



Michigan Prisoner ReEntry Initiative

QUARTERLY STATUS REPORT

Pursuant to Public Act 124 of 2007
Section 403 (1) & (2)

First Quarter Fiscal Year 2008
April 16, 2008

Revision Log follows Table of Contents

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Addenda to MPRI Quarterly Status Report

Addendum No. 1	The Ready4Work Model
Addendum No. 2	MPRI Design & Implementation Guidelines
Addendum No. 3	The MPRI Model
Addendum No. 4	FY 2008 MPRI Funding
Addendum No. 5	MPRI Statewide Implementation Plan
Addendum No. 6	MPRI Up-to-Scale Progress Summary
Addendum No. 7	COMPAS Risk & Needs Assessment
Addendum No. 8	TAP Development & Prison In-Reach

NOTE: When viewing this document in Adobe Acrobat it is recommended that the viewer navigates through the document using the BOOKMARKS tab on the upper left of your browser window.

Revision and Reposting Log (Page 1 of 2)

<u>Posting Date</u>	<u>Content Changes</u>
4/16/2008	Quarterly Status Report revised and expanded through 11/30/2007. Removed Sections 1G and Section 2 – 4 Removed Addenda 1 Revised Addenda 2 – 6; renumbered to Addenda 1-5 Added Addenda 6: Up-To-Scale Plan Removed Addenda 9 – 23
11/30/2007	Revisions to Section G regarding Addendum No. 23 New Addendum No. 23: Parolee Success Rates by MPRI Site
7/1/2007	Quarterly update to Section F regarding MPRI participant status and recidivism
4/16/2007	Quarterly Status Report revised and expanded through 2/28/07 Revised Addendum No. 1: Round 1 and Round 2 Counties - 2006
Demographics	Revised Addendum No. 5: FY07 Funding Revised Addendum No. 6: Statewide Implementation Plan Revised Addendum No. 8: Prison In-Reach TAP Development Revised Addendum No. 17: Prisoner Reintegration Programs Report Revised Addendum No. 18: MPRI Pilot Site Comp Plan Summaries Revised Addendum No. 22: MPRI PowerPoint Presentation
4/1/2007	Quarterly Status Report updated: new Section D (Prisoner Reintegration Programs) added. Section F (previously Section E) updated. Additional updates to Quarterly Status Report and Addenda to be posted later this month
3/1/2007	Revised Addendum No. 16: Prisoners Who Have Served Their Maximum Sentence
2/1/2007	Revised Addendum No. 9: Prison Academic and Vocational Programs Report Revised Addendum No. 15: Recidivism Reduction Plan Original Status Report revised to reflect content of New Addenda
1/1/2007	Monthly update through 11/30/06 regarding MPRI participant status and recidivism (MPRI Monthly Status Report – Section 1E)

Revision and Reposting Log (Page 2 of 2)

10/1/2006	Addendum No. 23 added Monthly update through 8/31/06 regarding MPRI participant status and recidivism (MPRI Monthly Status Report – Section 1E) Updates throughout status report with more recent information, time-lines, etc. Updated content in Addenda 6, 7, 8, 10, 11, 12, 13a, 13b, and 14
9/1/2006	Update through 7/31/06 (respectively)
8/1/2006	Update through 6/30/06
7/1/2006	Update through 5/31/06
6/1/2006	Update through 4/30/06
5/1/2006	Monthly update through 3/31/06 regarding MPRI participant status and recidivism (MPRI Monthly Status Report – Section 1E)
4/1/2006	Addenda No. 17, 18, 19, 20, 21 and 22 added Monthly update through 2/28/2006 regarding MPRI participant status and recidivism (MPRI Monthly Status Report - Section 1E)
3/1/2006	Addendum No. 16 added Full research citations for Addendum No. 14 Monthly update through 1/31/06 regarding MPRI participant status and recidivism (MPRI Monthly Status Report - Section 1E)
2/3/2006	Tables 5 & 6 edits, including citations (MPRI Monthly Status Report) Full research citations for Addendum No. 9
1/31/2006	Original Posting

Michigan Prisoner ReEntry Initiative
QUARTERLY STATUS REPORT

Pursuant to Public Act 331 of 2006, Section 406(1) & (2), Section 409,
Section 1008(1) & (2), and Section 1009
And Public Act 154 of 2005 Section 407(4)

Section No. 1: Identifying and Addressing the Needs of Former Prisoners

A) Prisoner Population Characteristics

Michigan prisons and camps currently hold 50,203 prisoners (as of 1/01/2008). Based on each inmate's sentence with the largest minimum term, the offenses for which State prisoners are incarcerated include: 24% sex crimes, 44% other violent crimes, 9% drug crimes, and 23% other nonviolent crimes. Over 62% of the inmates are serving their first prison term (A prefix). The average cumulative minimum sentence is 8.1 years. Approximately 35% of all prisoners are serving sentences of 10 years or more. About 31% of the prison population is past the potential earliest release date (ERD). Of those past the ERD, 75% have been denied parole throughout the current prison term and 25% have paroled but then returned as violators. There are 4,955 lifers.

The prisoner population gender breakdown is about 96% male and 4% female. Prisoner ages range from 14 to 89, and the average age is 36. The racial breakdown is 52% Black, 45% White, 2% Hispanic, and less than 1% Asian, American Indian, or Other. Substance abuse history data from pre-sentence investigation reports shows 61% with a history of drug and/or alcohol abuse (39% with past drug and alcohol abuse, 14% with past drug abuse only, and 8% with past alcohol abuse only). Twenty-six percent (26%) of prisoners have a past history of mental health issues according to PSI data.

B) Parolee and MPRI Target Population Characteristics: January – December 2006

The Michigan Department of Corrections paroled over 12,400 offenders to the community in calendar year 2007. Given parole approval rate patterns, some parole population

characteristics are somewhat different from those for the prisoner population. Parolees are more commonly serving sentences for drug and other nonviolent crimes, as well as comparatively shorter sentences. Though still small, the percentage of parolees who are female is somewhat higher than the percentage for prisoners. And a history of mental health issues is less common for parolees. An examination of the MPRI site parole population characteristics reflects these differences.

C) Components of the Michigan Prisoner ReEntry Initiative (MPRI)

The **VISION** of the MPRI is that every prisoner released to the community will have the tools needed to succeed. The **MISSION** of the MPRI is to reduce crime by implementing a seamless plan of services and supervision developed with each offender—delivered through state and local collaboration—from the time of their entry to prison through their transition, reintegration, and aftercare in the community. **MPRI GOALS** are to:

- **Promote public safety** by reducing the threat of harm to persons and their property by released offenders in the communities to which those offenders return.
- **Increase success rates of former prisoners** by fostering effective risk management and treatment programming, accountability, and community and victim participation.

Building Safer Neighborhoods & Better Citizens: A Comprehensive Approach

Michigan is a leader in prisoner re-entry and is the first state in the nation to converge the three major schools of thought on prisoner re-entry to develop and fully implement a comprehensive model of prisoner transition planning. The MPRI Model begins with the three-phase re-entry approach of the Department of Justice's Serious and Violent Offender ReEntry Initiative (SVORI); further delineates the transition process with the seven decision points of the National Institute of Corrections' Transition from Prison to Community Initiative (TPCI) model; and incorporates into its approach the policy statements and recommendations from the Report of the ReEntry Policy Council coordinated by the Council of State Governments. In this way,

the MPRI represents a synergistic model for prisoner re-entry that is deeply influenced by the nation's best thinkers on how to improve parolee success.

In developing the MPRI Model, Michigan had the tremendous benefit of technical assistance grants from the National Governors Association (NGA) and the National Institute of Corrections (NIC) that provided substantial resources for consultation, research, training, and technical assistance. As part of collaboration with the federal Department of Labor and the federal Department of Justice, the MPRI Model is also incorporating the Ready4Work Model at select locations. This model emphasizes job training and placement, mentoring and case management, each of which is essential for job retention for former prisoners but none of which is sufficient alone given the enormous barriers to successful reintegration of former prisoners to Michigan's work force¹. Thus, the knowledge base is unprecedented.

The MPRI Model was initially implemented using funding provided by the Legislature for Fiscal Year 2006 in eight communities throughout Michigan at the following locations:

- Wayne County
- Kent County
- Genesee County
- Macomb County
- Kalamazoo County
- Capital Area (Ingham, Eaton, Clinton)
- Berrien County
- 9-County Rural Region²

As a result of funds provided to the MPRI by the JEHT Foundation, an additional seven Sites were developed in 2006. JEHT funds provided for a Community Coordinator at each location to organize these sites (including the remaining seven urban counties) for FY2007:

- Oakland County
- Muskegon County
- Jackson County
- Saginaw County
- Washtenaw County
- St. Clair County
- Calhoun County

Beginning in Fiscal Year 2008, MPRI is being implemented in every county throughout the state. (See Map on next page)

¹ See Addendum No. 1, "The Ready4Work Model"

² The 9 County rural region includes the following counties: Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Leelanau, Missaukee, Otsego, and Wexford.

MPRI Statewide Implementation Map



STATEWIDE IMPLEMENTATION

MPRI Round I

MPRI Round II

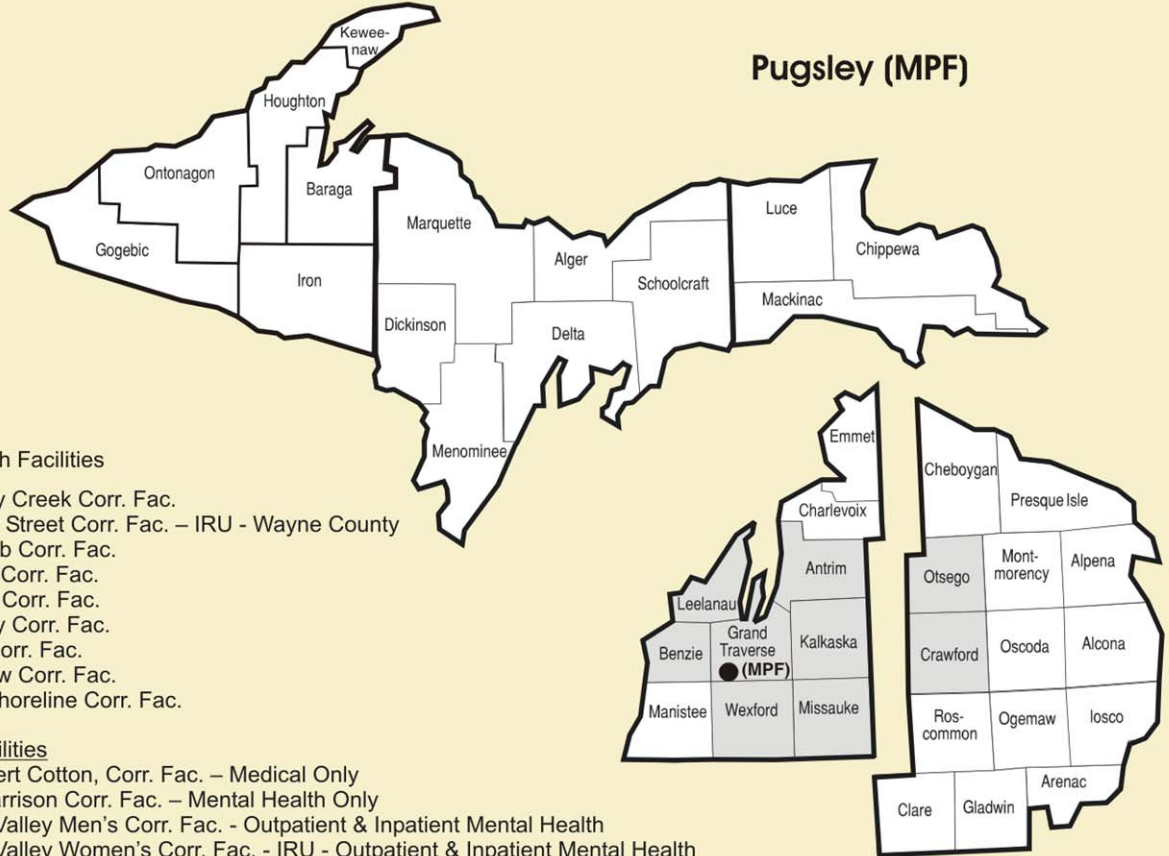
MPRI Round III

● In-reach Facilities

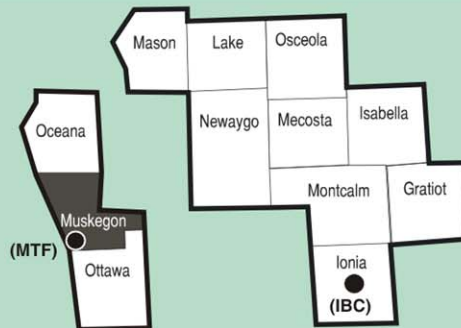
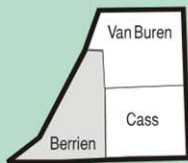
- IBC Bellamy Creek Corr. Fac.
- JCS Cooper Street Corr. Fac. – IRU - Wayne County
- MRF Macomb Corr. Fac.
- NRF Mound Corr. Fac.
- SMT Parnall Corr. Fac.
- MPF Pugsley Corr. Fac.
- RRF Ryan Corr. Fac.
- SRF Saginaw Corr. Fac.
- MTF West Shoreline Corr. Fac.

Statewide Facilities

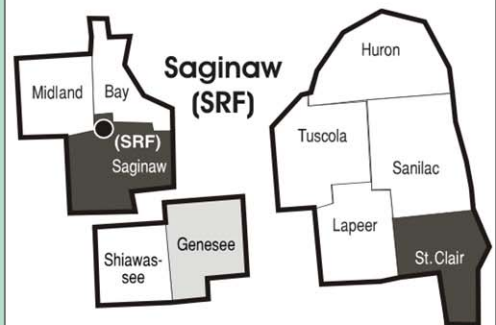
- JCF G. Robert Cotton, Corr. Fac. – Medical Only
- ARF Gus Harrison Corr. Fac. – Mental Health Only
- HVM Huron Valley Men's Corr. Fac. - Outpatient & Inpatient Mental Health
- WHV Huron Valley Women's Corr. Fac. - IRU - Outpatient & Inpatient Mental Health



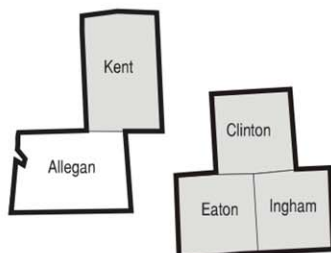
West Shoreline (MTF)



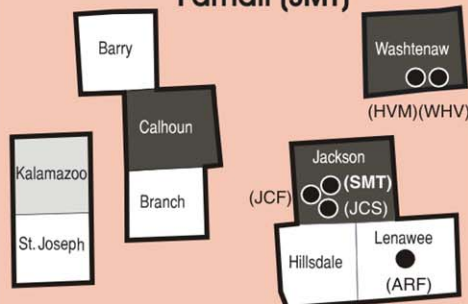
Saginaw (SRF)



Bellamy Creek (IBC)



Parnall (SMT)



Macomb (MRF)



Ryan (RRF)
Mound (NRF)



The Three-Phase, Seven-Decision-Point MPRI Model

The National ReEntry Policy Council Report was adapted to create two types of documents³ to assist Michigan's efforts in designing and implementing the MPRI Model: First, a set of guidelines on design and implementation issues and second, a set of three workbooks--one for each of the three MPRI Model phases (Getting Ready, Going Home, Staying Home)--that have been used to determine the policy statements, recommendations and implementation strategies for the MPRI Model that provides a summary of the MPRI Model, a series of 22 Policy Statements and approximately 150 recommendations which the cabinet-level MPRI State Policy Team approved for implementation. The 22 Policy Statements are categorized by the three MPRI Phases and delineated by the seven primary decision points that comprise the Model as illustrated in Table 1 and the diagram on the next page.

Table 1: The Three-Phase, Seven-Decision-Point MPRI Model

PHASE ONE—GETTING READY

The **institutional phase** describes the details of events and responsibilities which occur during the offender's imprisonment from admission until the point of the parole decision and involves the first two major decision points:

- 1. Assessment and classification:** Measuring the offender's risks, needs, and strengths.
- 2. Prisoner programming:** Assignments to reduce risk, address needs, and build on strengths.

PHASE TWO—GOING HOME

The **transition to the community or re-entry phase** begins approximately six months before the offender's target release date. In this phase, highly specific re-entry plans are organized that address housing, employment, and services to address addiction and mental illness. Phase Two involves the next two major decision points:

- 3. Prisoner release preparation:** Developing a strong, public-safety-conscious parole plan.
- 4. Release decision making:** Improving parole release guidelines.

