

The Center for Justice Innovation

Promising Approaches for Statewide Prisoner Reentry Reforms that Reduce Recidivism

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A recent editorial by the Robert Wood Johnson Foundation (RWJF), “Addressing Mass Incarceration to Achieve Health Inequities,” published in the *American Journal of Public Health*, states:

A widened lens for understanding social problems . . . fosters a need for wider cooperation across sectors. . . . And because people who have been incarcerated are more likely to have histories of social marginalization—including poverty, unemployment, and a lack of educational attainment—the problem requires a holistic approach to solutions, one in which community developers, workforce development agencies, schools, employers, financial institutions, and, of course, the health care field work together.¹

This brief discusses promising practices for statewide reentry initiatives to reduce recidivism that address this call by RWJF for a holistic approach. The brief describes the framework used by the Center for Justice Innovation (CJI), which addresses the challenges of designing and implementing such initiatives using evidence-based practices. The framework and its components provide justice reform leaders who are considering a statewide reentry initiative for reducing recidivism—or improving one that is already in place—with the comprehensive approach that effective implementation requires.

The framework is designed as practitioner/researcher collaboration to guide design and implementation and then measure performance using process and impact evaluations. The goal of practitioner/researcher collaborations is to build evidence through applied research, which is strongly recommended when considering the daunting challenges of reducing returns to prison and then sustaining the improvements over time.²

The brief describes in detail the Strategic Planning Prisoner Reentry (SPPR) Framework and the various tools that can be used for organizational and operational restructuring to support reentry reforms. These tools can help prepare state leaders for the design of a statewide initiative that is both attractive to funders and ready when funding opportunities arise.³ The brief concludes with a description of the lessons learned by CJI and a set of recommendations on how states can proceed based on these lessons.

(See https://seekjustice.fm/CJI_TA_Archive/SPPR_Framework_Summary_CJI_2017.pdf).

Clearly, a national dialogue with justice reform leaders is needed about how corrections, parole, and reentry systems can better prepare and respond to the public health concerns of the incarcerated population in a post-COVID-19 pandemic reality. It is widely known that incarcerated people face significant health disparities, including higher rates of chronic diseases, infectious diseases, addiction, and mental illness compared to the general population.⁴ Increasingly, many healthcare leaders understand the necessity of the holistic approach recommended by RWJF to achieve health equity for the incarcerated and formerly incarcerated population.⁵ The COVID-19 pandemic may be the wake-up call that spurs national action, state by state, if additional resources can be obtained to progress beyond the often piecemeal approaches that suffer from a lack of funding and inconsistent leadership over the many years that it takes to develop, implement, and evaluate an effective, sustainable statewide reentry reform effort.

HISTORICAL PERSPECTIVE

Research about how to improve prisoner reentry focuses on evidence-based approaches that span state and local agencies; that incorporate pre-release connections among persons incarcerated in state prisons, service providers, and families that result in more immediate access to post-release services; and that use individual risk and needs assessments to drive highly specific reentry plans for people who are incarcerated. State justice agencies and the communities they serve need expert guidance about how to design research, pragmatically

implement research findings to improve outcomes, and successfully replicate well-performing policies and processes. It is difficult for states on their own to fully utilize applied research to build evidence of the impact of these approaches unless a vigorous researcher/practitioner collaboration is in place with joint ownership of the research process and outcomes.⁶ A 2008 review on implementation research observed:

It (is) evident that thoughtful and effective implementation strategies at multiple levels are essential to any systematic attempt to use the products of science to improve the lives of children, families, and adults . . . implementation is synonymous with coordinated change at system, organization, program, and practice levels. In a fundamental sense, implementation appears most successful when: carefully selected practitioners receive coordinated training, coaching, and frequent performance assessments; organizations provide the infrastructure necessary for timely training, skillful supervision and coaching, and regular process and outcome evaluations; communities and consumers are fully involved in the selection and evaluation of programs and practices; and state and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operations.⁷

Many reform efforts over the past 15 years have focused on reducing recidivism of persons returning from state prisons through improvements to statewide reentry policy and practice. These efforts generally utilized the National Institute of Corrections (NIC) Transition from Prison to Community (TPC) model, which was—and remains—the operative model for prisoner reentry reform initiatives across the country.⁸ Further advancing the field in 2005, the Council of State Governments (CSG) produced the Re-Entry Policy Council Report that includes policy statements and recommendations to assist state corrections and justice advocates with reentry planning through the development of sound, evidence-based policies.⁹

(See: <https://csgjusticecenter.org/wp-content/uploads/2020/02/report-of-the-re-entry-policy-council-charting-the-safe-and-successful-return-of-prisoners-to-the-community.pdf>.)

