

## Dutchess County Criminal Justice Council Executive Committee

### Transitioning Prisoners to Community Initiative—Position Summary

#### **A Collaborative Model for Effective Community Reentry and Systems Coordination**

Through a planning grant from the New York State Division of Criminal Justice Services, the Dutchess County Criminal Justice Council hired Office of Community Research, Inc. (OCR) to establish a Reentry Task Force to develop a *Plan for Effective Community Reentry* for Offenders from prison or jail. The Task Force had five outcomes linked closely with the NYS Division of Criminal Justice Services primary outcome: “creating a safer New York resulting from the successful transition of offenders from prison to living law-abiding and productive lives in their community:” The five outcomes are:

- 1) Increase Dutchess County’s awareness of evidence based practices regarding Transitioning Prisoners to Community Initiatives (TPCI) regionally and statewide;
- 2) Increase the local understanding of the pathway the individual follows from entry into the prison through reentry into the community;
- 3) Develop a comprehensive inventory of local and regional services for use by prisoners returning to the community;
- 4) Create an effective strategy for re-entry cross systems communication and strategy coordination between Dutchess County and other TPCI’s across the state;
- 5) Increase community awareness of local and regional services utilized by formerly incarcerated individuals.

The Reentry Task Force was organized into three outcomes-specific work groups:

- Evidence Based Practices
- Resource Mapping
- Individual and Systems Pathways

Critical issues that will impact any future actions are:

1) NYS Department of Correctional Services and NYS Parole leadership, facility and field staff must be active participants in the implementation of any plan on both the state and local levels for the collaboration of local reentry services to be successful.

2) It is essential that a common standardized assessment tool be implemented statewide. It is our understanding that all state agencies plan to use the COMPAS instrument in the near future. Assuming that New York agencies commit to this new tool, Dutchess County is agreeable to using the same instrument in its criminal justice agencies and will undertake the required training, technological changes, expenditure of resources and work plan for successful implementation. Currently, Dutchess County uses the LSI-R, another actuarial assessment instrument. We expect that it would take the Dutchess

County Office of Probation and Community Corrections and other agencies such as the Jail approximately ten months to convert to the COMPAS tool.

3) The Reentry Task Force understands that effective reentry work requires much greater integration of effort between state and Dutchess County agencies than has happened in the past. We recommend that the following steps be taken:

--A six month grant from the Division of Criminal Justice Services to prepare a concrete proposal for implementation of the work of the Dutchess County Reentry Task Force.

--Focus the initial implementation grant on contracting for two FTE positions, one an integrated case manager and one liaison/facilitator, to work with the local Reentry Task Force. The focus of the Reentry Task Force would be to utilize the assessment instrument to determine which clients would benefit most from assistance, remain in contact with those individuals while in state prison, develop a Transition Accountability Plan, and continue assistance upon return to the community. **This effort would require the active participation and support of DOCS and Parole.** Grant funds would also be needed to provide for the purchase of local reentry services from community agencies and providers.

--Advocate for a dedicated Dutchess County Unit in a local State prison facility to serve local offenders within 1 to 3 years of release to the community who have been identified based on the assessment instrument as being in need of reentry services. This would allow for transitional and reentry service planning to begin during the prison term. As an alternative, the Task Force suggests a small pilot project for women offenders located at Beacon Correctional Facility which could occur with less disruption to current state practices.

The contents of the reentry blueprint represent the findings of the latest and best research in the field as well as the collective wisdom of the members of the Reentry Task Force. It may serve as a model not only for Dutchess County, but for other jurisdictions as well.

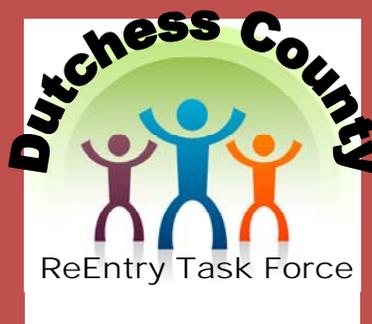


A COLLABORATIVE  
MODEL  
FOR EFFECTIVE  
COMMUNITY REENTRY  
AND SYSTEMS  
COORDINATION

SUBMITTED BY:

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2008



Project Funding Provided by:  
New York State Department of Criminal Justice Services through  
the Dutchess County Criminal Justice Council



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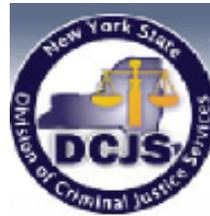
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# *Dutchess County ReEntry Task Force*