PHASE THREE—STAYING HOME

The **community and discharge phase** begins when the prisoner is released from prison and continues until discharge from community parole supervision. In this phase, it is the responsibility of the former inmate, human services providers, and the offender's network of community supports and mentors to assure continued success. Phase Three involves the final three major decision points of the transition process:

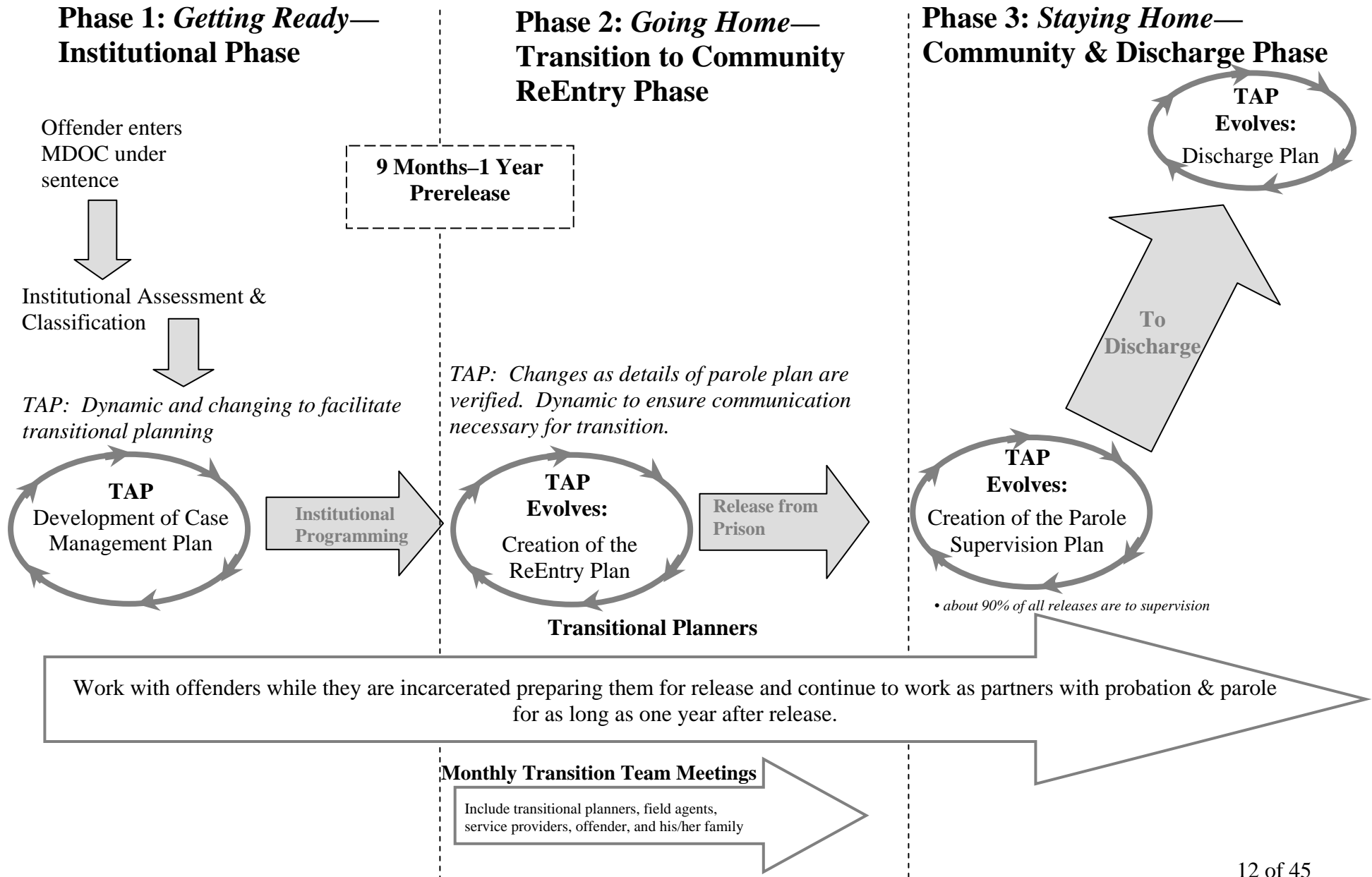
- 5. Supervision and services:** Providing flexible and firm supervision and services.
- 6. Revocation decision making:** Using graduated sanctions to respond to behavior.
- 7. Discharge and aftercare:** Determining community responsibility to "take over" the case.

The MPRI Model involves improved decision making at these seven critical decision points in the three phases of custody, release, and community supervision and discharge process. For FY 2008, MPRI is fully funded and all counties across the state are involved with Phase II

³ See Addendum No. 2, "MPRI Design Guidelines" and Addendum No. 3, "The MPRI Model"

Transition Accountability Plan

MPRI Process Flowchart



(Transition) and III (Community & Discharge) of the MPRI model.⁴ During the next two years (FY 2008 & FY 2009), MDOC will be working to bring MPRI Up-to-Scale, meaning that all aspects of the MPRI are implemented, beginning at reception to prison.⁵

Coordinating Community Development: The Heart of MPRI

Strong and sustained local capacity is the single most critical aspect of the MPRI implementation process. MPRI communities have become dedicated champions of improved prisoner re-entry that will result in less crime through determined and specific preparation for prisoners who will transition back to their communities. Local efforts at education, training, planning, and implementation need significant guidance and support in order to build the capacity for system reform.

Each Site has a full-time local Community Coordinator originally funded by a grant from the JEHT Foundation to help the community effectively prepare for prisoner re-entry while MDOC is better preparing prisoners for release. This community coordination will serve to elicit community buy-in and investment, plan for sustainability, and ensure quality results throughout the process.

D) P.A. 331 Section 406 (1): Prisoner Reintegration Programs

The Michigan Department of Corrections has developed a strategy for prisoner reintegration services that involves funding support in three critical areas:

1. ***Comprehensive Plans.*** Each community engaged in the Michigan Prisoner ReEntry Initiative (MPRI) develops and implements a Comprehensive Prisoner ReEntry Plan for their community that describes and addresses the assets, gaps, and barriers facing offenders when they return home. Comprehensive Plans address multiple service areas corresponding to potential offender needs and present strategies for the development, targeting and delivery of specific services within those areas.
2. ***Supportive Services.*** MDOC funds several different programs for returning prisoners that support the services provided through MPRI Comprehensive Plans.
3. ***Capacity Building and Technical Support.*** MDOC has contracted with several organizations to provide capacity building services and technical support to MPRI.

The following table and narrative describe the budget allocations and projected expenditures, objectives, and measured results for each of these three areas.

⁴ See Addendum No.4, “MPRI Funding for FY07” and Addendum No. 5, “The MPRI Statewide Implementation Plan”

⁵ See Addendum No. 6, “MPRI Up-to-Scale Progress Summary”.

Table 2. Budget Allocations and Projected Expenditures

	<i>Comprehensive Plans</i>	<i>Supportive Services</i>	<i>Capacity Building and Technical Support</i>	<i>Federal Awards</i>
<i>Allocations FY2008</i>	\$8,650,000	\$2,327,690	\$540,210	\$2,151,905
<i>Projected Expenditures FY2008</i>	100% utilization for FY2008			

Objectives and Results

Comprehensive Plans

■ Objectives

- To create and implement an effective strategy to reduce crime in each community by funding community-based services and programs designed to reduce risk and resolve criminogenic needs
- To use MPRI funding to leverage additional resources for returning prisoners
- To build collaborative partnerships that will allow for the strategic and coordinated use of resources

■ Results

- See section F of this report for a complete description of the results from these activities.

Supportive Services

■ Objectives

- To augment the capacity of Comprehensive Plans by targeting special populations of offender; such as women, mentally ill offenders, and youth
- To increase the focus on job development activities by piloting the Ready4Work model for offender employment development

■ Results

- Because these support services are available for MPRI-designated offenders, the results of these programs are connected to the overall outcomes of MPRI. For a complete description of the results of MPRI, see section F.

Capacity Building and Technical Support

■ Objectives

- In general, capacity building and technical support programs do not directly impact individual offenders. Instead, they are intended to enhance the availability, efficiency and effectiveness of programs and treatments delivered under the Comprehensive Plans which, in turn, then better address offenders' criminogenic needs and reduce the risk of reoffending and returning to prison. Specific activities within this area include the need:
 - To procure and implement a valid and reliable risk assessment instrument
 - To conduct an independent evaluation of MPRI
 - To build the capacity of state and local stakeholders to become effective developers and implementers of the MPRI Model

- To sustain and support the technology to enhance operating efficiencies
- To build a corrections system that has the capacity to use evidence and data for informing decisions
- To maximize the impact of MPRI by increasing stakeholders' knowledge-base and providing effective training and tools to implement the MPRI Model

■ Results

- The COMPAS risk assessment instrument was selected as the risk instrument for MDOC. The COMPAS is being used in In-reach Facilities to inform the Transition Accountability Plan. The COMPAS will be implemented at the Reception and Guidance Center to inform Transition Accountability Plans for prison-based programming decisions later this year. For more information on the COMPAS, see Addendum 7.
- An independent evaluator for MPRI has been working to assess process and implementation of MPRI and has begun collecting and analyzing data on intermediate outcomes.
- Public education and outreach activities have generated tremendous public support for MPRI.
- Our cross-system training has trained hundreds of local stakeholders on the MPRI model, evidence-based practices, and other critical implementation activities.

Evaluation of Prisoner Reintegration Programs

The evaluation of MPRI includes both summative and formative components: that is, it will provide detailed assessment of not just outcomes but also a comprehensive review of how well the MPRI model was implemented across different sites and timeframes. Thus, it will answer questions not only about WHAT happened to MPRI participants, but also WHY and HOW those results were achieved. Thus, the overall evaluation will comprise multiple aspects including:

- Review of literature and research reports to identify best practices and support implementation of Evidence Based Practices
- Process and implementation assessment
- Monitoring and assessment of system inputs and outputs
- Environmental scans and geomapping studies to assess local resources and impacts
- Assessment of short, intermediate and long-term outcomes
- Evaluation of MPRI impact

In addition to the overall evaluation, MDOC is committed to conducting program-level evaluations to determine which programs or combinations of programs are most effective in reducing criminogenic needs and, as a result, risk of failure on parole. These program-level studies will produce quantifiable estimates of program impact that will, in turn, be incorporated into the COMPAS risk/needs assessments, resulting in a

truly dynamic process of assessment, planning and treatment. The program-level evaluations will be managed by the MDOC Office of Research and Planning and will be conducted in partnership with a consortium of Michigan universities and other outside research partners. Some of these studies are already underway and, when completed, will add richness and texture to the overall evaluation.

Finally, independently funded projects that are integrated into MPRI (e.g. Family Focused Approach, Kalamazoo Comprehensive Approach to Sex Offender Management) may contain separate evaluation components that will be coordinated with the overall MPRI evaluation.

Evidence and Research

The principles of Evidence Based Practice (EBP) are one of the cornerstones of MPRI model implementation. From the earliest planning stages of MPRI, MDOC and its partners have engaged in an extensive and ongoing search for the best available research regarding the effectiveness of specific programs. In addition, a considerable body of literature has been collected regarding how to most effectively target interventions, implement programs, and monitor and measure both program fidelity and outcomes.

Estimated Impact on Reoffending and Return to Prison

A discussion of techniques employed to estimate MPRI impact on recidivism and return to prison can be found in Section F of this report. That section also presents a summary of the overall estimated impact of MPRI to date. The analysis relies on matched comparisons, reflecting the fact failure rates vary according to offender characteristics and backgrounds. In addition, the analysis is done by cohort, to reflect stages of model implementation and so that offenders are being compared to others with comparable time at risk of failure. At this point, results are presented only for the overall impact of MPRI (by cohort) because it is premature to attempt to disaggregate the outcomes by specific site or program.

Estimated Bedspace Impact

MPRI is expected to impact the Department's need for prison beds in two ways:

- Improvement in parolee success following release, resulting in reduced returns to prison for Technical Violations and New Sentences.

- Increases in parole approval as a direct result of better parolee success (the first impact) via improved parolee planning, supervision and treatment. Demonstrated success in these areas should enhance Parole Board confidence in release outcomes and result in a greater willingness to consider release to effective parole supervision settings and strategies.

Early findings regarding parolee success are summarized in Section F of this report. At this point, it is too early to assess impact on parole grant rates, given the preliminary nature of the outcome data and the still evolving MPRI Model implementation.

E) The Continuum of Services Corresponding to Prisoner Risk and Needs Assessment

One of the more important goals of the MPRI is to establish a process for assessing offender risk, needs, and strengths to begin at intake and continue through discharge from parole, connecting the assessed risks, needs, and strengths to prisoner programming, and developing transition plans to effectively manage the risks, address the needs and build on the strengths. This section describes that continuum of services.

Current Approach to Prisoner Risk and Needs Assessment

The MDOC has a long standing history of using objective classification instruments at many stages from sentencing through final discharge, but the instruments used have been developed independently and do not comprise a unified system of risk, needs and strengths assessment. Therefore, the MPRI is implementing the COMPAS instrument that integrates many of the elements of risk, needs, and strengths into a single assessment.

Also, many of the instruments historically employed by MDOC rely heavily on “static factors” that cannot change, making it difficult to assess offender progress toward reducing the risk of recidivism. However, the COMPAS instrument captures information about factors subject to change (“dynamic factors”) to facilitate the tracking of progress toward MPRI objectives⁶.

The MPRI Approach to Prisoner Risk and Needs Assessments

The MPRI has focused on achieving the goals of the Assessment and Classification decision point that includes incorporating approaches to fully respond to assessed risk, needs, and strengths through a Transition Accountability Plan (TAP).

⁶ See Addendum No. 7, “The COMPAS: Risk and Needs Assessment in the MPRI Model”

Effective assessment and classification and the TAP form the cornerstones of the Institutional Phase of the MPRI Model. COMPAS addresses the variables and key principles for assessment that underlie the Initiative, and is based on research that shows what works to reduce recidivism. This evidence-based approach is critical and fundamental to the implementation of the full MPRI Model.

Transition Accountability Plans and Prison In-Reach

The lynchpin of the MPRI Model is the development and use of the Transition Accountability Plan (TAP) at critical points in the prisoner transition process⁷. The TAP will initially be developed during the offenders' intake to prison and will evolve to reflect their risk and needs as they progress through the correctional system. The TAP will succinctly describe for the prisoner, former prisoner, the institution and field staff and the community exactly what is expected for a successful re-entry process. Under the MPRI Model, the TAP, which is a summary of the offender's Case Management Plan at critical junctures in the transition process, will be prepared with each prisoner:

- As part of the prison intake process (MPRI Phase I). This version will summarize expectations for the prison term that will help inmates prepare for release.
- As part of the parole decision process (MPRI Phase II). This will include the terms and conditions of prisoner release to the communities.
- When the prisoner re-enters the community (MPRI Phase III). This will summarize the supervision and services parolees will experience in the community; and
- When the former prisoner is discharged from parole supervision (MPRI Phase IV), indicating the plan for discharge from parole, including plans for continuing care and treatment, if needed.

Pre- and Post-Release Programs and Services

Each of the MPRI Prison In-reach facilities that house prisoners who will be returning to the MPRI communities currently provide many core elements of essential cognitive behavioral programs and services as part of Phase II of the MPRI Model and eventually will be driven by the Ready4Work Model for employment retention.

As the MPRI Model is fully implemented across the state, post release programs and services will be implemented following the same employment retention model. Additional programs to strengthen the pre-

⁷ See Addendum No. 8, "Transition Accountability Plans and the Importance of Prison In-Reach"

release core curriculum within the prison will be accomplished as more state and federal funding becomes available.

A continuum of “pre” and “post” release service – driven by the results of the COMPAS assessments – will be accomplished as a result of the collaborations that form the core of the MPRI.

Ongoing Offender Behavior Assessments

The COMPAS will provide standardized, accurate, and complete assessments of risk, needs, and strengths performed at prison intake and periodically thereafter. The assessments will identify the risk of failure for each prisoner and which programs, treatments, and interventions will improve each prisoner’s chance for success. Periodic reassessment will be performed to measure the degree to which each offender’s risks and needs are being affected at each stage of the MPRI process from intake through discharge and aftercare. Using the COMPAS will allow for a process that both staff and prisoners understand so that they “buy into” the process as this is critical for effective implementation.

Data Collection and Analysis for Future Efforts

The COMPAS system provides the MDOC and the MPRI Sites with the capacity to enable users to input data related to offender risk, needs and strengths, specifically in the areas of: Criminal Attitudes, Educational Achievement, Vocational Training and related abilities, Substance Abuse History, Criminal Associates/Family, Mental Health History, Housing/Neighborhood, and Employment History/Financial Stability. Northpointe, Inc., which developed the COMPAS and is under contract with the MDOC, will routinely assess the collected data and assessment scales for internal validity, and present the outcomes studies to the MDOC. “Known-group” analysis will also be conducted on the MDOC data as an additional validity measure in testing the differentiation between selected offender risk groups. MDOC staff feedback and administrative requirements will also be employed to enhance operational revisions at the early stages of the COMPAS tool implementation, including the potential inclusion of additional risk or need scales into the instrument.

F) PA 124, Section 403(2): Characteristics of Prisoners Enrolled in the MPRI

(UPDATE THROUGH 11/30/2007) Public Act 124 of 2007, Section 403(2) requires that the department provide quarterly reports on the status and recidivism levels of offenders who participated in the MPRI and have been released, including a breakdown by the following offender types: drug, other nonassaultive, sex, and other assaultive.

The follow up of MPRI-related offenders who are released to the community is being done by systematically tracking individual offender release cohorts since the MPRI is being implemented in stages to build toward the full MPRI Model. For example, the Intensive ReEntry Units (IRU's) that were implemented in 2005 were actually "precursors" to the MPRI because while they served as a testing ground for some MPRI practices, they had not implemented the full MPRI Model.

Similarly, much of the activity for the first and second rounds of official MPRI pilot sites and subsequent statewide implementation so far has been concentrated on Phases II and III of the MPRI Model because the new, dynamic risk/needs assessment instrument (COMPAS) that is the lynchpin of Phase I at the point of reception into prison has not been fully implemented yet. Thus, as each cohort of MPRI-related cases transitions to parole with the escalating benefit of the MPRI Model in place, it is expected that progressively improving recidivism outcomes will be apparent.

In recognition of variable failure rates among offenders with different characteristics, and in light of the fact that the prisoners chosen for the MPRI by the Parole Board tend to be moderate to high risk for re-offense, the Office of Research and Planning has imposed statistical controls on the comparisons to the overall baseline to account for the presence of offender characteristics that are demonstrated to have a strong relationship to differentiations within the baseline failure rates. These statistical controls enable the analysis to refine the comparisons to the baseline by offender subgroups with matched characteristics, rather than just comparing all cases to the overall baseline. While this complicated undertaking will continue to be refined, Office of Research and Planning analysts have already determined that the two most significant general

factors identified so far in the differentiation between release outcomes are a history of previous return to prison as a parole violator and county of release.

In the case of county of release, the differentiation is likely driven by local prosecutorial charging and plea bargaining practices as well as local issues such as economic/employment and housing prospects within depressed areas. The formal MPRI evaluation will eventually include examination of local community dynamics such as these.

In the case of history of prior parole failure, supplementary analysis of the 1998 baseline recidivism data shows that parolees who have a history of being returned to prison as parole violators (for either technical violations or new sentences) have a 24% greater likelihood of again failing on parole when next released, compared to parolees with no prior history of parole failure. This is consistent with the risk principle, wherein if the risk, needs and strengths of past violators are not adequately addressed before again returning them to the community, then more often than not they will continue to fail until something changes. This repetitive cycle of misbehavior is precisely what the MPRI is designed to stop – via its features of dynamic risk assessment, transition accountability planning, program intervention and community in-reach in advance of the next release.

