TPC CASE MANAGEMENT HANDBOOK

An Integrated Case Management Approach

A companion document to:

INCREASING PUBLIC SAFETY THROUGH SUCCESSFUL OFFENDER REENTRY:
EVIDENCE BASED AND EMERGING PRACTICES IN CORRECTIONS

and

TPC REENTRY HANDBOOK: IMPLEMENTING THE NIC TRANSITION
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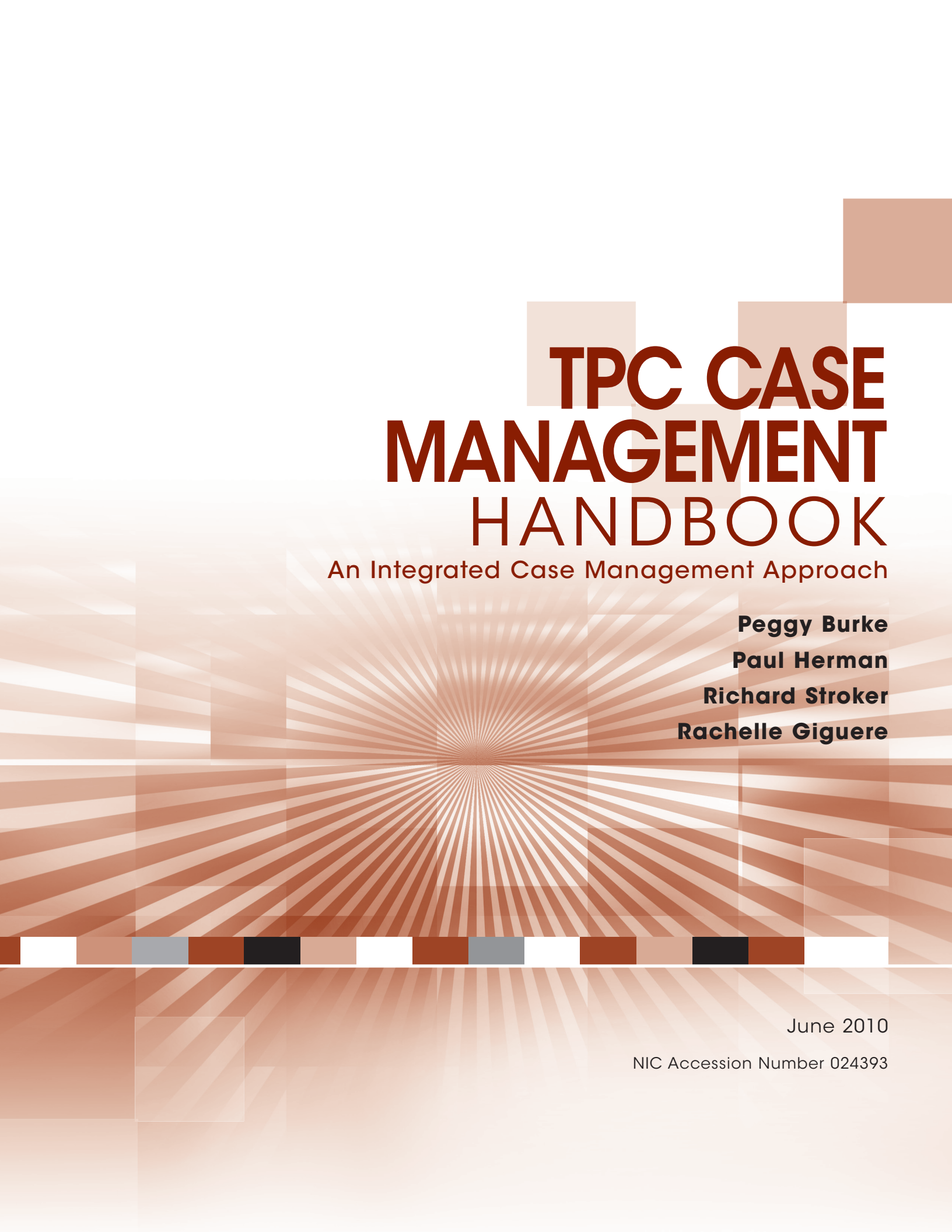
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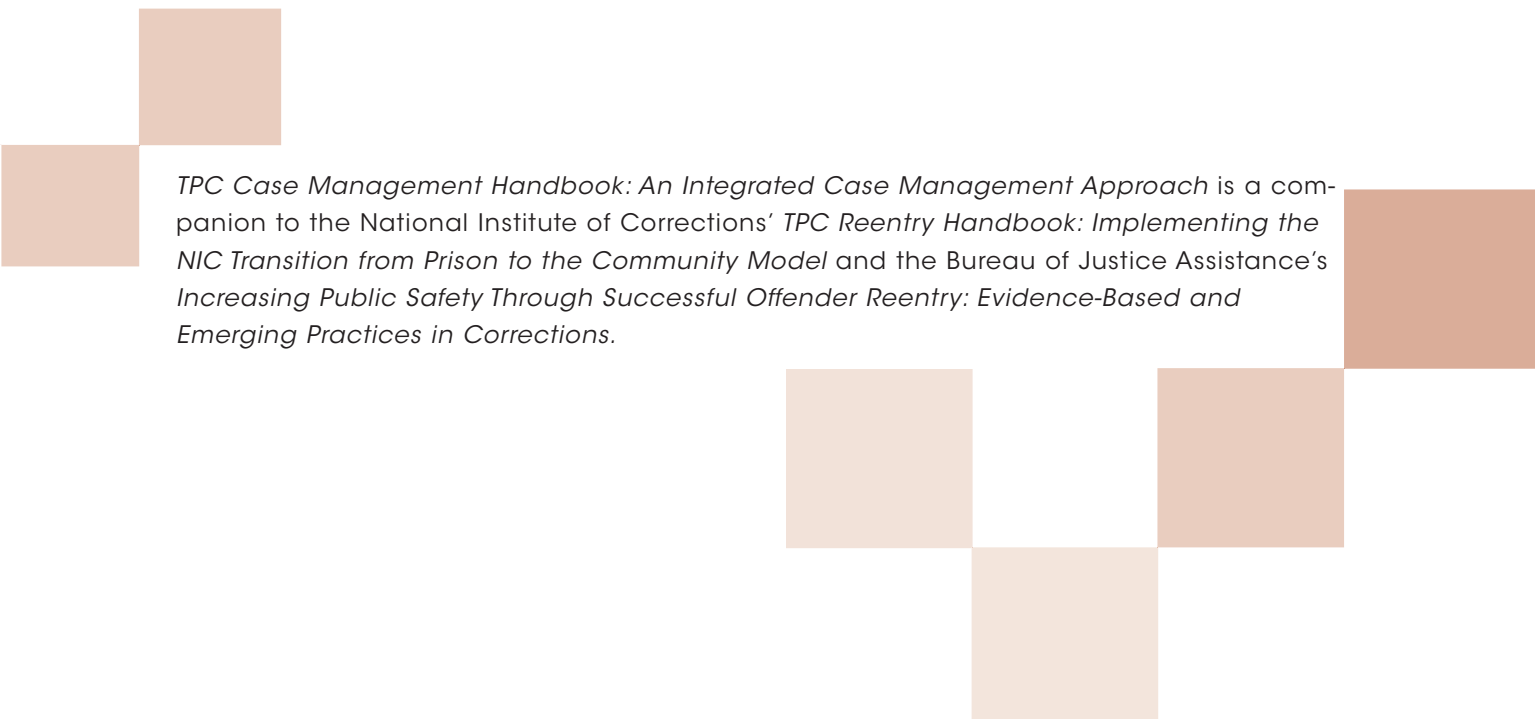*www.nicic.gov*

TPC CASE MANAGEMENT HANDBOOK

An Integrated Case Management Approach

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TPC Case Management Handbook: An Integrated Case Management Approach is a companion to the National Institute of Corrections' *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model* and the Bureau of Justice Assistance's *Increasing Public Safety Through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections.*

Foreword

In 2001, the National Institute of Corrections (NIC) began its work on the development of a Transition from Prison to the Community (TPC) model. Since that time, NIC has worked with eight states as they have implemented the model and has shared the lessons from that experience in the *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model,* published in August 2008. Currently, NIC is engaged in a Transition from Jail to the Community Initiative, working with communities to enhance successful transition from jail as a way of furthering community safety. In addition, we have begun work on a second round of the TPC Initiative, inviting additional states to work with NIC on implementing the TPC model. We look forward to sharing lessons from that experience as well.

As TPC implementation work has proceeded in the eight participating states during the first round of the Initiative, significant efforts have been made to translate the vision, goals, and principles of the model into the day-to-day work of managing individual cases in the very demanding world of operating correctional agencies and their partners. This publication, *TPC Case Management Handbook: An Integrated Case Management Approach,* presents a wealth of information about how that work has unfolded and how it has defined the integrated case management approach. This approach builds on the key principles underlying the TPC model and also benefits from other innovations in the field. It incorporates the principles of evidence-based practice, emphasizes a collaborative team approach to case management, links the various phases of transition from admission to discharge, and—importantly—involves offenders as responsible partners in efforts to assure their transition to becoming law-abiding and productive members of the community. This document offers many concrete examples of tools used by participating states as they move toward an integrated case management approach, as well as a set of exercises that interested agencies or teams of agencies can use to assess and improve their own case management efforts.

It is my hope that this document will be a helpful resource to correctional agencies and their partners as they continue efforts to enhance community safety through sound case management as offenders make the transition from prison to the community.

Morris L. Thigpen
Director
National Institute of Corrections

Acknowledgments

TPC Case Management Handbook: An Integrated Case Management Approach would not have been possible without the work of literally hundreds of individuals in the eight states working with the National Institute of Corrections (NIC) to implement its Transition from Prison to the Community Initiative. The document also draws heavily on the work of many other corrections professionals, researchers, and policy-makers in states across the country who are engaged in continuing efforts to advance the field.

In particular, we would like to recognize NIC Project Manager Kermit Humphries for his important contributions to the substance of this document and for his unflagging support of the work in all eight states. We would also like to acknowledge a number of individuals for their efforts to reshape case management in their own states and to provide information and insights for this *Handbook:* Danny Hunter, Michael Nail, and Beth Oxford in Georgia; Dave Burch, Jim Cox, Mike Lloyd, and Diane Mains in Indiana; Le'Ann Duran, Mike Glynn, John Rubitschun, Darlene Schimmel, and Dennis Schrantz in Michigan; Julie Kempker, Scott Johnston, and Vevia Sturm in Missouri; Pat Bohn, Warren Emmer, and Tom Erhardt in North Dakota; Beth Ryan and Lori Torgersen in New York; Cindy Booth, Heidi Steward, and Ginger Martin in Oregon; and A.T. Wall and Carole Dwyer in Rhode Island.

Lastly, we would be remiss if we did not recognize members of the Center for Effective Public Policy's technical assistance team, who were important contributors to this document and who have worked tirelessly to help the participating states create and implement these ideas: Mimi Carter, Gary Kempker, Becki Ney, Donna Reback, and Bill Woodward.

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INTRODUCTION

Nationwide, corrections agencies are involved in efforts to bring about more successful offender reentry from prison and jail to the community. These efforts have been spurred by the enormous number of individuals being released from correctional facilities, their high rate of failure and return to custody, and an emerging understanding that successful offender reentry translates directly to community safety. At the same time, corrections agencies are recognizing that reentry is not simply a corrections issue. It is of great importance to other public and private agencies. As a result, they are building partnerships to develop collaborative programs and ensure effective implementation. Parallel with these changes, practitioners are using the lessons of emerging research to design evidence-based practices that support successful reentry.

These efforts have been encouraged by a number of national initiatives, including the National Institute of Corrections' (NIC's) Transition from Prison to the Community (TPC) Initiative, the Serious and Violent Offender Reentry Initiative of the Bureau of Justice Assistance, the President's Prisoner Reentry Initiative, the Reentry Policy Council and Justice Reinvestment efforts of the Council of State Governments, and the National Governor's Association Reentry Policy Academy. These initiatives define a new strategic direction in the field and provide important support to leadership.

One critical aspect of making this new strategic emphasis a reality is the development and implementation of new ways to conduct the day-to-day business of offender management. Recent Justice Department statistics indicate that more than 1.5 million individuals[1] are incarcerated in the nation's prisons, over 95 percent of whom can be expected to return to the community at some point. The question facing correctional institutions, postrelease supervision agencies, and their noncorrectional partners is how to re-engineer their everyday work to support successful transition and reentry.

A number of recent publications offer resources to guide the work of redirecting corrections agencies and their noncorrectional partners in supporting successful reentry, building collaborative partnerships, and developing new outcome measures. Two important resources are:

- *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model*

- *Increasing Public Safety through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections*

This *TPC Case Management Handbook* is a companion to complement both of these resources, focusing more specifically on case management for successful reentry.

Purpose of the Handbook

This handbook is designed for teams of correctional and noncorrectional staff at the policy, management, and line staff levels who have been charged with implementing improvements in supervision and case management that support an overall strategy to reduce recidivism and enhance community safety through successful offender reentry. It introduces the integrated case management (ICM) approach as a strategy to assist implementation efforts. Although it draws heavily on the experiences of states implementing the TPC model, ICM should be helpful to a wide range of jurisdictions because it draws upon widely accepted

innovations in the field, including developing collaborative partnerships and making basic system changes that are reflected in much of the innovative work happening in the field today.

The handbook also includes an implementation roadmap that suggests how a team might design and implement a workplan to put this new approach to case management in place.

The handbook assumes that those charged with implementing ICM have embraced achieving community safety through successful offender transition as a compelling goal for corrections agencies and their reentry partners. Yet, this is a perspective not necessarily understood or embraced by all stakeholders. Thus, the handbook provides information and evidence supporting this approach as one that is consistent with corrections' time-honored responsibility for community safety and one that demonstrates a responsible, effective use of tax dollars.

The eight states that have participated with NIC on the first round of the TPC Initiative—Georgia, Indiana, Michigan, Missouri, New York, North Dakota, Oregon, and Rhode Island—provide a rich set of experience and examples regarding how case management changes can be brought into practice. Throughout this handbook, examples and lessons from the experiences of these eight states are included as guidance for users of this handbook as they consider and implement new approaches to case management.

Organization of the Handbook

This *TPC Case Management Handbook* is organized into seven chapters.

Chapter 1: An Overview of the Integrated Case Management Approach. This chapter defines and outlines the purposes of the ICM approach to case management and how it supports the goals of successful offender reentry for community safety. It highlights the major features of practice guided by this model of case management, how and why it

departs from recent correctional supervision approaches, and how it incorporates the principles of evidence-based practice. The approach is based, in part, on a clear understanding that successful transition and reentry requires the involvement of noncorrectional stakeholders and that a successful approach to case management will encourage and incorporate that involvement.

Chapter 2: The Critical Challenges and Strengths of the Integrated Case Management Approach. This chapter addresses the critical challenges that make current approaches to supervision ineffective in accomplishing successful offender reentry. Aspects of ICM that directly address these challenges will be admittedly difficult to implement. However, they are also the most important, and potentially the most powerful, aspects of this approach.

Chapter 3: The Nuts and Bolts of the ICM Approach—How Will It Look in Practice? This chapter highlights some of the key aspects of practice using an ICM approach to give agencies interested in implementing such an approach a preview of how practice will change. It highlights differences in the roles, responsibilities, needed skills, and expectations for line staff and firstline supervisors. It also highlights expectations for the offender as an active participant in the case management process.

Chapter 4: Roles and Responsibilities of Staff. This chapter provides an overview of the critical organizational supports that must be in place for line staff and firstline supervisors to implement this model of offender management successfully. Some of the key elements discussed here include assessment protocols, management information supports, personnel policies, and quality assurance.

Chapter 5: Organizational Supports—Necessary Resources for ICM To Succeed at the Case Level. The previous four chapters describe and articulate the rationale for a new approach to case management. This chapter provides guidance, tools, and assistance for organizations that have decided to

move forward with implementation. It outlines a strategy for forming and chartering an implementation team and the steps that such a team should take in moving from current practice to full implementation of an ICM approach to managing offenders for successful reentry and transition to the community.

Chapter 6: Implementation Strategy for Agencies Committing to Integrated Case Management. This chapter emphasizes the importance of approaching ICM as a significant organizational change. It argues that its implementation will likely require a major focus on shifting organizational culture from a custody/control framework to one that embraces the efficacy of efforts to bring about behavior change. It also speaks to what will be required of staff and leadership among all the partners implementing this approach.

Chapter 7: A Final Word on Organizational and Cultural Change. This chapter summarizes some of the issues discussed in the previous chapters. It also includes five important perspectives that states should consider if they are seeking to implement the ICM approach.

Note

1. William J. Sabol, Heather Couture, and Paige M. Harrison, *Prisoners in 2006* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2007), p. 1.

CHAPTER 1

An Overview of the Integrated Case Management Approach

The Need for a New Approach

A number of significant developments in the field of corrections have indicated the need for a new approach to managing offenders, including the following developments:

- Given the huge numbers of offenders making the transition from prison to the community, it is understood that virtually all offenders will reenter the community at some point. In the interest of public safety, the offender's eventual transition and reentry should be anticipated and planned for in his/her first contact with the criminal justice system. (Optimally, this would occur as early as the pretrial stage, but it may also occur at the presentencing stage or on admission to prison.)

- To support the offender's successful reentry into the community, criminal justice agencies understand that they will need to collaborate more effectively within the criminal justice system and with other systems that serve or have contact with the offender, the offender's family or community, and the victim.

- The principles of evidence-based practice are gaining wide acceptance, and there is a growing interest in how these principles can reshape and strengthen case management.

- A critical insight from available research on evidence-based practice shows that not all offenders are alike. To both enhance public safety and maximize resources, risk reduction resources should target offenders who are at higher risk of reoffending.

- A clearer focus on the barriers to successful reentry has sparked public-private partnerships to address the basic needs of offenders more effectively during their transition to the community. These needs might include government-issued identification, access to eligible benefits, stable housing, employment, and informal networks of prosocial support.

> The philosophy of the Transition from Prison to the Community Initiative has challenged and ultimately changed the minds of many correctional professionals—professionals who may have believed in the past that the best and only way to protect the public was to confine and punish offenders.
>
> —Warren Emmer, Director
> Division of Adult Services
> North Dakota Department
> of Correction and Rehabilitation

Integrated Case Management— A New Approach Based on Emerging Practice

Georgia, Indiana, Michigan, Missouri, New York, North Dakota, Oregon, and Rhode Island constitute the current list of states using the Transition from Prison to the Community (TPC) model. In the process of implementing the TPC model and improving their approach to case management, the TPC states have defined a number of innovations. Other jurisdictions have also adopted new approaches that broaden thinking and practices

beyond a traditional custody and supervision framework. These community supervision innovations have different names; for example, Effective Parole Supervision (in Georgia), Proactive Community Supervision (in Maryland), Environmental Corrections (as outlined by Cullen, Eck, and Lowenkamp 2002), and the evidence-based approach to supervision in Ohio.[1] The integrated case management (ICM) strategy is based on this range of experience. The ICM approach is characterized as "integrated" because it best describes states' emerging approach to case management, one that seeks to integrate:

- The process of reentry—considering, as one process, all that happens from the time of admission to time in prison to discharge from supervision into the community.

- The goals of community safety and successful offender reentry, recognizing that they are mutually reinforcing.

- Custody, control, and monitoring strategies with targeted intervention and enhanced motivational strategies to reduce the likelihood of future recidivism.

- Prison-based and community-based efforts.

- Staff and public-private partnerships into a case management team.

- Efforts of correctional agencies with those of noncorrections stakeholders to manage the offender's reentry process more effectively.

- The principles of evidence-based practice with case management efforts.

- Efforts of case managers and other staff with the efforts of offenders themselves.

ICM During the Reentry Process— A Definition

ICM is a guide for applying an agency's time and resources in a way that will enhance community safety through the prevention of future victimization. This approach helps agencies reduce relapse and recidivism by encouraging offenders' support of safer and healthier communities. ICM uses a common framework and language to monitor progress and update the outcomes during offender incarceration, transition to release, and community supervision. This approach includes the custody, control, and supervision of offenders as important tools as well as other strategies, including:

- Using empirically based and validated assessments of risk and need.

- Focusing on effective interventions that reduce risk among higher risk offenders during incarceration, the release phase, and after release into the community.

- Using methods to enhance offenders' motivation and to equip them with basic tools to complete a stable transition to the community.

- Using strategies to target resources that protect community safety.

- Acknowledging one basic fact: Not all offenders are alike.

Adopting the Collaborative Case Management* model to supervision means that we are doing what is right, not only for the returning citizen but for the community as a whole. Change is often met with anxiety and resistance, but with the Michigan Prisoner Reentry Initiative and Collaborative Case Management, we have and will continue to realize positive outcomes which will prove to be historic for the citizens of Michigan, the Michigan Department of Corrections, and its employees.

—Latrece Porter
Assistant Manager
Michigan Department of Corrections

* Michigan's Collaborative Case Management model is its version of the integrated case management approach, which has grown out of Michigan's participation in the Transition from Prison to the Community Initiative.

When Does ICM Occur?

Case management occurs continuously during three phases:

- **The institutional phase**—the period of incarceration.

- **The release phase**—the months just before and just after release.

- **The community phase**—the period after an offender reenters and stabilizes in the community through supervision, discharge from supervision, and beyond.

A basic assumption of the TPC model and the ICM approach is that efforts toward successful transition and reentry must begin at admission to prison and continue through release from prison and, ultimately, to discharge from supervision. However, equipping an offender for transition during the early months or years of incarceration is very different from equipping him/her for transition in the period immediately before release and during supervision and discharge. Yet the phases are interrelated, with the second phase building on the first, and the third phase building on the first two. Exhibits 1–1 and 1–2 illustrate how these phases or tracks overlap in their strategies, depending on the risk level of each offender category.

Whom Does ICM Target?

ICM targets groups of offenders primarily on the basis of their risk levels and needs. It is true that not all offenders are alike and that case management must account for individual characteristics. However, to attain successful offender reentry into the community, strategies will be fundamentally different for each of the four broad groups of offenders. An offender's level of risk and the nature of his/her criminogenic needs form the primary basis of these groups. Criminogenic needs are factors that, when identified through an empirically valid assessment instrument, are known to be associated with the risk to reoffend and that can reduce the risk to reoffend if they are addressed. The ICM approach focuses on:

1. **Extremely high-risk offenders** (usually a small percentage of offenders), who tend to be those whom practitioners identify as psychopathic and for whom there are few effective risk-reduction interventions.

2. **High- to medium-risk offenders,** who warrant risk-reduction interventions. Each jurisdiction defines these interventions in relation to its own population and offenders' relative risk.

Exhibit 1–1. Combinations of Strategies Tailored to Offender Risk Level

Group/Type of Offender	Case Management Strategy			
	Risk Containment/ Surveillance	Risk-Reduction Interventions	Stabilization Efforts	Monitoring Financial and Administrative Conditions
Extremely High Risk	X		X	X
High Risk		X	X	X
Medium Risk		X	X	X
Low Risk			X	X
Low Risk/Administrative				X

Exhibit 1–2. The Integrated Case Management Approach

Groups/Types of Offenders	Track and Strategies	
Extremely High-Risk Offenders	**Risk Containment Track**	
	Strategies • Containment and Surveillance • Stabilization • Accountability Monitoring	
Medium- to High-Risk Offenders	**Risk Reduction Track**	
	Strategies • Risk Reduction • Stabilization • Accountability Monitoring	
Low-Risk Offenders	**Stabilization Track**	**Successful Transition From Prison to the Community**
	Strategies • Stabilization • Accountability Monitoring	
Low-Risk/ Administrative Offenders	**Administrative Track**	
	Strategy • Accountability Monitoring	

3. **Lower risk offenders,** who will be supervised at some level but will not warrant risk-reduction interventions.

4. **Extremely low-risk offenders,** who might fall into an administrative category in which the major focus of community supervision would be on the monitoring of any remaining conditions on or financial requirements of the offender.

What Does ICM Do?

ICM manages offenders by using different tools or strategies.

1. **Risk containment** entails close custody, supervision, and control, recognizing that there are few effective risk-reduction strategies for the extremely high-risk offender.

2. **Risk reduction** follows the principles of evidence-based practice and effective correctional intervention. It involves targeting programs and interventions that reach medium- to high-risk offenders and steering offenders to programs that address their specific criminogenic needs while reducing the likelihood of their committing future crime.

3. **Stabilization** addresses offenders' need to become stable members of the community. Regardless of their level of risk, if offenders reentering the community are homeless and without necessary medications or identification, are unable to earn an honest living or to access benefits to which they are entitled, and are without prosocial support, they will be a burden to the community and may well experience an increase in their risk of reoffending.

4. **Compliance tracking** focuses on tracking compliance with the administrative conditions

Although addressing stability needs is important to successful offender transition for all types of offenders, addressing criminogenic needs (which have been linked to recidivism in the research) is also critical to decreasing the risk of recidivism of medium- and high-risk offenders.

Stability needs (also known as survival needs) include employment, housing, a form of valid identification, transportation, and other critical concerns (and are not necessarily linked to recidivism in the research).

Criminogenic needs include antisocial behavior and attitudes, antisocial personality, antisocial associates, family dysfunction, school or work problems, lack of prosocial leisure time, and substance abuse.

Source: D.A. Andrews and J. Bonta, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation (2007–06)* (Ottawa, Canada: Public Safety Canada, 2007).

of offenders' sentencing and release, including financial obligations.

How Does ICM Combine the Who, What, and When?

This approach defines different combinations of tracks and strategies that target different groups of offenders.

- **For extremely high-risk offenders,** the track focuses primarily on traditional containment and surveillance tactics in both the institution and the community and addresses the stability needs (also called survival needs) and administrative/financial conditions on these high-risk offenders as they transition to the community.

- **For medium- to high-risk offenders,** the track focuses efforts and resources on involving these offenders in risk-reduction interventions, which include stabilizing offenders' participation in the community and supporting them in meeting their administrative/financial obligations as defined by the conditions of their release.

- **For low-risk offenders,** the track focuses primarily on stability needs (also called survival needs), providing valid identification, linking offenders to employment and housing resources, and mobilizing prosocial networks of support. Often, non-correctional community partners are involved as well as prosocial family members. Compliance with conditions and financial obligations is also monitored.

- **For the administrative track,** low-cost monitoring—mail, telephone, kiosks, and so forth—is used to ensure compliance with conditions and financial obligations of offenders. Often, low-risk offenders move to this track after a period of community supervision.

Although each track may use multiple strategies (see exhibit 1–1), the tracks are named after the strategy that should be emphasized with each type of offender (see exhibit 1–2).

Collaboration and the Concept of a Case Management Team

As mentioned earlier, the ICM approach to case management is based on the recognition that successful reentry will require the involvement and support of a range of individuals and agencies. In the past, institutional counselors in prisons and parole officers in the community often viewed the group of offenders for which they were responsible as their caseload. New team approaches to case management in support of successful reentry are emerging around the country. For example, New York has funded County Reentry Task Forces, which use collaborative teams consisting of a range of stakeholders, to manage offenders making the transition from prison to the community. Although an institutional counselor, case manager, or parole officer may still have primary responsibility for a case, it is much more common to include other program staff (and even custody staff) as part of an institutional case management team. In the community, it is also becoming more common for a parole officer to be part of a case management

team that includes program staff, mentors, community organization representatives, and the like. More and more often, offenders have also been viewed as key members of the collaborative team. Being part of a team requires not only the sharing of information—including the case plan as it is developed and as it changes over time—but also developing shared strategies and an understanding of how to collaborate as members of a team. The potential benefits are significant. A team approach brings more resources and expertise to case management and can begin to bridge the gap between prisons and communities more effectively.

Note

1. National Institute of Corrections, *Topics in Community Corrections: Effectively Managing Violations and Revocations* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2006); and F. Cullen, J. Eck, and C. Lowenkamp, "Environmental Corrections: A New Paradigm of Effective Probation and Parole Supervision," *Federal Probation* 66(2):28–37, 2002.

CHAPTER 2

The Critical Challenges and Strengths of the Integrated Case Management Approach

Over the past several years, correctional agencies in almost every state have been claiming ever-increasing tax dollars to house and supervise growing inmate populations. Despite these growing resources, the failure rates of offenders making the transition from prison to the community—because of recidivism and returns to prison for both new crimes and technical violations—raise questions about the effectiveness of current correctional practices. The following six features of recent correctional practices significantly hamper the criminal justice system's ability to support successful offender reentry:

- Identification of custody, security, and monitoring rather than behavior change and recidivism reduction as the major functions of corrections.

- Lack of commitment and resources needed to target and support effective interventions based on the principles of evidence-based practice.

- Fragmentation of the system between correctional institutions and field supervision, between custody/supervision functions and treatment functions, between assessment/classification and interventions, and between correctional agencies and noncorrectional community service providers.

- Inability to integrate assessment information with effective case management.

- Expectations that offenders would be compliant with conditions placed on them rather than being active participants in case management and risk-reduction activities.

- Expectations that line staff monitor offenders rather than engaging them in the process of change.

Correctional agencies and their partners will need to address these six shortcomings directly and effectively to ensure more successful offender reentry, building on the lessons of research and an emerging understanding of the importance of collaboration. The integrated case management (ICM) approach is structured to respond to these shortcomings.

Correctional Goals and Organizational Culture

Unlike the limited goals of custody, security, and monitoring, the ICM approach explicitly includes behavior change and reductions in recidivism as two of its primary goals and incorporates performance measurement to track the accomplishment of these goals. For some jurisdictions, showing an interest and commitment to recidivism reduction by working to modify offender behavior and encouraging offender success would not

Missouri's Goals for ICM

As Missouri took on the challenge of moving toward the integrated case management (ICM) approach, it made the case with stakeholders and staff that:

Establishing an ICM model will maximize the likelihood of offender success and strengthen the Department of Corrections' overall approach to ensure public safety and reduce recidivism.

See appendix 1 for the Missouri Department of Corrections' full description of its ICM approach.

constitute a major change in the correctional culture. Some states, localities, and leaders in corrections have embraced this way of conducting their work, even through an era in which the national focus was on strategies based on concepts of retribution and incapacitation. For those jurisdictions and agencies in which the ruling philosophy is one of custody and control in institutions—and monitoring and surveillance in the community—the ICM approach represents a significant change in the correctional culture.

> The culture change is likely the toughest challenge the MDOC is faced with. We have experienced much success in building a solid reentry model based on evidence, and many staff are enlightened, believe, and have chosen to follow in our new direction. However, there are those who are not quite convinced or simply choose to hold on to the old way of doing business.
>
> It is these staff members that need the most attention, training, and modeling of pure examples of success. As these are the staff that will have the most impact on their peers. Leadership must display a commitment, a level of importance, and value for the reentry work that we do. Staff who embrace our reentry model, grasp and properly implement the concepts, theories, and practices as directed by top leadership, must be the same staff that reap the benefits of career success, public acknowledgments, and awards.
>
> It is therefore this type of commitment and dedication from the very top leadership that will make the most noise and have the greatest [effect] to achieve culture change and will be heard the loudest throughout the Department of Corrections.
>
> —Anthony McCloud
> Manager, Office of Offender Reentry
> Correctional Facilities Administration
> Michigan Department of Corrections

The ICM approach is committed to implementing evidence-based practices and effective interventions with offenders, putting the principles of risk, need, and responsivity into practice in clear and direct ways.

Adequate Staff and Program Resources

The ICM approach does not supply jurisdictions with additional funds or assets. Instead, the approach demands the redeployment of current and future resources in line with the principles of evidence-based practice: It provides clear guidance on restricting the use of supervision and treatment resources for low-risk offenders and targeting more resources toward high-risk offenders on the basis of their criminogenic needs. In other words, the ICM approach is a blueprint for the prudent use of scarce resources. Resources should be put toward the types of offenders who need them most. Higher rates of offender success can be part of a persuasive argument for securing future resources from local, state, or federal government agencies.

