

A Strategic Planning Framework for Prisoner Reentry

TARGETS FOR POLICY CHANGE THAT GUIDE IMPLEMENTATION

The National ReEntry Policy Council developed a guide for states and other jurisdictions interested in pursuing improvements for prisoner re-entry (www.reentrypolicy.org). The 2003 ReEntry Policy Council Report¹ includes a series of “policy statements” and recommendations to guide the re-entry planning and development process through the development of sound, evidence based policies to guide decision-making.

The Report has been used extensively in some states, together with the National Institute of Corrections’ Transition from Prison to Community (TPC) Model², to develop state-specific approaches to improve prisoner reentry. The TPC Model helps to address the complexity of the reentry process by providing a model consisting of three phases and seven decision points. The Model helps guide the improvement and expansion of existing policies for states that are intent on adopting new approaches that improve the justice system as it relates to prisoner re-entry.

The *Strategic Planning for Prisoner Reentry (SPR)* Framework takes this work to the next level by providing guidance for specific justice policies that should be considered by states as their “Targets for Change” in order to improve prisoner reentry. The 26 Targets for Change identified in the Framework have been distilled from the policy statements of the ReEntry Policy Council Report as well as the work being done in several states that go well beyond the Council’s policy statements. They are categorized within the three TPC Model phases and seven primary decision points that comprise the reentry process.

For each Target for Change, goals and operational expectations are provided as well as references for further reading to specific pages within the voluminous Reentry Policy Council Report and other publications that pertain specifically to the Target under consideration. Finally, the Framework provides practical activities to help guide a state’s journey to meet their goals for policy change and operational expectations—once goals are met—are offered so that a state can focus on *implementation*. Intended both as a guide and a workbook, the document is being used in eight states to assist with the planning and implementation process.

Importantly, the Framework is introduced within the context of the overarching policy and practice considerations of Transition Accountability Planning, Case Management and Evidence-Based Practices – which must be in place in order to change offender behavior – the true test of system reform.



Vision, Mission, and Goals

- The **VISION** of the State Prisoner Reentry Framework is that every inmate released from prison will have the tools needed to succeed in the community.

***A Typical Vision Statement:** Describes the reentry system (prison intake through discharge from supervision), as a state wants it to be. It should quickly communicate the “new way of doing business.”*

- The **MISSION** of the State Prisoner Reentry Framework is to reduce crime by implementing a seamless plan of services and supervision developed with each offender—delivered through state and local collaboration—from the time of their entry to prison through their transition, reintegration, and aftercare in the community.

***A Typical Mission Statement:** Describes key elements regarding how the reentry initiative, activities or agencies or will work collaboratively to achieve the vision.*

- The fundamental **GOALS** of the State Prisoner Reentry Framework are to:
 - **Promote public safety** by reducing the threat of harm to persons, families and their property by released offenders in the communities to which those offenders return.
 - **Increase success rates of offenders** who transition from prison by fostering effective risk need management and treatment, offender accountability, and safe family, community and victim participation.

The TPC Three Phase, Seven Decision Point Model

PHASE 1: GETTING READY

The **institutional** phase describes the details of events and responsibilities occurring during the inmate's imprisonment from admission until the point of eligibility for parole or release. **This phase involves the first two major decision points:**

1. **ASSESSMENT AND CLASSIFICATION:**
Measuring the offender's risks, needs, and strengths.
2. **INMATE PROGRAMMING:**
Giving assignments to reduce risk, address need, and build on strengths.

PHASE 2: GOING HOME

The **transitional** phase begins before the inmate's target release date. In this phase, highly specific re-entry plans are created. **This phase involves the next two major decision points:**

3. **INMATE RELEASE PREPARATION:**
Developing strong, public safety-conscious parole plans.
4. **RELEASE DECISION MAKING:**
Improving parole release guidelines.