As proof of performance that the MPRI is targeting offenders who are otherwise likely to fail on parole, 65.1% of the MPRI and IRU cases paroled through November of 2007 had a history of prior parole failure, while only 34.5% of the 1998 baseline paroles had a history of prior parole failure. **When controlling for history of prior parole failure, the overall MPRI/IRU recidivism outcomes through November of 2007 currently show a 26% improvement in total returns to prison against the 1998 baseline (across all of the release cohorts as a group.) This translates into 493 fewer returns to prison so far when compared to baseline expectations (a numerical reduction that will grow considerably if these results are sustained over a full three-year follow-up period.)**

Table 3 shows the more detailed status and recidivism levels of the first eleven offender release cohorts as of the end of November 2007. It is important to recognize that adequate follow-up time must pass before

reliable recidivism outcomes can be established, since relatively few offenders are returned to prison during the first several months following release. As of the end of November 2007, only the first 566 IRU/MPRI cases paroled in 2005 had been released long enough to enable even a full two years of follow-up, and this is only 6% of all IRU/MPRI releases to date.

Table 3: Quarterly Status/Recidivism Levels of Released MPRI-Related Participants

	Number of Cases To Date	Number Released Thru 11/30/07	Returned to Prison Thru 11/30/07		Baseline Returns Expected Within period		Improvement So Far Against Baseline	
			Number	Percent	Number	Percent	Number	Percent
IRU 1st Cohort (2005 IRU releases)	687	687	290	42.2%	337	49.1%	-47	-13.9%
IRU 2nd Cohort (2006 IRU releases)	1,412	1,412	402	28.5%	529	37.5%	-127	-24.0%
IRU 3rd Cohort (2007 cases so far)	642	642	72	11.2%	104	16.2%	-32	-30.8%
MPRI Pilot 1st Cohort (1 st round 1 st wave)	160	152	55	36.2%	68	44.7%	-13	-19.1%
MPRI Pilot 2nd Cohort (1 st round 2 nd wave)	806	806	237	29.4%	300	37.2%	-63	-21.0%
MPRI Pilot 3rd Cohort (1 st round 3 rd wave)	2,460	2,460	249	10.1%	331	13.5%	-82	-24.8%
MPRI Pilot 4th Cohort (2 nd round 1 st wave)	697	697	53	7.6%	74	10.6%	-21	-28.4%
MPRI Statewide FY 2007 (post-IRU)	698	698	23	3.3%	43	6.2%	-20	-46.5%
MPRI Community Placement Program	657	642	29	4.5%	54	8.4%	-25	-46.3%
MPRI Statewide FY 2008 (All MPRI)	2,821	766	1	0.1%	13	1.7%	-12	-92.3%
MPRI Mentally Ill Demonstration	743 parole 142 max out	319 parole 107 max out	15 2	4.7% 1.9%	64 4	20.1% 3.7%	-49 -2	-76.6% -50.0%

First IRU Offender Release Cohort (2005 Releases)

All offenders released to parole from the IRU's in 2005 represent the first pre-MPRI offender release cohort that is being tracked. The first of these offenders transitioned to parole in February of 2005. Through

November 2007, this first pre-MPRI offender release cohort has yielded a 14% improvement in returns to prison so far against the overall baseline when controlling for a history of prior parole failure. This cohort will continue to be tracked with the expectation that, even if these results continue to diminish over time, at least modest improvements in return to prison and time to failure will be maintained even for this initial group.

Second IRU Offender Release Cohort (2006 Releases)

All offenders released to parole from the IRU's in 2006 represent the second pre-MPRI cohort to be tracked. There are 1,412 cases in this cohort, and less than 30% returned to prison through the end of November 2007. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 24% improvement in returns to prison so far against the overall baseline when controlling for a history of prior parole failure.

Third IRU Offender Release Cohort (2007 Releases)

All offenders released to parole from the IRU's in 2007 represent the third pre-MPRI cohort to be tracked. This cohort of 642 released cases was closed out at the end of May because the IRU locations have been re-designated as "MPRI Statewide" pilot site facilities. Less than 12% had returned to prison through the end of November. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 31% improvement in returns to prison so far against the overall baseline when controlling for a history of prior parole failure.

First MPRI Round 1 Pilot Site Offender Release Cohort

The first official MPRI pilot site offender release cohort consisted of 160 offenders (20 at each of eight pilot sites). Six of these offenders had their paroles suspended prior to release and received continuances instead; two due to pending charges, three due to institutional misconduct, and one due to failure to complete the statutory GED educational requirement. Two more of the original 160 were paroled, but ultimately as non-MPRI cases.

These first official MPRI offenders began paroling in November and December of 2005, and all had transitioned to parole by the end of April 2006. Less than 37% had returned to prison through the end of

November 2007. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 19% improvement in returns to prison so far against the overall baseline when controlling for a history of prior parole failure.

Second MPRI Round 1 Pilot Site Offender Release Cohort

The 2nd wave of first round MPRI pilot site cases began to be released in larger numbers in May 2006, and all 806 cases had transitioned to parole by the end of September 2006. Through the end of November 2007, only about 29% had returned to prison. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 21% improvement so far against the overall baseline when controlling for a history of prior parole failure. In total, over 1,800 prisoners were targeted (paroled/engaged/identified) for the MPRI in FY 2006, with each release cohort (4-6 month cycles) benefiting from fuller implementation of the complete MPRI Model – as did the newer FY 2007 release cohorts.

Third MPRI Round 1 Pilot Site Offender Release Cohort

The 3rd wave of first round MPRI pilot site cases began to be released in October 2006, and all 2,460 had transitioned to parole by the end of September 2007. Only about 10% of these cases had returned to prison by the end of November 2007. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 25% improvement so far against the overall baseline when controlling for a history of prior parole failure.

First MPRI Round 2 Pilot Site Offender Release Cohort

The 1st wave of second round MPRI pilot site cases began to be engaged with the seven new pilot sites in October 2006, and all 697 had paroled by the end of September 2007, with less than 8% returned to prison by the end of November. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 28% improvement so far against the overall baseline when controlling for a history of prior parole failure.

FY 2007 MPRI Statewide Offender Release Cohort

In the first half of 2007, the IRU locations were re-designated as “MPRI Statewide” facilities, so a new offender release cohort was started in June 2007 for tracking paroles from those locations. Through September of 2007, all 698 MPRI Statewide FY 2007 cases were paroled, and about 3% had been returned to prison. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 47% improvement in returns to prison so far against the overall baseline when controlling for a history of prior parole failure.

MPRI Community Placement Program Offender Release Cohort

The MPRI Community Placement Program (CPP) was a system of integrated transitional services coupled with rigorous drug testing and sanctions. The CPP was restricted to offenders who were serving active prison sentences for only drug crimes or other nonviolent, non-weapons-related crimes who were already past their earliest release dates due to either previous denial of parole or earlier return to prison as violators of parole conditions.

The program consisted of four phases which assessed, referred, and placed parolees into community-based transitional residential housing and services. The initial phase was the standard MPRI In-Reach phase, followed by placement in a community-based programming center, and then eventual transition to an approved home placement (with electronic monitoring as necessary) and access to programming, assistance and services. The final phase allowed for periods of return to the community-based programming center if necessary for reasons such as rule noncompliance, family conflict or loss of home status.

Paroles to the CPP began in June, and through November of 2007 there were 642 releases to the CPP, with fewer than 5% returned to prison so far. Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 46% improvement in returns to prison so far against the overall baseline when controlling for a history of prior parole failure.

FY 2008 MPRI Statewide Offender Release Cohort

In FY 2008, the MPRI has been implemented statewide (meaning that every county is now covered by the initiative). Thus, all offenders identified, engaged and released under the MPRI during FY 2008 will constitute a new comprehensive statewide offender release cohort to be tracked. Through November of 2007, 766 MPRI Statewide FY 2008 cases had been paroled and only 1 offender had returned to prison.

MPRI Mentally Ill Inmate Demonstration Project

Because the baseline analysis showed similar failure rates for mentally ill releases but often much faster time to failure than for non-mentally ill releases, separate baseline failures rates for this specialized subpopulation were used for comparisons to these Mentally Ill Demonstration Project releases.

The first 885 mentally ill inmates were engaged in this demonstration project (starting in January of 2006), with the first 426 released to parole status or discharged on the maximum sentence by the end of November 2007. The first 885 cases engaged in the demonstration project consisted of 743 potential transitions to parole and 142 discharges on the maximum sentence (with aftercare arranged proactively for the latter cases for the first time). These demonstration project figures do not include community referrals to provide funding for mental health services for separate cases who were already on parole.

Of the first 426 cases returned to the community, three-quarters were paroled and the remainder discharged on the maximum sentence. Less than 5% of the parolees had returned to prison by the end of November 2007. Two of the “max-outs” had returned to prison (2%). Although the numbers involved are too small to draw statistically significant conclusions this early, this represents a 50% – 77% improvement so far against the baseline rate of return to prison for mentally ill offenders who were released back to the community.

MPRI-Related Offender Release Cohorts by Crime Group

Table 4 shows the principal crimes for which sentences were being served among those offenders transitioned to parole (or discharged) so far from the first offender release cohorts. Sentences for drug and other nonassaultive crimes are understandably the most common for these initial offender release cohorts. After successes are achieved and parole board confidence in positive outcomes is increased, it is anticipated that the mix of offenses will gradually include a higher proportion of assaultive cases.

Table 4: Crime Groups for MPRI-Related Participants Released Thru 11/30/07

	Sex	Other Assaultive	Drug	Other Nonassaultive	Total
IRU 1st Cohort (2005 IRU releases)	42	202	127	316	687
	6.1%	29.4%	18.5%	46.0%	100%
IRU 2nd Cohort (2006 IRU releases)	65	451	226	670	1,412
	4.6%	31.9%	16.0%	47.5%	100%
IRU 3rd Cohort (2007 cases so far)	33	197	117	295	642
	5.1%	30.7%	18.2%	46.0%	100%
MPRI Pilot 1st Cohort (1 st round 1 st wave)	0	33	38	81	152
	0.0%	21.7%	25.0%	53.3%	100%
MPRI Pilot 2nd Cohort (1 st round 2 nd wave)	31	217	147	411	806
	3.8%	26.9%	18.2%	51.0%	100%
MPRI Pilot 3rd Cohort (1 st round 3 rd wave)	125	848	414	1,073	2,460
	5.1%	34.5%	16.8%	43.6%	100%
MPRI Pilot 4th Cohort (2 nd round 1 st wave)	46	217	123	311	697
	6.6%	31.1%	17.6%	44.6%	100%
MPRI Statewide FY 2007	38	263	112	285	698
	5.4%	37.7%	16.0%	40.8%	100%
MPRI Community Placement Program	0	0	180	462	642
	0%	0%	28.0%	72.0%	100%
MPRI Statewide FY 2008 (All MPRI)	51	278	131	306	766
	6.7%	36.3%	17.1%	39.9%	100%
MPRI Mentally Ill Demonstration	41	151	37	197	426
	9.6%	35.5%	8.7%	46.2%	100%



Michigan Prisoner ReEntry Initiative

**ADDENDA 1 - 8
TO
QUARTERLY STATUS REPORT**

Pursuant to Public Act 124 of 2007
Section 403 (1) & (2)



The Ready4Work Model

The Ready4Work approach is comprised of three main elements: job training and placement, mentoring and case management, each of which is essential but none of which is sufficient alone. While there is little argument among criminologists and social scientists that employment may be the most essential aspect of successful former prisoner re-integrationⁱ, sustainable employment cannot happen in a vacuum:

While job training and placement are clearly key elements in any attempt to reduce recidivism, many such programs have had disappointing results... [and it] seems job training and placement may not be enough, particularly for offenders who have become “embedded” in criminality. Some offenders have gotten used to easy gains and violence and have weak bonds to conventional society, such as attachment to parents and commitment to jobs or school...

This is where Ready4Work’s commitment to mentoring—to matching returnees with caring, responsible adults in their community—comes in. Prisoners facing release in recent years have served longer prison sentences than in the past, and family ties weaken as prison terms lengthen. Only the luckiest returnees can count on meaningful family support. Yet as Petersilia points out, “Every known study that has been able to directly examine the relationship between a prisoner’s legitimate community ties and recidivism has found that feelings of being welcomed at home and the strengths of interpersonal ties outside prison help predict post-prison adjustment.”

*Ready4Work is testing the idea that mentors can make a crucial difference in helping returnees gain much-needed motivation...Because of the demanding nature of working with returnees and the narrow opportunity to make a difference in their lives, Ready4Work has made it a priority to recruit only mature provider organizations that can ensure that nothing falls between the cracks, and it both prods and supports the providers by requiring rigorous monitoring and reporting of the services that returnees receive...*ⁱⁱ

Ready4Work requires significant community support, in the form of advisory groups, which are already in place in Michigan under the MPRI local Steering Teams, and also need guidance as the program is implemented and monitored. The program components for Ready4Work include:

- *Identifying participant referral sources:* Each lead agency, along with its advisory board, is tasked with identifying correctional institutions that could recommend candidates for the program. Site leaders—often the case managers—work to cultivate

strong relationships with officials in nearby correctional facilities. They also seek out potential participants through congregations and local community organizations.

- *Screening Candidates:* Suitability for the initiative takes into consideration the criminal record, public-safety factors, and the attitude and willingness of each former prisoner. Given the time commitment needed to participate in the program's various elements, it's critical that those who enrolled do so freely and because they desired to improve their circumstances after release from incarceration.
- *Offering Services Designed to ensure long term and meaningful attachment to the labor market:* To help create a seamless network of local employment services, lead agencies work with a variety of other programs, including Workforce Investment Boards, One-Stop Career Centers, workforce development organizations, local educational institutions and other community and faith-based organizations. Each site develops mechanisms for employment readiness, placement and post-placement support services. Sites work hard to "recruit" employers, treating them as customers and describing to them the merits of hiring prescreened and trained Ready4Work participants. Faith and community-based organizations offer orientation and post-placement support for business leaders and managers who are willing to employ program participants. Whenever possible, sites inform the development and implementation of employment services by involving businesses in the local council.
- *Recruiting, screening, training and supporting faith-based mentors:* Each lead agency is required to develop and implement a strategy to recruit and retain mentors who are then matched with returnees. The goal is to match every adult Ready4Work participant with an appropriate mentor, who is primarily responsible for supporting the returnee in the transition back to the community, especially to the workplace—offering support, guidance and assistance with personal and work challenges. Lead agencies work closely with the congregations and community-based organizations that recruit mentors. They screen the mentors according to national standards, match them with program participants, offer ongoing support and provide case management for mentors and mentees. Mentors are required to complete a monthly log describing their contact with their mentees. Case managers regularly ask participants about their relationships to help reinforce participation and negotiate any concerns.
- *Providing Case Management and referral and/or direct wraparound services as needed:* Case management is conceived as the primary component that holds Ready4Work's various other elements together. Sites develop a strategy whereby case managers work individually with participants to maximize their likelihood of job retention and progress, establish successful mentoring, and identify other services needed to successfully reenter society. Sites hire full-time case managers who are required to meet regularly with participants and offer individual referrals for outside services, such as substance abuse treatment, housing, transportation and mental and/or physical health services. Areas of special emphasis include health-related concerns such as HIV/AIDS support, services for parents and families, and assistance with obtaining identification. Sites are urged to keep

case managers' client lists management—25 to 35 participants—which helps ensure the successfully delivery of services.

- *Providing literacy, education and work-based learning opportunities:* Sites provide appropriate educational opportunities in partnership with other local institutions. These include GED programs, alternative high schools for delinquent youth, community colleges or historically black colleges and universities, specialized work-learning programs for youthful offenders and soft skills or training programs tailored to the reentry population.

ⁱ A 1995 meta-analysis of 400 studies found that employment was the single most effective factor in reducing recidivism. Lipsey, Mark W. *What Works: Reducing Reoffending*. West Sussex, U.K.: Wiley, 1995

ⁱⁱ J. Good and P. Sherrid. *When the Gates Open; Ready4Work; A National Response to the Prisoner Reentry Crisis*. Public/Private Ventures, October 2005 (See Attachment No. 1); Section which follows quote is excerpted from this document.



THE MPRI MODEL **DESIGN AND IMPLEMENTATION GUIDELINES**

The National ReEntry Policy Council (www.reentrypolicy.org) developed a guide for states and other jurisdictions interested in pursuing improvements for prisoner re-entry. The 2003 ReEntry Policy Council Report includes a series of policy statements and recommendations to guide the re-entry planning and development process and to improve prisoner re-entry services. The Report has been used extensively in Michigan, alongside the Transition from Prison to Community Initiative (TPCI) Model, and the Serious and Violent Offender ReEntry Initiative (SVORI) Model, to develop our approach.

Specifically, the ReEntry Policy Council Report was adapted to create two types of documents to assist Michigan's efforts in designing and implementing the Michigan Prisoner ReEntry Initiative (MPRI) Model: First, a set of guidelines on design and implementation issues and, secondly, a set of Workbooks - one for each of the three MPRI Model phases (Getting Ready, Going Home, Staying Home) - that have been used to determine the policy statements, recommendations and implementation strategies for the MPRI Model.

This document provides the guidelines for MPRI design and implementation. References to the ReEntry Policy Council Report are included. Our thanks to the ReEntry Policy Council for their excellent advice and assistance.

THE MPRI MODEL

DESIGN AND IMPLEMENTATION GUIDELINES

Planning A Re-Entry Initiative

Policy Statement 1: Encouraging Collaboration Among Key Stakeholders

Engage key stakeholders in a joint venture regarding prisoner re-entry and focus the group's attention on a particular aspect of the issue. (Reference: Report of the ReEntry Policy Council, pgs. 18-22)

Recommendations:

- A.** Recognize the complexities of the different systems.
- B.** Identify key stakeholders and engage them in a discussion regarding re-entry.
- C.** Define the scope of the problem.

Policy Statement 2: Developing a Knowledge Base

Understand the nature and scope of local re-entry issues and develop familiarity with local release policies, the characteristics of returning prisoners, and the resources and capacities of the communities to which prisoners return. (Reference: Report of the ReEntry Policy Council, pgs. 23-35)

Recommendations:

- A.** Understand *who* is being released from prison.
- B.** Identify *what* state and local policies influence and govern re-entry.
- C.** Identify *where* released prisoners are returning, and understand the characteristics and service capacities of those communities.
- D.** Understand *why* released prisoners are re-offending.
- E.** Examine *how* prisoners are prepared for re-entry, supervised, and aided in the transition from prison to community.