> ### Expanding Services and Creating Cost Savings
>
> The most exciting part about collaborative case management is that it really works. It does not require more time than we currently use to address offender behavior and, over the long run, our jobs will become easier.
>
> For the full article on Collaborative Case Management in Michigan, see appendix 2.

Collaboration

With respect to fragmentation, the ICM approach incorporates in-reach protocols; a single, dynamic case plan; and a collaborative case management team that works with offenders across institutional and community boundaries. This approach invites partners from institutions, community supervision facilities, and noncorrectional agencies into the case management process.

Redefined Roles

Also in line with evidence-based practices, the ICM approach recasts both the offender and line staff as key actors in the case management and change processes. Under this approach, staff expect offenders to participate in their own assessments, identify their own goals, and be active participants in risk-reduction activities. Similarly, the line officer is not simply a monitor but an agent of change—using interactions with offenders as occasions for communication that will enhance their motivation and encourage their success.

We continuously discuss the positive effects [the ICM approach] has had on the community with cost and behavior modifications. The one area we stress is the positive change in behavior it has while [offenders] are still incarcerated. Our staff have been able to see the "light come on" in attitude and behavior; this leads to prisoners seeking out staff as mentors in some cases. You witness the prisoner with a violent past make a change; thus you get a sense of satisfaction. This leads to the sense of accomplishment that is tangible; we then use this to motivate other staff. We have to constantly point to the change in communication and focus of staff in keeping prisoners from reoffending longer, thus keeping the community safer. This leads us all to the point of one team working together in helping to create a safer community, both inside and outside. I cannot tell you the times staff have reported an offender thanking them for working with them.

—Dave Pratt
Acting Warden, Pugsley Correctional Facility
Michigan Department of Corrections

CHAPTER 3

The Nuts and Bolts of the ICM Approach—How Will It Look in Practice?

A basic foundation of the integrated case management (ICM) approach is the development of a single, dynamic case plan—developed soon after an offender's admission to prison—that is updated and modified as the offender moves through the correctional system. The Transition from Prison to the Community (TPC) model—from which the ICM approach was developed—uses the term Transition Accountability Plan (TAP) to describe such a plan. However, some jurisdictions have selected other terms. In Indiana, for instance, the TPC Initiative adopted the term Reentry Accountability Plan. Whatever the title, the ICM case plan is based on valid assessments of risk and need and identifies general strategies or tracks an offender would follow in the reentry process. All individuals on the case management team—from prison staff to field supervision staff—use the same plan in working with offenders as they transition to the community. The case plan is the roadmap for the ICM process, referencing risks and needs and linking them to specific programs in which the offender will participate.

Another key aspect of the ICM approach is that it is built on a recognition that, especially with medium- and high-risk offenders, case management may require the involvement of a number of individuals who bring specific expertise or resources to the case. The ICM approach provides a framework for key partnerships among staff in correctional institutions, releasing authorities, and postrelease supervision; between correctional agencies and noncorrectional stakeholders; and between the offender and the case management team. Each of these partnerships can be a significant departure from past practice. The gulf between institutional corrections and field staff is longstanding, confirmed by organizational charts, chains of command, agency policies, and even geography. Similarly, the gulf between correctional agencies and other public agencies, private organizations, community groups, and individuals is just as wide. The notion that offenders should be involved in setting their own goals and making plans—as opposed to obeying instructions and being monitored—is yet another significant departure from past practice.

One of the most significant characteristics of the ICM approach for line staff is its incorporation of the principles of evidence-based practice.[1] Case managers must complete sound, empirically based, and validated assessments to be able to identify offenders' risks and criminogenic needs. The approach then requires that line staff be involved in building case plans appropriate to the level of risk and criminogenic need. For medium- and high-risk offenders, these case plans will address levels of risk and needs, linking offenders with appropriate correctional interventions, services, and programs to reduce risk. What the evidence also suggests is that when correctional staff interact with offenders, they should use their communication and problem-solving skills to engage the offender in the process of change, enhancing their motivation to change, which is critical to their success in reducing risk.[2] This implies a significant cultural change for many systems.

What Makes ICM Different From Other Approaches to Case Management?

Goal of the ICM Approach

It is fair to say that correctional and criminal justice professionals have always considered public safety as their core mission. In recent decades, however, the methods that correctional agencies adopted largely involved control and surveillance—virtually equating public safety with incapacitation through incarceration and monitoring. The most critical feature of today's correctional innovations is that, although they are still seeking public safety, they are accepting the premise that community safety is better achieved through a strategy that encourages behavior change. Control and surveillance are still legitimate strategies, but the ultimate goal—because virtually all offenders return to the community—is behavior change, risk reduction, and the reduction of recidivism.

Certainly, in both institutional and community corrections, the goal of the TPC model and its approach to case management is community safety through both the security and safety of institutions during an offender's period of incarceration and the successful transition of an offender from prison to the community, once a period of incarceration has been served. Over time, a jurisdiction might measure this success through reductions in recidivism.

In practice, collaborative teams involved in TPC implementation at the state policy level set additional goals for their interactions with offenders—including building stronger communities and families through enhanced employment, treatment of mental illness, and educational attainment—beyond crime reduction objectives. The ICM approach also lends itself to that broader set of goals because it invites stakeholders to join in the process of providing offenders assistance with transition services and the attainment of goals.

However, at its base, the ICM approach seeks community safety through successful offender reentry and transition.

Key Differences

In undertaking the work of implementing an ICM approach, agency staff may ask, "What makes this different, and why is it important?" The following list outlines some of those differences, which are contrary to recent supervision and case management models that may be more familiar to staff:

- **Supervising and managing offenders**—Enhances successful transition and reentry for community safety rather than simply monitoring behavior and bringing failure to the attention of the appropriate authority.

- **Implementing different strategies for different types of offenders**—Provides clear tracks that target appropriate resources based on offenders' risk, community stability, and the monitoring of conditions required on release.

- **Engaging offenders from admission to prison (or before) through discharge into the community (and beyond) in a coherent and integrated process**—Runs counter to the largely fragmented process now in existence, with significant disconnects between what happens to offenders in prison and what happens after they are released to supervision.

- **Using the principles of evidence-based practice**—Encourages and supports policy-makers' use of lessons emerging from research to shape their practices and use of resources. These principles include but are not limited to:

  ❏ **Basing the supervision and case management plan on empirically based and validated assessments of risk and criminogenic need.** This requires a commitment to selecting and implementing assessment protocols that are valid, reliable, and normative for the offender populations to be assessed.

❏ **Enhancing intrinsic motivation.** This increases the likelihood that offenders will participate willingly in risk-reduction activities.

❏ **Targeting supervision and case management by offender risk and needs.** This has a maximum effect on reducing recidivism while increasing community safety. This principle implies that staff will need to make choices about where jurisdictions can use risk-reduction resources best, with some offenders receiving proportionately more resources, whereas others receive less.

❏ **Designing interventions with the principle of responsivity in mind.** This acknowledges that not all offenders are alike and that case managers must accommodate offender learning styles, cognitive abilities, gender, culture, and other factors when designing appropriate interventions.

• **Engaging the offender in the process of change**—Uses supervision and case management interactions to enhance motivation. This practice emphasizes that efforts should be made to engage offenders in the process of change. Offenders should be involved during both the course of incarceration and post-release supervision.

• **Defining supervision and case management as a collaborative process**—Involves correctional staff (institutional staff alongside field/community staff) as well as community service providers and informal networks of support such as families, mentors, employers, and associates. This requires that the correctional institutions, the community, and noncriminal justice partners collaborate at all stages of the process.

• **Forming multidisciplinary supervision and case management teams**—Works with offenders through assessment, case planning, and implementation. This requires that correctional staff at the case level take a team approach and collaborate with others in supervising offenders and managing cases.

Tools and Methods That Support the ICM Approach

A variety of tools and methods must be deployed before an agency or jurisdiction can implement the ICM approach. In many agencies, this will require significant organizational change and retooling.

Evidence-Based Assessment, Case Planning, and Targeted Interventions

The ICM approach involves continuous assessment and dynamic case planning and implementation based on evidence. Plans for individual offenders target an offender's risk and criminogenic need—whether it be during a period of incarceration, during the release phase, or after release to community supervision and beyond.

Participation of the Offender

Much of traditional correctional policy and practice defines the offender's primary responsibility as compliance with the rules within institutions and compliance with the conditions of supervision in the community. The ICM approach expands the offender's responsibility to active participation in risk reduction. It recognizes that motivation for change is critical to offenders' success and uses techniques to enhance their motivation to change.

Collaboration

Collaborative partnerships among correctional agency personnel (institutional and community)—along with other service providers, community organizations, the offender, and the offender's informal networks of social support—are involved in developing the offender's case plan and implementing and changing it over time. This collaborative approach is adopted at several levels and across a range of boundaries. For instance, at the highest policy levels in a state, teams would include cabinet-level officials from a range of agencies. They set expectations, direct the building of working protocols, and make resources available. Within corrections, at senior, middle, and line staff levels, the collaborative team would include

both custody/supervision staff and program staff from institutions and the field. At the community level, correctional staff, other agency staff, community organizations, and informal networks would be involved in working with individual offenders.

Control and Support for Offender Change

The ICM approach uses a dual strategy of custody/control/supervision and interventions specifically geared toward reducing the likelihood of recidivism. It also views staff interactions with offenders as opportunities to engage offenders in the process of change.

Organizational Support

A key component of the approach is that it clearly articulates the need for significant organizational support, including strong leadership at all levels as part of a deliberate organizational development strategy. This strategy would identify changes in organizational infrastructure, culture, and practices that a jurisdiction must implement to support the ICM approach. This, of course, is a major part of the organizational change process required to implement the overarching TPC model. It would address, among other things, policy and procedures, staff job descriptions, recruitment and hiring practices, staff performance evaluations, and management information systems.

Core Activities

Given the goal, principles, and components of the model, there are certain core activities that are essential to its implementation. It will be important for staff to know what is expected of them when using the approach. Consider these questions:

- What will staff need to do to put this new model into operation?

- In which activities will line staff be engaged?

The ICM approach expects that staff will:

- Conduct assessments of offenders' risk, needs, strengths, and environment.

- Form, participate in, and lead collaborative case management teams.

- Develop and implement—along with the offender and partners within the correctional agencies and within other agencies—a TAP or case management plan geared specifically to the level of offender risk and the offender's criminogenic needs.

- Provide or facilitate access to programs and interventions to address offenders' risk and needs.

- Involve offenders in the case management process and the process of change, making efforts to enhance motivation through the use of incentives for positive performance.

- Use routine interactions with offenders as opportunities to enhance motivation and reinforce prosocial behavior.

- Review progress and adapt plans accordingly over time. This includes monitoring the conditions of supervision and responding appropriately to both technical and criminal violations.

Although these activities are core to the ICM approach, not all of the activities will be used for every case. A major strategic element to the approach is the targeting of resources—programs, interventions, and staff time—to medium- and high-risk offenders. Therefore, case management plans will vary depending on the risk and needs of offenders; some require more staff involvement than others, and some require more clearly defined goals and more intensive programming than others.

The ICM approach is a radical departure from past practices for many jurisdictions that cast line staff—whether custody staff in institutions or supervision staff in the community—in the roles of monitoring offender behavior and ensuring compliance with institutional rules and conditions of release and supervision. Given these expectations, it will be critical to relieve staff of some of their traditional responsibilities so they can take on new

roles. It is also important that case management strategies account for the use of different tactics with offenders of different risk levels. Case managers must ensure that they focus risk-reduction resources on higher risk offenders rather than lower risk offenders.

Three Phases

As mentioned above, the ICM approach guides a case manager's work with an offender from the time he/she is admitted to prison (or before) to the time the offender is released from correctional supervision into the community, and beyond. The approach distinguishes among three distinct phases of time, however, because the specific challenges, activities, access to resources, and milestones that offenders face will differ across time. The phases are intrinsically interrelated, with the second phase building on the first, and the third phase building on the first two. The phases are as follows:

Phase I: The Institutional Phase—From admission to prison until roughly 6 to 12 months before release. This phase involves conducting initial assessments, establishing an anticipated release date, and developing a case plan to guide an offender's programming in an institution over the entire length of his/her anticipated incarceration. This programming anticipates release and prepares the offender for a successful transition (without reoffending). Programming during this phase targets medium- and high-risk offenders, specifically addressing their criminogenic needs.

Phase II: The Release Phase—From 6 to 12 months before release through the first 6 months after release. For medium- and high-risk offenders, this involves completing any remaining programming before release and establishing plans for continuing community services to address remaining criminogenic needs. For all offenders, it is a time for addressing community stability needs such as identification, application for benefits, and connections with informal networks of support. The release

phase continues until the offender is stabilized and has been through the initial assessment and case-planning process at the beginning of community supervision. Consistent with parole supervision practices recently recommended by the Urban Institute for successful offender reentry, this phase "frontloads" resources, giving plenty of supervision and resources at the start, during the offender's first 6 months in the community.[3]

Phase III: The Community Phase—From 6 months after release, through discharge from community supervision, and beyond. This phase involves the long-term stabilization of offenders. For medium- and high-risk offenders, it includes the completion of required risk-reduction programming. This is also the phase during which an offender's major sources of prosocial support grow beyond the criminal justice system and postrelease supervision and toward more community-based networks of support such as family, employers, a faith community, and agencies serving the broader community. If an offender is discharged from supervision but still has a significant need for social services, responsibility for case management moves to those agencies serving the broader community. Opportunities for the early discharge of low-risk offenders who exhibit good behavior and goal achievement offer cost savings to jurisdictions and incentives to the offender for behavior change.[4]

The phases of the ICM approach are based on the assumption that different offenders will require different strategies and are likely to need different community and corrections partners as they move from prison to the community.

Targeting Strategy—Case Management Tracks

Perhaps the most critical aspect of the ICM approach is that it translates the principles of evidence-based practice into concrete management strategies for offenders. In particular, it uses the principles of risk, need, and responsivity[5] to strategically shape interactions with offenders.

For decades, probation agencies, parole agencies, and correctional institutions have tried to classify the offenders they work with into different groups according to the levels of security, supervision, and interventions that are appropriate for each offender, largely to manage and contain risk. Prisons have primarily used custody classifications to identify at what security level they must house an offender to prevent violence, disciplinary problems, and escape. Community correctional institutions have developed classifications that either identify the level of supervision to which an offender should be assigned on the basis of risk or identify when offenders should be assigned to a specialized caseload (e.g., drug offenders, sex offenders). All of these tools were ways to allocate resources in line with agency goals of keeping institutions safe and secure and allocating monitoring resources to supervision on the basis of level of risk. Institutions have tended to assume that resources were limited, so they made the most of what little resources were available.

Targeting resources on the basis of goals is still a sound idea. However, the goals of many correctional agencies have expanded to include encouraging behavior change to reduce offender risk. Correctional agencies today also have better methods for assessing offenders, differentiating their levels of risk and needs. The tools now available to help achieve community safety outcomes include empirically based assessment instruments, targeting strategies, and effective interventions that encourage behavior change and reduce offenders' risk of reoffending. With recidivism reduction as a primary goal, the targeting strategy of the ICM approach ensures that case managers match offenders with appropriate interventions based on their level of risk and criminogenic needs. Simply assessing offenders' risk levels and addressing their survival needs is not sufficient. Case managers must also assess offenders' criminogenic needs, which are those needs that drive offenders' risk to reoffend. Furthermore, it is necessary to target

recidivism-reducing interventions specifically to the needs of medium- and high-risk offenders.

A jurisdiction's policies, procedures, and resource allocations must support the targeting strategies of the ICM approach and ensure that individuals with higher levels of risk and need receive interventions targeted specifically to those needs. In addition, policies, procedures, and resource allocations must be designed so that offenders at lower levels of risk and need receive fewer resources, both in terms of security, custody, and supervision and in terms of programming, services, and interventions.[6]

To accomplish this targeting of resources, the ICM approach incorporates several case management tracks or levels that reinforce the targeting of resources, which include services as well as staff time.

- **Risk containment track.** Extremely high-risk offenders would be managed on a risk containment track. This entails a focus on appropriate

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Case Management Tracks in Michigan

Jurisdictions will want to adopt the concept of using various "tracks" to distinguish between groups of offenders, tailor the strategies to each level of offender risk, and target resources to offenders who need them most. With the adoption of the integrated case management approach in its implementation of the Transition from Prison to the Community program, Michigan has fashioned levels of supervision based on assessed risk and needs as part of its Collaborative Case Management and Supervision program:

- Limited Supervision and Community Resources Referral.
- Standard Supervision and Community Resources Referral.
- Enhanced Supervision and Enhanced Community Services.
- Administrative Supervision.

Appendix 3 describes the Michigan tracks in detail.

custody while an offender is incarcerated, and close supervision and surveillance of the offender in the community while tending to his/her basic stabilization needs.

- **Risk-reduction track.** Offenders of medium to high risk and needs would be managed on a risk-reduction track with a range of assessment tools, programming, and staff time and attention. Once individuals have been identified as having higher levels of risk and needs, case managers can begin working on a more detailed and resource-intensive case plan that includes specific objectives for the offender to accomplish and addresses several of the offender's highest need domains. Management of these offenders would also include a focus on their needs for stability as they reenter the community: assessment of medical and mental health needs, physical strength, eligibility for benefits, forms of identification, housing, employment, and connections with informal networks of prosocial support.

- **Stabilization track.** Low-risk offenders would be managed on a stabilization track and would claim many fewer risk-reduction resources during incarceration. However, low-risk offenders would still have case plans that attend to their stability needs as they reenter the community. Within this track, low-risk offenders could be diverted to a community support track for those with high-level needs, and a standard track for those with low-level needs.

  - ❏ In the **community support track,** efforts would concentrate on connecting offenders with the community resources they need.

  - ❏ In the **standard track,** offenders with low-level needs would not require as many resources or as much staff time.

- **Administrative track.** As low-risk offenders enter the community, they would be considered for placement on an administrative track that would involve low-cost, low-intensity monitoring—perhaps through kiosks or mail/telephone check-ins—and would focus on tracking offenders' fulfillment of remaining financial obligations and administrative conditions.

Exhibits 3–1, 3–2, and 3–3 illustrate the flow of cases through the three phases of the ICM process and along the various tracks.

Regardless of track or level, the ICM approach is that all offenders receive attention to their basic stability needs upon release and are connected to benefits and services for which they are eligible. A case manager would complete a basic case plan for each offender that is tailored to the offender's track. Exhibit 3–4 provides a list of some of the typical resources involved in case management and shows how a case manager might target resources for offenders and create different risk-level tracks. Offenders on the lower end of the risk scale would receive much less time and attention from staff and in targeted programs, leaving staff time and resources for medium- and high-risk offenders.

Notes

1. A more detailed discussion of the principles of evidence-based practice can be found in the companion document by M. Carter, S. Gibel, R. Giguere, and R. Stroker, eds., *Increasing Public Safety Through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections* (Silver Spring, MD: Center for Effective Public Policy, 2007).

2. F. S. Taxman, C. Yancey, and J.E. Bilanin. *Proactive Community Supervision in Maryland: Changing Offender Outcomes* (Baltimore, MD: Maryland Division of Parole and Probation, 2006).

3. A. Solomon, J. Osborne, L. Winterfield, B. Elderbroom, P. Burke, R. Stroker, E. Rhine, and W. Burrell, *Putting Public Safety First: 13 Parole Supervision*

Exhibit 3–1. Integrated Case Management and Supervision, Phase I: The Institutional Phase (From Admission Until Release Phase Begins)

Admission to Prison → **Assessment**

Extremely High Risk → **Risk Containment**
- Surveillance and containment

Medium to High Risk → **Risk Reduction**
- Manage for reentry into the community
- Offender and staff/case manager interactions are key
- Participate in programming targeting criminogenic needs

Low Risk → **Stabilization**
- Tend to community stability needs
- Involve in prosocial activities

High Needs → **Community Support Track**

Low Needs → **Standard Track**

To Release Phase

6 to 12 Months Prior to Release

Strategies to Enhance Reentry Outcomes (Washington, DC: Urban Institute, 2008).

4. See note 3.

5. "Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment." In B. Bogue, C. Campbell, M. Carey, E. Clawson, D. Faust, K. Florio, J. Lore, G. Keiser, B. Wasson, and W. Woodward, *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* (Washington, DC: National Institute of Corrections, Community Corrections Division, and Boston, MA: Crime and Justice Institute, 2004:5).

6. L. Joplin, B. Bogue, N. Campbell, M. Carey, E. Clawson, D. Faust, K. Florio, B. Wasson, and W. Woodward, *Using an Integrated Model to Implement Evidence-Based Practices in Corrections* (Washington, DC: National Institute of Corrections, Community Corrections Division, and Boston, MA: Crime and Justice Institute, 2004).

Exhibit 3–2. Integrated Case Management and Supervision, Phase II: The Release Phase (6 to 12 Months Before to 6 Months After Release)

6 to 12 Months Prior to Release

Admission to Release Phase

Assessment/ Reassessment

Extremely High Risk

Risk Containment
- Detailed surveillance and containment
- Attention to survival needs
- Plan for postrelease

Risk Reduction
- Manage for reentry into the community
- Offender and staff/case manager interactions are key
- Participate in programming targeting criminogenic needs
- Update/revise case plan
- In-reach of community reentry team including parole officer
- Attention to survival needs
- Link to resources geared to address remaining need areas

Medium to High Risk

Low Risk

Stabilization
- Tend to community stability needs

High Needs

Community Support Track
- Link to available community resources
- Attention to survival needs

Low Needs

Standard Track
- Attention to survival needs

To Community Phase

6 Months Following Release

6 Months Following Release

Transition From Release Phase

Assessment/ Reassessment

Extremely High Risk

Risk Containment
- Maximum surveillance
- Control plan implemented

Medium to High Risk

Risk Reduction
- Community case management team led by parole officer
- Offender and parole officer interactions are key
- Increase community-based networks of support
- Update/revise case plan
- Link to resources geared to remaining criminogenic needs
- Attention to survival needs

Low Risk

Stabilization
- Tend to community stability needs

High Needs

Community Support Track
- Link to available community resources
- Attention to survival needs

Low Needs

Standard Track
- Attention to survival needs
- Lowest supervision level
- Discharge at earliest time

Administrative Track
- Monitor financial and administrative compliance

Discharge/ Community Case Management

Exhibit 3–4. Targeting Case Management Resources

Case Management Track	Risk Containment	Risk Reduction	Stabilization	Administrative
Group/Type of Offender	**Extremely High Risk**	**Medium to High Risk**	**Low Risk**	**Low Risk**
Screening to identify level of risk	✓	✓	✓	✓
Full assessment of risk and needs	✓	✓		
Collaborative case management and supervision team		✓		
Assessment of specific program needs		✓		
Design and implement case management and supervision plan with targeted interventions		✓		
Supervision and case management interactions engage offender in the process of change		✓		
Participation in evidence-based programs targeted on the basis of risk and need		✓		
Access to entitled benefits	✓	✓	✓	✓
Informal networks of prosocial support*	✓	✓	✓	✓
Access to routine programming (institutional) or community resources to provide opportunities to practice prosocial activities and address community stability needs	✓	✓	✓	✓
Address survival needs	✓	✓	✓	✓
Maximum control and surveillance	✓			
Periodic reassessment to determine movement to other tracks	✓	✓		
Link to noncorrectional resources		✓		✓
Minimum supervision			✓	✓
Early discharge			✓	✓
Access to community services based on needs			✓	✓
Kiosk or mail-in reporting				✓

*Although informal networks of prosocial support are, by definition, not formal resources under the direction of a case manager, it is important for case managers to identify and build these networks to encourage their connection to and support of offenders as they transition to the community.

CHAPTER 4

Roles and Responsibilities of Staff

The major resources available to correctional agencies are the time, skills, and abilities of staff. The integrated case management (ICM) approach depends on staff to execute a wide range of roles and responsibilities, some quite different from the recent past and some requiring expanded skill sets for staff in both correctional institutions and community supervision agencies.

Expanded Skill Sets of Staff in Correctional Institutions

Jurisdictions typically station staff in correctional institutions in one of three areas: custody and security, facility operations, or counseling and programs. In the past, given the heavy emphasis on custody and security, it was common to hear the maxim that "security is everyone's job," regardless of a staff person's job description. As institutional corrections becomes more aware of the principles of evidence-based practice and the importance of successful offender reentry, it is becoming more common to hear that "reentry is everyone's job." There is a growing recognition that custody and facility operations staff have many occasions to interact with offenders in their day-to-day life in the correctional institution. These interactions are all opportunities to enhance offender motivation to succeed, reinforce behavioral changes resulting from specific programs, and emphasize successful reentry as an expectation for all returning offenders.

As more state correctional agencies designate reentry housing units—or even whole institutions—as settings in which staff are expected to emphasize offenders' preparation for reentry into the community, staff of all kinds will need to become involved in these activities.

Expanded Skill Sets of Staff in Community Supervision Agencies

As mentioned earlier in this handbook, community supervision agencies are expanding their definition of line staff responsibilities to include not only monitoring offenders and assuring their compliance with supervision and contact requirements but also developing case plans for them that identify:

- Criminogenic needs.

- Referrals to appropriate programming.

- Participation in treatment and counseling programs.

- Routine interactions with offenders that can serve as opportunities to enhance their motivation, promote their positive performance, and encourage their success at reentry.

> It is important to recognize that most corrections staff have not been trained as change agents. It is worth the investment to provide the appropriate education and training so staff are ideally positioned to understand their role in case management, know the tools they need to effectively case manage, and recognize the potential outcomes of successful case management with the offender population.
>
> —Julie Kempker
> Reentry Manager
> Division of Offender Rehabilitative Services
> Missouri Department of Corrections

Hence, in both the institutional and community supervision settings, one would expect to see a balance of staff activities, including the following:[1]

- Modeling prosocial attitudes and behaviors, including healthy communication practices and problem-solving skills, in their interactions with offenders.

- Promoting skill acquisition and effective problem solving through structured exercises and repeated opportunities to practice the skills.

- Using reinforcers and incentives consistently and generously. (Experts recommend the use of reinforcers rather than punishers in a ratio of 4 to 1.[2])

- Using disapproval and punishment wisely and selectively.

- Maintaining an authoritative, but not authoritarian, posture.

- Assuming the role of advocate and fair broker.

All of these activities require significant interaction with offenders, engaging them in ways that are designed deliberately to enhance motivation and engage the offender in the process of change. Some additional skills for consideration are included in exhibit 4–1.

Roles and Responsibilities of Firstline Supervisors, Managers, Agency Policymakers, and Other Leaders

It will be important to review the roles, responsibilities, activities, and tools that leaders at various levels of the organization use and produce. This will ensure that all aspects of policy and operations will favor a move to case management in support of successful reentry. Exhibit 4–2, for example, outlines some of the ways in which various staff and leadership roles might change and what tools one might use to develop full organizational support of the ICM approach to supervision and case management.

Roles and Responsibilities of Offenders

Holding offenders accountable for their actions is an important element of the ICM approach, as it

Offenders as Members of the Case Management Team

The Missouri Department of Corrections uses a flier titled "Transition Accountability Plan: Your Roadmap to Lifelong Success" that asks the offender, "Are you ready? Success is in your hands." Developed as a resource for inmates to explain what the Transition Accountability Plan is, the flier makes it clear to the offender that during incarceration he/she will be involved with other members of a case management team. The flier is an example of how one of the sites participating in the Transition from Prison to the Community Initiative is encouraging offenders to become active participants in the transition process.

See the complete flier in appendix 4.

Supervisors have recognized and met the challenge of identifying the agent's role of engaging offenders by becoming more involved in case management. Supervisors are holding case conference meetings with agents and offenders on a daily basis. Supervisors are also meeting individually with staff to review caseloads, COMPAS assessments, and TAPs to ensure that there is accurate completion and case supervision. Supervisors are stepping out of paper pushing and into a role that is involved and engaging for agents and offenders.

—Kristin Gagnon
Assistant Manager
Michigan Department of Corrections

Exhibit 4–1. Expanding Staff Skills To Support Case Management

Consider some key skills staff will need when taking on additional roles in case management of offenders.

- **Providing "disciplined empathy":** Although staff should respect and care about offenders' success, they should also demand accountability.

- **Developing partnership skills:** Staff should form good working relationships with various stakeholders in offender reentry, including other state agencies and external providers offering mentoring or job readiness services.

- **Being creative, innovative, and flexible:** When the exact service or ideal plan of action is not an option, staff must be able to adapt and create new solutions.

- **Being willing to learn and improve:** Participating in continuous learning and being open to new approaches in the field are critical to providing offenders with the best services.

- **Listening to and understanding what the offender is saying:** Staff must be sure they ask for and understand the offender's opinions, thoughts, and desires.

- **Keeping good notes and records:** Keeping accurate documentation is necessary, not only to show offender or program progress but also to provide information to share with teams.

- **Allocating and sequencing necessary services:** Staff must use an assessment process to create an effective case plan and should refer offenders to the specific services they need.

Adapted from *The Case Manager's Guidebook,* Sar Levitan Center for Social Policy Studies, Johns Hopkins University Institute for Policy Studies; and Public/Private Ventures Ready4Work national demonstration program for technical assistance, September 2005; information online at *www.levitan.org/initiatives.html#PPVTA.*

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has always been in corrections. Enhancing motivation and having offenders participate in risk-reduction activities is not only one way of holding offenders accountable, it is also consistent with the principles of evidence-based practice and effective interventions. Not surprisingly, then, a key tenet of the ICM approach is the notion that offenders will be encouraged to be active participants in assessment, in identifying goals to address their needs, in understanding the barriers and triggers for failure, in participating actively in risk-reduction interventions, and in identifying the networks of support that will be important for their success.

Relationships Between Offenders and Staff

One implication of these new practices—changing roles and responsibilities of both staff and offenders, active involvement of offenders in self-assessment and interventions, and collaboration on case planning—is that a somewhat altered relationship between offenders and staff will be fostered and required. Interestingly, the research underlying the principles of evidence-based practice identifies the relationship between offender and staff as a key variable in promoting offender success. The literature highlights mutual respect, openness, attentiveness, structure and support, warmth and empathy, genuineness, and flexibility as important qualities for staff to demonstrate in supporting such relationships.[3]

Supervision Practices

In addition to incorporating a case management posture that embraces effective interventions and behavior change as methods and ends for managing offenders, ICM encourages a reframing of supervision itself to build on the lessons coming

Exhibit 4–2. Offender Case Management for Successful Reentry: Roles, Responsibilities, and Change Strategies

Position	Role	Responsibility	Change Strategy	Tools/Products
Institutional Chief Executive	Directs policy and operations in correctional institutions.	Establishes vision and mission. Supports appropriate assessment protocols. Supports appropriate programming that addresses the criminogenic needs of inmates. Supports all aspects of operations that further the agency mission. Identifies integrated case management (ICM) as a priority. Works to ensure that program capacity meets demand and that offender procedures and programs are in place and targeted to high- and medium-risk offenders while serving their sentences and preparing for reentry.	Participates in policy team efforts to shift toward the ICM approach. Empowers a strategic planning team to identify and implement new assessment protocols as necessary. Empowers a strategic planning team to assess current programs against principles of evidence-based practice (EBP) and make appropriate changes or additions. Enables the targeting of resources according to the principles of risk, need, and responsivity. Forges relationships with community partners statewide.	Vision and mission statements. Strategic plan. Established and stated priorities for the targeting of resources. Performance measurement system that identifies and provides periodic feedback on the indicators of successful ICM (e.g., community safety measures, reentry indicators) and system change.
Program Services Director	Oversees delivery of program services in institutions.	Establishes appropriate programming to address criminogenic needs of inmates according to EBP.	Undertakes reviews of existing programs for consistency with the principles of EBP (e.g., Correctional Program Assessment Inventory [CPAI]). Modifies and adds to existing programs to address criminogenic needs.	CPAI or similar protocol. Job description of Program Services Director includes responsibility for ensuring completion of CPAI.

