Offender Success

The Michigan Offender Success Model

"Committed to Protect, Dedicated to Success"

April, 2016

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The Model incorporates:

- The three phase reentry approach of the Department of Justice's Serious and Violent Offender Reentry Initiative (SVORI).
- The seven decision points of the National Institute of Corrections Transition from Prison to Community Initiative (TPCI Model).
- The policy statements and recommendations from the Report of the Reentry Policy Council that is coordinated by the Council of State Governments.

Mission

The **MISSION** of the Michigan Offender Success Model is to reduce crime by implementing a seamless plan of services, supervision, and opportunities developed with each offender and delivered through State and Regional collaboration with the goal of obtaining employment and self-sufficiency.

The mission is accomplished by targeting service provision to meet the identified needs of returning offenders, thereby reducing their risk of recidivism and enhancing their employment opportunities.

Vision

The **VISION** of the Michigan Offender Success Model is that every offender released from prison will have the tools needed to succeed in the community and the opportunity to utilize those tools to be productive, self-sufficient citizens.

Case Plan and Transition Accountability Plan (TAP)

The Case Plan is developed when an offender arrives at prison and includes the objectives and programs that need to be completed by the prisoner to prepare for the release from prison. The TAP integrates the prisoner's transition from prison to the community by developing phases in the transition process. It is a collaborative plan involving MDOC staff, the prisoner, the Parole Board, and community service agencies.

The Plans identify the programs to be completed in order to prepare prisoners for release from prison, define the terms of their release to the community, and specify the services he or she will need in the community and the programs needed to successfully complete the community supervision term. The Case Plan provides the prisoner with an outline of programming, based on his or her needs as identified by an actuarial risk assessment (i.e., COMPAS, VASOR, Static-99R), which will be completed during his or her incarceration and prior to the parole

consideration process. Programming opportunities are prioritized based on the offender's time to ERD and the identified risk and needs of the offender. This approach increases efficiency in terms of parole dates and actions (and timing of actions) that need to be taken by prisoners, prison staff, the Parole Board, field staff, and partnering agencies. This program continuity is geared to motivate prisoners to participate in the process and become engaged in fulfilling their responsibilities.

Offender Success Goals:

1. This process begins during the initial classification following admission to prison and continues through discharge.
2. The Department defines programs or interventions to modify the prisoner's risk factors as identified in a risk and needs assessment.
3. The Department is sensitive to the need for public safety, and the timing and availability of services. In an ideal system, every prisoner would have access to programs and services to mitigate risk factors. But, in a system constrained by finite resources, the Department must rationally allocate access to resources according to risk management strategies.
4. Offender success partners should participate in the planning and implementation of each individual offender's TAP.
5. Individual TAPs delineate the responsibilities of prisoners, correctional agencies, and partners in the creation, modification, and effective application of the plans, and hold offenders accountable for their actions.
6. TAPs provide a long term road map to achieve continuity in the delivery of treatment and other services as well as the sharing of requisite information over time across and between agencies.

The collaborative effort which the TAP requires is based in part on the training of staff to ensure that all situations involving offender interaction are conducted in a pro-social manner. This is accomplished by engaging all partners in a collaborative process that holds the offender accountable for his or her behavior with the goal of increasing offender success. Prisoner Reentry partners will create, maintain, and operate a seamless system of collaboration that includes assessment, programming, planning, and management. Collaborative Case Management (CCM) focuses on offender success, while holding the offender accountable, utilizing evidence-based practices, reinforcing a strength-based approach to behavior change, and recognizes that no approach will completely eliminate crime. The goal of offender success is to provide offenders with opportunities in the community that will result in long-term self-sufficiency and an end to their criminal behavior. This is accomplished through programs intended to address their criminogenic needs, improving access to education, and focusing on the employment skills and employment opportunities of these offenders.

Phases of the Model

The Model occurs in phases:

Phase I - Prison

Phase I involves the review of the pre-sentence investigation report and the Risk and Needs assessments. A case plan is developed based on the results of the assessments and evaluations. The case plan is fluid and is responsive to changes in risk and needs during the term of incarceration. The case plan follows the prisoner throughout his or her term of incarceration until parole or upon discharge at the end of the maximum term.