Policy Statement 3: Incorporating Re-Entry into Organizations' Missions and Work Plans

Change cultures of criminal justice and health and human services organizations so that administrators of these entities recognize that their mission includes the safe and successful return of prisoners to the communities from which they came. (Reference: Report of the ReEntry Policy Council, pgs. 38-52)

Recommendations:

- A.** Determine how each organization's mission relates to re-entry.
- B.** Concentrate services and supervision in the communities where releasees live.
- C.** Engage community-based organizations, including faith-based institutions, to serve people who are incarcerated and who have been released from prison or jail.
- D.** Ensure that releasing authorities comprise experts who understand the value and appropriateness of supervised release and evidence-based decisions.

Policy Statement 4: Funding a Re-Entry Initiative

Maximize the value of discrete local, state, federal, and private sources of funding that target people released from corrections facilities, their families, and the communities to which they return.

(Reference: Report of the ReEntry Policy Council, pgs. 53-73)

Recommendations:

- A.** Focus resources on programs that have an evidence base and concentrate whatever limited funding is available on periods immediately preceding and following a person's release from prison or jail.
- B.** Determine how sources of funding intended for the same populations and communities can be coordinated and leveraged effectively.
- C.** Manage the growth of the corrections population by making smart use of release decision policies and graduated sanctions for violators of probation and parole and then reinvesting the savings generated through such measures in the communities to which people return after prison.
- D.** Cultivate volunteers from community and faith-based groups to increase staffing and program capacity.

Policy Statement 5: Promoting System Integration and Coordination

Promote the integration of systems sufficient to ensure continuity of care, supervision, and effective service delivery. (Reference: Report of the ReEntry Policy Council, pgs. 74-86)

Recommendations:

- A.** Create and maintain forums for project oversight, information sharing, communication, and problem-solving across agencies and organizations.
- B.** Expand opportunities for intersystem and interdisciplinary education and training.
- C.** Link information systems so data for criminal justice, health, labor, and social services populations can be effectively shared and analyzed as appropriate.

- D. Assign staff to be responsible for boundary spanning among organizations serving people during—and following—their incarceration.
- E. Prepare contracts or memoranda of understanding defining the terms of the partnership, including how shared resources will be managed and accountability will span agencies involved in the initiative.
- F. Establish policy goals and benchmarks common to all parties and agencies involved in re-entry and devise methods for system-wide evaluation.

Policy Statement 6: Measuring Outcomes and Evaluating the Impact of a Re-Entry Initiative

Employ process and outcome evaluation methods to bring clarity to a program's mission, goals, and public value, as well as to assess and improve program implementation, efficiency, and effectiveness.

(Reference: Report of the ReEntry Policy Council, pgs. 87-94)

Recommendations:

- A. Develop a sound logic model in order to build a shared understanding of a program's objectives, strategy, activities, and the relationships between program components and partners.
- B. Develop performance measures so that program administrators can continuously monitor staff performance, program components, and overall program progress.
- C. Conduct process evaluations to identify problems with program implementation, strategy, and service delivery.
- D. Conduct impact evaluations to determine whether and to what extent a program had its intended effect.
- E. Employ a cost-benefit analysis to quantify whether a program is operating efficiently.

Policy Statement 7: Educating the Public about the Re-Entry Population

Educate the public about the risks posed by, and the needs of, the re-entry population, and the benefits of successful initiatives to public safety and the community in general. (Reference: Report of the ReEntry Policy Council, pgs. 95-102)

Recommendations:

- A. Reassure the public that people who present a risk to the community are supervised upon their release, and re-incarcerated when appropriate for failures to comply with their conditions of release.
- B. Make clear that prolonging the incarceration of every prisoner or returning every violator of probation or parole to prison or jail is neither good policy nor fiscally responsible.
- C. Inform the public about the large and growing number of people with criminal records in the community.
- D. Help the public appreciate that preparing people in prison or jail for their release and providing support to them upon their return makes families and communities stronger, safer, and healthier.

THE MPRI MODEL

DESIGN AND IMPLEMENTATION GUIDELINES

Services Systems Development

Policy Statement 30: Rehousing Systems

Facilitate the development of affordable rental housing, maximize the use of existing housing resources, and identify and eliminate barriers to the development, distribution, and preservation of affordable housing. (Reference: Report of the ReEntry Policy Council, pgs. 412-422)

Recommendations:

- A.** Educate policymakers regarding the lack of affordable and supportive housing, and promote legislative options to improve access to affordable housing.
- B.** Facilitate coordination and collaboration among the various areas of government and private entities to develop and manage affordable housing.
- C.** Leverage resources not traditionally used for the expansion of affordable and supportive housing opportunities.
- D.** Site housing facilities appropriate to the needs of communities, educate communities about the need for affordable housing, and build community support for increasing affordable housing.
- E.** Increase the range of affordable and supportive housing models offered by community-based providers.

Policy Statement 31: Workforce Development Systems

Equip all jobseekers with the skills to find and maintain employment that will make them self-sufficient and will meet the needs of the business community. (Reference: Report of the ReEntry Policy Council, pgs. 423-433)

Recommendations:

- A.** Increase system collaboration through local Workforce Investment Boards and One-Stop Career Centers.
- B.** Let the market drive the workforce development system.
- C.** Ensure that workforce development providers address the full spectrum of needs of individuals seeking employment or career services.
- D.** Locate employment services in neighborhoods where the need for them is highest, and provide continuity of services from one One-Stop or provider to another.
- E.** Develop measures to monitor and evaluate the performance of workforce development programs.

Policy Statement 32: Substance Abuse Treatment Systems

Ensure that individualized, accessible, coordinated, and effective community-based substance abuse treatment services are available. (Reference: Report of the ReEntry Policy Council, pgs. 434-444)

Recommendations:

- A.** Improve outcomes by delivering effective, evidence-based substance abuse treatment services.
- B.** Track treatment outcomes and reward performance.
- C.** Maximize flexibility in funding and improve coordination between federal and state AOD agencies—as well as among federal agencies and among state agencies—with a stake in substance abuse treatment.
- D.** Support the development of the substance abuse treatment workforce.
- E.** Promote public understanding that addiction is a preventable and treatable disease.

Policy Statement 33: Mental Health Care Systems

Ensure that individualized, accessible, coordinated, and effective community-based mental health treatment services are available. (Reference: Report of the ReEntry Policy Council, pgs. 445-455)

Recommendations:

- A.** Initiate and maintain partnerships between state mental health and other agencies to reduce fragmentation and ensure a full spectrum of care.
- B.** Maximize the use of all available resources to provide mental health care and supportive services to people with mental illnesses.
- C.** Promote access to evidence-based practices, and measure outcomes.
- D.** Involve consumers and families in mental health planning and service delivery.
- E.** Plan for, support, and train a skilled, culturally competent mental health workforce.
- F.** Educate the public to destigmatize mental illness and build support for people with mental illnesses.

Policy Statement 34: Children and Family Systems

Promote interagency efforts to enhance human services programs that support children and families, and ensure the availability of effective community-based programs to serve that population.

(Reference: Report of the ReEntry Policy Council, pgs. 456-470)

Recommendations:

- A.** Promote access to appropriate health and human services for low-income families.

- B.** Conduct family assessments of individuals receiving human services, and improve service delivery program compliance through a family-centered approach.
- C.** Strengthen access and service delivery for families in the child welfare program.
- D.** Increase coordination across programs for children and families and among service systems.
- E.** Partner with community-based organizations to improve service access and delivery.

Policy Statement 35: Physical Health Care Systems

Increase positive health outcomes, reduce cost, and reduce transmission of communicable diseases by improving access to and raising the quality of existing public and private health care.

(Reference: Report of the ReEntry Policy Council, pgs. 471-482)

Recommendations:

- A.** Improve access to health care services for the working poor by increasing cost-containment strategies and maximizing insurance coverage.
- B.** Encourage community-based health care providers to offer comprehensive primary care.
- C.** Coordinate primary medical care with mental health care and substance abuse services, where appropriate, for patients diagnosed with co-occurring disorders.
- D.** Promote program evaluation and provide incentives for programs which demonstrate measurable improvement.
- E.** Providers of personal health care services should collaborate with public health departments to treat patients with and prevent the spread of communicable diseases.



THE MPRI MODEL

Policy Statements and Recommendations

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The Michigan Prisoner ReEntry Initiative Model

The **VISION** of the Michigan Prisoner ReEntry Initiative is that every inmate released from prison will have the tools needed to succeed in the community.

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

The **GOALS** of the Michigan Prisoner ReEntry Initiative are to:

- **Promote public safety** by reducing the threat of harm to persons and their property by released offenders in the communities to which those offenders return.
- **Increase success rates of offenders** who transition from prison by fostering effective risk management and treatment programming, offender accountability, and community and victim participation.

Building Safer Neighborhoods & Better Citizens: A Comprehensive Approach

Michigan is a leader in prisoner re-entry and is the first state in the nation to converge the three major schools of thought on prisoner re-entry to develop and fully implement a comprehensive model of inmate transition planning. The MPRI Model:

- Begins with the three-phase re-entry approach of the Department of Justice's Serious and Violent Offender ReEntry Initiative (SVORI).
- Further delineates the transition process by adding the seven decision points of the National Institute of Corrections' Transition from Prison to Community Initiative (TPCI) model.
- Incorporated into its approach the policy statements and recommendations from the Report of the ReEntry Policy Council that is coordinated by the Council of State Governments.

In this way, the MPRI represents a synergistic model for prisoner re-entry that is deeply influenced by the nation's best thinkers on how to improve parolee success.

To develop the MPRI Model, Michigan had the tremendous benefit of technical assistance grants from the National Governors Association (NGA) and the National Institute of Corrections (NIC) that provide substantial resources for consultation, research, training, and technical assistance. As a result of the grant from NGA, the MPRI is also utilizing zip-code level parolee mapping of Michigan conducted by the Urban Institute as part of our intensive strategic-planning process. As a result, the knowledge base created by the MPRI is unprecedented.

Michigan is poised for success combining a strong mandate from the Governor, a powerful policy framework, and strong community buy in. The challenge now is statewide implementation on a scale of 10,000 inmates per year transitioning successfully from prison.

The Three-Phase, Seven-Decision-Point MPRI Model

The MPRI Model involves improved decision making at seven critical decision points in the three phases of the custody, release, and community supervision/discharge process.

PHASE ONE—GETTING READY

The **institutional phase** describes the details of events and responsibilities which occur during the offender's imprisonment from admission until the point of the parole decision and involves the first two major decision points:

1. ***Assessment and classification:*** Measuring the offender's risks, needs, and strengths.
2. ***Inmate programming:*** Assignments to reduce risk, address need, and build on strengths.

PHASE TWO—GOING HOME

The **transition to the community or re-entry phase** begins approximately six months before the offender's target release date. In this phase, highly specific re-entry plans are organized that address housing, employment, and services to address addiction and mental illness. Phase Two involves the next two major decision points:

3. ***Inmate release preparation:*** Developing a strong, public-safety-conscious parole plan.
4. ***Release decision making:*** Improving parole release guidelines.

PHASE THREE—STAYING HOME

The **community and discharge phase** begins when the inmate is released from prison and continues until discharge from community parole supervision. In this phase, it is the responsibility of the former inmate, human services providers, and the offender's network of community supports and mentors to assure continued success. Phase Three involves the final three major decision points of the transition process:

5. ***Supervision and services:*** Providing flexible and firm supervision and services.
6. ***Revocation decision making:*** Using graduated sanctions to respond to behavior.
7. ***Discharge and aftercare:*** Determining community responsibility to "take over" the case.

Case Management and Transition Accountability Plans

The lynchpin of the MPRI Model is the development and use of a Transition Accountability Plan (TAP) at critical points in the offender transition process that succinctly describe for the offender, the staff, and the community exactly what is expected for offender success. The TAP, which consists of summaries of the offender's Case Management Plan at critical junctures in the transition process, are prepared with each inmate at prison intake, at the point of the parole decision, when the offender returns to the community, and when the offender is to be discharged from parole supervision.

The Transition Accountability Plan (TAP) integrates offenders' transition from prisons to communities by spanning phases in the transition process and agency boundaries. TAP is a collaborative product involving prison staff, the offender, the releasing authority, community supervision officers, human services providers (public and/or private), victims, and neighborhood and community organizations. TAP describes actions that must occur to prepare individual offenders for release from prison, defines terms and conditions of their release to communities, specifies the supervision and services they will experience in the community, and describes their eventual discharge to aftercare upon successful completion of supervision. The objective of the TAP is to increase both overall community protection by lowering risk to persons and property and by increasing individual offender's prospects for successful return to and self-sufficiency in the community.

The TAP process begins soon after offenders enter prison and continues during their terms of confinement, through their release from prison, and continues after their discharge from supervision as an evolving framework for aftercare provided by human service agencies or other means of self-help and support. **At each step along this continuum TAP is administered by a Transition Team, whose members include prison staff, parole supervision staff, and community agencies and service providers.** The membership of the Transition Management Team and their respective roles and responsibilities will change over time. During the institutional phase prison staff may lead the team. During the reentry and community supervision phase parole officers may lead the team. During the reintegration phase human services agencies or community services providers may lead the team. After offenders have successfully completed community supervision, their TAP may continue and be managed by staff of human services agencies, if the former offender chooses to continue to seek and receive services or support. At each stage in the process Team members will use a case management model to monitor progress in implementing the plan.

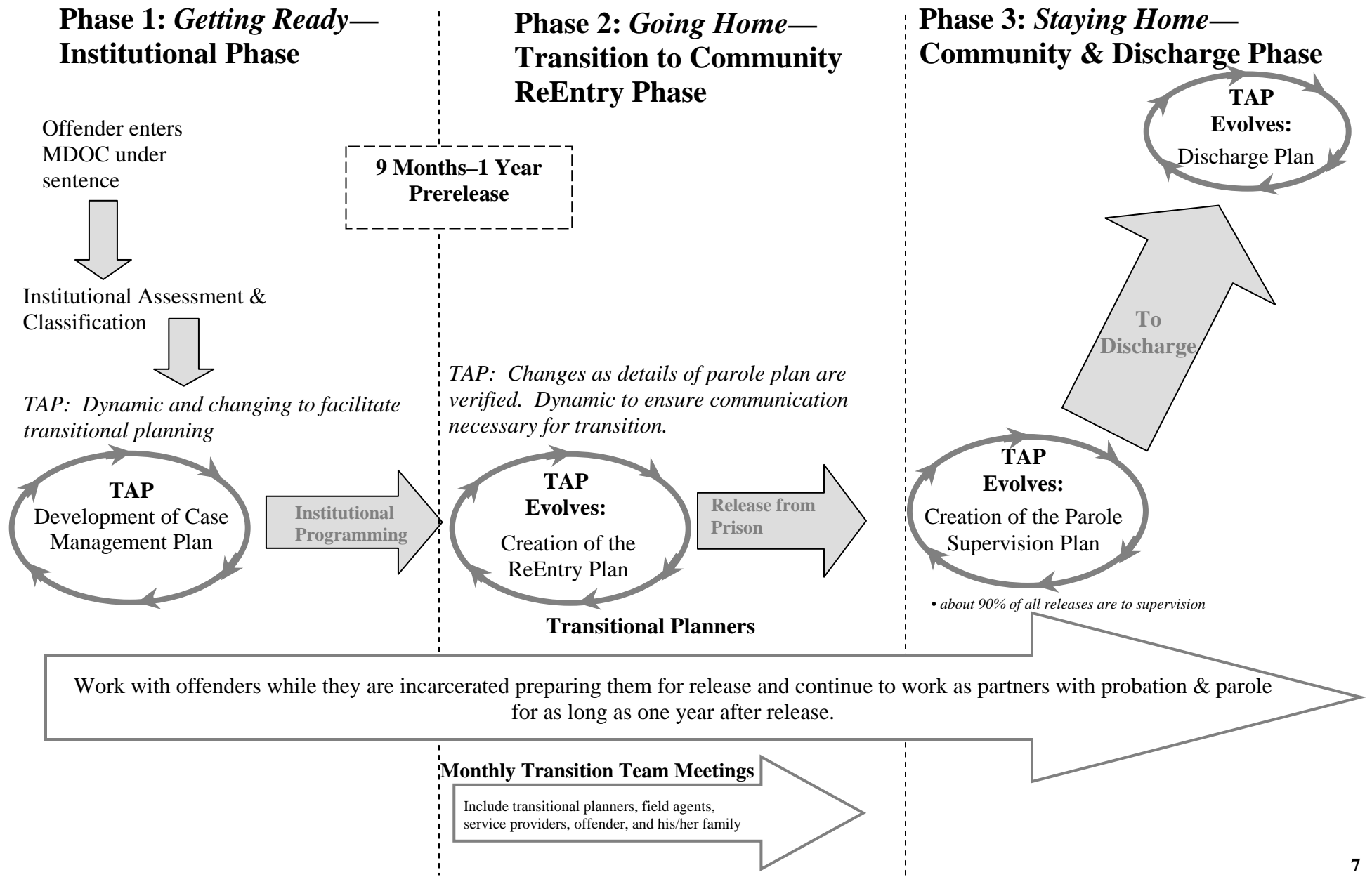
TAP reduces uncertainty in terms of release dates and actions (and timing of actions) that need to be taken by inmates, prison staff, the releasing authority, community supervision staff, and partnering agencies. Increased certainty will motivate inmates to participate in the TAP process and to become engaged in fulfilling their responsibilities and will ensure that all parties are held accountable for timely performance of their respective responsibilities.

The TAP process is built on the following principles:

1. The TAP process starts during an offender's classification soon after their admission to prison and continues through their ultimate discharge from community supervision.
2. The TAP defines programs or interventions to modify individual offender's dynamic risk factors that were identified in a systematic assessment process.
3. The TAP is sensitive to the requirements of public safety, and to the rational timing and availability of services. In an ideal system, every inmate would have access to programs and services to modify dynamic risk factors. In a system constrained by finite resources, officials need to rationally allocate access to services and resources, using risk management strategies as the basis for that allocation.
4. **Appropriate partners should participate in the planning and implementation of individual offender's TAP. These include the offender, prison staff, releasing authorities, supervision authorities, victims, offenders' families and significant others, human service agencies, and volunteer and faith-based organizations.**
5. **An Individual TAP delineates the responsibilities of offenders, correctional agencies and system partners in the creation, modification, and effective application of the plans, and holds them accountable for performance of those responsibilities.**
6. **The TAP provides a long-term road map to achieve continuity in the delivery of treatments and services, and in the sharing of requisite information, both over time and across and between agencies.**
7. **A case management process is used to arrange, advocate, coordinate, and monitor the delivery of a package of services needed to meet the specific offender's needs.** During the prison portion of TAP, prison staff function as case managers. As offenders prepare for release and adjust to community supervision, their parole officer will become the case manager. When they are successfully discharged from supervision, a staff member from a human service agency may assume case management responsibilities for former offenders who choose to seek services or support.