Exhibit 4–2. Offender Case Management for Successful Reentry: Roles, Responsibilities, and Change Strategies (continued)

Position	Role	Responsibility	Change Strategy	Tools/Products
Institutional Classification and Assessment Staff	Oversees assessment operations.	Conducts assessments of offenders soon after admission to provide information for the Transition Accountability Plan (TAP). Conducts periodic reassessments as required. Updates assessment for TAP within a certain time of anticipated release.	Participates in the updating of assessment protocols. Establishes communication with case managers to assist in translating assessment information into case plans.	Policy establishing which protocol to use, and benchmarks on who will be assessed with what tools at what intervals. Job descriptions of assessment staff contain the expectation that staff will conduct the assessments according to the established benchmarks. Job requirements for hiring include assessment skills. Training in assessment protocols.
Unit Manager	Oversees operations in an institutional unit.	Ensures smooth operation and implementation of protocols and policies.	Sets expectations for staff regarding ICM implementation. Provides coaching and mentorship for line staff on case management. Observes interactions and provides feedback.	ICM workshops. Formats for case plans. Tools for assessing staff-offender interactions.
Institutional Case Manager	Manages and supervises individual offenders.	Works with medium- and high-risk offenders to develop case plans directed at their top domains of criminogenic need. Works with offenders on their community stability issues when anticipating release. Works in concert with in-reach field staff and community members in planning for release.	Participates in training on new case plan and case management protocols. Meets with community and field corrections in-reach teams to develop TAPs and community stability plans.	Case plan formats, policies, and procedures. Memorandums of understanding with other state agencies and private agencies around in-reach and outreach protocols. In-reach and outreach protocols.

Exhibit 4–2. Offender Case Management for Successful Reentry: Roles, Responsibilities, and Change Strategies (continued)

Position	Role	Responsibility	Change Strategy	Tools/Products
Correctional Officer	Manages inmate movement, daily unit activities, and assures safety and security.	Reinforces positive behavior on the part of inmates through routine interactions.	Participates in training on staff-offender interactions. Receives encouragement from agency leadership on how critical a role the correctional officer plays in reinforcing prosocial behavior and engaging offenders in the change process.	Training curricula. Position description of correctional officer includes interactions with offender to reinforce positive behavior and enhance motivation.
Releasing Authority Members	Determine timing (in some cases) and conditions of release.	Fashion release and condition policies and practices to maximize successful offender reentry for community safety.	Become part of the policy team that plans implementation of the ICM approach. Adjust release policies to exert maximum leverage over offenders' participation in programming and activities that will address their criminogenic needs based on principles of risk, need, and responsivity. Adjust the setting of conditions to support successful offender reentry for community safety. Develop a clear policy on violations as a support of ICM.	Policies and procedures about establishing parole expectations. Targeted release dates for higher risk offenders during their early incarceration so that offenders can complete programs and staff can create incentives. New conditions of supervision are geared to target offenders by level of risk and needs. Violation policy in place.

Exhibit 4–2. Offender Case Management for Successful Reentry: Roles, Responsibilities, and Change Strategies (continued)

Position	Role	Responsibility	Change Strategy	Tools/Products
Institutional Parole Staff	Prepares cases for board review.	Provides information for board review on releases, the setting of conditions, and responses to violations. Bridges the gap between parole field staff and institutional staff.	Reinforces changes leading to implementation of the ICM approach. Encourages communication among field staff, institutional staff, and community resources.	Formats for review of institutional progress that focus attention on identified domains of risk and need and how they have been addressed.
Director of Field Operations	Oversees field parole staff.	Ensures that appropriate structures, systems, tools, and resources are in place for field staff to execute ICM.	Participates in strategic planning efforts for implementation of TPC. Authorizes resources and necessary changes to assessment protocols, supervision standards, case audit procedures, and all other policies and procedures to support offender case management. Forges relationships with community partners statewide. Works with paroling authorities to develop violation policies that support offender case management.	Performance measurement system that periodically identifies indicators of community safety, reentry indicators, and system change. Field staff in-reach protocols. Caseloads designed to allow staff the time to target higher risk and needs offenders.
Regional Parole Staff	Oversees field operations in a particular part of the state.	Ensures that appropriate structures are implemented and managed to support offender case management.	Participates in the implementation and testing efforts of new policies and procedures. Learns new assessment protocols. Develops interpersonal communication and coaching skills. Masters new automated case management system. Learns new personnel performance review system and case audit procedures. Learns motivational interviewing.	Field staff in-reach protocols. Caseloads designed to allow staff to target time to offenders with medium and high risks and needs.

Exhibit 4–2. Offender Case Management for Successful Reentry: Roles, Responsibilities, and Change Strategies (continued)

Position	Role	Responsibility	Change Strategy	Tools/Products
Firstline Supervisor	Supervises and mentors line staff.	Conducts case staffings (meetings between staff and their supervisor or among staff to discuss specific cases) and observations of interactions with offenders. Provides coaching feedback to line staff regarding their performance.	Participates in the development of new policies and procedures regarding ICM. Participates in the implementation and testing of new policies and procedures. Learns new assessment protocols. Develops interpersonal communication and coaching skills. Masters new automated case management system. Learns new personnel performance review system and case audit procedures. Learns motivational interviewing.	Routine booster sessions for firstline supervisors on mentoring and coaching strategies under the model. Protocols for observing offender and staff interactions.
Line Parole Officer	Manages and supervises individual cases.	Conducts assessments. Leads case management teams. Updates, with the offender, the TAP for the community phase, focusing on the top four criminogenic needs. Refers to programs/interventions addressing criminogenic needs. Provides positive feedback for accomplishments. Uses four positive incentives for each negative sanction.	Learns new assessment protocols. Masters new automated case management system. Develops interpersonal communication skills. Learns new TAP format—specifically addressing criminogenic needs. Learns motivational interviewing. Develops in-reach relationships with institutional staff. Learns resources in the community. Develops abilities to lead a case management team.	Case plan format. Routine booster session on communication skills. Resource directory of available community programs. Incentives—awards, professional development time, or time off—to build relationships with other members of a case management team.

Exhibit 4–2. Offender Case Management for Successful Reentry: Roles, Responsibilities, and Change Strategies (continued)

Position	Role	Responsibility	Change Strategy	Tools/Products
Training Staff	Develops and provides training for staff.	Ensures that training resources adequately equip staff for current and emerging roles.	Develops and delivers training for staff on: • Assessment protocols. • Case planning. • EBP and CPAI. • Motivational interviewing. • Offender engagement skills. • Interpersonal communication skills. • Cognitive skills training.	Training strategy, including: • Curriculum and training materials. • Training events.
Human Resource Staff	Administers personnel functions.	Develops systems for hiring, employee evaluation, and development that serve the mission of the agency.	Assesses and retools, as necessary, to support offender case management, including: • Recruitment and hiring practices. • Personnel evaluation procedures. • Incentives and rewards.	Job descriptions. Hiring priorities. Minimum requirements for hiring positions that focus on assessment, communication, and offender engagement skills.

out of changing correctional practices. Rather than defining supervision approaches as simply monitoring and surveying offender compliance with the conditions of supervision, the ICM approach reframes supervision to focus on offender success as the outcome. This will require:

- Carefully setting conditions so that they are targeted by risk and need, limited in number, and achievable.

- Reframing contacts with the offender as opportunities to enhance motivation and engage the offender in meaningful dialogue that supports change. Contact should be more than just another opportunity to monitor compliance.

- Developing a problem-solving approach in response to violations that occur when an offender is under supervision in the community—an approach guided by an offender's level of risk as well as the severity of the violations. The use of graduated responses guided by clear policy, such as the use of a violation matrix and the incorporation of interventions designed to reduce the likelihood of future offending and violations, are some of the innovations that are consistent with an ICM approach.[4]

> As an agency, the Indiana Department of Correction has embraced the concept that reentry is truly an enhancement to public safety. Through numerous trainings and policy changes, all staff at the department understand their role in reentry. As we strive to provide the finest services to the offenders we serve, staff have embraced the reentry initiative and model prosocial behavior in every aspect of their jobs. Through the development of each offender's individualized Reentry Accountability Plan, unit team staff work with the offender to address needs prior to and through their release.
>
> —David Burch
> Director of Reentry
> Indiana Department of Correction

Notes

1. Madeline M. Carter, Susan Gibel, Rachelle Giguere, and Richard Stroker, *Increasing Public Safety Through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections* (Silver Spring, MD: Center for Effective Public Policy, 2007).

2. D.A. Andrews and J. Bonta, *The Psychology of Criminal Conduct,* 4th ed. (Cincinnati, OH: Anderson, 2007).

3. D.A. Andrews and J. Bonta, *The Psychology of Criminal Conduct,* 4th ed. (Cincinnati, OH: Anderson, 2007); and C. Dowden and D.A. Andrews, "The Importance of Staff Practices in Delivering Effective Correctional Treatment: A Meta-Analytic Review of Core Correctional Practice," *International Journal of Offender Therapy and Comparative Criminology* 48:203–214, 2004.

4. Peggy B. Burke, *Parole Violations Revisited: A Handbook on Strengthening Parole Practices for Public Safety and Successful Offender Transition* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2004).

CHAPTER 5

Organizational Supports—Necessary Resources for ICM To Succeed at the Case Level

Case management is the strategic use of resources to accomplish specific outcomes **at the case level.** The efforts of entire organizations—and the entire system of agencies involved in statewide and community-level collaboration—must be geared to support work at the case level. Following is a discussion of the supports that leaders and policymakers will need as they reshape their organizations to facilitate offenders' successful transition and reentry and to enhance public safety.

Clear Articulation of Vision and Mission

Both line staff involved in case management and their direct supervisors will be able to alter their responsibilities in support of integrated case management (ICM), but only if their organizations are reorganized. Of utmost importance is a clear articulation of a vision and a mission that are supportive of case management changes. Those states that have gone through the Transition from Prison to the Community (TPC) implementation process, including the formation of a leadership team at the state level, will have developed a clear vision and mission. This should have helped form the foundation for changes at the case management level. Other agencies considering changes must also create a clear vision and mission—ones that incorporate the values and principles of ICM—to lead and support the changes outlined in this handbook. In any jurisdiction, it is important to remember that revisiting a vision and mission frequently—with energy and with authority—will support the changes occurring at the line staff level as the new approach to case management is implemented.

The states of Missouri and Oregon provide two good illustrations of how a clear articulation of vision and mission statements relates to changes in case management—and how a state can present a vision and mission to staff and the public in ways that increase understanding, support, and energy

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Articulating the Vision in Oregon

Oregon, as it developed and embraced the Oregon Accountability Model, specifically included the role of case planning and management, emphasizing that there would be "a corrections plan for every inmate that is tracked, throughout an inmate's incarceration and supervision in the community."

The flier used as part of Oregon's public education efforts is included as appendix 5.

Improved Public Safety in Missouri

Missouri explained its case management model as "designed to enhance public safety by assessing offender risk and needs to determine risk-proportionate supervision levels for institutional and community supervision and to target the best intervention for the offender to reduce victimization and the likelihood of committing new offenses."

See the full package used to communicate the vision of the Missouri ICM approach in appendix 6.

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for implementation efforts. As the states introduced the new ICM approach, they developed clear information and materials about the approach and linked it to the overarching goals of improved public safety and offender success.

Tools

A variety of tools must be in place for line staff and firstline supervisors to put the ICM approach into practice. These tools all require that leadership take deliberate actions to secure the appropriate resources, change applicable policies and procedures, and ensure that staff are taught how to apply the tools in practice.

Risk and Needs Assessment Protocols

To carry out these responsibilities, staff will need a set of tools created and sanctioned by agency policy that will enable them to be successful and perform their work well. Although such protocols are not sufficient to ensure good case management, they are a necessary component in accomplishing it.

Case Plan Components

In Rhode Island, the case plan format implemented as part of the Transition from Prison to the Community Initiative is organized around the needs assessment from the Level of Services Inventory-Revised: criminal history, education/employment, finances, family/marital status, housing, leisure/recreation, peers, alcohol/drug use, emotional/personal well-being, and attitude/outlook.

Another critical part of the case plan is the Release Readiness Checklist, which addresses stability and other factors important to successful transition to the community.

The Rhode Island case plan format is presented in appendix 7.

There are two basic strategies for putting assessment protocols in place. First, agencies can identify protocol(s) that have been developed and validated elsewhere. Once identified, the assessment protocols must be validated and normed to the jurisdiction's population for them to be appropriate for use. Such a process is becoming more common than in previous years. For example, Georgia, Michigan, New York, and other states involved in the TPC program have made the effort, allocated the resources, and changed practice to incorporate the assessment protocols so essential to evidence-based practice and successful offender reentry.

The other strategy is to develop and validate an assessment protocol through research on a state's own population, without modeling it specifically on previous protocols used and validated elsewhere.

Case Management Plan Formats

The key tool to implementing the ICM approach is a single, dynamic case management plan, referred to in this document as the "ICM case plan." Such a plan was explicitly included in the TPC model under the name "Transition Accountability Plan," or TAP. The mandate to develop such case plans—and the formats and resources to complete them—must be dictated by agency policy and supported by formal procedures and resources.

The ICM case plan must be based on good, empirically based and validated assessments of risk and needs, must lay out appropriate interventions to address the highest areas of criminogenic need, and must be updated to reflect progress. It must be developed early in the period of incarceration, shared with members of the case management team, and follow the offender throughout his/her time in the institution and under postrelease supervision and beyond. Optimally, jurisdictions automate the materials so that the collaborative case management team can update and share information across organizational boundaries. Automation will also make tracking progress across

all cases more manageable. Staff would be able to analyze data from the ICM case plans for outcomes.

At a minimum, an ICM plan should identify the risk level and criminogenic needs of the offender through the assessment and identify the strategies used to address obstacles and triggers. It should outline the offender's responsibilities clearly and concisely and have specific goals related to the highest levels of criminogenic need. For each goal, the ICM plan should contain strategies that are clearly stated, measurable, attainable, relevant, and have a timeline. It should identify the offender's strengths and mobilize them as part of its strategies.

The ICM plan should also assess an offender's readiness for change, so that the case management team can consider the best ways to enhance the motivation for change. The research is very clear about the fact that individuals do make changes in their behavior all the time. A Stages of Change Model, based on that research, can help practitioners understand these various stages.[1] Exhibit 5–1 portrays the stages of change and strategies that the National Institute of Corrections recommends to move offenders through the process of reentry into the community.

Perhaps most important, the same ICM plan—modified over time to reflect accomplishments, difficulties, and changes in risk or need—must be used throughout the process, building on past offender experiences and information. It is first developed in the institution and then changed to reflect progress, difficulties, changing goals, and so forth. It must move with the offender through all three phases of the process and be the "game plan" in which all members of the ICM team collaborate.

As part of its work in implementing the TPC model and an ICM approach, the Rhode Island Department of Corrections designed a new format for its offender case management plan that is structured around the level of risk and the criminogenic need domains identified through individual assessments. It has specific components such as an offender's own assessment of his/her goals and provides the offender with personalized information resources. It also follows the offender through the entire reentry process and serves as a guide for the ICM team in its work with the offender.

Information Support

It is not enough just to provide staff with a case plan format to adopt. Agencies will also have to provide additional information and train staff on how to use the case plan to facilitate the offender management process. For example, exhibit 5–2 highlights some of the instructions provided to staff in the Rhode Island Department of Corrections for completing the case plan.

An Offender's Readiness for Change

A growing number of correctional agencies are conducting structured interviews with offenders so that staff can understand their readiness to change and incorporate it into their case management plans. These interviews explore whether offenders are in precontemplation and might agree with a statement such as "I'm not the one with the problem. It doesn't make much sense for me to be here," or whether they might be ready to take action for change and agree with a statement such as "I have started working on my problems, but I would like help."

An example of a structured interview assessing readiness to change is the University of Rhode Island Change Assessment (URICA), shown in appendix 8.

For an example of another structured inventory, see C. Jesness, "The Jesness Inventory Classification System," *Criminal Justice and Behavior* 15(1):78–91, 1988.

Exhibit 5–1. Stages of Change and Strategies for Correctional Staff

Stage	Issues	Strategies
Precontemplation	**Statement:** "Nothing needs to change." **Issue:** The offender is not considering change. The offender either avoids thinking about change or has decided that the benefits of current behavior outweigh the costs. This attitude may appear as denial or rationalization.	• Build rapport and trust. • Increase offender's awareness of the problem. • Raise a sense of the importance of change.
Contemplation	**Statement:** "I am considering change." **Issue:** The offender thinks there may be a problem but has not decided what to do about it. This attitude may appear as ambivalence or mixed feelings.	• Acknowledge offender's ambivalence (mixed feelings) about change. • Explore discrepancy between present behavior and personal values or goals. • Discuss the pros and cons of change. • Talk about ways to "experiment" with change.
Preparation	**Statement:** "I am figuring out how to change." **Issue:** The offender is preparing to change by making small initial steps. This attitude may improve with a plan of action. The offender may begin to ask questions about planning or ask how others have done it.	• Build confidence. • Talk about the timing of change. • Present information, options, and advice. • Resist the urge to push. • Stay at the offender's pace.
Action	**Statement:** "I'm working on reaching my goals." **Issue:** The offender is actively making changes. The offender may have found ways to manage urges or triggers that would lead back to problem behavior(s).	• Offer planning assistance. • Support and encourage efforts to change. • Develop reachable goals and monitor progress. • Help develop plans to maintain behavior over time.
Maintenance	**Statement:** "I've made changes. Now I have to keep it up." **Issue:** The offender is working on maintaining changes over time and developing ways to manage problems and stressors. The offender's momentary slips are followed by remorse and renewed efforts.	• Support and encourage behavior change. • Talk about possible trouble spots and develop plans to manage relapse triggers.
Relapse	**Statement:** "I've fallen back. Now all is lost." **Issue:** The offender has a slip and revisits the problem behavior. This attitude may appear as anger, demoralization, or denial of the behavior. Most offenders reenter an earlier stage, having learned something from the relapse.	• Address relapse, but do not add to the offender's feelings of shame. • Assess and discuss what went wrong. • Raise the importance of the offender's confidence for another attempt.

Adapted from *Motivating Offenders to Change: A Guide for Probation and Parole,* by S.T. Walters, M.D. Clark, B.A. Gingerich, and M.A. Meltzer (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2007), p. 15.

Offender Self-Assessment

Another tool that some agencies are adopting as a way of engaging the offender in the process of change is an offender self-assessment. This asks the offender to consider his/her own strengths and challenges, what his/her goals are, and what specific activities he/she will undertake to accomplish those goals. An offender self-assessment also creates an opportunity for dialogue between the offender and staff that will create opportunities for engagement. Given the importance of developing a sound, respectful relationship between offenders and staff, the opportunities for engagement provided by the use of such tools are significant. Some jurisdictions integrate this self-assessment into the overall assessment process. Some jurisdictions use a stand-alone tool that serves to begin the conversation with an offender as the assessment and case planning process get under way.

Memorandums of Understanding

Because offenders are anticipated to need and receive access to services and resources from within the correctional system and from other partner agencies, jurisdictions must provide line staff with memorandums of understanding—directives that explain how agencies will cooperate at the case level. Although individual line staff will be expected to work with staff from other agencies in the case management process, agency leadership must set the stage for such collaboration by establishing partnerships at the leadership level. It

is also important that agencies maintain routine working relationships through collaborative teams so that they can address difficulties as they arise over time and lead any efforts at system change (which can often take months or years to complete). Although developed at the highest levels of agency leadership in their respective states, these agreements provide significant support to case management efforts by ensuring that case managers address basic community stability factors as offenders make the transition from prison to the community.

In-Reach Protocols

One term emerging in the reentry field is "in-reach." This term describes the activities of individuals who work primarily outside of correctional institutions but who, in anticipation of offenders' release, "reach in" to the institution through a personal visit, phone call, or other communication to make contact with the offender and institutional staff.[2] The general notion is that part of creating a continuous process from beginning to end is creating an opportunity for all key stakeholders—offenders, institutional program and custody staff, field staff, community service providers, families, and mentors—to discuss and clarify the implications of assessment, case plans, and implementation strategies. This type of activity requires formal recognition through policy and procedure so that staff will understand that it is expected and supported.

Exhibit 5–2. Instructions for Completing the Case Plan for Rhode Island DOC Staff

Purpose of the Case Planning Process in Rhode Island

- Engage offenders in a process of self-reflection about the issues that are most likely to interfere with their success following release.

- Provide offenders some information about the results of their objective risk assessment.

- Gauge offenders' level of motivation to address these issues and determine their priorities.

- Help offenders identify their unique problem areas and triggers in those areas known to correlate with reoffense.

- Support offenders in considering their assets or areas of strength that can mitigate the risks.

- Guide offenders in making specific plans to address these high-risk behaviors.

- Assist offenders in identifying the specific stability conditions that could interfere with their success, and help them make plans to address the conditions so they are prepared for release into the community.

- Provide a tool to assess and measure progress—and make future plans—over the course of time.

Adapted from "Instructions for Completing the Case Plan," Case Plan Pilot Project, Rhode Island Department of Corrections, January 2009.

Staff Skills

Because the ICM approach to case management is a significant shift from a monitoring and surveillance approach, staff will require skill sets not typically required or nurtured in the past. Some examples of these skills are motivational interviewing, cognitive reflective communication, and general interpersonal skills. Other skills are the willingness and ability to become part of an ICM team and learning how to identify the role of each member of the team in the design and implementation of a case plan that involves the offender and other partners.

MOUs Supportive of Offender Reentry

The Departments of Corrections for both Missouri and Michigan signed memorandums of understanding with other state agencies to improve the process of securing valid forms of identification for offenders.

Appendixes 11 and 12 provide examples of agreements among agencies geared to specific collaborative efforts supportive of offender transition and reentry.

Michigan's Skill Development Efforts

Michigan has mounted a major effort to develop a case management curriculum that includes modules on the overall mission of successful offender reentry as well as topics such as evidence-based practice, the administration of its risk/needs assessment tool (the COMPAS), motivation, reflective listening, case planning, and balancing the two aspects of corrections: maintaining order and changing behavior.

Appendix 13 presents an outline of the Michigan case management curriculum, illustrating the broad range of skills that are required of staff engaged in case management and that are targeted in their training.

These skill sets are in addition to the skills that agencies have traditionally expected among institutional and parole staff in recent decades—skills in self-defense, firearms, critical incident management, and so forth. The states participating in TPC have all undertaken some level of skill development effort as they have introduced new case management approaches.

Other Organizational Supports

Workload Reductions

It is simply not possible to add a whole new set of responsibilities to the work of line staff and expect them to be carried out without removing some existing responsibilities. One way some agencies are supporting change is by reassessing workloads and generating specific proposals for workload reductions. When implemented, these workload reductions free up staff time to undertake the additional roles and responsibilities envisioned in an ICM approach.

Quality Assurance

Implementing a truly integrated and effective approach to case management, given the size and

complexity of the correctional system and its extensive network of community partners, requires a deliberate strategy to ensure fidelity to the original design. Quality assurance programs are designed to support implementation efforts and to ensure accurate replication of intended ways of operating. The National Institute of Corrections has invested in and supported the development of resources and tools for correctional agencies as they implement evidence-based practice. *Implementing Evidence-Based Practice in Community Corrections: Quality Assurance Manual,* developed by the Crime and Justice Institute, is one such tool.[3] This manual outlines the components of a quality assurance plan and the steps in developing such a plan, along

with examples and tools to assist an agency in creating a quality assurance capacity to support implementation of the ICM approach.

A number of states have made significant progress in implementing quality assurance methods. As Georgia developed an integrated approach to case management, it formed what it calls Parole Success Advisory Teams, which ensure that the wealth of experience and information being accumulated across the state is shared across districts statewide as they refine their case management and supervision skills. Quality control provides constructive feedback to parole leaders who are focused on ensuring offenders' successful transition to the community. For information about Indiana's work on quality assurance, see exhibit 5–3.

Performance Measurement and Feedback

In addition to quality assurance—a process that tracks whether and how well staff at all levels are executing various responsibilities—an important aspect of organizational support for case management is a performance measurement system that tracks the outcomes of case management. (See exhibit 5–4 for some examples of measures that might be indicative of effective case management.) Georgia developed a number of exemplary performance measurement practices. Among them is a tracking system that tracks performance benchmarks for all parole officers, parole offices, and regions.

> A commitment to quality assurance can be highly beneficial to an organization, but [its] creation and implementation requires effort and attention to detail. [It] should be afforded the same level of planning and staff commitment that would be given to any other significant project….
>
> —*Implementing Evidence-Based Practice in Community Corrections: Quality Assurance Manual,* by Meghan Howe and Lore Joplin (Boston: Crime and Justice Institute, 2005), p. 5.

Exhibit 5–3. Indiana Department of Correction Case Management Analysis Program

The Indiana Department of Correction (IDOC) has adapted the Transition Accountability Plan into the Reentry Accountability Plan (RAP). IDOC completes a RAP on every offender who enters the system and then follows each offender from his/her first facility to his/her release into the community. Six months before an offender's release, a progress report is completed for community corrections, community transition programs, and for communication to agencies needing information outside IDOC. After initializing the RAP and progress report process in IDOC, the need to standardize the process became evident: (1) information being sent out from IDOC needed to be consistent and uniform across the board, and (2) staff needed individual assistance in writing RAPs and progress reports.

In June 2007, IDOC initiated a year-long quality assurance program called the Case Management Analysis Program. Under this effort, RAPs and progress reports were measured for completion as well as quality. Each month, every staff member completing RAPs and progress reports had one random sample pulled. That sample was measured on a point system and given a status of green, yellow, or red, depending on its score. Each measured RAP and progress report was then reviewed by a reentry monitor with the case management staff person present, allowing specific training to occur. By June 2008, vast improvements in standardization had occurred. Although the system's quality assurance score averaged 1 out of 16 in June 2007, a year later, the system's average score had improved to 10 out of 16.

Exhibit 5–4. Sample Performance Measures To Track Case Management Outcomes

Assessment

- Percentage of population with assessment completed.

- Percentage of population with reassessment completed according to policy.

- Change in protective measure score between assessment and reassessment.

Case Planning

- Percentage of medium- to high-risk offenders [who] have case plans.

- Percentage of case plans that address the top three criminogenic needs.

Average Length of Supervision

- For low-risk offenders.

- For medium-risk offenders.

- For high-risk offenders.

Revocations

- Number of technical violations resulting in revocation to jail.

- Number of technical violations resulting in revocation to prison.

Treatment

- Percentage of high-risk offenders referred to treatment.

- Percentage of high-risk offenders [who] attended treatment.

- Percentage of total population [who are high risk and] attended treatment.

Adapted from *Implementing Effective Correctional Management of Offenders in the Community,* by Meghan Howe and Lore Joplin (Boston: Crime and Justice Institute, 2005).

Performance Measurement System

The Georgia Board of Pardons and Paroles has developed an electronic performance measurement system that includes a database available to all staff online and in real time, providing a snapshot of how cases are currently being managed.

For an illustrative screenshot of the system, see appendix 17.

Organizational Infrastructure

It is clearly important to discuss new expectations of line staff under the ICM approach—to train staff, provide them with tools, and reduce workloads. It will be equally important to enshrine these changes in the standard infrastructure of large organizations. Position descriptions must reflect these new expectations. Jurisdictions must retool their supervision and mentoring of staff to support the model; they must bring firstline supervisors into the change process and redefine their expectations for their roles. They must also revisit and retool their performance appraisal systems.

> The field division of the Georgia Parole Board has truly adopted a business mentality which supports an environment of constant self-evaluation and improvement. This drives the efforts of individual staff members to deliver their highest quality of work towards mission achievement.
>
> It simply is not good enough to incorporate evidence-based practices into the toolbox of parole officers and train them on the mechanisms that support successful reentry. It takes continuous communication and reinforcement from senior managers on the causal linkage between individual staff efforts and the outcome that we are seeking to achieve, then measuring those outcomes and providing real-time feedback on results.
>
> —Danny Hunter
> Director of Field Operations
> Georgia Board of Pardons and Paroles

One cannot expect this new approach to case management to be successful if jurisdictions continue to evaluate field staff solely on whether they have met their contact standards. This is not to say that jurisdictions must necessarily abandon contact standards, but it does mean that contact standards should address not only the quantity of contact but also the type of interaction that happens during those contacts. Jurisdictions must put quality control systems in place. The full range of policies and procedures must be reviewed to identify the ways in which they do and do not support the ICM approach, and then they must be modified accordingly. Georgia uses Parole Success Advisory Teams to translate this approach into specific expectations about staff performance at all levels.

Program Availability and Access

An important principle of evidence-based practice is that effective interventions can reduce the risk of recidivism. Line staff's case management approach will be successful only if such interventions are available and accessible and are directed to

the right offenders for the right needs. Agencies will need to put this infrastructure in place for case management to be effective. One of the first steps in the process is to identify precisely what programs are available and what roles they can play in reducing risk and recidivism.

As the Michigan Department of Corrections moved forward in its implementation efforts, it did a complete review of existing programs, using a program evaluation tool to identify the specific criminogenic needs that each is equipped to address. This information is extremely helpful to staff as they engage in the development and implementation of case plans specifically geared toward criminogenic needs of offenders.

Within correctional institutions, access to programs is directly affected, not only by the number of program slots available in a needed treatment area but also by their location, along with the location and security level of the offender. Leadership will need to explore how policies on population movement and security level can—and must—be modified to support access to required programs within a reasonable time frame so that effective case management can be supported. Some states have begun creating special housing units or institutions where offenders preparing for release within the coming 6–12 months have reasonable access to programming resources and in-reach activities that will occur in the months before release.

In the community, access to services is likely to depend even more directly on the collaborative partnerships established as part of overall reentry efforts. States participating in the TPC Initiative have been able to forge partnerships such that other agencies have identified offenders returning to the community as important target populations for their services. Although line staff and firstline supervisors will be critical actors in case planning and management with individual offenders, unless these agency partnerships are in place, it will be difficult to connect individuals returning to

Quality Contact Standards

The Maryland Division of Parole and Probation and the Fifth Judicial District Department of Correctional Services in Iowa both use quality assurance tools to rate their staff's quality of contact with offenders. Some of the items include whether staff:

- Served as a model for prosocial attitudes/behaviors.

- Focused on risk reduction, rather than conditions, as the main goal of supervision.

- Spent the majority of contact time on addressing criminogenic needs.

- Closed the session with a review of an immediate action plan for the offender.

- Encouraged offenders' ability to change and to solve their own problems.

- Provided sanctions clearly and in a fair manner.

Appendixes 18 and 19 include both tools from the Maryland Division of Parole and Probation and the Fifth Judicial District Department of Correctional Services in Iowa.

Program Evaluation in Michigan

The Michigan Department of Corrections conducted an evaluation of its current programs, using their program evaluation tool, and categorized all programs into six domains:

- Criminal thinking and attitudes.

- Psychological treatment.

- Substance abuse.

- Social isolation/minimal support.

- Education/employment/vocational.

- Financial problems.

See appendix 20 for an excerpt of the tool used to collect this information and for a listing of programs by facility.

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the community with appropriate interventions that address their criminogenic needs and reduce their risk of reoffending.

Levels of Supervision During Postrelease Supervision

Another key aspect of evidence-based practice is the importance of targeting interventions by levels of risk and needs. In the practice of parole or postrelease supervision, this will most likely require that agencies change how they define "levels of supervision." This practice was a significant innovation in the 1980s, when it was used to communicate and justify funding requests for supervision agencies experiencing increases in supervision caseloads. Levels of supervision were usually determined by risk levels, with higher risk offenders receiving more intense supervision; that is, they

received more frequent contact with supervision agents. Exhibit 5–5 summarizes a recent effort in Missouri to encourage their field supervision staff to strive for excellence using the E-Driven Supervision model. It outlines new approaches and levels of supervision in support of successful offender reentry.