PROMISING RESULTS: A NEW FRAMEWORK TO GUIDE REENTRY REFORMS

The Michigan Department of Corrections (MDOC) developed its reentry initiative in 2005 by refining and expanding the TPC model into a unique model that took full advantage of the policy recommendations in CSG's report and showed extremely encouraging results. By connecting research to practice and building a new model, Michigan achieved notable reductions in recidivism of the formerly incarcerated. MDOC designed and implemented the Michigan Prisoner Reentry Initiative (MPRI) in an ever-increasing number of "pilot site" communities, which fully supported the new MPRI model that reframed reentry policies and procedures throughout the agency. The pilot sites subsequently received millions of dollars saved from closing prisons.

These funds, as well as money from national and community foundations and funds granted through the Second Chance Act funded by the Bureau of Justice Assistance, were used for local services. Each community developed fully funded, comprehensive reentry plans for their jurisdictions, which paved the way for implementation in additional communities that benefited from what they learned during implementation as well as data that showed reductions in technical violations and returns to prison.

The MPRI was largely responsible for an increase in the parole approval rate from an average of 48% in 2002 to 72% in 2016 because of the parole board's confidence in the MPRI model and its new strategy of enriched community engagement to identify housing, employment, and services.¹⁰ Further, during that same time period, technical parole violations decreased 35% despite a 43% larger parolee population.¹¹

As a direct result of these MPRI-driven effects and declining crime rates, Michigan's prison population declined by 26% between 2006 and 2019, with two-thirds of that decline occurring during the first 5 years of MPRI implementation.¹²

Subsequently, Michigan also led the nation in prison closings, with 21 facilities closed, thus saving nearly \$350 million annually. Efforts to control and reduce the prison population began in 2005 under the MPRI model and cumulative cost avoidance for prison operations was estimated to have reached nearly \$1 billion by 2011.¹³

This accomplishment, which freed thousands of incarcerated citizens and helped them succeed in the community through the reinvestment of savings into community-based services, represents a rapid and massive decarceration effort that remains unparalleled in the United States. And the crime rate did not increase.¹⁴

On the basis of Michigan's success, CJI has worked in several other states to help guide the development of comprehensive, statewide implementation action plans to improve reentry outcomes, including reduced return-to-prison rates. The primary vehicle for change in these states is the Strategic Planning for Prisoner Reentry framework (SPPR framework), a three-phase plan that incorporates a variety of tools and resources necessary to move from planning to implementation while accurately measuring changes in recidivism. The framework was originally developed by CJI in cooperation with the National Reentry Resource Center and the Northpointe Institute for Public Management.

The SPPR framework serves as a guidebook for the process and policy improvements required to implement and sustain recidivism reduction. Using the framework, jurisdictions review and prioritize 26 specific "targets for change" and adopt or adapt the framework's goals and operational expectations provided for each target. These targets for change reflect the policy statements of the CSG's Re-Entry Policy Council Report and on-the-ground experience in the states in which CJI has worked, and they are categorized within the three phases of the TPC model (Institutional, Pre-release, and Community).

