



Michigan Youth Reentry Model

Building a Reentry Framework for Youth, Families and Communities

Prepared by the Michigan Council on Crime and Delinquency



The Michigan Youth Reentry Model was prepared by the Michigan Council on Crime and Delinquency, in collaboration with the Michigan Department of Human Services Bureau of Juvenile Justice, the Michigan Department of Correction and stakeholders of the Michigan Youth Reentry Workgroup. The Michigan Youth Reentry Workgroup was supported by the Michigan Committee on Juvenile Justice and the Office of Juvenile Justice and Delinquency Prevention.

The policy statements that guide the Michigan Youth Reentry Model were primarily adapted from the following documents:

- The “Comprehensive Strategy for Community Reintegration,” developed by the Community Reintegration Work Group, Michigan Department of Human Services (1997; 2006).
- Council of State Governments (2003). Report of the Re-Entry Policy Council. Washington, DC: U.S. Department of Justice, U.S. Department of Labor, U.S. Department of Health and Human Services.
- National Council of Juvenile and Family Court Judges (NCJFCJ) (2005). Reconnecting: The Role of the Juvenile court in Reentry. Reno, NV: Author.
- Nellis, A. and Hooks Wayman, R. (2009). Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community. Washington, DC: Youth Reentry Task Force of the Juvenile Justice and Delinquency Prevention Coalition.

This document may be replicated to provide guidance for youth reentry initiatives in local jurisdictions.

Youth Reentry Issue Briefs are available at www.miccd.org.

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Nearly all adjudicated youth who are placed in detention or residential treatment will eventually return to the community. However, the majority of youth exiting placement are re-arrested within three years. Nationally, over half of the individuals released from juvenile justice custody are re-incarcerated as adults (Nellis and Hooks Wayman, 2009).

The Michigan Youth Reentry Model provides a multi-dimensional framework designed to stop the cycle of crime among Michigan’s youngest offenders and prepare them for successful transitions into adulthood. The three-phase, seven-point model describes how stakeholders collaborate to deliver an evidence-based risk-reduction framework in courts, residential facilities and communities.

All youth-serving systems and organizations can use the framework of the Michigan Youth Reentry Model to explore their role in achieving the vision. This document provides policy statements to outline the desired outcomes as well as recommended action steps to guide successful implementation of the Model.

A coordinated community response to crime reduction requires that every stakeholder is equipped with the knowledge and skills to facilitate youth success. Through collaborative planning, the Michigan youth Reentry Model can be adapted to fit the different court procedures, service delivery mechanisms, and complex needs of youth and families in any community.

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Achieving Community Safety through Youth Success

For over a century, the juvenile justice system has balanced its responsibility to provide rehabilitation to court-involved youth while also protecting public safety. Courts now have the benefit of research, which confirms that a youth's successful transition to adulthood is directly linked to the healthy development of a youth's physiological, cognitive and psychosocial capacities (Steinberg, Chung, and Little, 2003).

Youth in the juvenile justice system overwhelmingly face multiple challenges that can interfere with their ability to build the necessary internal capacities to make good decisions. Common challenges include poverty, poor school performance, mental health diagnoses, unstable and unsupportive family relationships, deviant peer relationships, and a lack of positive role models (Hawkins, et al, 1998; Sampson and Laub, 1997; Teplin, 2002). Because youth possess varying degrees of protective factors and strengths to mitigate these risks, a range of methods and intensity of interventions is needed to ensure the best outcomes for each youth. Interventions that engage the whole family are particularly impactful when working with adolescents (Shanahan, 2010).

While community-based interventions have been shown to be the most effective (Nellis and Hooks Wayman, 2009, Greenwood, 2008, Aos, et al, 2001), some youth with high levels of risk may require more intensive services delivered in a residential placement. Residential placement can provide much-needed structure, but it also has the potential to exacerbate mental health conditions or expose youth to high risk behaviors of other residents. Even in those cases where residential placement greatly improves behavior, the time spent in placement is limited. Too often, youth return to the community unprepared for success; and families and communities are unprepared to receive them. Without long-term community support, youth often struggle to employ the skills and strategies they learned during their residential program, particularly if they return to the same environment that led to their initial delinquent behavior.