PHASE 3: STAYING HOME

The **community** phase begins the moment the inmate is released from prison and continues until he/she is discharged from community supervision. **This phase involves the final three major decision points of the transition process:**

5. **SUPERVISION & SERVICES:**
Providing flexible and firm supervision and services.
6. **REVOCATION DECISION MAKING:**
Using graduated sanctions to respond to behavior.
7. **DISCHARGE & AFTERCARE:**
Determining community responsibility to "take over" the case



Transition Accountability Plans (TAP): The fundamental process to record and track case management progress on offender transition

OVERARCHING PARADIGMS ESSENTIAL FOR PRISONER REENTRY SYSTEM IMPROVEMENTS

PARADIGM #1: THE TRANSITION ACCOUNTABILITY PLAN & CASE MANAGEMENT PROCESS

TAPs are concise guides for the inmates and staff and integrate offenders' transition from prisons to communities by spanning phases in the transition process and agency boundaries. TAP reduces uncertainty in terms of release dates and actions - and the timing of actions - that need to be taken by inmates, prison staff, the releasing authority, community supervision staff, and partnering agencies. Increased certainty will motivate inmates to participate in the TAP process and to become engaged in fulfilling their responsibilities and will ensure that all parties are held accountable for timely performance of their respective responsibilities³.

TARGET FOR CHANGE: *Policies and Operations for Prisoner Transition Planning and Engagement*

GOAL: To establish the comprehensive and standardized use of Transition Accountability Plans (TAPs) at four critical points in the offender transition process that succinctly describe for the offender, the staff, and the community exactly what is expected for offender success.

POLICY EXPECTATIONS¹

- The TAPs consist of the offender's Case Management Plan updated at critical junctures in the transition process and are prepared at prison intake, at the point of the parole decision, at the point of return to the community, and at the point of discharge from parole supervision².
- The TAPs are a collaborative product involving prison staff, the offender, the releasing authority, community supervision officers, human services providers (public and/or private), victims, and neighborhood and community organizations.
- The TAP policy clearly states that the objective of the TAP is to increase both overall community protection by lowering risk to persons and property and by increasing individual offender's prospects for successful return to and self-sufficiency in the community.

OPERATIONAL/PERFORMANCE EXPECTATIONS³

- The TAP1, the Prison Programming Plan, details the expectations for the prison term that will help inmates prepare for release.
- The TAP2, the Parole and Reentry Plan, details the terms/conditions/expectations about the prisoner's release to the community.
- The TAP3, the Treatment and Supervision Plan, details the supervision and services offenders will experience in the community.
- The TAP4, the Discharge and Aftercare Plan, include the expectations for service delivery and case management after parole discharge

¹ Policies refer to formal written rules or agreements about how what agencies expect to occur as standard practice.

² The membership of the Transition Management Team and their respective roles and responsibilities will change over time. During the institutional phase prison staff may lead the team. During the reentry and community supervision phase parole officers may lead the team. During the reintegration phase human services agencies or community services providers may lead the team. After offenders have successfully completed community supervision, their TAP may continue and be managed by staff of human services agencies, if the former offender chooses to continue to seek and receive services or support. At each stage in the process Team members will use a case management model to monitor progress in implementing the plan.

³ Operational expectations refer to activities that respond to policies that can be quantified. Each is critical to performance and should be counted.

The TAP and Case Management Checklist

- Does your TAP process begin at classification soon after an offender's admission to prison, and continue through their ultimate discharge from community supervision?

YES	NO	?

- Do your TAP assessments define programs or interventions to modify individual offender's dynamic risk factors that were identified in a systematic assessment process?

YES	NO	?

- TAPs are sensitive to the requirements of public safety, and to the rational timing and availability of services. In an ideal system, every inmate would have access to programs and services to modify dynamic risk factors.* Is your system constrained by finite resources, do you rationally allocate access to services and resources using risk management strategies as the basis for that allocation?

YES	NO	?

- Partners should include the offender, prison staff, releasing authorities, supervision authorities, victims, offenders' families and significant others, human service agencies, and volunteer and faith-based organizations.* Do appropriate partners participate in the planning and implementation of individual offender's TAPs?

YES	NO	?

- Do individual TAPs delineate the responsibilities of offenders, correctional agencies and system partners in the creation, modification, and effective application of the plans, and hold them accountable for performance of those responsibilities?

YES	NO	?

- Do the TAPs provide a long-term road map to achieve continuity in the delivery of treatments and services, and in the sharing of requisite information, both over time and across and between agencies?