A fundamental precept of the framework is establishing robust, community-based partnerships. These partnerships are central to implementing the framework because they address the critical, evidence-based principle of engaging persons returning from prison within communities that provide the

The Strategic Planning for Prisoner Reentry Framework

PHASE 1: GETTING READY – The Institutional Phase

- 1. Assessment and Classification**
 - 1.2. Development of Intake Procedures
- 2. Returning Citizen Behavior And Programming**
 - 2.1. Development of Programming Plan
 - 2.2. Physical Health Care
 - 2.3. Mental Health Care
 - 2.4. Substance Abuse Treatment
 - 2.5. Children & Family Support
 - 2.6. Behaviors & Attitudes
 - 2.7. Education
 - 2.8. Technical Training
 - 2.9. Work Experience

PHASE 2: GOING HOME – The Pre-release Phase

- 3. Returning Citizen Release Preparation**
 - 3.1. Development of Parole & Reentry Plan (TAP2)
 - 3.2. Housing
 - 3.3. Continuity of Care Planning
 - 3.4. Working with Potential Employers
 - 3.5. Employment Upon Release
 - 3.6. Identification and Benefits
 - 3.7. Release Preparation for Families
 - 3.8. Release Preparation for Victims
- 4. Release Decision Making**
 - 4.1. Advising the Releasing Authority
 - 4.2. Release Decision

PHASE 3: STAYING HOME – The Community Phase

- 5. Supervision And Services**
 - 5.1. Design of Supervision & Treatment Strategy (TAP3)
 - 5.2. Implementation of Supervision & Treatment Strategy
 - 5.3. Maintaining Continuity of Care and Housing
 - 5.4. Job Development and Supportive Employment
- 6. Revocation Decision Making**
 - 6.1. Graduated Responses
- 7. Discharge And Aftercare**
 - 7.1. Development of Discharge/Aftercare Plan (TAP4)

services and support they need. Intermediate performance measures are embedded in the framework to monitor incremental progress toward the primary goal of recidivism reduction. The framework details three broad policy areas that are essential for recidivism reduction, consistent with the TPC model, the Re-Entry Policy Council Report, and other best practices literature: (a) transition accountability planning, (b) case management, and (c) evidence-based practices.¹⁵ The framework includes simple checklists for these three policy areas to assess current assets, barriers, and gaps to ensure that necessary improvements are documented.

The framework also provides state agencies and local community partners with a variety of tools and “building blocks,” some of which are described in the next section, to improve planning and implementation and to accurately measure changes in recidivism under the rubric of new state and local bodies of stakeholders. These stakeholders are continually educated about the importance and impact of evidence-based principals to aid them in becoming effective decision makers for reform efforts. The critical role of local and state structures cannot be overstated. Key stakeholders at both the state and local levels—especially persons who were formerly incarcerated—must be at the table from the start, organized to receive training and technical assistance to increase their competencies for reentry reform to be successful.

Building on the TPC model, the Re-Entry Policy Council Report, and the experiences in Michigan, the SPFR framework’s recommendations for state and local governance include dedicated groups of key stakeholders, one at the state level and one in each community: state-level justice agencies (corrections, probation, parole, and parole boards); formerly incarcerated reform leaders; state and local health and human services organizations; business representatives; law enforcement; victims’ advocates; local reentry coalition members; and faith-based leaders. These state and local “implementation steering teams” guide prisoner reentry reforms throughout the state in a unique, diverse, and vital state/local partnership.¹⁶ The state and local steering teams participate in a collaborative committee structure through which they develop and initiate the steps necessary for long-term expansion of the services essential for success.

DESIGN AND IMPLEMENTATION BUILDING BLOCKS

Beyond the framework itself, various resources and tools have been developed to use as building blocks to support the long-term implementation of the framework. Some of these building blocks are described next. Access to CJI’s Technical Assistance Archives is provided for examples from its development work with states that successfully used them to help with implementation. Access to published documents is also provided.

- **The Recidivism Reduction System Blueprint:** Justice leaders develop a broad blueprint to reduce recidivism that includes the historic trends responsible for prison crowding, justice agency values that commit them to improvements, and reforms. The improvements in the blueprint include implementing evidence-based policies and practices, expectations for resource development, and improved performance to reduce violations and returns to prison. **Example from DE:**
https://seekjustice.fm/CJI_TA_Archive/DE_Recidivism_Reduction_System_Blueprint_August_2017_Link2.pdf.^a
- **Community Engagement Issue Brief:** The framework is built on the critical role of community Implementation Steering Teams and their community coordinators who lead transition planning and service delivery. Each state that has adopted the framework has committed to community engagement, but many have not fully embraced communities as full partners, which weakens implementation of the framework. This issue brief provides the details about community engagement and explains why it is important. **MI:**
https://seekjustice.fm/CJI_TA_Archive/Issue_Brief_MPRI_Coordinating_Community_Development_October_2005.pdf.