A New Way of Doing Business: *Exit Upon Entry*

The **PURPOSE** of the Michigan Youth Reentry Model is to reduce crime by creating a seamless system of services and supervision that begins the first day in residential placement and continues through transition, reintegration, and aftercare in the community.



The **GOALS** of the Michigan Youth Reentry Model are to:

- **Promote public safety** by reducing recidivism among youth and facilitating opportunities that repair the harm done to victims and communities.
- **Foster positive transitions to adulthood** by helping youth and families make responsible choices and achieve goals in education, employment, behavioral health, and personal relationships.
- **Stop the pipeline to prison** in order to reduce long-term costs to the state and communities.

The **FOUNDATION** of the Model includes two equally important concepts: collaborative case management and evidence-based principles of risk, need and responsivity.

Collaborative case management is a dynamic, seamless plan of services and supervision developed with each youth and family that *starts the first day in residential placement* and continues through transition, reintegration, and aftercare in the community. Collaborative case management is a way to enhance continuity of care by strengthening any existing case management model (Altschuler, 2008).

This approach requires multiple stakeholders to effectively collaborate, communicate and utilize resources through a *process of continuous case planning*. The ongoing cycle of 1) assessment, 2) planning, 3) service delivery and 4) case review is aimed at helping the youth make prosocial behavioral changes (Taxman, 2002). This dynamic process guides the evolution of the case plan throughout all phases of reentry (Carey, 2010a; Torbet, 2008).

Evidence-based principles of risk, need, and responsivity refer to the positive impact of interventions that attend to level of risk to reoffend, individual needs, and characteristics relevant to treatment amenability. Interventions delivered along the risk-need-responsivity framework have been empirically validated to be effective at reducing recidivism (Andrews and Dowden, 2006). Programs that do not adhere to the risk-need-responsivity framework have been shown to *increase* recidivism, rather than *decrease* it (Andrews and Bonta, 2007a). Programs that apply the principles of risk, need and responsivity demonstrate nearly double the efficacy when implemented in a community setting (Andrews and Bonta, 2007a).

- **The risk principle** focuses on understanding the likelihood of reoffending and how it can be reduced (Andrews and Bonta, 2007a). Research suggests that individuals with a high risk to reoffend are more likely to benefit from higher intensity of services. Conversely, individuals with a low risk to reoffend require lower intensity of services. When service intensity and risk levels are mismatched, there is a likelihood of increased reoffending (Lowenkamp, Latessa, and Holsinger, 2006).