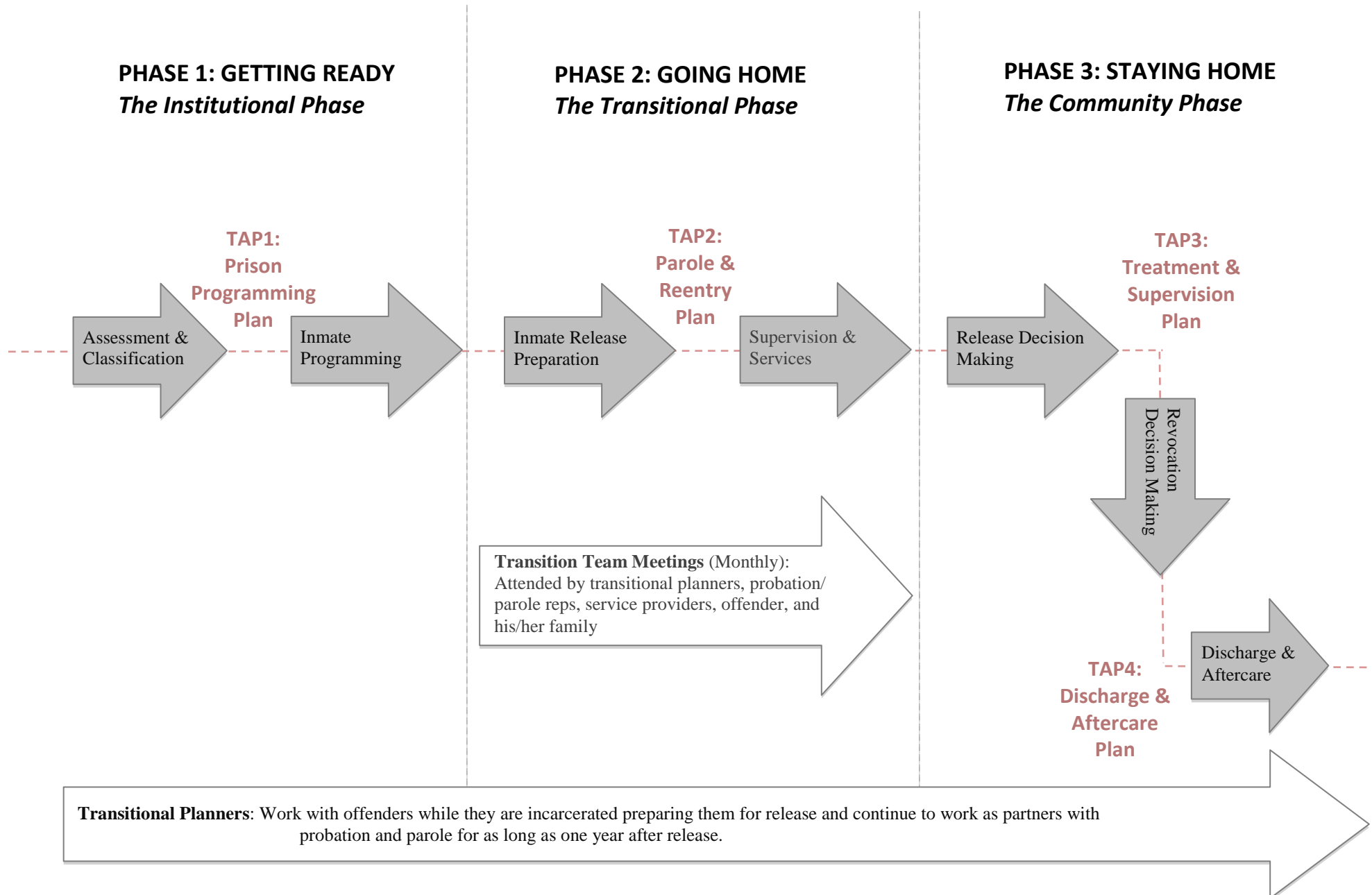
YES	NO	?

- A case management process is used to arrange, advocate, coordinate, and monitor the delivery of a package of services needed to meet the specific offender's needs. During the prison portion of TAP, prison staff members function as case managers. As offenders prepare for release and adjust to community supervision, their parole office will become the case manager. When they are successfully discharged from supervision, a staff member from a human service agency may assume case management responsibilities for former offenders who choose to seek services or support.* Does your case management process function in this manner?

YES	NO	?

NOTE: The various operational expectations for the TAP and Case Management Process are embedded in the appropriate Targets for Change. Activities to implement these Targets are therefore included throughout the framework.