^a Delaware justice officials used the System Blueprint and the Case Logic Model from New York State, facilitated by the Northpointe Institute for Public Management, as its starting point, which expedited the development effort considerably.

- **Case Logic Model:** Implementation of improved case planning requires a clear road map that staff can use to guide their work within the prison and parole systems and with community partners. Without this road map, it is difficult for the state/local partnership to produce the outcomes detailed in the System Blueprint. The Case Logic Model (CLM) shows key decision points and how information flows and is documented. **GA:** https://seekjustice.fm/CJI_TA_Archive/GA-PRI_Case_Logic_Model_05.10.15.pdf.^b
- **Collaborative Case Supervision and Management Model (CCSM):** The approach for case planning and management uses recommendations from NIC and other sources to explain the collaborative work required from state parole supervision authorities and community service providers to reduce recidivism one case at a time. Each state that has adopted the framework has agreed to move toward the CCSM Model. **AK:** https://seekjustice.fm/CJI_TA_Archive/AK-PRI_Collaborative_Case_Management_and_Supervision_September_2014.pdf.
- **State and Local Organizational Structures:** In addition to the state and local Implementation Steering Teams described in the preceding section, the state structure includes a reentry council whose members are in decision-making positions for key justice- and service-oriented departments, and local reentry leaders. The local Implementation Steering Team structure mirrors the state structure and organizes communities as full partners in the process. **MT State Structure:** https://seekjustice.fm/CJI_TA_Archive/MT-ORI_State_Level_Organizational_Structure_Proposed_10.14.14.pdf; **CT Local Structure:** https://seekjustice.fm/CJI_TA_Archive/CT-PRI_Reentry_Collaborative_Local_Governance_Structure_Proposed_2019.pdf
- **Local Comprehensive Community Reentry Plan:** As a result of state/local planning and design efforts, engaged communities build a comprehensive approach that connects to the state's new pre- and post-release efforts. The comprehensive plans use local services (assets) while defining barriers and gaps to accessing the system and the ways in which the reentry team plans to address them. The plan is developed using a Community Needs Assessment Tool that catalogs assets, barriers, and gaps for primary services (e.g., employment, housing, education, alcohol and drug treatment services, transportation, family reunification). **LA:** <http://www.socialworx.org/laprista/steeringteams/>^c
- **Overarching Reentry Policy to Guide Implementation:** Under the framework, states are expected to outline specific policies and procedures to guide activities to reduce recidivism. The policies of state departments of corrections are signed by the head of the agency, codifying the reentry reforms and ultimately promoting full implementation. **DE:** https://doc.delaware.gov/assets/documents/policies/policy_3-12.pdf^d
- **Transition Accountability Plan (TAP):** The entire framework and its components are built around improved transition planning for moderate- to high-risk incarcerated persons who work with community partners to develop individualized TAPs. TAPs continue to be developed post-release in the community. The TAP process is the single most important improvement in reentry systems. **GA:** https://seekjustice.fm/CJI_TA_Archive/GA-PRI_Transition_Accountability_Plan_Committee-Recommended_TAP_with_Attachments_6.14.15.pdf.
- **Public Education:** Keeping the public informed is critical for both public and political support. This effort requires a state/local education plan designed to inform the public and key stakeholders, such as

^b The GA-Prisoner Reentry Initiative developed a CLM that shows both existing and planned elements of the Model and was used as a training guide throughout the prison/parole system.

^c This example comes from a statewide, community-driven grass roots group, the Louisiana Prisoner Reentry Steering Team Association (LA-PRISTA), sponsored by the SocialWorx Institute.

^d Delaware enacted the most comprehensive reentry policy among the states that have adopted the framework by including all the building blocks that are detailed in this brief.

prosecutors, sheriffs, police chiefs, and reentry reform advocates about the crime reduction goals of improved reentry, the importance of pre-release planning, and the cost savings that are expected.

AK: https://seekjustice.fm/CJI_TA_Archive/AK-PRI_Primary_Messages_and_Talking_Points_9.6.2015.pdf.