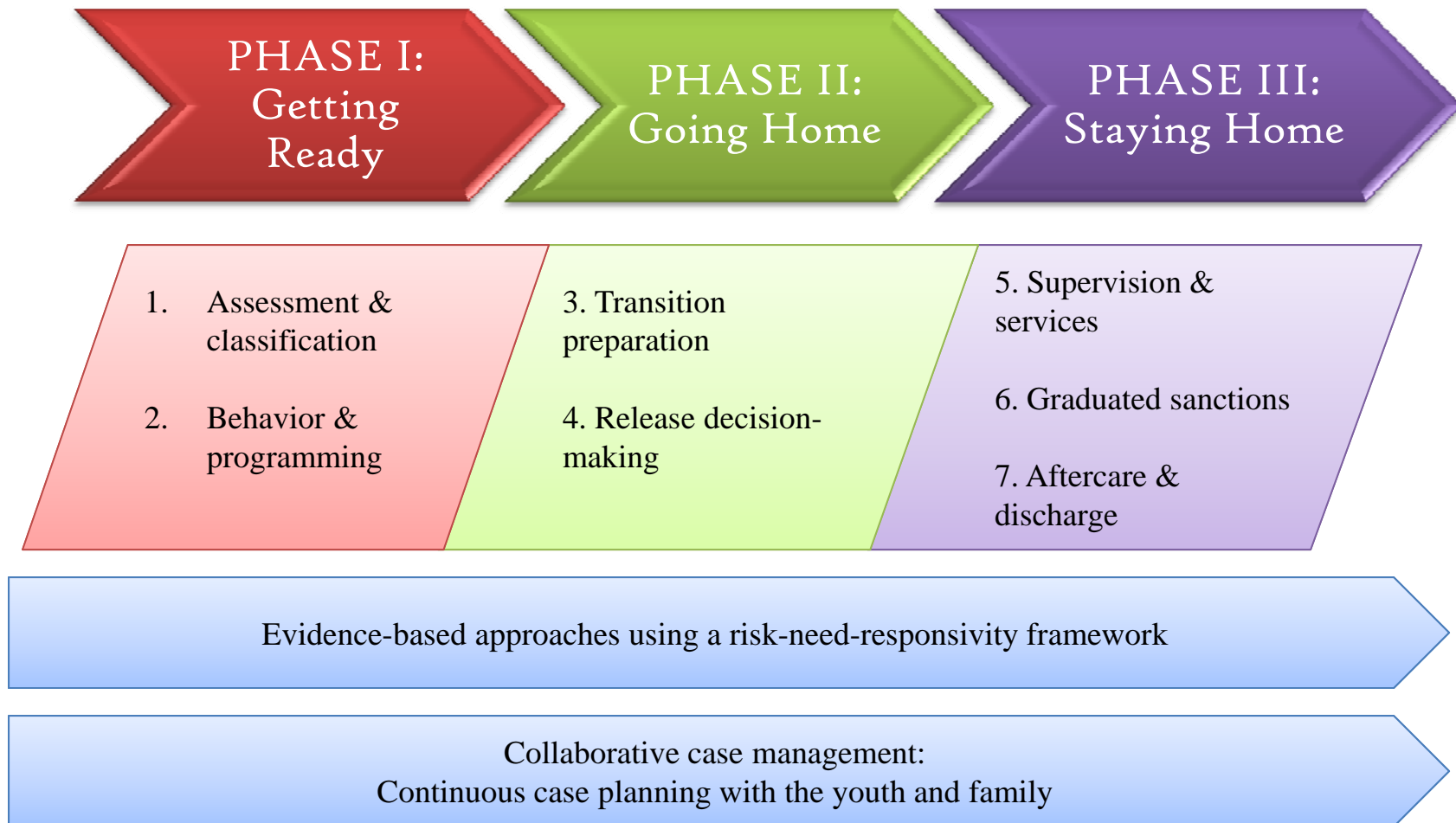
The risk factors most predictive of recidivism include:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ○ History of anti-social behavior ○ Anti-social personality ○ Anti-social cognitions ○ Anti-social attitudes | } | Big Four: Those risk factors most predictive of future criminal behavior. |
| <ul style="list-style-type: none"> ○ Substance abuse ○ Family relationship ○ School/work ○ Pro-social recreational activities | } | Moderate Four: Those risk factors associated with criminal risk but not necessarily predictive. |

- **The need principle** asserts that in order for treatment to be effective in reducing recidivism, interventions should target criminogenic needs (i.e. attributes that are predictive of criminal behavior) over non-criminogenic needs (attributes that have little to do with offending behavior.)
- **The responsivity principle** focuses on delivering services in a manner that is consistent with each youth’s individual learning style, developmental stage, and abilities (Andrews and Bonta, 2006). Developmentally-appropriate interventions must address the physical, cognitive, and psychosocial changes experienced during adolescence (Steinberg, Chung, Little, 2003). Likewise, interventions must be adapted to appropriately address youths’ mental health needs or developmental delays.

Michigan Youth Reentry Model

The Michigan Youth Reentry Model is built upon proven reentry practices, incorporating the three-phase reentry approach of the U.S. Department of Justice's *Serious and Violent Offender ReEntry Initiative* (SVORI) and the seven decision points of the National Institute of Corrections' *Transition from Prison to Community Initiative* (TPCI) model. Lessons learned through the Michigan Prisoner Reentry Initiative (MPRI) were instrumental in developing the organization and structure for the Michigan Youth Reentry Model. Replication in the juvenile justice system requires adaptation to appropriately fit the different court procedures, service delivery mechanisms, and complex needs of youth and families (Griffin, Steele, and Franklin, 2007).



Policy Statements and Recommendations: *Creating a Culture of Community-driven Reentry*

The Michigan Youth Reentry Model is comprehensive approach aimed at stopping the inter-generational cycle of crime. This monumental task requires that every system and community work together to realign resources, change policies and procedures, and create a culture that supports the goals of community-driven reentry. The following policy statements reflect the desired outcomes, and include a series of recommendations to guide successful implementation of the Model.

