi-annual design allows for those participants to be included in the following graduation ceremony, six months later.

The MPRI program takes great pride in their execution of this ceremony, and it is considered a highlight of the program. Again, drawing from the theoretical work of Simmel (1950), this ceremony is an outward example of how those who were previously labeled outsiders and held little to no power or authority are able to reclaim some of that lost power and authority through publicly showing their successes in this program (Akers and Sellers 2004). The participants are able to use this program to their advantage in helping them overcome the many obstacles they faced exiting prison. Many key affiliates and active members of the program are invited to attend the graduation ceremony. This includes all employees, interns, and volunteers with the program, members from the partner corporations such as POWER Inc. and Work Skills Corp., agents from the parole office, local community and church organizations who are involved and support the program, and the family members and friends of the participants. This
provides a supportive, comfortable, and enjoyable environment for the participants to come and be recognized for their many accomplishments. It is the program’s philosophy to reward and give acknowledgment to those participants who have made it through the most difficult aspects of reentering the community and enable the participants to give thanks back to their families, friends, mentors, the program, and anyone else they feel has encouraged them to be a better individual.

Through participant observation it is apparent that this is an important part of both the participants’ and the programs’ success. To be recognized publicly for the obstacles they have overcome in the last six months and the progress that they have made since their release date is an obvious positive motivator to keep going and keep pushing towards reaching their goals. Many participants mention that they were so close to giving up because it was becoming too difficult to stay away from trouble. However, with the motivation from their support networks, the program, their mentors (if they had one), and their parole agents, they were able to push through the hardships and focus on achieving their goals. The graduation ceremony is designed to recognize the accomplishments of both the participants and the program for that six-month period and to make way for a new wave of successful participants.

The graduation ceremony has evolved, as have all other portions of the program, to include a variety of members associated with the MPRI program. Key program members, such as local community and church organizations and graduated participants, are among a few groups that have recently been included in this event. In many cases, graduates continue to be actively involved in the program. Past participants come back as interns or volunteers to assist other returning offenders in their progress to change and stay out of prison. This allows for a more comfortable environment for new incoming participants, as well as provides for a type of reunion
when the graduation ceremony occurs. Past participants are also an asset to the graduation ceremony in that they are already familiar with the procedures and ceremony schedule, so it not only provides for an extra set of hands to help with the set-up, implementation, and clean-up of the occasion, but it also allows the graduated participants to have a say in how the following graduation ceremony should be executed. As stated previously, many parts of the MPRI program are constantly changing to incorporate new ideas, new inputs, and new organizations. Feedback from individuals and organizations outside the main players and members of the MPRI program is crucial in helping the program grow and improve.

However, as the graduation ceremony is executed in its current state, improvements are clearly needed. First, organization of an event at this capacity is both difficult and time-consuming. Since the program relies heavily on intern and volunteer assistance, this task of organization is no different. If a different individual, or group of individuals, organizes this ceremony each time or even each year, it is unlikely there will be continued consistency. Currently, the community coordinator for each MPRI site usually oversees the organization of the event, but it is up to the employees, interns, and volunteers of the program to fine-tune the details. This puts a responsibility on the employees, interns, and volunteers to pass the knowledge on to the new incoming members to keep the event consistent. Many times this does not happen and it is left up to the community coordinators to critique the design. Hence, additional pressure is placed on the community coordinators to perform these duties. This pressure could be alleviated if the program members put together detailed notes regarding the planning of such an event. This way, new incoming employees, interns, and volunteers could be given the opportunity to have a clear understanding of what is needed to design this ceremony.
A second limitation to the current implementation of the graduation ceremony is timing. Given that the MPRI program is a six-month program, which translates into the graduation ceremony being semi-annual, it still leaves space for some participants to have to wait longer than necessary to be eligible to participate in the graduation. Some participants, merely by way of their release date, will have to wait upwards to eleven months to be considered for graduation. Whereas, other participants will be eligible to attend and take part in the graduation ceremony in six months. Despite the time frame, each participant will be eligible for the same services as set forth by their risk level, but there is a possibility that some participants will have ill feelings towards being forced to wait a longer period of time. One solution to this problem, since increasing the number of graduation ceremonies per year is unlikely, is to provide discretion for those participants who continue to be a success even though they have not quite reached the six-month mark. This will enable those participants who would previously have had to wait around eleven months to now have the chance to participate in the graduation a bit earlier.

In addition to the graduation ceremony, participants are also encouraged and eligible to attend local community functions and church gatherings as a part of their post-release assistance. This includes attending meetings held at local community organizations and churches that promote positive change for MPRI participants. Attending these meetings exposes the participants to other participants in the program, engages them in active group participation with local community members, allows them to interact with their neighbors, and actively involves them in a religious affiliation. All of these provide an additional support network if the participant needs it. These meetings are mostly community members and local business owners coming together to voice opinions about local community policies and procedures as well as a means to brainstorm ideas to further positive change within the community.
The current state of Michigan’s economy has left many individuals with little to no work and the ability to find a decent means of employment scarce. Promoting this community cohesiveness helps both the participants and the community members to come up with ideas and solutions to better business and increase means to promote change in the local economy. Allowing the participants to take part in these community meetings is also providing a possible networking link for those actively looking for employment or housing. Even though the program helps participants overcome both of these obstacles, it does not guarantee a job or a particular place to live. It is important that the participants are actively looking for employment and affordable housing on their own, using resources outside of those provided by the program. Sometimes, merely sparking a conversation with someone can lead that individual to connect with an employer in need of some assistance or a reference to gain affordable housing in a nice location.

Many attendees of these meetings are looking for ways to improve their businesses and their communities, and allowing the MPRI participants to be a part of that can not only provide a possible social connection, job lead, or housing tip, but also help integrate the participant into the local community and have a voice in the operations of that community. When an individual enters prison, he or she is essentially stripped of their right to voice their opinions. When that same individual reenters society, their lack of rights does not immediately go away. It is something they must earn back. This can be used a stepping-stone to regain their right to voice their opinion, which can be an empowering moment for the participants. The more they become involved in what happens in their communities, connect with other community members, and are able to have a say in the operations of their community, the more a sense of belonging and accomplishment can shine through. This is a powerful motivation to maintain their
successfulness in the community, actively show they are attempting to change, and allow the participants to rebuild their lives in a more positive direction (Zhang et al. 2006).

It is also very important that the program not only encourages the participation in these meetings but also notifies the participants when these meetings are taking place. Much of that is left up to the participant to discover the date and times of the meetings. This can be a serious limitation to this portion of the post-release assistance. The longer the participant is involved in the program, the more responsibility placed on the participant; however, some participants may not have the means by which to access this material nor the knowledge of how to access these schedules. It is up to the program to direct the participant to these particular meetings as well as shed light on which meeting would be highly beneficial to attend and what churches are actively involved in the MPRI program. After this the participant can continue exploring the variety of meetings held in the community. It is simply that initial direction that is needed and is sometimes overlooked.

A second limitation to attending these meetings is regarding expectations. It is the program’s responsibility to make it clear to the participants that by attending these gatherings, they are not guaranteed a job or housing lead; the intent is to integrate the participant into the community to provide an extra social support network, first and foremost. Obtaining employment leads or affordable housing tips are both a secondary possibility and an added bonus. Unfortunately, throughout all aspects of the program, participants can sometimes be misled and therefore angry with the assistance provided by the program. The program must make absolutely clear that these things are not guarantees but merely bonuses and can only be considered possibilities for some individuals, not everyone. Additionally, each participant must still take advantage of the services provided during the upon-release assistance, especially in
relation to employment. It does not look good to get a job lead but fail the interview or application process because the prospective employee did not seek out the proper training or come prepared for the interview.

A final activity that the participants can actively become involved in, during the post-release stage, is public advocacy for the program. Even after graduation from the program, participants are encouraged to maintain ties with the program and come back to volunteer as well. This is critical in that it allows the program to gain support around the state and utilizes all members, affiliates, and partners of the program. The MPRI program even has a public advocacy team of individuals, usually made up of interns and volunteers, who work in trying to spread the word about the MPRI program, what it does for the community, its benefits for the State of Michigan and how the program can improve public safety and help decrease crime rates. Usually, past participants are placed with this team because they have first-hand knowledge and experience with how the program functions, the services it provides to returning offenders, and the benefits that can come out of taking part in this program.

The public advocacy and advisory team participates in all activities associated with the MPRI program, including attending all events, seminars, and functions hosted by the MPRI program as well as joining the participants who have entered into the post-release stage. In attending local community and church meetings and gatherings. This is a great way to provide and pass out handouts, newsletters, and literature on the MPRI program, in addition to speaking about the program when the meetings allow individuals to voice their ideas and comments. Much of the literature handed out at the community and church meetings is the same as the literature that is given to participants once they enter the program. They provide a brief insight into the program, its goals and values, the new direction the MPRI is taking on addressing the
issue of prisoner reentry, and how the program proposes to aid in reducing crime and increasing public safety. This also enables the MPRI program to connect with other local non-profit organizations to potentially create alliances with these organizations and other community organizations with similar goals and values.

Some of the more successful connections include building bridges between the MPRI program and the (1) American Friends Service Committee, (2) Freedom Center Re-Entry Support Group, (3) Prison Creative Arts Project, (4) National Organization on Fetal Alcohol Syndrome, and (5) Christian Love Fellowship Ministries, Int’l (See Appendix #6 for handouts on these organizations). One key element to the public advocacy team that is appealing to many of these organizations is that because of the partnership or affiliation with the program, the public advocacy team also helps these organizations in publicly advocating for their organization as well. This translates to interns and volunteers with the MPRI program helping in developing, designing, and passing out literature on each of these organizations, as well as incorporating their organizations into the public speeches when needed. For example, if an organization from the “Meet and Greet,” such as Planned Parenthood, needed assistance in putting together a handout for the program participants, that representative could come to the MPRI public advocacy team and ask for the assistance that they need. If the team is willing and available to help, the team can do that.

It is also the public advocacy team that assists designated MPRI employees in recruiting volunteers and mentors from the surrounding community and college campuses. Many local college campuses yield students interested in studying criminal justice, criminology, sociology, psychology, and social work. All of these educational fields of interest play a role in the MPRI program in some way. Getting students who are pursuing an interest in these subject fields is also
a promising composition of students who could play an important role in interning or volunteering with the program. This, in turn, enables the MPRI program to build partnerships between on-campus organizations and campaign functions such as the Students Against Hunger and Homelessness, thereby increasing the awareness in the community of both the on-campus organizations and the MPRI program.

Three of the major limitations towards having a public advocacy team consisting mainly of interns, volunteers, and past MPRI participants, operating in its current state, include the possibility of the team being taken advantage of by other organizations, temporary structure of the team, and the lack of cohesiveness due to the temporary structure of the team. First, since the team can be accessed and used by outside organizations affiliated or associated with the MPRI program, there is the possibility of that organization utilizing the advocacy team more than needed. Although the team members have the option to decline the offer, some members may lose their main focus on the MPRI program and divert their attention to the other organizations. It is quite unlikely this will happen, but it can become a possibility given that there are a variety of organizations involved or partnered with the MPRI program. Some of these organizations do not have a large capacity like the MPRI program and may need additional help. It is something that must be kept in mind when allowing the MPRI public advocacy team to assist outside organizations in their attempts to publicly advocate for their organization.

Second, one of the major downfalls of structuring a program based mainly on interns and volunteers is the temporary nature of the program components. Inevitably, there is a high turnover rate among the interns and volunteers because their assignments are usually temporary. Also, individuals may start off interning or volunteering with a particular aspect of the program and then branch out and move their assignment to another part of the program. It is no different
for the public advocacy team in the MPRI program. People come and go, which reduces the likelihood that there is a cohesive nature among the public advocacy team. Additionally, each of the individuals on the team has his or her strengths, weaknesses, and personal schedule. Some are better at designing and coordinating the literature, while others would rather interact with the public. These are all characteristics that must not only be accounted for but accommodated as well, since the program wants its interns and volunteers to be happy and satisfied with their assignment. As long as there is a comprehensive understanding among the team members and a sense of consistency can be achieved, the public advocacy team has a promising future in the MPRI program. It is also a large part of the program in that it helps recruit members, spreads the word about the program to the public, and keeps support flowing from the public to the program, all of which are extremely important if the program aims to continue in the state of Michigan.

Despite the MPRI program being limited in the amount of implementation that is allowed in its final stage, it is clear that services are continually provided to the participants in need. The further along in the program that a participant gets, the more the services diminish. However, the program turns the focus from an enabling approach, where the participants are given support at all times, to an independent approach, where the participants are expected to seek their social support networks. As stated previously, research has shown that the longer an individual is out of prison, the less likely he or she is to return to prison. The program focuses largely on providing that independence and responsibility at this stage because once this stage is completed, the participants are on their own. It is as if the program is geared towards weaning the participants off the assistance of the program in order to have them seek the services and support on their own to continue their success in society. In the end, for those participants who do make it this
far, it is a larger accomplishment to continue on their own rather than with a continued
dependency on one or more organizations keeping them successful.
CHAPTER 5: THE FUTURE OF THE MPRI & A BEST PRACTICES COLLECTION

It is clear that the MPRI program, since its beginnings in 2005, has made considerable progress in the realm of prisoner reentry in Michigan. It is also apparent that the MPRI program is consistently adapting to change within its organization: making room for new ideas and new philosophies, and learning from past mistakes. With its continued success in aiding returning offenders in reintegrating into Michigan communities, the MPRI program is a pioneering movement that seems to have a promising future. As the program continues to grow and expand to incorporate many other organizations, non-profit or otherwise, that assist underprivileged populations, there is hope that the MPRI program will not only become a valuable benefit for individuals being released from prison but also an integrated, seamlessly functioning asset for the State of Michigan governmental organizations, such as the Department of Corrections or the Department of Labor and Economic Growth. This can only be accomplished by modifying and adjusting all of the minute details of the program that collectively make up the three larger sections of the reentry process: the pre-release, upon-release, and post-release assistance services. The social, political, and economic climate of the current times is ready and willing to incorporate programs of change and improvement, such as the MPRI program. With more and more individuals being put in prison and an even greater number of those individuals being released with no real practical skill sets to stay successful, Michigan residents are demanding change to take place to alter its current practices with respect to both incarceration and reentry. The MPRI program is at a prime location to take advantage of this phenomenon by stepping in to provide those necessary skills one needs to stay successful in the community.

Due to the lack of training courses and skill-building activities in prison, the likelihood of individuals coming out with the necessary life skills to be successful within the community is
highly doubtful. This program has the capability to change this fact; however, at its current state it does not have the means to accomplish this. Each portion of the reentry process could benefit greatly by incorporating processes currently being used by other statewide prisoner reentry initiatives. Despite reentry assistance being a new concept in the field of criminal justice, many other states have had reentry programs in the works a few years longer than that of Michigan’s program. By utilizing the knowledge gained by other states as well as knowledge from professional research on prisoner reentry, the MPRI program is able to increase and improve their model and philosophy towards reentry. Additionally, the MPRI program will have the opportunity to gain additional public and statewide support, which can lead to increased resources and funding for the program and its affiliates. This could easily translate into the activation of all parts of the MPRI program, better services for the participants, and a more efficient operation of the program in general. The question then becomes what parts of the MPRI program should be altered or improved and what states should the MPRI program look to for guidance in these changes?

Best Practices – Pre-Release Stage

Ideally, the MPRI program would like to see individuals receiving assistance the day they are incarcerated. Much of this assistance is to be provided by the Department of Corrections and revolve around vocational and educational training courses for the inmates, as well as specified treatment services such as substance abuse counseling or sex offender treatment programs. The MPRI services, helping to prepare inmates for reentry and reintegration into the community, would then begin six months prior to the inmates target release date. However, this original plan has yet to be accomplished. It is clear that this is the first and foremost improvement the MPRI program must begin accomplishing. Budget cuts and a lack of funding for training, treatment,
and reentry programs has forced the Department of Corrections to make available only those programs that are absolutely necessary for the inmates who present a clear need for specialized treatment. Overall, there are very few programs implemented in Michigan prisons that revolve around providing any vocational, educational, or specialized treatment.

For reentry programs, this means that only certain parts of the program can be actively used, at any given time, during this stage. Additionally, when participants first enter the MPRI program, they are not able to access any type of services until approximately one month prior to their release. Unfortunately, the services that are made available consist only of help from the members of the Transition Team who come to speak with the participants, currently incarcerated, about what the MPRI program does and how it will assist the individuals in their efforts to reenter successfully. Thankfully, despite these minimal services, the Transition Team does do a great job of explaining the program, distributing information that will be pertinent to the participants when they are released, and helping to enroll the participants in the appropriate organizations that they may need to utilize when they get out (i.e., filling out applications for birth certificates or the WHP).