Public reports on the status and accomplishments of the work are an excellent way to convey progress.

AK: https://seekjustice.fm/CJI_TA_Archive/AK-PRI_The_Alaska_DOC_Recidivism_Reduction_Plan_DOC_Report_March_2015.pdf

DE: https://seekjustice.fm/CJI_TA_Archive/DE-PRI_2017_NCJRP_Report_to_the_Governor_January_2018.pdf

MI: https://seekjustice.fm/CJI_TA_Archive/MPRI_Progress_Report_2010.pdf

GA: <https://www.gjp.org/wp-content/uploads/2014-2015-CJRC-Report.pdf>.

MT: <https://leg.mt.gov/content/Committees/Interim/2015-2016/Law-and-Justice/Committee-Topics/Required-Reports/doc-reentry-report-2015.pdf>.

LESSONS LEARNED

CJI has worked in eight states (Alaska, Arizona, Connecticut, Delaware, Florida, Georgia, Louisiana, and Montana) using the SPPR framework as the guide for statewide recidivism reduction. The center has attempted, with mixed results, to duplicate the robust successes of Michigan's recidivism reduction.

In general, the higher the level of commitment of these states to adapt the SPPR framework and implement it with fidelity—particularly the evidence-based requirement for establishing a full partnership with communities—the larger the impact on reducing recidivism. For example, according to a 2018 evaluation report of the Georgia Prisoner Reentry Initiative (GA-PRI), which implemented the framework with a high degree of fidelity, for all participants there was a 14% reduction in the 2012 reconviction rate and encouraging data on re-arrest rates. All 11 GA-PRI community pilot sites had a 10% reduction in risk of re-arrest, and some communities witnessed as much as a 30% reduction in the risk of re-arrest.¹⁷ In other states, including Delaware, Louisiana, and Montana, evaluation results are pending.

CJI has learned four lessons based on the work of the eight states that used the SPPR framework:

- 1. It is important to maintain high fidelity to the SPPR framework in the state's design of the initiative.** To have the best chance of reducing recidivism under the framework, states must first develop the recommended state and local organizational structures that will guide and sustain reforms. Other priorities in the framework, when implemented with fidelity, result in desired outcomes: the implementation of a service-enriched TAP process; the identification of moderate- to high-risk needs returning citizens; and the utilization of community needs assessments that catalog services, assets, barriers, and gaps for the development of local comprehensive community reentry plans.
- 2. It is essential to progress from a sole focus on programs toward a more comprehensive approach that includes state and local reentry policies and procedures to promote a robust community partnership.** Community leaders must own—if not drive—prisoner reentry reforms and be full partners in the development and implementation processes. The explicit expectation for engagement in the initiative is that their community will develop a comprehensive community reentry plan. Government agencies must advance their ability to collaborate with local nonprofits and with community- and faith-based organizations, giving them the authority to choose which local programs they want in their comprehensive plan. Government agencies must not micromanage the work of the local Implementation Steering Teams. Finally, justice leaders should seek out subject matter experts who can guide them in the use of the framework and who can facilitate the state/local collaborative reform processes, policies, and procedures.
- 3. The preliminary results of process and impact evaluations must be used to fuel the state/local committee structure dedicated to raising the considerable funding required for services.** States should pilot their new

approaches so that reforms can be fully implemented through additional funding for management and services and then incrementally add more jurisdictions. Once the framework proves to be effective at reducing violations and returns to prison, states can redirect their focus to taking the effort statewide and then to scale.

- 4. States need to create a vigorous researcher/practitioner partnership that uses the research/evaluation results to improve operations in a meaningful, timely manner.** A collaborative evaluation approach must be developed between researchers and practitioners with different types of methodologies employed at different stages of implementation. The need for specific information about planning, implementing, or redesigning should drive the use of various methodologies, such as processes, outcomes, or incremental outcome evaluations; survival analysis; and continued review of prison population forecast projections. Randomized controlled trials should be used only when the work has been shown over time to have statistically significant impacts on recidivism as a result of comprehensive, evidence-based improvements in policy, process, and programming.