Transition Accountability Plan

MPRI Process Flowchart





SUMMARY

THE MPRI MODEL

POLICY STATEMENTS AND WORKGROUP RECOMMENDATIONS

(AS APPROVED BY THE MPRI STATE POLICY TEAM 8-25-05)

The National ReEntry Policy Council (www.reentrypolicy.org) developed a guide for states and other jurisdictions interested in pursuing improvements for prisoner re-entry. The 2003 ReEntry Policy Council Report includes a series of policy statements and recommendations to guide the re-entry planning and development process and to improve prisoner re-entry services. The Report has been used extensively in Michigan, alongside the Transition from Prison to Community Initiative (TPCI) Model, and the Serious and Violent Offender ReEntry Initiative (SVORI) Model, to develop our approach. Specifically, the ReEntry Policy Council Report was adapted to create two types of documents to assist Michigan's efforts in designing and implementing the Michigan Prisoner ReEntry Initiative (MPRI) Model: First, a set of guidelines on design and implementation issues and, secondly, a set of workbooks - one for each of the three MPRI Model phases (Getting Ready, Going Home, Staying Home) - that have been used to determine the policy statements, recommendations and implementation strategies for the MPRI Model.

This document provides a summary of the MPRI Model, a series of 22 Policy Statements and 150 recommendations that the State Policy Team has approved for implementation. The 22 Policy Statements are categorized by the Three MPRI Phases and delineated by the 7 primary decision points that comprise the Model. The 150 recommendations on how to implement the Policy Statements are found in the back of the document, under Endnotes. Not surprisingly, the Workgroups recommendations closely track those of the Policy Council. References to the ReEntry Policy Council Report are included. Our thanks to the ReEntry Policy Council for their excellent advice and assistance.

Getting Ready: The Institutional Phase

Going Home: The Transition to the Community – ReEntry Phase

Staying Home: The Community and Parole Discharge Phase

Phase I: Getting Ready; The Institutional Phase

DECISION POINT #1: ASSESSMENT AND CLASSIFICATION

Policy Statement 8: Development of Intake Procedure

Establish a comprehensive, standardized, objective, and validated intake procedure that, upon the admission of the inmate to the corrections facility, can be used to assess the individual's strengths, risks, and needs. *(Reference: Report of the ReEntry Policy Council, Pgs. 110-140)*

DECISION POINT #2: INMATE BEHAVIOR AND PROGRAMMING

Policy Statement 9: Development of Programming Plan

Develop, for each person incarcerated, an individualized plan that, based upon information obtained from assessments, explains what programming should be provided during the period of incarceration to ensure that his or her return to the community is safe and successful. *(Reference: Report of the ReEntry Policy Council, Pgs. 141-153)*

Policy Statement 10: Physical Health Care

Facilitate community-based health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public health. *(Reference: Report of the ReEntry Policy Council, Pgs. 156-166)*

Policy Statement 11: Mental Health Care

Facilitate community-based mental health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public mental health. *(Reference: Report of the ReEntry Policy Council, Pgs. 167-178)*

Policy Statement 12: Substance Abuse Treatment

Provide effective substance abuse treatment to anyone prison or jail who is chemically dependent. (*Reference: Report of the ReEntry Policy Council, Pgs. 179-178*)

Policy Statement 13: Children and Families

Make available services and supports for family members and children of prisoners, and, when appropriate, help to establish, re-establish, expand, and strengthen relationships between prisoners and their families. (*Reference: Report of the ReEntry Policy Council, Pgs. 190-200*)

Policy Statement 14: Behaviors and Attitudes

Provide cognitive behavioral therapy, peer support, mentoring, and basic living skills programs that improve offenders' behaviors, attitudes, motivation, and ability to live independently, succeed in the community, and maintain a crime-free life. (*Reference: Report of the ReEntry Policy Council, pgs. 201-210*)

Policy Statement 15: Education and Vocational Training

Teach inmates functional, educational, and vocational competencies based on employment market demand and public safety requirements. (*Reference: Report of the ReEntry Policy Council, pgs. 211-220*)

Phase Two: Going Home; The ReEntry Planning Phase

DECISION POINT #3: INMATE RELEASE PREPARATION

Policy Statement 16: Work Experience

Provide inmates with opportunities to participate in work assignments and skill-building programs that build toward successful careers in the community. (Reference: Report of the ReEntry Policy Council, pgs. 221-226)

Policy Statement 19: Housing

Facilitate a person's access to stable housing upon his or her re-entry into the community. (*Reference: Report of the ReEntry Policy Council, Pgs. 256-281*)

Policy Statement 20: Planning Continuity of Care

Prepare community-based health and treatment providers, prior to the release of an individual, to receive that person and to ensure that he or she receives uninterrupted services and supports upon his or her return community. (*Reference: Report of the ReEntry Policy Council, pgs. 282-292*)

Policy Statement 21: Creation of Employment Opportunities

Promote, where appropriate, the employment of people released from prison and jail, and facilitate the creation of job opportunities for this population that will benefit communities. (*Reference: Report of the ReEntry Policy Council, pgs. 293-305*)

Policy Statement 22: Workforce development and the transition plan

Connect inmates to employment, including supportive employment and employment services, before their release the community. (*Reference: Report of the ReEntry Policy Council, pgs. 306-316*)

Policy Statement 23: Victims, Families, and Communities

Prepare family members, victims, and relevant community members for the released individual's return to the community, and provide them with protection, counseling, services and support, as needed and appropriate. (*Reference: Report of the ReEntry Policy Council, pgs. 317-330*)

Policy Statement 24: Identification and Benefits

Ensure that individuals exit prison or jail with appropriate forms of identification and that those eligible for public benefits receive those benefits immediately upon their release from prison or jail. (*Reference: Report of the ReEntry Policy Council, Pgs. 331-342*)

DECISION POINT #4: RELEASE DECISION MAKING

Policy Statement 17: Advising the Releasing Authority

Inform the releasing authority about the extent to which the prisoner is prepared to return to the community (and the community is prepared to receive the individual). (*Reference: Report of the ReEntry Policy Council, pgs. 230-242*)

Policy Statement 18: Release Decision

Ensure that people exiting prison or jail who it is determined pose a threat to public safety are released to some form of community supervision; use the results generated by a validated risk-assessment instrument, in addition to other information, to inform the level and duration of supervision, and, for those states that have maintained some discretion in the release process, to determine when release would be most appropriate. (*Reference: Report of the ReEntry Policy Council, pgs. 243-253*)

Phase Three: Staying Home; The Community & Parole Discharge Phase

DECISION POINT #5: SUPERVISION & SERVICES

Policy Statement 25: Design of Supervision Strategy

Review and prioritize what the releasing authority has established as terms and conditions of release and develop a supervision strategy that corresponds to the resources available to the supervising agency, reflects the likelihood of recidivism, and employs incentives to encourage compliance with the conditions of release. *(Reference: Report of the ReEntry Policy Council, pgs. 343-355)*

Policy Statement 26: Implementation of Supervision Strategy

Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of the person released, the victim, the community, and the family change. *(Reference: Report of the ReEntry Policy Council, pgs. 358-369)*

Policy Statement 27: Maintaining Continuity of Care

Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing. *(Reference: Report of the ReEntry Policy Council, pgs. 370-382)*

Policy Statement 28: Job Development and Supportive Employment

Recognize and address the obstacles that make it difficult for an ex-offender to obtain and retain viable employment while under community supervision. *(Reference: Report of the ReEntry Policy Council, pgs. 383-389)*

DECISION POINT #6: REVOCATION DECISION MAKING

Policy Statement 29: Graduated Responses

Ensure that community corrections officers have a range of options available to them to reinforce positive behavior and to address, swiftly and certainly, failures to comply with conditions of release. (*Reference: Report of the ReEntry Policy Council, Pgs. 390-405*)

ENDNOTES

Policy Statement 8: Development of Intake Procedure - *Establish a comprehensive, standardized, objective, and validated intake procedure that, upon the admission of the inmate to the corrections facility, can be used to assess the individual's strengths, risks, and needs.*

Recommendations:

- A. Review intake procedures to determine the range and validity of screening and assessment practices.
- B. Ensure that the screening and assessment process is appropriately prioritized, and that the overall intake procedure is streamlined and efficient.
- C. Develop an intake procedure appropriate to a short-term jail setting. NOT APPLICABLE
- D. Employ a risk-assessment instrument for classification and integrate other available public safety information.
- E. Screen all offenders for psychological and mental health issues, physical health problems, or substance abuse and dependency, in order to identify inmates who require further assessment.
- F. Ensure that the unattended dependents, if any, of each individual admitted to the facility are placed with a caretaker.
- G. Assess long-term and dynamic risks associated with each individual admitted to prison or jail.
- H. Conduct comprehensive assessments for each individual whose screening identifies psychological and mental health issues, physical health problems, and substance abuse and dependency.
- I. Assess interpersonal skills and basic literacy.
- J. Determine the vocational aptitudes, education levels, and employment histories of all sentenced individuals.
- K. Review the individual's current benefits and entitlements and determine what steps will be needed to transition the individual back to those programs upon release.
- L. Assess all assets and debts and work with inmates to prevent the build-up of child support arrears upon their admission to a correctional facility.
- M. Chart the inmate's family life, including such factors as domestic violence, the impact of incarceration on relationships, and the involvement of children.
- N. Encourage the use of only validated screening and assessment instruments in the intake procedure.
- O. Encourage the use of instruments that can be modified for use beyond the initial assessment.
- P. Ensure that intake staff are properly trained to administer screening and assessment instruments.
- Q. Engage community-based service providers to inform assessments and to administer screening and assessment instruments.
- R. Address issues of cultural competency through staff training and the engagement of community-based providers.
- S. Assess the special needs of female offenders.
- T. Develop protocols to ensure the accuracy and availability of information while adhering to laws and regulations that govern the confidentiality of this data.
- U. Explain to prisoners the purpose and function of the screening and assessment process and the extent to which the information will be shared.

Policy Statement 9: Development of Programming Plan - *Develop, for each person incarcerated, an individualized plan that, based upon information obtained from assessments, explains what programming should be provided during the period of incarceration to ensure that his or her return to the community is safe and successful.*

Recommendations:

- A. Charge new or existing positions with the responsibility of reviewing information obtained through assessments and of developing a plan that provides for the coordinated delivery of targeted services for each person admitted.
- B. Consider the primary needs, strengths and background of the individual in developing the programming plan.
- C. Ensure that all program planning incorporates the principles of cultural and gender competency.
- D. Provide opportunities for crime victims, victim advocates, family members, and community members to inform the inmate's programming plan.
- E. Engage community-based providers in the development of a programming plan.
- F. Include in the programming plan provisions for periodic reassessments to be conducted during the inmate's incarceration and for changes to be made in the plan accordingly.
- G. Establish and maintain a centralized record-keeping system as well as a system for regular communication among program planners and other prison-based staff and service providers.
- H. Creatively adapt the program planning model for shorter-term jail stays.

Policy Statement 10: Physical Health Care - *Facilitate community-based health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public health.*

Recommendations:

- A. Engage community-based organizations to provide health care services for inmate populations prior to discharge.
- B. Use telemedicine to deliver effective and cost-efficient health services.
- C. Integrate prevention, education, and good health promotion into correctional health care services and partner with community-based organizations to supplement this information.
- D. Maintain medical records so that they provide up-to-date information regarding a prisoner's condition and treatment, and ensure that a summary of the records follows the person as he or she transfers between providers.
- E. Promote comprehensive, integrated medical, mental health and substance abuse treatment services, both within correctional facilities and as a central component of corrections-community linkages.
- F. Ensure that even short-term inmates receive basic medical care and transition planning services.

Policy Statement 11: Mental Health Care - *Facilitate community-based mental health care providers' access to prisons and jails and promote delivery of services consistent with community standards and the need to maintain public mental health.*

Recommendations:

- A. Engage the community-based mental health care system in providing pre- and post-release services to inmates with mental health needs.
- B. Ensure that prison and jail formularies provide access to the most appropriate medications.
- C. Provide appropriate psychosocial supports and services.
- D. Employ telecommunications technology to deliver effective and cost-effective services.
- E. Establish protocols to address co-occurring substance abuse and mental health disorders.

Policy Statement 12: Substance Abuse Treatment - *Provide effective substance abuse treatment to anyone prison or jail who is chemically dependent.*

Recommendations:

- A. Determine the extent to which existing services are effective and sufficient to meet the demand for substance abuse treatment.
- B. Assess candidates for program participation carefully, and prioritize treatment for drug-dependent prisoners and those approaching release.
- C. Implement evidence-based treatment services that make the best use of available resources.
- D. Engage the community-based substance abuse system to provide effective, culturally competent services to people in correctional facilities who are in need of treatment.

Policy Statement 13: Children and Families - *Make available services and supports for family members and children of prisoners, and, when appropriate, help to establish, re-establish, expand, and strengthen relationships between prisoners and their families.*

Recommendations:

- A. Provide parenting and other programs to address a range of family needs and responsibilities of people in prison or jail.
- B. Facilitate contact between inmates and their children and other family members during the period of incarceration, when appropriate.
- C. Increase collaboration between departments of corrections and child-support agencies to promote information about and access to the child-support process by incarcerated parents and their families.

Policy Statement 14: Behaviors and Attitudes - Provide cognitive behavioral therapy, peer support, mentoring, and basic living skills programs that improve offenders' behaviors, attitudes, motivation, and ability to live independently, succeed in the community, and maintain a crime-free life.

Recommendations:

- A. Provide inmates with programs that include evidence-based cognitive-behavioral treatments.
- B. Facilitate efforts of community and faith-based institutions, peer support groups, and other service providers to engage and mentor prisoners, and to foster relationships that improve trust and confidence in treatment and services.
- C. Provide inmates with services that address their need for basic life skills, including relationship skills.
- D. Compel unwilling and high-risk inmates to participate in behavioral and other related treatment services, and ensure that services for those who appear unresponsive to programs continue when those individuals return to the community.
- E. Provide (and encourage inmates to attend) victim impact panels, impact of crime classes, and other educational programs involving victims and/or victim advocates designed to convey the harm resulting from crime.

Policy Statement 15: Education and Vocational Training - *Teach inmates functional, educational and vocational competencies based on employment market demand and public safety requirements.*

Recommendations:

- A. Develop programs that will enable inmates to be functionally literate and capable of receiving high school or postsecondary credentials.
- B. Analyze the job market in the area to which people in prison or jail will be returning.
- C. Ensure that vocational and education classes target the needs of the job market.
- D. Encourage inmates to participate in educational and job training programs.
- E. Engage community-based agencies, such as volunteer and faith-based organizations, to provide institutional job-skills programs.
- F. When appropriate, provide prisoners with opportunities to gain occupational competence through postsecondary education.
- G. Prioritize the allocation of education and training resources when resources are limited.

Policy Statement 16: Work Experience - Provide inmates with opportunities to participate in work assignments and skill-building programs that build toward successful careers in the community.

Recommendations:

- A. Provide work assignments in prison or jail that correspond to the needs of the employment market.
- B. Develop pre-apprenticeship work assignments which provide a clear path into community-based apprenticeship programs in high demand occupations.
- C. Establish work programs that involve nonprofit, volunteer, and community service organizations so that participants can gain work experience without competing with other potential employees in the community.

Policy Statement 17: Advising the Releasing Authority - Inform the releasing authority about the extent to which the prisoner is prepared to return to the community (and the community is prepared to receive the individual).

Recommendations:

- A. Convene a transition planning team to review the inmate's progress in the implementation of the programming plan and collect other information to advise the releasing authority and initiate the transition planning process.
- B. Use a validated risk-assessment instrument and a comprehensive analysis of a person's criminal history and behavior in the institution to predict the risk he or she would present to the community if and when released.
- C. Consider information related to the individual's strengths and service needs insofar as these issues affect public safety and/ or the establishment of terms and conditions of release.
- D. Notify victims when the releasing authority is considering release of an offender and invite victims to provide input into the release decision and the terms and conditions of release.
- E. Gauge the willingness and capacity of family members to receive the person upon his or her release and ensure that they receive an opportunity to provide input into the terms of release.
- F. Capitalize on the familiarity of local leaders, including law enforcement, with the needs of their community to develop conditions of release that will enable the releasee to make meaningful contributions to the community.
- G. Gauge willingness and capacity of community-based service providers to receive the person upon his or her release from prison or jail.
- H. Present to the releasing authority a clear and concise analysis of all information deemed important to determining whether the inmate presents a risk to community safety.

Policy Statement 18: Release Decision - Ensure that people exiting prison or jail who it is determined pose a threat to public safety are released to some form of community supervision; use the results generated by a validated risk-assessment instrument, in addition to other information, to inform the level and duration of supervision, and, for those states that have maintained some discretion in the release process, to determine when release would be most appropriate.

Recommendations:

- A. Train releasing authorities to use and analyze the information provided to them objectively and effectively.
- B. Ensure that, where risk assessment, criminal history information, and other factors reflect a likelihood of the person re-offending, the person is assigned to a period of community supervision after his or her release from prison.
- C. Ensure that proposed conditions of release are supported by research, recognize the particular strengths and needs of each individual and the resources of the community, and are consistent with the rules that the releasing authority is prepared to enforce.
- D. Determine how various payments (e.g., restitution, child support, fines) expected from the prisoner upon his or her release will be incorporated into the conditions of release.
- E. Articulate in writing the reasons for the decision by the releasing authority whenever such decision is discretionary.
- F. Ensure that a procedure exists to modify and revise, as appropriate, the conditions of release, including the possibility for early discharge from the authority of the court or supervising administrative agency.

Policy Statement 19: Housing - Facilitate a person's access to stable housing upon his or her re-entry into the community.

