

Planning & Implementation Guide

Second Chance Act

Second Chance Act Statewide Adult Recidivism Reduction Strategic Planning Program

DESCRIPTION

This Planning & Implementation Guide is intended for state agencies that have received Second Chance Act (SCA) Comprehensive Statewide Adult Recidivism Reduction Planning Grants (“SRR planning grantees”). Completion of this Planning & Implementation Guide, in partnership with the technical assistance provider assigned by the National Reentry Resource Center (NRRC), is an eligibility requirement set by the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) for states to competitively apply for the implementation phase of the SCA Comprehensive Statewide Adult Recidivism Reduction Program¹. Any questions about this guide should be directed to your technical assistance provider at the NRRC.

NOTE: This guide is subject to review and may be updated.

The Council of State Governments Justice Center prepared this guide with support from the U.S. Department of Justice’s Bureau of Justice Assistance. The contents of this document do not necessarily reflect the official position or policies of the U.S. Department of Justice.

¹ Funding for implementation is contingent upon the availability of future appropriations.

About the Planning & Implementation Guide

The National Reentry Resource Center (NRRC) has prepared this Planning & Implementation Guide (P&I Guide) to support grantees in developing and refining an implementation plan and proposal for states to competitively apply for the implementation phase of the SCA Comprehensive Statewide Adult Recidivism Reduction Program. Completion of the P&I Guide is an eligibility requirement set by the Bureau of Justice Assistance (BJA).

Although the guide was developed as a tool for grantees, it also serves as an important tool for your NRRC technical assistance provider (“TA provider”) to understand the status and progress of your project, the types of challenges you are encountering, and the ways your TA provider might be helpful to you in making your project successful.

You and your TA provider will use your responses to the self-assessment to collaboratively develop priorities for technical assistance.

Any questions about this guide should be directed to your TA provider.

Contents of the Guide

The guide is divided into four sections, each with important content and required exercises. The exercises are built on evidence-based principles and emerging practices. You will be prompted to write short responses, attach relevant documents, and complete exercises. Your answers will provide insight into your program’s strengths and identify areas for improvement. As you work through the sections, take note of the corresponding supporting resources in call-out boxes, which contain suggestions for further reading and provide access to important resources and tools. Your TA provider may also send you additional information on specific topics to complement certain sections. If you need additional information or resources on a topic, please reach out to your TA provider.

TA Provider Contact Information

Name:	Heather Tubman-Carbone
Phone:	240-482-8580
Email:	Htubman-carbone@csg.org

Contents

Section 1: Establishing a Collaborative Decision-Making Body and Planning Process

Section Overview

Establishing a Planning Team and Process

Exercise 1: Documenting the Planning Team's Structure and Expectations

Due to NRRC TA Provider on Friday, January 29, 2016

Section 2: Using a Data-Driven Approach for Recidivism Reduction Goal-Setting and Planning

Section Overview

The Importance of Goal- and Data-Driven Planning

Exercise 2: Measuring Recidivism, Identifying a Target Population, and Setting Recidivism Reduction Goals

Due to NRRC TA Provider on Friday, January 29, 2016

Section 3: Assessing Current Recidivism Reduction Policies and Implementation Barriers and Gaps

Section Overview

Principles of Recidivism Reduction

Exercise 3: Checklist-Driven Policy and Practice Review

Due to NRRC TA Provider on Friday, April 15, 2016

Section 4: Developing an Implementation Proposal and Evaluation and Sustainability Plans

Section Overview

Components of the Implementation Proposal

Exercise 4, Part 1: Developing an SRR Implementation Proposal

Exercise 4, Part 2: Sustainability Plan

Exercise 4, Part 3: Evaluation Plan

Due to NRRC TA Provider on Friday, June 3, 2016



SECTION 1: ESTABLISHING A COLLABORATIVE DECISION-MAKING BODY AND PLANNING PROCESS

SECTION OVERVIEW

For the planning phase to be successful, representatives of all relevant agencies and organizations must participate in a collaborative planning process that leads to the completion of the discrete deliverables expected by BJA (see call-out box to the right).

This section of the P&I guide outlines key aspects of collaborative decision-making. It will help you decide who should be at the table and how to effectively structure the planning process to meet BJA's expectations.

In Exercise 1, you will be prompted to answer questions about the composition of your planning team, how the planning team is structured, and the process that the group will undertake to complete the grant deliverables.

BJA's Expectations for SRR Phase I: Planning and Capacity-Building

Demonstrate interest among leaders in state government, including the governor, state legislators, and court officials, in participating on a task force or steering committee to develop and implement a plan to realize the goal of reduced recidivism.

Describe what the state will do over a 12-month planning grant period to identify what changes in policy and practice are necessary to improve in the following areas: 1) risk/needs assessment; 2) pre-release planning and service coordination; 3) program quality; and 4) effective supervision.

Source:
<https://www.bja.gov/Funding/15SCARecidivismReductionSol.pdf>

ESTABLISHING A PLANNING TEAM AND PROCESS

Membership of the Planning Team²

It is critical for the initiative to have support from **state leaders from the legislative, executive, and judicial branches of government** to implement statewide policy changes. To promote buy-in and support for the planning process, the planning team should include senior staff who represent

- The governor;
- State legislators; and
- Judges or other court officials.

Utilizing Existing Planning Entities

Many states already have reentry or criminal-justice task forces or councils in place. To the extent that these bodies are representative of the entities described in this section, and are tasked with developing a statewide recidivism reduction/reentry plan, it may be appropriate to use an existing body to oversee the planning process for this grant. This will help avoid duplicative or conflicting planning efforts and ensure that state leaders are leveraging different resources effectively.

The planning team must include **senior leadership from state corrections agencies** who are decision-makers and most directly influence the reentry process and recidivism reduction efforts. Corrections leaders should include the senior staff overseeing

- Institution operations, including programming, assessment, and case management services;
- Community supervision (probation and parole);

² "Planning team" is a generic term used in this guide to describe the collaborative decision-making body that will guide the grantee's completion of the SRR planning and capacity-building phase. Grantees are welcome to use their own terminology for this group (e.g., task force, steering committee, etc.).

- Reentry services; and
- Data collection and evaluation.

It is also important to include **representatives from other state agencies** who influence the reentry process, such as

- Labor/workforce development;
- Education;
- Housing;
- Health and human services;
- Mental health; and
- Substance use.

Finally, grantees should consider integrating perspectives from various community members, elected officials, leaders of faith communities, victims, and others who are affected by the reentry process. Community leaders, formerly incarcerated individuals, and their family members should be involved as well.

Planning team members should have the authority to make decisions on behalf of the agencies they represent. An effective planning team will be able to recommend new strategies and solutions, and actually see those recommendations through to implementation.

Agreeing upon a Vision and Mission Statement for the Planning Team

It is important the planning team to collaboratively develop shared vision and mission statements to guide the direction of the project. Although each of the partner agencies is guided by separate and distinct mission statements, these agencies should reach a general consensus on the planning team's purpose. Vision and mission statements are important tools for ensuring that partners work toward a focused purpose.

Documenting the vision and mission will also help the planning team concisely communicate their purpose to both internal and external constituencies.

Vision Statement

A vision statement describes the purpose of the reentry initiative and succinctly communicates the expected long-term outcomes of the reentry effort. All principals serving on your planning team should be able to communicate your collective vision for reentry.

The following example includes the key elements of a reentry vision statement—whom the initiative will serve (“every individual released from prison/jail”), what it will do for them (“provide access to services, supports, and resources”), and why this is necessary (“reducing recidivism and increasing public safety”). After discussions with your planning team, you can use this vision statement or adapt it to meet the needs and purposes of your jurisdiction.

*The **vision** of the [insert the name of your planning team] is for every individual released from prison/jail within or to [insert your jurisdiction] to have access to the services, supports, and resources he or she needs to succeed in the community, thereby reducing recidivism and increasing public safety.*

Mission Statement

A mission statement describes *how* the collaborating agencies will achieve their stated vision. The mission statement should be narrow and consistent in scope, reflecting the key principles that underpin the specific strategies you will use to accomplish the vision.