In the context of the ICM approach, the levels of supervision approach will need to evolve to reflect the purposes, tools, and strategies outlined earlier, and it will need to identify dynamic risk as well as static risk of reoffending. It should also reflect the types of offenders, tactics of management, and differential tracks. With the ICM approach, low-risk offenders require a very low level of supervision and management, even those being monitored administratively for compliance with financial conditions. Successful risk-reduction activities and good performance on supervision conditions should be rewarded by reductions in supervision and management. For some extremely high-risk offenders, ICM will entail intense, high-surveillance supervision aimed at risk management. For these offenders, including those identified as psychopathic, very

Exhibit 5–5. Missouri Board of Probation and Parole E-Driven Supervision

Missouri E-Driven Supervision Model

Current Supervision Model	E-Driven Supervision Model
Minimum Supervision	**Intervention Level I**
Report by mail or phone.	Client will contact the contracted monitoring service once per month.
Employment contact random.	Employment, treatment, and payments verified every 6 months.
Payments verified monthly.	Collateral activity as applicable.
Primary/Regular Supervision	**Intervention Level II**
One face-to-face visit with probation officer monthly.	One face-to-face visit per quarter.
Employment contact monthly.	Client to call contracted monitoring service monthly.
Home visit every 6 months.	One home visit annually.
Treatment contact monthly.	Employment verified at each face-to-face contact.
	Treatment verified at each face-to-face contact.
Enhanced Supervision	**Intervention Level III**
One face-to-face visit with a probation officer each week.	Two face-to-face contacts per month.
Home visit monthly.	Home visit quarterly.
Employment contact monthly.	Employment contact monthly.
Treatment verified monthly.	Treatment verified monthly.
	Contact a positive significant other quarterly.

little is known or available about effective interventions that reduce risk of reoffending. There is some concern that participation in correctional programming could actually increase their risk and the risk of those with whom they come in contact. Therefore, agencies are encouraged to reshape offender assignment to correctional programming and consider the following levels of realignment:

- **Extremely high-risk offenders.** Surveillance and monitoring for risk management.

- **Medium- to high-risk offenders.** Supervision and case management specifically directed toward risk reduction, along with addressing factors that can contribute to community stability—obtaining forms of identification, housing, employment, and so forth.

- **Low-risk offenders.** Minimum supervision and correctional case management with attention to stability factors, including referral to noncorrectional resources to address other needs.

- **Administrative cases.** The major issue for an offender is completion of financial and administrative compliance.

Responding to Violations in North Dakota

Supervision staff in North Dakota are instructed to respond to violations using both risk-control and risk-reduction strategies, which change according to the severity of the violation.

For examples of how these responses change, see appendix 21.

This realignment should allow staff to handle low-risk and low-need offenders significantly differently than high-risk and high-need offenders. Protocols for assignment to tracks should be clear and clearly understood by line staff.

Conditions of Supervision

It is important to work closely with condition-setters such as parole boards (or judges, when probation follows incarceration) to address the nature and purpose of the conditions they are setting and how such conditions might support (or defeat) an ICM approach. For example, if parole boards set blanket conditions for offenders regardless of their level of risk, supervision staff will need to enforce conditions of supervision and focus on the stability needs of low-risk offenders in lieu of focusing on risk-reduction activities for medium- and high-risk offenders. Supervision staff must be given sufficient direction on how to best respond to violations of conditions of supervision in the context of an ICM approach (see exhibit 5–6). For the interested reader, a number of resources are available on the setting and violation of conditions.[4]

Authorization for Interagency Teams

Within the TPC model and the ICM approach, case management is the responsibility of teams that are drawn from different disciplines. Line staff will need specific direction, authorization, and support to engage in collaborative case planning—including how to target this resource-intensive approach to appropriate offenders. Sometimes, these teams are able to coalesce around particularly challenging populations, such as offenders who are diagnosed with severe and persistent mental illness.

Notes

1. See C.C. Di Clemente and J.O. Prochaska, "Toward a Comprehensive, Transtheoretical Model of Change: Stages of Change and Addictive Behaviors," in W.R. Miller and N. Heather (eds.), *Treating Addictive Behaviors,* 2nd ed. (New York: Plenum Press, 1998), pp. 3–24; J.O. Prochaska and C.C. Di Clemente, "Towards a Comprehensive Model of Change," in W.R. Miller and N. Heather (eds.), *Treating Addictive Behaviors: Processes of Change* (New York: Plenum Press, 1986), pp. 3–27; and J.O. Prochaska, C.C. Di Clemente, and J.C. Norcross, "In Search of How People Change: Applications to Addictive Behaviors," *American Psychologist* 47(9):1102–14, 1992.

2. Through its Michigan Prisoner Reentry Initiative, Michigan is one of the states implementing the Transition from Prison to the Community Model. The Michigan Prisoner Reentry Initiative has transition teams composed of community partners and correctional staff who conduct in-reach into prisons to meet with soon-to-be released prisoners.

3. Meghan Howe and Lore Joplin, *Implementing Evidence-Based Practice in Community Corrections: Quality Assurance Manual* (Boston: Crime and Justice Institute, 2005).

Exhibit 5–6. North Dakota Department of Corrections and Rehabilitation Manual on Managing Noncompliant Behavior

The North Dakota Department of Corrections and Rehabilitation recently released a manual for supervision staff on how to deal with noncompliant behavior while adhering to a philosophy "to reduce risk through a recidivism reduction model using a cognitive behavioral change approach." The manual provides staff with the following guidance:

- All responses are to be sufficient but not greater than necessary to bring the individual offender into compliance, maintain community safety, and promote his/her successful reintegration into the community.

- Officers are to respond to **all** instances of noncompliance with a "two-pronged" approach that includes a combination of risk control* and risk reduction strategies designed **both** to provide a negative consequence for noncompliant behavior and to change the circumstances that contributed to that behavior to foster more compliant and successful behavior in the future.

* Risk control strategies are directed at deterring future noncompliance by holding offenders accountable through reprimands, warnings, or the imposition of more intrusive/restrictive requirements to serve as negative consequences for their behavior.

Adapted from the *North Dakota Department of Corrections and Rehabilitation Manual on Managing Noncompliant Behavior,* February 9, 2009, pp. 14, 15.

4. See M. Carter, *Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2001); and P. Burke, *Parole Violations Revisited: A Handbook on Strengthening Parole Practices for Public Safety and Successful Transition to the Community* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2004).

CHAPTER 6

Implementation Strategy for Agencies Committing to Integrated Case Management

The challenge of implementing integrated case management (ICM) will vary greatly from one jurisdiction to another. At first glance, implementation may appear to be overwhelming. However, many of the tools of the approach have been emerging in correctional practice in recent years. For some agencies, significant aspects of the ICM approach may already be in place. For remaining agencies, other aspects of the approach represent a significant change from current practice.

For all agencies, the components of an implementation strategy will include the following:

- **Clarifying the vision and goals:** What are the clear and compelling goals of anticipated changes in case management practices? Desirable goals would surely include more successful offender reentry and reduced recidivism. All goals must be clearly articulated, and leadership at all levels should support them.

- **Chartering an implementation team:** Will the implementation team have the full support of leadership, adequate time and resources, and appropriate membership to develop and execute the implementation strategy?

- **Conducting a scan of current practice:** Can the jurisdiction determine what aspects of ICM are already in place, what aspects need to be added, and what needs to improve? The jurisdiction will need to review and understand the practices, tools, policies, and resources currently in place.

- **Identifying and putting appropriate tools and organizational supports in place:** What systems are currently in place to support this approach, and what systems can the jurisdiction add?

- **Identifying and nurturing the values, beliefs, and skills of staff and partners:** Is the current environment supportive of staff capabilities and perspectives?

Clarifying the Vision and Goals

Implementing a significantly different approach to case management is a major undertaking that will require time, resources, and considerable organizational change. Given these requirements, implementation will be successful only when the principles and focus of the approach are consistent with an agency's overarching vision and goals. Agency leadership must embrace the approach and view it as essential to accomplishing the critical agency goals of recidivism reduction, the prudent use of resources, and the implementation of evidence-based practice. Clarifying this for staff is critical and can take place in the context of agency publications, trainings, strategic planning efforts, and the like.

Chartering an Implementation Team

One important way for the leadership to demonstrate the importance of this new approach is for them to dedicate sufficient resources in the form of leadership guidance, time, and focus. Forming an implementation team is one way to accomplish this, charging them with the responsibility of adapting the ICM approach for their agency and putting it in place. Membership should include key agency leadership and other staff from all levels of the organization, including staff who have—by

reason of longevity, peer respect, and ability—the competence and credibility to take up the challenge of the implementation process. Such a team should have clearly defined authority and responsibilities, a specific timeline, and access to information and other resources they need to complete their work.

The jurisdiction should give the team a clear, written charter outlining its authority and limits, set ground rules for the team, and define who on the team will serve as chair, facilitator, and record keeper. The jurisdiction should also give the team clear deadlines and a sense of the staff time available to support the team's work.

Implementation Team Charter: MDOC Assessment and Programming Team

As the Missouri Department of Corrections (MDOC) refined its approach to field supervision in support of successful reentry, it chartered an Assessment and Programming Team to implement change in assessment and programming procedures. The team's charter clearly articulates its mission and provides specific expectations for outcomes, targets of change, and so forth.

See appendix 23 for the full committee charter.

Conducting a Scan of Current Practice

Before undertaking a significant implementation effort, it will be important to develop a clear understanding of the jurisdiction's current practice in assessment, case planning, and targeting interventions, from an offender's first contact with the system through eventual discharge. It is possible that various aspects of current practice are consistent with the intent and design of the ICM approach, and a jurisdiction might be able to incorporate them into planned changes. Similarly, it is possible

that many aspects of current practice are ill-documented or vary widely across an agency. Understanding the current "baseline" provides critical context for a change strategy implementing a new case management approach.

Exhibit 6–1 is a checklist designed to help practitioners begin the process of analyzing current practices. By following the process outlined in the checklist, an implementation team can review current practices and develop a shared understanding of specific changes that a jurisdiction will need to put into place before implementing new case management practices.

Identifying and Putting Tools and Organizational Supports in Place

The previous section on organizational infrastructure outlined the types of supports that must be in place for the ICM approach to become a reality. These supports will become operational only with the concerted effort of leadership at all levels over time. These efforts must become an integral element of an implementation strategy.

Identifying and Nurturing Values, Beliefs, and Skills of Staff and Partners

It is critical that leadership, staff, and partners understand and embrace successful transition and reentry as essential to public safety and the strength and well-being of communities. Unless leadership believes that people can change—and believes that their concerted efforts to use evidence-based practice and focus on enhancing offenders' motivation will support that change—it will be difficult or impossible to implement the ICM approach described in this guide. For this reason, implementation efforts must include a strategy to nurture these values and beliefs and develop and support the skills required to implement this type of case management.

Adapting the Integrated Case Management Approach in a Jurisdiction

After an agency has analyzed its own practices, the team will need to consider how it can tailor the ICM approach for implementation in its own jurisdiction. To move forward, corrections and its collaborative partners will need to agree on and articulate as their own a definition of case management for reentry and identify benchmarks such as their goals, principles, key components, and core activities. Exhibit 6–2 is a sample worksheet that teams can use to record their work as they engage these issues. The worksheet highlights the elements of the ICM approach, providing space for a team to record its work and tailor various aspects of the approach to its own situation. Once the worksheet is complete—after a team has discussed and recorded choices, decisions, and tasks that will allow them to implement their decisions—it can serve as the outline for a workplan to implement the ICM approach.

Teams can use both the checklist and the worksheet to determine what tools and organizational supports are necessary for an agency to adopt an ICM approach, including the critical values, beliefs, and skills required of staff and agency partners adopting an ICM approach.

Exhibit 6–1. Integrated Case Management Checklist

This checklist is a tool to help implementation teams define what case management processes are currently in place in their jurisdiction and note where they diverge. The checklist also helps teams identify what processes their jurisdiction is planning.

The teams will consider questions from the point of view of institutional corrections, postrelease supervision, and other agencies that may provide services to offenders. Those questions that elicit a "Not Clear" or "No" answer will help define the dimensions of implementation. The responses should lead teams to discuss the extent to which current practice in their jurisdiction matches the concepts of Integrated Case Management (ICM) as outlined in the handbook. Once the checklist is complete, teams should gather to revisit the questions, discuss the answers, and derive a single set of responses that best approximate the collective perspective of the team.

The discussion should be a starting point for developing team workplans. If there are areas of significant difference between the checklist answers and current operations, the implementation team should define them and determine what should be changed. The team's goal is to bring current practice in line with ICM.

Definitions and Goals	Yes	Planned	Not Clear	No
1. Offender Success				
Offender success is a goal that enhances public safety.				
Is this a goal that has been articulated and embraced by: Correctional agency leadership that is responsible for… Correctional institutions?				
Release decisionmaking and the setting of conditions?				
Postrelease supervision?				

Exhibit 6–1. Integrated Case Management Checklist (continued)

Definitions and Goals (continued)	Yes	Planned	Not Clear	No
Noncorrectional agency partners who are providers of…				
Substance abuse services?				
Mental health services?				
Employment services?				
Housing services?				
Institutional correctional staff?				
Postrelease supervision staff?				
Other service providers?				
Other community partners?				
If you asked staff who work directly with offenders what the purpose or goal of their work is, would they say that their job is to…				
Assist offenders in successfully transitioning to the community?				
Assist offenders in successfully completing supervision?				
2. Reentry				
During what periods do your reentry efforts occur?				
Beginning with admission to prison (or before)?				
During incarceration?				
In the months before release?				
During the release decisionmaking process?				

Exhibit 6–1. Integrated Case Management Checklist (continued)

Definitions and Goals (continued)	Yes	Planned	Not Clear	No
After release and throughout community supervision?				
After discharge from supervision?				
3. Offender Interaction				
Is it understood and accepted that interactions with offenders should:				
Engage the offender in the process of change?				
Include developing and completing a case plan that, when implemented, will increase the likelihood of positive change?				

Tools	Yes	Planned	Not Clear	No
4. Tools consistent with the ICM model				
Does the jurisdiction use empirically based assessment tools—validated on the population—to determine offenders' risk and needs?				
• At which decision point(s) does the jurisdiction use the assessment tools?				
• Which assessment tools does the jurisdiction use?				
Are single, ongoing, dynamic case management plans developed for each offender?				
Do the case management plans specifically address an offender's individual criminogenic needs?				

Exhibit 6–1. Integrated Case Management Checklist (continued)

Tools (continued)	Yes	Planned	Not Clear	No
Does the jurisdiction adopt different strategies of case management based on an offender's risk level?				
Does the jurisdiction adopt different strategies of case management based on an offender's criminogenic needs?				
Are conditions of supervision specifically tailored to address criminogenic needs?				
Do case management plans link offenders to programs that incorporate the principles of evidence-based practice?				
Do field staff and community partners routinely conduct in-reach into prisons to engage offenders before release?				
Are collaborative partnerships in place to provide services to offenders in institutions and in the community?				
Are there clear policies in place that guide responses to technical violations based on level of risk and severity?				
Do supervision staff routinely view technical violations as coaching opportunities to be used to reduce the likelihood of future violations and recidivism?				
Case Plans	**Yes**	**Planned**	**Not Clear**	**No**
5. Case Plans as a Key Aspect of ICM				
Is a case plan developed for every offender soon after his/her admission to prison?				
If so, is that plan updated and shared with other staff as the offender moves through his/her period of incarceration?				
Does that plan move with the offender to the field once he/she is released?				

Exhibit 6–1. Integrated Case Management Checklist (continued)

Case Plans (continued)	Yes	Planned	Not Clear	No
Is the plan available to all members of a case management team, including partners in the field, while the offender is incarcerated and planning reentry?				
Does the case management team include partners from other agencies as the offender's criminogenic needs require those services?				
Does the case plan clearly identify which track an offender is following: risk reduction, community stabilization, or administrative?				

Typical Activities	Yes	Planned	Not Clear	No
6. Activities Typical to Offender Case Management				
At each point in time, is it clear who is responsible for the case planning and management of offenders?				
Do case management activities include addressing the basic survival needs of transitioning offenders, including:				
Securing personal identification?				
Determining eligibility for benefits?				
Obtaining suitable housing?				
Acquiring needed medications?				
Is the person or team responsible for case management or supervision charged with actively coordinating and linking offenders to programs or interventions that address their criminogenic needs?				

Exhibit 6–1. Integrated Case Management Checklist (continued)

Typical Activities (continued)	Yes	Planned	Not Clear	No
Do current offender management practices include monitoring progress in programs and in everyday life?				
Does the jurisdiction monitor conditions of supervision?				
Does the jurisdiction routinely use positive reinforcement and lessening of restrictions in response to positive performance?				
Does the jurisdiction use proportional sanctions based on risk and severity (including intermediate responses short of revocation) to address noncompliance?				
Does the jurisdiction link the offender with natural systems of prosocial support in the family and community (e.g., family support groups, contacts with employers, a faith community)?				

Training and Skill Development	Yes	Planned	Not Clear	No
7. Training and Skill Development				
Are staff routinely trained in the administration of appropriate, empirically based risk and needs assessments?				
Are staff routinely trained in motivational interviewing or other offender engagement strategies?				
Are staff trained in responsivity assessment protocols?				
Are booster sessions offered to keep staff skills current?				
Do the jurisdiction's agencies invest in developing in-house experts who are able to provide in-house training to staff?				

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan

To implement an approach to case management and supervision focused directly on reentry, an organization and its collaborative partners will have to choose and articulate their own definitions, goals, principles, key components, and core activities. This worksheet helps teams highlight elements of the Integrated Case Management (ICM) approach and gives them space to record their work. The notes should help a team to tailor the various aspects of the ICM approach to their own needs.

A team may want to schedule a series of work sessions in which to use this worksheet because it so extensive, covering the full range of ICM approaches to case management. During each session, the team should carefully read the language in the left-hand column under each topic. Then team members should consider, both individually and as a group, whether and how the wording would have to change to reflect accurately the approach to case management the team wishes to design and implement in their agency.

For example, a team would first consider the definition of ICM in the left-hand column and then decide what that definition of case management would be in their own agency while considering what changes would be necessary. Once the team has agreed on a definition, someone must record it in the right-hand column. This will help the team build its own model. Next, they must consider the core principles, asking themselves if they adequately reflect the team's values and vision. If not, the team should consider how they would change them. A team should move through the worksheet point by point, clearly articulating each dimension of their own model.

After a team completes the worksheet—with choices, decisions, and tasks that will allow them to implement those decisions—the team will have the beginnings of an implementation workplan.

ICM Model Component	Team Version of Model Component
Definition	
The Integrated Case Management (ICM) approach is the strategic use of resources at the case level to enhance community safety and prevent victimization by reducing offender recidivism and relapse. It encourages offenders to be successful in support of safer and healthier communities. It uses a common framework and language to monitor progress and to update outcomes during the phases of incarceration, release, and community supervision. While providing custody, control, and supervision, it also assesses offenders' risk and needs, motivates them to participate, and provides offenders with targeted interventions during incarceration, during the release phase, and after release to the community.	

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan (continued)

ICM Model Component	Team Version of Model Component
Goal	
The goal of the ICM approach is community safety and crime prevention by enhancing the ability of offenders to reintegrate into the community successfully without reoffending.	
Core Principles	
Begin to engage offenders at the point of admission to prison (or before) and continue to work with them through discharge into the community and beyond, using a coherent and integrated process.	
Supervise and manage offenders to enhance their successful transition and reentry into the community to promote safety.	
Use the principles of evidence-based practice.	
Use empirically based and validated assessments of risk and criminogenic need periodically at key stages of the process.	

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan (continued)

ICM Model Component	Team Version of Model Component
Apply empirically based and validated assessments of risk and criminogenic need as the basis of the supervision and case management plan.	
Engage the offender in the process of change by using supervision and case management interactions.	
Have multidisciplinary supervision and case management teams work with the offender through assessment, case planning, and implementation.	
Involve correctional staff (institutional and field/community) as well as community service providers and informal networks of support in the supervision and case management processes.	
Use specific strategies to work across traditional boundaries between institutions and communities.	
Key Components	
Evidence-based assessment, case planning, and targeted interventions.	

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan (continued)

ICM Model Component	Team Version of Model Component
Offender participation in the process and offender accountability for both compliance and risk reduction.	
Correctional agencies in collaborative partnerships with one another and across the traditional boundaries of institution/community, custody/control/supervision, and case management.	
Institutional and community corrections agencies focusing on risk reduction as well as custody, control, and supervision.	
Correctional agencies collaborating with noncorrectional stakeholders.	
Organizational development strategy to support integrated case management.	

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan (continued)

ICM Model Component	Team Version of Model Component
Core Activities	
Conduct assessments of offenders' risk, needs, strengths, and environment.	
Create, participate in, and lead case management teams that work collaboratively.	
Enhance offender's motivation.	
Develop and implement—along with the offender and partners in corrections and other agencies—a Transition Accountability Plan geared directly to the offender's level of risk and criminogenic needs, covering all phases and evolving over time.	
Provide (or provide access to) programmatic interventions that address the highest areas of risk and criminogenic need.	

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan (continued)

ICM Model Component	Team Version of Model Component
Involve offenders in the case management process, making efforts to enhance motivation, including the use of incentives for positive performance.	
Review progress and adapt periodically, including monitoring conditions of supervision and responding appropriately to both technical and criminal violations.	
Targeting Strategy	
Define categories of offenders that allow targeting by level of risk and needs.	
Apply the least control/supervision and the least risk reduction resources to the lowest risk offenders.	
Apply the higher control and higher levels of risk reduction resources to higher risk offenders.	

Exhibit 6–2. Worksheet To Tailor the ICM Approach to Your Jurisdiction and Develop and Implement a Workplan (continued)

ICM Model Component	Team Version of Model Component
Provide all offenders with survival resources and support.	
Phases	
Phase I: Institutional Phase (from admission or presentence investigation, up to 6–12 months before release).	
Phase II: Release Phase (6–12 months prior to release through 6–12 months after release).	
Phase III: Community (from end of release phase until discharge from criminal justice supervision—and beyond in some cases).	

CHAPTER 7

A Final Word on Organizational and Cultural Change

In working with the eight states participating in the Transition from Prison to the Community Initiative, the technical assistance team sought out the insights of key leadership, attempting to support and understand the process of change. It became clear that understanding the difficulties that arise in securing staff acceptance and buy-in during organizational change would be one major factor an agency had to consider in adopting an effective integrated case management approach. Correctional staff have been operating for years in an environment of increasing offender populations and caseloads, whether in institutions or in the community. They repeatedly face the challenge of having to do more with less, and they know all too well the consequences of a case that goes wrong when it results in an escape or, worse, when an offender under custody or supervision commits a heinous crime. They see, all too clearly, the difficulties that arise from the fragmentation of the criminal justice system. They know, for instance, how hard it is for a field supervision officer to receive assessment or case planning information routinely from correctional institutions when data collection systems simply are not designed to provide it. They may also feel that the major training and preparation that they have had for their positions—firearms qualification, training in the use of deadly force, and interrogation techniques—do not equip them well to engage offenders in the process of change or to establish a respectful, professional relationship with offenders.

The experiences of the states participating in the Transition from Prison to the Community Initiative suggest some important perspectives:

1. **Implementing an approach like integrated case management means major system change.** It will not take place quickly, and it will require a sustained, concerted effort at all levels of the organization.

2. **Middle managers and firstline supervisors are the critical coaches and agents of change.** They must be equipped, motivated, and inspired to engage in sustaining change.

3. **Technology can be an enormous boost to the change process.** As systems are modified to relieve burdens on staff—entering the same information more than once, rewriting reports, and exchanging information through hard copies, fax, mail, or personal exchange of documents—they can support and formalize change.

4. **Top leadership must reassess staff workloads.** Leaders need to identify work and requirements that can be eliminated so that staff can accept new responsibilities.

5. **Training must have two dimensions.** It must develop, nurture, and refresh basic skills in interacting with offenders, conducting good assessments, and developing and implementing case plans. Training must also include a leadership and cultural change dimension that clarifies why staff need to implement changes and begins to legitimize a new way of thinking about corrections.

WHY AN INTEGRATED CASE MANAGEMENT MODEL?

Initial MRP Progress Report:
- 6.8% lower recidivism rate for offenders released from THU after 6 months
- 4.1% lower rate after 12 months

Recidivism can be reduced and MRP is on the right track!!

An offender's successful reintegration back into society or their commitment/return to prison is dependent on each individual offender making positive changes in their behavior.

GOAL: IMPROVE REENTRY OUTCOMES!

"Evidence Based Practices" – A critical part of the solution

- **PRINCIPLES OF EFFECTIVE CORRECTIONAL INTERVENTION**
1) <u>Risk Principle</u> – Target higher risk offenders
2) <u>Need Principle</u> – Target crimenogenic risk/need factors
   Six primary crimenogenic need factors:
   - Substance Abuse
   - Antisocial Attitudes & Values
   - Antisocial Peers
   - Low Self Control
   - Dysfunctional Family Relations
   - Antisocial Personality
3) <u>Responsivity Principle</u> - Match interventions to learning style, cognitive functioning, motivation, mental health

- **ESTABLISHING AN ICM MODEL WILL:**
  - Ensure the MDOC offender management system reflects Evidence-based principles
  - Ensure that DOC staff has the information, knowledge and skills to incorporate effective intervention principles and practices into everyday case management and supervision activities
  - Maximize likelihood of offender success
  - Promote accountability and consistency within DOC system
  - Improve use and coordination of limited resources
  - Enhance value of the TAP as an effective case management tool
  - Guide staff interaction with offenders toward relevant change
  - Help DOC to organize and prioritize organizational goals and resources to achieve DOC mission
  - Strengthen DOC overall approach to ensure public safety and reduce recidivism (RSMo 217.025)

F.Y.I. www.michigan.gov/corrections

REINVESTMENT THROUGH COLLABORATIVE CASE MANAGEMENT

BY TAMMY GAJEWSKI

Many years ago, my sister convinced me to work in a prison. I was only going to stay a few years, until things settled down in my life. The years have flown by and changes have come and gone. The MDOC has tried it all at one point or another in its history. The pendulum swings back and forth, and with it, the ideology of the Department. Collaborative Case Management (CCM) is something new. It is used to allocate resources while meeting the needs of public safety, and eventually reducing our budgetary impact on the State of Michigan. The Justice Center's recent report describing the range of policy options available to create cost savings within Michigan's criminal justice system lists *case management* as a way to expand services for offenders in all areas.

The most exciting part about CCM during the brief time I have applied it in Level V segregation is that it really works. It does not require more time than we currently use to address offender behavior and over the long run, our jobs will become easier. CCM creates opportunities for offenders to succeed and learn the decision-making tools that interrupt the behaviors that previously have led them to trouble. CCM fine tunes the techniques, soft skills, and networking already used to successfully correct socially unacceptable behaviors and promote inclusion across the jurisdictions of CFA and FOA.

Here is an example: For this story, I have chosen "Deshawn." He came to prison at age 16 with a 2 to 25 year sentence. He was an angry young adult eventually ending up in segregation for accumulating over 200 misconducts since his sentencing. Many of his misconducts were sexual misconducts and assaults on staff.

When I approached my staff about candidates for CCM practice, they smirked when handing over Deshawn's name and lock. As a custody sergeant, I was very aware of this offender's past behaviors and ten years in segregation. I have numerous critical incident reports involving him. Yet I knew if I could make an opportunity for change with my staff and Deshawn, everyone would see firsthand how CCM works instead of waiting ten years for the statistical results. While making segregation rounds one day last year, I stopped at Deshawn's cell. He met me with the usual aggressive and anti-social behaviors. I told him that I was placing him in a new program. If he wanted to be in this new program he had to be two-months ticket-free. I told him the first reward for the ticket-free behavior was moving him upstairs to the honor wing, where it is quieter. Deshawn asked me twice a week for the next two months if I was lying. I told him I was not. At the sixty-day mark he did not say anything to me as I made rounds. I knew he had completed the period ticket-free so I had staff move him upstairs with the understanding that if he received one sexual misconduct ticket, he would be placed downstairs again.

Michigan Prisoner ReEntry Initiative
MPRI
Creating Safer Neighborhoods & Better Citizens

The next day while making rounds, he smiled at me. He had never been upstairs. He still doubted this new avenue of opportunity would last but he was inquiring about the next step. I asked him where he would like to be in one year. He looked up at the ceiling and fidgeting with his hands, he said softly, "I would like to work in the kitchen and learn how to cook."

I asked him how was he going to get there and what steps should happen first. He did not know the answer so we worked through the goal setting with motivational interviewing tools.

The first goal was four months of ticket-free time. This time frame was reached as a mutual decision of fairness. During that time I encouraged Deshawn to continue improving his hygiene, keep reading books, clean his cell and set some long-term goals for his life. The school principal sent me some old discarded GED books that Deshawn valued as if they were gold. The extra five minutes a day to check his homework and give him some positive affirmations saved me two hours in writing and reviewing critical incident reports that would have been generated because of Deshawn's previous need for negative attention.

Deshawn came out for his COMPAS (an offender risk and programming assessment tool) review and TAP (Transition Accountability Plan) interviews around the six-month ticket-free mark. He was still wary of the interview process and questioning how it was going to affect him. I asked him if he would like to work as an in-house unit porter. He looked at me in amazement. He said he would be the best porter ever but he was still wary of how staff would see him or treat him. I had attempted to get him to General Population to attend school but staff felt they could not trust him yet based on his history and total time of ticket-free behavior. The unit team submitted the paperwork and the six months of ticket-free time earned him the porter job. Deshawn came out of his cell to clean the unit. He had never moved around a prison unrestrained. He followed staff directions respectfully and did a good job cleaning the unit, considering he never had a job before in his short life. He was placed on the General Population list after two months of in-house porter duties. The collaborative approach to creating intrinsic motivation with one offender created a more positive environment in the unit and many other offenders asked if they could move toward a new program of success.

This recounting is only one of many CCM success stories that I have been personally involved with. Deshawn worked through the stages of change, showing significant improvement for nearly a year. What became apparent with his case is the need for continuing support and positive rewards for meeting goals and maintaining self-control. Without the support of the CCM team, Deshawn retreated to his old ways. He lost confidence in his ability to remain successful, and began doing what he was familiar with to get attention. But what Deshawn accomplished while he had the support of the CCM is something we can build on in the future. He has already proven that he can remain ticket-free with a little effort on his part, as long as we continue to provide the support tools he needs to be successful. We can't give up on the prisoner's desire to be valued and be recognized for their successes. When they slip, it's our job to help them try again to find success while working toward successful re-entry into society.

Tammy Gajewski is an Assistant Resident Unit Supervisor at Baraga Maximum Correctional Facility in Baraga, MI. Her opinions do not necessarily represent the opinion or view of the Michigan Department of Corrections.

If you have a success story that involves the Michigan Prisoner ReEntry Initiative or Collaborative Case Management, please share it with F.Y.I. We want to publicize how these two innovative and evidence-based offender success programs are working to create savings within the MDOC while creating better citizens and safer neighborhoods in our communities.

Appendix 3. Case Management Tracks in Michigan

MICHIGAN COLLABORATIVE CASE MANAGEMENT AND SUPERVISION TRACKS

JULY 18, 2006

COMPAS Scale	High Risk* _High on Violence OR Recidivism_		Medium Risk _Medium on Violence OR Recidivism_		Low Risk _Low on Violence OR Recidivism_	
	NEEDS: _High, Medium, or Low_	NEEDS: _High or Medium_	NEEDS: _Low_	NEEDS: _High or Medium_	NEEDS: _Low_
Violence **SUPERVISION**	LEVEL 3 Enhanced Supervision	LEVEL 3 Enhanced Supervision	LEVEL 2 Standard Supervision	LEVEL 1 Limited Supervision	LEVEL 1 Limited Supervision
Violence **INTERVENTION**	Enhanced Services	Enhanced Services	Community Resources Referral	Community Resources Referral	Community Resources Referral
Recidivism **SUPERVISION**	LEVEL 3 Enhanced Supervision	LEVEL 3 Enhanced Supervision	LEVEL 2 Standard Supervision	LEVEL 1 Limited Supervision	LEVEL 1 Limited Supervision
Recidivism **INTERVENTION**	Enhanced Community Services	Enhanced Community Services	Community Resources Referral	Community Resources Referral	Community Resources Referral

*NOTE: If an offender scores High on Violence AND on Recidivism, notify supervisor.