Recommendations:

- A. Ensure that transition planners, working with community-based organizations, are familiar with the full range of housing options available in each community and maintain lists or inventories of available housing.
- B. Determine on an individualized basis the particular housing needs for each person released from prison or jail.
- C. Evaluate the feasibility, safety, and appropriateness of an individual living with family members after his or her release from prison or jail.
- D. Ensure that family violence risks are recognized and addressed in the housing plan of any person whose return to the community may pose a risk to the individual or to his or her family or partner.
- E. Identify the appropriate housing option for each incarcerated individual well in advance of release.
- F. Educate prisoners about strategies for finding and maintaining housing in the community, and teach them about their legal rights as tenants in the private rental market.
- G. Provide individuals who are entering the private rental market—and who demonstrate that they are without adequate resources to pay rent—with small stipends and/or housing assistance for the period immediately after release.
- H. Develop “re-entry housing,” to meet the specific and unique needs of people released from prison or jail.
- I. Encourage private sector or nonprofit housing developers or community-based organizations to develop housing accessible to people leaving prison or jail.
- J. Consider individuals leaving prison or jail who have histories of homelessness as part of the homeless priority population, to facilitate their access to supportive housing made available under the McKinney-Vento Act.

Policy Statement 20: Planning Continuity of Care - Prepare community-based health and treatment providers, prior to the release of an individual, to receive that person and to ensure that he or she receives uninterrupted services and supports upon his or her return community.

Recommendations:

- A. Prepare a summary health record containing information about important medical problems, prior diagnostic studies, allergies, and medications for each person released from prison or jail prior to his or her release. **PENDING**
- B. Connect prisoners to treatment and health care providers in the community prior to their release to prevent gaps in treatment and services.
- C. Provide prisoners receiving medications with a sufficient interim supply of essential medications upon their discharge into the community.
- D. Educate people in prison and jail about continuity of care and provide them with the summary health record and other important medical records prior to discharge.

Policy Statement 21: Creation of Employment Opportunities - Promote, where appropriate, the employment of people released from prison and jail, and facilitate the creation of job opportunities for this population that will benefit communities.

Recommendations:

- A. Educate employers about financial incentives, such as the Federal Bonding Program, Work Opportunity Tax Credit, Welfare-to-Work programs, and first-source agreements, which make a person who was released from prison a more appealing prospective employee.
- B. Determine which industries and employers are willing to hire people with criminal records and encourage job development and placement in those sectors.
- C. Review employment laws that affect the employment of people based on criminal history, and eliminate those provisions that are not directly linked to improving public safety.
- D. Promote individualized decisions about hiring instead of blanket bans and provide documented means for people with convictions to demonstrate rehabilitation.
- E. Use community corrections officers and third-party intermediaries to assist employers with the supervision and management of people released from prison or jail.
- F. Identify community service opportunities and internships for people released from prison or jail who cannot find work so that they can acquire real work experience and on-the-job training.

Policy Statement 22: Workforce development and the transition plan - *Connect inmates to employment, including supportive employment and employment services, before their release the community.*

Recommendations:

- A. Initiate job searches before people in prison or jail are released using community-based workforce development resources.
- B. Encourage employers to visit the correctional facility to meet with prospective employees before release.
- C. Engage community members and community-based services to act as intermediaries between employers and job-seeking individuals.
- D. Promote use of work-release programs as a transition between work inside a correctional facility and work after release into the community. **NOT APPLICABLE**
- E. Encourage community networks to support prisoners who participate in work release programs. **NOT APPLICABLE**
- F. Provide individuals, upon their release from prison or jail, with written information about their prospective employers or community employment service providers and official documentation of their skills and experience, including widely accepted credentials and/or letters of recommendation.

Policy Statement 23: Victims, Families, and Communities - Prepare family members, victims, and relevant community members for the released individual's return to the community, and provide them with protection, counseling, services and support, as needed and appropriate.

Recommendations:

- A. Provide notification and appropriate information to victims concerning the prisoner's release and re-entry process.
- B. Offer counseling and support to crime victims preparing for the return of an individual to the community.
- C. Ensure that family members receive adequate notification and information regarding the prisoner's impending release.
- D. Consider the needs and strengths of the individual's family and then build community networks to provide counseling, safety planning, and other services to help the family cope with the emotional, financial, and interpersonal issues surrounding the individual's return.
- E. Create policies for child-support debt management and collection that encourage payment and family stability, and engage family members in creating a viable support strategy.
- F. Ensure timely and appropriate notification of key representatives of the community.

Policy Statement 24: Identification and Benefits - *Ensure that individuals exit prison or jail with appropriate forms of identification and that those eligible for public benefits receive those benefits immediately upon their release from prison or jail.*

Recommendations:

- A. Ensure interagency collaboration to effectively screen inmates for eligibility for TANF, Medicaid, supplemental security income, food stamps, and other benefits, and to facilitate successful pre-release application for these benefits.
- B. Assess individuals in prison or jail for eligibility for veterans' benefits and services, and ensure access to those benefits for eligible individuals.
- C. Help inmates identify and apply for appropriate benefits and identification as part of their transition plan.
- D. Ensure that documents issued by departments of corrections are accepted as valid identification by other agencies.
- E. Improve collaboration among agencies serving individuals reentering the community.
- F. Ensure timely access to Medicaid after release for eligible individuals by suspending, instead of terminating, Medicaid benefits during incarceration.
- G. Facilitate access to "nonrecurrent" TANF benefits by individuals with criminal records who are re-entering the community.
- H. Adopt a narrow definition of "in violation of a condition of parole/probation" for the purposes of TANF, food stamps, SSI & public housing.
- I. Adopt balanced admission and eviction policies for public housing that consider individual circumstances.
- J. Ensure continued Medicaid coverage for TANF families with parents who are released from prison or jail.

Policy Statement 25: Design of Supervision Strategy - Review and prioritize what the releasing authority has established as terms and conditions of release and develop a supervision strategy that corresponds to the resources available to the supervising agency, reflects the likelihood of recidivism, and employs incentives to encourage compliance with the conditions of release.

Recommendations:

- A. Engage community members, including representatives from community corrections, law enforcement, and community-based organizations, to serve on a transition team with corrections staff, and charge the team with the development of a comprehensive supervision strategy.
- B. Apply the information from risk- and needs-assessment instruments administered prior to the release decision, and re-assess inmates if necessary to determine appropriate supervision strategies.
- C. Assign a supervision officer to each individual well before the date of his or her release and engage the officer on the transition planning team.
- D. Seek information from, and promote cooperation with, law enforcement in the jurisdiction to which an individual will return before his or her release.
- E. Transfer state prison inmates as the release date approaches (and as appropriate and feasible) to correctional facilities nearest to the community to which the individual will return.
- F. Provide each individual before release with a written copy of his or her terms and conditions of release and transition plan and explain them clearly, ensuring that he or she understands them.

Policy Statement 26: Implementation of Supervision Strategy - *Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of the person released, the victim, the community, and the family change.*

Recommendations:

- A. Focus supervision resources on the period directly following release.
- B. Ensure contact between the supervision officer and probationer/parolee corresponds to level of risk presented.
- C. Supervise probationers or parolees in the community where they live.
- D. Coordinate the activities of local law enforcement and probation and parole agencies.
- E. Leverage community-based networks to assist with the implementation of the supervision strategy, and consult family and community members regularly to determine their assessment of the person's adjustment to the home and/or neighborhood.
- F. Assess periodically the extent to which the individual's transition into the community is proceeding successfully and modify the supervision plan accordingly.
- G. Facilitate compliance by recognizing that people under supervision will require an adjustment period, and address the issues that this period poses.

Policy Statement 27: Maintaining Continuity of Care - *Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing.*

Recommendations:

- A. Train community corrections officers to understand—and respond effectively to—the special needs of individuals with mental illness on probation or parole.
- B. Ensure that all community supervision officers know how to monitor people with substance abuse issues and how to engage probationers and parolees in treatment, where appropriate.
- C. Coordinate physical health services for individuals with special health needs.
- D. Implement policies and programs that prevent people leaving prison or jail from entering emergency shelters or otherwise becoming homeless.
- E. Foster stability in housing for individuals released to the community.

Policy Statement 28: Job Development and Supportive Employment - Recognize and address the obstacles that make it difficult for an ex-offender to obtain and retain viable employment while under community supervision.

Recommendations:

- A. Update community corrections policy so that it encourages, rather than discourages, employing people on probation or parole.
- B. Assist, to the extent appropriate, people with criminal records seeking to surmount legal and logistical obstacles to employment.
- C. Promote supportive transitional employment programs through community corrections.

Policy Statement 29: Graduated Responses - *Ensure that community corrections officers have a range of options available to them to reinforce positive behavior and to address, swiftly and certainly, failures to comply with conditions of release.*

Recommendations:

- A. Establish an organized structure to guide the imposition of sanctions.
- B. Consider revocation and re-incarceration as the most serious of many different options available for addressing violations.
- C. Assess individuals who violate conditions of release to gauge the level of response needed.
- D. Respond to technical violations of conditions of release by restructuring the conditions and expectations in a manner most likely to correct behavior and by imposing community-based responses. **PENDING**
- E. Ensure meaningful positive reinforcements exist to encourage compliance with the terms and conditions of release.
- F. Consider privacy and confidentiality issues when sharing information.
- G. Engage the community in the process of responding to parole and probation violations.
- H. Provide the victim with an opportunity to inform the imposition of graduated responses.
- I. Provide judges who play a role in the supervision process with adequate information and training on how to tailor sanctions to the individual and the violation. **NOT APPLICABLE**



MPRI Funding for Fiscal Year 2008

October 1, 2007

The Michigan Legislature has approved Governor Jennifer Granholm's recommendation for a total of \$33,173,700 for the Fiscal Year (FY) 2008 Michigan Department of Corrections' (MDOC) budget for implementation of the Michigan Prisoner ReEntry Initiative (MPRI). Moreover, due to the aggressive management approach for the MPRI, these funds will be used immediately for implementation of the MPRI Model statewide.

This funding will be used for MPRI sites and programs beginning in October of 2007:

- \$20,323,072 for the 18 MPRI Sites covering the entire state to provide services for returning prisoners in the areas of housing and employment; alcohol, drug addiction, and mental health services; community coordination activities and management of local "Comprehensive Prisoner ReEntry Plans" for each community.
- \$9,913,723 allocated for Supportive Services in the areas of residential, day reporting and other support services for returning prisoners. Examples of support services include day reporting and employment services for women in Wayne County where the majority of our female offenders return. All of these services are already linked to In-Reach Facilities where the MPRI process begins. A statewide Mentally Ill Prisoner ReEntry Demonstration Project is also supported with these funds.
- \$2,151,905 for capacity building and technical support activities. The cornerstone of the MPRI Model is accurate risk and needs assessment. This funding supports the development and implementation of the COMPAS risk assessment instrument. Additionally, funds have been targeted for ongoing capacity building activities to support the implementation activities in the local MPRI communities as well as funding the evaluation of the MPRI.
- \$785,000 in federal funds was awarded to the MDOC in FY 2008.



The MPRI Statewide Implementation Plan: A Three-Step Approach

The Michigan Prisoner ReEntry Initiative (MPRI) will be implemented statewide in a three-step approach with the goal of having the entire state involved in the MPRI Model by September 30, 2007.

The Implementation Plan describes:

- The three-step approach to implementation.
- The activities that will occur in each MPRI Site as part of MPRI and describes how JEHT Foundation funds will be blended with Michigan Department of Corrections (MDOC) funds to form a comprehensive and seamless funding strategy that will enable effective implementation.
- The roles and responsibilities of the three organizations involved in planning and coordinating the implementation of MPRI: Public Policy Associates (PPA), PPA's non-profit partner, the Michigan Council on Crime and Delinquency (MCCD), and the Michigan Department of Corrections (MDOC).

The first eight Pilot Sites were selected because those communities had begun community coordination and re-entry planning with their own resources. These first sites include 7 of the 14 urban counties that account for 75% of all prison releases each year. The remaining urban counties were included in the second round of Pilot Sites beginning in fiscal year (FY) 2006.

We accomplished our goal to have all 14 urban counties fully operational before the end of Fiscal Year 2006 with some evidence collected that demonstrated the effectiveness of the MPRI in reducing recidivism across a broad base of communities.

STEP ONE: Fiscal Year 2005

In FY2005, the MPRI implemented the Model in 8 pilot jurisdictions covering 16 counties. Eight Community Coordinators were hired—one Coordinator per site. These 16 counties have over 3,500 citizens in prison that were reviewed for parole in 2005. The first 8 Pilot Sites began implementation with varying degrees of readiness. The goal of our implementation plan was to have all of the first 8 sites operational before the end of FY2005. The following are the counties involved in the first 8 sites:

- | | |
|------------------|--|
| ■ Wayne County | ■ Kalamazoo County |
| ■ Kent County | ■ Clinton, Eaton, Ingham County |
| ■ Genesee County | ■ Berrien County |
| ■ Macomb County | ■ 9-County Rural Region (Northwest Michigan) |

STEP TWO: Fiscal Year 2006

In FY2006, an additional seven Pilot Sites were targeted. One Coordinator per site was required to organize these sites. These seven sites will include the remaining seven urban counties. Fifteen total Community Coordinators will be employed in FY 2006. The first eight Community Coordinators will remain in their original sites. In January 2006, the costs for the first eight Community Coordinators were fully funded by MDOC. In October 2006, the costs for the second seven Community Coordinators were fully funded by MDOC.

- Oakland County
- Muskegon County
- Jackson County
- Saginaw County
- Washtenaw County
- St. Clair County
- Calhoun County

STEP THREE: Fiscal Year 2007

During FY2007, the remaining rural counties will be added as the final step of statewide implementation. The numbers of prisoners returning to these jurisdictions are low and the existing capabilities in each jurisdiction are comparatively strong. In October 2006 (the start of FY2007), MDOC will fully fund the costs of the 15 previously hired Community Coordinators. JEHT Foundation funds are used beginning in January 2007 to fund the remaining community coordination activities. MDOC would cover the costs of all Community Coordinators beginning in October 2007. Funding for the Community Coordinators would continue indefinitely by MDOC or other funding sources.

A Pilot Site will be considered fully operational when it is involved in all three phases of the MPRI Model that includes the development of Transition Accountability Plans (TAPs) for as many offenders as the Pilot Site can handle. Over time, increasing numbers of prisoners will be identified in the MPRI Getting Ready Phase so that increasing numbers of prisoners will be fully engaged in the MPRI Model. It is expected to take several years for all prisoners to be fully engaged in the process.

At each step of the implementation process, each of the MPRI Sites is involved in extensive training in Evidence-Based Practices, the development of specific performance measures for increased parolee success, and the development of Comprehensive ReEntry Plans.

As previously stated, the vehicle for permanent funding for local community coordination is the local Comprehensive ReEntry Plan that will specify each MPRI Site's plans to increase parolee success through improved policies, processes, and programs as a result of carefully planned use of the many assets already in the community, the identification and breaking of barriers that hinder parolee success, and the identification and funding of the gaps in services. These gaps in services will undoubtedly revolve around the issues of housing, employment, and services.

The Role of Public Policy Associates

Because of PPA's extensive experience facilitating systems change, its intimate knowledge of the MPRI, and direct affiliation with the National Institute of Corrections (NIC) as the site of the NIC Michigan State Coordinator, PPA is the project manager and operational administrator of the MPRI implementation process. PPA's five main responsibilities include:

- Strategic policy planning in collaboration with MPRI.
- Training, facilitation, oversight, and fiduciary responsibilities of statewide MPRI implementation.
- Provision of technical assistance as needed to avoid problems, overcome challenges, and ensure the knowledge necessary to learn from this historic process is captured for future utilization.
- Obtaining communications expertise and implementing the communications strategic plan.
- Coordinating the evaluation.

The Role of the Michigan Council on Crime and Delinquency (MCCD)

MCCD has been involved in the MPRI since its inception and has proven to be a valuable planning partner. The agency's historic context for work in the justice arena is unmatched in the state and, with its long history of effective management, provides an essential resource to the implementation process. Their primary role, in addition to continued planning as a member of the Executive Management Team, is on the management and coordination of the Community Coordinators hired with JEHT Foundation funds until State dollars are available to continue the essential and continual work of community coordination.

The Role of the Michigan Department of Corrections

MDOC is inextricably connected to every aspect of the MPRI. MDOC's Planning and Community Development Administration has been charged with the operational success of the MPRI, and Dennis Schrantz, Deputy Director of the Administration, serves on the State Policy Team as the MPRI Manager and chairs the Executive Management Team. In order to support the efforts of implementing the MPRI Model and provide stewardship for the dramatic systems-change process involved with the Initiative, Patricia L. Caruso, MDOC Director, formed an Office of Offender ReEntry within the Administration and approved a staffing structure that includes Community Liaison positions to work closely with PPA and MCCD and the local Community Coordinators.

The purpose of the Office of Offender ReEntry is to manage and staff the MPRI. The three areas of responsibilities include establishing a systemwide, milieu shift within the MDOC, strategic planning for MPRI, and forming partnerships with other agencies to ensure effective collaboration on MPRI. The other offices under the Planning and Community Development Administration are fully engaged in the MPRI. Both the Office of Research and Planning and the Office of Offender ReEntry have been completely re-structured to allow for not only maximum participation in MPRI planning but also to allow for the management and oversight of the evaluation of the Initiative and the development and implementation of new and adapted policies within the MDOC that will ensure that the elements of the MPRI that affect the Department are permanent.



MPRI Up-to-Scale Progress Summary

The Michigan Prisoner ReEntry Initiative (MPRI) Model describes a process for implementing a seamless plan of services and supervision developed with each offender – delivered through state and local collaboration – from the time of his or her entry to prison through transition, reintegration, and aftercare in the community.

The planning for MPRI was launched in October, 2003 beginning with a complete review of the research on what works to reduce crime and culminating in a strategy for building a statewide, seamless system of risk-reduction services and supervision for every prisoner. That plan, including the progress to-date and the timeline for completion are summarized on the following pages. The summary highlights the tremendous amount of work that has been accomplished, putting Michigan on target to bring MPRI up-to-scale by 2010 in accordance with the original implementation plan.

Three issues regarding the implementation of the MPRI need to be clear in order to understand the process:

1. The Order of Phased Implementation: Phase II, III, I:

Full implementation of the Model requires enormous changes in the way MDOC and the State of Michigan conduct the business of corrections, including building new relationships with communities statewide and redefining the way MDOC collaborates with other state agencies and local communities to improve public safety. Consistent with the original implementation plan¹, early planning and implementation efforts focused heavily on *Phase II: Going Home* (preparation immediately prior to release, including community in-reach) and *Phase III: Staying Home* (community-based services and supervision).