The following example includes the key elements of a reentry mission statement by identifying how the planning team will accomplish its vision. After discussion, you can use this mission statement or adapt it to meet the needs and purposes of your jurisdiction.

*The **mission** of the [insert the name of your planning team] is to reduce recidivism and promote public safety by implementing a seamless plan of coordinated services and supervision developed for each individual based on his or her risks and needs. Agencies from the criminal justice and social service systems, as well as a broad range of individuals involved with reentry or affected by it, collaborate to design the reentry planning process, which focuses on an individualized plan from the time of the individual's intake at a correctional facility, through the period of incarceration, to the period of transition, reintegration, and aftercare in the community.*

Establishing Roles and Expectations for the Planning Team

Implementing a comprehensive reentry strategy is not a short-term project. Although some of the policies and practices meant to reduce recidivism may be implemented quickly and with little effort, others may take considerably longer and require complex coordination. In some cases, it will take months or years of concentrated effort toward planning, developing, championing, obtaining buy-in, and aligning the appropriate partners before a particular recidivism reduction strategy can reach full implementation and produce measurable results.

As a result, the SRR planning process is an intensive undertaking. Within the 12-month grant period, grantees are expected to establish a statewide recidivism reduction target and other key performance goals; use the BJA's four priority areas to identify what changes in policy and practice are necessary to achieve that recidivism reduction target; and develop a proposal for funding to implement the proposed changes.

This P&I Guide was designed to assist grantees in completing those deliverables. However, the process will be effective only if the planning team works together toward clearly defined and realistic goals, and is structured for long-term sustainability. Some strategies to help sustain the planning team as an action-oriented body include:

- Managing the size of the planning team (12-15 individuals is an ideal number, but keep in mind that the planning team should be representative of all key stakeholders)
- Establishing a clear leadership structure for the planning team by documenting leadership roles, how leaders are selected, the leadership term, succession and replacement plans for key individuals, and basic responsibilities of planning team members
- Agreeing upon a well-articulated vision, mission, and goals for the planning team
- Developing formal memoranda of understanding (MOUs) or letters of agreement (LOAs) that define the boundaries and precise expectations for the representatives of each agency or organization represented on the planning team (your TA provider can provide examples of MOUs or LOAs upon request)
- Establishing a schedule for meetings over the course of the 12-month planning period and defining the goals and expectations for each of those meetings (your TA provider is available to come on-site and support these planning meetings)

- Staffing the planning team with individuals who can prepare for meetings, document meeting minutes, and oversee the completion of grant deliverables (although it is important that all planning team members are actively involved in the planning process)
- Developing an organizational chart that specifies various working groups or subcommittees necessary to support the planning and implementation of your specific recommendations



Please answer the following questions about the composition of your planning team and the planning process for the grant period.

Answer:

[illegible]

Answer:

8

Answer:	
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5. Have you developed MOUs or LOAs for the planning team members? <i>If so, please attach them.</i>
Answer:

6. How often will the planning team meet?
Answer:

7. Who coordinates the planning team's meeting schedule, agenda, and logistics?
Answer:

8. Are there subgroups or subcommittees of the planning team that meet more regularly? If so, please list members of each subcommittee and indicate how they will keep the larger planning team informed and engaged in their work and planning process.
Answer:

9. What is the planning team's vision statement?
Answer:

10. What is the planning team's mission statement?
Answer:



SECTION 2: USING A DATA-DRIVEN APPROACH FOR RECIDIVISM REDUCTION GOAL-SETTING AND PLANNING

SECTION OVERVIEW

The purpose of the SRR program is to help states lower recidivism through evidence-based, targeted policies, programs, and practices. As such, it is important for grantees to begin the planning process by assessing their statewide recidivism rate, identifying the factors that may affect that rate, and setting ambitious but attainable reduction goals. BJA expects that applicants for implementation funding are able to measure these key data points.

This section of the P&I Guide is designed to help grantees use data to

1. Define and measure the statewide recidivism rate;
2. Understand some of the key drivers of the recidivism rate;
3. Identify a target population for interventions and policy changes based upon those key drivers; and
4. Set recidivism reduction goals for the target population and statewide recidivism rates.

Many state corrections agencies already monitor the types of data mentioned in this section. However, some states will need to undertake new data analyses to complete this section of the guide. Support from the NRRC is available to help grantees with this data collection and analysis process.

BJA's Expectations for SRR Phase I: Planning and Capacity-Building

Provide a clear statewide definition of recidivism, an explanation of how that rate is calculated on a regular basis and reported to policymakers periodically so that changes can be routinely and effectively tracked over time, and demonstrate the capability to access and obtain data. Identify a realistic, but ambitious, target for reducing recidivism within a 2-year period. Recidivism can be defined in accordance with the definition utilized by the applicant agency.

The description of a target population should be based on documented groups of offenders that significantly contribute to increased recidivism rates.

Source:

<https://www.bja.gov/Funding/15SCARecidivismReductionSol.pdf>

THE IMPORTANCE OF GOAL- AND DATA-DRIVEN PLANNING

Defining and Measuring the Statewide Recidivism Rate

SRR grantees are required by BJA to provide a clear definition of recidivism and provide a baseline recidivism rate for the state corrections population. There is no national standard for defining recidivism, and BJA allows SRR grantees to use their own existing definitions. Some key elements of defining recidivism include:

- Identifying the type of recidivism measured (rearrest, reconviction, or reincarceration)
- Disaggregating returns to prison into technical revocations and convictions for new offenses
- Choosing a uniform tracking period for all at-risk offenders—often between one and three years

When measuring recidivism, different definitions of recidivism will provide different data. For instance, a three-year follow-up will give a higher base rate of recidivism than a one-year rate because it is a longer time period for individuals to recidivate. Similarly, reconvictions may give a more complete picture of public safety concerns than reincarceration only.

Your planning team will need to choose a definition of recidivism that accounts for these different considerations. A common measure of recidivism is reincarceration for a new crime or a technical revocation within three years of release from prison. Planning teams and the agencies they represent will need to agree upon a primary definition of recidivism, but may also want to look at different measures in order to conduct a more nuanced analysis of what is driving returns to prison.

Understanding the Drivers of Recidivism

Although it is an important data point, the statewide recidivism rate alone does not provide enough information to guide policy decisions. State corrections agencies need to understand the drivers of the recidivism rate if they want to enact new policies and programs that will reduce recidivism.

Many different factors influence statewide recidivism rates, but there are some key measures that can help the planning team determine the primary drivers of that rate and whether certain populations are disproportionately contributing to that rate. States that do not have detailed recidivism data can also look at prison admissions (narrowed down to individuals who had been convicted or incarcerated in the last three years) to better understand how people are returning to the prison system. Grantees should then break down the composition of their recidivism or prison admission numbers by:

- a. New offenses (not under supervision)
- b. Parole revocations
 - i. Parole revocation: new offense
 - ii. Parole revocation: technical
- c. Probation revocations
 - i. Probation revocation: new offense
 - ii. Probation revocation: technical
- d. Recidivism risk levels
- e. Geographic regions (counties, districts, zip codes, etc.)
- f. Demographic factors (age, gender, etc.)
- g. Behavioral health needs (substance use, mental health status)

Armed with this information, your planning team can be focused in deciding what types of interventions or services are needed to lower the statewide recidivism rate.

What Do We Mean by *Recidivism* and *Recidivism Rate*?

Recidivism occurs when a person with a criminal record fails to comply with the rules or laws of the justice system. The *recidivism rate* is the proportion of people released from incarceration who are rearrested, reconvicted, returned to custody, or otherwise sanctioned for a technical violation of supervision (such as failing a drug test) within a specific time period.

These definitions were adapted from [State of Recidivism: The Revolving Door of America's Prisons](#) (Washington, DC: The Pew Charitable Trusts, 2011).

Defining the Target Population

After evaluating the drivers of statewide recidivism rates, grantees can select an appropriate target population to focus on during the remainder of the planning process. The target population must be narrow enough to allow for focused planning, but also significant enough that reducing recidivism among that population can have an impact on the statewide rate.

