



NEW YORK CITY DEPARTMENT OF CORRECTION
Martin F. Horn, Commissioner

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September 28, 2007

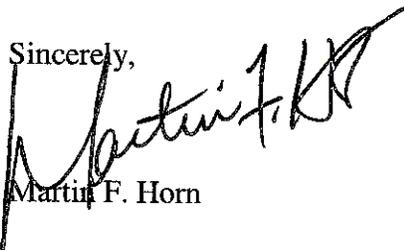
Honorable Christine Quinn
Speaker
New York City Council
City Hall
New York, New York 10007

Dear Speaker Quinn:

As required by Section 9-129 of the New York City Administrative Code, I am submitting to you the attached report on our implementation of Sections 9-127 and 9-128 regarding discharge planning services.

This update represents only a fragment of DOC's extensive ongoing discharge planning efforts. We would welcome the opportunity to brief interested Council members and staff in detail at your earliest convenience.

Sincerely,



Martin F. Horn

c: Haeda Mihaltses
Honorable Miguel Martinez
file

**New York City Department of Correction
Implementation of Administrative Code
Discharge Planning Provisions
September 2007**

Mandate	Implementation
<p>9-127-a The Department of Correction and the Department of Homeless Services shall develop a process for identifying individuals who repeatedly are admitted to city correctional institutions and who, in addition, either immediately before their admission to or after their release from such institutions are housed in shelter provided by the Department of Homeless Services.</p>	<p>The Department of Correction (DOC) and the Department of Homeless Services (DHS) have developed, and refined a data match process by which DOC sends DHS monthly discharge files, and DHS then computes the percentage of shelter entrants with DOC stays in the six months preceding shelter entry. This data match will be conducted monthly, and the results used in various elements of the discharge planning effort.</p> <p>DOC and DHS are in the process of developing a process and MOU so that the two agencies can identify people who are currently in DOC custody, and who have been in shelter at least 1 night during the last 365 days. This match will be used by the DOC discharge planners for two purposes: 1) to identify inmates with a recent history of homelessness so that discharge planners can reach out to the client's official shelter to access, and build upon the client's most recent housing plan and 2) to target homeless clients for special initiatives with the goal of preventing them from reentering the shelter system upon or shortly after release from DOC custody.</p>
<p>9-127-b The Department of Correction shall collect, from any sentenced inmate who will serve, after sentencing, ten days or more in any correctional institution, information relating to the inmate's housing, employment, and sobriety needs. The Department of Correction shall, with the consent of the inmate, provide such information to any social service organization that is providing discharge-planning services to such inmate under contract with Department of Correction.</p>	<p>Form 983, the Discharge Planning Screening form is completed for every individual admitted to DOC. Form 983 addresses housing, employment, sobriety, benefits, and family issues. Social service organizations under contract with the Department of correction are required to consult the Discharge Planning Screening Form for each client they serve and to Document its use.</p> <p>The development of the discharge-planning</p>

	<p>database continues. The database will allow responses from the 983 to be automated, allowing for more efficient use of the data being collected. Specifications for this database have been developed and DOC is currently working with NYC DOITT to bring a vendor on board to conduct a fit gap analysis to decide which software to utilize in the development of the database.</p>
<p>9-128-a The Department of Correction shall make application for government benefits available to inmates by providing such applications in areas accessible to inmates in city correctional institutions.</p>	<p>Currently Benefits Boards are installed in 10 facilities. The Benefits Boards are located in the law libraries and counseling areas where they are accessible to all inmates, both sentenced and detained. Since October 2006, three additional Benefits Boards have been added—one in each Support Center and one in GMDC. This brings the current total to 23 Benefits Boards in various facilities throughout DOC. Additionally, there are two more boards in construction, which will be placed in the Central Visit House.</p> <p>Each Benefit Board contains applications for benefits available through the NYC Human Resources Administration (13 forms), the Social Security Administration (1 package), and the Veterans' Administration (2 forms) The Benefits Boards also include resources from: The Department of Motor Vehicles (3 forms), the NYC Department of Health and Mental Hygiene (5 forms), the NYC Department of Education (1 form), US Citizenship and Immigration Services (1 form), and 311 Jail Release Services (English/Spanish flyers).</p> <p>Since the time of the last report (October 2006) there are been 137,160 forms and packages of information made available for distribution, for a total of 249,110 since the inception of the Benefits Boards in 2005.</p> <p>ACCESS NYC, the New York City</p>