Collaborative Case Management

Reentry begins the first day in the facility and continues through transition, reintegration and aftercare in the community.

- Provide staff training on collaborative case management and evidence-based principles of reentry.
- Design residential programs around the individual needs of each youth, rather than group interventions that mix risk levels.
- Train staff on the use of motivational interviewing as techniques toward promoting pro-social behavioral changes.

Multiple stakeholders, including the youth and family, effectively collaborate, communicate and utilize resources through a process of continuous case planning.

- Engage families in the case planning process, ensuring that they are involved in all aspects of their child's case plan.
- Establish and maintain a centralized information management system that is accessible, or at least easily communicated, among the collaborative case management team and other staff and service providers.
- Develop protocols to ensure the accuracy, availability, and sharing of information while adhering to laws and regulations that govern the confidentiality of the youth's information.
- Maintain medical, education, and case management records so that they provide up-to-date information regarding a youth's condition and treatment, and ensure that a summary of the records follows the youth as he or she transfers between providers.

Case plans will be living documents that are periodically updated based on a process of assessment, planning, service delivery, and review.

- Consider the primary needs, strengths and background of the individual in developing the case plan.
- Ensure that all case planning incorporates the principles of cultural competency and gender responsiveness.
- Engage community-based providers, as appropriate, in the development and delivery of the case plan.

PHASE I: GETTING READY

The institutional phase describes what happens from the point of intake until shortly before release. During this phase, youth undergo a comprehensive assessment to identify risk factors, needs and strengths. This information is used to develop an individualized case plan, assign youth to appropriate housing units, and provide evidence-based programming.

Decision Point #1: Assessment and Classification

Each youth receives a comprehensive, standardized, objective and validated assessment that, upon admission to the facility, can be used to target interventions to a youth's specific risks and needs. (*Report of the Reentry Policy Council, pg. 110-140.*)

- Use an actuarial risk assessment and define the scores that result in a referral for a service. Revise the intake procedures so that it defines the criteria for accessing services.
- Screen all youth, and provide further assessment as necessary, for psychological and mental health issues, physical health problems, or substance abuse and dependency.
- Assess interpersonal skills and basic literacy. Determine the youth's vocational aptitudes, education level and employment history.
- Chart the youth's family life, including domestic violence or trauma, the impact of incarceration on relationships, and the involvement of parents or siblings in the system.

Decision Point #2: Behavior and Programming

Each youth has an individualized case plan, informed by the assessments, that explains what risk reduction programming should be provided during the period of residential placement to ensure that return to the community is safe and successful.

(*Report of the Reentry Policy Council, pg. 141-153.*)

- Develop a single case plan that is informed by and accessible to all members of the collaborative case management team.
- Conduct regularly scheduled reentry review to address all security and program concerns during the youth's institutional stay.
- Include provisions in the case plan for periodic reassessments to be conducted during treatment and for changes to be made in the plan accordingly.

Comprehensive physical and mental healthcare services will be accessible within facilities and as a central component of community linkages.

- Ensure that all youth in residential placement receive basic medical and mental healthcare care, access to needed medications, and transition planning services, regardless of their length of stay in the facility.
- Facilitate community-based health and mental healthcare providers' access to residential placement in order to assist with pre- and post-release services.

Facilities offer evidence-based interventions to address the “Big Four” risk factors through cognitive-behavioral approaches proven to address the specific risks and needs as well as build strengths and skills of the population it serves.

- Match youth to the appropriate intervention based on risk level, and prioritize youth for a service if they score high on risk and high on need.
- Target interventions to address the “Big Four” risks first, anti-social behavior, anti-social personality, anti-social cognitions, and anti-social attitudes.
- Organize cognitive behavioral groups by risk level, including static and dynamic, anti-social thinking, and criminogenic need scales.
- Ensure that evidence-based programs are implemented to fidelity.

Facilities offer evidence-based interventions to address the “Moderate Four” risk factors, as appropriate to the youth’s need.