To improve this, the MPRI program must first look into becoming more involved in the implementation of the vocational, educational, and specialized treatment services for all inmates entering prison. I feel that this is critical to the future successes of the inmates. Chapter 2 explains how there is a distinct disconnect between the MDOC and the MPRI in this area. The MPRI program must become an equal partner in pioneering the implementation of these programs in every Michigan correctional system. However, in order for the MPRI to achieve this, they must first gain the support they need from both the government and the community. Unfortunately, this will be a near impossible feat until the Michigan economy turns around and
more funds are made available to contribute towards implementing these in-prison programs. Also, the social and political climate must change to readjust the priorities to fund less money for mere incarceration and fund more money towards support services, education programs, health care assistance, mental health assistance, and substance abuse treatment programs, all of which are contributors as to why individuals get incarcerated in the first place. As seen in the Texas, Ohio, and Indiana prisoner reentry initiatives, a large focus in pre-release assistance is geared towards building practical skills that will contribute to obtaining legitimate employment and maintaining healthy relationships with family, friends, co-workers, and superiors. Also, all of these states have specialized treatment programs that assist inmates in getting help with their personal issues, such as substance abuse counseling, sex offender treatment, or anger management counseling.

Combined, these services provided prior to an inmate’s release help them prepare for the world outside prison. They also give each inmate the necessary skills needed to overcome the many obstacles they may face upon their reentry. If the MPRI program is given the ability to not only achieve their original goal of providing services to inmates six months prior to their release but also to be a part of an inmate’s entire prison sentence, I believe the program would not only become a valuable asset to the MDOC and to the State of Michigan but to every inmate entering a Michigan prison as well. Inmates will be better prepared to face the challenges of reentry, their skills would be comparable to many individuals who have never been incarcerated, their chances of gaining legitimate employment could increase significantly, and they would have something larger to look forward to when they are released.

Secondly, I believe that the MPRI program should incorporate a training support booklet similar to that of the State of Indiana’s Pre-Release Re-Entry Program Offender Handbook. As I
was observing various social meetings and gatherings for the MPRI program, it was revealed to me that the participants, family members of participants, and community members wanted to know if there was some sort of handbook that not only describes the MPRI program and its services but also includes information on all aspects of the program, its partner organizations, and key elements that are needed for a participant to succeed. As there was nothing, it was obvious that most of these individuals were quite disappointed in the lack of guidance provided to them. Despite Indiana’s offender handbook being designed for only inmates and not their families or the community, it still provides the inmate with some tangible guide to utilize, learn from, and follow.

Understanding the prison and parole system, as a whole, from the point of view of the inmate, the family, the friends or the community is a complicated, tedious, and confusing process. Much of the knowledge gained from these systems is obtained through basic trial and error. I feel that the MPRI program should band together to devise a booklet for, at a minimum, its participants so that they are able to focus their efforts on completing the tasks outlined in the handbook. This booklet should offer sample application forms, practical activities to build skills in managing finances, tips to work on anger problems, motivational words or phrases, contact information for local community resources and help-centers and contact information for various parts of the MPRI program. If the program has the capability to go one step farther than Indiana and is able to devise informational booklets for family and friends of incarcerated individuals as well as community members, it would reassure them with a feeling of direction and understanding and, ultimately, reduce a large amount of stress. Completed, this booklet will become an essential tool for everyone involved in the program. It will aid participants in reintegrating, aid family and friends of participants in understanding the prison system and what
their loved one(s) are going through and finally, and aid community members in discovering ways to not only understand the battles one faces upon reintegrating into society but also find ways to help those individuals coming out of prison to stay out of prison for good.

Third, the MPRI program must address the limitations surrounding the lack of uniformity, organization, and structure of the pre-release assistance provided. Initially, the Parole Board plays a large role in the decision-making process of who becomes MPRI and who does not. Discretion becomes a huge issue when decisions are based on the individual circumstances of each inmate. Texas, Ohio, and Indiana have accounted for this by fully integrating their reentry program into every aspect of an inmate’s prison experience, including the parole departments. Thankfully, the MPRI services are made available for every participant to openly utilize. However, services are based on risk level and need, so it is crucial to make all participants understand what is available to them and what is not. I believe that communication is key in the success of this stage. The Parole Board must communicate with the MPRI program as to who needs what services, and the MPRI program must communicate with the participants to help them in understanding how to use these services. Every aspect of this pre-release stage must flow in sync, which will enable the program to run as efficiently as possible. It must be a seamless process for both the correctional institution and the program participants.

Fourth, the Transition Team must also be organized and operate uniformly. Members of the Transition Team need to be sure that their conversations with the participants are clearly verbalized and interpreted. This means that it is the responsibility of the Team members to answer questions when necessary, provide support or guidance when appropriate, and leave the meeting knowing each participant understood what just occurred. Each participant should be given similar information on the program and instruction on how to utilize its services. Only
those individuals who will be dedicated to the program and the participants, despite their position as an employee, intern, or volunteer, should be chosen to be a part of the Transition Team. Accomplishing this can be difficult and problematic because it is never clear whether someone has the right intentions initially, so it is important to obtain as much information as possible about the individual and make an educated decision of whether that individual will be a valuable asset to the program and the Transition Team.

All of these will aid in the final and most important aspect of improvement in the MPRI pre-release stage, prisoner preparedness. This is critical since prisoner preparedness is the ultimate goal of the pre-release stage of the MPRI program. The Texas, Ohio, and Indiana statewide initiatives clearly show that the primary goal of assisting individuals, prior to their release from prison, is to better prepare them for facing the difficult world outside the correctional facility. If the MPRI program can accomplish and overcome all of the current limitations in its program, the participants will be better prepared to take on the challenges of reentering society. The value of the program to the state of Michigan will increase significantly, and communities will visibly notice a difference in the actions of the MPRI participants who have taken advantage of the pre-release services made available to them.

**Best Practices – Upon-Release Stage**

Beginning the upon-release assistance is the largest portion of most prisoner reentry programs. No matter how much a participant is warned of the difficulties he or she will face when released, many times these difficulties are underrated or overlooked until the offenders actually experiences them first-hand. Continued support and guidance for the first thirty days is critical to the success of the participants. I believe the MPRI program accounts for that needed support and provides it well to the participants; however, the organization and seamless
operation can fall short on occasion in many aspects of the upon-release stage. Much like that of the pre-release stage, there is a lack of formality and solidarity in the process by which services are distributed and implemented, first of which being the process of releasing the inmates on their target release date in a timely fashion and to their “home” communities.

Regrettably, this is an issue faced by many prisoner reentry programs, including Texas, Ohio, and Indiana. There is so much inconsistency and uncertainty surrounding the release of prisoners back into society. Most of these issues cannot be helped, given the problems that face all correctional facilities today. Lockdowns, bad behavior, rescheduled court proceedings or hold-ups in the court process all can cause an inmate’s target release date to alter. However, the program can help improve this process by coordinating and communicating with the MDOC to make the transition a bit smoother. Also, the MPRI program and the MDOC should come to a consensus on the location of where the inmates are released. Currently, some inmates are released straight out of the facility that they were incarcerated in, others are transferred to the facility nearest to where their crime was committed, and some are transferred to the nearest facility in relation to their designated “home” community. It is in the best interest of the MPRI program and its participants to have a formalized release process. Also, I feel that inmates should have a voice in where they are to be released and should be given the choice as to which county they prefer. This way all inmates can have the opportunity to be released to their family, if they have personal ties, or they can be released to a community that is at least familiar to them. At its current state, I do not believe that the MPRI program allows room for the participants to have this voice. It is left up to the MDOC office to direct where inmates are to be released, and I do not feel that this is in the best interest of the participants.
Obtaining official documents, such as birth certificates, is another challenge that the MPRI program faces in the upon-release stage. Again, like the Texas, Ohio, and Indiana programs, the State can be unpredictable in making these documents available in a timely fashion, once the inmates are released. The MPRI program does not have the capability to speed up the bureaucratic process by which these documents are retrieved. Preferably, these documents should be waiting for the inmates the day they are released but it can sometimes take up to eight weeks to retrieve birth certificates from the State. The MPRI program does a good job in assigning particular individuals to filling and filing the paperwork needed as well as keeping track of the timeline of when the documentations are to be received. However, it is important that a member, or team of members, not only keep track of these applications but also update the inmates on the status of these applications upon their release. Indiana incorporates this process of obtaining needed official documentations into their Pre-Release Re-Entry Program Offender Handbook. As a requirement for their release, Indiana inmates must complete the application to obtain their birth certificates so that their documents are waiting for them when they are let out.

I feel that the MPRI program should have all participants complete and submit any applications, to obtain these documents, at least six weeks prior to the inmate’s target release date. The program must also implement a system to account for any participants who did not meet with the Transition Team prior to their release. Without these documents, many individuals cannot get their driver’s license, which holds them back from obtaining employment and having to rely on either a public transportation system or friends to get around to needed places. This added stress and frustration could contribute to the participants being tempted to recidivate and return to prison. A stronger partnership between the State of Michigan and the MPRI program is essential in streamlining this process so participants do not have to wait long periods of time to
obtain their birth certificate or driver’s license. If the MPRI program can tighten their lines of communication between all parties involved in this process, I believe they should not have any problems getting participants the necessary documentations to gain employment, residence, or any other services needed when they get out of prison.

Once the participants are released, they receive their “1st Day Out Services” where they are treated to a lunch and taken to the bus station to get their bus pass. This process is seen in many other reentry programs since it is meant to both congratulate the participants on their release and celebrate their freedom. The main improvement in this part of the upon-release stage is to make sure each participant is given the chance to participate in this event. Scheduling can become an issue, and the program must account for any changes in the release dates of the participants or any scheduling conflicts of the MPRI employees, interns, or volunteers. I feel that as the program stands currently, it performs this process well. Only accounting and accommodating for scheduling changes must be fine-tuned before this process can operate seamlessly.

Participants are then required to attend the MPRI “Meet and Greet” on the first Friday after they are released. This meeting is nationally unique in that very few, if any, other statewide programs have a meeting comparable to this. The MPRI “Meet and Greet” is both a pioneering and imaginative service that has much potential for the program and its participants, as a whole. However, as informative as the “Meet and Greet” is for the participants, the program must still make this meeting as consistent as possible. Much like the “1st Day Out Services,” scheduling can become a tedious but significant problem. The “Meet and Greet” coordinators, those individuals who supervise and facilitate the meeting, are an important asset to maintaining the schedule and organization of the meeting. If a presenter cancels or is unable to make the meeting,
it is the responsibility of the coordinators to either accommodate the change or improvise the presentation for the participants. The coordinators are also key in maintaining order in the meeting, especially when participants feel uncomfortable with any of the presentations, such as the police department. Essentially, the MPRI program has a responsibility to everyone involved in the program to choose coordinators and presenters who have the dedication, experience, and education necessary for handling a meeting with a sensitive population of individuals, like returning offenders.

Whenever police officers and ex-offenders come together, there is always the possibility for negative emotions or preconceptions to cloud one’s judgment. In the case of having police involved in the “Meet and Greet,” it is key that the police are there to welcome the participants back into the community and provide an extra line of support for the participants to use if needed. The MPRI program should include only those police officers who are willing and able to meet these goals. They should also be willing to assist the participants when questions arise regarding any issues that may be able to be answered only by an officer of the law. Most importantly, despite the feelings of the participants or the police, the “Meet and Greet” should remain a neutral and safe environment, free of hostility.

I have seen first-hand the detriments of including in this meeting officers who are not completely free of their preconceptions towards ex-offenders. During my involvement with the program as a “Meet and Greet” coordinator, there was a handful of occurrences that could have resulted in something worse had we not mediated the problem immediately. The meeting has the potential to fail miserably if one or more officers continually hold a negative attitude towards the participants at the meeting or are unable to manage the hostility from one or more participants. Also, if the coordinators are unable to mediate this conflict, it has the potential to get verbally
and physically uncomfortable for everyone involved in the meeting. It is my professional opinion that if the program is unwilling or unable to fully screen those officers attending the meeting prior to them coming and fully train the coordinators facilitating the meeting, then the program runs the risk of not only ruining the “Meet and Greet” meeting but possibly causing a damaging disconnect in trust and faith between the MPRI program and its participants. Thankfully, the MPRI program has employed a number of dedicated, trustworthy, and highly skilled coordinators and officers who are willing to help, who have the right attitude, and who are able to manage and mediate conflict. I believe that this meeting is extremely helpful, as long as the MPRI program fully trains its coordinators and fully informs and screens its participating officers.

Also during this meeting, presentations on the Washtenaw Health Plan (WHP), the Public Health Department or Planned Parenthood, and an employment presentation given by the MPRI programs Workforce Developer and partner corporation, Work Skills, occurs. A common theme among all of these presentations, which is also common among many other prisoner reentry programs, is limited availability for services. With all reentry programs, lack of funding is always an issue that can hold programs back. It is an unfortunate situation, but the MPRI program can provide only so many services to the participants. This means that the services provided to the participants, from each of these organizations, comes with stipulations attached. Some participants may not qualify to access these services because of their situation, and others just may not be eligible because of their risk level.

The WHP is a benefit plan that all MPRI participants are eligible to enroll in and receive health benefits, as long as they qualify. However, because this is not considered health insurance, the benefits are limited and are meant to keep individuals healthy in only a very basic sense. This
is a partnership that is essential to the MPRI program, but even if the participants would like to seek alternative means to health care, there is little that is offered by the state of Michigan. Again, this is out of the MPRI’s control, so the program does what it can by creating these alliances with organizations like the WHP. It is in the best interest of both the State of Michigan and the MPRI program to continually seek out and provide services that the participants can take part in, with regard to health benefits. As far as the presentation given by either the Public Health Department or Planned Parenthood, the MPRI program must somehow bring the two organizations together to create a presentation that sheds light on the most important aspects of each party. Also, I feel that the presenters must keep the participants engaged in the meeting because this presentation can be somewhat uncomfortable for the participants, especially since it is a discussion that can get very personal. I do not believe that the MPRI program does this as well as it could. There is such uncertainty surrounding this presentation, and much of it revolves around disconnect and disorganization. I feel it is in the best interest of the program to make the extra effort to bring together these two organizations to relay one concise and encompassing presentation that speaks to all aspects of sexual health.

One of the final presentations given at the “Meet and Greet” is on obtaining employment, gaining employment-readiness skills, and mentorship opportunities. Employment services are eligible to every MPRI participant; however, the services are based on need and risk level. Low-risk participants receive fewer services than medium- or high-risk participants. I think this is the first thing the MPRI program should look at improving in this realm because so many participants are missing out on these services because of their risk-level and the lack of availability of various services. Some employment services, like the 90 day transitional employment service, can be directly affected by the surrounding area’s economy. If the area is
doing poorly, transitional employment may not be available to access. I believe it would be very beneficial for the MPRI program to branch out to other community organizations that could contract with the program in providing employment positions for MPRI participants in the event that transitional employment, through factory work, is unavailable or has reached its capacity. Also, it is important for the MPRI program to not appear threatening towards current union autoworkers. Politically, this can become a serious issue since the automotive industry in Michigan is doing so poorly. The MPRI program must clearly state, to the public, their intentions of implementing this type of transitional employment. This could be another reason the MPRI should look elsewhere and contract with other various companies to provide other outside opportunities for temporary employment.

Finally, mentorship opportunities are common among many reentry programs. Because MPRI’s mentorship program is fairly new, there is much room for needed improvement. However, as Texas, Ohio, and Indiana show, mentoring can come in many forms and can also target specified groups of individuals. I feel that by maintaining this flexibility and wide range of opportunities, mentoring can prove quite useful for returning offenders, male or female. Texas, for example, has a very successful mentoring program for incarcerated mothers with newborns called Love Me Tender. Also The Empowerment Project is for incarcerated women suffering from a history of domestic violence or sexual assault situations. Ohio also has pioneering mentoring programs built in their Intensive Prison Program services to help individuals with a history of drug use and abuse, alcohol abuse, and even anger management issues. Last, Indiana has incorporated many mentoring programs for men and women who need assistance or guidance when dealing with finances, pursuing further educational degrees, managing stress, and overcoming substance use and abuse. As stated previously, if Michigan could widen their scope
on mentorship, it would greatly assist returning offenders in learning the basic needs of surviving life outside prison and being truly successful.

After participants complete the “Meet and Greet” meeting, the services offered to them become more intensive and more widely available. However, services greatly depend upon current availability, need, and risk-level, so many participants go very separate ways after the “Meet and Greet” meeting. The MPRI program does a good job at distinguishing these separate services and making it very clear to the participants what they are eligible for. However, the division of services is unfair and particularly unnecessary. Looking at these services as a whole, the MPRI must first attempt to change the fact that low-risk participants literally are ineligible to receive certain services. Instead, the division should be made based on immediate need, current personal situation, and by request, when applicable. Denying participant’s services simply because the government funding agencies feel they are better off with their lower-risk level will not help this program become a success, especially since, given the nature and design of the program, many of these services are somewhat flaunted in front of lower risk participants, where higher risk participants are singled out and told they are eligible to access these services while lower risk participants are told they cannot.