	<p>benefits application software is being made available in the Central Visit House. ACCESS NYC is a free service that allows visitors to determine their eligibility for over 20 City, State, and Federal human service benefit programs.</p>
<p>9-128-b The Department of correction shall provide assistance with the preparation of applications for government benefits and identification to sentenced inmates who will serve, after sentencing thirty days or more in the city correctional institution and who receive discharge planning services from the Department of Correction or any social services organization under contract with the Department of Correction, and, in its discretion, to any other inmate who may benefit from such assistance.</p>	<p>Assistance is being provided through the Department's discharge planning contractors. This mandate has been included in the revised discharge planning forms used by service providers and in all discharge planning contracts. In addition, RIDE Support Centers -- one currently located in the Eric M. Taylor Center (EMTC), the sentenced men's facility on Rikers Island, and one located in the Rose M. Singer Center (RMSC), the women's facility on Rikers Island -- are new components of RIDE aimed at facilitating the enrollment/re-enrollment of individuals into benefit programs for which they are eligible and to which they are entitled. The Support Centers provide the opportunity for agencies that oversee benefits (HRA, SSA, VA, etc) to work with clients to determine their eligibility and complete applications during incarceration to become active as soon as possible after release. Facilitated Medicaid Enrollment, SSI interviews and Veteran's Administration briefings and follow-up with those eligible are currently taking place.</p> <p>In August 2006, through a joint effort between DOC, HRA and DOHMH, facilitated Medicaid Enrollment was implemented in EMTC, the men's sentenced facility on Rikers Island. Since August 2006, more than 600 clients have either been newly enrolled in Medicaid or have been informed that they already have active Medicaid. DOC is currently working with HRA to expand this service to the women's facility on Rikers Island. Additionally, DOC is working with HRA to develop a process to complete Food</p>

Stamp applications from Rikers Island so that clients will have food stamps on, or as soon as possible after, their day of release.

DOC is working collaboratively with the Social Security Administration to verify social security numbers for inmates on Rikers Island and when time allows to actually have the social security card sent to the inmates' property so that they will have their social security card upon release. Since July 2006, more than 1,055 clients have verified their social security number or have received their social security card prior to release.

In April 2007, the NYC DOC began purchasing birth certificates for city-sentenced inmates taking advantage of discharge planning services prior to their release. Since April, DOC has purchased birth certificates for more than 330 clients.

Rikers Island Single Stops, funded by the Robin Hood Foundation and run by the Center for Urban Community Services, provide benefits counseling, RAP Sheet education, civil legal assistance and financial counseling to city-sentenced inmates in EMTC and RMSC. Implemented in January 2007, the Single Stops have provided services to more than 500 clients to date.



NEW YORK CITY DEPARTMENT OF CORRECTION
Martin F. Horn, Commissioner

Office of the Commissioner

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September 29, 2005

Honorable Gifford Miller, Speaker
New York City Council
City Hall
New York, New York 10007

Dear Speaker Miller:

As required by Section 9-129 of the New York City Administrative Code, I am submitting to you for transmittal to the Mayor the attached report on our implementation of Sections 9-127 and 9-128 regarding discharge planning services. Additional information regarding our Discharge Planning initiative was provided in the Mayor's Management Report for Fiscal Year 2005.

This represents only a fragment of our extensive ongoing discharge planning efforts. We would like the opportunity to brief interested council members and staff in detail at your earliest convenience.

Sincerely,

A handwritten signature in black ink that reads "Martin F. Horn". The signature is written in a cursive, flowing style.