- *Substance Abuse Treatment* - Provide effective substance abuse treatment to anyone in residential treatment who is chemically dependent. (*Report of the ReEntry Policy Council, Pgs. 179-178*)
- *Family Engagement* - Make services and supports available to family members, and, when appropriate, help to establish, re-establish, expand, and strengthen relationships between youth and their families. (*Report of the ReEntry Policy Council, Pgs. 190-200*)
- *Education/ Work* - Teach youth functional, educational, and vocational competencies based on employment market demand and public safety requirements. (*Report of the ReEntry Policy Council, pgs. 211-220*)
- *Pro-social Recreational Activities* – Engage youth in activities that address basic life skills, interpersonal skills, restorative justice, and mentoring, as a way to promote positive relationships and develop skills.
- Facilitate efforts of community and faith-based groups to provide effective, culturally competent services to youth who are in need of treatment or services.

PHASE II: GOING HOME

The transition phase begins approximately three to six months before the youth returns to the community. In this phase, a detailed plan and schedule of services and supervision are established that address housing, education, employment, mental health, and other areas of need that the youth and family may have.

Decision Point #3: Transition Preparation

Transition preparation will occur for each youth to ensure that all stakeholders, prior to release, are prepared to participate in community-based services and supervision.

- Convene a transition team three to six months prior to release that includes the youth, the family, probation worker, case manager, facility staff, service providers, and other supports.
- Develop a reentry plan that identifies and connects youth and families to services designed to meet their specific risks and needs.

Housing – The reentry plan will identify stable housing options for the youth upon his or her reentry into the community.

(Report of the ReEntry Policy Council, Pgs. 256-281)

- Ensure that the transition team, working with community-based organizations, is familiar with the full range of housing options available in each community.
- Evaluate the feasibility, safety, and appropriateness of a youth living with family members after his or her release from residential placement.
- Identify the appropriate housing option for each youth well in advance of release.

Continuity of Care – The reentry plan will identify the physical, mental, and behavioral health needs of the youth to ensure that he or she receives uninterrupted services and supports upon his or her return community.

(Report of the ReEntry Policy Council, pgs. 282-292)

- Connect youth to treatment and health care providers in the community prior to their release in order to prevent gaps in treatment and services.
- Educate youth about continuity of care and provide them with the summary health record and other important medical records prior to discharge.
- Provide youth receiving medications with a sufficient interim supply of essential medications upon their discharge into the community.

Pro-social Development - The reentry plan will identify cognitive behavioral interventions and skill-building opportunities in the community.

- *Families/ Peers* – Consider the needs and strengths of the youth’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 youth’s return.
- *Education* –Identify steps toward seamless reintegration with a community-based educational setting before returning the community.
- *Workforce development* – Identify steps toward successfully securing and maintaining employment in the community, including supportive employment and employment services, before returning the community. (*Report of the ReEntry Policy Council, pgs. 306-316*)
- *Prosocial Activities/ Restorative Justice* - Prepare family members, victims, and relevant community members for the youth’s return to the community, and provide them with protection, counseling, services and support, as needed and appropriate. (*Report of the ReEntry Policy Council, pgs. 317-330*)

Benefits Access – Each youth will have appropriate forms of identification and those eligible for public benefits will receive those benefits immediately upon return to the community. (*Report of the ReEntry Policy Council, Pgs. 331-342*)

- Ensure interagency collaboration to effectively screen youth for eligibility for Medicaid, supplemental security income, cash assistance, food assistance, and other benefits, and to facilitate successful pre-release application for these benefits.
- Help youth identify and apply for appropriate benefits and identification as part of their transition plan.
- Ensure timely access to Medicaid after release for eligible youth by suspending, instead of terminating, Medicaid benefits while in placement.
- Adopt a narrow definition of “in violation of a condition of parole” for the purposes of TANF, food stamps, SSI and public housing.
- Adopt balanced admission and eviction policies for public housing that consider individual circumstances.

Decision Point #4: Release decision-making

Juvenile court judges routinely inquire about the reentry plan at review hearings, and enter court orders, in anticipation of discharge, that support the plan developed by the team.