- *LEVEL 1: Limited Supervision and Community Resources Referral.*
  - One (1) contact is required per QUARTER.
  - The Parole Agent will refer the offender to services. Transition Team meetings may occur, but the Parole Agent will not participate in transition team meetings.
- *LEVEL 2: Standard Supervision and Community Resources Referral.*
  - One (1) contact is required per MONTH.
  - The Parole Agent will refer the offender to services. Transition Team meetings will occur and the Parole Agent will occasionally participate in transition team meetings to resolve specific problems as they arise with the offender.
- *LEVEL 3: Enhanced Supervision and Enhanced Community Services*
  - One (2) contact is required per MONTH.
  - The Parole Agent will refer the offender to services. Transition Team meetings will occur and the Parole Agent will participate in transition team meetings to resolve specific problems as they arise with the offender.
- *LEVEL A: Administrative Supervision*

Tips for being successful while incarcerated

1. Be involved in the development of your TAP. These are your goals for your life. If you are struggling with a goal, talk to your case manager about the support you need to reach the goal.

2. Obtain personal identification from home. Have your family send your social security card, driver's license and birth certificate to the records office and notify your case manager. This will help with employment and eligibility for programming and services as you plan for your release.

3. Follow the rules of the institution. Bad conduct does make a difference and will negatively affect your program opportunities and may affect your release date.

4. Rebuild and/or maintain positive family relationships. Family can assist you with many aspects of incarceration and your future success including, a home plan, employment, transportation and overall stability.

5. Take care of pending cases, fines and court costs. You don't want warrants and fines hanging over your head.

6. If you have a substance abuse problem, DO SOMETHING ABOUT IT! Be honest with yourself and seek assistance. Talk to your case manager about available programs.

7. Learn how to work hard and do a good job. Make sure you are on time and at work every day.

8. If you need more education or a vocational skill, talk to your case manager about available opportunities.

9. Strive to complete any educational course you start while incarcerated. It is easier to attend classes and study while incarcerated than to juggle work and school in the community.

10. Strive to gain skills while incarcerated that may help you with employment after release. Take advantage of employment programs/classes and practice the skills that you learn at your institutional job assignment.

ARE YOU READY?

SUCCESS IS IN YOUR HANDS.

Transition **A**ccountability **P**lan

Your Roadmap to Lifelong Success

Missouri Department of Corrections' Division of Adult Institutions

Transition Accountability Plan

The Transition Accountability Plan, also called the TAP, is a tool used for offender management and will provide a plan and direction for your success during and after incarceration.

Your case manager will assist you in developing an individualized plan, the TAP. The plan will require your involvement along with other members of your case management team. The team may vary depending on your plan but will generally include your case manager, classification staff, parole officer, treatment staff, teachers, work supervisor, family, outside agencies and your support system. You and your case management team will identify and outline your strengths and weaknesses (assets and liabilities) in the TAP. Together with your case manager, you will set goals and identify actions necessary for your success.

You will enter the Transitional Phase when you are within six months of release. This may include placement in a Transitional Housing Unit (THU). You and your case management team will make plans for your successful transition to the community. You will work with your case manager who will assist in linking you with community resources that will assist you in areas such as employment, housing, family, transportation, education.

Programs and Services

Anger Management - learn constructive ways to express and control anger

Parenting programs - learn how to build stronger relationships with family
- Building Strong Families
- 4-H Life
- Inside/Outside Dads
- Parents and Their Children (PATCH)
- Storylink

Education/Vocational Training
- Missouri Vocational Enterprises
- Adult Basic Education
- Career and Technical Education
- Youthful Offender Program - college courses
- General Education Development

Employment
- Institutional Offender Jobs
- Employability Skills/Life Skills - learn how to be successful in work and life
- Division of Workforce Development presentation and career center referral
- Great Hires Registration/Kiosks - web based employment service

Restorative Justice - victim focused approach allowing you to reflect on the harm caused and to be involved in reparative activities

InnerChange Freedom Initiative - learn pro-social values from a Christian viewpoint; available at Algoa Correctional Center, Women's Eastern Reception, Diagnostic and Correctional Center

Impact of Crime on Victims Class - class to help you develop sensitivity to victims and prevent further victimization

Pathways to Change - cognitive thinking class

Substance Abuse Education/Recovery/Support

Religious/Spiritual Programs

Identification
- Birth Certificate
- Missouri Identification Card
- Social Security Card

If eligible, the following services may be available:

Veteran Benefit and Service Presentation

Medicaid pre-release application

Social Security Income pre-release application

Written Driver's License exam

United Migrant Opportunity Service - employment services/education/training opportunity for those eligible who have worked in farm work in the past 4 years

Your case manager can provide more information about programs and services.

Partnering Agencies

Throughout your incarceration and community supervision, other private, faith-based and state agencies will be involved in providing necessary services. Your involvement with these agencies will be outlined in your TAP. These agencies are part of your case management team.

Discharge and Aftercare

Prior to your discharge from incarceration or supervision, you and your case manager will establish an aftercare plan as part of your last TAP, to assist you with continued success.

The Oregon Accountability Model

The Oregon Accountability Model encompasses the simultaneous, coordinated and efficient implementation of many Department of Corrections initiatives and projects that provide a foundation for inmates to lead successful lives upon release.

The Oregon Accountability Model has six components. Each of these components stands on its own as a project or a part of the Corrections organization and culture. However, woven together these six separate components form a stronger fiber that strengthens the department's ability to hold inmates/offenders accountable for their actions and DOC staff accountable for achieving the mission and vision of the department.

Components of the Oregon Accountability Model

Criminal Risk Factor Assessment and Case Planning:

With the opening of the new intake center at Coffee Creek Correctional Facility in Wilsonville, the department implemented an enhanced assessment process. The outcome is a corrections plan for every inmate that is tracked throughout an inmate's incarceration and supervision in the community.

The corrections plan is based on mitigating seven criminal risk factors that research indicates predict future criminal behavior. The seven criminal risk factors are:

- Associates
- Substance Abuse
- Community Functioning
- Education and Employment
- Emotional and Mental Health
- Marital and Family Life
- Attitudes

The department provides targeted programs and services to mitigate these risk factors during incarceration and community supervision. When offenders transition successfully back into their communities there is less likelihood that they will commit new crimes.

OREGON DEPARTMENT OF CORRECTIONS

The mission of the Oregon Department of Corrections is to promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior.

Staff-Inmate Interactions:

Correctional security practices such as classification, gang management, and housing assignments hold inmates accountable for their actions every day. They ensure that the prisons are safe, civil and productive. A key part of this component recognizes that staff interactions with inmates help shape positive behavior. The department encourages staff to influence inmates' behavior, acknowledge positive change and provide incentives to inmates to change their behavior.

Work and Programs:

To prepare an inmate for living in the community upon release, the Department of Corrections uses the assessments performed at intake to create a corrections plan for each inmate. The plan specifies the correctional programs the inmate should complete before release to best mitigate his identified risks.

Meaningful work is known to contribute to the success of offenders upon release. Many correctional programs contribute to inmates' preparedness for work (education, treatment) and others teach inmates the skills they need to gain employment and succeed in the workplace. Most Oregon state inmates have a job while incarcerated to give them on-the-job experience.

Children and Families:

The department encourages productive relationships between families and inmates to strengthen ties and increase the likelihood of success upon release. The period of a parent's incarceration provides an excellent opportunity for positive intervention with families at risk.

The department has a strong interest in the children of incarcerated parents because they are five to six times more likely to be incarcerated than are their peers. The department leads a statewide partnership called The Children of Incarcerated Parents Project that has the best interests of children in mind. Project initiatives to date provide inmates with tools for successful parenting and allows opportunities for inmates to practice those pro-social behaviors. Three strategies initially identified are: parent education classes for inmates, a therapeutic child-centered facility serving children of female inmates, and examination of current rules and practices including visiting, mail and phones.

Reentry:

The department is involved in a statewide project that focuses on transition — a seamless movement of offenders from the community to incarceration to community supervision. The project would limit duplication of services and increase effective and efficient use of partnerships. Seven of the department's prisons have been identified as reentry facilities. These prisons are strategically located to encourage reach-in by the community. Connections with the community before release are important factors in offenders' successes on the outside, and may include work, treatment religion, and housing. Reentry prisons will be geared to preparing inmates for release during their last six months of incarceration.

Community Supervision and Programs:

There are more than 30,000 offenders on probation or post-prison supervision in Oregon communities. The department continually works in partnership with each county to develop, deliver and administer best practices regarding supervision, sanctions and programs for offenders and their families in the communities. The goal is to reduce the odds that these offenders will commit new crimes.

The ultimate goal of the Oregon Accountability Model is to improve public safety. The model ties together many concurrent and interrelated efforts of the department and its partners into a cohesive strategy to reduce recidivism and influence inmates into becoming productive citizens.

Appendix 6. Missouri DOC Flier

Missouri Department of Corrections
(Evidence-Based, Integrated, System Wide)
Case Management Model

IMPROVED PUBLIC SAFETY

OFFENDER SUCCESS

CASE PLANNING | INTERVENTION | ON-GOING ASSESSMENT

ASSESSMENT

January 9, 2008
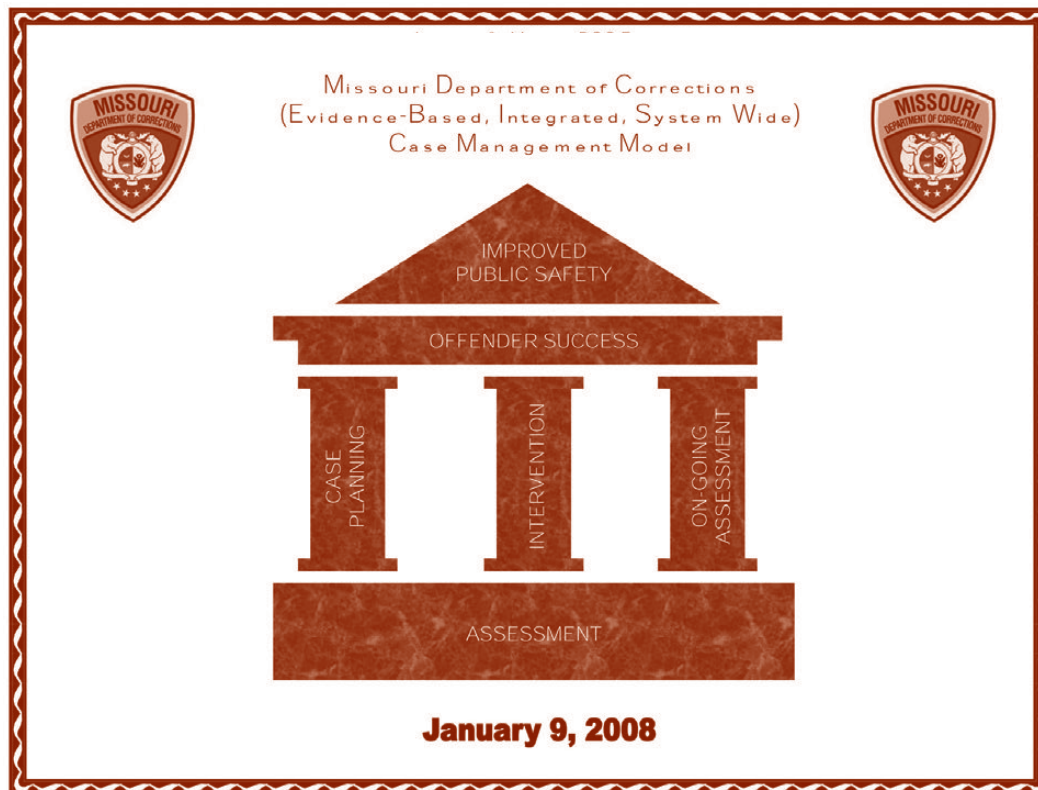
Integrated Case Management Model Summary

This Integrated Case Management Model provides a roadmap for institutional and field staff in the interaction with and management of offenders under the supervision of the Department of Corrections. This model also provides direction in the strategic use of resources in the institution and field.

This Integrated Case Management Model is designed to enhance public safety by assessing offender risk and needs to determine risk proportionate supervision levels for institutional and community supervision and to target the best intervention for the offender to reduce victimization and the likelihood of committing new offenses.

This Integrated Case Management Model is designed to enhance public safety by assessing offender's needs and targeting the best intervention for the offender to reduce victimization and the likelihood of committing new offenses.

Objectives of Integrated Case Management:

1. Supervise and manage offenders to enhance their successful transition to law abiding citizens.

2. Base the supervision and case management plan on evidence-based and validated assessments of risk for safe offender management, recidivism and criminogenic need.

3. Utilize the principles of evidence-based practice in the selection of programs and interventions.

4. Engage the offender by using interactive supervision and case management.

5. Target supervision and case management by risk of recidivism and criminogenic needs.

6. Formation of case management teams to work with the offender through initial assessment, case planning, implementation and on-going assessments.

7. Development of a collaborative process that involves departmental staff, partnering agencies, service providers, and informal networks of support.

8. Evaluate the success of programs and interventions to ensure they meet the desired departmental outcomes.

9. Evaluate offender progress through on-going assessments.
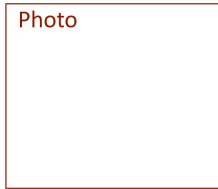
Missouri Department of Corrections
(Evidence-Based, Integrated, System Wide)
Case Management Model

Offender Initial Contact with DOC

PHASE I ASSESSMENT
(Determine offenders risk for recidivism)

PHASE II CASE PLANNING PROCESS
(Develop a plan based on Phase I assessment)

PHASE III INTERVENTION
(Reduce risk of recidivism)

PHASE IV ON GOING ASSESSMENTS
(Offender progress and desired outcomes)

Offender Discharged from DOC

Page 3 of 3
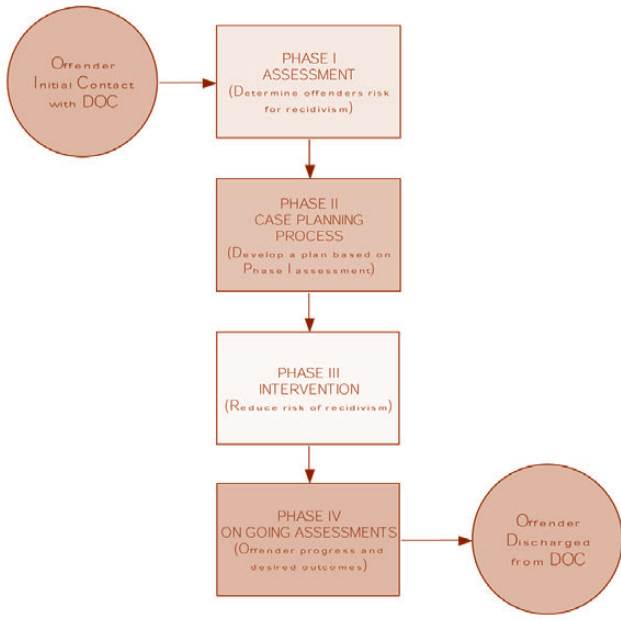
Appendix 7. Rhode Island Case Plan Format

Rhode Island Department of Corrections
Case Plan Cover Sheet

Photo		
	Name: _____	
	Updated: _____	

Demographics
Doc ID #: _____
SS#: _____
INFACTS #: _____
DOB: _____
Gender: _____
Race: _____
Religion: _____
Classification Level: _____
Veteran: _____
Combat Veteran: _____
Most recent address: _____

Assessment Data	**Responsivity Concerns**		
		Concern ? :	
Proxy Score: _____	Functioning Level:	Y	N
LSI – R Score: _____	Language:	Y	N
LSI – R Trailer Score: _____	Mental Health:	Y	N
Static – 99 Score: _____	Aggressiveness:	Y	N
TABE Score: _____	Vulnerability:	Y	N
TCU Score: _____	Culture:	Y	N
Parole Risk Score: _____	Age:	Y	N
Risk Level:			

For Staff Use Only

Name: _____

Updated: _____

Case Plan Areas of Focus

	LSI-R Score	My Ranking	Current Priorities
1. Criminal History	☐	☐	☐
2. Education/Employment	☐	☐	☐
3. Finances	☐	☐	☐
4. Family/Marital	☐	☐	☐
5. Housing	☐	☐	☐
6. Leisure/Recreation	☐	☐	☐
7. Peers	☐	☐	☐
8. Alcohol/Drugs	☐	☐	☐
9. Emotional/Personal Well-Being	☐	☐	☐
10. Attitude/Outlook	☐	☐	☐

My Release Readiness Checklist

Name: _____

My expected release date: _____

I have supervision after release: Yes   No   Parole   Probation

	Needs Work	Getting There	Ready!
1. My P.O is: _____			
2. My P.O.'s location is: _____			
3. My 1st report date: _____			
4. I need to be there at: _____			
5. I need to bring:			

    a. _____
    b. _____
    c. _____

6. My supervision conditions are:	Needs Work	Getting There	Ready!

    a. _____
    b. _____
    c. _____
    d. _____
    e. _____
    f. _____

				Needs Work	Getting There	Ready!
7. My DNA testing requirements have been met:	Yes	No	N/A			
8. My community notification requirements have been met:	Yes	No	N/A			
9. I have state issued ID:	Yes	No				
10. I know my SS #:	Yes	No				
11. I have medical insurance after release:	Yes	No				
12. I have a 30 day supply of medication for release:	Yes	No				
13. I have immediate medical needs and a plan to address them:	Yes	No				

    a. _____
    b. _____

14. I have long – term medical needs and a plan to address them:	Yes	No			

    a. _____
    b. _____

15. I have safe, stable, affordable housing after release:	Yes	No			

    a. _____

16. My transportation needs are taken care of after release:	Yes	No			

    a. _____

17. I have a job after release:	Yes	No			

    a. _____

18. I have enough money to get started after release:	Yes	No			

    a. _____

19. I have plans to address my child/family care needs after release:	Yes	No			

    a. _____

20. My services plans for release are:			

    a. _____
    b. _____
    c. _____
    d. _____
    e. _____

Name: _____

Updated: _____

The goal I am working on is…:	The steps I need to take to complete the goal are…:	The things I need help with are…:	I want to finish this step by….:
	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
	4.	4.	4.
	5.	5.	5.
	6.	6.	

The goal I am working on is…:	The steps I need to take to complete the goal are…:	The things I need help with are…:	I want to finish this step by….:
	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
	4.	4.	4.
	5.	5.	5.
	6.	6.	

| _____ | MY CASE PLAN | _____ | ____ |

The things I have going for me are:

1. _____
2. _____
3. _____
4. _____

My most significant triggers are:

1. _____
2. _____
3. _____
4. _____

My long-term goals are:

1. _____
2. _____
3. _____
4. _____

My short-term goals are:

1. _____
2. _____
3. _____
4. _____

My plan to get there is *(what, how, when?)*:

1. _____
2. _____
3. _____
4. _____

CASAA Research Division

UNIVERSITY OF RHODE ISLAND CHANGE ASSESSMENT (URICA) SCALE

PROBLEM:_____

This questionnaire is to help us improve our services. Each statement describes how a person might feel when starting therapy. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel <u>right now</u>, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of the problem you have written at the top. And "here" refers to the place of treatment.

There are <u>FIVE</u> possible responses to each of the items in the questionnaire: Strongly disagree, disagree, undecided, agree, and strongly agree. Circle the number that best describes how much you agree or disagree with each statement.

There are FIVE possible responses:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
2. I think I might be ready for some self-improvement.	1	2	3	4	5
3. I am doing something about the problems that had been bothering me.	1	2	3	4	5
4. It might be worthwhile to work on my problem	1	2	3	4	5
5. I'm not the problem one. It doesn't make much sense for me to be here.	1	2	3	4	5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	1	2	3	4	5
7. I am finally doing some work on my problem.	1	2	3	4	5
8. I've been thinking that I might want to change something about myself.	1	2	3	4	5

There are FIVE possible responses:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
9. I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
11. Being here is pretty much of a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
12. I'm hoping this place will help me to better understand myself.	1	2	3	4	5
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5
14. I am really working hard to change.	1	2	3	4	5
15. I have a problem and I really think I should work on it.	1	2	3	4	5
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	1	2	3	4	5
17. Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5
19. I wish I had more ideas on how to solve my problem.	1	2	3	4	5
20. I have started working on my problems but I would like help.	1	2	3	4	5

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There are FIVE possible responses:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
21. Maybe this place will be able to help me.	1	2	3	4	5
22. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the problem, but I don't really think I am.	1	2	3	4	5
24. I hope that someone here will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm here to prevent myself from having a relapse of my problem.	1	2	3	4	5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5
29. I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
30. I am actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults then try to change them.	1	2	3	4	5
32. After all I had done to try and change my problem, every now and again it comes back to haunt me.	1	2	3	4	5

Appendix 9. Supporting Information for Michigan Staff

Michigan Prisoner Reentry Initiative: Case Management System

Utilizing collaboration and effective practice to enforce offender accountability and reduce crime.

The VISION of the MPRI Case Management System is that case management becomes the way we reduce crime by engaging all partners in a collaborative process that holds offenders accountable for their behavior and increases offender success.

Our MISSION is that MPRI partners will create, maintain, and operate a seamless system of supervision and support that includes assessment, planning, management, and collaboration that begins at intake to prison and continues through successful transition back into the community.

The four cornerstones of case management (assessment, planning, management, and collaboration) support the offender's transition through incarceration into the community and are built upon five core values:

- Core Value: Utilize evidence-based practices.
- Core Value: Recognize that no approach will completely eliminate crime.
- Core Value: Hold offenders accountable.
- Core Value: Focus on a commitment to offender success.
- Core Value: Reinforce a strength-based approach to behavior change.

Four Corner Stones

Assessment

As demonstrated in the table below, assessment is the driver of the case management plan and the Transition Accountability Plan (TAP). Assessments should be conducted at critical milestones throughout an offender's transition.

Planning

The purpose of the case management plan is to chart the course of action for the offender, the case manager, and the service providers on addressing the criminogenic needs of the offender, progress made, and compliance issues. The case management plan should begin at intake and is continuously updated based on offender's risk, need, and strength assessments. The offender should get a copy of their plan as summarized in the TAP every time their plan changes.

Management

Case managers should have the tools and skills to reduce offenders' risk of returning to criminal behavior that utilize principles of effective practice, and the management of staff should be built on principles that reinforce the case manager's responsibility to support offender success. Case managers must have the skills that motivate change within offenders and these types of activities should be supported by staff incentives, pathways for promotion, hiring criteria, and performance reviews.

Collaboration

The nature of collaboration within the case management system depends of the type of offender. There

are four tracks of offenders.[1]

- *Basic ReEntry Services Track.* All offenders get some basic reentry services.
  - Low risk/low need offenders follow this track.
    - By mutual agreement, these folks are released nearest to ERD.
    - Perhaps on an administrative case load.
  - Minimizing community impact and increasing community stabilization using community groups that have this as their primary goal.
  - Provide a referral list prior to release.
  - No "group" staffing.
    - ARUS is the institutional case manager and facilitate services and referrals prior to release.
  - Move off caseload very quickly.
  - Must have a financial payment plan prior to release.
    - DLEG contract to manage these financial planning issues.
  - Group supervision with families in the waiting room once on parole.
    - Check-in on offender progress.
    - See agent for individual issues as needed.

- *Intensive Case Management Track.* Offenders that are assessed as high risk and high need get the most intensive resources.
  - Utilizes corrections resources.
    - Case Management Resources.
    - Comprehensive Plan funding.
  - Group Staffing of Intensive Cases.
  - This track has specialized categories of offenders (e.g. sex offenders, mentally ill).
  - Transition Team participates in case management:
    - Building relationship with the offender prior to release.
    - Community-based, group staffing meeting prior to release. Institution and field agent attend.
    - In-reach sessions build relationships with the offender.
  - Reduced and differentiated agent case load, where possible.
    - Field agent must meet with each offender prior to release.
    - Typically about 35-40 specialized cases per agent.

- *Community Resources Track.* Offenders that are low risk, but have many non-criminogenic needs are referred to community-based partners for services.
  - Community service providers take the lead, but minimize correctional resources.
  - Provide for basic resources and connected to systems of natural, prosocial support.
  - State Agency Funding solutions – State Policy Team.
  - Community In-Reach is conducted because the community becomes the primary case manager. Parole Agent is the referral service.
    - Field Agent MUST visit with the offender prior to release.

- *Surveillance Track.* Psychopathically high risk offenders should be closely supervised with close law enforcement collaboration.

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[1] This is an earlier document describing the case management process and the track names have been since changed. For updated names, see Appendix 3.

Offender Self-Assessment Survey (O-Self)

Offender Name _____   DPP Number _____

Agent Name _____   Today's Date _____

Instructions: Below you will see 9 areas that may or may not be areas of concern to you while you are on supervision. The first column contains these issues, the next column asks if it is a "Problem Area". Please write in "Yes" or "No" based on your opinion. If you answer, "Yes" in the second column please rate how Important changing your behavior towards this issue (1 being low, 10 being high). In the last two columns, there is space for you to write in what you think are some ways you can improve the situation and finally what are some of the obstacles that may hurt you improving the situation. If you answer "No" in the second column leave the rest of that row blank.

Issue:	Is This a Problem For You?	Are You Interested in Improving…? (Circle)		What Can You Do to Improve the Situation?
		Not at all	Very	
Physical Health	Yes No	1 2 3 4 5 6 7 8 9 10		
Family Life	Yes No	1 2 3 4 5 6 7 8 9 10		
Relationships (Friends)	Yes No	1 2 3 4 5 6 7 8 9 10		
Education	Yes No	1 2 3 4 5 6 7 8 9 10		
Employment	Yes No	1 2 3 4 5 6 7 8 9 10		
Religious Involvement	Yes No	1 2 3 4 5 6 7 8 9 10		
Drug Abuse	Yes No	1 2 3 4 5 6 7 8 9 10		
Alcohol Abuse	Yes No	1 2 3 4 5 6 7 8 9 10		
Criminal Behavior	Yes No	1 2 3 4 5 6 7 8 9 10		
Other: (Fill In)	Yes No	1 2 3 4 5 6 7 8 9 10		

MARYLAND DIVISION OF PAROLE AND PROBATION - QUALITY CONTACT STANDARDS

Agent Name: _____

Deportment and Manner of Being With an Offender

1	Introduced self or greeted offender in a confident, friendly manner and thanked the offender for his/her time and effort when closing the session.							
	LOW	1		2		3		4		5	**HIGH**	

| 2 | Posture and physical gestures (e.g., hand shakes, eye contact, non-verbal communication) were deliberate, dignified, and conveyed interest and respect. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 3 | Was organized and prepared with case materials, recent test results, and session goals. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 4 | Achieved goal of meeting and closed session with review of immediate action plan for offender. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

Assessment and Planning

| 5 | Used appropriate communication skills to decrease tension and reinforce positive behavior, minimize interruptions and avoid raising voice. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 6 | Reviewed and updated the offender's progress towards previously established goals. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 7 | Explored and conducted on-going assessments for the offender's ambivalence (to change), criminogenic needs and relevant circumstances of the case. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 8 | Verified current case information and status (e.g., address, employment) and record case information that reflects minimal supervision standards. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

Treatment and Service Referral

| 9 | Maintained focus for change on offender and their problem-solving ability. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 10 | Adequately discussed referral needs, and jointly planned goals and obstacles with the offender and guided the offender through the stages of change. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

Sanctions and Ground Rules

| 11 | When necessary, appropriately reminded the offender of ground rules for effective supervision and legal consequences for non-compliance. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| 12 | When appropriate (dictated by sanction contract), provided sanctions clearly in a fair manner. |
| | **LOW** | 1 | | 2 | | 3 | | 4 | | 5 | **HIGH** | |

| **TOTAL** | | + | | + | | + | | + | | = | |

AOC08380362

**AMENDMENT TO
MEMORANDUM OF AGREEMENT
Between the
Missouri Department of Revenue
And
Missouri Department of Corrections**

The MEMORANDUM OF AGREEMENT by and between the Missouri Department of Revenue (DOR) and the Missouri Department of Corrections (DOC), relating to the issuance of non-driver license identification cards (IDs) to inmates who are about to be released from custody (Releasees), and as effective through November 30, 2008, is hereby amended as follows:

Section 1.1.c. is amended to read as follows: A copy of Releasee's social security card or other document approved by DOR that reflects the social security number; and,

Section 1.6. is amended to read as follows: DOC shall provide DOR a list of approved contact personnel at each institution on Attachment A which is incorporated by reference herein. DOC shall promptly update the contact personnel information in the event of a change in DOC personnel. Such updates shall not constitute an amendment to this MOA.

Sections 8 through 13 are added as follows:

8.   Provision of Mobile Licensing Equipment

8.1   DOR shall provide up to twenty (20) mobile licensing units to DOC. Each mobile licensing unit shall consist of a laptop computer, a camera, a signature pad, a stand and blue screen, two protective cases and cables. The laptop and signature pad shall remain in the protective case and must stay connected in the same manner as delivered. Each mobile licensing unit shall be used solely in the collection of data, photographs and signatures of Releasees for ID issuance purposes.

8.2   DOC shall pickup the mobile licensing units from DOR at the Harry S Truman Building at times and in a manner as determined by DOR.

8.3   DOC shall transport each mobile licensing unit to a predetermined, assigned correctional facility. DOC shall notify DOR of the location of each mobile licensing unit. Mobile licensing units shall not be exchanged or transported between various correctional facilities. DOC personnel shall sign an inventory control receipt acknowledging receipt of equipment upon delivery.

8.4   DOR shall retain ownership of the mobile licensing units at all times. DOR reserves the right to require that any or all mobile licensing units be returned to DOR upon no less than thirty (30) days written notice to DOC.

1

9. **Security**

   9.1   DOC shall set up the mobile licensing units in secure locked locations with access limited to the designated correctional personnel at the designated correctional facility, and shall maintain the security of the mobile licensing units at all times. DOC shall not allow inmate access to any mobile licensing unit at any time.

   9.2   DOC shall allow only authorized DOC personnel to operate the mobile licensing units. DOC shall provide DOR with a list of such personnel and shall provide an update to such list in the event of any change.

   9.3   DOC shall not install any computer applications or software in or upon any mobile licensing unit.

10. **Training**

   10.1   DOR shall provide DOC with limited train-the-trainer training in the use of the mobile licensing units.

   10.2   DOC shall train DOC authorized correctional facility personnel in the correct operation of the mobile licensing units. DOC shall provide written procedures to DOC staff on the proper use of the equipment and internal processing procedures. DOC shall provide DOR with a copy of the written procedures.

11. **Data Capture and Transmission:**

   11.1   DOC personnel shall use the mobile licensing units to key enter Non-Driver License Identification Card Application data for Releasees and to capture Releasee signatures and photographic images. DOC personnel shall also obtain copies of the birth certificates and Social Security cards of Releasees, by means of DOC scanning equipment and applicable software provided by DOC. DOC shall provide the scanned images to DOR as an attachment through the mobile systems application process.

   11.2   DOC shall transmit the Releasee data, signatures and photographic images, and scanned copies of birth certificates and Social Security cards, to DOR by means of a secure online connection. DOR shall determine the specific timing and manner of such connection. DOC shall bear all costs necessary to establish and maintain such connection, and shall bear all costs of transmission, including but not limited to State Data Center charges.

12. **Equipment Maintenance, Repair and Technical Support:**

   12.1   DOR shall continue to maintain the existing maintenance agreement with the vendor of the mobile licensing units.

   12.2   DOC technical support shall set up internal DOC files for access to scanned documents and guarantee the secure transmission of all data to DOR.

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12.3   DOR shall provide limited helpdesk support to resolve transmission issues only.

12.4   DOC will maintain the equipment in a climate controlled area and protect the equipment from damage.

12.5   DOC shall perform routine cleaning such as cleaning the computer screen, signature pad and keyboard with protective computer wipes.

12.6   If any mobile licensing unit is in need of maintenance or repair, DOC shall return the unit to DOR at the Harry S Truman Building location. On-site maintenance and repair service is not available.