BJA requires grantees to follow the risk principle when selecting a target population. The risk principle states that the greatest reductions in recidivism will be achieved by focusing on individuals who are at a higher risk of recidivism, and that placing lower risk individuals in intensive interventions and supervisions can actually have adverse effects. Therefore, it is critical for the target population to be composed of high-risk individuals. (See Section 3 for additional discussion on the risk principle and risk assessment.)

Because of the significant differences across corrections systems (particularly the structure of community supervision), it is generally easier to focus on a target population that is released to the community under one supervising agency rather than multiple agencies. (For example, focus on parolees overseen by the state department of corrections (DOC) or probationers overseen by the judiciary, not both.) However, in states with unified systems or corrections agencies that use the same assessment tools and case planning strategies, having a more diverse target population may be manageable.

It is important to note that grantees can identify policy and practice changes that will have benefits beyond the target population. For instance, the target population may be individuals returning to a select county, but training all institution-based case managers in motivational interviewing skills will likely have benefits for inmates regardless of where they return after release. These types of reforms and investments are encouraged as grantees plan for the implementation phase.

Setting Reduction Goals

Having an articulated recidivism reduction goal that is routinely tracked by state leaders is critical to performance-driven management, and will help hold state leaders accountable for improving reentry and reducing the rate of recidivism. As such, BJA expects SRR grantees to identify a realistic but ambitious target for reducing recidivism within a two-year period.

The planning team should set two separate but related recidivism reduction goals: one for the target population that will be directly affected by the changes enacted during the implementation phase, and one for the statewide recidivism rate reduction resulting from the impact on the target population. For example:

	Target Population	Statewide
Annual releases from prison:	1,500	4,000
Current Recidivism Rate:	50%	30%
Total Recidivists:	750	1,200
Post-SRR Implementation Recidivism Rate:	40%	26%
Total Recidivists:	600	1,050
Recidivism Reduction Target:	150 fewer recidivists	150 fewer recidivists
Rate Reduction (%):	20%	12.5%

There is a certain amount of subjectivity in determining what a “realistic but ambitious” reduction target looks like, but some key considerations are listed below:

1. Does the reduction goal for the target population align with the research on outcomes achieved through evidence-based interventions?

2. Is the number of individuals in the target population large enough that meeting the reduction goal for that population will have a statewide impact?
3. If longitudinal data is available for analysis, consider whether the reduction target is in line with other changes in recidivism that have occurred in the past. For instance, if the largest recidivism reduction in the last 20 years was a 5 percent decrease between 1990 and 1992, then a 50 percent recidivism reduction goal might be overly ambitious, but a goal of 10 percent might be achievable.

Without defining and tracking the statewide recidivism rate, state leaders may have little impetus or direction to pursue policy change. Working toward a goal is essential for making recidivism a statewide priority. However, it is important to note that a wide range of variables factor into a state's recidivism rate, such as legal, law enforcement, and supervision practices, economic conditions, population density, levels of access to health care, and quality of education, making it very difficult to hit a specific reduction target for the overall statewide rate within a given timeframe. Using the example in the table above, you may achieve your goal of a 20 percent reduction for the target population, but if the rate of recidivism for the 2,500 individuals not directly served in the implementation phase were to increase over the same time period, the statewide rate might be unchanged or increase.

State agencies must continuously monitor the different drivers of recidivism and track a range of data indicators, including intermediate outputs and outcomes, to better understand the different factors influencing the statewide rate. They can then make appropriate policy changes and programmatic investments to address those factors and contribute to a lower statewide recidivism rate.



EXERCISE 2: MEASURING RECIDIVISM, IDENTIFYING A TARGET POPULATION, AND SETTING RECIDIVISM REDUCTION GOALS

Instructions

Please collect and analyze the necessary data to answer the questions below. These data are critical for focusing the planning team's efforts on a target population that is a significant driver of the statewide recidivism rate. If you are unable to access or analyze the data requested, please reach out to your TA provider for guidance on how to move forward.

1. What is the state's primary definition of recidivism that will be used for the planning process, as defined by the planning team and the agencies the team represents?

Answer:

Examples: *A return to prison from a technical revocation or new conviction within 3 years of release from prison*

2. Based on the primary definition of recidivism, what is the most recently measured rate of recidivism for the state? Please specify the year of release for the cohort.

Answer:

Examples: *35% of 2010 releases returned to prison within 3 years of release.*

3. Break down the composition of individuals who recidivated (using the definition of recidivism above) by the following variables. Grantees may choose to bundle or cross-tabulate certain variables to see different trends and overlapping characteristics of recidivists. If you need guidance on how to complete this analysis, please reach out to your TA provider.

New offenses (not under supervision)	
Parole revocation - new offense	
Parole revocation - technical	
Probation revocation - new offense	
Probation revocation - technical	
Recidivism risk levels	
Mental health status	
Substance use status	
Age (define groupings)	
Gender	

4. What geographic regions are large contributors to your recidivism rate or prison admissions?

Answer:

Examples: Major metropolitan areas; top three counties; top ten zip codes, etc.

5. What is the target population for the SRR initiative, and what is the justification for choosing this target population?

Answer:

Examples: Our target population is high-risk individuals released from prison to parole. These individuals only compose 25% of the individuals released from prison, but they compose 70% of recidivists.

6. What is the state's short-term (2-year) recidivism reduction goal for the target population?

Answer:

Examples: The short-term goal is to reduce the recidivism rate of the target population by 20% over a 2-year period.

7. What is the state's long-term (5-year) recidivism reduction goal for the target population?

Answer:

Examples: The long-term goal is to reduce the recidivism rate of the target population by 50% over a 5-year period.

8. What is the state's short-term (2-year) recidivism reduction goal for the statewide population?

Answer:

Examples: The short-term goal is to reduce the statewide recidivism rate by 7.5% over a 2-year period.

9. What is the state's long-term (5-year) recidivism reduction goal for the statewide population?

Answer:

Examples: The long-term goal is to reduce the statewide recidivism rate by 18.7% over a 5-year period.



SECTION 3: ASSESSING CURRENT RECIDIVISM REDUCTION POLICIES AND IMPLEMENTATION BARRIERS AND GAPS

SECTION OVERVIEW

This section provides background on three evidence-based principles of risk reduction. These principles are the foundation of the policy areas BJA expects grantees to focus on when they are planning their recidivism reduction initiative, as discussed in the call-out box to the right.

Following this background is a series of checklists designed to assess your current reentry policies and practices to ensure that they reduce recidivism and achieve other common reentry goals. The checklists are organized by three goals:

1. Use risk and needs assessments to inform resource-allocation decisions and individual case responses.
2. Establish programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.
3. Implement community supervision policies and practices that promote successful reentry.

Your planning team should assess the status of implementation for each of the items in the checklists, and identify barriers and gaps to implementation. As you do this analysis, you will find that certain checklist items, particularly the items related to community supervision, require you to focus on a particular population. In these circumstances, focus on the target population that you identified in Section 2.

BJA's Expectations for SRR Phase I: Planning and Capacity-Building

Review, within the context of the goal set, the state's strengths and areas for improvement regarding the strategies that research has demonstrated are essential to any comprehensive effort to change criminal behavior and reduce recidivism:

- *Risk/need assessment is used to determine program/service placement, inform the release decision, set supervision conditions and reporting requirements, and inform the response to non-compliance or violation behavior.*
- *Programs provided are designed to change criminal behaviors and are grounded in research; quality is reviewed using a structured quality assurance process and steps to improve program quality are taken based on the findings.*
- *Effective supervision strategies are used to encourage compliance with conditions of release and to ensure effective responses when someone does not comply with those conditions of release.*

Source:

<https://www.bja.gov/Funding/15SCARecidivismReductionSol.pdf>

PRINCIPLES OF RECIDIVISM REDUCTION

In recent years, criminal justice and social science researchers have identified specific principles that are proven effective in reducing recidivism. When implemented correctly and consistently, the principles of Risk, Need, and Responsivity help to decrease the likelihood that an individual will reoffend.³ These principles, based on decades of study, help policymakers and practitioners decide how to use their resources to improve

³ James Bonta and Don A. Andrews, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation* (Ottawa, Ontario: Public Safety Canada, 2007).

outcomes for a population that is often served by the criminal justice, behavioral health, and other social service systems.