- Inform the court about the extent to which the youth is prepared to return to the community and the community is prepared to receive the youth. (*Report of the ReEntry Policy Council, pgs. 230-242*)

- Report 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.
- Work with the court to identify a range of alternative community sanctions if the conditions of release are violated.

Ensure that youth are released to the appropriate level and duration of community supervision. (*Report of the ReEntry Policy Council, pgs. 243-253.*)

- Assign the youth to a period of community supervision after release if the analysis of his or her risk assessment, criminal history information, and other factors indicate a likelihood of re-offending.
- Ensure that proposed conditions of release are matched to the youth’s risk level; recognize the particular strengths and needs of each individual and the resources of the community; and are consistent with the rules that the court is prepared to enforce.
- Work with the youth and family to design a plan for supervision/probation that supports family reunification, when appropriate.
- Determine how various payments (*e.g.*, restitution, child support, fines) expected from the youth upon his or her release will be incorporated into the conditions of release.
- Ensure that a procedure exists to modify and revise, as appropriate, the conditions of release, including the possibility for early discharge from court jurisdiction.
- Allow for a period of community supervision for youth who may “age out” of the system, rather than keeping youth in residential placement until the date that jurisdiction ends.

PHASE III: STAYING HOME

The community phase begins when the youth leaves the facility and returns to the community. While the youth and family are ultimately responsible for their success, a network of supports will ensure that services are appropriately accessed and delivered.

Decision Point #5: Supervision and services

Supervision and services identified in the reentry plan are effectively implemented in a timely manner. The youth and family understand the reentry plan and expectations.

- Review and prioritize what the court has established as terms and conditions of release and develop a reentry plan that corresponds to the available resources, reflects the likelihood of recidivism, and employs incentives to encourage compliance with the conditions of release. (*Report of the ReEntry Policy Council, pgs. 343-355*)
- Provide each youth with a written copy of his or her reentry plan, including terms and conditions of release, and explain them clearly, ensuring that he or she understands them.

Community supervision resources are concentrated on the period immediately following the youth's release from residential placement, and adjusted as the needs of the youth, the family, the victim, and the community change. (*Report of the ReEntry Policy Council, pgs. 358-369*)

- Utilize evidence-based supervision practices by matching the level of supervision to the level of risk.
- 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 youth's adjustment to the home and/or neighborhood.
- Assess periodically the extent to which the youth's transition into the community is proceeding successfully and modify the supervision plan accordingly.
- Facilitate compliance by recognizing that youth under supervision will require an adjustment period, and proactively address the issues that this period poses.

A plan to maintain continuity of care will address the youth's sustained engagement in treatment, mental health and behavioral health services, and stable housing. (*Report of the ReEntry Policy Council, pgs. 370-382*)

- Foster stability in housing for youth released to the community; implement policies and programs that prevent youth from entering emergency shelters or otherwise becoming homeless after release from residential placement.
- Train field staff to understand, and respond effectively to, the special needs of youth with mental health needs.
- Coordinate physical health services for individuals with special health needs.

- Ensure that all field staff know how to monitor people with substance abuse issues and how to engage youth in treatment, when appropriate.

A plan to continue pro-social development will include cognitive behavioral interventions, opportunities for skill development, and engagement of social supports.

- Ensure availability and access to cognitive behavioral interventions that are community-based and family-focused.
- Promote pro-social activities that engage the entire family and strengthen community engagement.
- Connect youth and families to community education settings appropriately matched to their skill level, learning style, and educational and professional goals.

Decision Point #6: Incentives and Graduated Sanctions

A range of incentives and sanctions are available and accessible in order to reinforce positive behavior and to address violations to conditions of release. (Report of the ReEntry Policy Council, Pgs. 390-405)

- Use structured incentives and positive reinforcements to promote compliance with the terms and conditions of release.
- Establish an organized structure to guide the imposition of sanctions if misbehavior or violations occur.
- 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.
- Consider revocation and re-incarceration as the most serious of many different options available for addressing violations.

Decision Point #7: Discharge and Aftercare

Community stakeholders will assume responsibility to identify resources, bridge gaps, work with law enforcement, and effectively maintain community supports after court jurisdiction has ended.