SPR Framework Transition Accountability Planning (TAP) Flowchart



OVERARCHING PARADIGMS ESSENTIAL FOR PRISONER REENTRY SYSTEM IMPROVEMENTS

PARADIGM #2: EVIDENCE BASED PRACTICES

Evidence Based Practices (EBP) are scientifically supported techniques used to reduce offender risk and recidivism. When correctly, appropriately and consistently implemented, EBP's will help lower offender risk levels and therefore decrease the likelihood of reoffending. In order to maximize the effectiveness of any interventions implemented within this framework for prisoner reentry, *all* interactions with prisoners and former prisoners must occur in a fashion that is consistent with the principles of EBP. It is imperative that EBP's are not confused as a *program* or *curricula* that can be implemented within a correctional setting in order to reduce recidivism. Instead, it must be clear in policy and in operational procedure that the effective implementation of EBP requires a fundamental shift in how a criminal justice agency, its personnel, and other reentry related professionals *interact with* prisoners and former prisoners on a daily basis. Thus, EBPs should be consistently applied at all phases and decision points within the reentry process.

TARGET FOR CHANGE: *Policies and Procedures that Reflect Evidence Based Practices that will Change Offenders Attitudes and Behaviors*

GOAL: To ensure that all persons who interact with inmates, (at all phases and decision points within the reentry transition), are appropriately trained in the use of EBP and that they appropriately implement the evidence based principles of effective intervention.

POLICY EXPECTATIONS

- The agency has policies and procedures to stipulate the use of EBPs in the delivery of all inmate interventions.
- The requirement for the use of EBP is explicitly stated and defined in all 3rd party contracts for inmate services.
- Scope of work and job description documents, clearly identify the role and responsibility of employees in supporting and implementing EBP.
- The agency has established mechanisms to monitor employees that successfully implement EBPs; for example, through annual personnel evaluations, that result in commendation for excellence and responsive action for inadequate adherence to EBP principles.

OPERATIONAL/PERFORMANCE EXPECTATIONS

- All staff and reentry related professionals are trained in the use of EBPs.
- All staff and reentry related professionals are supervised and accountable for the adequate implementation of EBPs.
- Inmate risk levels are monitored for risk reduction.
- The frequency and quality of EBP implementation is monitored.

The Evidence Based Principles of Effective Intervention

THE RISK PRINCIPLE: Focus supervision and treatment on the *people most likely to commit crimes.*

- Use objective, normed & validated assessment of the offenders *risk* to reoffend

THE NEED PRINCIPAL: Focus resources on the factors that *change a person's likelihood to commit crime.*

- Use targeted interventions that are proven to be effective
- Encourage & support the reduction of attitudes, values, and belief systems that support criminal behavior

THE RESPONSIVITY PRINCIPLE: Pay attention to *how offenders learn & maximize their ability to acquire new attitudes.*

- Identify, foster, support and reinforce a motivation to change.

Applying the Evidence Based Principles of Effective Intervention⁴

RISK PRINCIPLE: *Focus supervision and treatment on the people most likely to commit crimes.*

ASSESS ACTUARIAL RISK & NEEDS

- Do your assessment tool(s) measure *risk for recidivism*?
- Is the assessment information used to develop individualized inmate “case plans?”
- Are assessment interviews conducted by explicitly trained staff and assessment results stored in an electronic database?
- Does the initial assessment take place at intake, with regular updates after initial collection?
- Do you conduct quality assurance audits, and evaluate for inter-coder reliability with individual video/audio critiques of assessment?
- Does your frontline staff have access to inmate assessment information?

YES	NO	?

NEED PRINCIPLE: *Focus resources on the factors that change a person’s likelihood to commit crime.*

TARGET INTERVENTIONS

- Do your assessment tool(s) assess for *dynamic criminogenic needs*?
- Is the assessment information used to develop individualized inmate “case plans?”
- Do case plans identify criminogenic needs, target interventions, dosages and dates for completion, and consider *stage of change* readiness?
- Do you prioritize available intervention resources to target the specific criminogenic needs of *higher risk* offenders?
- Do you conduct quality assurance audits to ensure that case plans accurately reflect and appropriately respond to criminogenic needs?
- Are staff held accountable for maintaining and implementing well-documented case plans that guide the nature and scope of intervention?

YES	NO	?