CONCLUSIONS/RECOMMENDATIONS

In conclusion, prisoner reentry reforms that produce sustainable reductions in recidivism require state/local and researcher/practitioner partnerships; consistent and informed, long-term leadership; expert assistance and facilitation; and fully funded comprehensive services for the moderate- to high-risk incarcerated population that is returning home.

Thinking ahead, the future of justice reforms is tied to funding that can methodically design, implement and evaluate performance-driven system improvement. Funders will certainly only support those jurisdictions which can prove their cost-savings value, likely viewed from this point forward through the lens of increasing health care costs. Public health leadership and expertise is, therefore, more helpful now than ever before, as justice leaders will seek guidance on how best to consider the complex connections between health equity and prisoner reentry. Funding opportunities arise each year that could help facilitate state justice agencies and the communities they serve to adapt and implement the SPPR Framework and evaluate its impact over the course of five years.

Based on the many lessons learned by CJI over the courses of providing technical assistance to states, components and activities recommended to develop, fund, implement and measure the impact of the SPPR Framework include a three phase approach with 13 steps over the course of three years.

Phase One: Assessment (1 month)

1. Assess the state's current efforts at developing a statewide model or framework or, if no such effort exists, determine: the assets the state has in place for development, their additional needs to develop and implement with realistic plans to meet those needs as much as possible; and the state's history and capability of leading large scale development, implementation and evaluation efforts.
2. Provide training on the SPPR Framework, its successes and shortcomings in other states, the expectations for implementation and evaluation, and a realistic and fundable time frame for the work so the state can adopt the Framework and adapt it to fit their corrections environment
3. Determine in the state the location of at least two pilot sites, one urban, one rural, where the Framework can be implemented as a state/local partnership and provide training to those communities that will lead to a decision of their involvement.

Phase Two: Development and Preliminary Implementation (9 months)

4. Work with state and local stakeholders to refine, adapt or adopt policies and procedures to guide implementation processes as well as mechanisms for improved case planning and implementation that is dedicated to service delivery.
5. Work in the pilot site locations for 9 months to fully develop and implement operations with the state and locally to test the Framework on reasonably sized cohorts of moderate/high risk prisoners who are within 3 months or so of release.
6. Work with pilot site locations to determine feasibility of evaluation including capacity for additional data collection; identify potential problems; identify key research questions and types of data and data sources; refine the research design based on this evaluability assessment.
7. Build a process evaluation that examines measures of fidelity to determine adherence to design and implementation processes for recidivism and services including housing, employment, education, physical and behavioral health in Continuum of Care Model, family reunification, accessing benefits, etc.
8. Develop a Time to Failure Analysis capability in the state to compare the relative success/failure rates and other performance measurements of the test cohorts compared to a sample of similar moderate/high risk population from a prior year to determine the degree to which the pilot sites show improvements.
9. Use the preliminary impact results from the Time to Failure Analyses to attract federal, state, regional, local and philanthropic funders to expand services in the pilots especially for housing, employment and training, behavioral health, health care, and other high priority service areas. The degree of additional funding will not deter progress but will be taken into account during the evaluation phase.

Phase Three: Design Improvements (8 months)

10. Continue to work with the Pilot Sites, using expanded funding as available, for another 8 months to tighten processes and continue to test and refine policies and procedures with additional cohorts, using the results of the Time to Failure Analyses to determine when changes are needed.
11. Finalize the development of a full scale evaluation effort in the Pilot Sites using RCT approaches that control for predictable contamination and be ready to implement in the third year of engagement.

Phase Four: Evaluation of Impact (18 months)

12. Fully implement the Framework following the time-tested, state and local policies and procedures and implement the RCT and other related evaluations for 18 months to two years.
13. Measure the results by examining outcomes for prisoners including recidivism, housing stability, employment, health care service delivery, demonstrating academic engagement, participation in structured activities, and others.

