THINKING ABOUT REENTRY NEEDS AND DISCHARGE PLANNING

A Model for Successful Community Reintegration

Reentry is about more than a job, or housing, or even compliance with parole requirements. It is about all of that, and more. This matrix reflects WPA's view that reentry has at least five dimensions (the Basic Life Areas of subsistence/livelihood, residence, family, health and sobriety, and criminal justice compliance) and at least three stages (the Phases of survival, stabilization, and of increasing self-sufficiency).

These areas are inter-dependent. A viable plan must include provisions in each area that can be reconciled with each other. The matrix below shows how an appropriate plan in each area might vary depending on the person's stage of reentry.

REENTRY PHASE	BASIC LIFE AREAS*				
	Subsistence/ Livelihood*	Residence	Family	Health & Sobriety	Criminal Justice Compliance
Survival	Gate money Public assistance Soup kitchens, pantries Maintain basic hygiene	Family or friend Shelter Street	Find children Make contact	Continue with previous medication regimens Avoid relapse Emergency room care	Report to parole regularly
Stabilization	Public assistance, workfare Training/education Low wage or subsidized job	Transitional Residence Family or friend	Supervised visitation Get refamiliarized	Drug treatment; treatment of urgent physical and mental health issues Counseling	Comply with requirements
Self Sufficiency	Job that pays a living wage and provides benefits Education to improve employability	Permanent housing (with public subsidy, if necessary)	Reunify with family; receive family counseling Caring for others	Regular health visits paid by health insurance Ongoing support structure — 12 step, therapy, community activities	Earn reduced supervision or complete parole

- * The other basic need is for encouragement, support, and orientation to new things.
- ** Subsistence includes transportation, food, clothing and all out of pocket expenses.

WPA's discharge planning and transitional service plans include provisions in all of these areas. However, funding available for needed services is too often restricted to special needs populations (like the mentally ill or people who are HIV+). Further, there are more supports for families than for single adults seeking to live on their own. In fact, it is usually most difficult to find supports for the single woman or man without mental illness, HIV or a substance abuse problem.