Effectively implementing the risk-reduction principles may require fundamental shifts in how correctional authorities and communities interact with individuals returning to the community. A detailed understanding of these principles should inform your work with individuals at all stages or decision points of the reentry process.

When implemented correctly and consistently, the Risk-Need-Responsivity (RNR) principles will help administrators and practitioners focus their resources where they will have the greatest impact on reducing recidivism and meeting the needs of individuals released from correctional control. These principles are stated below.

Risk Principle: Focus supervision and services on the people most likely to commit crimes.

Research shows that prioritizing resources for individuals at moderate or high risk for reoffending can lead to a significant reduction in recidivism. Conversely, intensive interventions for low-risk individuals are not an effective use of resources and may even be harmful by exposing them to high-risk individuals. To comply with the risk principle, you need to ensure that your risk assessment tools are validated and accurately predict risk of recidivism, and that the information from the tool is used to determine the appropriate services, supervision, and supports for each individual.

Traditionally, service providers have prioritized services and treatment for people, regardless of their risk, who volunteer to participate or demonstrate a willingness to participate in services. However, programs that target high-risk individuals have a larger impact on recidivism rates than programs that target low-risk individuals. An evaluation of Ohio's residential treatment programs in halfway houses and community-based correctional facilities supports this principle.⁴

Need Principle: Address an individual's greatest criminogenic needs.

What Do We Mean by...

Risk of Recidivism or Criminogenic Risk?

Risk of recidivism and *criminogenic risk* refer to the likelihood that an individual (either formerly incarcerated or under supervision of a justice agency) will commit a crime or violate the conditions of his/her supervision. In this context, risk does not refer to the seriousness of crime that a person has committed in the past or will commit in the future. People who have committed a violent or assaultive offense may still be considered at low risk of committing a future crime, for example. Standard assessment tools do not predict an individual's likelihood of committing violent crimes; they only provide information on the likelihood that a person will reoffend in the future.

Risk Assessment?

Risk assessment is a comprehensive evaluation of both dynamic (changeable) and static (historical and demographic) factors that predicts risk of recidivism and provides guidance on services, placements and supervision, and, in some cases, sentencing.

Criminogenic Needs?

Criminogenic needs are the characteristics or circumstances (such as antisocial attitudes, beliefs, thinking patterns, and friends) that research has shown to be associated with criminal behavior, but that a person can change. These needs are used to predict risk of criminal behavior. Because criminogenic needs are dynamic, risk of recidivism can be lowered when these needs are adequately addressed. Although a person may have many needs, not all of their needs directly relate to their likelihood of committing a crime.

⁴ Edward Latessa, Lori Brusman Lovins, and Paula Smith, *Follow-up Evaluation of Ohio's Community Based Correctional Facility and Halfway House Programs—Outcome Study* (Cincinnati: University of Cincinnati Center for Criminal Justice Research, 2010).

Research shows that a person's likelihood to commit a crime or violate the rules and conditions of their supervision can change when you address their criminogenic needs. This research has identified eight criminogenic needs that contribute to an individual's risk of recidivating: (1) antisocial attitudes, (2) antisocial beliefs, (3) antisocial friends and peers, (4) antisocial personality patterns, (5) high-conflict family and intimate relationships, (6) substance use, (7) low levels of achievement in school or work, and (8) unstructured and antisocial leisure time.⁵ Risk assessments help identify a person's greatest criminogenic needs in order to determine the appropriate services for that individual.

An effective reentry strategy does not ignore other general reentry needs (such clothing, a driver's license, and housing), but it may use referrals and focus fewer resources on those needs. It structures services and supports to attend first to participants' key criminogenic needs.

Responsivity Principle: Adapt interactions and services to enhance an individual's ability to learn and acquire new attitudes and skills.

The responsivity principle highlights the importance of reducing learning barriers by addressing learning styles and barriers when designing supervision and service strategies.⁶ Barriers to learning can include a mental disorder, low motivation, and unpreparedness for change. People require interventions that are tailored to their distinct personality traits, service needs, and characteristics.

Two types of responsivity—general and specific—have implications at the program and individual levels. The general responsivity principle entails interventions that help individuals address criminogenic risk factors, such as antisocial thinking. Research shows that social learning approaches and cognitive behavioral therapies are generally effective in meeting a range of these needs, regardless of the type of crime committed. Prosocial modeling and skills development, teaching problem-solving skills, and using more positive reinforcement than negative are all approaches that have proven effective with respect to general responsivity.⁷

The specific responsivity principle requires addressing individuals' specific needs and learning barriers to prepare them for interventions intended to reduce reoffending behaviors. Specific responsivity relates to the "fine-tuning" of services or interventions, such as modifying a cognitive behavioral intervention to accommodate cognitive impairment associated with some mental disorders. It also accounts for the individual's strengths, personality, learning style and capacity, motivation, cultural, ethnic, racial, and gender characteristics, as well as behavioral health needs.

An important responsivity issue for your initiative to address is an individual's motivation to change. Research has helped define effective techniques for motivating change. Corrections staff and service providers should incorporate these techniques to (1) effectively engage high-risk participants, (2) build and strengthen intrinsic motivation, and (3) reduce the risk of recidivism. Examples of these techniques include

- Providing more compliments than critiques (researchers have demonstrated that a ratio of four-to-one is most effective);
- Using motivational interviewing tactics;
- Issuing swift, certain, and proportionate incentives and sanctions for behavior;

⁵ Paul Gendreau, Tracy Little, and Claire Goggin, *A Meta - Analysis of the Predictors of Adult Offender Recidivism: What Works!* (*Criminology* 34, no. 4 1996), 575-608.

⁶ Don A. Andrews, Craig Dowden, and Paul Gendreau, *Clinically Relevant and Psychologically Informed Approaches to Reduced Reoffending: A Meta-Analytic Study of Human Service, Risk, Need, Responsivity, and Other Concerns in Justice Contexts* (unpublished manuscript) (Ottawa: Carleton University, 1999).

⁷ Craig Dowden and Don A. Andrews, "The Importance of Staff Practices in Delivering Effective Correctional Treatment: A Meta-Analysis of Core Correctional Practices," *International Journal of Offender Therapy and Comparative Criminology* 48, no. 2 (2004): 203–214.

- Expressing empathy without conveying approval for negative behavior;
- Avoiding engaging in a power struggle with an individual who resists change; and
- Reinforcing a person's belief in his or her ability to change.

Abiding by the responsivity principle can help motivate and prepare individuals for programming.



EXERCISE 3: CHECKLIST-DRIVEN POLICY AND PRACTICE REVIEW

Instructions

The following exercise was developed to help your planning team assess gaps in your current reentry policies and practices. The checklists cover three goals, which align with the priority areas outlined by BJA in the SRR solicitation and promote the RNR principles.

To complete the exercise, your team will need to review each of the “policy and performance expectations” (PPEs) within the three checklists, and

1. Assess the status of implementation (not implemented; not implemented, but planned; partially implemented; or fully implemented) for each item in the checklists;
2. Identify barriers to implementation (*non-resource-related* structural challenges that result from lack of coordination or information sharing, restricting rules and procedures, or conflicting policies); and
3. Identify resource gaps (resource-related limitations on implementation, such as the need for continued funding or staffing increases for things like programming, or up-front investments for things like new assessment tools or trainings).

As you determine the status of implementation, some questions your team may want to consider are:

- Is the policy and performance expectation supported by the use of evidence-based practices?
- Does implementation of the PPE occur agencywide?
- Is implementation of the PPE formalized by written DOC policy and procedure?
- What oversight and accountability mechanisms are in place to ensure that those policies and procedures are implemented with fidelity and consistency?

Your planning team may choose to focus on the target population identified in Section 2 when assessing particular checklist items, especially if the implementation status is likely to vary based on the different ways that individuals are supervised. This will help your team stay focused and clear about which individuals and parts of the system you are assessing.

There will likely still be some differences of opinion about the status of implementation across planning team members. If that is the case, you should note those opinions in the comments section and document the specific gaps or barriers that different members of the planning team raise during the discussion.

Your planning team may want to tackle the checklists one at a time during your planning meetings. It is important for all members of the planning team to be involved in the analysis. You may also need to involve other people within your agency who have intimate knowledge of the different checklist items to complete your analysis.