12.7   If any mobile licensing unit malfunctions and cannot be repaired, DOR shall not be responsible for providing a replacement unit.

12.8   To the extent that a mobile licensing unit is not available for use in the processing of ID applications for Releasees, DOC shall continue to perform its responsibilities in accordance with the Memorandum of Agreement as previously executed.

13.   Effective Date

13.1   This Amendment shall be effective as of the date last signed below.

In all respects not specifically amended herein, the Memorandum of Agreement shall remain in full force and effect.

WHEREFORE, the parties hereto, acting by and through their duly authorized representatives, have executed this Amendment to Memorandum of Agreement as of the date(s) set forth below.

Missouri Department of Revenue

Omar D. Davis, Director
301 W. High, P.O. Box 475
Jefferson City, MO 65105
(573) 751-5671

4/30/08
Date

Missouri Department of Corrections

Larry Crawford, Director
2729 Plaza Dr.
Jefferson City, MO 65102
(573) 526-6607

4-17-08
Date

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AGREEMENT by and between the Missouri Department of Revenue, 301 W. High St., P.O. Box 475, Jefferson City, MO 65105 (hereinafter referred to as "DOR") and the Missouri Department of Corrections, 2729 Plaza Dr., P.O. Box 236, Jefferson City, MO 65102 (hereinafter referred to as "DOC").

Whereas, the DOC desires to facilitate the issuance of a State of Missouri Non-Driver License Identification Card (hereinafter referred to as "ID") to inmates who are about to be released from custody (hereinafter referred to as "Releasees"); and,

Whereas, the DOR is responsible for the issuance of IDs to Missouri residents for the State of Missouri.

NOW THEREFORE, in consideration of the covenants and obligations set forth herein, the parties hereto agree as follows:

1. **Department of Corrections**

   1.1   DOC, acting on behalf of its Releasees, shall verify the authenticity and submit to DOR by electronic means the following documents and information required by state law no less than thirty (30) workdays prior to the release date of a Releasee:

   a.   A completed Non-Driver License Identification Card Application, form 5087, signed by the Releasee; and,

   b.   A certified copy of a United States birth certificate of the Releasee; and,

   c.   A copy of the Releasee's social security card; and,

   d.   A facial image or picture of the Releasee taken within the previous ten (10) days; and,

   e.   An image of the signature of the Releasee.

   1.2.   DOC shall submit the above referenced documents and information to DOR by means of a computerized connection through the State Data Center. DOR shall determine the specific timing and manner of such connection.

   1.3   DOC shall bear all costs and expenses necessary to establish and maintain the computerized, on-line connection to DOR. DOC shall pay any State Data Center charges incurred as a result of DOC's connection to DOR.

   1.4   On the same day that the documents and information listed above are submitted to DOR electronically, the DOC shall also submit by email either a General Revenue form letter or a Green Check form letter. (Green checks are warrants issued by a Releasee to authorize Inmate Banking to pay an obligation on the Releasee's behalf.) The format of these letters shall be mutually agreed to and shall at a minimum include the Releasee's name, date of birth, DOC Identification Number and the last four (4) digits of the Releasee's social security number.

   1.5   DOC shall forward payment for ID issuance to DOR within ten (10) working days after receipt of the invoice from DOR. The current cost of each ID is $11.00, which is subject to

change by law. In no event shall DOC submit applications for IDs utilizing intervention fees when the total cost for such IDs exceeds $150,000.00 in a 12-month period. (Intervention fees are monthly fees paid by offenders under probation, parole or conditional release.) DOC shall be responsible for tracking and accounting for all costs related to this Agreement. In any event, DOC shall pay DOR for all IDs it has issued even if in excess of the $150,000.00 limit.

    a. For payments made utilizing intervention fees funding, DOC Fiscal Unit will generate a check utilizing the DOR SAMII number E8602100000 and mail it to DOR with a copy of the DOR invoice. In the event a Releasee decides to donate to the Organ Donor Fund or the Blindness Awareness Fund, DOC shall include such amount(s) in the Releasee's payment to DOR.

    b. For payment made by the Releasee (Green Checks), DOC Inmate Banking will generate a check and mail it to DOR with a copy of the DOR invoice. In the event a Releasee decides to donate to the Organ Donor Fund or the Blindness Awareness Fund, DOC Inmate Banking shall include such amount(s) in the Releasee's payment to DOR.

1.6 DOC shall provide DOR a list of approved contact personnel at each institution (Attachment A). DOC shall promptly update the contact information in the event of a change in the DOC personnel.

2. Department of Revenue

2.1 DOR shall provide a password protected secure internal website for DOC to submit electronically all documentation and information required for ID issuance.

2.2 DOR shall review all documentation and information and, if in conformity with the law, issue IDs for Releasees.

2.3 In the event DOR has on file a prior captured image of a Releasee and the image does not reasonably match the image submitted by DOC, DOR shall refuse to issue an ID to the Releasee. DOR shall notify the DOC designated liaison at the applicable institution.

2.4 In the event the documents or information submitted to DOR are unacceptable pursuant to DOR's standards for ID issuance, DOR shall refuse to issue an ID to the Releasee. DOR shall notify the DOC designated liaison at the applicable institution.

2.5. DOR shall invoice the DOC for completed ID applications. All invoices shall show Releasee identifying information, i.e. Releasee's name, date of birth, DOC Identification Number, and the last four (4) digits of the social security number. Invoices shall be emailed to: vevia.sturm@doc.mo.gov or such other person designated in writing by DOC.

2.6 DOR shall submit separate invoices for IDs to be paid for by DOC with General Revenue funds vs. IDs to be paid for by the Releasee with their personal funds (green checks) or intervention fees.

2.7 DOR shall send, by U.S. Mail, the IDs to the Releasees at the applicable DOC institutional locations within five (5) working days after receipt of the complete and accurate data elements listed in 1.1 above.

2.8 DOR shall invoice DOC at the end of each week for all IDs printed during that week.

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3.   Restrictions to Access

3.1   DOC understands and agrees that the DOR retains exclusive ownership of all IDs and DOR records.

3.2   DOC shall abide by the Driver Privacy Protection Act, hereinafter referred to as "DPPA," and corresponding state law. DOC shall abide by all federal laws and state statutes, common law and the Code of State Regulations of the state of Missouri, relating to the access and use of driver license and non-driver license record information.

3.3   Except as authorized by this Agreement, and to the extent permitted by law, DOC shall not allow driver license or non-driver license record information to be disclosed, released, accessed, or otherwise made available to anyone. DOC shall require all employees who access or use the information to maintain the confidentiality of such information and shall provide express instructions to employees governing the handling of such information.

3.4   DOC shall make express provisions to prevent unauthorized access to any information submitted to or contained in the DOR Licensing System. DOC shall at all times maintain safeguards and procedures to ensure the security and protection of such information and the DOR System. Security measures shall include but not be limited to controlling access to the computer terminal(s) connected to the DOR System, records, data, or information storage, secure destruction of data or information, and other reasonable security measures determined to be necessary at the sole discretion of DOR. DOC shall not allow any prisoner, detainee, parolee, or Releasee to have access to or use of the information collected pursuant to this Agreement or to computer(s) connected to the DOR System.   DOR expressly reserves the right to amend this Agreement at any time to implement required security measures.

3.5   DOC shall maintain a list of the names and job titles of DOC's employees who may submit information to the DOR and/or participate in the ID issuance process and shall provide DOR a copy of such list upon request. DOC shall update such list in the event of any change

3.6   DOC shall immediately notify the DOR of any facts, actual or suspected, which would indicate that the DOR Licensing System or any other DOR information or record, is or has been accessed or used for any purpose inconsistent with the terms and conditions of this Agreement.

3.7   DOR shall have the right to inspect, view, and test any programs, formats and equipment owned or used by DOC relative to this Agreement at reasonable times as mutually agreed by DOR and DOC.

3.8   DOC shall maintain all documentation required by the DPPA and corresponding state law, including but not limited to a record of all individuals to whom it distributes or discloses driver or non-driver license record information. DOC shall maintain such documentation for a minimum of five (5) years or for such other time as required by the DPPA and corresponding state law.

3.9 To the extent DOC may have access to any report, return, social security number, or other information received by DOR in connection with the administration of the tax laws of this state, DOC specifically shall comply with Section 32.057, RSMo.   Any person making unlawful disclosure of information in violation of such Section shall, upon conviction, be guilty of a Class D Felony.

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4. **DISCLAIMER OF WARRANTIES AND LIMITATION OF LIABILITY**

   4.1   In no event shall DOR be liable for any costs or damages, including but not limited to actual, direct, incidental, or consequential damages, arising out of or in any way connected with DOC submission of or access to information pursuant to this Agreement or otherwise.

   4.2   DOC shall be solely responsible for the resolution of any and all claims incurred as a result of any act or omission by DOC, its employees, agents, subcontractors, or assignees relative to the terms of this Agreement.

   4.3   Nothing in this Agreement shall be construed as a waiver by either party of any of the protections afforded it as a sovereign public body of the State of Missouri.

5. **GENERAL CONDITIONS**

   5.1   This Agreement shall be governed by and construed in accordance with the laws of the state of Missouri. The venue for any action concerning this MOA shall be in the Circuit Court of Cole County, Missouri.

   5.2   No provision of this Agreement shall be modified or amended in any way, except by written agreement signed by the parties hereto prior to the effective date thereof.

   5.3   Titles of sections included in this Agreement are for the purpose of facilitating reference only and shall not be construed to infer a contractual construction of language.

   5.4   This Agreement, and each and every provision thereof, shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns. Both parties understand and agree that all terms and conditions of this Agreement that require continued performance, compliance or effect beyond the termination date of this Agreement shall survive such termination date.

   5.5   The failure of either party to enforce at any time any provision hereof shall not be construed to be a waiver of the right of such party thereafter to strictly enforce any such provision.

   5.6   No remedy or election hereunder shall be deemed exclusive, but shall, wherever possible, be cumulative with and non-exclusive to all other remedies at law or in equity.

6. **CONTACT INFORMATION**

   6.1. The name and contact information for DOR primary contact:

   Norma Hensiek
   301 West High Street - Room 470 (express mail or inter-office)
   P.O. Box 200 (postal mail)
   Jefferson City, MO 65105
   573-526-2555
   Norma.Hensiek@dor.mo.gov

   The DOR primary processing contact:

   Donna Quinn
   301 West High Street - Room 480 (express mail or inter-office)
   P.O. Box 200 (postal mail)

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Jefferson City, MO 65105
573-751-9854
Donna.Quinn@dor.mo.gov

6.2.   The name and contact information for DOC primary contact:

Vevia Sturm
2729 Plaza Drive
P.O. Box 236
Jefferson City, MO 65102
vevia.sturm@doc.mo.gov
573-522-6128

7.   TERM OF AGREEMENT

7.1   This Agreement shall be effective from the last date of signature through November 30, 2008. This Agreement may be renewed for successive one (1) year term(s) upon written agreement of the parties.

7.2   Notwithstanding the foregoing, either party reserves the right to terminate this Agreement upon no less than thirty (30) days written notice thereof to the other party.

7.3   In the event that the DOR determines that DOC has violated or is no longer in compliance with this Agreement, the DPPA or corresponding state law, the DOR reserves the right to terminate this Agreement immediately.

WHEREFORE, the parties hereto, acting by and through their duly authorized representatives, have executed this Agreement on the date(s) set forth below.

MISSOURI DEPARTMENT OF REVENUE

_____
Director of Revenue
Omar D. Davis
301 W. High, P.O. Box 475
Jefferson City, MO 65105
(573) 751-5671

_____
Date   2/1/08

MISSOURI DEPARTMENT OF CORRECTIONS

_____
Director
Larry Crawford
2729 Plaza Dr.
Jefferson City, MO 65102
(573) 526-6607

_____
Date   1-23-08

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Scott Kintner
Algoa Correctional Center
8501 No More Victims Road
Jefferson City, MO 65101
Scott.Kintner@doc.mo.gov
573-751-3911 Ext. 304

Randi Blank
Boonville Correctional Center
1216 East Morgan Street
Boonville, MO 65233
Randi.Blank@doc.mo.gov
660-882-6521

Patricia Ham
Missouri Eastern Correctional Center
18701 Old Highway 66
Pacific, Missouri 63069
Patricia.Ham@doc.mo.gov
636-257-3322 Ext. 1232

Christy Stevens
Western Reception and Diagnostic and Correctional Center
3401 Faraon
St. Joseph, MO 64506
Christy.Stevens@doc.mo.gov
816-387-2158 Ext. 1547

Lindy Wilder
Women's Eastern Reception Diagnostic and Correctional Center
1101 East Highway 54
Vandalia, MO 63382
Lyndelle.Wilder@doc.mo.gov
573-594-6686 Ext. 2401

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MEMORANDUM OF UNDERSTANDING

Between the
MICHIGAN DEPARTMENT OF STATE
and the
MICHIGAN DEPARTMENT OF CORRECTIONS
regarding
USE OF PRISONER IDENTIFICATION CARDS FOR THE
PURPOSE OF APPLYING FOR DRIVER'S LICENSES AND
PERSONAL IDENTIFICATION CARDS
and
EXCHANGE OF INFORMATION NECESSARY TO VERIFY
AN APPLICANT'S IDENTITY

I.   PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to set forth the agreement between the Michigan Department of State (DOS) and the Michigan Department of Corrections (DOC) regarding the use of an applicant's DOC-issued prisoner identification card as part of a secondary source of identification for the purpose of applying for an original Michigan driver's license or state personal identification card. This MOU also governs the exchange of information necessary to verify the genuineness of a prisoner identification card and to establish a person's identity for driver's license and state personal identification card application purposes.

II.   STATUTORY CONSIDERATIONS

The Michigan Vehicle Code (MVC), 1949 PA 300, MCL 257.1 *et seq.*, provides for the issuance of a driver's license upon presentment of an applicant's birth certificate "or other sufficient documents or identification as the secretary of state may require." MCL 257.307(1). The State Personal Identification Card Act, 1972 PA 222, MCL 28.291 *et seq.*, allows a person to obtain a state identification card if the person provides "a birth certificate attesting to his or her age or other sufficient documents or identification as the secretary of state may require." MCL 28.291(1). The DOS is responsible for issuing both forms of identification.

The DOS is required to "examine and determine the genuineness, regularity, and legality of every application for … an operator's or chauffeur's license … and may in all cases make investigation as may be deemed necessary or require additional information, and shall reject any such application if not satisfied of the genuineness, regularity, or legality thereof or the truth of any statement contained therein, or for any other reason, when authorized by law." MCL 257.209.

III.   AGREEMENT

A.   PROVISION OF SAMPLE PRISONER IDENTIFICATION CARDS

The DOC shall provide to the DOS samples of previously issued prisoner identification cards and a sample of a current prisoner identification card bearing a sample name and photograph. The samples provided by the DOC under this MOU shall be incorporated into the Identity Document Manual of the DOS and be made available for reference by DOS personnel. If a sample card furnished under this MOU includes the signature of a DOC representative, the DOC must provide to the DOS a complete list of all authorized signatures appearing on prisoner identification cards issued by the DOC. The DOC shall promptly notify and provide a sample to the DOS of any change in the format of the prisoner identification card, and shall notify and provide a sample to the DOS of any change in the authorized signature printed upon a prisoner identification card. The DOC shall inform the DOS of security features existing in the prisoner identification card design, if any, to assist the DOS in ascertaining whether an applicant's prisoner identification card may have been reproduced, altered, counterfeited, forged, or otherwise compromised.

B.   USE OF PRISONER IDENTIFICATION CARDS AS PART OF A SECONDARY SOURCE OF IDENTIFICATION FOR THE ISSUANCE OF AN ORIGINAL DRIVER'S LICENSE OR STATE PERSONAL IDENTIFICATION CARD

The DOS shall accept a genuine prisoner identification card issued by the DOC as a secondary group document for the purpose of determining whether to issue an original Michigan driver's license or state personal identification card, provided that, (1) the prisoner identification card contains the applicant's full legal name, (2) the name printed on the prisoner identification card matches the applicant's full legal name provided on any legal document(s) required to be submitted to the DOS, and (3) the photograph included on the prisoner identification card is a recent photo and resembles the applicant.

An applicant who presents a genuine prisoner identification card issued by the DOC as a secondary group document must satisfy all other legal requirements prescribed by the MVC and State Personal Identification Card Act before the DOS may issue an original driver's license or state personal identification card to him or her.

C.   VERIFICATION OF PRISONER IDENTIFICATION CARDS AND DISCLOSURE OF PERSONAL INFORMATION

Upon request, the DOC shall verify the genuineness of a prisoner identification card presented by an applicant to the DOS, and disclose to the DOS such personal information maintained by the DOC as is necessary to assist in verifying the applicant's identity or to assist the applicant in obtaining the document(s) necessary to verify his or her identity. The personal information provided to the DOS under this MOU may include, but shall not be limited to, an applicant's full legal name, date of birth, social security number; an applicant's known alias(es), if any; and other biographical information that may assist the DOS in verifying the applicant's identity.

The DOC shall also furnish to the DOS electronic, read-only access to DOC's OMNI database. The number of DOS employees who may be authorized to access this database will be determined by the DOS but shall be limited to those with a demonstrable need to obtain information contained in the database.

The DOS will request from the DOC an OMNI User ID for each DOS employee authorized by the DOS to access the OMNI database and the DOS will provide for the security of the User IDs issued by the DOC. All DOS employees for whom an OMNI User ID is requested shall be required to be reviewed by the DOC for security clearance. An OMNI User ID shall be used only by the authorized user for whom security clearance has been granted by the DOC. The DOS shall notify the DOC within three business days if an authorized user has separated from employment or is no longer authorized to access the OMNI database.

IV.   CONFIDENTIALITY OF INFORMATION

Information and records provided to the DOS by the DOC under this MOU may be recorded and maintained by the DOS, and may be exempt from disclosure as provided in section 208c and related provisions of the MVC, MCL 257.208c, section 8 and related provisions of the State Personal Identification Card Act, MCL 28.298, and the Freedom of Information Act, 1976 PA 442, MCL 15.231 *et seq.*

V.   NOTICE

Any notice permitted or required by this MOU must be provided in writing to the designated representative of the other party.

VI.   REPRESENTATIVES

The DOS and DOC agree to designate representatives who shall be the official point of contact for all matters pertaining to this MOU and to whom all notices and other communications shall be directed.

Notice of the designation of a representative shall be provided to the other party within 30 days of the effective date designated under Section IX. of this MOU, and shall contain the name, title, address, e-mail address, and telephone number of the designated representative. A party may designate a new representative at any time by notice to the other party's representative, and such designation shall be effective upon receipt by the other party's representative.

VII.   AMENDMENTS

This MOU may be amended only by means of a written amendment signed by both the DOS and the DOC.

VIII.   DURATION

This MOU shall remain in effect until terminated by either party upon 30 days notice to the other party. Termination may occur for any reason.

IX.   EFFECTIVE DATE

This MOU shall become effective on the later of the two dates recorded below.

X.   SIGNATORIES

The signatories named below warrant that they are authorized to execute this MOU on behalf of their respective departments.

_____ 1/8/08
Brian DeBano
Chief of Staff / Chief Operating Officer
Department of State

_____ 1/8/08
Patricia L. Caruso
Director
Department of Corrections

Appendix 13. Michigan Training Curriculum Outline

A Comprehensive Training Curriculum on Case Management
Michigan Department of Corrections*

Module 1--LEARNING OUTCOMES:

- Review the goals and objectives of the training.
- Discuss the importance of Evidence-Based Practice and the emergence of the Michigan Prisoner ReEntry Initiative (MPRI).
- Introduce the Collaborative Case Management Model, Guiding Practices and Core Elements.
- Begin to explore reactions to implementing CCM and the importance of a TEAM approach.

Module 2--LEARNING OUTCOMES:

- Review the Core Elements of Collaborative Case Management.
- Explore the Principles of Effective Intervention and the Demographic Data for Michigan Department of Corrections.
- Review the tasks associated with MAPPING.
- Begin to integrate information from the assessment and file to complete a Case Mapping Worksheet.
- Introduce and practice using engagement and intentional interviewing skills.

Module 3--LEARNING OUTCOMES:

- Provide a brief introduction to Motivational Interviewing.
- Introduce and practice using brief intervention strategies.

Module 4--LEARNING OUTCOMES:

- Review the characteristics of evidence-based programs.
- Introduce the MDOC Program Evaluation Tool (PET).
- Begin to explore social learning theory and cognitive behavioral intervention.
- Practice the five steps to cognitive restructuring.
- Learn to use and how to teach cognitive skills on the fly.

*Developed for the Michigan Department of Corrections by Orbis Partners.

Appendix 14. New York Case Management Training Outline

LEARNING OBJECTIVES AND GOALS:

Participants will:

- Gain a common understanding of what the terms "risk," "criminogenic needs," and "stabilization needs" mean as they relate to offender reentry;
- Understand the importance of actuarial risk and needs assessment;
- Be able to identify the seven major categories of criminogenic need;
- Be able to recognize the key characteristics of cognitive-behavioral programs;
- Understand how risk and needs information should guide effective case plans for individuals transitioning from prison to the community; and
- Understand their individual and collaborative roles and responsibilities in developing and implementing offender reentry case plans.

MAJOR TOPICS COVERED:

- Chronology of major milestones in New York State's efforts to support successful offender reentry
- Offender reentry—eight evidence-based principles for effective intervention
- Risk and need—definitions
- Exercise—designed to explore participants' current understanding of risk and need
- Static risk factors—what the evidence says, and how they are used
- The risk principle
- The need principle
- Criminogenic needs
  - Characteristics that are crime-producing
  - Indicators of what to look and listen for, and ask about
  - Effective supervision, program and treatment interventions for each
- Stabilization needs—what are they, and how to address them
- Addressing the needs of higher risk offenders
- Addressing the needs of lower risk offenders
- Case planning for successful transition
- The four principles of cognitive intervention
- Cognitive behavioral programming—key elements
- Effective cognitive-behavioral programming

- Ineffective/unproven approaches
- Substance abuse programs not proven to reduce recidivism
- Responsivity principle—considerations for treatment programs
- Responsivity principle—considerations for supervision
- Case planning exercise
- Why understand static risk and criminogenic needs
- Conclusions and implications for roles, responsibilities, and interventions

Appendix 15. Fifth Judicial District Department of Correctional Services (Iowa) Quality Assurance Tool

CASE MANAGEMENT AUDIT GUIDE

NOTE: This case management audit pertains to case management issues only. Other issues related to supervision but not to case management can be audited according to local policy.

1. Were the LSI and Jesness, and case plan completed within the prescribed time frames?
   Focus: 60 days field and 30 days residential from date of assignment.
   Source: Compare date of assignment and dates on LSI, Jesness, and case plan.

2. Is the problem prioritization consistent with LSI and Jesness?
   Focus: Problems listed on front page of case plan should reflect results from LSI and Jesness. Were the Big 4 (criminal history, anti-social companions, anti-social personality, and attitudes) considered in prioritization?
   Source: Case plan, LSI, Jesness, generic notes, ask officer to explain rationale for prioritization (SAQI, ranking, Big 4).

3. Does the case plan identify the offender's protective factors (strengths)?
   Focus: Is the PO able to accurately identify offender strengths and protective factors that will **help mitigate some of the offender's risk.**
   Source: LSI, PSI, case plan homework, observation and interaction with offender, information gathered from collateral sources.

4. Is the problem behavior and the need that it serves correctly identified?
   Focus: Behavior that is illegal or which leads directly to illegal behavior. What are needs being met by illegal behavior or conditions under which illegal behavior occurs? See case plan homework **"I did it because…"**
   Source: LSI interview notes, PSI, case plan homework, case plan, generic notes from meeting negotiating case plan, ask officer to articulate needs and/or conditions, observation of negotiation session.

5. Does this section contain the undesirable results of the offender's behavior as articulated by the offender (their motivation to change)?
   Focus: Look at offender's entire experience with CJ System – what is significant negative result of this experience. **From offender's perspective!**
   Source: LSI interview guide, PSI, case plan homework, generic notes describing meeting when case plan negotiated, observation of negotiation session, other evaluations.

6. Is the goal reasonable and measurable?
   Focus: Medium or long term behavior change which is a result of intervention. Must fit **offender's capabilities. Stated in a way that attainment of goal can be measured. Internalized** not superficial. Include timeframes.
   Source: LSI interview guide, Jesness, PSI, chronos describing meeting when case plan negotiated, observation of negotiation session, other evaluations.

7. Do offender interventions, tasks, activities (action steps) appropriately relate to goals? Do the interventions, tasks, activities (action steps) contain the methods, techniques, resources, and timeframes the offender will use to achieve the stated goal?

1

Focus: Are tasks/activities (action steps) consistent with and supportive of goals and interventions? Does officer spell out how task will be completed and what resources will be used? Are there time frames? Are they realistic?
Source: Case plan, chronos documenting sessions where tasks are discussed.

8. Does the benefits section clearly show meaningful/positive behavioral changes/rewards for the offender? Are the benefits in contrast to undesirable results and do the benefits bear a relationship to the prioritized need?
Focus: Congruency between undesirable behavior and the prioritized needs. Is the benefit meaningful to the offender?
Source: LSI, Jesness, case plan homework, case plan, generic notes, observation of negotiation session, ask officer to articulate.

9. During contacts, does the PO use and build on the offender's protective factors/strengths?
Focus: Does the PO reference, use **and build on the offender's protective factors in order to** insulate or interrupt some of the anti-social risk which will help reduce the likelihood of criminal behavior.
Source: case plan, generic notes, observation of meeting, staffing.

10. Does the case management plan reflect intervention and supervision/monitoring strategies based on the Responsivity Principle- consistent with the offender's stage of change, motivation, barriers, race, gender, age, learning style, personality, Jesness classification etc. ??
Focus: congruency between interventions, techniques, strategies, resources, goals, tasks based on the many unique responsivity factors of the offender to include race, gender, age, motivation, personality, ability etc)
Source: Jesness type, stages of change, wording of case plan components, specificity of goals, tasks, expectations. Generic notes describing negotiation session. Observe negotiation session. Ask officer to articulate how strategy, intervention etc specifically applies to offender**'s respo**nsivity.

11. Do interventions target the criminogenic need in the right intensity and does the intervention use the methods and strategies needed by the offender based on risk, need, and responsivity? Are contacts appropriate and meaningful given the risk, need, and responsivity issues of the offender?
Focus: Intensity of interventions and supervision, amount of detail in tasks, degree of planned follow-up/documentation, type and amount of planned contacts with offender. How many contacts are personal vs. collateral? How long are personal contacts? What is discussed in personal sessions? How often are contacts? Do all of these things fit with Jesness type and other responsvity factors?
Source: LSI, Jesness, case plan, generic notes, observation of meetings, ask officer to describe issues mentioned in focus section.

12. Is the case reviewed on an ongoing basis and does officer make appropriate ongoing case adjustments, i.e. minor violations, rewards, case plan revisions, techniques, strategies?
Focus: Regarding case review: does officer go back periodically and review entire case to get big picture of case performance. Review should emphasize congruency between LSI, Jesness, case plan, response to supervision and treatment. Has case stayed on the course first set out by case plan? Should it have? Regarding ongoing case adjustment: focus is not on major responses to major events. Rather, as officer learns more about offender and offender exhibits behavior during course of supervision, does officer make appropriate adjustments in approach, type of contacts, content of contacts, motivational techniques, rewarding techniques, etc.
Source: Generic notes, case plan, LSI, Jesness, staff case with officer (ask what has learned about offender and how have made case adjustments).

2

13.   Are critical incidents handled timely and appropriately, given risk, need, responsity, and other circumstances?
Focus: Critical incidents refer to those events that relate to case management issues. Are they handled in a timely manner with risk, need, and responsivity factored into immediate and subsequent responses.
Source: LSI, Jesness, chronos, ask officer.

14.   Does the officer use effective techniques to engage offender in the change process and enhance offender's motivation for change?
Focus: Looking for the officers use of motivational techniques to engage the offender in the change process and elicit change talk such as (MI, therapeutic working alliance, warmth, empathy, roll w/ resistance, non-confrontational etc)
Sources: generic notes, observation of session

15.   Does the PO use effective behavioral conditioning techniques to reward desired behavior? Look for use of positive reinforcement
Focus: Looking for the PO's effective use of behavioral management to support behavioral change in the offender. Do rewards out number punishers? Does PO reward client for small steps, effort and process towards goals.
Sources: generic notes, observation of session

16.   Is the officer communicating with appropriate sources in order to have current, relevant knowledge of the offender's social supports and client's natural community? (Does the PO know of and report client's progress in programs? Does the PO document contact with family, significant other, mentor, treatment provider or other's involved in client's life?)
Focus: Are lines of communication opened and maintained? Look at frequency and content of contact and whether responsivity is considered.
Source: Generic notes, ask officer, ask program staff, ask other social support persons in offenders life, attend staffings.

17.   Does the officer have a basic understanding of the programs in which the offender is participating and is this knowledge reflected by reviewing and reinforcing programming/ treatment/ case plan goals in meetings with the offender?
Focus: Does officer understand programs well enough to have meaningful conversations with program staff about performance and reinforcement? Does officer understand programs well enough to have meaningful conversations with offender about progress in program and to reinforce what ought to be reinforced? Does the PO take it a step further by reinforcing the interventions and goals through practicing and skill building ie role plays, thinking reports, probation planner assignments etc)
Source: Chronos, observe meetings, staffings, ask officer to explain program to supervisor and demonstrate what reinforcement was used.

18.   Is there a relapse prevention plan that is understood by the officer and discussed with the offender during meetings?
Focus: *Relapse prevention plan* in global sense. Does a plan exist in some form? Does officer **understand dynamics of offender's criminal behavior and what behaviors** (high risk and red flags vs pro-social) to watch for to determine if offender is staying on right path or starting down path to illegal behavior? Is officer anticipating behaviors based on his/her understanding of offense dynamics? Are they initiating interventions as early as possible and are they reflective of risk and responsivity? Is the plan discussed with offender at meetings? Is there follow-up and verification?
Source: Chronos, staffings, discuss with officer, observation of meetings.

3

CASE MANAGEMENT AUDIT

Case Manager Name: _____ Date: _____

Offender Name/ ICON Number: _____

Reviewer_____ Date of Review_____

1. Were the LSI, Jesness and Case Plan completed within the prescribed time frames?			Score
2 Jesness, LSI and Case Plan completed with 30 days (residential), 60 days (field) of case assignment or reassessment.	1 Jesness, LSI and Case Plan completed within 45 days (residential), 75 days (field) of case assignment or reassessment.	0 Jesness, LSI + Case Plan completed later than 45 days (residential), 75 days (field) of case assignment or reassessment	(1)
Case assigned *IA Risk* *Jesness* *LSI-R* *Caseplan*			
2. Is problem prioritization consistent with LSI and Jesness?			
5 Problem prioritization consistent with needs identified by LSI & Jesness.	3 Ranking questionable or not supported by officer or documentation.	0 Problem ranking inconsistent with identified needs in assessments.	(2)
ICON Needs *LSI-R* *Caseplan*			
3. **Does the case plan identify the offender's protective factors (strengths)?**			
5 Offender strengths and protective factors are clearly identified and articulated on the case plan.	3 Offender strengths and protective factors are identified but questionable or not clearly supported.	0 Strengths/Protective factors not identified	(3)
Base ratings on items 3 through 7 on all active action plans. 4. Is the problem behavior and the need(s) it serves correctly identified?			
4 Problem behavior and need it serves clearly identified and articulated on plan.	2 Only one criterion met or not clearly articulated on plan.	0 Neither criteria met and not clearly articulated on plan.	(4)
5. **Does this section contain the undesirable (worst) results of the offender's behavior as** articulated by the offender? (their motivation to change)			
4 Results identified clearly specify the undesirable consequences of the behavior as articulated by the offender.	2 Results identified however the **relationship to offender's stated** consequences is unclear.	0 Results not identified and/or bear little if any relationship to **offender's stated consequences.**	(5)

6. Is the goal reasonable and measurable?

4	Goal focuses on the behavior changes the offender is capable of achieving and expected to make as an outcome of the case management interventions. Clearly stated so progress or completion can be measured.	2	Goal focuses on merely attendance/ completion not behavior change or not clearly stated thus progress hard to measure.	0	Goal does not meet either criteria.