## **A Collaborative Model For Effective Community ReEntry and Systems Coordination**

*A Publication of the  
Office of Community Research, Inc.*

*December 2008*



Project Funding Provided by:  
New York State Department of Criminal Justice Services  
through the Dutchess County Criminal Justice Council



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## EXECUTIVE SUMMARY

Through a planning grant from NYS Division of Criminal Justice Services, the DC Criminal Justice Council contracted with the Office of Community Research, Inc. (OCR) to establish a Reentry Task Force and develop a Plan for Effective Community Reentry for Offenders from Prison or Jail. The Task Force had five outcomes link closely with the NYS Division of Criminal Justice Services primary outcome: “creating a safer NY resulting from the successful transition of offenders from prison to living law-abiding and productive lives:”

1. Increase Dutchess County’s awareness of evidence based practices regarding Transitioning Prisoners to Community Initiatives (TPCI) regionally and statewide.
2. Increase the local understanding of the pathway the individual follows from entry into the prison through reentry into the community.
3. Develop a comprehensive inventory of local and regional services for use by prisoners returning to the community.
4. Create an effective strategy for re-entry cross systems communication and strategy coordination between Dutchess County and other TPCI’s across the state.
5. Increase community awareness of local and regional services utilized by formerly incarcerated individuals.

The Reentry Task Force was organized into three outcomes-specific work groups: Evidence Based Practices, Resource Mapping, and Individual and Systems Pathways. The following document includes their findings and recommendations.

This study has resulted in a strong collaboration of individuals who have increased their knowledge about reentry and the components necessary for an effective Reentry initiative. The following are key recommendations from this study:

1. NYS Department of Correction Services (DOCS), NYS Parole, NYS Division of Criminal Justice Services (DCJS) and municipality leadership must be active participants in the implementation process at both the state and local levels for the collaboration of local reentry services to be successful.
2. It is essential that a common standardized actuarial assessment tool be implemented statewide.
3. Both state and local partners need to embrace working toward a standard Transition Accountability Plan (TAP).
4. Both state and local partners need to implement a collaborative approach that parallels the Integrated Case Management Model.

The success of individuals transitioning from prison back to Dutchess County will be increased when the aforementioned suggestions are considered prior to and during the implementation of a local, Dutchess County, reentry initiative.



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**APPENDIX C:** TRANSITIONING PRISONERS TO COMMUNITY MODEL

**APPENDIX D:** SUMMARY OF RECOMMENDATIONS



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## Criminal Justice Council Membership

Adrian Anderson, Dutchess County Sheriff's Office, Sheriff  
Barbara Jeter-Jackson, Dutchess County, County Legislator, District 10  
Betsy Brockway, Health and Human Services Cabinet, Director\*  
Bridget Goddard, Dutchess County Department of Social Services, Assistant to the  
Commissioner for Policy and Planning  
Captain Steve Minard, City of Poughkeepsie Police Department, Police Captain  
Captain Todd Gdula, Dutchess County Jail, Chief of Jail Operations\*  
David Goodman, Dutchess County Public Defender's Office, Public Defender  
David Kelly, Dutchess County, County Legislator, District 23  
Fred Flood, NYS Parole/Poughkeepsie Area Office, Area Supervisor  
Hon. Barbara Seelbach, Clinton Town Court, Town Justice  
Hon. Damian J. Amodeo, Dutchess County Family Court, Family Court Judge  
Hon. Gerald V. Hayes, Dutchess County Court, County Court Judge  
Hugh Cunningham, Citizen Appointment  
Jacki Brownstein, Mental Health America of Dutchess County, Executive Director\*  
Joseph Davis, Citizen Appointment  
Kirk Imperati, Dutchess County Sheriff's Office, Undersheriff\*  
Margaret Hirst, Dutchess County Department of Mental Hygiene, Division Chief, C.D.  
Services\*  
Margaret Horton, Dutchess County, County Legislator, District 21  
Marjorie Smith, Dutchess County District Attorney's Office, Senior Assistant District  
Attorney\*  
Mary Ellen Still, Dutchess County Department of Probation and Community Corrections,  
Director\*  
Onaje Benjamin, Dutchess County Jail, Transition Counselor  
Rev. Debra Gause, Holy Light Pentecostal Church, Bishop  
Robert Rolison, Dutchess County, County Legislator, District 8\*  
Roger Akeley, Planning and Development, Commissioner\*  
Ronald Knapp, City of Poughkeepsie Police Department, Chief of Police\*  
Russell Myers, Citizen Appointment  
Sandra Goldberg, Dutchess County, County Legislator, District 14  
Shirley Adams, Catharine Street Community Center, Inc., Executive Director\*  
Susan West, Family Services, Inc., President\*  
Thomas Angell, Dutchess County Public Defender's Office, Public Defender\*  
William G. Carlos Jr., Citizen Appointment  
William Grady, Dutchess County District Attorney's Office, District Attorney\*  
William O'Neil, Dutchess County Executive's Office, Assistant to the County Executive\*  
William Sanchez, Dutchess County Youth Bureau, Director\*