SKILL TRAIN WITH DIRECTED PRACTICE (Using cognitive behavioral therapy (CBT) methods)

- Do all offered treatment and interventions emphasize cognitive behavioral therapy and evidence-based recidivism reduction strategies?
- Do documents describing intervention services require providers to deliver services in alignment with Social Learning Theory?
- Do you conduct quality assurance audits to ensure that contracted service providers deliver services in alignment with Social Learning Theory?

RESPONSIVITY PRINCIPLE: *Pay attention to how offenders learn, and maximize their ability to acquire new attitudes and skills.*

ENHANCE INTRINSIC MOTIVATION

- Are all staff trained in motivational interviewing (MI) techniques?
- Are staff periodically reminded/encouraged, as well as held accountable for integrating MI techniques in day-to-day interaction with inmates?
- Do you conduct quality assurance audits to ensure that the MI techniques are implemented consistently and correctly?

YES	NO	?

INCREASE POSITIVE REINFORCEMENT

- Are staff periodically reminded/encouraged, as well as held accountable to model positive reinforcement techniques with the inmates daily?
- Are agency staff required to understand and to use the “4 positive to 1 negative reinforcement ratio” in their interactions with inmates?

Targets for Change & Evidence Based Principles that Guide Offender Interaction

PHASE 1: GETTING READY

1. **ASSESSMENT AND CLASSIFICATION**
 - 1.1: Development of Intake Procedures
2. **INMATE BEHAVIOR AND PROGRAMMING**
 - 2.1: Development of Programming Plan (TAP1)
 - 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: Vocational Training
 - 2.9: Work Experience

PHASE 2: GOING HOME

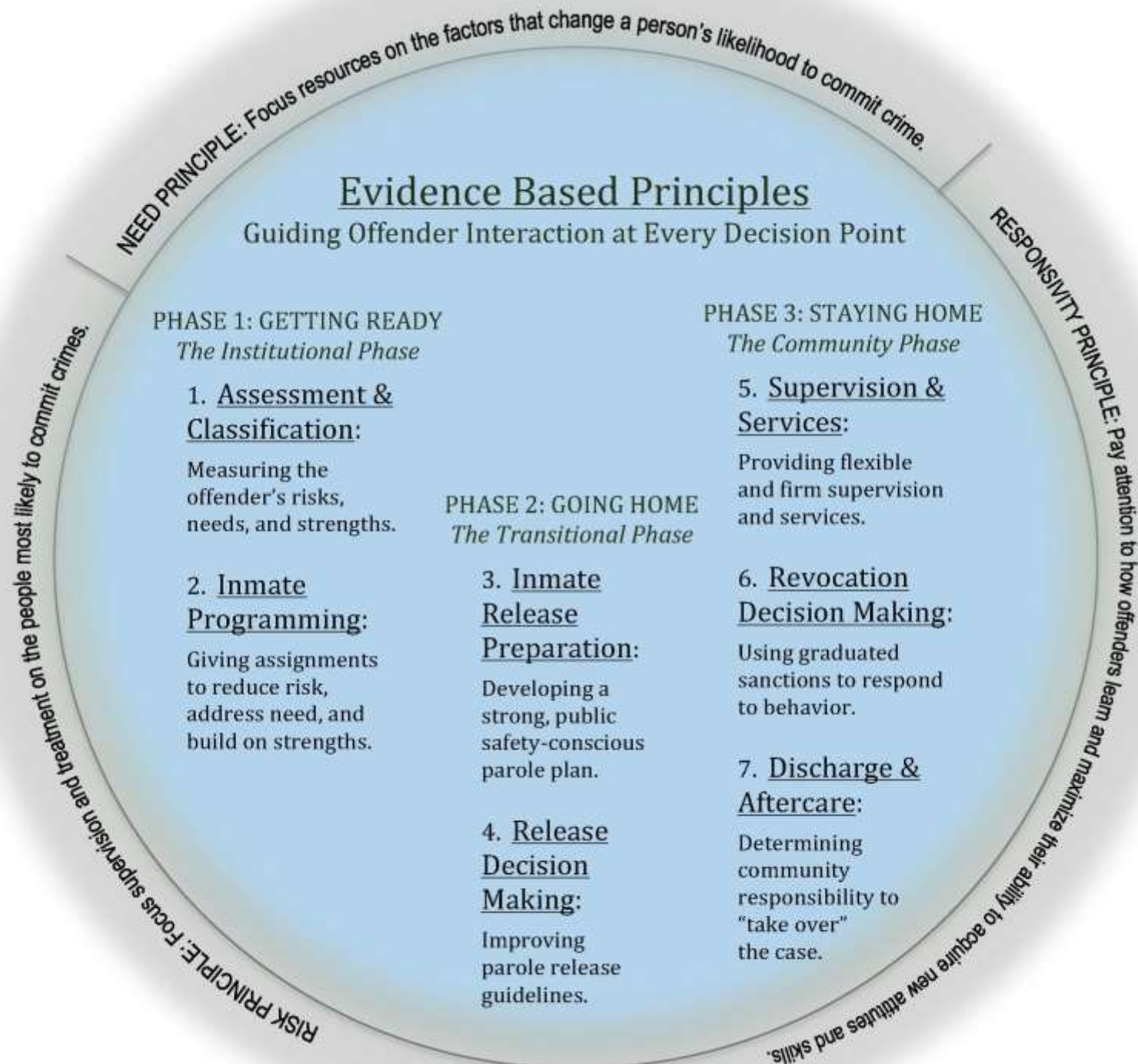
3. **INMATE RELEASE PREPARATION**
 - 3.1: Development of Parole & Reentry Plan (TAP2)
 - 3.2: Housing
 - 3.3: Continuity of Care Planning
 - 3.4: Working with Potential Employers
 - 3.5: Employment Upon Release
 - 3.6: Identification and Benefits
 - 3.7: Release Preparation for Families
 - 3.8: Release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