(6) _____

7. Do interventions, tasks, and activities appropriately (action steps) relate to goals? Do the interventions, tasks, and activities (action steps) contain the methods, techniques, resources, and time frames the offender will use to achieve the stated goal?

4	Interventions, tasks and activities detail how the offender will achieve and verify the behavior changes. Resources are identified and the frequency/duration of the tasks/activities are identified.	2	Only one of the criterion is met.	0	Interventions, tasks and Activities section meets neither criterion.

(7) _____

8. Does the benefits section clearly show meaningful/positive behavioral changes/ rewards for the offender? Are the benefits in contrast to undesirable results and do the benefits bear a relationship to the prioritized need?

4	Benefits contain meaningful positive behavioral changes, which are in direct contrast to the undesirable behavior and are clearly tied to the prioritized need.	2	Only one of the criterion is met.	0	Benefits do not reflect positive behavioral outcomes and do not relate to the prioritized need.

(8) _____

9. **During contacts, does the PO use and build upon the offender's protective factors/ strengths?**

5	During contacts the case manager consistently and clearly references, utilizes and builds on offender's strengths/protective factors.	3	During contacts the case manager occasionally references, utilizes and builds on offender's strengths/ protective factors.	0	During contacts the case manager does not utilize strengths/protective factors.

(9) _____

10. Does the case management plan reflect intervention and supervision/monitoring strategies based on the Responsivity Principle- **consistent with the offender's stage of change,** motivation, barriers, race, gender, age, learning style, personality, Jesness classification etc. ?

8	Case plan interventions, supervision and monitoring activities are consistent with and most effective for offender's unique characteristics.	5	Only one criterion is met.	0	Neither criterion is met.

(10) _____

11. Do interventions target the criminogenic need in the right intensity and does the intervention use the methods and strategies needed by the offender based on risk, need, and responsivity? Are contacts appropriate and meaningful given the risk, need, and responsivity issues of the offender?

8	Criminogenic need targeted in right intensity. Intervention uses appropriate methods and strategies.	5	Intensity okay or methods/strategies okay.	0	Neither intensity nor strategies appropriate.

(11) _____

12. Is the case reviewed on an ongoing basis and does officer make appropriate ongoing case adjustments, i.e. minor violations, rewards, case plan revision, techniques, strategies?

8 Case adjustments ongoing and appropriate.	5 Some problems with timeliness and/or appropriateness.	0 Significant problems with timeliness or appropriateness.

(12)

13. Are critical incidents handled timely and appropriately, given the behavior, risk, need, responsity and other circumstances?

8 Handled timely and appropriately with all-important factors considered.	5 Some timeliness and/or appropriateness problems.	0 Significant problems with timeliness or appropriateness.

(13)

14. Does the officer use effective techniques to engage offender in the change process and **enhance offender's motivation for change (MI, therapeutic working alliance, warmth,** empathy, roll w/ resistance, non-confrontational etc)?

5 Evidence that agent consistently uses effective strategies and techniques to engage offender and enhance motivation for change	3 There is evidence that the agent has the Spirit of MI	0 Lacks evidence of effective motivational enhancement strategies and techniques

(14)

15. Does the PO use effective behavioral conditioning techniques to reward desired behavior? Look for use of positive reinforcement

5 Evidence that PO consistently uses positive reinforcement.	3 Some evidence of positive reinforcement but sporadic or inconsistent	0 Lacks evidence of positive reinforcement.

(15)

16. Is the officer communicating with appropriate sources in order to have current, relevant knowledge o**f the offender's social supports and client's natural community? (Does the PO know of and report client's progress in programs? Does the PO document contact with family, significant other, mentor, treatment provider or other's involved in client's life?)**

8 Ongoing communication with community resources and social supports. Knowledge of offender's progress is relevant and current via collaterals.	5 Sporadic communication with community resources and social supports. Problems with quality of knowledge or relevance of offender's progress via collaterals.	0 Little or no communication. Little or no evidence that PO is seeking communication with community resources and social supports.

(16)

17. Does the officer have a basic understanding of the programs in which the offender is participating and is this knowledge reflected by reviewing and reinforcing programming goals in meetings with the offender? (Look for use of role plays and other skill building activities. Also look for use of thinking reports, assignments and the probation planner.)

8 Thorough understanding of programs and goals are reinforced in meetings via skill building.	5 Some problems with degree of understanding and/or goals reinforced sometimes.	0 Little understanding of programs and/or goals not discussed or reinforced.

(17)

18. Is there a relapse prevention plan that is understood by the officer and discussed with the offender during meetings?

5	Plan exists, is understood by officer, and discussed high risk behaviors and red flags with offender as well as pro-social behaviors to counter the triggers	3	Plan exists but understanding insufficient and/or not often discussed with offender.	0	No plan, little or no understanding, little or no discussion with offender.	(18)
					TOTAL	

Appendix 16. Georgia Board of Pardons and Paroles Field Operations Manual Excerpt

Composed: 03/03/2004
Modified: 06/06/2008
Section: Field Operations Manual
Subsection: 3. Chapter 3: Supervision
Document Name: Parole Success
Advisory Teams (PSATs)

STATE OF GEORGIA
BOARD OF PARDONS AND PAROLES

Parole Success Advisory Teams (PSATs)

The regional Parole Success Advisory Teams (PSATs) were formed to further enhance the Field Division's ability to achieve its mission of deterring and preventing the commission of new crimes, thereby enabling additional parolees to become productive members of society. The purpose of the PSATs is to assist in the assessment of a district's supervision strategies, to offer assistance in the form of exposing and sharing methods to improve the successful transition of offenders, aid in overcoming perceived obstacles and to formalize a culture wherein ideas are shared and expanded upon. The intent is to enable as many parolees as possible to successfully transition into the community, without compromising public safety or artificially prolonging the period of supervision, by sharing information from those districts which have consistently remained on, or attained a top tier position of the parole completion rate.

Regional or statewide advisory teams may be developed based on the district's parole completion rate or specifically identified successful practices in their districts. The makeup of the teams is very flexible and expected to be ever-changing as new team members are identified and ways in which team members can be utilized is discovered and communicated. The goal is the sharing of information to serve as a catalyst to continuously develop or replicate successful techniques of supervision and to communicate the effective ideas statewide. The intent of this effort is to ensure that the wealth of experience and information, based upon existing models of success, is shared for the benefit of any interested district seeking to refine their supervision strategies/practices/outcomes, and to involve the Division in an ongoing process of
continuous improvement.

Agency research indicates four areas; employment, residential stability, negative drug screens and program participation, which contribute to successful parole completions. While not limited to these categories, the initial PSAT assessments may involve these four areas and the following topics:

       Performance Leadership
       Relationships and district culture
       Management involvement, "hands on" approach
       Initial Interview and orientation
       Appropriate, timely utilization of effective sanctions
       Faith Based Support

Regional Directors will direct the analysis of their respective districts in evaluating the identified components of successful supervision and assist in the creation of an improvement plan. The involvement of PSAT members within the regions will be directed by the Regional Directors who will coordinate any crossover training between regions. This crossover training may include a

range of options such as the Chief Parole Officer of a district with a lower successful completion rate visiting a district with a higher rate for the purpose of observing a specific component or several components of supervision. Visits may also take place for less specific reasons, such as for the purpose of observing a style of leadership or general exposure to a different approach to our business which has accomplished exceptional results. A member of the PSAT may be asked to visit a district to address a specific component. A PSAT member may also be asked to visit a district in order to assist with development or observation of a supervision process and give constructive feedback with regard to its effectiveness or ways to improve upon it. The utilization of the PSAT members is a dynamic learning process and it is anticipated that progress in this endeavor will ultimately incorporate more team members and more ways in which team members can be utilized as methods of sharing vital information, which ultimately improves parolee success, are discovered and communicated.

A link to a checklist of topics designed to be utilized as a form of self assessment and as a guide in pinpointing areas that may need attention is available. (Link to form:[1])

RTO
----
(1) -
Notes:///85256E3F00712BF4/B4A498644F88BA6185256E6700623CCD/D4F0A27F47EFD66C85257377 00414DB2

Appendix 17. Screen of Georgia Board of Pardons and Paroles Performance Measurement System

GEORGIA BOARD OF PARDONS AND PAROLES
Supervision Monthly Activity Summary For FEB-2009
Statewide

PAROLED/LOST	Paroled	% Paroled	Lost	% Lost	Discharged	Revoked	% Discharge	Month End Population
Details	828	3.89%	966	4.54%	709	257	73%	21,269

INTERACTIONS	Level	Total Cases	Total F/F	At Least One F/F	% At Least One F/F	% EV	% RV
	High	5,170	5,289	4,685	91%	66%	80%
	High - Other Status	1,566	553	421	27%	N/A	10%
Details	Standard	12,187	7,052	6,522	54%	62%	49%
	Standard - Other Status	2,346	518	417	18%	N/A	4%
	Total:	21,269	13,412	12,045	57%	63%	49%

EMPLOYMENT	Employable	% Employable	Employed	Employment Rate	Exempt	% Exempt
Details	14,354	67%	10,889	76%	2,996	14%

PROGRAM ACTIVITY	Sub Abuse		Cog		SO		MH		MED		Emp		Edu		TOTAL	% of Pop
Enrolled		2,912		832		185		473		178		643		288	4,842	23%
Attended	66%	1,934	78%	651	77%	143	38%	182	33%	59	59%	377	47%	136	3,152	15%
Program Ends		514		74		7		24		0		204		16	810	4%
COMP|TERM	351	167	31	43	4	3	8	16	0	0	151	55	5	11	544 / 277	3% / 1%

DRUGTESTS	# Tested	% Tested	Tested Positive	% Positive
Details	5,456	24%	728	13%

RANDOM	Selected	# Tested	% Tested	Not Tested	Unable To Test	Tested Positive	% Positive
Details	1,432	1,257	94%	77	98	113	9%

MARYLAND DIVISION OF PAROLE AND PROBATION – QUALITY CONTACT STANDARDS

Agent Name: _____

Deportment and Manner of Being With an Offender

1	Introduced self or greeted offender in a confident, friendly manner and thanked them for their time and effort when closing the session.										
	LOW	1		2		3		4		5	HIGH
2	Posture and physical gestures (e.g., hand shakes, eye contact, non-verbal communication) were deliberate, dignified, and conveyed interest and respect.										
	LOW	1		2		3		4		5	HIGH
3	Was organized and prepared with case materials, recent test results, and session goals.										
	LOW	1		2		3		4		5	HIGH
4	Achieved goal of meeting and closed session with review of immediate action plan for offender.										
	LOW	1		2		3		4		5	HIGH

Assessment and Planning

5	Used appropriate communication skills to decrease tension and reinforce positive behavior, minimize interruptions and avoid raising voice.										
	LOW	1		2		3		4		5	HIGH
6	Reviewed and updated the offender's progress towards previously established goals.										
	LOW	1		2		3		4		5	HIGH
7	Explored and conducted on-going assessments for offender's ambivalence (to change), criminogenic needs and relevant circumstances of the case.										
	LOW	1		2		3		4		5	HIGH
8	Verified current case information and status (e.g., address, employment) and record case information that reflects minimal supervision standards.										
	LOW	1		2		3		4		5	HIGH

Treatment and Service Referral

9	Maintained focus for change on offender and their problem-solving ability.										
	LOW	1		2		3		4		5	HIGH
10	Adequately discussed referral needs, and jointly planned goals & obstacles with offender and guided through the stages of change.										
	LOW	1		2		3		4		5	HIGH

Sanctions and Ground Rules

11	When necessary, appropriately reminded offender of ground rules for effective supervision and legal consequences for non-compliance.										
	LOW	1		2		3		4		5	HIGH
12	When appropriate (dictated by sanction contract), provided sanctions clearly in a fair manner.										
	LOW	1		2		3		4		5	HIGH

TOTAL		+		+		+		+		=	

For more information see http://www.dpscs.state.md.us/publicinfo/publications/pdfs/nutsandbolts.pdf

Appendix 19. Fifth Judicial District Department of Correctional Services (Iowa) Quality Assurance Tool

Quality Contact Standards
"Making Contact Count"

PO Style/Attributes/Characteristics: "Building A Relationship for Change"

1

Therapeutic Relationship/Working Alliance (displays effective interpersonal skills such as empathy, respect, warmth, understanding and genuineness. PO is non-confrontational and able to roll with resistance. PO able to build rapport and engages client in the change process. PO is supportive of rehabilitation and uses choice-based language. PO focuses on protective factors and uses strength-based language not deficit-based language)

Developing 1	Meets 2	Mastery 3

Comments:

2

Modeling (PO is a consistent model for pro-social attitudes/behaviors and other appropriate behavior to set the standard of what is expected.)

Developing 1	Meets 2	Mastery 3

Comments:

3

Supportive/Effective Authority (PO uses a non-authoritarian and non-confrontational tone. Fair and flexible. PO displays professionalism. When sanctions and corrections are necessary, PO delivers them in a non-threatening, non-judgmental and constructive way as to keep the focus on the behavior to be corrected.)

Developing 1	Meets 2	Mastery 3

Comments:

Developed by Michelle Dix with the Fifth Judicial District Department of Correctional Services, 1000 Washington, Des Moines, Iowa

Effective Case Management Skills: "Managing and Supporting Change"

1

Motivational Interviewing: (PO is supportive of client's motivation for self-change and engages client in the change process using MI skills as well as the Sprit of MI. PO rolls with resistance, explores client's ambivalence to change without judgment through the use of open questions, reflective listening, building self efficacy and attempts to elicit change talk from the client.)

Developing 1	Meets 2	Mastery 3

Comments:

2

Responsivity: (PO aware of client's Jesness classification as well as any other unique characteristics or needs of the client. PO uses a flexible approach effectively tailored for these unique client differences.)

Developing 1	Meets 2	Mastery 3

Comments:

3

Stage of Change: (PO assesses client's stage of change and helps facilitate the client's change process. Furthermore, PO helps client explore barriers/obstacles in the way of change.)

Developing 1	Meets 2	Mastery 3

Comments:

4

PO preventative and proactive (PO anticipates problems or potential issues and promptly initiates early intervention and follow-up)

Developing 1	Meets 2	Mastery 3

Comments:

Developed by Michelle Dix with the Fifth Judicial District Department of Correctional Services, 1000 Washington, Des Moines, Iowa

Rewards and Punishers: **"Conditioning for Change"**

1

PO uses behavioral modification. PO conditions behavior by using contingency-based approaches. PO is effective at rewarding desired behavior in order in increase the frequency of the desired behavior. PO tailors rewards/punishers to be meaningful and motivating to each individual client. (Rewards out number punishers 4:1. PO uses as many positive reinforcements to reward and encourage desired behaviors and responses. PO consistently affirms positive efforts of the client.)

Developing 1	Meets 2	Mastery 3

Comments:

2

Effective use of rewards/punishers- Swift and certain responses/consequences to anti-social and pro-social behavior. (While remaining neutral, fair, impartial, objective and logical, PO immediately identifies and addresses inappropriate behavior as close to the time the undesirable behavior happens, and does so in an effective manner. When punishment is necessary the PO administers the least amount of correction necessary to achieve the desired result and the degree of correction is proportionate to the severity of the behavior. PO uses a continuum of intermediate sanctions/interventions.)

Developing 1	Meets 2	Mastery 3

Comments:

Contact Targets and Content: "Hitting Your Mark"

1

Case plan review: (PO reviews progress on case plan at each contact and updates/revises case plan as needed. PO elicits offender's input and buy-in.)

Developing 1	Meets 2	Mastery 3

Comments:

2

Focus on risk reduction: (PO focused on risk reduction as a goal of supervision rather than on the conditions of supervision that simple manage risk. PO focused majority of contact time on criminogenic risks and needs.)

Developing 1	Meets 2	Mastery 3

Comments:

3 | Review and Reinforce Interventions: (PO discusses progress **on client's** interventions, asks client what he/she is learning and reinforces skills, concepts from said interventions.)

Developing 1	Meets 2	Mastery 3

Comments:

4 | Practice and Rehearsal: (PO practices, role plays and rehearses new/desired skills with client when appropriate. PO also has client demonstrate self-corrective/ self-monitoring behaviors.)

Developing 1	Meets 2	Mastery 3

Comments:

5 | Relapse Planning: (PO develops **and references/reviews the client's** relapse **prevention plan as needed, discussing client's triggers and plans to aver**t risky situations; when appropriate, PO role plays ways in which client may deal with red flags and triggers.)

Developing 1	Meets 2	Mastery 3

Comments:

Follow Up: "Reaching Out For Change"

1 | Collateral Contacts and Social Supports: (PO has developed and follows up with informal/natural support systems such as family, friends, employers, neighbors, treatment providers and any other community support allies to help monitor and support the change process. PO regularly verifies information given by client.)

Developing 1	Meets 2	Mastery 3

Comments:

Developed by Michelle Dix with the Fifth Judicial District Department of Correctional Services, 1000 Washington, Des Moines, Iowa

Appendix 20. Program Evaluation Efforts in Michigan

Michigan Department of Corrections
Program Evaluation Tool (PET)

Reviewer:		Date Reviewed	
Phone/E-mail:			
Title of Program:		Curriculum Source	
Correctional Facility:		Program Contact Info.	

Recommended Domain (may check more than one):

☐ Criminal Thinking and Attitudes – This domain looks at the cognition used to justify, support, or provide rationalizations for the person's criminal behavior. These dimensions include moral justification, refusal to accept responsibility, blaming the victim, and rationalizations that minimize the seriousness and consequences of their criminal activities.

☐ Psychological Treatment – This domain looks at the value placed on the application of intensive cognitive behavioral strategies, psychological treatment and relapse prevention bridging the gap from anger management, impulse control into violence prevention and lifestyle changes. Violent behavior cycles including triggers for aggression, victim empathy, and faulty thinking patterns are addressed and further opportunity is provided for practice. This domain also looks at the value placed on application of mental health treatment of serious mental illness in developing the coping skills necessary for management of everyday life situations.

☐ Substance Abuse – This domain looks at the value placed on living without the reliance on alcohol or other drugs (AOD) through application of cognitive behavioral strategies and when appropriate managed medication compliance.

☐ Social Isolation/Minimal Support – This domain looks at the value placed on family, school, work and marriage on maintaining health social relationships.

☐ Education/Employment/Vocational - This domain looks at achievement in academic or vocational education programs, completion of an apprenticeship, career training in a suitable for post-release employment through fostering the values, beliefs and skills necessary to obtain and sustain employment.

☐ Financial Problems - This domain looks the value placed on moving away from causes of poverty into acquiring skills and resources needed to sustain a level of income and self-sufficiency through education, motivation and financial skill development.

Program Abstract (one paragraph summary):

Administrative Oversight: (Check one)

☐ Office of Employment Readiness   ☐ Psychological Services

☐ Office of Substance Abuse   ☐ Discretionary (CFA Programs)

☐ Other (explain)_____

Program Review Checklist

I. Curriculum Review			Max Points	Points Given
1. Curriculum includes a facilitator guide.	☐ Yes	☐ No	2	
2. There is a defined target population	☐ Yes	☐ No	2	
Look for: Statement defining the target population based on specific eligibility criteria				
3. There are defined goals and objectives	☐ Yes	☐ No	2	
Look for: A section in the manual that describes the goals and objectives of the curriculum.				
4. The program uses assessment results to determine the level of dosage needed	☐ Yes	☐ No	2	
Look for: overall risk assessment score (e.g., overall risk on COMPAS or as identified through other supplemental measures)				
5. The program uses assessment results to determine the need for program involvement.	☐ Yes	☐ No	2	
Look for: assessment results (e.g., high scores on specific domains of the COMPAS or as identified throu other supplemental measures) that specify a need for the program.				
6. The curriculum targets one or more of the following criminogenic needs (add 1 point for each target for a maximum of 6 points)	☐ Yes	☐ No	6	
* Antisocial attitudes, values and beliefs		☐ Present		
* Weaken ties to antisocial peers and associates		☐ Present		
* Build ties to pro-social peers and associates		☐ Present		
* Behavioral self-control (e.g., self-monitoring, self-instruction, relaxation, thought stopping)		☐ Present		
* Interpersonal skills (social perspective taking, empathy)		☐ Present		
* Emotions management (e.g., anger, depression, anxiety)		☐ Present		
* Substance abuse		☐ Present		
* Increasing pro-social support (formal or informal)		☐ Present		
* Coping skills		☐ Present		
* Problem-solving skills (e.g., critical reasoning, decision-making, generating alternatives)		☐ Present		
* Relapse prevention (*Tools or methods for participants to independently utilize, identify and act on recurring anti-social behaviors*)		☐ Present		
* Other evidence based criminogenic need targets		☐ Present		
Comments: Please include any discussion of particular items and explain reason for any conditional responses				
Total Points for this section			Max: 16	

II. Facilitator's Guide			Max Points	Points Given
Definition: A manual that provides instruction for trainers who deliver the curriculum to the offender population.				
Format:				
1. Materials are well organized (e.g., user friendly)	☐ Yes	☐ No	2	
Content:				
2. List of references used to support the development of the program	☐ Yes	☐ No	2	
3. Defined goals and objectives for each program module or session	☐ Yes	☐ No	2	
Look for: A statements that accompanies the introduction to program sections, modules or sessions				
4. Description of logistics, including:	☐ Yes	☐ No	4	
Add 1 point for each component for a maximum total of 4 points				
* Room setup		☐ Present		
* Format of group (closed or open/continuous entry)		☐ Present		
* Group size		☐ Present		
* Total number of sessions		☐ Present		
* Length of sessions		☐ Present		
* Materials needed ()		☐ Present		
5. Description of materials needed:	☐ Yes	☐ No	2	
Look for: A list of materials/equipment that is needed such as audio/visual, handouts, computer-aids, self-paced material, make-up assignments, support material for illiterate and special need clients				
6. Description of classroom management strategies including ground rules, expectations regarding attendance and participation (e.g., program contract)	☐ Yes	☐ No	2	
7. Facilitator tips to offer guidance and support to deal with expected and unexpected situations.	☐ Yes	☐ No	2	
Comments: Please include any discussion of particular items and explain reason for any conditional responses				
Total Points for this section			Max: 16	

III. Participant Materials			Max Points	Points Given
Description: A manual, workbook, or other written materials provided for the participants to use as part of the curriculum.				
1. There are participant materials	☐ Yes	☐ No	2	
Format:				
2. Reading level matches ability of targeted population	☐ Yes	☐ No	2	
Look for: A statement by the author indicating reading levels or comprehension level _and/or_ rater's independent judgment about the suitability of the materials				
3. Materials are well organized (e.g., user friendly)	☐ Yes	☐ No	2	
Content:				
4. Overall, content provides clear directions	☐ Yes	☐ No	2	
Look for: Instructions are simple, easily understood, and maximize compliance. Content includes responsivity-based activities, examples and scenarios (e.g., culturally diverse, etc.)				
5. A program brochure is available that provides a description of the curriculum, and when possible describes research outcomes, group format, expectations, etc.	☐ Yes	☐ No	2	
Comments: Please include any discussion of particular items and explain reason for any conditional responses				
Total Points for this section			Max: 10	

IV. Theoretical or Empirically-Based Approaches			Max: Points	Points Given
Description: Program is grounded in theoretical or philosophical principles that guide the content of the curriculum, method of delivery and outcomes. The theory should be grounded in empirical evidence to support effectiveness.				
1. Curriculum is based on a literature review.	☐ Yes	☐ No	4	
Look for a bibliography that supports the curriculum, specific exercise or module.				
2. Curriculum contains an articulated model of change (theory) and research or evidence supporting its effectiveness with offenders	☐ Yes	☐ No	4	
Look for statements of programmatic philosophy, theoretical principles embedded in text, references in footnotes, citations of empirical research or validated studies, and bibliographies.				
3. Expertise of program developer(s) is evident.	☐ Yes	☐ No	2	
Look for ongoing experience in working with offenders, publications, research, experience and related education.				
4. Curriculum introduces cognitive restructuring methods to change attitudes, values and beliefs that contribute to criminal behavior.	☐ Yes	☐ No	2	
Look for curricula that teach offenders to challenge and change cognitive distortions, irrational beliefs and work to increase empathy and moral reasoning skills.				
5. Curriculum teaches cognitive skills.	☐ Yes	☐ No	2	
Look for evidence that the program teaches a variety of cognitive skills including, problem-solving, interpersonal skills, assertiveness, decision-making, emotional regulation and management, etc.				
6. Curriculum incorporates social learning and behavioral methods	☐ Yes	☐ No	2	
Look for social learning methods to influence behavior, (i.e. pro-social modeling, appropriate use of reinforcement and disapproval)				
7. Curriculum incorporates Motivational Interviewing or Motivational Enhancement to intentionally enhance intrinsic motivation.	☐ Yes	☐ No	2	
Look for direct evidence that MI or ME is used prior to program involvement in order to enhance intrinsic motivation and build commitment.				
8. Curriculum recognizes the importance of social support and works deliberately to help participants build both formal (professional) and informal supports.	☐ Yes	☐ No	2	
Look for homework and other assignments that include family members and other community resources, family mapping, therapy, referral to outpatient counseling, etc.				
9. Relapse prevention is considered an essential component or sole focus of the program.	☐ Yes	☐ No	2	
Look for: Tools or methods for participants to identify triggers, high-risk situations and to develop strategies to prevent the recurrence of anti-social behaviors.				
Comments: Please include any discussion of particular items and explain reason for any conditional responses				
Total Points for this section			Max: 22	

V Responsivity			Max: Points	Points Given
Description: Responsivity implies the matching of learning styles and personality of participants using evidence-based methods and approaches. It further requires that participant characteristics be matched with therapist/ facilitator characteristics. The conditions necessary for these methods to operate effectively should be specified as part of the curriculum.				
1. Intensity and duration of the curriculum should vary with offender risk profile	☐ Yes	☐ No	4	
Look for: Number and frequency of sessions that match offender risk profile being served. For example, curriculum targets high-risk offenders.				
2. A variety of instructional methods are used to accommodate different learning styles	☐ Yes	☐ No	6	
Add 1 point for each technique for a maximum total of 6 points				
	* Multi-media (slides, videos, flip-charts, music, etc.)	☐ Present		
	* Experiential exercises and activities	☐ Present		
	* Artwork	☐ Present		
	* Reflection (journaling)	☐ Present		
	* Group discussion	☐ Present		
	* Small group activities	☐ Present		
	* Lecture	☐ Present		
	* Informational materials, brochures	☐ Present		
	* Outside speakers	☐ Present		
	* Curriculum minimizes the use of lectures, off-topic discussion and confrontation	☐ Present		
	* Meditation and relaxation techniques	☐ Present		
	* Incentives, rewards, affirmations and encouragers	☐ Present		
3. Graduated skill practice is a primary instructional method.	☐ Yes	☐ No	4	
Add 1 point for each component for a maximum total of 4 points				
	• Modeling – the individual is exposed to several clearly defined examples of the desired behavior or skill; skill instruction consists of four to six behavioral steps that are demonstrated by the trainer in settings relevant to the participants personal experience	☐ Present		
	• Role-playing – the trainer creates situations in which participants role-play utilizing behavioral step exercises.	☐ Present		
	• Performance feedback – the facilitator provides specific comments regarding the use of the behaviors or skills; facilitator coach encourages participant.	☐ Present		
	• Rehearsal- Curriculum emphasizes transfer and maintenance of training. The use of rehearsal (plan and practice pro-social responses) and graduated practice (use skills in increasingly difficult situations) to support transfer training.	☐ Present		
4. Attention is paid to specific responsivity considerations that impact on learning	☐ Yes	☐ No	2	
Look for: evidence that materials and activities acknowledge and accommodate for different cognitive levels, race, culture, religious, ethnic, sexual orientation, gender and other differences where applicable.				

				Max Points	Points Given
5. Facilitators are encouraged to use a motivational and relational style to engage offenders and enhance learning.	☐ Yes	☐ No	2		
Look for: tips. *Express empathy * Normative feedback * Active listening * Cost-benefit analysis * Avoid argumentation * Develop discrepancy * Roll with resistance * Support self efficacy*					
6. Program consistently emphasizes pro-social modeling and reinforcement of desired behaviors by the facilitators and trainers.	☐ Yes	☐ No	2		
7. The program places an emphasis on continuing care or aftercare.	☐ Yes	☐ No	2		
Look for opportunities for participants to return to obtain ongoing support for maintaining gains after completing program.					
Comments: Please include any discussion of particular items and explain reason for any conditional responses					
Total Points for this section			Max: 22		

VI. Curriculum Integrity			Max Points	Points Given
Description: Integrity is the competent and appropriate use of techniques specified within the curriculum that relate to the underlying theory. The curriculum is consistent with the theory and adheres to the guidelines for the style of delivery.				
1. Guidelines for initial training for facilitators are specified	☐ Yes	☐ No	2	
Look for: Comprehensive initial training session that is mandatory				
2. Guidelines are specified for booster sessions to refresh facilitator skills (e.g. formal sessions, peer support, other continuous quality improvement methods, etc.)	☐ Yes	☐ No	2	
3. Criteria for facilitators defined.	☐ Yes	☐ No	2	
Look for: Education and experience requirements; description of characteristics of effective facilitation.				
4. Ethical guidelines are evident	☐ Yes	☐ No	2	
Look for: Explanations of what the work entails and what the client might reasonably expect as an outcome if they participate fully; explains the limits of confidentiality.				
Comments: Please include any discussion of particular items and explain reason for any conditional responses				
Total Points for this section			Max: 8	

VII. Evaluation			Max Points	Points Given
Description: The efficacy of a curriculum is demonstrated through evaluation. Evidence-based considerations require that the evaluation include both process and outcome measures as two critical components. Only through evaluation is it possible to determine with confidence that the program achieves those outcomes it claims to accomplish.				
1. Results of evaluation have been published.	☐ Yes	☐ No	2	
Look for: References to publications in which research regarding the program have been published.				
2. Program has been recommended by an expert panel	☐ Yes	☐ No	2	
Look for: References to panel review and recommendations.				
3. Curriculum has been formally, independently (i.e., other than the author) evaluated with positive outcomes	☐ Yes	☐ No	2	
Look for: References or other evidence that an evaluation has been undertaken: evaluation methods which incorporate random selection, control groups, comparison groups, and longitudinal studies; documentation that the curriculum incorporates participant feedback, periodic measurement of offender progress toward targeted attitudes, behavior, behavior change; and discussion in the research which documents participant progress over time including indications that the program effects are sustained over time.				
Comments: Please include any discussion of particular items and explain reason for any conditional responses				
Total Points for this section			Max: 6	

Michigan Department of Corrections - Central Facilities Administration
Listing of Reentry Core Programs by Facility

This chart provide a list of those Departmentally-approved programs by facility which have been approved as a Reentry Core Program (RCP). A RCP is a program that has been reviewed and meets the 3 principles of Risk (matches the level of service to the offender's risk to re-offend), Need (assesses and targets criminogenic needs), and Responsivity (maximizes the offender's ability to learn from a rehabilitative intervention through providing cognitive behavioral change model, tailoring the intervention to the learning style, motivation, abilities and strengths of the offender). Furthermore, for a RCP to be approved for women offenders it must be designed and implemented through the application of guiding principles, (e.g., strength-based, child-centered, relationship-based, open, trauma-informed and safety).