As acknowledged in the MPRI Model, prison programming and re-entry preparation starting at reception (Phase I) are key elements for success. However, to have the greatest, most immediate impact on recidivism, the research has demonstrated that maximum impact on risk reduction is made through community-based interventions². So, that is where the work was started. By leveraging the growing momentum and enthusiasm for improving prisoner re-entry in communities across the state, an early focus on community organizing and local capacity building promised and delivered an immediate impact on offender success early in our implementation efforts.

¹ MPRI Statewide Implementation Plan, *Addendum 6: MPRI Status Report*, February 2006 (and included in subsequent status reports dated 4/06, 5/06, 6/06, 8/06, 9/06, 10/06, 1/07, 2/07, 3/07, 4/07, 7/07, 9/07).

² Washington State Institute for Public Policy, *Evidence-Based Adult Corrections Programs: What Works and What Does Not*, January 2006.

As a result, the implementation of the MPRI has been in stages. First, Phases II and III, and then Phase I.

2. Statewide Implementation, Then “Up to Scale”:

Concurrently, efforts are underway to first take the initiative “statewide” (meaning every county is covered) and then in FY2009, “up to scale” (meaning every prisoner is assessed at reception under the MPRI Model).

MDOC promised and delivered a commitment to success and took the collaborative, community-based planning model *statewide* in three years³ so that by October, 2007 every jurisdiction in the state had the MPRI capability.

During the next two years (2008-2009), MDOC is committed to taking the MPRI Model *up to scale* and implementing all phases of the model with all offenders – as appropriate for each individual’s risk and needs. Accomplishing this degree of comprehensive systems change, while maintaining a focus on quality assurance and continuous quality improvement, requires a thoughtful implementation plan with a realistic timeline.

3. Special Populations:

Special populations in prison (youth, boot camp, developmentally disabled prisoners, etc.) will be implemented one population at a time since they cannot be moved to facilities closer to their homes for Phase II. The detailed timetable below includes these implementation plans.

³ Michigan Department of Corrections, *Prison Population Projection Report*, January 2006.

Model Development

Michigan, a national leader in prisoner re-entry, is the first state in the nation to converge the major schools of thought on prisoner re-entry to develop and fully implement a comprehensive model of prisoner transition planning.

- **Objective:** *Build a model for prisoner re-entry that incorporates the best and most up-to-date research on effective strategies for reducing crime committed by returning prisoners.*

- **Progress:** COMPLETED

- **Summer 2003** – Received technical assistance from the National Institute of Corrections' Transition from Prison to Community Initiative (TPCI) and the National Governors' Association's to develop the Michigan Prisoner ReEntry Initiative (MPRI) Model.
- **October 2003** – Convened statewide Advisory Council and formed workgroups to research and analyze the most effective practices around the seven decision points of the TPCI Model.
- **June 2004** – Adapted the recommendations from the MPRI workgroups and the Council of State Governments' ReEntry Policy Council Report to form the MPRI Model.

Phase I: Getting Ready

Phase I describes the offender's period of incarceration from the point of entry into prison up until the time of parole decision. Re-entry preparation begins at reception with a comprehensive assessment of each prisoner's risk, strength, and needs. That assessment informs the prisoner's initial Transition Accountability Plan (TAP), which details each prisoner's individualized schedule for participation in programming designed to build on strengths and reduce risk and need. Prisoners will complete programming prior to a parole decision.

- **Objective:** *Administer actuarial assessment of criminogenic risk and need (COMPAS) and create a Transition Accountability Plan (TAP) with each prisoner at intake.*

- **In-Progress:**

- **December 2005** – Following competitive bid, COMPAS selected as assessment tool and plans for integrating COMPAS into operations was launched.
- **Summer 2006** – All Institutional Parole Agents were trained in COMPAS administration, interpretation, and TAP development.
- **October 2006** – COMPAS is used to develop TAPs at each In-Reach Facility to inform community-based planning. Key field agents and transition team members are trained in interpreting the COMPAS to develop TAPs. As additional MPRI sites were added, those agents and Transition Teams were trained in COMPAS interpretation.
- **December 2007** – Developed a statewide training curriculum on COMPAS administration, interpretation, and TAP development.
- **March 2008** – Planning launched for a special re-entry demonstration project for youthful offenders. Since our youngest prisoners are housed in one facility, a special demonstration project is required because these young prisoners will not be transferred to an In-Reach Facility, Phases I and II must be developed and implemented at the same facility.
- **April 2008** – Staff at Reception and Guidance Center trained in COMPAS administration.
- **May 2008** – Plans for integrating SAI into MPRI are finalized. Implementation begins.
- **October 2008** – COMPAS administered with every offender entering a Michigan prison.
- **October 2008** – Motivation-enhancement project is developed for prisoners in

Level 5 facilities.

- **January 2009** – Medically Fragile Demonstration Project launched.
- **January 2009** – Demonstration project for prisoners with developmental disabilities is developed.

■ **Objective:** *Every prisoner will participate in an individualized plan of services and evidence-based programming, as outlined in the TAP.*

• **In-Progress:**

- **March 2008** – A departmental workgroup drafted a plan for assessing current programming, selecting programs to fill identified gaps, and implementing a comprehensive schedule of evidence-based programming.
- **March 2008** – Workgroup drafted program review protocol to assess programs for adherence to evidence-based principles, including gender responsiveness.
- **March 2008** – The format was created for a System Map of all programs operating within Michigan's prison system. The completed map will be used to organize and manage identified evidence-based programming based on criminogenic need domains and location (prison/camp) availability.
- **March 2008** – System Map of current programming was completed for three of the six domains (psychological treatment, substance abuse programs, and vocational and educational programs) across all facilities.
- **April 2008** – Expert consultant will review and finalize the draft review protocol and train all workgroup members on administering the tool.
- **May 2008** – System Map of current programming will be completed for all six domains and all facilities.
- **Fall 2008** – Complete the review process to identify appropriate programming to fill gaps in the System Map and submit recommendations to a cross-administration review panel for approval.
- **Spring 2009** – Implement evidence-based Reentry Core Programs with prisoners based on TAP completed at reception.

Phase II: Going Home

Phase II starts with the Parole Board's decision to grant a parole. Prisoners are transferred to the In-Reach Facility associated with the community to which they will return. Parole staff and collaborating community service providers come into the facility to meet with returning prisoners and develop a public-safety conscious plan TAP aimed at reducing risk and resolving needs. The TAP details a schedule of responsibilities and activities starting the day the prisoner returns to the community.

- **Objective:** *Community Transition Teams will meet with all appropriate prisoners, as determined by assessed risk and needs, to continue building the TAP and scheduling services and programming in the community.*
 - **In Progress:**
 - **October 2005** – Transition Teams from the first eight sites began meeting with prisoners at the In-Reach facilities to build the TAP.
 - **October 2006** – Transition Teams from 15 sites began conducting in-reach visits.
 - **October 2007** – Transition Teams from 18 sites representing the entire state began conducting in-reach visits. Approximately sixty percent of the paroling prisoner population participates in the MPRI process.
 - **October 2008** – All prisoners with an assessed need for in-reach will begin to meet with Transition Teams during Phase II following the completion of their COMPAS at the Reception and Guidance Centers.
- **Objective:** *ReEntry COMPAS completed at time of Parole Eligibility Report to inform Parole Board decision, pre-release programming, and transition planning.*
 - **In Progress:**
 - **March 2008** – 18,000 COMPAS assessments administered to date.
 - **March 2008** – Training plan implemented to build the skills of line and supervisory staff to ensure capacity for COMPAS administration with all prisoners at Phase II.
 - **Summer 2008** – Protocol for utilizing COMPAS results to inform Parole Board decision-making process is designed.
 - **Spring 2009** – Training on COMPAS administration completed with approximately 2,000 line and supervisory staff.
 - **Summer 2009** – COMPAS administered to all parole-eligible prisoners. Parole Eligibility Report will incorporate COMPAS results.

Phase III: Staying Home

Phase III starts on the day of release from prison. Based on a Comprehensive Community ReEntry Plan that builds on existing community resources, each site designs and manages a local service-delivery system to address needs, such as cognitive-behavioral programming, housing, substance abuse treatment, mental health care, and employment. On the offender's first day home, he or she begins attending appointments scheduled in the TAP during Phase II. During those first months back in the community, the returning prisoner works intensively with his or her parole agent and the collaborative network of community service providers to address the needs identified in the TAP. As the term of parole supervision ends, the offender continues to benefit from the supportive social network built through successful TAP implementation.

- **Objective:** *Every community in the state will organize a regional governing structure to facilitate broad community engagement in collaborative planning to increase community safety by improving offender outcomes.*

- **Progress: COMPLETED**

- **March 2005** – Developed the local implementation strategy for the MPRI Model based on collaboration, community partnership, and evidence-based practices.
- **June 2005** – Awarded largest grant in the history of the JEHT Foundation to organize local communities under the MPRI Model.
- **July 2005** – Eight pilot sites organized Steering Teams, hired Community Coordinators, and began public education and outreach to engage community members in comprehensive re-entry planning.
- **January 2006** – Second round of seven sites organized – the first 15 sites are home to 85% of returning prisoners.
- **January 2007** – Entire state is organized under the MPRI and is engaged in Comprehensive Community ReEntry Planning.

- **Objective:** *Every MPRI site will engage in ongoing comprehensive planning of strategies to build on existing resources, fill gaps, and overcome barriers to improve the success of returning prisoners.*

- **Progress: COMPLETED**

- **July 2005** – Eight pilot sites began work on Comprehensive Plans, focusing on evidence-based strategies to reduce criminogenic needs and improve offender outcomes.
- **October 2005** - MDOC approved implementation funding for the first 8 Comprehensive Plans.
- **January 2006** – Fifteen sites engaged in Comprehensive Planning.
- **October 2006** - MDOC approved implementation funding for the Comprehensive Plans of all 15 sites.
- **January 2007** – Eighteen sites, covering the entire state, engaged in Comprehensive Planning.
- **October 2007** – MDOC approved implementation funding for Comprehensive Plans for the entire state.
- **January 2008** – MDOC engaged all sites in a review of comprehensive planning to continue the ongoing efforts to increase quality and improve outcomes based on the feedback from local partners. Focus groups, surveys, and stakeholder meetings have been conducted to gather input into the continuous quality improvement process for Phase III.

- **Ongoing** – The capacity to understand, procure, and implement evidence-based programs in the community will continue to be support through MDOC-sponsored technical assistance and training to further enhance each community's ability to continue to reduce the risks of their returning prisoners.

As noted at several points throughout the preceding MPRI implementation outline, consistent with the principles of evidence-based practices, re-entry services and supervision are targeted based on an individual's criminogenic risk and needs. Therefore, ensuring that every prisoner has the tools needed to succeed does not mean that every prisoner will receive the same type or same amount of programming and services. This approach increases the impact on public safety by reducing the risk posed by those most likely to re-offend. As proof of performance that the MPRI is targeting offenders who are otherwise likely to fail on parole, 68.3% of the MPRI and IRU cases paroled through August of 2007 had a history of prior parole failure, while only 34.5% of the 1998 baseline paroles had a history of prior parole failure.

The ongoing implementation of such an ambitious timeline for integrating the full MPRI Model has been rewarded with a measurable impact on offender success. **When controlling for history of prior parole failure, the overall MPRI/IRU recidivism outcomes through August of 2007 currently show a 26% improvement in total returns to prison against the 1998 baseline (across all of the release cohorts as a group.) This translates into 400 fewer returns to prison so far when compared to baseline expectations (a numerical reduction that will grow considerably if these results are sustained over a full two-year follow-up period for all cases.)**



The COMPAS: Risk & Needs Assessment in the MPRI Model

The variables and principles of the MPRI Assessment Instrument require that standardized, accurate and complete assessments of risk, needs and strengths be performed at prison intake and periodically thereafter (See Table 1). The assessments must identify the risk of failure for each offender and which programs, treatments and interventions will most effectively reduce each offender's risk of failure. Periodic reassessment must be done to ensure the degree to which each offender's risks and needs are being affected at each stage of the MPRI process from intake through discharge and aftercare. Further, assessment must be based on a measurement instrument that is accurate, affordable, understandable and useful for case planning and management. They must be simple. Offenders must completely understand and buy into the process for it to be effective. MPRI Pilot Sites will be using the COMPAS assessment tool.

Prisoner Assessment and Planning

The MPRI will be using the COMPAS risk assessment instrument that addresses certain variables and key principles that underlie the Initiative, based on research that shows what works to reduce recidivism. COMPAS is a statistically-based, risk assessment tool designed for assessment of risk and needs factors in correctional populations, and for providing decision support to justice professionals in assessing offenders for community placement. COMPAS is automated, theory-driven and designed to assist practitioners in designing case management support systems for offenders in community placement settings.

A unique aspect of the COMPAS design is that it addresses four separate risk assessment systems: Violence, Recidivism, Flight, and Community Technical Violations. In addition, COMPAS has built multiple validity tests into the assessment instrument to improve reliability of the collected data. The COMPAS application is highly adaptable, with the ability to select the entire standard 22 risks and criminogenic scales, including Criminal Behavior, Needs and Social Factors, Personality, Cognition and Social Supports, Recidivism-related factors, and Validity scales.

Perhaps the most important aspect of the COMPAS, from an operational, service-delivery standpoint is that it addresses the principle of "responsivity" in that it is designed to build the Transition Accountability Plan based on the unique needs, risks and strengths of the prisoner and leads to the successful match to programs during the pre-release phase of the MPRI.

Data Collection and Analysis for Future Efforts

The COMPAS system will provide the MDOC the capacity to enable users to input data related to offender risk, needs and strengths, specifically in the areas of: Criminal Attitudes, Educational Achievement, Vocational Training and related abilities, Substance Abuse History, Criminal Associates/Family, Mental Health History, Housing/Neighborhood, and Employment History/Financial Stability. Northpointe, Inc., which developed the COMPAS and is under contract with the MDOC, will routinely assess the collected data and assessment scales for internal validity, and present the outcomes study to the MDOC. “Known-group” analysis will also be conducted on the MDOC data as an additional validity measure in testing the differentiation between selected offender risk groups. MDOC staff feedback and administrative requirements will also be employed to enhance operational revisions at the early stages of the COMPAS tool implementation, including the potential inclusion of additional risk or need scales into the instrument.

Table 1

Key Variables for the MPRI Assessment Instrument

- Identifies needs and strengths and measure risk of recidivism.
- Is valid and reliable.
- Is useful for TAP and structured decision making.
- Is appropriate for repeated measures of dynamic factors and risks.
- Is accessible for data and data systems.
- Meets several resource requirements:

1. *Be cost effective,*
2. *Not negatively impact number of staff required to process,*
3. *Have feasible training requirements,*
4. *Have feasible impacts on work processing time,*
5. *Be highly adaptable*

Key Principles for the MPRI Assessment Instrument

- **Risk:** It is possible to predict which offenders present a greater level of risk of failure.
- **Need:** Parole failure can be reduced if factors that cause new criminal behavior (dynamic needs) can be changed through treatment, programs and addressing other needs.
- **Responsivity:** Different offenders respond positively to various treatments and methods of delivery and the selection of programs, treatments and interventions should be based on case specific factors. The assessment leads to the proper match of programs.
- **Grounded in Evidence Based Practices:** Treatment and program assignments and resources be allocated according to which have shown to be effective at reducing parole failure rates for specific groups of offenders.



Transition Accountability Plans and the Importance of Prison In-Reach

The lynchpin of the MPRI Model is the development and use of the Transition Accountability Plan (TAP) at critical points in the prisoner transition process. The TAP succinctly describes for the prisoner or former prisoner, the corrections and/or field staff and the community exactly what is expected for a successful re-entry process. Under the Michigan Prisoner ReEntry Initiative (MPRI) Model, the TAP is prepared with each prisoner at reception as part of the prison intake process (Phase I) and is updated as part of the parole decision process when the prisoner is approaching his Earliest Release Date or ERD¹ (Phase II), when the prisoner re-enters the community, and when the former prisoner is to be discharged from parole supervision. So, the TAP serves as a concise guide for prisoners, former prisoners, corrections and field staff and community service providers and contains the following elements:

- The expectations for the prison term that will help prisoners prepare for release.
- The terms and conditions of prisoner release to communities.
- The supervision and services former prisoners will experience in the community.
- The elements for eventual discharge from parole.

The TAP integrates offenders' transition from prisons to communities by spanning phases in the transition process and agency boundaries. The TAP is a collaborative product that at any given time may involve prison staff, the prisoner, the parole board, parole field agents, human services providers (public and/or private), victims, and neighborhood and community organizations. The TAP describes actions that must occur to prepare individual prisoners for release to the community, defines terms and conditions of their parole supervision, specifies both the type and degree of supervision and the array of services they will experience in the community, and describes their eventual discharge to aftercare upon successful completion of supervision from parole. The objective of the TAP process is to increase both overall community protection by lowering risk to persons and property and by increasing individual offender's prospects for successful return to and self-sufficiency in the community.

The TAP process begins soon after offenders enter prison and continues during their terms of confinement, through their release from prison, and continues after their discharge from supervision as an evolving framework for aftercare provided by human service agencies or other means of self-help and support. The TAP is developed by prison and academic and education staff in the prisons that form the TAP Transition Team. Beginning with Phase II, the TAPs are developed by a Transition Team that includes prison staff, parole supervision staff, and community agencies and service providers. Thus, the membership of the Transition Team and their respective roles and responsibilities change over time as the prisoner moves through the re-entry process. During the institutional phase (Phase I) prison staff lead the team. During the reentry and community supervision phases (Phase II and III) field supervision staff lead the team with both prison staff and community services providers as partners in the collaborative process. After former prisoners have successfully completed community supervision, their TAP will continue as needed and be managed by staff of human services agencies as the former prisoner continues to receive services and support. At each stage in the process Transition Team members will use a case management model to monitor progress in implementing the TAP.

¹ The first model Michigan used to develop the MPRI, NIC's "Transition from Prison to Community Initiative" model, referred to the prisoner's "Targeted Release Date" as an important factor for re-entry process. In Michigan, the release date is subject to parole board approval and the earliest a prisoner can be released from prison is the ERD. Therefore, the ERD is the Targeted Release Date.

The TAP reduces uncertainty in terms of release dates and actions (and timing of actions) that need to be taken by prisoners, prison staff, the parole board, field agents, and partnering community agencies. Increased certainty will motivate prisoners and former prisoners to fully participate in the TAP process and to become engaged in fulfilling their responsibilities and will ensure that all parties are held accountable for timely performance of their respective responsibilities.