- Conduct a community assessment that identifies community resources and services gaps.
- Ensure that evidence-based prevention programs are considered for use as post-discharge services.
- Build the capacity of community members to engage in reentry as a coordinated response to public safety. Provide opportunities for community members to assist in strategic planning for community policing, reentry resource development, and expansion of community services.

Youth reentry is viewed as a collaborative endeavor between state and local government, communities, and across systems and funding streams to ensure that services are available, accessible, and affordable for youth and families.

- *Housing 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. (*Report of the ReEntry Policy Council, pgs. 412-422*)
- *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. (*Report of the ReEntry Policy Council, pgs. 471-482*)
- *Mental Health Care Systems* - Ensure that individualized, accessible, coordinated, and effective community-based mental health treatment services are available. (*Report of the ReEntry Policy Council, pgs. 445-455*)
- *Substance Abuse Treatment Systems* - Ensure that individualized, accessible, coordinated, and effective community-based substance abuse treatment services are available. (*Report of the ReEntry Policy Council, pgs. 434-444*)
- *Children and Family Systems* - Promote interagency efforts to enhance human services that support children and families, and ensure the availability and accessibility of effective community-based programs and public benefits. (*Report of the ReEntry Policy Council, pgs. 456-470*)
- *Education Systems* - Develop seamless processes for re-enrolling youth in school and provide a range of community education settings, including alternative education, experiential learning, and post-secondary education, to accommodate youths' learning styles and educational goals.
- *Workforce Development Systems* - Equip jobseekers with the skills to find and maintain employment that will make them self-sufficient and will meet the needs of the business community. (*Report of the ReEntry Policy Council, pgs. 423-433*)
- *Businesses* - Promote the employment of adjudicated youth, as appropriate, and facilitate the creation of job opportunities for this population that will benefit communities. (*Report of the ReEntry Policy Council, pgs. 293-305*)
- *Pro-Social Systems* - Develop faith-based, mentoring, and formal and information networks of support throughout the community.
- *Justice, Law Enforcement, and Corrections Systems* - Prioritize public safety by investing in community policing/probation, and utilize evidence-based approaches to reentry in order to minimize the risk of recidivism among youth and adults.

Michigan Prisoner ReEntry Initiative: A Success Story

The unprecedented success of the Michigan Prisoner ReEntry Initiative (MPRI) demonstrates that preparing individuals for success and supporting their reintegration into the community following incarceration reduces recidivism. As one of the first statewide, comprehensive prisoner reentry models in the nation, MPRI has achieved an astounding 32% reduction in return to prison rates since its inception.¹

The MPRI Model used decades of research on crime reduction to develop its three phases:

Phase I – “Getting Ready” – starts at prison reception with a comprehensive assessment of each prisoner’s risk factors, needs, and strengths. Based on that assessment, a plan is created with each prisoner that guides participation in the treatment and programming needed to prepare the individual for success in the community after prison.

Phase II – “Going Home” – is the transition phase. About two months prior to the expected release date, individuals are moved to a prison facility closer to their home to prepare for the transition into their community. While at the facility, teams of community service providers and parole agents meet with each individual to create a detailed plan and schedule of services and supervision that will start on the day of release.

Phase III – “Staying Home” – starts on the day of release and continues through successful completion of parole and reintegration into the community. Based on the individualized plans created during the transition phase, the parole agent and community transition team work with returning prisoners to access supportive services, participate in community-based treatment and programming (e.g. substance abuse treatment, cognitive-behavioral therapy), and follow the conditions of parole.

The MPRI is a collaborative effort between state and local governments and public and private partners. Implementation at the local level started with 8 pilot sites in 2005. Since 2007, the MPRI has been operating statewide in 18 regions. Among the 22,000 MPRI parolees, the return-to-prison rate has improved from one in two to one in three, with the rate of parolees returning to prison for new crimes at its lowest level since 1995. Following decades of growth, the number of prisoners declined by almost 7,500 since March 2007. As a result, the state has been able to close 14 correctional facilities and has plans to close another facility in 2011. Without the changes brought about by MPRI, the state’s \$1.9 billion Corrections budget would be more than \$627 million (33%) higher.

¹ MPRI Quarterly Status Report, Fourth Quarter, Fiscal Year 2009. The reduction in return to prison rates is compared to expected returns from a 1998 baseline.

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