There are many cases where participants of various risk levels do not need the services they receive. Conversely, there are many cases where participants do not receive the right services for them. As a participant observer, I have seen both situations come out at the “Meet and Greet” meeting, a prime example lying in the transitional employment presentation. Either way can prove to be a detriment to both the program and its participants. I believe the MPRI program should make every attempt to give each participant the services he or she really needs and not take on the responsibility of making assumptions based on risk levels, risk levels that
even the participants do not fully understand. This action could lead to the participant having both a higher understanding and greater amount of respect for the program as a whole. It could also mean the participants are really getting the help they want and need when they get out of prison.

Looking individually at the various services the MPRI makes available shows that the services given to the participants, at this time and in this way, are quite useful and very helpful, particularly when examining the family and cognitive change services provided to medium-risk and high-risk participants. These services parallel those of Texas, Ohio, and Indiana’s programs, except that the MPRI services mostly take effect after the release of the participant, whereas the other programs gear their family and cognitive change services prior to and proceeding the release of the offender. I feel that if the MPRI program continued to provide these services after the participants are released and incorporate these services in workshops while the participants are still incarcerated, the chances of these services being helpful will increase dramatically. It will not only allow the participants to discover new ways to reconnect with their family and friends on a much deeper and more meaningful level but also will provide continuous support to the participants even after they are released.

I also believe, in general, more services should be incorporated into this portion of the program as well. Just as Texas, Ohio, and Indiana have many different services for incarcerated mothers, substance users and abusers, domestic violence victims, sexual assault victims, and convicted sex-offenders, so should Michigan’s MPRI reentry program. There are wide ranges of individuals incarcerated for a wide range of offenses throughout all prisons in Michigan. I thoroughly believe Michigan’s reentry program should be aware of this and offer the range of services needed to both deal with and help those individuals when necessary, before they are
released as well as after they have been released. Unfortunately, many of these services rely heavily on individual responsibility, wherein the participants are responsible for his or her active participation in these services. The MPRI program, at its current state, does a very good job at both motivating and encouraging the participants to not only actively participate but also grow to enjoy their time spent during these services.

This is a very important factor that plays into the overall success of the participant once he or she is released. Frankly, it does the participants no good to attend these meeting if they are not willing to give it a try, keep an open mind and be willing to change or improve their ways. For some it takes longer to warm up to participating, but I think the MPRI does a good enough job leaving enough room and space for every participant to take his or her time in getting comfortable with attending and participating in these services. This alone says a lot about the tenacity of the program because lacking patience in a program such as this one would be extremely detrimental in the eyes of both the public and the participants. For those participants not willing to give the upon-release services a try, the MPRI program respects their decision as long as parole requirements are not broken by it.

**Best Practices – Post-Release Stage**

As with the pre-release stage of the program, the main improvement in the post-release stage is merely activation. This is an important and necessary stage of the MPRI program that must be used to its fullest extent. In this stage, the participants are at a point in their release process where individual responsibility and self-motivation are key elements to their success on the outside. However, the participants should not be expected to be fully functioning on their own, with absolutely no support from various networks. This is why the MPRI program has developed many positive support resources for the participants that both promote that needed
individual responsibility and still provide assistance when necessary. Utilizing these services to their utmost capacity will inevitably enable participants to feel secure in leading a more positive and crime-free lifestyle, motivate them to succeed in their endeavors, and gain more self-respect in knowing that they have overcome some extremely difficult barriers and ended up successful. I believe that the program has much potential to do good for individuals returning home from prison if these crucial parts of the program can be fully implemented.

Despite this occurrence, the MPRI program has still forged ahead with what services they are able to utilize, including providing continued access to services after the completion of their upon-release stage, attending the graduation ceremony held for participants who have completed the program and its requirements, enabling attendance to a variety of community and social meetings where participants can both share their stories and network with local community members and businesses, and being a valued addition to aiding the program in public advocacy. All of these collectively compose various portions of the post-release stage. However, within the scope of these services lie many necessary improvements that the MPRI program must recognize and address. Beginning with the graduation ceremony, the MPRI program has constructed a unique event that many other statewide programs do not incorporate into their prisoner reentry programs. I believe this is what makes the MPRI program so innovative: those responsible for it have developed various ways to publicly acknowledge the many achievements of its participants. Also, family members and friends of the participants are able to attend the ceremony to see the efforts and obstacles their loved ones have put forth and overcome. This acknowledged achievement will not only continually encourage the participants to be successful but also shows the participants how much progress they have made in such a short time period and how much improvement has been made through their determination and dedication.
Because this is such an important event for both the participant and the MPRI program, it is also important that the MPRI program’s execution of this ceremony is as seamless, detailed, and successful as possible. This is a very difficult task to continually accomplish each year but I feel that the program does its best at pulling off a great ceremony. First, the program must understand the limitations of composing the program of mainly volunteers and interns. The program must account for the high turnover rate of these volunteers and interns, the possibility of a large amount of inconsistency in the organization of such an event, and the timing of when participants are eligible to participate in the ceremony. Second, the program must do its best to improve these limitations so that each ceremony is as successful as possible.

As described in Chapter 4, I believe the program does a good enough job at passing down information to newcomers when volunteers and interns are replaced. I also believe that it is possible that the ceremony can be inconsistent, but it’s what makes each semi-annual graduation different from the previous one. Finally, and in a more negative light, I do not believe the program has done a good job of addressing the final limitation of participant timing. As a coordinator, I have seen too many cases of participants being confused or unclear on when they complete the program, when they are eligible to participate in the graduation ceremony and just a general misunderstanding of the end process. I feel that if those behind the program want to continue this tradition of highlighting the achievements of their participants, which is a wonderful idea, they must address these issues so that the participants are clear on what is expected of them and what they should be expecting, in the near future, from the program.

Second, many participants are able to attend community and social meetings, held throughout the counties, where they are able to interact with various affiliates of the MPRI program, local community members, and local businesses and their owners. This is very
important for the participants in that they are able to branch out their social networks, develop relationships with community members, network with local business owners for possible job leads, and be able to share their stories and experiences with these individuals. The MPRI program provides the participants with resources on these meetings but can sometimes fall short on the details of where the meetings are held, the times they occur, and who is involved.

I believe that this is a pioneering element in the post-release assistance but must be executed in a more detailed fashion. Few statewide programs incorporate this as a part of their program. Rather, many statewide programs put it on the participants to seek out these resources on their own. The MPRI program has made this an actual element in their program, so executing this element to the best of their abilities is necessary. Also, the program must make clear the meanings and purposes of attending these gatherings in the community. Giving false hopes or false expectations will not be helpful to the participant or to the program. There are no guarantees of jobs or leads in attending these meetings; it is merely a positive possibility. This is something the program must improve upon because I have seen many cases of participants misinterpreting the meanings of these services. The program must clearly state the meetings are a helpful source that can lead to many opportunities, but these opportunities are not guaranteed.

Finally, a large portion of the program is made up of public advocacy, as this is the means by which the program receives its support. The MPRI program has a great group of members who make up the public advocacy team. Also, the participants of the program play key roles in the public advocacy team, as they have experienced the benefits of the MPRI program first-hand. Mostly, the public advocacy team is composed of volunteers and interns with the program, which can cause many issues similar to that of other elements of the MPRI program. First, there is the possibility for a lack of cooperation and cohesiveness due to the temporary
structure of the team members. Second, affiliates of the MPRI program can take advantage of the members from the public advocacy team because affiliates occasionally use the MPRI program to promote their organizations.

The MPRI program handles the first limitation very well, in that they acknowledge the possibility of the public advocacy team being thrown off course because one or more members leave the program. The team communicates between each other often and many members make the effort to give adequate notification to both the program and the team in the event that they leave. This leaves little room for major errors to occur as a consequence of team members leaving the program unexpectedly. The second limitation, however, is more of a concern for me because in my experience this happens, unknowingly, often. Many volunteers and interns with the program are not given adequate instruction as to their job description and duties, meaning that some volunteers or interns may think that it is actually a part of their duties to assist affiliated members of the program, when in fact it is not the case. To avoid this potential problem, the MPRI should address this issue with their volunteers and mentors. It should be made clear that participating or assisting affiliated members of the program is clearly optional and should not be used as a distraction from their primary duties held with the MPRI program.

Unfortunately, the program must take into account that it’s possible that some of their volunteers or interns are being used to promote other organizations more than the MPRI program. A good example from my experience as a coordinator was when we were having issues with the sexual health presentations. We were attempting to bring the presentations together into a more comprehensive presentation for the participants. Two interns were assigned to the job of bringing the presentations together for the participants, and they each spent approximately two weeks on this project. For some reason, at the conclusion of their project, it was never officially
approved and therefore never implemented in the “Meet and Greet” meeting. The interns’ efforts, for two weeks, were nearly wasted because no one took the initiative to continue with the next step in the process of utilizing the new presentation. To this day, the presentation on sexual health is still sketchy and very much separated, as the presentations from each presenter are given on different topics with each a different focus than the other.

As this example shows, it is important to not only utilize the efforts of the volunteers and interns to their fullest extent but also not to let their efforts be wasted. The MPRI program has many valuable assets working for them in a variety of capacities. The program should revert their assistance to other affiliated organizations only when absolutely necessary and their work should not be a wasted effort. I feel that there are many times when the program, as a whole, tries very hard to maintain these affiliations and by doing that lends their volunteers or interns out to help these organizations. In rare cases, their time could have been better spent improving on or advocating for the MPRI program instead of participating in an outside project that may or may not be used.

Conclusive Thoughts by the Author

As this paper has continually highlighted, the MPRI program is a highly complex, integrative organization that has become a pioneering movement for the State of Michigan. The program has so many positive elements about it that clearly show the efforts that Michigan is taking to assist their growing populations of returning offenders. But because it is a new program for the State, it has been limited in the extent that it can help. Hopefully, in the near future, the State of Michigan and other community organizations can see the good that the program is doing for the participants and their families and the positive impact it is having on the communities in
Michigan. This will translate in the program being utilized to its fullest extent and the participants getting a complete set of needed services.

Before it can be a complete success, the MPRI program must first address the limitations that are posed in the current operation of the program, as outlined throughout this analysis. During the pre-release, upon-release, and post-release stages, it is crucial that each work both independently and cohesively with each other. Each stage is designed to target various obstacles of reentry, and collectively they compose the MPRI prisoner reentry program. There are many needed improvements, and the program has a long road ahead before it can operate at full capacity. However, when the program gains enough support and is able to activate all portions of its program, it will be interesting to reexamine the elements of this program and discover any changes or improvements that have accrued during this change.

This research project is meant to shed light on the program, analyze its elements, examine it as a whole, and discover its strengths and weaknesses. As this analysis has shown, this statewide initiative, though in its early stages, has already made quite a bit of progress in the realm of reentry. If the MPRI program could incorporate various processes from other statewide initiatives, it could become a leader in prisoner reentry programs. The program has so much potential and if it can gain the support needed to flourish, there is hope for returning citizens residing in Michigan to be successful upon their release from prison. Future research is needed to provide a more detailed analysis on every element of the MPRI program and possibly pursue a program evaluation once the program is fully operative. A complete program evaluation could build upon the analysis provided here and offer details about other various MPRI site locations, as this analysis was limited in only examining the Washtenaw County site, which was then generalized to the other sites in Michigan. Information of this capacity could provide knowledge
about what is necessary in a prisoner reentry program and what services are crucial for ex-offenders to be successful once they are released from prison. As a researcher, I am interested to know how much of an impact the MPRI program could have on Michigan’s returning offender population once the program is implemented completely. I hope this research can be used as a resource for that upcoming examination.
REFERENCES


APPENDIX #1
2008 MPRI Services Flow Chart

1st Day Out Services
Coordinated by SN Agency

All MPRI Participants Receive:
1. Welcome Home Meal  
   Based On Need
2. Hygiene Supplies
3. Bus Pass
4. ID

Medium/High Risk Participants:
1. Pick-up from In-Reach Facility

Field Agents
1. Determine Risk (based on COMPAS)
2. Make Referrals

Low Risk
Interns assist agents with referrals and services

Medium/High Risk
180 people

Meet & Greet
All MPRI Participants  
Coordinated by CC & Interns

Cognitive Change
12 week groups for 180 people

Housing Coordination
Based On Need
Housing Coordinator works with:
1. All MPRI Participants
   • Low Risk
     * Emergency Shelter
   • High Risk
     * Emergency Shelter
     * Transitional Rent
2. MI Specialty Clients
   * Permanent Housing Placement
3. JEHT Clients
   * Permanent Housing Placement

Family Services
Based on Need—12 units of care  
Available for 70 people

“Community Coach”
(Mentoring Program)
Based on Need and Availability
• Daily contact—first 90 days (12 months of service)
• Hosted monthly meals
• Mentor training & support

Employment Services
• Assessments for 180 people
• Work Clothes

General Employment—(80 people)
• Services for 90 days
• Employer incentives

Transitional Employment (100 people)
Based on need—90 days part-time work for 100 people

Service Navigation
(All Med/High Risk—180 people)
1. Coordinate:
   • All service provider communication and  
     information
   • JEHT grant services
   • Volunteer Coordinator
2. Coordinate & Provide:
   • In-Reach services
   • Transportation services
   • Mentor program support services
3. Coordinate & Distribute:
   • Bus passes
   • Rx co-pays
   • Welcome supplies
   • Welcome meal
   • Emergency clothes
   • Pro-social activities
   • SO registration
   • ID documents
   • Mentor gas cards

Workforce Developer
• Recruit Employers
APPENDIX #2
Washtenaw Health Plan

What is Washtenaw Health Plan?
Washtenaw Health Plan is a non-profit organization that works to provide free health care for income-eligible Washtenaw County residents. You are eligible if your household income is below 200 percent of the poverty level, you live in Washtenaw County, and you do not have health insurance.

How do I get on the plan?
You will qualify for Plan B of WHP (the Plan A cycle has just passed). This means that you must 1) be a Washtenaw County resident, 2) NOT qualify for the Adult Medical Program (AMP), Medicaid, MIChild, Medicare A or Medicare B, and 3) have a gross household income up to 200% of the Poverty Level. Your gross income must not be more than:
- $20,508 per year for one person;
- $27,440 per year for a family of 2;
- $34,500 per year for a family of 3;
Add approx. $7,000/year for every family member more than a family of 3.
You will receive a WHP Card once you are enrolled that you show when you get health care services from your Primary Provider, pharmacy, hospital, and all other health care providers.

What is covered on the plan?
WHP is a health services program, not health insurance. This means that the plan covers services that are considered medically necessary by WHP, visits to your Primary Provider (your doctor), and services that are pre-approved by your Primary Provider. In other words, there will be usually only a small co-payment for specialty care services, and you must see your Primary Provider FIRST in order to receive coverage on such visits. The plan also covers the following:
- Some prescription drugs
- Inpatient hospital services within Washtenaw County
- Emergency Room services for “life or death” and other serious health problems ONLY
- Limited amount of Mental Health services (for about 7 sessions/year), based on the Mental Health Provider’s recommendation
- Durable medical equipment and supplies (may include canes, crutches, or splints)

What is not covered on the plan?
- Ambulance services
- Substance Abuse services
- Dental services - except for some oral surgery services

WHP does provide resources and helpful information about these following healthcare services:
- Family Planning services (may include health education and counseling, contraceptive supplies, pregnancy diagnosis, etc.)
- Many immunizations (except those for travel)
- HIV/STD testing
- Tuberculosis testing and treatment services
Enrollment Operation Hours

WHP Enrollment is face-to-face

Monday – Thursday 9a-12n Walk-in

Monday – Thursday 1p-4:30p by Appointment

Spanish Speaking Walk-in hours Monday-Thursday 10a-1p

Must bring proof of Washtenaw County residency and income information

For More Enrollment Information

(734)544-3030

Plan A-DHS Open Enrollment Beginning December 1, 2007
Washtenaw Health Plan Application

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<td>Do you speak and understand English? Yes No</td>
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<thead>
<tr>
<th>Race (check as many as apply):</th>
<th>Ethnicity (please check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>Arab/Arab-American</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>Latino/Hispanic</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Japanese</td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>Korean</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>African</td>
</tr>
<tr>
<td>Other</td>
<td>Asian Indian</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
</tbody>
</table>

Do you have assets, not including your house and car? no assets under $5,000 over $5,000
(If over $5,000, attach proof.)