COMPAS Program Domains / Facilities	Facility Contact	Criminal Attitudes and Thinking	Psychological Treatment#	Substance Abuse ##	Social Isolation/ Minimal Support	CTE	MSI	Other	Financial Problems
Charles Egeler Reception & Guidance Center (RGC)	Gordon MacLane								
Robert Scott (SCF)	Robin Cole			OP		BE, CM, FT	SI/DT, SI/JA	RM, EN / SPED, ESL, TL1	
Thumb (TCF)	Katherine Corrigan			OP		BT, CM, FT, HO	SI/LD	RM, EN / SPED, ESL, TL1	
Security Levels I/IS/II									
Region I									
Camp Cusino (CCU) I	Kathy Nelson		AO	OP					
Camp Kitwen (CKT) I	William Jondreau			OP					
Camp Lehman (CLE) I	Rebecca L. Bailey		AO	OP					
Camp Ottawa (COT) I	Keith Hamel		AO	OP					
Baraga Maximum (AMF) I	William Jondreau		SO, AO	OP					
Chippewa (URF) I	Connie LaFave		SO, AO, OPT	OP		BT, FT, CM			
Hiawatha (HTF) IS	Kristin Mansfield		SO, AO	OP		BE, CM			
Kinross (KCF) I, II	Cheryl Richardson		SO, AO	OP		CM, HO, BT, AB, WE, BE	SI/GR		
Marquette Branch Prison (MBP) I	Darlene Edlund		SO, AO	OP		CM	SI/DY, SI/GR	/ SPED, ESL, TL1	
Newberry (NCF) II	Nancy Marshall		SO, AO			CM		/ ESL	
Ojibway (OCF) IS	Jim Ustaio		SO, AO			CM	SI/SM	/ ESL	
Pugsley (MPF) IS	Cynthia Ann Fotien		SO, AO	OP		BT,BE			
Saginaw (SRF) I, II	Valerie Chaplin		SO, AO			CM, HO		RM, EN / ESL	
Straits (KTF) II	Jackie Nadeau		SO, AO	OP		CM	SI/GR, SI/LD		

COMPAS Program Domains

Facilities	Facility Contact	Criminal Attitudes and Thinking	Psychological Treatment #	Substance Abuse ##	Social Isolation/ Minimal Support	Education/Employment/Vocational Training***			Financial Problems
						CTE	MSI	Other	
Security Levels I/IS/II (cont'd)									
Region II									
Camp Branch (CDW) I	Michael Gallop		AO	OP		BE			
Bellamy Creek (IBC) I, II	David Johnson		SO, AO	OP		HO, CM	SI/WF	RM, EN / SPED, ESL, TL1	
Region II (cont'd)									
Boyer Road (OTF) IS	Donna Schafer		SO, AO	OP		BT, HO, BE		RM, EN /	
Earnest C. Brooks (LRF) I, II	Sheryl D'Epifanio		SO, AO	OP		EL, FT	SI/LD, SI/VP	RM, EN /	
Carson City (DRF) I, II	Donna Schafer		SO, AO	OP		FT	SI/GR		
Florence Crane (ACF) IS	Linda Beckwith		SO, AO, OPT	OP		FT, HO, VG			
Deerfield (ITF) IS	William Morrow		SO, AO			BT, CM, HO, OT, BE		RM, EN / SPED, ESL, TL1	
Richard A. Handlon (MTU) II	Candie Chase		SO, AO, SSDU, OPT, RTP (levels I-III)	OP		AM, BT, CM, HO, WE		RM, EN / SPED, ESL, TL1	
Ionia Maximum (ICF) II	Joy M. Frelesnik		SO, AO	OP			SI/RF		
Lakeland (LCF) II	Dan Hawkins		SO, AO	OP		FT			
Michigan Reformatory (RMI) II	William Pittman		SO, AO						
Mid-Michigan (STF) IS	Brenda Leos		SO, AO	OP		BT, CM, EL, HO		RM, EN /	
Muskegon (MCF) II	Sharon Wells		SO, AO, OPT	OP		AM, CM, FT, HO		RM, EN / SPED, ESL	
Pine River (SPR) IS	Susan Kohlorff		SO, AO	OP		BE HO		RM, EN /	
West Shoreline (MTF) IS	Sharon Whalen		SO	OP				RM, EN /	

COMPAS Program Domains	Criminal Attitudes and Thinking	Psychological Treatment #	Substance Abuse ##	Social Isolation/ Minimal Support	Education/Employment/Vocational Training***			Financial Problems
Facilities / Facility Contact					CTE	MSI	Other	
Security Levels I/IS/II (cont'd)								
Region III								
Camp Valley (CVH) I — Jay Bales							RM, EN /	
Camp White Lake (CWL) I — ADW G. Brown & CPC S. Agnew								
Cooper Street (JCS) IS — Vicki McCabe		SO, AO	RSAT, OP		CM		RM, EN /	
G. Robert Cotton (JCF) I, II — Roxanne Sirouth		SO, AO, OPT	OP		BT, FT	SI/GR, SI/MA	RM, EN / SPED, ESL, TL1	
Gus Harrison (ARF) I, II — Mary Jo Pass		SO, AO	OP		FT, HO, OT		RM, EN / ESL	
Huron Valley Complex - Women (WHV) I, II — Jay Bales		SO, AO, AC, RTP (levels I-V)	RSAT, RSAT/CO, OP		AM, BT, BE, HO, VG		RM, EN / SPED, ESL, TL1	
Macomb (MRF) I, II — Kay Magley		SO, AO	OP		FT, HO		RM, EN /	
Mound (NRF) II — Charles S. Page		SO, AO	OP		BT, CM, HO		RM, EN /	
Parnall (SMT) I — Greg Skipper		SO, AO, OPT	OP		AM, HO	SI/AB, SI/MT, SI/DY, SI/LD, SI/MF, SI/SH, SI/SI	RM, EN /	
Parr Highway (ATF) IS — Paul (Chip) DeLeeuw		SO, AO	OP		EL, RM	SI/LI	EN /	
Ryan (RRF) II — Helen Haas		SO, AO	OP		FT		RM, EN / SPED, ESL, TL1	
Robert Scott (SCF) I, II — Robin Cole		SO, AO, OPT	OP		BE, CM, FT	SI/DT, SI/JA	RM, EN / SPED, ESL, TL1	
Thumb (TCF) II — Katherine Corrigan		SO, AO	OP		BT, CM, FT, HO	SI/LD	RM, EN / SPED, ESL, TL1	

COMPAS Program Domains	Facility Contact	Criminal Attitudes and Thinking	Psychological Treatment #	Substance Abuse ##	Social Isolation/ Minimal Support	Education/Employment/Vocational Training***			Financial Problems
Facilities						CTE	MSI	Other	
Security Level III									
Region I									
Chippewa (URF)	Connie LaFave		OPT	OP		BT, FT, CM		/ESL	
Region II									
St. Louis (SLF)	Matt Card			OP		CM		RM, EN /	
Security Level IV									
Region I									
Chippewa (URF)	Connie LaFave		OPT	OP		BT, FT, CM		/ESL	
Oaks (ECF)	Lavern R. Sharp (Rick)					RM		EN /	
Saginaw (SRF)	Valerie Chaplin					CM, HO		RM, EN /ESL	
Region II									
Bellamy Creek (IBC)	David Johnson		OPT	OP		HO, CM	SI/WF	RM, EN /SPED, ESL, TL1	
Earnest C. Brooks (LRF)	Sheryl DEpifanio		OPT	OP		EL, FT	SI/LD, SI/VP	RM, EN /	
Carson City (DRF)	Donna Schafer			OP		FT	SI/GR		
Michigan Reformatory (RMI)	William Pittman		SO, AO						
St. Louis (SLF)	Matt Card			OP		CM		RM, EN /	
Region III									
G. Robert Cotton (JCF)	Roxanne Strouth			OP		BT, FT	SI/GR, SI/MA	RM, EN /SPED, ESL, TL1	
Gus Harrison (ARF)	Mary Jo Pass		RTP (levels IV-V)	OP		FT, HO, OT		RM, EN /ESL	
Huron Valley Complex - Men (HVM)	Jay Bales		AC, CSP, RTS (levels IV-V)					/SPED, ESL	
Macomb (MRF)	Kay Magley		OPT	OP		FT, HO		RM, EN /	
Robert Scott (SCF)	Robin Cole		OPT	OP		BE, CM, FT	SI/DT, SI/JA	RM, EN /SPED, ESL, TL1	

COMPAS Program Domains	Facility Contact	Criminal Attitudes and Thinking	Psychological Treatment #	Substance Abuse ##	Social Isolation / Minimal Support	Education/Employment/Vocational Training ***			Financial Problems
Facilities						CTE	MSI	Other	
Security Level V									
Region I									
Alger Maximum (LMF)				OP					
Baraga Maximum (AMF)	William Jondreau			OP					
Marquette Branch Prison (MBP)	Darlene Edlund			OP			SI/DY, SI/GR	/ SPED, ESL, TL1	
Standish Maximum (SMF)	Rebecca L. Bailey			OP				/ PED, ESL	
Region II									
Ionia Maximum (ICF)	Joy Prajsnik		OPT	OP			SI/RF		
Region III									
Robert Scott (SCF)	Robin Cole			OP		BE, CM, FT	SI/DT, SI/JA	RM, EN / SPED, ESL, TL1	
Special Facilities									
Duane L. Waters Hospital (DWH)									
Special Alternative Incarceration (SAI)	Fred Gorr								

*Residential Instability not included
**Rolled in Cognitive Behavioral Treatment into other Domains
***Education Key:

CTE Programs
AB = Auto Body	HO = Horticulture
AM = Auto Mechanic	FT = Food Tech and Hospitality Management
BE = Business Education	OT = Optical Technology
BT = Building Trades	VG = Visual Graphics
CM = Custodial Maintenance	WE = Welding
EL = Electronics	

Other Education Programs
SPED = Special Education
ESL = English as Second Language
TL1 = Title I Program
YOP Program
RM = Retail Management
EN = Entrepreneurship

Michigan State Industries
SI/AB = State Industries/Agri-Business	SI/LI = State Industries/License Plate
SI/MT = State Industries/Meat	SI/MA = State Industries/Mattress
SI/DY = State Industries/Dairy	SI/MF = State Industries/Metal Furniture-Carton
SI/DT = State Industries/Dental	SI/OP = State Industries/Optical
SI/GR = State Industries/Garment	SI/RF = State Industries/Refinishing-Chair-Cushion
SI/JA = State Industries/Janitorial	SI/SM = State Industries/Sawmill
SI/SI = State Industries/Sign	
SI/TX = State Industries/Textile	
SI/VP = State Industries/Vinyl Products	
SI/WF = State Industries/Wood Furniture	
SI/SH = State Industries/Shoe	
SI/LD = State Industries/Laundry	

 # Psychological Programming
SSDU = Social Skills Development Unit	CSP = Crisis Stabilization Program
AC = Inpatient Acute Psychiatric Care	SO = Sexual Offender Treatment
RTS = Rehabilitation Treatment Services	AO = Assaultive Offender Treatment
RTP = Residential Treatment Program	OPT = Outpatient Acute Services

Substance Abuse Programming
OP = Outpatient Treatment
ED = Substance Abuse Education
RSAT = Residential Substance Abuse Treatment
RSAT/CO = Residential Substance Abuse Treatment/Co-Occurring

Appendix 21. Managing Noncompliant Behavior Manual Excerpt

North Dakota Department of Corrections and Rehabilitation
Violations Intervention Framework

For responding to noncompliance, the advisory framework groups violation behavior into three general categories for severity—low, moderate, and high—based on the seriousness and chronicity of the violation behavior; for each, a non-exhaustive list illustrates potentially appropriate responses, suggested time frames and associated staffing, approval, and reporting processes. The framework is designed as a starting point for responding to noncompliance, and is meant to stimulate rather than constrain creative and individualized interventions tailored to the circumstances of the offender and behavior.

Depending on the type of interventions deemed appropriate and the offender's current conditions, some responses may require a request for modification of the conditions of release; others will not. (See page 16 for procedures to request modification of conditions with and without a violation). Officers may never undertake an intervention that is not consistent with the existing conditions of release and State Law.[1] Officers should also take into consideration the services offered in their individual community. Professional discretion of the multiple disciplines involved (law enforcement, prosecutors, judges, service providers) should all be considered when managing non-compliant behavior.

Low severity violations are minor and nonrecurring. They should ordinarily result in a community-based response. There should be a logical link between the interventions selected and the nature of the violation, e.g., reprimanding and reviewing conditions in response to a first time failure to report. Staffing with the supervisor and Intensive Transition Program Coordinator is optional. A report to the court or Parole Board is optional. Completion of form "Request for the Use of Intermediate Measures" (SFN 18592) is optional. (See page 14 for guidance on reporting violations).

LOW SEVERITY VIOLATIONS: EXAMPLES

❖ All non-recurring technical violations
❖ Minor criminal traffic offense conduct, unless an actual arrest occurs or such behavior is part of a pattern of noncompliance
❖ Failure to pay financial obligations as set by the Court, Parole Board, or officer.

EXAMPLE RESPONSES

RISK CONTROL INTERVENTIONS
(Not an exhaustive list)

✓ Deliver oral reprimand
✓ Deliver written reprimand
✓ Set limits
✓ Establish deadlines

RISK REDUCTION INTERVENTIONS
(Not an exhaustive list)

*Review conditions
*Counsel/give advice
*Provide job assistance
*Refer for services

---

[1] See N.D.C.C. 12.1-32-07 Supervision of Probationer-Conditions of Probation-Revocation and N.D.C.C. 12-59-15 Breach of Parole-Hearings-Order of Recommitment

- ✓ Assign minor restrictions
- ✓ Establish behavioral expectations
- ✓ Increase reporting
- ✓ Intensify supervision
- ✓ Restrict travel
- ✓ Increase overt surveillance
- ✓ Conduct drug/alcohol test
- ✓ Levy Wage Assignment

- *Refer to self-help group
- *Provide budget/financial help
- *Enlist collateral support
- *Provide for or refer for marriage counseling, parenting, life skills, etc.

Moderate severity violations are more chronic or severe in nature. They should ordinarily result in community-based responses *unless* the violation is part of a pattern that in this offender's past has been associated with significant and imminent threat to public safety. Responses should generally be staffed with the supervisor and Intensive Transition Program Coordinator and implemented within two weeks. Completion of the form "Request for the Use of Intermediate Measures" (SFN 18592) and report to the Parole Board may be required.

MODERATE SEVERITY VIOLATIONS: EXAMPLES

- ❖ Any positive drug test not justified by a prescription (failure to provide a sample within 2 hours shall be considered non-compliant with ND Parole and Probation Policy 0709 "Alcohol and Drug Testing Program").
- ❖ Physical interference or subterfuge (example-wizzinator) with a drug test, for example, bringing foreign urine or contaminates to the drug-testing site.
- ❖ Any minor or moderate non-compliance with treatment obligations or services, including no-shows (exception for sex offenders).
- ❖ Possession of a dangerous weapon as defined in N.D.C.C. 62.1-01.
- ❖ Any non-compliance with *sex offender conditions of supervision.*
- ❖ Any misdemeanor offense charges that are not High Severity violations.
- ❖ Noncompliance with special conditions of supervision that are not High Severity violations.
- ❖ Behavior that risks public safety that may be managed in the community.
- ❖ Noncompliance of public notoriety (media reported).
- ❖ Violation of restricted movement (GPS, home confinement, curfew, etc…), first or second occasion.
- ❖ Recurring noncompliance with respect to financial obligations (fines, restitution, supervision fees).
- ❖ Recurring technical violations.

EXAMPLE RESPONSES

RISK CONTROL INTERVENTIONS
(Not an exhaustive list)

- ✓ Noncompliance meeting in office
- ✓ Staffing with supervisor or program manager
- ✓ Letter of warning, written reprimand
- ✓ Increase drug testing
- ✓ Curfew (with or without EMS)
- ✓ Home detention (with or without EMS)
- ✓ Placement in halfway house for monitoring
- ✓ Refer to Assessment Center
- ✓ Wage assignment
- ✓ Community service hours
- ✓ Request revocation (optional)

RISK REDUCTION INTERVENTIONS
(Not an exhaustive list)

- *Review conditions/reinstruct
- *Counsel and advise
- *Referral for counseling services
- *Psychiatric evaluation
- *Budget/financial services
- *Refer to self-help group
- *Job/training placement
- *Refer for anger management
- *Establish behavior contract

High severity violations are those involve substantial risk to the public, specified victim, or represent repeated noncompliance after less intrusive community-based interventions have

failed. They will ordinarily result in a request for revocation. Responses should generally be staffed with the supervisor and Intensive Transition Program Coordinator and implemented within one week from the time that sufficient evidence has been assembled to support a request for revocation. *Recommendations for a response other than revocation* should be reviewed and approved by a supervisor or program manager. Completion of the form "Request for the Use of Intermediate Measures" (SFN 18592) and report to the Parole Board is required.

HIGH SEVERITY VIOLATIONS: EXAMPLES

- ❖ Any felony offense charges.
- ❖ Any criminal charge that is sexual, assaultive, or violent in nature.
- ❖ Chronic violations of Low Severity and recurring violations of Moderate Severity, where intermediate measures and correctional strategies were ineffective.
- ❖ Recurring noncompliance with any special condition, where intermediate measures and correctional strategies were ineffective.
- ❖ Possession of a firearm as defined in N.D.C.C. 62.1-01.
- ❖ Willful noncompliance of supervision conditions (refusing drug testing, refusing consent to search, etc.).
- ❖ Third or subsequent restricted movement violation.
- ❖ Second or subsequent DUI.
- ❖ Four or more positive drug tests, without prescription verification; six or more failures to comply with treatment obligations or services including no-shows (see exception for sex offenders).
- ❖ Four or more failures to comply with *sex offender treatment.*
- ❖ Conduct representing imminent threat of serious physical harm to self or others.
- ❖ Behavior representing imminent threat of any other criminal conduct.
- ❖ Actual threats made against the public welfare or probation/parole officer.

EXAMPLE RESPONSES

RISK CONTROL INTERVENTIONS

* Request for revocation except where special circumstances warrant a less onerous response as approved by the supervisor.
* Placement at the Assessment or Sanction Centers.

RISK REDUCTION INTERVENTIONS
(Not an exhaustive list)

*Consider suitability for voluntary surrender
*Consider institutional program needs
*Recommended individualized special conditions of any supervised release term that may follow.

From Managing Non Compliant Behavior, North Dakota Department of Corrections and Rehabilitation, February 9, 2009.

TEAM CHARTER

TEAM NAME: Release & Integration Implementation Planning Team

MISSION: The R & I Implementation Planning Team will develop and recommend an Implementation Plan with a uniform application to all facilities responsible to transition offenders to the next stage of their case plan with a continuum of care to meet the offender's needs and reduction of risk.

SPONSOR: Mike Froemke, Rick Hoekstra, Kathy Bachmeier

CURRENT SITUATION:
The Transition from Prison to Community Initiative has prompted our system to look at how we effectively transitions offenders from facilities. It is our proposal to work on improving the system response to improve transition through an orchestrated effort at building process within the Adult Services Division that will lead to collaborative partnerships with key agencies in the community, primarily, the Regional Human Service Centers and the State Hospital.

In 1999 the Treatment Department piloted a project called the Inmate Release Program. The IRP targeted the population of severely mentally ill offenders with establishing connections within the local human service centers approximately 90 days prior to discharge to the community. Initial reports showed an improvement with SMI offenders attending programming at the Human Service Area and continuing in improved functioning.

BOUNDARIES:
- Membership of 5 to 10.
- Others may be consulted or invited to meetings to discuss subject matter and assist with process as appropriate, including a facilitator if needed.
- Travel is approved to accommodate Team meetings
- Teleconference is encouraged to be used, but it is understood that full participation is expected and may be a hindrance to full participation.
- The Chair is authorized to schedule the use of teleconference or require travel for meetings.
- Through the Chair of the Team, the Team can request support or additional information from the Sponsors.

SCOPE:
- The initial target [population will concentrate on those inmates with highest needs to pilot the process recommended. (SMI)
- The Implementation Planning Team will identify barriers (facilitated).
- The Team will not problem solve any barriers identified.
- The Team will consider past and present processes to discharging offenders (i.e. TPC Decision Point Work Groups?).
- The focus will remain internal to the DOCR and will not consult with stakeholders.

Page 1 of 2

TEAM CHARTER: Release & Integration Implementation Planning Team

DESIRED OUTCOME A successful team effort <u>will</u> result in...

- The Team will be educated regarding TPC.
- The Planning Team will be educated and understand the proposed Release and Integration Project.
- The Team will produce a list of identified barriers.
- The Team will provide a written recommendation to implement the plan, including recommendations of who and where in the system (internal) needs additional education.
- To recommend a start date to pilot the plan, knowing that there will be additional work required with stakeholders to coordinate.

Appendix 23. Reinventing Probation and Parole Supervision in Missouri

Assessment and Programming Team
Committee Charter

COMMITTEE:
Reinventing Probation and Parole Supervision - Assessment and Programming Team

MISSION:
To modify the assessment process and agency programming to foster the successful transition to a new field probation and parole supervision model built on evidence based practice.

SPONSORS:
The Probation and Parole Administrator Team

BACKGROUND:
"The probation and parole officer's role is to promote public safety by helping offenders establish productive, successful lives via the community based *supervision process*." (Supervision and the Role of the Probation and Parole Officer, P3.1) This process is based on initial assessments, through the SAR, ICSR or Pre-Hearing Report, which includes the identification of individual offender needs and risk areas, along with the associated strategies to address them. The needs scale score and related policies and procedures establish the level of supervision and related expectations. Supervision progress is captured in our Case Summary Reports and Violation Reports with associated planning and documentation via the road book. To compliment and enhance our supervision process a myriad of effective supervision strategies and interventions in our institutions and communities have been established. This approach to managing offenders assigned to the Board of Probation and Parole has been driven by our own risk and need scales since 1973. While there have been changes to the needs scale and revisions to our policy and procedure over the years, the basic approach to supervision has remained the same.

The PPA Team has decided to move forward with reinventing our supervision process. Two key issues drove this decision:

- The unprecedented workload demands on staff and continued growth in our caseloads with no anticipated additional staff; and
- The understanding and awareness of evidence based best practices that can lead to more effective and efficient supervision processes.

DESIRED OUTCOMES:
A successful committee effort will result in:

- Effective coordination and collaboration with other reinventing supervision teams.
- The communication to the Policy and Procedure Team, on an ongoing basis, of information that is generated through the team that will impact their procedure development.

- The communication to the Training Team, on an ongoing basis, of information that is developed through the team that will impact lesson plans.
- The development of draft revisions, if required, by December 1, 2008, for PPA Team review:
  - P3-2 Offender Assessment (Including support for the PPA Team decision to establish an assessment phase of up to six months)
  - P3-6.4 Supervision of the Sex Offender
  - P4-3 Drug Courts
  - P4-4 Community Release Center
  - P4-5 Electronic Supervision
  - P4-5.1 Electronic Monitoring
  - P4-5.2 Voice Identification
  - P4-8 Intensive Supervision
  - P4-8.1 Intensive Supervision-Procedure
- The use of policy and procedure sub-groups to assist as needed in developing procedure drafts.
- The identification, by March 1, 2009, of changes that need to be made to existing DOC contracts in support of the reinventing supervision process.
- Guidance to the Training Team relative to policy and procedure changes that need to be included in the lesson plans by December 1, 2008.
- Ongoing monthly meetings for six months after implementation to modify procedure as needed relative to staff use.
- The revision to forms impacted by the changes to procedure by December 1, 2008.

UNDESIRED OUTCOME:
A successful committee effort <u>will not</u> result in:

- A lack of coordination of effort with other reinventing supervision teams.
- Missing established deadlines.
- Policy and procedure that inhibits the reinventing supervision changes.

ESTIMATED DATE FOR COMPLETION:
September 2009

MEETING FREQUENCY & DURATION:
As required to complete project

MEMBERS:
To be determined.

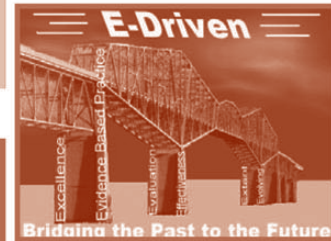## COMMITTEE CHAIRPERSON:
To be determined.

PROBATION AND PAROLE ADMINISTRATOR TEAM LIAISONS:
(Lead underlined): <u>Deborah Cotner</u>, Janet Schneider, and Joan Hays

Missouri Board of Probation and Parole

E-DRIVEN NEWSLETTER

E-Driven

June 1, 2009

E-Driven
Bridging the Past to the Future

DOC Director Lombardi supports E-Driven Supervision Model

On May 1, 2009 the Missouri Board of Probation and Parole E-Driven Supervision Model was implemented. Director George Lombardi had these words to share regarding this implementation:

"I fully realize all the hard work and creative thinking that has gone into the E-Driven process. It is a testimony to the intelligence, persistence and yeomen effort by all who have been in-

volved in the development, training and angst in bringing this to fruition. What has been produced is based on hard research, best practice and simply a necessity given staffing and funding issues. I am confident that any difficulties will be resolved and that the merit of this process will become evident in the outcomes over time.

I expect the Executive Staff of the Depart-

ment of Corrections to support and enhance what you have done accordingly.

In closing, I want to express my deep appreciation and admiration to each of you- from the leadership of the Division to all who have been involved in the building the system and training staff. You have truly been exemplars of what good government can and should be. Way to go everybody!"

Inside this issue:

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E-Driven Training	2
Contracted Monitoring Service	3
Bridge Builder Awards	3
Mission Statement	4
Fun and Facts	4

Main Objectives of the E-Driven Supervision Model

►To address the unprecedented workload demands on staff and continued growth in our caseloads with no anticipated additional staff.

►To improve our understanding of evidence based practices and apply them to the best of our ability to create a more effective and efficient supervision process.

"If we did the things we are capable of, we would astound ourselves."
—Thomas Edison

Upcoming Event:

In July, 2009 E-Driven Support Staff Training

(Clerical and other identified staff)

Scott Johnston thanks staff for their hard work in preparing for the implementation of E-Driven Supervision

On April 30, 2009 Chief State Supervisor, Scott Johnston sent a memo to all Probation and Parole Staff announcing the official implementation of E-Driven Supervision on May 1, 2009.

Mr. Johnston wrote, "Much hard work and preparation by our staff and others in the Department of Corrections have prepared us to take this step into the future of probation and *parole supervision. I want to express my sincere appreciation to everyone that has helped bring us to this point. I hope, through provided training, written materials and discussions with your supervisors, you have gained a better understanding of the changes we are making. The E-Driven Supervision is intended to provide a more solid foundation for delivering quality probation and parole supervision services to the Courts, the Parole Board and citizens of* *Missouri. This implementation is a process that we will continue to monitor, evaluate, refine and modify with your involvement."*

THANK YOU

Leadership Role and Challenge

In April, Mr. Johnston expressed to District Administrators, Unit Supervisors and Facility Supervisors by memo that their role remains key in the success of E-Driven.

Mr. Johnston noted it is important that supervisors:

- Take the time to ensure that the E-Driven Model is

> **"I am confident that together we will be successful with the implementation of E-Driven."**
> **—Scott Johnston**

understood and applied to the best of our ability in the weeks and months ahead.

- Continue to listen and observe how E-Driven is working.
- Provide feedback necessary to make adjustments to achieve our goals of reducing workload and improving results.

Suggestions and modifications to the E-Driven process can be emailed to Sharon Dunn.

PO E-Driven Training Complete

Probation and Parole Officers statewide have been trained on the E-Driven Supervision Model.

Special thanks goes to the E-Driven Training Team and Regional Training Coordinators. **Those include**:

John Buck, Don Arias, Tony Davis, Teri Baker, Roger O'Connor, Leland Smith, Donna Jones, Joan Sandford, Kathleen Carriker, Lilly Angelo, Lori Burk, Jim Brown, Eric Theis, Dardi Smith, Cherylon Winningham, Randy Burnett, Bridgette Dickson, Melinda Oliver, Sherry Huxol, Jennifer Rose, Carla Staley, Scott Baxley, Monica Lamphier, Wade Beers, Deborah Hager, Nancy Bledsoe, Randy Perkins, Ed Bilinski, Kim Evans, DeWayne Roach, Leah Embly, Bill Abbett, Gina Granger, Helen Hurley, Ed Bestgen, Sue Van Rees, Kristi Slugantz, Chris Adam, Kim McKlintic, Dan Conboy, Brad Ayers, Sharon Derrington, Tracey Oxendine, Mike Suddarth, Peggy Kelly, Billy Nipper, and Rhonda Carter.

Contracted Monitoring Service

In May, 2009 Fieldware staff trained all Probation and Parole users on the OffenderLink System. This training covered the following:

- General background of Fieldware LLC and OffenderLink
- The Purpose and Benefit of OffenderLink
- How to log into Offender-Link
- Naming Conventions/

Pervasive Site Features/ Icons

- A detailed description of the Homepage
- The Enrollment Process
- The actual case workflow process
- IVR Calls
- Sub menu section tabs
- The Intervention Fee Program
- To-do Lists/Billing & Collections

- IF Account Adjustments
- Special Conditions Setup
- The Doing Business as Another Feature (DBA)

OffenderLink on-line training features are available for future staff.

The call in volume in June may create initial challenges for clients and staff. It is important staff remain patient during this process and communicate any problems through their chain of command.

Recipients of Bridge Builder Awards

In May, 2009 the following staff were presented with a Bridge Builder Award:

- **Sherry Huxol**

  District 16

During the months of March and April, Officer Huxol served as a Region IV trainer. After being selected as a trainer, Officer Huxol spent much time in preparation and in speaking about E-Driven at home. While doing so, she was able to effectively train her daughters, who took it upon themselves to create E-Driven posters of their own. Their posters were utilized with great success in the E-Driven trainings which Officer Huxol conducted and helped to make these trainings a more positive experience for those who attended and emphasized the purpose

and meaning of E-Driven Supervision.

- **District 21 Staff**

District 21 came out of the E-Driven gate with an amazing start. The management team of Kerry Nelson, Cindy Bates, Rodney Collins, Sallie Hitchcock, Mary Beth Stewart, Emily Scharbrough and Kim Fearn have been meeting every Monday morning to plan the District's implementation of the new supervision model. The District has also taken the lead in completing the Field Risk Reduction Instrument and was the first district in the State to substantially complete all their FRRI entries.

- **Christine Castelli**

  District 16

Prior to E-Driven Training, Officer Castelli took the initiative to gather information regarding Evidence Based Practices in Corrections, reviewed it, and created a binder of information which has been placed in the District 16 Resource Library. In addition to providing valuable information regarding why we are moving to E-Driven Supervision, her creation of this binder demonstrates enthusiasm and a positive attitude toward this change.

Department of Corrections

FROM THE DESK OF SHARON DUNN

**1511 CHRISTY DRIVE
JEFFERSON CITY, MO.
65101
573-751-8488**

JUNE 1, 2009

E-DRIVEN FOLDER ON THE K-DRIVE

WWW.DOC.MO.GOV

TOTAL FIELD RISK REDUCTION INSTRUMENTS COMPLETED AS OF MAY 26, 2009

56,457

The Missouri Board of Probation and Parole, as an essential part of the criminal justice system, is to provide for the professional assessment and release of offenders and their supervision in the community, using appropriate treatment, sanctions, and controls, with the primary consideration being the promotion of public safety.

FUN AND FACTS

Did You Know?

"When properly applied, Motivational Interviewing will boost offenders' commitment to their plans and, in turn, increase the overall effectiveness of supervision." (Tools of the Trade)

May Match Game (Regional Caseload as of 2/28/09)

- Region I-16,781
- Region II-11,834
- Region III-13,091
- Region IV-13,486
- Region V-8,914
- Region VI-8,553

Fun Nutrition Trivia Facts (FARMFOODSFUN.COM)

1. Fast Food restaurants use yellow, red and orange because they are colors that stimulate hunger.

2. People over the age of fifty start to lose their dislike for foods that taste bitter.

3. The average person can live about a month without eating food, but can only live about a week without water.

4. 97% of caffeine must be removed from coffee for it to be label "decaffeinated."

5. One third pound stalk of broccoli contains more vitamin C than 204 apples.

FIRST DAY OF SUMMER JUNE 21, 2009

HAVE A FUN AND SAFE SUMMER!

www.nicic.gov