ENDNOTES/CITATIONS

- ¹ Hobor, G., & Plough, A. (2020). Addressing mass incarceration to achieve health inequities. *American Journal of Public Health*, 110(S13–S13). Retrieved from <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2019.305433>
- ² Feucht, T. E. (2010). *Cultivating evidence: Linking knowledge from innovation to program evaluation and multi-site replication*. San Francisco, CA: American Society of Criminology Annual Meeting; Fixsen, D., Naoom, S., Blase, K., Friedman, R., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. Retrieved from <https://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature>; Haas, S. M. (Ed.). (2013). Toward evidence-based decision making in community corrections: Research and strategies for successful implementation. *Justice Research and Policy Digest*, 15(1). Retrieved from https://www.jrsa.org/pubs/jrp-digest/jrp-digest-vol_15-no_1.pdf
- ³ For example, in Michigan, the MPRI model, which is the basis for the SPPR Framework, received several million dollars in funding from national and community foundations. (See *MPRI Progress Report*, 2008.) In Georgia, the first state ever to be awarded all four Prisoner Reentry Initiative grants in the same year, the framework was used to raise more than \$60 million in state and federal funds. (See *Report of the Georgia Council for Criminal Justice Reform*, 2016: <https://dcs.georgia.gov/important-links/georgia-council-criminal-justice-reform>). The Arnold Foundation-funded National Criminal Justice Reform Program, co-managed by the National Governor's Association and the National Criminal Justice Association, selected CJI as the subject matter expert and lead consultant for two of the five states selected for the program, Arizona and Delaware, based on their support for the SPPR framework. (See <https://www.ncja.org/national-criminal-justice-reform-pr>.)
- ⁴ James, D. J., & Glaze. (2006). Mental health problems of prison and jail inmates. *Bureau of Justice Statistics Special Report*. Retrieved from <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>; Binswanger, I. A., Krueger, P. M., & Steiner, J. F. (2009). Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *Journal of Epidemiology and Community Health*, 63(11), 912–919. doi:10.1136/jech.2009.090662
- ⁵ See, for example, Acker, J., Braveman, P., Arkin, E., Leviton, L., Parsons, J., & Hobor, G. (2018). *Mass incarceration threatens health equity in America*. Princeton, NJ: Robert Wood Johnson Foundation. Retrieved from <https://www.rwjf.org/en/library/research/2019/01/mass-incarceration-threatens-health-equity-in-america.html>; Wennerstrom, A., Reilly, B., Sugarman, M., Henderson, N., & Niyogi, A. (2019). Promoting health equity and criminal justice reform: The Louisiana experience. *American Journal of Public Health*, 110(S1), S39–S40. Retrieved from <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305446>; and, more recently, Zeller, L., & Prokop, J. (2020). *Understanding health reform as justice reform: Medicaid, care coordination, and community supervision*. New York, NY: The Square One Project. Retrieved from <https://squareonejustice.org/paper/understanding-health-reform-as-justice-reform-by-lynda-zeller-and-jackie-prokop-november-2020/>
- ⁶ Feucht, T. E. (2010). *Cultivating evidence: Linking knowledge from innovation to program evaluation and multi-site replication*. San Francisco, CA: American Society of Criminology Annual Meeting; Fixsen, D., Naoom, S., Blase, K., Friedman, R., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. Retrieved from <https://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature>; Haas, S. M. (Ed.). (2013). Toward evidence-based decision making in community corrections: Research and strategies for successful implementation. *Justice Research and Policy Digest*, 15(1). Retrieved from https://www.jrsa.org/pubs/jrp-digest/jrp-digest-vol_15-no_1.pdf
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- ⁸ At least 25 states have adopted the TPC model for their reentry reform initiatives: Arizona, Alaska, Connecticut, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, New York, North Dakota, Oregon, Rhode Island, Tennessee, Texas, Virginia, and Wyoming. See, for example, the National Institute of Corrections. (2008). *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community model*. Washington, DC: U.S. Department of Justice. Retrieved from <https://nicic.gov/tpc-reentry-handbook-implementing-nic-transition-prison-community-model>; and Jannetta, J., Neusteter, S. R., Davies, E., & Horvath, A. (2012). *Transition from Prison to Community initiative: Process evaluation final report*. Urban Institute, Justice Policy Center. Retrieved from <https://www.urban.org/sites/default/files/publication/26176/412690-Transition-from-Prison-to-Community-Initiative-Process-Evaluation-Final-Report.PDF>
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