PHASE 3: STAYING HOME

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 and Aftercare Plan (TAP4)

For each Target for Change, goals and operational expectations are provided in the full Framework as well as references for further reading to specific pages within the Reentry Policy Council Report and other publications that pertain specifically to the Target under consideration.

The Framework provides practical activities to help guide a state's journey to meet their goals for policy change and operational expectations—once goals are met—are offered so that a state can focus on implementation. Intended both as a guide and a workbook, the document is being used in eight states to assist with the planning and implementation process.



January 2013 – Updated 2017

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- Valerie Hart, Northpointe, Inc. which fostered and supported reentry work for many years and contributed greatly to the Framework and the “building blocks” that support it, especially the Justice System Blueprint for Recidivism Reduction and the Case Logic Model.
- Margaret diZerega, Vera Institute of Justice
- Debi Cain and Lore Rogers, Michigan Domestic Violence Prevention and Treatment Board
- Prisoner reentry teams in Arkansas, Delaware, Florida, Michigan, Montana, and Oregon
- See *Endnotes and Citations* for additional contributions. The Framework stands on the shoulders of two national organizations. First, the excellent work of the National Institute of Corrections, especially their groundbreaking work on reentry that was developed by one of their primary contractor/partners, the Center for Effective Public Policy. Second, the Council of State Governments facilitated the National Reentry Policy Council and published the most exhaustive source of research and policy guidance which the Framework draws on heavily. Without these giants in the reentry field, the Framework could not have been developed.

Electronic copy stored at: https://seekjustice.fm/CJI_TA_Archive/SPPR_Framework_Summary_CJI_2017.pdf

ENDNOTES AND CITATIONS

¹ *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. Council of State Governments. Reentry Policy Council. New York: Council of State Governments, January 2005

² *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model*. Peggy Burke. Washington D.C.: U.S. Department of Justice. National Institute of Corrections, August 2008

³ *Ibid* – modified under the *Michigan Prisoner Reentry Initiative*, Michigan Department of Corrections. Dennis Schrantz, 2006

⁴ This information is drawn from many publications and synthesized here for ease of use. See for example:

- *Implementing Effective Correctional Management of Offenders in the Community Outcome and Process Measures*. National Institute of Community Corrections and The Crime and Justice Institute. Washington, D.C. June 2005.
- *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. National Institute of Community Corrections and The Crime and Justice Institute. Washington, D.C. April 2004.
- *Implementing Evidence-Based Practices in Corrections*. Clawson, E., Bogue, B. & L. Joplin. January 2005
- *Classification for effective rehabilitation: Rediscovering psychology*. Criminal Justice and Behavior 17:19-52. Andrews, D.A., J. Bonta, and R. Hoge. 1990.