I do not have any income. I get support from:

_____________________________________________________________________

I have cash income. This income comes from:

_____________________________________________________________________

Self Employment Description:

_____________________________________________________________________

Conditions of Participation

✓ I am a resident of Washtenaw County.
✓ I authorize Washtenaw Health Plan (WHP) and WHP providers, such as hospitals, physicians and nurses, to release and share information regarding treatment provided to me, bills, and claims to the WHP or any benefit plan administrator or agent acting on behalf of the WHP.
✓ I agree to notify the WHP about changes in my household income within 30 days, and to disenroll if my income goes above eligibility guidelines or if I receive other insurance coverage.
✓ I understand that if WHP staff believe I may be eligible for a Medicaid program, I will be asked to apply.
✓ If my application is accepted, by enrolling in WHP, I agree to repay the cost of the services ($140 per year) if and when my income goes above the WHP guidelines. I will not be asked to repay this amount while I am enrolled in the WHP. I will not be asked to pay for WHP covered services, other than copayments.
✓ I understand that providing false information may result in denial or termination of WHP benefits.

I have read and understand the program requirements for this application. I certify that the information on this application is true, complete, and accurate to the best of my knowledge.

X

Applicant (or Parent/Guardian) Signature Date
Washtenaw Health Plan Application

Washtenaw Health Plan (WHP) Applicant:

Please use this checklist to make sure that you have all of the documents we need to process your application. **We cannot process incomplete applications.**

- [ ] I have signed and dated my application.
- [ ] I have attached one proof that I live in Washtenaw County with name and current address.
  - [ ] Michigan Driver’s License or Michigan ID Card. (Change of address? Copy the back, too.)
  - [ ] Current paycheck or paystub with applicant’s name and address and employer’s name and address.
  - [ ] Current utility bill with current name and address. (Phone bills are not acceptable.)
  - [ ] Current bank statement, mortgage document, rental lease, rent receipt, or insurance policy.
  - [ ] Letter from a shelter, social service agency or hospital administrator, on letterhead, proving proof of residency.
  - [ ] Current government document such as a benefit letter.
- [ ] I have attached proof of total household income, or proof my children receive MiChild/Healthy Kids.
  
  Proof such as copies of pay stubs, benefit letters and children’s MiChild/Healthy Kids cards should be attached. (If your proof of income is your children’s Medicaid or MiChild/Healthy Kids cards, make sure you copy the front and back and attach.)
- [ ] If needed, I have attached documentation of my assets.

---

**How To Share Your Information With Family, Friends, Social Workers**

If you would like someone in your family, or someone you work with (such as a social worker) to speak with the WHP about your records, please fill out this form. WHP cannot speak to anyone but you about your WHP membership without a release of information agreement. If you do not want anyone else to have access to your WHP membership information at this time, please leave this section blank.

I, ______________________, authorize the Washtenaw Health Plan (WHP) to release information regarding covered services, treatment, bills, and claims related to services I received as a WHP member to the following people:

<table>
<thead>
<tr>
<th>Person’s Name</th>
<th>Person’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Relationship to you</td>
<td>Relationship to you</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

---

**OFFICE USE ONLY**

Today’s Date: _______________ Staff Person’s Name: _______________ Enrollment Effective Date: _______________

Household Size: ___________ Household monthly gross (before taxes) income: _______________

Assets Detail (If needed): _______________ Monthly gross income x 12: _______________

DH$ Qualifying ID #: _______________

PCP Assignment Location: _______________ PCP #: _______________

Comments: ____________________________________________________________________
A Guide to the New WHP Cards
Change will begin December 1st, 2007

Due to a change in the WHP Administrative Services provider, Washtenaw Health Plan Members will be receiving new membership cards which will become effective on December 1, 2007. Please note the changes and card explanations described below.

WHP Plan B Member ID Card: Front of Card

<table>
<thead>
<tr>
<th>WASHTENAW HEALTH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 30126</td>
</tr>
<tr>
<td>LANSING, MI 48909</td>
</tr>
<tr>
<td>Customer Service 1-866-291-8691</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Jane Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID #:</td>
<td>H08123456</td>
</tr>
<tr>
<td>Group #:</td>
<td>05103B</td>
</tr>
<tr>
<td>Assigned Office:</td>
<td></td>
</tr>
<tr>
<td>Lead Physician:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
<tr>
<td>Hospital System:</td>
<td>St. Joseph Mercy Health or University of Michigan</td>
</tr>
<tr>
<td>Specialty Care #:</td>
<td></td>
</tr>
</tbody>
</table>

New Member #: New Group #: Plan type identified A or B
Primary Care Provider (PCP) Clinic
Medical Director of Clinic, may be different than PCP Physician
PCP Phone #: that WHP Member calls for appointments
Phone number to call for Specialty Referrals

WHP Members stay within system for Hospitalization/ER

Members will receive Washtenaw County Prescription Plan discount through 4-D on non-formulary prescriptions

Co-Pays differ by Plan Type and are listed on the back of card

WHP Plan Member ID Card: Back of Card

<table>
<thead>
<tr>
<th>WASHTENAW HEALTH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 30125</td>
</tr>
<tr>
<td>Lansing, MI 48909</td>
</tr>
<tr>
<td>Customer Service 1-866-291-8691</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COPAYMENTS:</th>
<th>(may apply for each charge, procedure, or visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>Prescription</td>
</tr>
<tr>
<td>$25.00</td>
<td>$3.00/$5.00</td>
</tr>
</tbody>
</table>

This program is not insurance. Always show your card when you get health care services. You must get pre-approval for visits to specialty care physicians. To get approval, you must call the specialty care phone number on the front of this card. Unauthorized use of this card may result in cancellation.

Refer to your member guidebook for further details or visit us at www.communityhealthplan.org

This card is not proof of program eligibility. Please keep this card with you at all times.

REMINDER:
For Questions or to check WHP enrollment
Call WHP Customer Service:
1-866-291-8691

The WHP Member Bulletin is designed to give members useful information about issues that impact Washtenaw Health Plan members. Comments or questions should be directed to Barbara Bowman, Provider Network Manager; 555 Towner Street, Ypsilanti, MI 48197; Phone: (734) 544-6881; Fax: (734) 544-5705; e-mail: bowmanb@ewishtenaw.org.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Ages Served</th>
<th>Clinic Days &amp; Hours</th>
<th>For an Appointment</th>
<th>Costs and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Dental Center</td>
<td>Children and Adults</td>
<td>Monday 8-4, 10</td>
<td>Call for an appointment</td>
<td>Standard fees apply but federal grants are available to qualified Washtenaw County residents</td>
</tr>
<tr>
<td>400 E. Ashley Ann Arbor</td>
<td></td>
<td>Tuesday 8-4, 10</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Wednesday 8-4, 10</td>
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<td>Thursday 8-1</td>
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<td></td>
<td>Friday 8-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open: Monday, Tuesday, Wednesday, Friday and every other Thursday. Hours: 9am-4pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope Dental Clinic</td>
<td>Children and Adults</td>
<td>New patients are only taken every few months, please call to find out new patient dates.</td>
<td></td>
<td>Dental care is provided for people who do not have private insurance or dental coverage. Call for more information.</td>
</tr>
<tr>
<td>9 South Adams Ypsilanti</td>
<td></td>
<td>Open: Monday, Tuesday, Wednesday, Friday and every other Thursday. Hours: 9am-4pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(734) 480-9575</td>
<td></td>
<td>New patients are only taken every few months, please call to find out new patient dates.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Dental Clinics</td>
<td>Children and Adults</td>
<td>Call for an appointment for walk-in for emergency services ONLY</td>
<td></td>
<td>Payment plans are available with a 30% down payment. Dental students provide services. There may be a waiting list of 6-9 months for an initial screening and exam. Call for prices or more information.</td>
</tr>
<tr>
<td>Uni. of M. School of Dentistry</td>
<td></td>
<td>Open: Monday-Friday Hours: 8am-5pm</td>
<td></td>
<td></td>
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<tr>
<td>481 E. University</td>
<td></td>
<td>Call for an appointment for walk-in for emergency services ONLY</td>
<td></td>
<td></td>
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<tr>
<td>Ann Arbor</td>
<td></td>
<td>Open: Monday, Tuesday, Wednesday, Friday and every other Thursday. Hours: 9am-4pm</td>
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<td>New patients are only taken every few months, please call to find out new patient dates.</td>
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<td></td>
<td>Open: Monday, Tuesday, Wednesday, Friday and every other Thursday. Hours: 9am-4pm</td>
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<td>New patients are only taken every few months, please call to find out new patient dates.</td>
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<td>Open: Monday, Tuesday, Wednesday, Friday and every other Thursday. Hours: 9am-4pm</td>
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<tr>
<td></td>
<td></td>
<td>New patients are only taken every few months, please call to find out new patient dates.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washtenaw Children's Dental Clinic</td>
<td>Washtenaw County School age Children K-12</td>
<td>Request for appointments are taken by an answering machine and calls are returned accordingly.</td>
<td></td>
<td>Insurance is not accepted. Nominal fees will be charged to cover the cost of supplies. Only low-income children referred from schools, professionals, or agencies are eligible. Including children with no health insurance and children who qualify for school lunch programs.</td>
</tr>
<tr>
<td>Mack School 920 Miller Ave. Ann Arbor</td>
<td></td>
<td>Open: During the school year ONLY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(734) 663-7073</td>
<td></td>
<td>Request for appointments are taken by an answering machine and calls are returned accordingly.</td>
<td></td>
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</table>

Washtenaw County Public Health  555 Towner  Ypsilanti, MI 48198  (734) 544-6700
http://publichealth.ewashtenaw.org
APPENDIX #3
**What are STD/STIs?**

STD/STIs are infections caused by viruses and bacteria. These germs can be found in semen, blood and vaginal fluids as well as on the skin. (Such as HPV, HSV, crabs).

**How STD/STIs are spread**

These infections are spread from person to person during close, intimate contact and during oral, anal and vaginal sex. Some are spread through blood contact, such as sharing IV drug needles. They can infect the mouth, rectum and sex organs (penis, testes, vagina and vulva).

**How do I know if I have an STD/STI?**

Some STD/STIs have no symptoms; others have mild symptoms that go away on their own. You don't have to have sex with a lot of people to get an STD/STI, although your chances increase as your number of partners increases. The only way to be sure is to be tested. If you have an STD/STI, you can pass it to others until you have been treated.
<table>
<thead>
<tr>
<th>STD</th>
<th>Symptoms to Watch For</th>
<th>How it spreads</th>
<th>Who can get infected</th>
<th>What can happen if not treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA OR NGU</td>
<td>First symptoms may appear in 7-12 days. Many men and women have no symptoms. Some women and men may experience: Watery, white or yellow discharge from the vagina or penis or pain with urination. Pain in testicles or abdomen. Women may have abnormal periods.</td>
<td>Spread by having anal, oral or vaginal sex with an infected partner without using a condom.</td>
<td>Women need a pelvic exam and a chlamydia test.</td>
<td>You can pass the infection to your partner(s). Women can develop PID—a serious pelvic infection that may lead to hospitalization and infertility. Men can develop epididymitis, a serious infection of the testicles which can cause infertility. Pregnant women can miscarry or pass it to her baby during childbirth.</td>
</tr>
<tr>
<td>GENITAL WARTS (HPV)</td>
<td>First symptoms may appear in 4 weeks, but may not be present for years. Average time 1-8 months. Small, flesh colored raised bumps appear on the genitals. Usually on the shaft of the penis or the vulva, but may be inside the penis or vagina, and in the rectal area and throat. If untreated, growths may grow and spread. They may be itchy.</td>
<td>Spread by having anal, oral or vaginal sex with an infected partner. Depending on the location, condoms may not fully protect you.</td>
<td>Visual exam by health care provider. A pap smear for women can find warts on cervix. Occasionally a biopsy is done. Treatment w/adds or laser is not a cure.</td>
<td>You will continue to pass them to your partner(s). May lead to cancerous skin changes. The wart can be treated, but the virus remains on warts can recur. Untreated warts may continue to grow and spread. The more there are, the harder it is to treat and more scarring can occur.</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>First symptoms may occur 7-21 days. Thick white or yellow discharge from the penis, vagina, or rectum. Burning or pain when you urinate (pee) or have a bowel movement. Pain in the testicles or abdomen. Women may have abnormal vaginal bleeding.</td>
<td>Spread by having anal, oral or vaginal sex with an infected person, without a condom.</td>
<td>Urine can be tested in both men and women. Women can also be tested during a pelvic. Curled w/antibiotics.</td>
<td>You can pass the infection to your partner(s). Women can develop PID and infertility. Men can develop epididymitis and infertility. Urethral culture can cause joint inflammation and meningitis. Newborns can develop meningitis.</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>First symptoms may occur in 2-6 months. May experience flu-like symptoms or fatigue, nausea. Skin and eyes may turn yellow (jaundice). Urine may be dark and bowel movements light. May have abdominal pain. May have no symptoms.</td>
<td>Spread by sharing needles, shaving razors or coming in contact with infected blood, including through sex.</td>
<td>A blood test is done to look for the virus.</td>
<td>Can lead to chronic liver disease in a small percentage of people infected. Some people become carriers, the symptoms go away, but they can still infect others. Pregnant women can pass it to their infant during childbirth.</td>
</tr>
<tr>
<td>HERPES (HSV)</td>
<td>First symptoms occur 3-21 days after exposure. May have flu-like symptoms with fever. May have a cluster of painful, fluid filled blisters. Sores last for about 2 weeks, then go away. The virus stays in the body &amp; symptoms can come back. Many infected individuals have no symptoms.</td>
<td>Spread by having anal, oral or vaginal sex with an infected partner. Depending on location, condoms may not fully protect you.</td>
<td>A herpes culture can be done if there are blisters present. It should be done at the first onset of blisters and is less accurate the longer you wait.</td>
<td>Herpes cannot be cured. There are antiviral medications that can reduce the length and frequency of outbreaks. Pregnant women can pass HSV to their infant during birth. Cold sores are a form of HSV and can be transmitted to the genital area giving oral sex.</td>
</tr>
<tr>
<td>VAGINITIS BACTERIAL VAGINOSIS (BV) TRICHOMONIASIS &quot;TRICH&quot;</td>
<td>Primarily affects women. Men can carry trich, but may not have symptoms. Women symptoms of trich include a thick discharge which may burn and itch and have a foul odor. Trich in men may cause a mild, intermittent urethral irritation.</td>
<td>Transmitted through sex with an infected partner. It is uncertain the role men play in the transmission of BV.</td>
<td>For women, a sample of vaginal discharge is examined under the microscope.</td>
<td>Untreated BV in pregnant Women can lead to preterm delivery. BV has been known to be a co-factor in PID.</td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>Symptoms occur 3-12 days after having sex. A painless sore may occur lasting 1-5 weeks. The sore goes away, but you still have syphilis. A week to 6 months later, a rash may develop, often on hands and feet, but can be anywhere. May feel flu-like also, both symptoms go away, but you still have syphilis.</td>
<td>Spread by having sex with an infected person. When the rash is present, this can spread syphilis through any skin-to-skin contact.</td>
<td>Diagnosed through a blood test occasionally collecting a sample from an open sore can aid in evaluation. Treated with Penicillin in the early stages.</td>
<td>Syphilis can be passed to a fetus during pregnancy. Late stages lead to heart disease, blindness, neurological complications, brain damage and death.</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Symptoms occur months to years after exposure. May have no symptoms until AIDS has developed. Unexplained weight loss and/or fatigue. Flu-like symptoms, diarrhea, decreased appetite. Repeated or chronic yeast infections. Night sweats, swollen glands.</td>
<td>Unprotected oral, anal &amp; vaginal sex with an infected person. Sharing Needles. Exposure to blood or body fluids of an infected person.</td>
<td>A blood or oral antibody test is done to diagnose HIV.</td>
<td>Passed from Mother to unborn fetus as well as through breast milk. HIV cannot be cured, most cases develop into AIDS which at this time causes death for nearly all who develop it.</td>
</tr>
</tbody>
</table>
If you are diagnosed with an STD/STI:

Follow the directions of your health care provider.

Take all prescribed medications.

Tell your partner(s) to get tested and treated.

Do not have sex until you and your partner(s) have finished the entire treatment.

What do I do if I think I have an STD/STI?

If you think you have an STD/STI or suspect your partner has one, GET CHECKED! The infection will not go away without treatment, even if the symptoms seem to go away.

Most County Health Departments have free or low-cost STD/STI clinics. Your private doctor or family planning clinics are also testing sources.

Your information will be kept confidential by anyone you see. If you have unsafe sex (without condoms) or have more than 1 partner, you should have regular STD/STI testing. These tests are usually not done as part of a routine exam.

How Can I Protect Myself?

- Not having sex.
- Having sex with only one partner who has sex only with you.
- Look at your partner closely for any signs of STD-such as sores, rashes, growths, discharge, redness, odor.
- Talk with your partner about past infections, past partners and about drug use.
- Don’t have sex when you are drinking or using drugs. You are more likely to make unsafe choices.
- Use a latex condom whenever you have sex. Insist that they be used every time.