In Section 4, you will use this analysis to prioritize areas that your planning team wants to address, and develop specific recommendations for an implementation proposal.

Checklist 1: Use risk and needs assessments to inform resource-allocation decisions and individual case responses.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

1. The institution and community have access to a current, validated criminogenic risk/needs assessment tool to inform all case management decisions.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a copy of the risk/needs assessment and a copy of the most recent validation study, if available. Note whether the institution and community use different assessment tools.</i>				

2. The risk/needs assessment tool uses significant risk score cut-offs to differentiate high-, moderate-, and low-risk groups. (The high-risk group's risk of recidivism score should be two to three times higher than that of the low-risk group.)

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

3. All individuals are screened for their risk of recidivism at intake, and moderate- and high-risk individuals receive a full risk/needs assessment. Institution staff obtain collateral information to inform assessments and validate the accuracy of that information.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

4. All individuals are screened for mental health and substance use needs at intake, and receive a full assessment when they screen positive for likelihood of a substance use or mental health need. Assessments determine the presence and severity of the substance use or mental disorder and inform treatment planning and service delivery.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide copies of mental health and substance use screens and assessments, if available.</i>				

5. Information from the risk/needs assessment is used to develop an individualized case plan coordinating appropriate

Checklist 1: Use risk and needs assessments to inform resource-allocation decisions and individual case responses.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

programming and services for each individual in the institution. Case plans provide more intensive interventions for higher-risk offenders and carefully consider the risk principle before assigning lower-risk offenders to interventions.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a copy of a sample case plan, if available.</i>				

6. A centralized record-keeping system is in place to record assessment results and track progress in individualized programming plans. Information-sharing procedures—consistent with federal and state confidentiality regulations—are in place to avoid redundancies and to ensure that all agencies and community service providers have access to necessary risk/needs assessment information.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

7. Reassessments of risk and needs are conducted when offenders complete case plan goals, a change in supervision status occurs, or timeframes for updating information (set in advance by the agency) are met.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

8. Risk information is used to inform discretionary release decision-making and to determine the appropriate length and intensity of community supervision. When risk assessment, criminal history information, and other factors reflect a higher likelihood of reoffending, the individual is assigned to a period of community supervision upon release. Courts and judges are provided with risk/needs assessment information to inform post-conviction sentencing decisions.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

Checklist 1: Use risk and needs assessments to inform resource-allocation decisions and individual case responses.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

9. Prior to release, individuals' mental health needs are reassessed to determine their need for clinical or recovery support services upon returning to the community.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

10. Prior to release, individuals' substance use needs are reassessed to determine their need for clinical or recovery support services upon returning to the community.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

11. Prior to an individual's release, corrections staff, community supervision officers, and treatment providers develop an individualized transition plan. The transition plan integrates supervision and treatment based on the individual's updated risk/needs, mental health, and substance use assessments. Individuals also receive assistance to determine their post-release eligibility for any federal or state benefits (e.g., Medicaid/Medicare, Temporary Assistance for Needy Families (TANF)). A copy of the transition plan is provided to the individual prior to their release.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a copy of a sample transition plan, if available.</i>				

12. Individuals are enrolled with vetted community service providers to receive the services identified in their transition plan, and providers are encouraged to make contact with individuals pre-release to begin providing treatment and facilitate the continuity of care upon release from prison.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

Checklist 1: Use risk and needs assessments to inform resource-allocation decisions and individual case responses.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

13. Programming resources in the institution and community are reserved for moderate- and high-risk individuals. (When possible, lower-risk individuals with high needs are served by traditional service providers rather than corrections-funded programs.) Measures are taken to ensure that statutorily-required program participation does not result in placements that undermine risk and needs principles.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

14. Prison staff, probation and parole officers, and community service providers receive routine training on how to conduct the risk/needs assessment, interpret the results, and use the results to inform case-management decisions.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

15. Quality assurance (QA) measures are in place to ensure that all assessments are conducted properly and used to inform case management decisions appropriately. Staff performance evaluations include observations of assessment processes, and other incentive structures are used to promote compliance. Procedures outline the responses to unsatisfactory performance, such as the provision of additional trainings and support.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

Checklist 2: Establish facility-based programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

16. Prison based programs are designed to address criminogenic factors and incorporate evidence-based interventions and treatment models. The ratio of programming that targets criminogenic factors to programming that targets non-criminogenic factors is at least 4 to 1.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a list of the program or treatment models being used in the institutions, if available.</i>				

17. The overall number of hours and intensity of treatment is tailored to meet the needs of moderate- and high-risk individuals (300 hours of treatment for high-risk individuals versus 200 hours of treatment for moderate-risk individuals).⁸ At least 40% of active time per week should be spent in therapeutic tasks, which can include work and school activities.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

18. Program staff are hired based on personal characteristics and skills that research has linked to quality treatment delivery (e.g., firmness, fairness, empathy, life experiences, and problem solving ability), and have an appropriate level of education and experience in offender treatment.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

19. Staff providing substance use treatment are appropriately licensed.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

⁸ Bourgon, Guy, and Barbara Armstrong. "Transferring the Principles of Effective Treatment into a "Real World" Prison Setting. *Criminal Justice and Behavior*, 32,(2005): 3-25.

Checklist 2: Establish facility-based programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

20. Staff providing mental health services are appropriately licensed.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

21. Program staff receive annual formal training (ideally 40 hours per year) on how to implement program or treatment models with fidelity; assessment instruments; and methods that promote responsivity, including communication techniques that strengthen intrinsic motivation. They are evaluated annually on their service-delivery skills.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

22. Supervisors monitor programs to ensure that staff operate with fidelity to the program model and observations are reflected in staff performance evaluations.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

23. Responsivity factors, such as mental disorders, learning disabilities, low motivation, and preparedness for change are considered in program placement and addressed to enhance individuals' responsivity to programming and services. Appropriate incentives and rewards are used to encourage program participation and compliance (with an ideal reward-to-sanction ratio of 4:1).

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

24. Community-based services and supports are most intensive in the first few months following release, when a person is most likely to reoffend. Efforts are made to limit the time between release and program enrollment, and to facilitate access to necessary treatment, ideally within two weeks. When possible, appointments with community-based treatment providers are set in advance of

Checklist 2: Establish facility-based programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

release.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

25. For programs that serve individuals with varying risk levels, treatment groups are separated by risk level (i.e., low-risk individuals are not enrolled in the same treatment groups with moderate- and high-risk individuals).				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

26. Program quality assessments (such as the Correctional Program Checklist) are conducted on at least an annual basis and used to improve program implementation.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

27. QA methods are in place to assess the treatment provided by contracted providers in the community.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

28. Program evaluations are conducted on a regular basis (every three to five years) and used to modify, augment, or eliminate rehabilitation and treatment programs.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

Checklist 2: Establish facility-based programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

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Checklist 3: Implement community supervision policies and practices that promote successful reentry.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

29. Prior to an individual's release, community supervision officers are assigned to and engaged in the development of a community-based case plan that is shaped by risk/needs assessment information.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a copy of a sample community-based case plan, if available.</i>				

30. Supervision strategies and case plans correspond to risk level and needs.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

31. Sanctions and incentives are tailored to the risk and needs profiles of individuals under community supervision, and individuals learn how those sanctions and incentives will be applied for specific behaviors at the start of community supervision.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a copy of the violation sanction grid, matrix, or other policy guidelines used by community supervision officers, if available.</i>				

32. Supervising officers can administratively apply court-approved sanctions in a way that is proportionate to the seriousness of violations and the risk of recidivism.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

33. Community supervision officers can administratively modify conditions of supervision in response to behavioral changes in supervised individuals.

Checklist 3: Implement community supervision policies and practices that promote successful reentry.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

34. Positive reinforcements and incentives are incorporated into the supervision process and used appropriately to encourage positive behavior changes (with a reward-to-punishment ratio of 4-1).

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

35. Rewards are delivered immediately upon completion of a specific goal and sanctions are delivered immediately after misconduct or a violation occurs.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

36. Supervisors review recommendations for revocation before they are approved to ensure that they are warranted based on the seriousness and type of the offense and the risk level of the individual.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

37. Community supervision officers receive training in communication techniques that promote intrinsic motivation for positive change (i.e., enhance responsivity).