\* Members of the Criminal Justice Council Executive Committee



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# Dutchess County

## ReEntry Task Force Membership

Beulah Baptist Church, Mary Spriggs, Community Member (ISPW)  
Catharine Street Community Center, Inc., Shirley Adams, Executive Director (RMW)  
Christ Episcopal Church, Fred Bunnell, Community Member (EBPW)  
Community Member, Kathy Henry  
Cornell Cooperative Extension Dutchess County, Karmen Cockerham, ACT Coordinator (RMW)  
CURE-NY, Amy James-Oliveras, Co-President (ISPW)  
Dutchess County Department of Mental Hygiene, Leah White, Jail Based Case Manager (EBPW)  
Dutchess County Department of Mental Hygiene, Margaret Hirst, Division Chief, C.D. Services (EBPW)  
Dutchess County Department of Probation and Community Corrections, Donna Gorman (EBPW)  
Dutchess County Department of Probation and Community Corrections, Mary Ellen Still, Director  
Dutchess County Department of Probation and Community Corrections, Sandra Ackert, Unit Administrator (RMW)  
Dutchess County Jail, Anna Burke, Transition Counselor (RMW)  
Dutchess County Jail, Gregory Gale, Corrections Sergeant (ISPW)  
Dutchess County Jail, Onaje Benjamin, Transition Counselor (ISPW)  
Dutchess County Jail, Sylvia Blackstone, Transition Counselor (EBPW)  
Dutchess County Public Defender's Office, Thomas Angell, Public Defender (EBPW)  
Dutchess County Social Services, Rena Lake, Supervisor  
Family Partnership Center, Sam Busselle, Family Partnership Center (ISPW)  
Family Services, Inc., Bill Spearance, Coordinator of Forensic Education (EBPW)  
Family Services, Inc., Dave McCready, Clinical Supervisor of Forensic Services (RMW)  
Family Services, Inc., Joan Crawford, Vice President  
Family Services, Inc., Susan West, President  
Hudson River Housing, Inc., Gail Webster, Executive Director  
Mental Health America of Dutchess County, Jacki Brownstein, Executive Director (RMW)  
NYS Department of Correctional Services, Roland Larkin, Deputy Superintendent for Program Services (ISPW)  
NYS Division of Criminal Justice Services, Byron Kline, Assistant Director of ReEntry  
NYS Division of Criminal Justice Services, Lyle Hartog, Criminal Justice Policy Analyst  
NYS Division of Criminal Justice Services, Tina Taylor, Administrative Assistant, Office of Program Development and Funding  
NYS Division of Parole, Edward Fraley, Regional Supervisor (EBPW)  
NYS Office of Mental Health, Dr. Ivan Godfrey, Hudson River Psychiatric Center  
NYS Parole/Poughkeepsie Area Office, Frederick Flood, Area Supervisor (EBPW)  
NYS Parole/Poughkeepsie Area Office, Teresa Burgess, Senior Parole Officer (RMW)  
Office of Community Research, Inc., Jennifer L. McGahan, President  
Office of Community Research, Inc., Siobhan Rowland, Senior Research Coordinator  
Office of Community Research, Inc., Wayne Wohr, Consultant; WPW Consultants  
Osborne Association, Ernest Henry, Community Representative (ISPW)  
Osborne Association, Randi Blumenthal Guigui, Program Director  
Poughkeepsie City Police Department, Thomas Pape, Lieutenant (RMW)

Evidence Based Practice Workgroup – EBPW  
Resources Mapping Workgroup – RMW  
Individual and Systems Pathways Workgroup – ISPW



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## ABOUT THIS REPORT



Throughout this document the reader will find recommendations made by members of the Dutchess County Reentry Task Force. Some of the recommendations are highlighted in call out boxes such as this one:



Other recommendations are located in the narrative sections of the document and can be identified easily because the text is a dark green color.