1. **Assessment, Classification, Parole Board Interaction:**
    a) Measure prisoner's risks, needs, and strengths and engage the Parole Board in the design and approval of the case plan.
    b) Conduct comprehensive assessments for each individual whose screening identifies psychological and mental health issues, physical health problems, and substance abuse dependency.
    c) Review each prisoner's previous and current program history and determine what steps will be needed to transition the individual into those programs upon parole.
    d) Assess the special needs of populations such as females, youthful prisoners, mentally ill prisoners, and developmentally disabled prisoners

2. **Prisoner Programming & Services:**
    a) Develop for each prisoner an individualized case plan, approved by the Parole Board, which is based on information obtained from assessments and explains what programming should be provided during the period of incarceration.
    b) Ensure programs incorporate the principles of "cultural and gender competency."
    c) Include in the programming plan periodic reassessments during the prisoner's incarceration which identifies the need for modifications of the plan.
    d) Establish a centralized recordkeeping system of programming provided by Department staff and contracted vendors.
    e) Establish centralized processes for ensuring that prisoners are placed in programming in a timely manner based on their ERD to allow for program completion prior to that date.
    f) Integrate prevention of disease, education, and good health promotion into correctional health services.
    g) Promote comprehensive integrated medical, mental health, and substance abuse treatment services within correctional facilities and as a central component of corrections-community linkages.
    h) Ensure up-to-date medical records transfer with the offender from one provider to the next.
    i) Engage community-based mental health care systems, if appropriate, in providing pre-parole and post-parole services to offenders with mental health needs.
    j) Assess prisoners for substance abuse program participation and prioritize treatment for drug-dependent prisoners and those approaching parole or discharge on their maximum sentence.
    k) Assist prisoners and their families to establish, reestablish, or strengthen relationships through visitation and family reunification programs where appropriate.

l) Provide cognitive behavioral therapy, peer support, mentoring, and basic living skills programs to improve prisoners' thinking, attitudes, motivation, and ability to live independently.
m) Teach prisoners functional, educational, and vocational competencies based on offender needs, offender aptitude, employment market demand and public safety requirements.
n) Engage potential employers prior to release to ensure prisoners are developing the appropriate skills to obtain and retain employment.
o) Provide employers with the opportunity to forge relationships with prisoners prior to their release, including interviewing prisoners and reviewing their performance in vocational programs to allow for potential offers of employment prior to parole.
p) Provide prisoners with opportunities to participate in work assignments and skill-building programs that enhance their employability in the community.
q) Establish work programs that involve non-profit, volunteer, and community service organizations where possible to permit prisoners to gain work experience.
r) Ensure prisoners released from prison have appropriate forms of identification and information on how to apply for services and assistance for which they are potentially eligible.

Phase II – Transition to Community

Phase II involves the next two major areas of preparation for Prisoner Release and Decision-making. The transition to community phase begins when the prisoner's parole readiness is assessed in light of his or her earliest release date (ERD). At a point in each prisoner's incarceration when there remains sufficient time for additional training or programming, if needed, the prisoner's Phase I conduct and compliance with the case plan must be reviewed. The goal of preparing the prisoner for parole by the ERD relies on an ongoing evaluation of the prisoner's behavior and the effectiveness of the case plan to meet its objectives for mitigating risk. The parole eligibility report or a similar assessment will inform the Parole Board of the prisoner's parole readiness. At the discretion of the Board, in conjunction with positive parole action, prisoners with moderate or high criminogenic needs may be referred to an InReach facility where transition services are available. There, offender success plans are finalized with the assistance of a local transition team to address important needs such as housing, employment, and treatment for addiction or mental illness.

3. **Prisoner Release Preparation:**
   a) Ensure the prisoner is ready to return to the community and that programming is developed in the community to support a realistic and public safety-conscious parole plan.
   b) Determine, on an individual basis, the parole placement needs for each offender released from prison, taking into consideration the requirements for individuals with special needs and populations with special stipulations, such as sex offenders.
   c) Evaluate the appropriateness of an offender living with family members; taking into account the risk of domestic violence or child abuse based on the offender's history or risk assessments and the vulnerability of family members.

d) Ensure that prisoners who anticipate having to rely on reentry resources for commercial transitional housing understand that such provisions are temporary and that their parole plan must include a strategy for becoming self-sufficient to secure his or her own housing.
e) Encourage private sector or nonprofit housing developers and community-based organizations to develop housing options to serve as transitional parole placements for offenders who do not have viable placements with family or friends upon release.
f) Ensure that prisoner health care is documented and delivered in such a way that recommended care and support can be continued in the community upon release.
g) Ensure prisoners understand their individual health care needs sufficiently to know where to go for help and what to ask when they become responsible for guiding their own care.
h) Develop relationships with employers in local communities that may hire parolees.
i) Promote employment and transitional job opportunities for parolees in local communities and educate employers about the training completed by prisoners, as well as financial incentives such as the federal bonding program, work opportunity tax credit, and welfare to work programs which may make offenders more appealing employment candidates.
j) Identify or establish community service, transitional employment, apprenticeships, internships, and other opportunities for offenders to acquire work experience and skills as they seek permanent employment.
k) Engage prospective employers to become members of prisoners' transition teams where possible.