Martin F. Horn

c: Honorable Yvette Clarke
Haeda Mihaltses
file

New York City Department of Correction
 Implementation of Administrative Code
 Discharge Planning Provisions
 October 1, 2005

Mandate	Implementation
<p>9-127-a The department of correction and the department of homeless services shall develop a process for identifying individuals who repeatedly are admitted to city correctional institutions and who, in addition, either immediately before their admission to or after their release from such institutions are housed in shelter provided by the department of homeless services.</p>	<p>The Department of Correction and the Department of Homeless Services have developed a data match process that allows the identification of the individuals addressed in this section. The data match will be conducted as frequently as is needed and is currently being conducted monthly.</p>
<p>9-127-b The department of correction shall collect, from any sentenced inmate who will serve, after sentencing, ten days or more in any correctional institution, information relating to inmate's housing, employment and sobriety needs. The department of correction shall, with the consent of the inmate, provide such information to any social service organization that is providing discharge-planning services to such inmate under contract with the Department of Correction.</p>	<p>An information collection form (Discharge Planning Screening Form - 983, attached) has been developed and pilot tested in collaboration with the Vera Institute of Justice. It addresses the required areas (housing, employment, sobriety). Information is now being collected from all inmates as they are being processed into the Department of Correction. A process has been developed and implemented to have this information made available to all service providers under contract with DOC providing discharge-planning services for each inmate the provider is working with.</p>
<p>9-128-a The department of correction shall make applications for government benefits available to inmates by providing such applications in areas accessible to inmates in city correctional institutions.</p>	<p>Materials have been obtained and areas identified. Wall units have been designed and are being constructed which will hold materials for distribution and ensure that they are adequately identified and supplies maintained. These shall be located in Law Libraries and Counseling areas. It is expected that this will be fully operational by October 1.</p>

9-128-b The department of correction shall provide assistance with the preparation of applications for government benefits and identification to sentenced inmates who will serve, after sentencing thirty days or more in any city correctional institution and who receive discharge planning services from the department of correction or any social services organization under contract with the department of correction, and, in its discretion, to any other inmate who may benefit from such assistance.

Assistance is being provided through the Department's discharge planning contractors. This mandate has been included in the revised discharge planning forms used by service providers and has been incorporated into contracts effective July 1, 2005.

**NEW YORK STATE DEPARTMENT OF CORRECTION
DISCHARGE PLANNING QUESTIONNAIRE - FORM 983**

Revised 10/20/04

INMATE'S LAST NAME: _____ FIRST NAME: _____
 NYSID #: _____ BOOK & CASE #: _____ DATE OF ADMISSION: ____/____/____

EMPLOYMENT RELATED

INMATE'S PHONE NUMBER: (____) _____ SOCIAL SECURITY #: _____
 HOW LONG AGO WERE YOU LAST EMPLOYED? 1 AT ARREST _____ (#) MONTHS AGO _____ (#) YEARS AGO 2 NEVER
 WAS THIS WORK: 1 FULL TIME 2 PART TIME 3 ODD JOBS 0 N/A ARE YOU: 1 STUDENT 2 DISABLED 3 RETIRED 0 N/A
 WILL YOU HAVE A JOB WHEN YOU LEAVE JAIL? 1 YES 2 NO 9 NOT SURE 0 D/A (DIDN'T ANSWER)
 DO YOU WANT ASSISTANCE WITH: 1 JOB TRAINING 2 FINDING A JOB 3 CONTINUING YOUR EDUCATION 0 N/A
 NUMBER OF CHILDREN UNDER 18: _____ NUMBER YOU HAVE CUSTODY OF: _____ NUMBER IN FOSTER CARE: _____ 0 D/A
 DO YOU WANT ASSISTANCE WITH: 1 CHILD CUSTODY 2 FAMILY COUNSELING 0 N/A