Using a Condom

For rubbers to be effective they must be used correctly:

1. Use only new unopened condoms and do not store them in warm places.

2. Always use a water-based lubricant with your condom (not oil based, like Vaseline).

3. Roll the condom onto the penis after it is hard and before you have sex.

4. Unroll the condom to the bottom of the penis and leave extra room for air at the tip to prevent breakage.

5. After ejaculation, withdraw the penis carefully, holding the base of the condom.

6. Do not re-use a Condom.
Talk About Sexually Transmitted Disease (STD)

Remind your son that if he is thinking about having sex, he must also protect himself from sexually transmitted disease (STD).

STDs are spread from person to person by close physical contact during vaginal, anal and oral sex.

There are many kinds of STD. Most—like chlamydia and gonorrhea—can be cured if treated early. HIV is life threatening.

Most teenagers have only one sexual partner at any given time. But the relationship usually ends within months or years. It is common for young people to engage in “serial monogamy,” or having a series of partners over time.

For this reason, it is wise to use condoms and spermicide for birth control and protection against STD even if the woman is using the pill.

Choosing a method together increases the alternatives for both partners. It also shows the maturity needed for responsible sex.

Talking Tips

Talk with your son about everyday things. Then when you need to talk about more serious things, you'll both feel more comfortable.

If you're uncomfortable discussing birth control (or sex) with your son, say so. Let him know that being embarrassed isn't a good reason to avoid talking about an important subject.

Be honest about what you think and feel. Share your feelings and ideas—"I feel worried about..." "I'm not sure about..."

Ask your son what he thinks and how he feels. Then listen to his response. Try to understand his ideas and show that you care about what he has to say.

Talking with His Partner

Encourage your son to talk with his girlfriend openly and honestly about feelings and birth control options, even though it might be embarrassing.

Discussing whether or not to have sex can strengthen the bond between two people. They will respect each other more for knowing and caring enough to talk about birth control.
As a parent, you probably know it's important to talk to your son about birth control.

But, for many reasons, this may be hard for you to do. This pamphlet will make it easier.

Talking Is Important

You are the logical person to give your son the facts about birth control. Talking about it also gives you a chance to reinforce your values.

You may feel uncomfortable or reluctant to bring up the subject. Talking about intimate issues isn't easy.

But by giving your son the facts about birth control, you are letting him know that talking about it is acceptable and important. It may be the most valuable information you ever give him.

The important point is to open the lines of communication—and keep them open.

Then, if your son needs to use birth control, he will know something about it and know he can come to you for answers to his questions.

When to Begin

Many parents talk to their children about sex when the children first express an interest in where they came from. Birth control is usually not discussed at this time because it's information children don't need yet.

Some parents wait until they suspect their child may be having sex. This can make the subject even more awkward.

Whenever possible, birth control should be discussed before it becomes a personal issue.

Stress that although this is information your son may not need at this time in his life, he will probably want to know it someday.

Before You Talk

Think about your own feelings.

You may feel that giving information about birth control is like giving permission to have sex.

You may think it's too early or too late.

You may hope that he already knows.

You may feel embarrassed.

These are all normal feelings.

Your son may also be reluctant to talk about birth control. He may feel that asking questions implies he's interested in sex and he may not want you to know this.

If you can't talk to your son yourself, make sure he has access to accurate information.

Leave pamphlets or a book where he can find them.

Perhaps an older brother, an uncle or a family friend could discuss birth control methods with him.

Find Out What He Knows

Boys often feel they should know everything about sex, even if they've never been told. So your son may say he knows when he doesn't.

In fact, most boys:

• don't know the risk of pregnancy (90% if no protection is used)

• don't ask the girl whether she's using birth control

• don't have a clear understanding about the reproductive cycle

Because birth control can be embarrassing to talk about, many boys simply choose not to think about pregnancy at all.

Explain the Basics

Most young people want to avoid pregnancy. The ways to do this are not to have sex or to use birth control. Tell your son that if he chooses to have sex, using birth control is a way of caring about himself and his girlfriend.

Using birth control means he assumes responsibility for himself and for his future. He has the right to decide whether and when to become a parent.
Talking About His Choices, continued

- Peer pressure and media messages about sex may make it hard for your son to abstain, even if he wants to.
- Encourage him to pay attention to and respect his own feelings. Such an important personal decision shouldn’t be based on pressure from others. In fact, lots of his friends are probably abstaining, even if they say otherwise.

Condoms. Condoms are also called rubbers. They are made of thin latex and fit over the penis like the finger of a glove.

- Condoms are over 90% effective when used correctly every time; they are up to 98% effective when used with spermicidal foams or jellies.
- Condoms are inexpensive and easy to get and use.
- Latex condoms also help protect both partners from STDs such as gonorrhea, chlamydia and HIV.

Withdrawal is not a reliable form of birth control. Sperm can leave the penis before ejaculation. Although withdrawal is better than no method at all, stress that the risks of pregnancy are high.
Talking with Her Partner

If your daughter is considering a sexual relationship, encourage her to talk with her boyfriend openly and honestly about feelings and birth control options, even though it might be embarrassing.

- Discussing whether to have sex can strengthen the bond between two people. They will respect each other more for knowing and caring enough to talk about birth control.
- Choosing a prevention method together increases the alternatives for both partners. It also shows the maturity needed for responsible sex.

Talking Tips

- Talk with your daughter about everyday things. Then when you need to talk about more serious things, you'll both feel more comfortable.
- If you're uncomfortable discussing birth control (or sex) with your daughter, say so. Let her know that being embarrassed isn't a good reason to avoid talking about an important subject.
- Be honest about what you think and feel. Share your feelings and ideas—“I feel worried about...” “I'm not sure about...”
- Ask your daughter what she thinks and how she feels. Then listen to her response. Try to understand her ideas and show that you care about what she has to say.

This brochure is not intended as a substitute for your health professional's opinion or care.

Written by Patricia Rain.

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ETR 1-800-321-4402
As a parent, you probably know that it's important to talk with your daughter about birth control.

But, for many reasons, this may be hard for you to do. This pamphlet will make it easier.

**Talking Is Important**

You are the logical person to give your daughter the facts about birth control. Talking about it also gives you a chance to reinforce your values.

You may feel uncomfortable or reluctant to bring up the subject. Talking about intimate issues isn't easy.

But it's better to discuss birth control, no matter how awkward or difficult, before an unplanned pregnancy occurs. It may be some of the most valuable information you ever give your daughter.

The important point is to open the lines of communication—and keep them open.

Then, if your daughter needs to use birth control, she will know something about it and know she can come to you for answers to her questions.

---

**When to Begin**

- Some parents wait to talk about birth control until they suspect their child may be having sex. This can make the subject even more awkward.
- Whenever possible, birth control should be discussed before it becomes a personal issue.
- Stress that although this is information your daughter may not need at this time in her life, she will probably want to know it someday.

**Before You Talk**

Think about your own feelings.

- You may feel that giving information about birth control is like giving permission to have sex.
- You may think it's too early or too late.
- You may have concerns about your daughter possibly having sex.
- You may feel embarrassed.

These are all normal feelings.

Your daughter may also be reluctant to talk about birth control. She may feel that asking questions implies an interest in sex or that she is having sex.

If you can't talk to your daughter yourself, make sure she has access to accurate information.

- Leave pamphlets or a book where she can find them.
- Ask an older sister, an aunt or a family friend to discuss birth control with her.

---

**Explain the Basics**

Most young people want to avoid pregnancy. The ways to do this are not to have sex or to use birth control. Tell your daughter that, if she chooses to have sex, using birth control is a way of caring about herself and her boyfriend.

- Using birth control means she assumes responsibility for herself and for her future. She has the right to decide whether and when to become a parent. She also has the right to choose the best type of birth control method for her needs.
- Having sex without using birth control is also a kind of choice. But when two people have sex, pregnancy is more likely to occur than not. There is no "safe" time.
- A woman can only become pregnant during the ovulation phase of her menstrual cycle, but there's no easy way to know when that is. This is especially true of young women who may not yet have regular periods.
- Taking risks with pregnancy can affect her entire life.

Emergency birth control in the form of birth control pills or an IUD is an option if a birth control method is damaged, isn't used or isn't used correctly. A health care provider must prescribe the correct dose of pills and explain how to use them.
Talk About Her Choices

Three methods are especially wise choices for teenage girls: abstinence, condoms and the pill.

Abstinence. Choosing not to have sex is usually the best option for teens.

- Abstinence is the only 100% effective method of birth control. It is 100% safe, and 100% free of side effects. And she won't have to worry about sexually transmitted disease (STD).
- Let your daughter know that in spite of what she might hear from friends, many teens are not having sex.
- Encourage her to pay attention to and respect her own feelings. Such an important personal decision shouldn't be based on pressure from her boyfriend or media images.

Condoms. Condoms are also called rubbers. They are made of thin latex and fit over the penis like the finger of a glove.

- Condoms are over 99% effective when used correctly every time.
- Condoms are inexpensive, require no prescription, and are easy to get and use.
- Latex condoms also help protect both partners from STDs such as gonorrhea, chlamydia and HIV.

Talk About Her Choices, continued

The pill. The birth control pill is a small, round tablet made of artificial hormones.

- It is more than 99% effective if used correctly.
- It is given by prescription from either a family planning clinic or a private doctor.

Two other methods—the patch and the ring—release the same hormones as the pill:

- The patch is worn on the skin and changed every week.
- The soft, flexible ring is inserted into the vagina and changed every month.

Talk About STD

If your daughter is thinking about having sex, she must also protect herself from sexually transmitted disease (STD).

- STDs are spread from person to person by close physical contact during vaginal, anal and oral sex.
- Most teenagers have only one sexual partner at a time. But young people often engage in “serial monogamy,” or have a series of partners over time.
- For this reason, it is wise to use condoms for birth control and protection against STD even if the woman is using the pill.
The cancers that most frequently affect men are skin, prostate, lung, and colon cancers. Knowing about these diseases and how they can be prevented or found early can save your life.

Skin Cancer

Who Is at Risk?
People with fair skin, especially those with blonde or red hair, have a greater risk for skin cancer than people with darker coloring, although anyone who spends a lot of time in the sun is at risk. People who have had close family members with a melanoma and those who had severe sunburns before the age of 18 are at higher risk for this type of skin cancer.

The Best Defense: Prevention and Early Detection
Prevent most skin cancers by avoiding being out in the midday sun for long periods of time. Wear hats with brims, long-sleeved shirts, and sunglasses. And use sunscreen on all exposed parts of the skin. If you have children, protect them from the sun and don't let them get sunburned. Examine your skin regularly and have a skin exam during your regular health checkups.
Prostate Cancer

Who is at Risk?
Most cases of prostate cancer occur in men older than 50, and more than 70% of these cases are in men over 65. For reasons that are still unknown, African American men are more likely than white men to develop prostate cancer and are more than twice as likely to die from it. Having one or more close relatives with prostate cancer also increases a man's risk of developing this disease, as does eating a diet high in animal fat.

The Best Defense: Early Detection
Prostate cancer can usually be found in its early stages by having a prostate-specific antigen (PSA) blood test and a digital rectal exam (DRE). Talk to your doctor about what's right for you.

Your doctor should offer you the PSA blood test and DRE every year starting when you are 50. Talk about the benefits and limitations of testing with your doctor so that you can make an informed decision about testing. If you are at high risk for prostate cancer (if you are African American or have a father or brother who had prostate cancer at a young age), you should begin having these tests at age 45.

Lung Cancer

Who is at Risk?
People who smoke are at the greatest risk of getting lung cancer and a host of other tobacco-related diseases such as heart disease, stroke, and emphysema. Smoking is responsible for more than 80% of all lung cancers. Other risk factors include exposure to radon and asbestos, particularly for smokers.

The Best Defense: Prevention
Lung cancer is one of the few cancers that can often be prevented, because it is usually caused by smoking. If you are a smoker, ask your doctor or nurse to help you quit. If you don't smoke, don't start. If your friends and loved ones are smokers, you can help them quit. For help quitting, call 1-800-ACS-2345.

Colon Cancer

Who is at Risk?
Most colorectal cancers (commonly known as “colon cancers”) are found in people over age 50. People with a personal or family history of the disease, or who have polyps in the colon or rectum or inflammatory bowel disease, are at greater risk than the general population. A diet mostly of high-fat foods (especially from animal sources), being overweight, smoking, and being inactive also increase a person's risk for this disease.

The Best Defense: Prevention and Early Detection
Colon cancer almost always starts with a polyp. Testing can save lives by finding polyps before they become cancerous. If precancerous polyps are removed, colon cancer can be prevented. Eating a low-fat diet rich in fruits and vegetables may also lower the risk of colon cancer.

The American Cancer Society recommends one of these five testing options for all people beginning at age 50.

- Yearly fecal occult blood test (FOBT)
- Flexible sigmoidoscopy every five years
- Yearly FOBT and flexible sigmoidoscopy every five years (preferred over either of the first two options alone)
- Double contrast barium enema every five years
- Colonoscopy every 10 years

Your doctor can help you make an informed decision about the best testing method for you. If you are at higher risk for colon cancer, talk with your doctor about a different testing schedule.

The Best Defense Against Cancer

Early detection — finding a cancer early before it has spread — gives you the best chance to do something about it. Knowing about these cancers and how they can be prevented or found early can save your life.
APPENDIX #4
Our Clients

• Pre-Screened for employment readiness
• Intensive Job Training Service
• Drug Screened
• Closely Supervised
• Actively Supported
• Motivated to succeed

There are approximately 300 Washtenaw County residents who return from prison back to our community each year.

The VISION of the Michigan Prisoner ReEntry Initiative (MPRI) is that every inmate released from prison will have the tools needed to succeed in the community. Successful reentry reduces crime, fiscal costs, and the human impact on members of our community and their families.

Community Coordinator: Mary King
(734) 327-9717
washtenawmpr@gmail.com

Mentor Coordinator: Caitlin Graziano
(734) 929-6509
caitlin.mpri@gmail.com

Workforce Developer: Daniel Chae
(734) 883-3715
daniel.mpri@gmail.com

On-the-job Training Reimbursements
MPRI will significantly reimburse employers for permanent employment

Work Opportunity Tax Credit
For only 400 hours of work, employers will receive a tax credit of $2,400 for each hire

Free Bonding
Employers are insured up to $25,000 for 6 months with 100% coverage
(99% of people bonded through this program have proven to be honest employees)

Michigan Prisoner ReEntry Initiative
Creating Safer Neighborhoods & Better Citizens

The MPRI is a collaborative effort administered through a public and private partnership of State departments, including the Department of Corrections, Department of Labor and Economic Growth, Department of Community Health, Department of Human Services, Department of Education, Public Policy Associates, and the Michigan Council on Crime & Delinquency.

Creating safer neighborhoods & better citizens

Michigan Prisoner ReEntry Initiative
MPRI of Washtenaw Staffing Program

Intensive Training
Participants gain professional work experience through Work Skills Corp's rigorous 90-day job training service:

- Light Assembly and Sub-assembly of Components
- Visual Inspection and Parts Sorting
- Functional Gage and Microscopic Inspection
- Cleaning, Repairing, and Managing of Reusable Dunnage
- Dunnage Modification
- Loading and Unloading of Industrial Washers
- Kitting and Packaging
- Executive Industry Quality Assurance Standards

Outcomes of Intensive Training
- Ability to Work with Others
- Attendance Commitment
- Responsibility
- Punctuality
- Positive Response to Supervisors
- Professional Behavior
- Sound Work Ethic
- Adherence to Safety Standards

Specified Staffing
Employers work with the MPRI Workforce Developer to find the best candidate for his/her business. MPRI participants offer job skills and experience in a wide range of business sectors:

- Construction
- Custodial Maintenance
- Food Service
- General Labor
- Hospitality
- Landscaping
- Painting
- Production/Manufacturing

Financial Benefits Package
When the ultimate hiring decision has been made by the employer, those employers are eligible for the MPRI Financial Benefits Package. This includes:

- On-the-job Training Reimbursements
- $2,400 Work Opportunity Tax Credit
- Free Fidelity Bonding up to $25,000

Continued Support
Power Inc. is an additional line of support for employers. Power Inc. enrolls participants in family support counseling, financial responsibility seminars and cognitive restructuring sessions.

Continued Supervision
The Ann Arbor Parole Office is an additional line of supervision for employers. The Ann Arbor Parole Office routinely tests participants to ensure that they are maintaining a drug and alcohol free status.
Our Clients

The candidates showcased in this brochure have successfully completed a ninety (90) day, part-time Transitional Employment Program at Work Skills Corporation. Employees who demonstrate 1) excellence in their work performance 2) a strong work ethic are hired as long-term temporary full-time employees by Work Skills Corporation.