Principles that Guide the Transition Accountability Plan Development Process

1. The TAP process starts during an offender's classification soon after their admission to prison and continues through their ultimate discharge from community supervision.
2. The TAP defines programs or interventions to modify individual offender's dynamic risk factors that were identified in a systematic assessment process; address the prisoner or former prisoner's needs and build on the identified strength of each individual. Thus, the prisoner is at the center of the TAP process.
3. The TAP is sensitive to the requirements of public safety, and to the rational timing and availability of services. In an ideal system, every prisoner would have access to programs and services to modify dynamic risk factors. In a system constrained by finite resources, officials need to rationally allocate access to services and resources, using risk management strategies as the basis for that allocation.
4. Appropriate partners should participate in the planning and implementation of the individual offender's TAP. These include the prisoner or former prisoner, prison staff, releasing authorities, supervision authorities, victims, offenders' families and significant others, human service agencies, and volunteer and faith-based organizations. While corrections staff lead the Transition Team, community representatives are vital partners in the process. The design of the TAP is a collaborative process.
5. The individual TAP delineates the specific responsibilities of prisoners and former prisoners, correctional agencies and system partners in the creation, modification, and effective application of the plans. The TAP holds both prisoners and service agencies accountable for performance of those responsibilities.
6. The TAP should include the types of services that are needed to address identified needs, reduce identified risks and build on identified strengths. Beginning with Phase II of the MPRI process, the TAP should encompass the enrollment of the prisoner in the agencies responsible for the services developed through a "prison in-reach" process that brings community representatives into the prisons to interact with the prisoners. **Prison In-Reach is a major distinction between the way business has been done in the past and the way it is improved and is one of the most important innovations of the MPRI Model.**
7. The TAP provides a long-term road map to achieve continuity in the delivery of treatments and services, and in the sharing of requisite information, both over time and across and between agencies. This is particularly essential during the re-entry phase (Phase II) when the boundaries between agencies are literally fences and brick walls. The TAP must serve as more than a plan – it must serve as a highly specific schedule of events beginning with the prisoner's Orientation Session with the field agent on the day of release, and must include the expectations of how the former prisoner will spend his or her time during at least the first month of release. Perhaps the most vulnerable time for former prisoners is their first month in the community.
8. A case management process is used to arrange, advocate, coordinate, and monitor the delivery of a package of services needed to meet the specific offender's needs. During the prison portion of the TAP process, prison staff will function as case managers who will engage in preparing prisoners for their eventual release through pre-release programming and Prison In-Reach services facilitated with experts from the community. Upon release, and as they adjust to community supervision, their field agent will become the case manager and work with the prisoner and community representatives on transition teams. When they are successfully discharged from supervision, a staff member from a human service agency may assume case management responsibilities for former prisoners who continue to need services and support.

As can be seen from these principles, perhaps the most pivotal activity that distinguishes the old way of doing business from the new way is the Prison In-Reach process that is the centerpiece of MPRI Phase II, the Re-Entry Phase. When reviewing the Policy Statements and Recommendations that comprise the MPRI Model, the importance of the Prison In-Reach process becomes more focused.

The MPRI Model: Policy Statements Affecting Prison In-Reach

There are a series of Policy Statements in the MPRI Model that require an aggressive and productive Prison In-Reach process followed by an equally aggressive supervision strategy – especially during the pivotal first month of release. There are nine (9) Policy Statements that affect the manner in which the Prison In-Reach process is utilized to create strong Transition Accountability Plans during what is the most important phase of the MPRI Model. Each of these Policy Statements is discussed below in terms of how MPRI Phase II and specifically, the Prison In-Reach process should be utilized to meet the expectations of the Model. References to the information that should be included in the TAP are underlined for emphasis. When applicable, other actions that should be considered by the Steering Team are also mentioned.

Policy Statement 19 regarding Housing: Facilitate prisoner's access to stable housing upon re-entry.

Affordable and sustainable shelter is fundamental to the re-entry process. Many prisoners have a place to stay upon release but few have a place to live. It is critical, therefore, that during Phase II and the Prison In-Reach process that the Transition Team, as representatives of the local community-based organizations to which the prisoner will return, are familiar with the full range of housing options available in each community and maintain lists or inventories of available housing. This information must be matched to the specific needs of the prisoner as the Transition Team determines - on an individualized basis - the particular housing needs for each prisoner, taking into account the feasibility, safety, and appropriateness of an individual living with family members after his or her release. The linkage here with Family Reunification activities are critical as they can help identify and address family violence risks of any prisoner whose return to the community may pose a risk to the individual or to his or her family or partner. The TAP must clearly identify the appropriate housing option for each prisoner well in advance of release and complete the paperwork needed to ensure enrollment or placement.

As part of the education program during Phase II, efforts should be made to educate prisoners about strategies for finding and maintaining housing in the community, and teach them about their legal rights as tenants in the private rental market. Funding is available to each Pilot Site to provide former prisoners who are entering the private rental market—and who demonstrate that they are without adequate resources to pay rent—with small stipends and/or housing assistance for the period immediately after release. To the extent that a Pilot Site community is in need of it, local Steering Team should develop “re-entry housing,” to meet the specific and unique needs of persons released from prison. Steering Teams need to encourage private sector or nonprofit housing developers or community-based organizations to develop housing accessible to former prisoners. Most of the Pilot Site communities have or are developing Community Plans to End Homelessness and local Steering Teams need to be involved in these efforts so former prisoners who have histories of homelessness as part of the homeless priority population, to facilitate their access to supportive housing made available under the McKinney-Vento Act.

Policy Statement 20 regarding Planning Continuity of Care: Prepare community-based health and treatment providers, prior to the release of an individual, to receive that person and to ensure that he or she receives uninterrupted services and supports upon his or her return community.

While this policy statement refers specifically to health care, it provides a guiding principle for the seamless delivery of all services, consistent with the Mission of MPRI. While specific action on the issue is still pending, the notion that prior to release prison staff prepare a summary health record containing information about important medical problems, prior diagnostic studies, allergies, and medications for each prisoner prior to his or her release is a significant recommendation within the MPRI Model. Connecting prisoners to treatment and health care providers in the community prior to their release from prison in order to prevent gaps in treatment and services is an essential component of the TAP and must be very specific including appointments with community health care professionals as soon as is appropriate. Pre-qualifications for Medicaid are now possible as a result of the Department of Community Health participating as a partner in the MPRI and this must be completed during Phase II. At the very

least, the Transition Team must ensure that prisoners who are receiving medications are provided with a sufficient interim supply of essential medications upon their discharge into the community. As part of the education programming during Phase II, prison staff should educate prisoners about the continuity of care that is available in their community and provide them with the summary health record and other medical records prior to discharge.

Policy Statement 21 regarding the Creation of Employment Opportunities: Promote, where appropriate, the employment of people released from prison and facilitate the creation of job opportunities for this population that will benefit communities.

While many of the recommendations needed to meet this policy statement are about community development, others are quite germane to the Phase II and Prison In-Reach process. To set the stage for developing the TAP2, local Steering Teams and their community coordinators need to be aggressive and clear about their plans to “soften” the labor market for returning prisoners. As the recommendations suggest, these four activities are critical:

- Educate employers about financial incentives, such as the Federal Bonding Program, Work Opportunity Tax Credit, Welfare-to-Work programs, and first-source agreements, which make a person who was released from prison a more appealing prospective employee.
- Determine which industries and employers are willing to hire people with criminal records and encourage job development and placement in those sectors.
- Review employment laws that affect the employment of people based on criminal history, and eliminate those provisions that are not directly linked to improving public safety.
- Promote individualized decisions about hiring instead of blanket bans and provide documented means for people with convictions to demonstrate rehabilitation.

More specific to the TAP2, this policy statement pushed communities to consider the use of mentors as third-party intermediaries to assist employers with the supervision and management of former prisoners is an idea that is on the front burner for many of the MPRI Pilot Sites. The development of “social enterprise” businesses is also being considered by the Office of Offender ReEntry (See the Concept Paper, *Project REHAB – Former Prisoners Housing and Building Project*). This concept includes the approach of developing temporary employment – especially through Michigan Works! Employment Readiness Programs for prisoners and former prisoners - who cannot find work so that they can acquire real work experience and on-the-job training. If “job mentors” are part of the supervision strategy, then the connection of the prisoner with the mentor prior to release is essential. If Michigan Works! agencies, their subcontractors or social enterprises are to be part of the TAP, they must be identified and specified TAP with the necessary paperwork for enrollment and/or pre-qualification completed prior to release.

Policy Statement 22 regarding Workforce Development and the Transition Plan: Connect prisoners to employment, including supportive employment and employment services, before their release to the community.

If housing is one of the most essential ingredients of successful re-entry, employment is one of the most important. As stated above, the MPRI envisions prisoners having jobs waiting for them upon release as a result of a wide variety of activities but regardless of this capability, Transition Teams must initiate job searches before prisoners are released using community-based workforce development resources and indicate the results of these efforts in the TAP. During Phase II and as part of the Prison In-Reach process, Transition Teams – with the fully engaged support from their Steering Teams – must encourage employers to visit the correctional facility to meet with prospective employees before release. In one sense, perhaps the most important aspect of the MPRI Phase II Prison In-Reach process is to engage community members and community-based services to act as intermediaries between employers and job-seeking prisoners. The transfer of prisoners to prisons closer to their community of release is intended to facilitate this process. As part of the TAP, the Transition Team should work with prisoners to maintain written information in their “re-entry portfolio” about their prospective employers or community employment service providers and official documentation of their skills and experience, including widely accepted credentials and/or letters of recommendation.

Policy Statement 23 regarding Victims, Families, and Communities: Prepare family members, victims, and relevant community members for the released individual's return to the community, and provide them with protection, counseling, services and support, as needed and appropriate.

Many of the recommendations for implementation of this critical policy statement have to do with improved functioning with state and local criminal justice agencies and are the subject of implementation strategies being considered by the Executive Management and State Policy Teams as well as the department-based, Resource Implementation Teams (See Issue Brief on MPRI Organizational Structure). These recommendations form the backdrop for the more specific work that needs to be done as part of the TAP2 development process and should be on the "to do" list of every Pilot Site when the recommendations are under their control:

- Provide notification and information to victims concerning the prisoner's release and re-entry process.
- Offer counseling and support to crime victims preparing for the return of an individual to the community.
- Create policies for victim restitution and child-support debt management, including collection processes, that encourage payment and family stability, and engage family members in creating a viable support strategy.
- Ensure timely and appropriate notification of key community representatives of the prisoner's release.

As part of the Prison In-Reach process, the Transition Teams should be working with family members so that they not only receive adequate notification and information regarding the prisoner's impending release, but are engaged in family re-unification activities. To the extent family re-unification efforts must continue upon release, they need to be fully specified in the TAP. These types of services, as part of the community supervision strategy must consider the needs and strengths of the prisoner's family and then build community networks to provide counseling, safety planning, and other services to help the family cope with the emotional, financial, and interpersonal issues surrounding the individual's return. These activities can be paid for using the MPRI funding from the MDOC.

Policy Statement 24 regarding Identification and Benefits: Ensure that prisoners re-enter their communities with appropriate forms of identification and that those eligible for public benefits receive those benefits immediately upon their release.

This policy statement is going to require a great degree of improved collaboration among agencies that are committed to the MPRI. To begin with, the Transition Teams will need to ensure that the process of applying for proper and fully acceptable forms of identification, including funding sources where prisoners lack adequate funds for obtaining identification, are put into motion at the earliest possible time during Phase II. Eventually, this process will begin during Phase I – as early as when the prisoner is admitted at the reception center – but until then, the process must take place during Phase II. The degree to which issuance of identification documents have been obtained or still need to be obtained – with specific steps in the process (phone calls, appointments and the individuals to whom the former prisoner will need to speak) must be documented in the TAP and contained in the prisoner's ReEntry Portfolio.

At the same time, the State Policy Team will be asked to work with the Michigan Secretary of State and other state agencies to allow prisoner's MDOC identification to be accepted as valid identification by other agencies. Having the chief deputies or directors of state agencies engaged in the MPRI through the State Policy Team is expected to pave the way for "system change". For example, timely access to Medicaid benefits has been greatly improved upon since the agreement from the Department of Community Health to suspend, instead of terminate, Medicaid benefits during incarceration. Other recommendations that support this policy statement need to be addressed at the state level by the Executive Management and State Policy Teams, at the local level by the Steering Teams and on a case-by-case basis with each prisoner as part of the Prison In-Reach and TAP2 development process. Helping prisoners identify and apply for appropriate benefits and identification as part of their TAP2 by directly engaging with the appropriate agencies is one of the many reasons that prisoners are being housed in facilities closer to their homes. The Prison In-Reach and TAP process should include a series of activities that need to be documented in the TAP and/or the prisoner ReEntry Portfolio:

- Ensure interagency collaboration to effectively screen prisoners for eligibility for Temporary Assistance for Needy Families (TANF), Medicaid, supplemental security income, food stamps, and other benefits, and to facilitate successful pre-release application for these benefits.
- Assess prisoners for eligibility for veterans' benefits and services, and ensure access to those benefits.
- Facilitate access to "non-recurrent" TANF benefits for former prisoners.
- Adopt a narrow definition of "in violation of a condition of parole/probation" for the purposes of TANF, food stamps, SSI & public housing.
- Adopt balanced admission and eviction policies for public housing that consider individual circumstances.
- Ensure continued Medicaid coverage for TANF families with parents who are released from prison.

Policy Statement 25 regarding the Design of the Supervision Strategy: Review and prioritize what the releasing authority has established as terms and conditions of release and develop a supervision strategy that corresponds to the resources available to the supervising agency, reflects the likelihood of recidivism, and employs incentives to encourage compliance with the conditions of release.

Several of the recommendations that support this policy statement are already in place and represent several of the fundamental components of the MPRI Model. These recommendations and the status of each are as follows:

- Engage community members, including representatives from community corrections, law enforcement, and community-based organizations, to serve on a transition team with corrections staff, and charge the team with the development of a comprehensive supervision strategy.
- Transfer prisoners as the release date approaches (and as appropriate and feasible) to correctional facilities nearest to the community to which the individual will return.
- Assign a supervision field agent to each prisoner before the date of his or her release and engage the field agent on the transition planning team.
- Provide each individual before release with a written copy of his or her terms and conditions of release and their TAP. Explain both documents to them clearly, ensuring that he/she understands them. This happens at the facility prior to release and during orientation session at the parole office immediately after release.
- Seek information from, and promote cooperation with, law enforcement in the jurisdiction to which an individual will return before his or her release. If Steering Teams have engaged local law enforcement officials in the MPRI process, this should be the subject of discussion and planning.

Finally, during Phase II MDOC staff will apply the information from risk, needs, and strengths assessment instrument administered prior to the release decision, and re-assess prisoners if necessary to determine appropriate supervision strategies. This process is currently being developed and implemented.

Policy Statement 26 regarding the Implementation of the Supervision Strategy: Concentrate community supervision resources on the period immediately following the prisoners release and adjust supervision strategies as the needs of the former prisoner, the victim, the community, and the family change.

The primary point of this policy statement is to focus supervision resources on the period directly following release and to ensure that contact between the field agent and former prisoner corresponds to the level of risk presented. To begin with, all re-entry former prisoners will be placed on maximum supervision to assure at least weekly contact for the first three months of release. The field agents assigned to MPRI cases will eventually move toward more "community supervision" that allows them to supervise probationers or parolees in the community – and the neighborhoods - where they live. As parole agents become more familiar with the MPRI process and engage in dedicated training on improved "case management" as opposed to "case supervision", the agents will facilitate compliance by recognizing that people under supervision will require an adjustment period, and address the issues that this period poses.

One of the major “cultural changes” that needs to be managed within the parole supervision process is more effective leveraging of the community-based network to assist with the implementation of the supervision strategy, and the periodic consultation with family and community members to determine their assessment of the person’s adjustment to the home and/or neighborhood. This is critical as part of the process to assess periodically the extent to which the individual’s transition into the community is proceeding successfully and the extent to which it may be necessary to modify the supervision plan accordingly. Explicit discussion by the Transition Team of the community supervision strategy – and the degree to which these points will be considered – is an essential step in the Prison In-Reach and TAP process. Finally, as a result of the local comprehensive planning process, greater coordination of the activities of local law enforcement and field staff is expected.

Policy Statement 27 regarding Maintaining Continuity of Care: Facilitate former prisoners’ sustained engagement in treatment, mental health and supportive health services, and stable housing.

Special training is needed for field agents to understand—and respond effectively to—the special needs of former prisoners with mental illness. One of the recommendations under this policy statement that needs to be implemented is to ensure that all field agents know how to monitor people with substance abuse issues and how to engage former prisoners in treatment, where appropriate. In terms of health care, there needs to be improved coordination of physical health services for individuals with special health needs and these needs should be documented in the TAP. At the state level, the State Policy Team will be determining the potential to implement policies and programs that prevent former prisoners from entering emergency shelters or otherwise becoming homeless upon release as they attempt to foster stability in housing.

Community Involvement in the MPRI Process and the Role of the Community Coordinator

It is clear then, that each of the major decision points for improved prisoner re-entry under the MPRI Model must involve community input and collaboration. Without local community involvement, the process would be viewed as “top down” and undoubtedly miss the opportunities for local expertise and experience at the ground level where service delivery must be focused. The primary role of the MPRI Community Coordinator is to be the “point person” to coordinate the community’s input so that the key local stakeholders have enhanced capability to adjust their processes accordingly and have in place a communications system to make certain everyone is clear about the process and has a voice in its development. The primary tasks of the Community Coordinator include:

- *Task 1.* The Community Coordinator will be responsible for making certain the information from the first Transition Accountability Plan is in the hands of the local MPRI Steering Team.
- *Task 2.* The Community Coordinator will be responsible for making certain that the Targeted or Earliest Release Date and status of the offender’s movement to the facility nearest his or her city of return is communicated to the local Steering Team and the local Transition Team.
- *Task 3.* The Community Coordinator will be responsible for ensuring that the local field agent coordinates the logistics for the interaction of the Transition Team and the local prison and for the convening and facilitation of local Team meetings to develop the TAPs.
- *Task 4.* Since the Community Coordinators will be acting as staff for the local Steering Teams and their ReEntry Councils, one of their many responsibilities will be to coordinate the planning and implementation of Phase III that will be the “hand off” of the parolee’s case to responsible parties in the community who will continue providing services and guidance to the ex-offender.