OF THE BENEFITS LISTED BELOW:	WHICH ARE YOU NOW RECEIVING?	WHICH DO YOU WANT TO RECEIVE?	DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING HEALTH INSURANCE? (PLEASE CHECK ALL THAT APPLY)
CASH ASSISTANCE (WELFARE, P.A.)	1 <input type="checkbox"/> YES <input type="checkbox"/> NO	1 <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIVATE INSURANCE 1 <input type="checkbox"/> YES <input type="checkbox"/> NO
FOOD STAMPS	2 <input type="checkbox"/> YES <input type="checkbox"/> NO	2 <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAID 2 <input type="checkbox"/> YES <input type="checkbox"/> NO
S.S.I. (DISABILITY)	3 <input type="checkbox"/> YES <input type="checkbox"/> NO	3 <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER 3 <input type="checkbox"/> YES <input type="checkbox"/> NO
UNEMPLOYMENT	4 <input type="checkbox"/> YES <input type="checkbox"/> NO	4 <input type="checkbox"/> YES <input type="checkbox"/> NO	NONE 4 <input type="checkbox"/> YES <input type="checkbox"/> NO
VETERANS' BENEFITS	5 <input type="checkbox"/> YES <input type="checkbox"/> NO	5 <input type="checkbox"/> YES <input type="checkbox"/> NO	
NONE OF THE ABOVE	0 <input type="checkbox"/> YES <input type="checkbox"/> NO	0 <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSING RELATED

JUST BEFORE YOUR ARREST, WHERE OR WITH WHOM WERE YOU LIVING? 1 ALONE 2 FAMILY 3 FRIEND(S) 4 GROUP HOME 5 HOSPITAL 6 JAIL/PRISON 7 SHELTER 8 HOMELESS, NOT IN SHELTER 0 OTHER: _____ 0 D/A
 ARE YOU RECEIVING HOUSING BENEFITS, SUCH AS PUBLIC HOUSING, "NYCHA", OR SECTION 8? 1 YES 2 NO 0 D/A
 AFTER YOU LEAVE JAIL, WHERE OR WITH WHOM WILL YOU LIVE? 1 ALONE 2 FAMILY 3 FRIEND(S) 4 GROUP HOME 5 HOSPITAL 6 JAIL/PRISON 7 SHELTER 8 HOMELESS, NOT IN SHELTER 9 NOT SURE 0 OTHER: _____ 0 D/A
 HAVE YOU EVER BEEN HOMELESS? 1 YES 2 NO 0 D/A IF YES, DO YOU HAVE AN "H. A. NUMBER" (HOMELESS ASSISTANCE #) FROM A NEW YORK CITY SHELTER? 1 YES: _____ 2 NO 0 N/A
 DO YOU WANT ASSISTANCE WITH YOUR HOUSING SITUATION? 1 YES 2 NO 0 D/A

TREATMENT RELATED

DO YOU HAVE A REGULAR HEALTH CARE PROVIDER OR DOCTOR? 1 YES 2 NO 9 NOT SURE 0 D/A
 IF YES, HOW LONG AGO WERE YOU LAST SEEN? 1 IN THE LAST 12 MONTHS 4 MORE THAN A YEAR AGO 9 NOT SURE 0 N/A
 OFFICE NAME: _____ DOCTOR: _____ PHONE NUMBER: (____) _____
 IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE ALCOHOL? 0 NEVER 1 ONLY A FEW TIMES 2 1-3 TIMES A MONTH 3 1-5 TIMES A WEEK 4 ABOUT EVERY DAY 0 D/A
 IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE DRUGS? 0 NEVER 1 ONLY A FEW TIMES 2 1-3 TIMES A MONTH 3 1-5 TIMES A WEEK 4 ABOUT EVERY DAY 0 D/A
 HAVE YOU EVER BEEN IN A PROGRAM FOR ALCOHOL OR DRUG ABUSE? 1 YES 2 NO 0 D/A
 IF YES, HOW LONG AGO? 1 AT TIME OF ARREST 2 LAST 6 MONTHS 3 6 MONTHS TO A YEAR 4 MORE THAN A YEAR AGO 0 N/A
 PROGRAM NAME: _____ COUNSELOR: _____ PHONE NUMBER: (____) _____
 DO YOU WANT HELP FOR ALCOHOL ABUSE? 1 YES 2 NO 0 D/A DO YOU WANT HELP FOR DRUG ABUSE? 1 YES 2 NO 0 D/A

INMATE'S SIGNATURE: _____ DATE: ____/____/____
 OFFICER'S NAME (PLEASE PRINT): _____ OFFICER'S SHIELD NUMBER: _____
 OFFICER'S SIGNATURE: _____ DATE: ____/____/____