These nine featured employees have achieved that goal, and are now seeking permanent full-time employment. They have received excellent performance reviews, and come highly recommended by their direct supervisors. They would bring value to any company seeking hard-working, reliable staff.

Work Skills Corporation (WSC) has been providing employment and training services to people with barriers to employment for over 32 years.

We help people tackle a wide variety of barriers – from having difficulty finding the job they want to working out transportation issues to advocating for job accommodations.

WSC has four main service areas:
- Employment & Training Services
- Production Operations
- Action Associates Staffing Services
- Alternative Education

Celebrating Over 32 Years of Excellence

For participant’s resume and/or scheduling an interview, please contact:
 Wayne Wade
 MPRI Employment Coordinator
 (734) 484-6578 Ext. 219 Office
 (734) 484-6986 Fax
 waynew@wskills.com E-mail

We are proud to introduce some of our successful MPRI candidates seeking employment opportunities in a business like yours.
Bobby Reese
Fork Lift Operator

Qualifications:
- Trained & Certified Fork Lift Operator
- General Maintenance
- Hazwoper & Confined Space Certified
- Die Set-Up & Press Operator

Bobby demonstrates tremendous focus and determination with an ability to remain on task. He is polite and hard working individual who will be an excellent asset to any employer.

Terril Cotton
Gage Operator

Qualifications:
- Trained & Certified Fork Lift Operator
- Certified in Custodial Maintenance
- Commercial & Residential Roofing
- Farm Machinery & Heavy Equipment
- Construction & Masonry

Terril is an outstanding individual who currently trains new employees to meet production standards. He is enthusiastic about becoming a new employee for your business, company, or corporation.

Matthew Jones
Wash Line Operator

Qualifications:
- Industrial Washing
- Cleaning Dunnage
- Past Cashier & Stock
- General Commercial & Residential Construction – Roofing, Siding, Windows, Doors, Drywall, Painting and Demolition

Matthew displays excellent leadership skills, has a strong ability to motivate co-workers, and always completes assigned tasks. Matt is a model employee that would bring a positive work ethic to future employers.

Marsha O'Day
Paint Line Operator

Qualifications:
- Painting Industrial Parts
- Production & Assembly
- Visual Inspection & Parts Sorting
- Industrial Washing
- Janitorial Maintenance
- Cook

Marsha is an extremely motivated individual that always meets and exceeds her goals. If you are looking for an employee that excels both in an independent setting and as part of a team, Marsha would be a great addition to your work force.

Nickol Swisher
Shield Inspector

Qualifications:
- Light Assembly & Sub-Assembly
- Visual Inspection & Parts Sorting
- Oil Change Technician
- Auto Mechanic Graduate
- House Cleaning & Laundry

Nickol is an enthusiastic employee who has excellent multi-tasking skills. She is open and willing to receive specialized training in any work environment.

Byron Coley
Dunnage Inspector

Qualifications:
- Industrial Washing
- Cleaning, Repairing & Managing of Reusable Dunnage
- Commercial Retail Stock
- (3) Years Commercial & Residential Roofing
- Assembly Line

Byron is an exceptional employee that prides himself on being punctual. He has been trained in multiple areas and quickly adapts to any work environment.

Eric Davis
Job Trainer
Production Worker

Qualifications:
- Experienced Job Trainer
- Production & Assembly
- Recreational Management
- Certified in Custodial Maintenance
- Prep Cook

Eric is a dynamic and productive employee that displays a positive attitude towards work, co-workers and customers. Eric would be a creative, artistic and motivational addition to any work force.

Lawrence Buckner
Trans-Rack Wash Operator

Qualifications:
- Industrial Washing
- Cleaning, Repairing & Managing of Reusable Dunnage
- Kitchen & Food Prep
- Certified in Residential Construction
- Roofing, Siding, Drywall & General Labor

Lawrence is a hard-working, goal oriented individual, who is looking to become a contributing team member with your company. He is punctual, reliable and constantly strives for excellence.

Craig Matthews
Maintenance Technician

Qualifications:
- Machine Maintenance
- Quality Control - Functional Gage & Microscopic Inspection
- Vinyl Floor Covering Installation
- Construction Clean-Up
- Prep Cook

Craig is an ideal candidate for anyone seeking an employee that is self-sufficient, reliable, and detail oriented. If you are looking for an employee that can increase your productivity and motivate other co-workers, Craig Matthews will get the job done.
MPRI of Washtenaw Work-Ready Program

Accelerated Training
Participants gain professional work experience through Work Skills Corp's intensive 90-day training in production. This includes:

- Light assembly and sub-assembly of components
- Visual inspection and sorting
- Functional gage and microscopic inspection
- Cleaning, repairing, and managing of reusable dunnage
- Dunnage modification
- Loading and unloading of industrial washers
- Kitting, packaging, repackaging, and loading

Soft Skills Training
Accelerated training reports also include:

- Ability to work with others
- Attendance
- Punctuality
- Positive Response to Supervisors
- Professional Behavior

Permanent Employment
When the ultimate hiring decision has been made by the employer, those employers are eligible for the MPRI Financial Benefits Package. This includes:

- On-the-job Training Reimbursements
- Work Opportunity Tax Credits
- Free Fidelity Bonding

Continued Support
Power Inc. is an additional line of support for employers. Power Inc. enrolls participants in family support counseling, financial responsibility seminars, and cognitive restructuring sessions.

Continued Supervision
The Ann Arbor Parole Office is an additional line of supervision for employers. In addition, the Ann Arbor Parole Office guarantees a drug and alcohol free participant.
Work-Ready Check List

*ATTEND (4) OF THE FOLLOWING WORKSHOPS AND RECEIVE A $25.00 WALMART GIFT CARD*

MPRI Participant Name: ____________________________

Enrolled on the Michigan Talent Bank

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<thead>
<tr>
<th>Day</th>
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<tr>
<td>Monday</td>
<td>1:00pm – 2:30pm</td>
<td>Michigan Works Computer Lab</td>
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Facilitator’s Signature

Interview Skills/Professional Image

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Internet Job Search

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Retention – How to keep your new job

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Computers Don’t Byte (if applicable)

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Facilitator’s Signature

**COMPLETING (4) OF THE ABOVE WORKSHOPS WILL ALLOW ELIGIBLE MPRI PARTICIPANTS TO BE QUALIFIED FOR THE TRANSITIONAL EMPLOYMENT PROGRAM**
Michigan Prisoner ReEntry Initiative

MPRI
Creating Safer Neighborhoods & Better Citizens

Employment Pathway for Medium/High Risk Participants

STEP 1: Meet and Greet
Your 1st Friday from 12:30-2:30 at Catholic Social Services
Along with other local members of the community, you will meet the MPRI Workforce Developer and the Work Skills Corp.'s Employment Coordinator.

STEP 2: Michigan Works Workshops
- Enrollment with MPRI staff (required)
  Your 1st Monday and Thursday 3:00pm-4:30pm
- Retention: How to keep your job
  Available Every Wednesday 9:00am-10:30am
- Interview Skills/Professional Image
  Available Every Wednesday 1:00pm-2:30pm
- Internet Job Search
  Available Every Thursday 10:00am-12:00pm
- Computers Don't Byte
  Every Monday through Friday 1:00pm-3:00pm

You must complete 4 out of 5. All workshops are located at Michigan Works, 304 Harriet Street, Ypsilanti, MI, 48197.

STEP 3: Completed Workshops
Turn in your completed Work-Ready Checklist to the Work Skills Corp.'s Employment Coordinator and receive the following:
- A free $25 gift certificate to Wal-Mart.
- Eligibility status for Transitional Employment with Work Skills Corp.

STEP 4: 90-day Transitional Employment at 20 hrs/week with Work Skills Corp.
To keep 20 hours/week of transitional employment, you must turn-in 5 job applications per week and be in compliance with MPRI programs, including the Parole Office, Power, Inc., Work Skills Corp., and all other partners.

STEP 5: Long-term Employment with Work Skills Corporation
Based on your attendance and work performance, you may be offered extended hours at Work Skills. You will also be contacted first when MPRI has developed job leads.

Tip: Apply for jobs now!
The MPRI Financial Benefits program can be used by you to help convince an employer to hire you as soon as you are part of the MPRI program. Contact the MPRI Workforce Developer for additional resources and assistance.

Good luck!

Daniel Chae
Workforce Developer
(734) 883-3715
# Work-Ready Check List

*For Low Risk Participants*

## MPRI Participant Name:

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**Completing these workshops will allow the MPRI workforce developer to represent you as you job search**
APPENDIX #5
The Michigan Prisoner ReEntry Initiative invites you to volunteer with us!

Join us and attend one of the following dates for our

Community Coach Training
Saturday September 15, 9am-12noon
Saturday October 27, 9am-12noon
Saturday November 17, 9am-12noon

Lunch & snacks provided!

Our returning citizens come back to the community needing housing, employment, substance abuse treatment, and most of all- support from the community.
We are looking for caring and experienced members of the community, age 20 and older, to coach a returning citizen for up to one year. Our community coach training will prepare you to use your personal skills and experiences in order to become an effective mentor. Please join us in becoming a part of the MPRI team— creating safer neighborhoods and better citizens.

Training Location
St Joseph Mercy Hospital
Administrative Building
Auditorium
5305 Elliot Drive
Ann Arbor, MI 48104
for directions: (734) 712-3643

MPRI Community Partners:
Power Inc., Jewish Family Services, Catholic Social Services, Judson Center, Michigan Rehabilitation Services, Michigan Department of Corrections, Michigan Works!, Washtenaw Health Plan, Department of Human Services, Shelter Association of Washtenaw County

Please RSVP to:
Caitlin Graziano
Volunteer & Mentor Coordinator
MPRI Washtenaw
caitlin.mpri@gmail.com
(734) 929-6509
Volunteer Opportunity for CRIMINOLOGY STUDENTS

COME TO AN INFORMATION SESSION ON...

The

MPRI

(Michigan Prisoner Re-entry Initiative)

MISSION: to significantly reduce crime and enhance public safety by implementing a seamless system of services for offenders from the time of their entry to prison through their transition, community reintegration and aftercare in their communities.

Learn about all the volunteer opportunities they have to offer:
- Transporters - Movers - Donations - Mentors - Programming

WEDNESDAY JANUARY 23RD
7:00 pm - 9:00 pm
Room 350 of the Student Center

For questions or more information call VISION: 734-487-1313

EASTERN MICHIGAN UNIVERSITY
VISION

Students Against Hunger and Homelessness
Use your Skills & Experiences:
Mentor a Returning Citizen

Become a Volunteer Coach at the next
Michigan Prisoner ReEntry Initiative
Community Coach Training

Saturday March 15, 2008
9am-1pm
Lunch & Snacks Provided

The Michigan Prisoner Reentry Initiative is looking for caring and experienced members of the community, age 20 and older, to mentor/coach a returning citizen for up to one year. Our community coach training will prepare you to use your personal skills and experiences in order to become an effective coach.

Please join us in becoming a part of the MPRI team creating safer neighborhoods and better citizens

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Please RSVP to
Caitlin Graziano
Volunteer & Mentor Coordinator
MPRI Washtenaw
caitlin.mpri@gmail.com
(734) 929-6509

MPRI washtenaw Community Partners:
Power Inc., Works Skills, Catholic Social Services, Michigan Rehabilitation Services, Michigan Department of Corrections, Michigan Works!, Washtenaw Health Plan, Department of Human Services, Shelter Association of Washtenaw County
APPENDIX #6
What is the American Friends Service Committee?

The American Friends Service Committee (AFSC) is a Quaker organization devoted to building a just and peaceful world. Women and men of many races, nationalities, and religious backgrounds participate in AFSC as volunteers and staff. All are united in their belief in the infinite worth and equality of each human being. This belief leads the AFSC to search for creative ways to challenge injustice and war.

What is the Mission of the Michigan Criminal Justice Program?

The Michigan Criminal Justice Program serves as a monitor and conscience of the Department of Corrections' long-standing misuse of power, state money, and human resources.

The program focuses on prisoner advocacy, public education, and systemic change.

How You Can Help

✓ EDUCATE YOURSELF. Contact our office for a list of available educational materials.

✓ JOIN OUR MAILING LIST. We will periodically send you information on developments in the Michigan Criminal Justice System.

✓ VOLUNTEER. Our office is always in need of individuals with various skills to help with administrative and advocacy activities.

✓ CONTACT POLICY MAKERS. Demand more intelligent and constructive public policy.

✓ CONTRIBUTE FUNDS. Every bit counts.

YES, I am interested in supporting the efforts of the AFSC Criminal Justice Program.....

☐ Send me a list of available literature.

☐ Place my name on your mailing list.

☐ Contact me about volunteering.

☐ Enclosed is a donation of $_____.

Name______________________________
Address______________________________
City/State/Zip__________________________
Phone (______)________________________

American Friends Service Committee

Michigan Criminal Justice Program

You can measure the civility of a society by the way it treats its prisoners.

-Feodor Dostoevski

1414 Hill Street
Ann Arbor, MI 48104
(734) 761-8283
www.afsc.org
Understanding the Problem

The Michigan criminal justice system is in crisis. Rather than addressing the root causes of crime—poverty, unemployment, racism, inequality—prisons serve to perpetuate them. Yet, taxpayers are called upon to spend millions of dollars to build bigger prisons to lock up more and more disenfranchised members of our society.

Incarceration does little to provide prisoners with the skills and resources to reintegrate into freedom. Prisons foster dependency and violence, punish independent thinking and action, and break apart the bonds of family and friends. Allowing the criminal justice system to continue as it is will only serve to reinforce injustice and despair.

The following highlight the dimensions of the crisis:

- The number of Michigan prisoners has tripled in the past 20 years while the state population has grown only 6%.
- In 1997, African-Americans made up 14% of the state population and 56% of the state's inmates.
- In the 1999-2000 fiscal year, Michigan spent $1.56 billion on corrections—70% more than it spent on education.
- The Michigan Dept. of Corrections has made it harder for news reporters to show the public how prisoners are treated and tax dollars spent.

...a jail is evidence of a lack of charity of the people on the outside who make the jails and fill them with victims of their greed.

- Clarence Darrow, 1902

Creating Change

Our efforts include:

- Responding to requests from inmates and their families who are seeking assistance with specific problems by:
  - Providing them with the tools to advocate for themselves.
  - Making referrals to other programs such as substance abuse treatment and ex-offender service providers.
  - Working with county courts and Dept. of Corrections' parole boards, medical and institutional staff.
- Producing self-help and educational literature.
- Educating policy makers, Dept. of Corrections staff, and the general public through:
  - A speakers' bureau
  - Educational mailings
  - Seminars and conferences
  - Public testimony
- Networking with other advocacy organizations and social service agencies.
- Encouraging the development of inmate organizations to provide opportunities for self-help and growth.
- Researching systemic issues with emphasis on the origin of the problems and alternative solutions.
**Interviewing**

1. **Write down life:** into “segments” that are in chronological of career and education. Include why you went into a job, what you did when you were there and why you left.

2. **Strengths and Weaknesses:** *Strengths—* include things that others perceive as positive, such as receiving an award or met objectives at work. *Weaknesses—* describe what you have worked on and overcome or what you perceive as strong or weak.

3. **Questions to Ask:** *Some questions to ask:* why did you join this company? What skills are important to be successful in this position? What made the previous persons in this position successful/unsuccessful? *Do not ask* about salary, vacation, bonuses or other benefits.

4. **Questions to Be Prepared For:** What do you know about our company? Name 5 adjectives that would best describe you? What can you do for us that someone else can?

5. **Answers to Difficult Questions:** *Why haven’t you found a new position before now?* Explain that finding the right job is more important than just finding a job. *Tell me more about yourself—* Emphasis on recent experience is most important and a brief coverage of previous experiences and education as well.

6. **Do Your Homework:** Find out as much information on the Company as you can. Get to the interview early to read any brochures available in the reception area.

7. **Negative Factors Evaluated By Interviewer:** Lack of enthusiasm, poor handshake, lack of courtesy and maturity, not looking the interviewer in the eye, overaggressive behavior, seeming nervous, not asking questions about the job, incorrect grammar.

8. **Closing the Interview:** Do not feel cornered into accepting a position if offered immediately.

9. **After the Interview:** Send a “Thank You.”