Implementation Status				Comments
N	PL	P	F	

Checklist 3: Implement community supervision policies and practices that promote successful reentry.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

Policy/procedural barriers to implementation:				Funding or other resource gaps :

38. To address individuals' criminogenic needs, community supervision officers are trained to provide evidence-based, face-to-face interventions that promote cognitive-behavioral skill development.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

39. Community supervision officers are trained to understand and respond effectively to the needs of individuals with mental disorders, substance use disorders, or co-occurring disorders.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

40. Place-based supervision is promoted through satellite offices in neighborhoods with high concentrations of returning individuals and site visits to individuals' homes.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

41. Supervisors confirm the number and quality of site visits conducted by probation or parole officers through observation and other reporting mechanisms, and staff performance reviews reflect those findings.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

Checklist 3: Implement community supervision policies and practices that promote successful reentry.

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

42. Informal social controls (e.g., family and community members) are engaged to facilitate community reintegration.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

43. Community supervision officers coordinate their activities with community-based treatment and service providers, and the process of collaborative case management is defined in policy and procedure.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

44. Aftercare plans are developed with the input of community service providers, family members, and other community supports prior to discharge from supervision.				
Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

Checklist 4: Ensure that community-based providers provide programming that has been shown to reduce recidivism and ensure implementation with fidelity

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

45. Programming offered by community-based providers is designed to address criminogenic factors and incorporate evidence-based interventions and treatment models. The ration of programming that targets criminogenic factors to programming that targets non-criminogenic factors is at least 4 to 1.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :
<i>Please provide a list of the program or treatment models being used in the institutions, if available</i>				

46. The overall number of hours and intensity of treatment is tailored to sufficiently meet the needs of moderate- and high-risk individuals (300 hours of treatment for high-risk individuals versus 200 hours of treatment for moderate-risk individuals).⁹ At least 40% of active times per week should be spent in therapeutic tasks, which can include work and school activities.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

47. Program staff are hired based on personal characteristics and skills that research has linked to quality treatment delivery (e.g., firmness, fairness, empathy, life experiences, and problem solving ability), and have an appropriate level of education and experience in offender treatment.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

48. Staff providing substance abuse are appropriately licensed.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

⁹ Bourgon, Guy, and Barbara Armstrong. "Transferring the Principles of Effective Treatment into a "Real World" Prison Setting. *Criminal Justice and Behavior*, 32,(2005): 3-25.

Checklist 4: Ensure that community-based providers provide programming that has been shown to reduce recidivism and ensure implementation with fidelity

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

49. Staff providing mental health services are appropriately licensed.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

50. Program staff receive annual formal training (ideally 40 hours per year) on how to implement program or treatment models with fidelity; assessment instruments; and methods that promote responsivity, including communication techniques that strengthen intrinsic motivation. They are evaluated annually on their service-delivery skills.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

51. Supervisors monitor programs to ensure that staff operate with fidelity to the program model and observations are reflected in staff performance evaluations.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

52. Responsivity factors, such as mental disorders, learning disabilities, low motivation, and preparedness for change are considered in program placement and addressed to enhance individuals' responsivity to programming and services. Appropriate incentives and rewards are used to encourage program participation and compliance (with an ideal reward-to-sanction ratio of 4:1).

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

53. Program-quality assessments (such as the Correctional Program Checklist) are conducted on at least an annual basis and used to improve program implementation.

Implementation Status				Comments
N	PL	P	F	

Checklist 4: Ensure that community-based providers provide programming that has been shown to reduce recidivism and ensure implementation with fidelity

Key: N=not at all implemented; PL=not implemented, but planned; P=partially implemented; F=fully implemented

N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

54. Quality assurance methods are in place to assess the treatment provided by contracted providers in the community.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

55. Program evaluations are conducted on a regular basis (every three to five years) and used to modify, augment, or eliminate rehabilitation and treatment programs.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

56. Community-based services and supports are most intensive in the first few months following release, when a person is most likely to reoffend. Efforts are made to limit the time between release and program enrollment, and to facilitate access to necessary treatment, ideally within two weeks. When possible, appointments with community-based treatment providers are set in advance of release.

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

57. For programs that service individuals with varying risk levels, treatment groups are separated by risk level (i.e., low-risk individuals are not enrolled in the same treatment groups with moderate and high-risk individuals).

Implementation Status				Comments
N	PL	P	F	
Policy/procedural barriers to implementation:				Funding or other resource gaps :

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SECTION 4: DEVELOPING AN IMPLEMENTATION PROPOSAL AND EVALUATION AND SUSTAINABILITY PLANS

SECTION OVERVIEW

This section will help your planning team develop an implementation proposal to address the barriers and gaps identified during Exercise 3, and reach your recidivism reduction goals for the target population and statewide.

The following pages contain information about the different types of proposals supported by the SRR program. Exercise 4 will position your planning team to develop an SRR implementation proposal once the solicitation is released by BJA (pending appropriations). Complete the logic model to reflect goals and barriers to activities and solutions, as well as evaluation and sustainability plans.

COMPONENTS OF THE IMPLEMENTATION PROPOSAL

Systemic Capacity-Building

As discussed in Section 3, systemic barriers can often restrict an agency's ability to implement effective reentry and recidivism reduction programs and practices. These barriers can also limit the efficacy of reentry programs. As such, it is important that a strategic plan not only focus on resource or programming gaps, but also incorporate policy changes and strategies for reducing barriers to reentry that promote the implementation of evidence-based practice. When applying for an SRR Phase II Implementation Grant, applicants must demonstrate a commitment to making sustainable, systemic policy changes that will build their capacity to implement the desired programmatic interventions.

Exercise 3 prompted grantees to identify barriers that need to be addressed in order to fully implement each of the PPEs in the checklists. In Exercise 4, grantees will use that analysis to develop specific policy recommendations to build systemic capacity for implementing evidence-based practices. Some examples of systemic changes that can build a state's capacity to support effective reentry include

- Enhancing information sharing across different departments and with other key reentry partners;
- Enhancing data collection to ensure that your agency can monitor recidivism trends over time, understand the drivers of recidivism within the state, and evaluate the impact of new policies and programmatic interventions on recidivism outcomes;
- Modifying how sanctions and incentives are used by community supervision agencies to ensure that they are employed in a swift and certain manner and are proportionate to the seriousness of the violations and individuals' criminogenic risk levels;

BJA's Expectations for SRR Phase I: Planning and Capacity-Building

Collaborative strategic planning should guide systemic capacity-building and eventually lead to the implementation of evidenced-based programmatic interventions targeted at specific offender population(s) to achieve the desired goal of overall recidivism reduction.

The comprehensive strategy should include recommended changes in policy and practice, a work plan to implement those changes and build statewide support for them, and a budget associated with this work plan.

[Grantees shall] cooperate in any and all related research efforts and program evaluations by collecting and providing enrollment and participation data during all years of the project.

Source:

<https://www.bja.gov/Funding/15SCARecidivismReductionSol.pdf>

- Investing in validated screening and assessment tools and case management software needed to develop individualized case plans, or revalidating existing assessment tools;
- Adjusting program enrollment criteria to use the RNR principles when prioritizing individuals for treatment and programming;
- Promoting QA to ensure that programming and other interventions are implemented with fidelity;
- Reducing barriers to prison in-reach by community providers, family and other supportive elements in the community, or supervision officers to support stronger transition planning and release preparation; and
- Enhancing staff buy-in to reentry efforts through better communication, performance expectations, and oversight and accountability.

Expanding Evidence-Based Interventions

Once the agency has made recommendations to enhance its systemic capacity, it is appropriate to make recommendations for investments in evidence-based programs and interventions. The planning team should choose programs and interventions that are proven by research to address individuals' criminogenic needs.

The most effective programs are behavioral in nature and focus on present circumstances and risk factors linked to the behavior of the person who committed the crime. They are action- rather than talk-oriented, and they are designed to teach pro-social skills. Cognitive behavioral programs help people who have committed crimes identify how thinking patterns influence feelings, which influence actions. They include structured social learning programs where new skills, behaviors, and attitudes are consistently reinforced. Cognitive behavioral programs targeting areas such as attitudes, values, and beliefs are more likely to influence future criminal behavior, peer choice, substance use, expressions of anger, and familial interactions.