4. **Release Decision-Making**:
   a) Ensure that the Parole Board is fully informed about the prisoner's progress toward achieving case plan objectives; provide the Board with an accurate, up-to-date risk and needs assessment and parole guidelines score.
   b) Ensure registered victims have an opportunity to provide input into the parole consideration process.
   c) Ensure that the conditions of parole in each case recognize the particular strengths, weaknesses, and needs of the prisoner, the resources in the community, evidence of their efficacy for case management purposes, and that the term of parole contains conditions that the Board is prepared to enforce.
   d) Ensure that the decisions of the Parole Board to deny parole include an explanation to the prisoner of the decision and any recommendations the Parole Board may have for steps the prisoner might take to enhance his or her readiness for parole at his or her next consideration date. The Parole Board's recommendation may include a referral to a prison based program.

Phase III – Community & Discharge:

Phase III involves the final three major decision points of the Transition Process; Supervision, Revocation, and Discharge/Aftercare. The community and discharge phase begins when the prisoner is paroled from prison and continues until discharge from community supervision. During this phase, the parolee, the parole officer, human services providers and the offender's

personal support network must collaborate to optimize the parolee's chances for a successful adjustment to community living. Although discharge from his or her sentence represents the end of the reentry work for the parole officer, mentoring and social services may still be appropriate in some cases for offenders who seek such continuing support after discharge.

5. **Supervision, Services and Opportunities:**
    a) Review and prioritize the Parole Board terms and conditions of parole and develop a supervision strategy that corresponds to the risk and needs of the individual offender and the resources available in the community.
    b) Transfer the prisoner designated by the Parole Board for participation in InReach programming and services to a correctional facility nearest to the community in which the prisoner will be placed upon parole.
    c) Engage community members, including representatives from the local law enforcement community, community organizations, the faith community, business community, and contracted offender success partners to serve on a transition team with corrections staff for the purpose of meeting with the prisoner prior to his or her release to facilitate planning and support for offender success into the community.
    d) Apply the information from the risk and needs assessments, psychological evaluations, offender relapse prevention plans, pre-sentence investigation reports, Department policy and procedural directives, and other sources to classify each prisoner to the appropriate level of supervision and then create a plan or supervision strategy tailored to the prisoner through the creation or revision of a TAP.
    e) Assign a parole officer to manage the case, and ensure a placement investigation is completed to confirm that the proposed parole placement is suitable.
    f) Provide the prisoner with a copy of the conditions of parole during the orientation by the supervising parole officer to ensure the offender clearly understands what is expected of him or her during the supervision period.
    g) Provide the prisoner with a 30-day supply of essential medication, as determined by health care staff, upon release to the community to avoid a gap in prescribed medical care.
    h) Concentrate community supervision resources on the period immediately following release from prison and adjust supervision strategies as the needs of the offender, victim, and community change over time.
    i) Focus case management activity on interaction between the parole officer and the parolee in the field, where the offender lives and works.
    j) Leverage community-based networks to assist with case management efforts; engaging law enforcement partners, the offender's family members, the employer, therapist, and mentors as members of the case management team.
    k) Leverage community-based networks to provide parolees with additional opportunities for education, skill-building, job training, and employment.
    l) Work continuously to establish and verify the offender's compliance with parole conditions; correcting behavior and thinking through casework options, including both positive and negative reinforcement as appropriate.
    m) Ensure that case management is done in a manner that increases the likelihood of employment and retention, including maintaining a positive relationship between the

parole officer and employer, as well as ensuring that contacts between the parole officer and parolee do not jeopardize the parolee's employment.

n) Train parole officers in motivational interviewing, collaborative case management, and other training as appropriate.

o) Engage the services of contracted providers, as needed, to assist with the coordination of case management efforts.

6. **Revocation Decision-Making:**

a) Respond to offender non-compliance with interventions to correct behavior and promote self-discipline.

b) Refer parolees to the Parole Board whose violation behavior represents a threat to public safety.

c) Provide parole officers with a range of interventions and sanctions to correct behavior and re-orient offenders to pursue TAP objectives when possible.

7. **Discharge & Aftercare:**

a) Develop post-supervision plans with parolees.

b) Assess the needs of all prisoners who will discharge on their maximum terms from prison and provide them with guidance on how and where to seek care and services in the community. Pay particularly close attention to establish written plans for prisoners with special needs and those convicted of sex offenses.

Approved:

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Heidi Washington, Director Date

Michigan Department of Corrections