**Resources**

1. **National Hire Network:** Information on programs and services which inmates can utilize upon release. www.hirenetwork.org/admin/clearinghouse.php?stateid=MI#repository

2. **Michigan Works Program:** There are 110 service centers in 25 regions around Michigan to help find jobs. www.michiganworks.org/page.cfm/14

3. **Project Transition:** Participants receive various forms of counseling ranging from substance abuse, mental illness, domestic violence and anger management. Contact: diana@thomas@matrixhumanservices.org

4. **Transition of Prisoners, Inc.:** Accepts people with criminal records who have been released from incarceration 30 days or less prior to program. www.topinc.net johwilliamstop@msn.com (313) 875-3883

5. **Women Arise—PROVE Project (For Women Only):** to provide post-release education and vocational training, support and guidance to find employment to help women reintegrate back into their communities. Contact Executive Director Caron Jacobson (313) 331-1800

6. **Goodwill Industries of Greater Detroit:** Contact Manager Nancy Walczak www.goodwilldetroit.org bwalczak@goodwilldetroit.org (313) 875-3900 ext. 406

7. **Unemployment Insurance Office:** Unemployment compensation and general information (800) 638-3995 (in state only) www.michigan.gov/cis

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**FREEDOM CENTER RE-ENTRY SUPPORT GROUP**

**WHOLE MAN MINISTRIES**

**TUESDAYS 4-5:30**

4667 FREEDOM DRIVE
ANN ARBOR, MI
48105

(734) 629-3733
629-FREE

Starting over tips and strategies for interview

Information collected from Washtenaw County Jail and The University of Michigan Psychology Department
Re-Entry Strategies
~Rebuilding You~
Your Attitude and Desire

Freedom Center Re-Entry Support Group
Whole Man Ministries
4667 Freedom Dr.
Ann Arbor, MI 48108

Group Guidelines

Your attitude and desire are the two most important factors in your life. If you really don't want to succeed, you won't...plain and simple. The world is full of talented people who failed because they didn't have the desire to succeed. Conversely, there are millions of stories of average and below average people who accomplished a great deal because they wanted to succeed, doubt and negativity are killers. You can control your attitude! It takes practice and desire to turn things around. Successful people are the ones who tell themselves that they can attain their chosen goal. They abandon the negative talk of jail or prison mentality for the positive attitude of those who are successful.

FAMILY: Who have been the people who have been good to (and for) you during your incarceration? These are the people you need to re-establish contact with. Not only can they provide emotional support, but they can do invaluable as contact people during your job search. Don't worry about the fact that you have not communicated with them for a while. If you are concerned about their reaction, begin your contact with a letter. You will be surprised to know who is actually glad to hear from you.

FORGIVENESS: The same as you have felt hurt and anger toward significant others, so have they experienced these same feelings toward you. It is time to move on and put these feelings behind you. In order to accomplish this it may be necessary for you to both ask for forgiveness from significant others, but also be willing to forgive them.

CIRCLE OF FRIENDS: It is critical that your circle of friends are supporting the new you. As hard as it may be, you may have to avoid former friends (and former inmates) who may expect you to engage in activities that are inappropriate and not consistent with your new life.

SELF-ESTEEM: Do you like who you were in the past, who you are today and who you plan to be in the future? Incarceration can zap the amount of self-esteem you once had. Now re-establish your self-worth will determine your success upon release. Re-offenders are particularly vulnerable because society will be slow to forget and forgive and will constantly remind you of your mistakes. You will need to insulate yourself from this negativity with positive affirmation of your worth both by your own self-talk and from significant others including employers.

The (free) Re-entry Support Group is one form of treatment offered at the Freedom Center. You will meet face to face with a trained therapist. Interaction between group members is encouraged and provides each person an opportunity to learn more about the obstacles of Re-entry and the way we interact with others.

One of the advantages is that you will see that you are not alone. You will be encouraged to challenge yourself, your thinking, your reactions and begin to understand more fully who you are.

No matter what anybody tells you, there is a stigma attached to having been incarcerated. You have to be prepared for that. This group will provide strategies necessary to avoid the traps of recidivism.

What do I talk about when I attend?
Talk about what brought you to the Freedom Center in the first place. Tell the group members about your frustrations, the obstacles that exist within the system and the requirements of probation or parole. This group specializes in issues of re-entry including returning home, finding and maintaining employment, recovery, parenting, relationships and meeting the expectations of probation or parole. Unexpressed feelings are a major reason individuals experience difficulties and eventually return to jail or prison. How much you talk about yourself depends on what you wish to share. Group is not a place where people are forced to tell their most deep and innermost thoughts. Sometimes you may feel more reflective than active and prefer to listen.

I have trouble talking to people; it's too difficult!
Most people are a little anxious about talking in a group setting. Many individuals find that, within a few sessions, they begin to feel comfortable and look forward to the experience. Group members usually remember what it is like to be new, so you will get a lot of support. One of the factors determining whether or not your transition from incarceration will be successful is a strong support system. Whether you are newly released from jail or prison, or merely facing the challenges of re-entry, The Freedom Center Re-entry Support Group is the link that will provide the help you need.

These guidelines are here to help each group member reach his/her personal goals. If our group is to be effective, your commitment to the following is essential. Disruptive and disrespectful behavior will not be tolerated.

1. CONFIDENTIALITY: Sessions are confidential, what members talk about in group must remain among the members of the group. It is not appropriate or ethical for a group member to disclose events of the group to an outsider. Each group member must sign a Confidentiality Agreement form.
2. The group will meet every Tuesday from 4:00-5:30 pm. You are expected to be on time.
3. Once the facilitator begins groups, only issues relevant will be discussed. Any other issues will be discussed before or after the group.
4. Group members are encouraged to participate to whatever extent is comfortable.
5. If you decide that you have gained as much as possible from the group or that it isn't the most appropriate treatment method for you, we ask that you come to the group and say good-bye.
6. One person speaks at a time.
7. No smoking allowed in the group.
8. A group member will be asked to leave if he/she arrives under the influence of alcohol or any drug.
9. Share only your experiences, not the experiences of someone else. Use "I" statements when speaking in group.
10. We do not discuss group members who are not present.

Expunging Your Record

For Information on requirements of and how to go about getting a conviction expunged, visit the following website:
http://www.removeit.org/index.html
Board of Directors 2006

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Ann Arbor, MI 48108

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Fax: 734-929-6553
E-mail: info@powerelf.org
Website: www.powerelf.org

Mission:

As a faith-based agency, we are committed to providing services that will foster a positive impact on the lives of families, in an effort to rebuild communities and promote growth.

POWER, Inc. is fortunate to have a capable Board of Directors that reflect a wide range of expertise in business, human services, education and public service sectors.

The staff and Board of Directors at POWER Inc. have provided the creativity and professionalism that has developed this organization to its current level of efficiency and effectiveness.

MPRI STAFF at POWER Inc.

Harold Wimberly
Program Director
Floyd Jackson
Program Specialist
Helen Criglar
Contractual Case Manager
Amanda Martinez
Resource Coordinator

MPRI works with returning citizens to foster family reunification and strengthen communities.
As a faith-based agency, POWER is committed to provide services that will foster a positive impact on the lives of families, in an effort to rebuild communities and foster growth.

- **Shared Values:**
  - We believe life and its opportunities are most successful when viewed as developmental and holistic.
  - Change is possible and will lead to individual and collective social/economic success.
  - We are concerned and will act responsibly as we contribute to the well-being of our community.
  - We celebrate diversity by understanding, valuing and respecting each other.
  - We are committed to being a continual learning organization.
  - We believe the best community interactions are those that reflect strength perspective, mutuality, partnership and collaboration.

With the recidivism rate at 48% for the State and 75% for Washtenaw County, there is a mandate to reduce these statistics by assisting returning citizens with the assimilation process.

**Goals of MPRI**

- Reduce crime through the State and Local Collaboration
- Deliver a seamless plan of service, support and supervision for citizens returning to the community.
- Reduce crime through Transitional Accountability Planning
- Reduce crime by connecting former prisoners to services.
- Make the community aware of support services for returning citizens

POWER will assist in the following areas:

- Cognitive Restructuring Groups
- Case Management Services
- Support groups for women and men
- Locating financial support services
- Facilitate Prison In-Reach Interviews
- Assisting in Maintaining housing stability
- Individual and family counseling services
- Mentoring services
- Transportation
Thirteenth Annual Exhibition of Art by Michigan Prisoners  Schedule of Events

Tuesday, March 25
Opening Reception
Join the Prison Creative Arts Project as we celebrate the opening of the 13th Annual Exhibition of Art by Michigan Prisoners. Formerly incarcerated artists, and curators Buzz Alexander, Janie Paul, and Jason Wright, will address visitors to the gallery at 6:15 p.m.
Free and open to the public.
5:30 – 8:00 p.m., Duderstadt Center Gallery, 2281 Bonisteel Blvd., Ann Arbor MI

Saturday, March 15 – Friday, April 18
PCAP at the Detroit YMCA
50 pieces of art by incarcerated artists will be on display in the front lobby of the Detroit YMCA. The art will be for sale and all proceeds will support the Prison Creative Arts Project and the Annual Exhibition of Art by Michigan Prisoners.
Boll Family YMCA, 1401 Broadway, Detroit, 48226. www.y-artsdetroit.org

Wednesday, March 26
Disguised as a Poem: Judith Tannenbaum
Judith Tannenbaum, author of Disguised as a Poem, will talk about her experience teaching poetry at San Quentin in the 1980s, writing Disguised as a Poem, her memoir about those years, her relationships with former students, her current work with youth in San Francisco, and the ways these experiences have shaped her life, thinking and actions.
8:00 p.m., Michigan League, Hussey Room, 911 N. University Ave.

Friday, March 28
Hearts and Hands: Creating Community in Troubled Times
Luis Rodriguez, author of Always Running: La Vida Loca, uses his experience as a former gang member and his involvement in community based work to discuss ways in which communities can address the rise of gangs and drugs among today’s youth.
7:30 p.m., Michigan League, Vandenberg Room, 911 N. University Ave.

Tuesday, April 1
What Do You Stand For?
Shawna Demmons, an African American queer activist, will join us from the California Coalition for Women Prisoners, a grassroots organization dedicated to supporting and advocating for women in prison. She will speak about her experience as an activist working in prisons and the systems of oppression that come into play in the prison industrial complex.
7:30 p.m., Michigan League, Michigan Room, 911 N. University Ave.

Wednesday, April 2
Doin’ Time: Through the Visiting Glass
Join us for a performance by Ashley Lucas of her one-woman show Doin’ Time: Through the Visiting Glass. Compiled from interviews with prisoners across the nation, letters, and her own personal experience, Lucas uses monologues, voice overs, and video clips to take the audience on a journey through various perspectives of the families of the incarcerated. Tickets $10/8 students with ID. For advance tickets, please call 734-647-7673.
7:30 p.m., Performance Network, 120 E. Huron St.

Friday, April 4
Ashley Lucas at the Detroit YMCA
Performance artist Ashley Lucas will give an encore performance at the Detroit YMCA in conjunction with a small exhibition of 50 pieces of art by incarcerated artists. The art will be on display in the front lobby from March 15th through April 18th and will be for sale.
Performance 7:30 p.m., Boll Family YMCA, 1401 Broadway, Detroit, 48226. www.y-artsdetroit.org

Saturday, April 5
Staying Connected: Families of the Incarcerated with Ashley Lucas
Join us as family members and friends of the incarcerated discuss the impact of having a loved one in prison. Performance artist Ashley Lucas will facilitate an open dialogue including stories, challenges, and triumphs experienced by those with incarcerated family and friends.
1:00 p.m., Michigan Union, Wolverine Room, 530 S. State St.

Sunday, April 6
Acts of Art: The Prison Creative Arts Project*
The Prison Creative Arts Project & Michigan Television present the premiere screening of Acts of Art, a documentary featuring art from inside Michigan prisons and stories from the activists and artists who make it visible to the outside world. This half-hour documentary will be broadcast state-wide on Michigan PBS stations. The screening will be followed by a discussion panel with formerly incarcerated artists.
4:00 p.m., Chesebrough Auditorium (behind the Duderstadt Center Gallery), 2281 Bonisteel Blvd.

Wednesday, April 9
Closing Reception
5:30 – 8:00 p.m., Duderstadt Center Gallery, 2281 Bonisteel Blvd., Ann Arbor MI

Gallery Hours:
Tue – Sat: 10 a.m. – 7 p.m.
Sun – Mon: 12 p.m. – 6 p.m.

For further information
call 734-647-7673 or email prisonart@umich.edu www.prisonarts.org

National Organization on Fetal Alcohol Syndrome
Helping children & families by advocating for the prevention and intervention of Fetal Alcohol Spectrum Disorders, the leading known cause of mental retardation & birth defects.

FASD: WHAT EVERYONE SHOULD KNOW

Alcohol use during pregnancy is the leading known preventable cause of mental retardation and birth defects in the United States.

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<th>Estimated Cases Each Year</th>
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<tr>
<td>Muscular Dystrophy</td>
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<tr>
<td>Spina Bifida</td>
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<tr>
<td>Down Syndrome</td>
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<td>FASD</td>
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FASD affects an estimated 40,000 infants each year - more than Spina Bifida, Down Syndrome and Muscular Dystrophy combined.

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis.

FASD includes conditions such as:
- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome (PFAS)
- Alcohol-related neurodevelopmental disorder (ARND)
- Alcohol-related birth defects (ARBD)
- Fetal alcohol effects (FAE) * obsolete terminology

What Are the Effects of FASD?
The effects of FASD vary among affected individuals.
Outcomes associated with FASD can include:
- Specific facial characteristics
- Growth deficits
- Mental Retardation
- Heart, lung, and kidney defects
- Hyperactivity & behavior problems
- Attention & memory problems
- Poor coordination or motor skill delays
- Difficulty with judgment and reasoning
- Learning disabilities

"Of all the substances of abuse (including cocaine, heroin and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus."
Institute of Medicine, 1996.

FASD also takes an enormous financial toll on affected families and society as a whole. Fetal Alcohol Syndrome (FAS), the most severe and least common effect under the FASD umbrella, costs the United States $5.4 billion annually in direct and indirect costs. This is only a small portion of the total societal costs associated with FASD.

How Can FASD Be Prevented?
While there is no cure for FASD, it is 100 percent preventable when pregnant women abstain from alcohol. Good reproductive care before knowledge of pregnancy would also assist in prevention of FASD to a great extent.
FETAL ALCOHOL SPECTRUM DISORDERS AND THE CRIMINAL JUSTICE SYSTEM

There was a part of me that was angry, but I also knew that the police department and the justice system were uninformed about how vulnerable and easily swayed people [with an FASD] are.

—Mother whose son with an FASD was wrongly convicted of a crime

FETAL ALCOHOL SPECTRUM DISORDERS

FASD is an umbrella term describing the range of effects that can occur in an individual prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. FASD is not a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

REASONS PEOPLE WITH AN FASD GET IN TROUBLE WITH THE LAW

Studies show that people with an FASD have specific types of brain damage that may cause them to get involved in criminal activity. These individuals show:

- Lack of impulse control and trouble thinking of future consequences of current behavior
- Difficulty planning, connecting cause and effect, empathizing, taking responsibility, delaying gratification, or making good judgments
- Tendency toward explosive episodes
- Vulnerability to peer pressure (e.g., may commit a crime to please their friends).

Persons with an FASD may break the law without intending to do so. For example, they may touch people when it is unwanted and think they are just being friendly. They may take things that do not belong to them because they like them.

People can take advantage of individuals with an FASD. They may talk them into committing crimes. Females with an FASD may be involved with destructive men for food, shelter, attention, or drugs.1 These relationships put them at risk for arrest.

NUMBER OF PEOPLE IN THE CRIMINAL JUSTICE SYSTEM WITH AN FASD

It is difficult to know how many people in the criminal justice system have an FASD. Data are limited, and populations vary by State. In addition, few systems screen for FASD or conduct a full diagnostic assessment. Researchers at the University of Washington estimate that 35 percent of individuals with an FASD have been in jail or prison at some point. They also estimate that more than half the people with an FASD have been in trouble with the law.1

The number of people with an FASD in the criminal justice system is assumed to be high. In the United States, approximately 3 million people are in jail or prison. Based on estimates of FASD in the general population, as many as 28,036 inmates could have an FASD.2

ISSUES RELATED TO FASD IN THE CRIMINAL JUSTICE SYSTEM

Laws vary by State and case law is binding only in the State or circuit where the case was decided. Only Supreme Court cases are binding nationally. However, several general issues can arise for attorneys and judges dealing with persons with an FASD:

- Competency to stand trial, which is the ability to understand the charges, participate in a trial, and assist in one’s own defense. Persons with an FASD may not understand the charges against them. They may find criminal proceedings confusing. They may have problems with time management and come to court late or not at all. Several cases address competency and FASD.4-5

- Validity of expert testimony regarding diagnosis. Questions arise about the types of exams that are sufficient to determine a diagnosis of an FASD. For example, what if maternal alcohol use during pregnancy is unknown?2,8

- Diminished capacity. Capacity refers to the ability to understand right and wrong and to understand the
likely outcome at the time of the act. Some crimes require evidence of intent for the person to be found guilty. Defense lawyers may argue that persons with an FASD cannot form the intent to commit crimes because they cannot foresee the likely outcome.9

- **Effect of FASD on sentencing.** Lawyers have appealed the death penalty by arguing that FASD was not introduced as evidence to support a lesser sentence.10-12
- **Ability to testify.** Persons with an FASD are highly suggestible and may not be able to give accurate testimony. They are prone to making false confessions.13
- **Recidivism.** Offenses do not appear to get worse, such as from auto theft to robbery. However, persons with an FASD tend to repeat crimes of opportunity, such as shoplifting. Their thought process seems to be, “I want. I take.”14

**Ways the Criminal Justice System Can Address the Needs of Persons With an FASD**

Because of their disabilities, persons with an FASD may repeat the same mistakes many times. Thus, support to improve functioning might be more appropriate than rehabilitation. This approach focuses on education, job training, and family support, rather than punishment. Medication may also help. In some cases, adults with an FASD who had multiple jail stints for petty, impulsive acts avoided jail when given appropriate medical treatment.3

Understanding how persons with an FASD respond to certain situations can help. Due to sensory issues, they can become overwhelmed by bright lights, causing them to panic and run from the police or resist arrest. Because they are eager to please, many unknowingly waive their rights by signing forms that they do not understand. In addition, they may consent to being searched or take responsibility for the crimes of others to win favor.