In addition to programs, routine interactions can also reinforce cognitive-behavioral skill building. New models are being developed to help community supervision officers reinforce cognitive-behavioral skills during their normal face-to-face meetings with probationers/parolees. It is also important to invest in staff skills that promote responsiveness.

For additional information on evidence-based interventions, see the following resources:

- Blandford, A. & Osher, F. "A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders." (2012). Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation
<http://www.prainc.com/wp-content/uploads/2015/10/checklist-implementing-evidence-based-practices-programs-justice-involved-adults-behavioral-health-disorders.pdf>
- "The *What Works in Reentry Clearinghouse*".
<http://whatworks.csgjusticecenter.org/>
- Washington State Institute for Public Policy
<http://www.wsipp.wa.gov/topic.asp?cat=19&subcat=0&dteSlct=0>

Sustainability Planning

Grantees must also develop a plan to evaluate and sustain their implementation proposal beyond the life of the grant. Grantees should consider what ongoing funding streams are available to support investments in new programs. Implementing systemic policy changes that do not require significant ongoing funding can support

sustainability. (See above for examples of these policy changes.) Engaging both internal and outside stakeholders to build wide support for the initiative (per Section 1) can also promote sustainability. To complete Exercise 4 below, grantees will need to discuss their sustainability plan.

Essential components of a long-term sustainability plan include agreeing upon a unified philosophy and vision and developing business rules that institutionalize procedures and policies to withstand any political environment or administration. Specifically, the planning team should revisit and review the plan after the grant period ends to evaluate whether the outlined strategy is on course and continues to meet the identified goals and benchmarks. To promote continuity, a stable infrastructure, and partner/member accountability, planning team members' roles should be clearly articulated through MOUs or LOAs (per Section 1) and those agreements should be revisited annually and modified as necessary.

Since the SRR planning grant is designed to have a broad, statewide impact, the planning team should work to garner written and verbal buy-in and investment from the office of the governor and other executive departments that may have parallel criminal justice initiatives and structures. The planning team should also engage agencies at the front end of the criminal justice process, such as the judiciary, prosecutors, and district attorneys, throughout the planning and implementation processes. To support its infrastructure, the plan should include well-developed standard communication protocols and shared information systems.

The planning team should consult with evaluators or outside experts as appropriate to develop and implement recommendations to address any barriers identified throughout the process. The sustainability plan also requires mechanisms to support ongoing QA. Some ways to achieve this goal are to outline performance-based measures for partners at the outset in the MOUs and LOAs; require ongoing education and training of partners and their staff members; and require continual assessment and evaluation of the strategy and the program partners. When building a sustainable plan of change that differs from current practice and policies, it is imperative that the planning team and other engaged stakeholders are amenable to letting data drive the process. Therefore, there must be opportunities to reconsider the goals and measures of MOUs and LOAs, and modify or eliminate ineffective programs, services, and policies.

Finally, effective communication strategies can help sustain the planning team's work. The SRR program is highly competitive and an exciting opportunity for states to develop plans to reduce recidivism. The planning team should develop a communications plan to announce the receipt of the award to a broad audience and determine messaging about the goals of the planning team. Effective communication has the potential to influence the engagement and further investment of stakeholders, advance the development and implementation of the recidivism reduction plan, and enhance sustainability of the overall effort. The communications plan should establish specific messages for each defined target audience group and involve coordination with other existing initiatives related to statewide criminal justice efforts.

Evaluation Planning

Evaluations can help promote sustainability by giving agencies information about the effectiveness of their interventions, which can be used to justify future funding. However, not all investments made through the SRR program can necessarily be evaluated in the same way. The evaluation design for a specific program will likely look different from the evaluation design for a new policy with agency-wide implications. Given these complexities, grantees are encouraged by BJA to contract with an outside provider to assist with the design and completion of the evaluation.

To develop a successful evaluation design, it is critical to understand *what* is being evaluated. This requires program staff to document their processes, the changes that are occurring, and whether those processes are

functioning consistently through a process evaluation. A process evaluation should examine the following issues:

- Does the program utilize a design that has previously demonstrated an ability to reduce recidivism?
- Is the program being implemented as designed?
- Are staff training and experience sufficient to execute the program as designed?
- Are risk and needs assessed and services delivered based on individuals' risk and needs?
- Is the "dosage" of the treatment adequate enough to effect the desired change?
- Is the delivery of these services consistent over time?

It is critical to ensure that policies and programming are being implemented with consistency before completing a full evaluation. Once the process evaluation is complete, it follows to evaluate the impact of policy changes on key outcome measures such as recidivism. Considerations for evaluation design are presented in Exercise 4 below.

The planning team should also consider how to track statewide recidivism rates over time to assess progress toward reduction goals. The data analysis required in Section 2 should be replicated regularly to inform corrections administrators and policymakers about the drivers of statewide recidivism and to ensure that policies and interventions are properly targeting those drivers.

To prepare for evaluation, the planning team should confirm the data indicators collected by the various agencies, their data management and storage methods, and the interface capabilities of the multiple departmental/organizational data systems. Understanding these methods and systems of data collection will inform the planning team of the work required to obtain accurate and consistent information for reporting purposes. For example, data stored electronically may be readily available to network users, whereas data stored only in paper form will require staff to retrieve the relevant files manually. Also, the planning team should establish the common identifier recognized across data systems (e.g., social security number, state identifier, or prison identification number) to track participant progress throughout the initiative and evaluation period. Use of a common identifier will minimize duplicate data entry and enhance the planning team's capacity to monitor post-release outcomes.



EXERCISE 4, PART 1: DEVELOPING AN SRR IMPLEMENTATION PROPOSAL

Instructions

Using the assessment of barriers and gaps in Section 3, the planning team should identify recommendations for building systemic capacity and investing in evidence-based practices and interventions to reduce recidivism. The planning team should define recommendations in this exercise, which will then serve as an outline for an implementation proposal. Implementation proposals should be based on a grant-funding cap of \$3 million (plus any available matching funds). Given this cap, it is likely that some investments in programs or interventions will need to focus on the target population identified in Section 2. However, some recommendations may benefit the full population.

BJA requires grantees to commit funding to training staff on the implementation of risk assessment tools and on the importance of using evidenced-based practices, and to hire an experienced full-time coordinator to facilitate the state's implementation project. These requirements should be captured in the exercise below.

Exercise 4 is a logic model, which demonstrates the causal relationships between goals, activities, and results. It is a useful tool to visualize the purpose and scope of proposed activities, including the resources needed and expected outcomes. Please enter the planning team's recommendations for change and implementation details in the appropriate cells of the logic model below (page 44), and refer to the example logic model on page 43. Here are brief descriptions of the column and row headings in the logic model:

- **Content Area:** This column is pre-populated so that each row reflects broad categories of recidivism reduction strategies. Content areas are intentionally broad in order to capture the wide range of goals and activities that an implementation plan might include. If a goal spans multiple content areas, please list that goal in the row that best corresponds to the purpose of the activity. The content areas are:
 - **Supervision Practices:** Changes to the ways in which supervision staff do their jobs, within both correctional facilities and community supervision settings
 - **Case Management:** Any activity directly related to case planning or case management
 - **Promoting Quality Programs:** Activities related to implementation of any QA measures, whether for assessing training effectiveness, adherence to best practices of programming (managed by the correctional agency and contracted community services providers), or program fidelity
 - **Operations:** Any agency- or department-wide changes that affect the operations of the agency or department, such as revisions to hiring practices, job descriptions, or current practices (e.g., use of sanctions and incentives or use of risk/need data)
 - **Direct Services:** Use of grant funds to support any direct services that individuals will receive, such as subgrants to community service providers for civil legal aid or mental health/substance use treatment
 - **Risk and/or Needs Assessment:** Development, revision, or implementation of a new risk and/or needs assessment
- **Project Goals:** Each row should reflect a specific goal the planning team intends to pursue through the implementation project.

- **Activities:** Enter one or more discrete activities the state will undertake to achieve each goal. Activities should be concise and specific.
- **Activity Type (Training, QA, Policy, Procedure, Service Provision, Technology):** Place an “X” in the relevant subcolumn(s) to indicate the nature of each activity as training, QA, policy, procedure, direct service provision, or implementation of new technology. Activities can span multiple types.
- **Resources:** List existing resources (e.g., staff, contracts, technology) that will be used to accomplish each activity, as well as resources that will be supported by implementation funds. The latter resources should be reflected in the implementation proposal budget.
- **Process Measures:** Note how you will measure the progress of each activity, including completion.
- **Short-Term Outcomes:** Indicate short-term (i.e., 3–12 months) and quantifiable measures that each activity is expected to yield, such as changes in knowledge, attitudes, or behaviors (e.g., as measured by staff surveys) of the population targeted by each activity (e.g., inmates, parolees, staff, and stakeholders).
- **Long-Term Outcomes:** Indicate long-term (i.e., a year to several years) and quantifiable measures that each activity is expected to yield, such as changes in recidivism and organizational structure and procedure. Long-term outcomes should build on short-term outcomes.
- **Sustainability:** Describe how the state will maintain these investments after the implementation project period.

Review the example, complete the logic model, and then answer questions about sustainability and evaluation planning.

EXAMPLE SRR Implementation Project – Logic Model

Content Area	Project Goals	Activities	Training	QA	Policy	Procedure	Service Provision	Technology	Resources (Existing and Grant-Funded)	Process Measures	Short-Term Outcomes	Long-Term Outcomes	Sustainability
Supervision Practices	Ensure that probation officers' actions, strategies, and training align with accepted best practices.	Review current community supervision policies and practices and assess adherence to accepted best practices.			X	X			Policy analyst on staff; new hire for additional policy analyst using grant funds	Number of staff allocated; number of policies reviewed; percentage of total supervision policies and practices reviewed	Hire policy analyst Fifty percent of necessary policies and practices reviewed	All necessary policies and practices reviewed	Incorporate QA measures into performance reviews, position descriptions and hiring procedures.
		Alter supervision practices and training, where necessary, to align with best practices.	X	X					Internal DOC staff to make policy changes; training contract (using grant funds)	Number of probation officers trained; percentage of total probation officers trained	Submit Request for Proposal for training contract Sign contract with trainer Fifty percent of total probation officers trained	All current probation officers trained in best practices QA demonstrates consistent application in the field Reduction in recidivism	

SRR Implementation Project – Logic Model													
Content Area	Project Goals	Activities	Training	QA	Policy	Procedure	Service Provision	Technology	Resources (Existing and Grant-Funded)	Process Measures	Short-Term Outcomes	Long-Term Outcomes	Sustainability
Supervision Practices													
Case Management													
Promoting Quality Programs													
Operations													
Direct Services													
Risk and/or Needs Assessment													



EXERCISE 4, PART 2: SUSTAINABILITY PLAN

The planning team should consider ways to sustain the implementation proposal and planning team structure beyond the life of the grant (including the implementation grant, if awarded). Please answer the following questions, considering how the planning team and planning process can promote long-term sustainability of the implementation recommendations made above.

1. How has the planning team incorporated external stakeholders into the planning process? What external stakeholders have been included in the process?

Answer:

2. Is there broad political support for the implementation strategies identified above? Given the political landscape, is it reasonable to assume that this support will continue?

Answer:

3. How will the planning team build support for strategies that do not currently have broad political support?

Answer:

4. Has the planning team developed a strategy to engage the office of the governor and other executive departments on an ongoing basis? If so, please describe that strategy.

Answer:

5. Has the planning team developed a strategy to engage the judiciary and prosecuting attorneys on an ongoing basis? If so, please describe that strategy.

Answer:

6. Has the planning team identified expected implementation challenges within affected agencies and developed strategies or recommendations to overcome those challenges? If so, please describe those challenges and their corresponding strategies or recommendations.

Answer:

7. Has the planning team developed a strategy for ongoing education and training of staff and service partners affected by the recommendations? If so, please provide an overview of that strategy.

Answer:

8. Has the planning team devised a schedule for ongoing reviews of the proposed plan to keep the goals updated and assess implementation challenges, barriers, and gaps? If so, please provide an overview of that schedule.

Answer:

9. Has the planning team devised a schedule for ongoing reviews of the purpose of the planning team and the planning members' specific roles? If so, please provide an overview of that schedule.

Answer:

10. What target audience groups has the planning team identified for communication about the SRR planning process? These groups might include key state department or agency staff, the governor's office, the legislature (especially any identified champions), key facility and community supervision staff, community-based service providers, and other stakeholders.

Answer:

11. What communication strategies will the planning team use to share information and accomplishments with the defined target audience groups?

Answer:

12. Has the planning team identified other existing statewide criminal justice initiatives and developed a strategy for coordinated communication? If so, please describe those initiatives and the associated coordination strategy.

Answer:



EXERCISE 4, PART 3: EVALUATION PLAN

BJA requires that implementation grantees complete process and impact evaluations. Complete the table below (Question 13) to list the type of evaluations you propose to conduct.

The process measures, short-term outcomes, and long-term outcomes in the logic model above should provide an outline to develop a comprehensive evaluation plan.

Then, respond to the final set of questions below, which will help complete the plan. Please provide multiple answers to the questions below, as necessary, to reflect components of the implementation proposal that will be evaluated individually.

13. What type of evaluation will you use to assess the outcomes and impact of the proposed grant activities?				
Activities	Evaluation type			
	Process	Random assignment	Quasi-experiment	Pre-test/Post-test
Activity 1: <copy from logic model>	✓			
Activity 2: <copy from logic model>	✓			
Activity 3: <copy from logic model>	✓			
Activity 4: <copy from logic model>	✓			
Activity 5: <copy from logic model>	✓			
Add additional rows as needed.				

14. What is the target group being studied in the evaluation?	
Answer:	
Considerations & Examples:	Clearly define the group you will study in the evaluation and ensure that the target population is appropriate for the intervention being provided. This will likely be the target population you identified in Section 2.

15. How will you define successful completion of the program?	
Answer:	
Considerations & Examples:	Completion definitions can be either process-based (e.g., program participant has completed 70% of program requirements or case plan within one year) or outcome-based (e.g., program participant has achieved core benchmark goals of the program, such as changes in risk and needs level, attaining stable housing, attaining employment, achieving a GED, etc. within one year).

16. What is the definition of recidivism that will be evaluated?	
Answer:	
Considerations & Examples:	This should be the same as the definition of recidivism identified in Section 2.

17. What will be the tracking period for recidivism, and when will it begin?	
Answer:	
Considerations & Examples:	The tracking period must allow for uniform “time at risk to recidivate” for all offenders tracked (e.g., all in group have at least one year of exposure to street time after completing the program or upon release from prison when determining the one-year recidivism rate). You may want to track recidivism at multiple intervals (one-, two-, and three-year rates), but the period(s) tracked must be consistent for all individuals.

18. What is the comparison group for the evaluation?	
Answer:	
Considerations & Examples:	<i>The comparison group must have similar characteristics to the treatment group for the evaluation to be valid. Random assignment to a “program” and “control” group is the preferable methodology for the evaluation. If that isn’t possible, it is important for the selected control group to be statistically matched to the program group. Pre- and post-test designs are acceptable only if there is no way to identify a statistically-matched control group.</i>
19. How many individuals will be in the program and control groups for analysis after 6 months? After 12 months?	
Answer:	
Considerations & Examples:	<i>After 12 months, there will ideally be more than 100 individuals each in the treatment and comparison groups.</i>
20. Who will collect data records on program participation and services received, as well as recidivism outcomes, for analysis? Where and how will these data be captured?	
Answer:	
Considerations & Examples:	<i>Clearly identify available electronic record data that can be used for the research. Electronic records are essential to conduct matching of databases, reduce cost, and complete the research in a timely fashion.</i>
21. Who will conduct the process and impact evaluations?	
Answer:	
Considerations & Examples:	<i>BJA encourages grantees to contract an outside provider to assist with the design and completion of the evaluation.</i>