Sentencing is also an issue. Some persons with an FASD respond well to the intense structure and rules of prison. Others are vulnerable to attack, exploitation, and manipulation by other inmates. Some do not understand prison rules and break them. Because corrections officers may not understand FASD, they may punish inmates with an FASD for failing to follow directions. It is critical to offer training on FASD to all corrections staff so they can learn strategies to respond to inmates with an FASD.

Once on probation, persons with an FASD may have trouble meeting probation requirements. They can have problems managing time, recalling appointments, and making plans. Therefore, they may need a greater level of supervision. A relative or support person may need to be assigned to follow up on probation requirements. Highly structured probation that includes supervised living, life skills education, and drug and alcohol treatment can be very effective.15 In fact, supervision can help prevent crime. Many clients with an FASD can remain crime free with intense supervision.14

Other effective alternatives to prison include halfway houses, group home treatment centers, or electronic monitoring at home. In such cases, emphasis must be placed on creating a well-structured environment with predictable rules and consequences. In these settings, persons with an FASD can continue to participate in the community but their behavior will be more closely monitored.16

**References**

9. Dillbeck v. State, 643 So. 2d 1027 (Fla.).
12. Silva v. Woodford, 279 F. 3d 825 (9th Cir. 2002).

Stop and think. If you’re pregnant, don’t drink.

For more information, visit fasdcatalog.samhsa.gov or call 866-STOFAS.
INDEPENDENT LIVING FOR PEOPLE WITH FETAL ALCOHOL SPECTRUM DISORDERS

In the film "Big," a 13-year-old is stuck in an adult body. He has to get a job, find a home, and pay his own bills. The film is a fantasy, but these tasks can be a scary reality for adults with fetal alcohol spectrum disorders (FASD).

WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?
FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

FASD is not a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). Each year, as many as 40,000 babies are born with an FASD. Hundreds of thousands of adults have these disorders.

Most adults with an FASD look like you or me, but they have cognitive problems that make it hard to live independently. In particular, their social development is stunted and they have poor judgment. Their behavior is unpredictable from one day to the next and can get them into serious trouble.

Many people with an FASD do not understand how impaired they are, which puts them at even greater risk. They have a strong desire to be "normal." Most appear normal to others, raising unreasonable expectations and setting the stage for failure.

FASD may be associated with substance abuse, unemployment, and jail time. With appropriate support, such negative outcomes can be avoided.

WHAT IS INDEPENDENT LIVING?
Independent living refers to the ability to function in a community without support. However, many people hire others to help repair their cars, cut their grass, and fix broken windows. In collaboration with a spouse, friends, and paid service providers, people can run their households more efficiently. Thus, "interdependent living" is a more accurate term than independent living.

CAN PEOPLE WITH AN FASD LIVE INDEPENDENTLY?
A supportive community is important for everyone, but it is essential for people with an FASD. They need a strong circle of support made up of family members, mentors, social workers, job coaches, and others who understand the realities and limitations of FASD.

Parents or guardians of children with an FASD should start planning early for the transition to adulthood, when eligibility for many services will end.

Most adults with an FASD will need more help than others to meet the more routine demands of work and home. Areas where assistance may be important include employment, money management, housing, and social skills. Many require close supervision to help them make day-to-day decisions and stay safe.

In a 1996 study of adults with an FASD conducted by the University of Washington:

- 50 percent had trouble finding a job.
- 60 percent had trouble keeping a job.
- 18 percent achieved independent living, but most had employment problems.
- About 80 percent had trouble managing money and making decisions.

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SAMHSA
Fetal Alcohol Spectrum Disorders
Center for Excellence
The box shows the percentages who require help with other daily tasks.

- Getting social services, 70%
- Getting medical care, 66%
- Having relationships, 56%
- Shopping, 52%
- Cooking meals, 49%
- Staying out of trouble, 47%
- Structuring leisure time, 47%
- Keeping clean, 36%
- Using public transportation, 24%

**HOW CAN PEOPLE WITH AN FASD SUPPORT THEMSELVES?**

Appropriate training and assistance can help many people with an FASD find and hold jobs. Job training for persons with an FASD should begin during high school, with the student’s education team taking the lead in planning the transition from school to work.

The Federal Rehabilitation Services Administration may be able to help with job placement and support services such as job coaches. States and private organizations, such as the Arc, may also offer assistance.

The key to successful employment for individuals with an FASD is an employer who understands FASD, has reasonable expectations, and can provide a supportive environment. Helpful strategies include:

1. Using concrete language
2. Establishing consistency and routine
3. Providing ongoing training
4. Reviewing job expectations frequently
5. Helping to interpret the wishes and actions of other employees and customers

People with an FASD often find it difficult to access financial benefits. Many States base eligibility for developmental disabilities benefits on IQ. Many people with an FASD have normal IQs and do not qualify. They may be eligible for Social Security Disability Insurance or Supplemental Security Income from the Federal Government if they can meet the strict definition of disability needed to qualify.

Individuals with an FASD typically lack skills managing money. They may receive a paycheck or benefits check and immediately spend it, rather than budgeting for rent and other expenses. Consulting a lawyer about designating a “representative payee” can help. The payee can be a family member, case manager, or other person who receives an individual’s checks, pays their expenses, and provides spending money on a daily or weekly basis.

**WHAT ABOUT HOUSING?**

Housing for adults with an FASD may be hard to find. Those who meet certain criteria may be eligible for Federal housing programs such as public housing, housing vouchers, Section 811 for persons with disabilities, and rural housing programs. States, localities, and nonprofit organizations also may offer housing, but their eligibility criteria and accessibility vary widely.

Supportive housing that offers help with tasks such as cleaning, grocery shopping, and bill paying would be ideal, but few programs are designed for people with an FASD. Group homes for individuals with mental retardation or mental illness may be an option. However, they can be a poor fit for people with an FASD, who may function at a higher level than their housemates or have different needs. Independent living with services may work for persons who do not need constant supervision.

**RESOURCES**

- Rehabilitation Services Administration, [www.ed.gov/about/offices/list/osers/rsa/index.html](http://www.ed.gov/about/offices/list/osers/rsa/index.html?src=mr)
- Job Accommodation Network, U.S. Department of Labor, [www.jan.wvu.edu/sbse/vocrehab.htm](http://www.jan.wvu.edu/sbse/vocrehab.htm)
- National Council on Independent Living, 703-525-3406, ncil@ncil.org, [www.ncil.org](http://www.ncil.org)

**REFERENCE**


If you’re pregnant, don’t drink. If you drink, don’t get pregnant. For more information, visit fascenter.samhsa.gov or call 866-STOPFAS.
HOW FETAL ALCOHOL SPECTRUM DISORDERS CO-OCCUR WITH MENTAL ILLNESS

Even though diagnoses of FAS and FAE are not common in the mental health field, mental health problems are the most prevalent secondary disability that afflicts individuals with FAS.\(^1\)

—Ann Streissguth, in Fetal Alcohol Syndrome

Everyone is born with a certain amount of potential. Reaching it can often be a challenge, especially for people with fetal alcohol spectrum disorders (FASD) who may also have a co-occurring mental illness. A co-occurring disorder exists simultaneously with another disorder.

This co-occurring disorder often complicates treatment and interferes with the person’s ability to function. The nature of the problems and provide support. Service providers can focus on ways to make treatment programs more effective.

WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?

"Fetal alcohol spectrum disorders" (FASD) is an umbrella term describing the range of effects that can occur in an individual who was prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. FASD is not a diagnostic term used by clinicians.

WHAT ARE CO-OCCURRING DISORDERS?

Co-occurring disorders is the term used when an individual has both a mental illness as well as a drug or alcohol abuse-related disorder.\(^2\) A person with FASD who is also diagnosed with a mental illness is said to have a co-occurring disorder.

FASD AND CO-OCCURRING DISORDERS: WHAT ARE THE RISKS?

Often, a person with a co-occurring FASD and mental illness is not diagnosed with an FASD. This can cause anger and frustration. Failure to recognize co-occurring disorders can increase the risk of:

- Misdiagnosis or inappropriate treatment
- Unemployment or underemployment
- Psychiatric hospitalization
- Family, school, and relationship problems
- Homelessness
- Alcohol and drug abuse
- Legal problems
- Premature death (suicide, accident, murder)

Recognizing an FASD as a co-occurring disorder can help decrease anger and frustration among individuals, families, and providers. Individuals may be relieved to have an explanation for their difficulties. Families can understand

WHICH DISORDERS CO-OCCUR WITH FASD?

Prenatal alcohol exposure can cause behavioral, cognitive, and psychological problems. Signs and symptoms of an FASD are similar to some mental illnesses. In many cases, the signs and symptoms of an FASD go unrecognized or are misdiagnosed as a mental illness or brain injury.

Individuals with an FASD may also receive multiple diagnoses, such as attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder, and anxiety disorder. Therefore, it is important to determine whether the symptoms are a result of prenatal alcohol exposure or have another root cause.

If an FASD is unrecognized, treatments may be ineffective. When the best possible diagnostic and treatment methods do not work, consider the possibility of an FASD. An FASD assessment may be in order, including neuropsychological tests, by a clinician familiar with FASD. FASD can co-occur with many disorders, such as:

- Major depressive or bipolar disorder
- Psychotic disorders
- Autism or Asperger’s syndrome
- Schizophrenia
- Personality or conduct disorders
- Reactive attachment disorder
- Traumatic brain injury

Some conditions, such as reactive attachment disorder, may result from frequent changes in home placement and other

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environmental factors. In addition, an FASD can lead to many of the psychosocial stressors noted in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)\(^1\), such as:

- Educational problems
- Occupational problems
- Financial problems
- Legal problems
- Relationship problems

The DSM-IV has no codes for fetal alcohol spectrum disorders. For insurance purposes, providers may list a co-occurring mental illness as the primary diagnosis. Regardless of which diagnostic code is used, an FASD must be seriously considered when developing an individual's treatment plan.

**How Can We Recognize Co-Occurring Conditions?**

Co-occurring disorders among persons with an FASD may occur more often in individuals with a family history of mental illness than those in families without such history.\(^2\) Some conditions, such as schizophrenia, mood disorders, and ADHD, have genetic vulnerability.\(^3\)

Because persons with an FASD are likely to have co-occurring conditions, getting an accurate diagnosis is critical.\(^4\) A thorough diagnostic workup should be completed, including:

- Maternal alcohol history
- Medical history, including information such as head circumference and length of eye openings, seizures, and poor coordination
- Individual and family mental health history
- Evaluation of any developmental disabilities
- Medical and psychiatric evaluation
- Neuropsychological tests
- Adaptive functioning tests

The cognitive impairments in FASD can hinder the ability to succeed in treatment. Such impairments include:

- Difficulty following multiple directions at home, school, work, and treatment settings;
- Difficulty participating in treatment that requires receptive language skills, such as group therapy or 12-step programs;
- Difficulty processing information outside sessions and applying what they have learned (e.g., can recite rules but repeatedly break them because they forget them);
- Tendency to process information literally (e.g., told to "take a cab home," one young man stole a cab); and
- Difficulty grasping the concept of historic time and future time. Reward systems that involve earning points one week for rewards the next may be ineffective.

**What Can Treatment Personnel Do?**

To produce the best outcomes, it is necessary to diagnose and treat all conditions simultaneously. Treatment personnel should avoid over- or underdiagnosing. Communicating with families to get as much information as possible is key to an accurate diagnosis and effective treatment.

Most importantly, treatment personnel should focus on positive outcomes for their clients. Instead of viewing individuals as failing if they do not do well in a program, staff need to view the program as not providing what the individual needs to succeed. Treatment personnel need to investigate the cause of any behavior, such as failure to understand instructions.

Understanding the individual's disorders, needs, and strengths will help in developing an effective approach that enables the person to succeed. Correctly identifying all co-occurring disorders and treating them appropriately can lead to improved outcomes for the individual, family, and service providers.

**REFERENCES**


Stop and think. If you’re pregnant, don’t drink.

For more information, visit fascenter.samhsa.gov or call 866-STOPFAS.

www.stopalcoholabuse.gov

DHHS Publication No. (SMA) 06-4237
Printed 2007
There are approximately 300 Washtenaw County residents who return from prison back to our community each year.

The VISION of the Michigan Prisoner ReEntry Initiative (MPRI) is that every inmate released from prison will have the tools needed to succeed in the community. Successful reentry reduces crime, fiscal costs, and the human impact on members of our community and their families.

Community Coordinator: Mary King  
(734) 327-9717  
washnenawmpri@gmail.com

Mentor Coordinator: Caitlin Graziano  
(734) 929-6509  
caitlin.mpri@gmail.com

Workforce Developer: Daniel Chae  
(734) 883-3715  
daniel.mpri@gmail.com

The MPRI of Washtenaw in collaboration with CLFMI welcomes you to

The MPRI Spring 2008  
Faith-Based & Community Organization Conference

6:30—7:00  Registration & Refreshments
7:00—8:00  MPRI Overview & MPRI Client Panel
8:00—9:00  Program Strategies  
Employment  
Housing  
Mentoring  
Community Involvement
9:00—9:30  Going Forth into the World

The MPRI is a collaborative effort administered through a public and private partnership of State departments, including the Department of Corrections, Department of Labor and Economic Growth, Department of Community Health, Department of Human Services, Department of Education, Public Policy Associates, and the Michigan Council on Crime & Delinquency.
We would like to personally invite you to the conference listed below:

The Michigan Prisoner ReEntry Initiative of Washtenaw County in collaboration with Christian Love Fellowship Ministries Int'l presents...

MPRI Spring 2008 Faith Based & Community Organization Conference

Thursday March 6
6:30-9:30pm
Christian Love Fellowship Ministries Int'l
1601 Stamford Ypsilanti, MI

Join us and hear how local congregations and community organizations are helping citizens re-enter back into the community from prison. The conference will include testimonies from MPRI clients and information about our areas of greatest need including housing, employment, and mentoring. Group discussion and Q&A will follow.

Each faith and community organization is invited to be a collaborator by sending three people to this informative and exciting event!

Registration & refreshments from 6:30-7pm
Program begins promptly at 7pm!

Hear directly from returning citizens & learn how your congregation can get involved!

We hope to see you there,

Denese Brown, Christian Love Fellowship Ministries,Int'l.
Rev. Joe Summers, Episcopal Church of the Incarnation
Rob Carpenter, Friends of the Master
Michael Appel, Beth Israel Congregation

Contact Caitlin Graziano for more information or to register at
(734) 929-6509 or caitlin.mpri@gmail.com

RSVP by MARCH 4
MPRI Faith Based & Community Organization
Conference Agenda

6:30-7pm: Registration & Refreshments

7-8pm: MPRI Overview & MPRI Client Panel

8-9pm: Program Strategies for Employment, Housing, Mentoring, and Community Involvement

9-9:30pm: Going Forth Into the World

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Christian Love Fellowship
MINISTRIES INTERNATIONAL

Directions

From Ann Arbor/ Ypsilanti: Head east on Clark Rd towards Ypsilanti. About one mile past Prospect Rd, make a left on Dawn Ave. Take Dawn Ave. to the end and make a right onto Stamford. CLFMI is about ½ mile down Stamford on your left side.

From I-94E: Take exit 185 on the left merge to Willow Run Airport/ Michigan Ave. Turn left at Dorset Ave, and continue onto Laverne St. Make a slight right onto S. Ford Blvd and continue for 1.6 miles. Turn left on Clark Rd, and after .2 miles turn right on Dawn Ave. At the end of Dawn, make a right onto Stamford. CLFMI is about ½ mile down Stamford on your left side.