**For more information about this report or for detailed information about the Dutchess County ReEntry Task Force Initiative please contact:**

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# PROJECT RESOURCES & DEVELOPMENT

Illustration 1: Project Central



Welcome Jennifer McGahan

[\[Log Out/OCR Home\]](#)

## ReEntry Task Force

Background

Logic Model & Outcomes

Outcome Data & Reports

Meeting Information

Resource Library

Presentations

Calendar

Links

Contacts

Jennifer McGahan - [contact me](#)

Siobhan Rowland - [contact me](#)

Wayne Wahr - [contact me](#)

## Forums

### REENTRY TASK FORCE GENERAL FORUM

This forum provides ReEntry Task Force members with an opportunity for online collaboration regarding reentry activities and initiatives throughout Dutchess County and the local region.

Forum Created:5/18/2008 [view topics for this forum](#)

### OPERATIONAL DEFINITION OF "RECIDIVISM" AND "SUCCESSFUL REENTRY"

An important objective of the Dutchess County Reentry Initiative is to operationally define what is meant by the terms, "recidivism," and "successful reentry." Please post your comments, ideas, and thoughts on how Dutchess County may wish to define these concepts in this forum.

Forum Created:6/3/2008 [view topics for this forum](#)

### WORKGROUP RETREAT AGENDA SUGGESTIONS

The workgroup retreat will be an opportunity for the team members to share what they have been accomplishing in their respective workgroups. Additionally, it will be a way to share crossover between the workgroups and bring continuity to the project as a whole. This is a forum for team members to discuss their ideas for retreat agenda items.

Forum Created:6/17/2008 [view topics for this forum](#)

### DCRTF: BLUEPRINT SUGGESTIONS & FEEDBACK

Please use this forum to post any suggestions or feedback regarding the information presented during the October 2008 ReEntry Task Force Meeting. The meeting materials can be located by using the "Presentations" data tab and selecting the "October 2008 ReEntry Task Force Meeting Package."

Forum Created:10/27/2008 [view topics for this forum](#)

Meetings

Chat



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## Background

Reentry is the use of programs targeted at promoting the effective reintegration of offenders back to communities upon release from prison or jail. Because reentry programs are locally run and operated and there is a large variance in the offender population, each community addresses the issue of reentry differently. Over the past several years there has been an emergence of collaborative reentry practices at the county level. There are many different ways to approach the creation of an effective reentry or reintegration strategy.

Beginning in January 2008, with the assistance of grant funding provided by the New York State Division of Criminal Justice Services, Dutchess County's Criminal Justice Council contracted with the Office of Community Research, Inc. to establish the Dutchess County Reentry Task Force (DCRTF). The primary goal of the Task Force is to identify resources, tools, and information that will strengthen the local understanding of current issues concerning offenders who are returning to the Dutchess County community. The work of the Task Force has resulted the publication of this document which showcases the components of evidence based practices supporting reentry and defines the essential elements of effective transition planning.

## Introduction

It is expected that more than 650,000 individuals will return from prison each year to communities across the nation. Annually, in New York State, approximately 250,000 offenders return from state prison to their communities. In Dutchess County an average of 24 individuals per month are released to Parole. At the end of September 2008, there were 379<sup>1</sup> active parolees in Dutchess County, of which 19 (5%) were sex offenders. With the national rate of recidivism at approximately 66% within the first three years of release, the impact of an individual's return to the local community, on public safety and taxpayer spending, is significant.

A review of local and regional reentry initiatives demonstrates that successful reentry programs can enhance public safety by:

- ◆ reducing the offenders risk to the community upon release
- ◆ demonstrating cost-savings through a decrease in incarceration and reducing a wide array of government programs associated with incarceration and
- ◆ improving the quality of life for individuals suffering from mental health and substance abuse

The cost-savings associated with reducing recidivism can also benefit the community. In a study conducted by the Urban Institute, of a Maryland Reentry Initiative, researchers were able to show that a five percent reduction in recidivism resulted in a cost savings of \$7.2 million to the state. Programs saw

**E**ducate the public about the risks and needs of the reentry population and the benefits of successful initiatives to public safety and the community in general.

<sup>1</sup> It should be noted that although this estimate does not include individuals returning to community who are not assigned to post release supervision, it provides the reader with a baseline to understand the approximate number of individuals returning to the area.

approximately a \$3 return for every dollar associated with the program. (Roman, Brooks, Lagerson, Chalfin, & Tereshchenko, 2007).

With the understanding that the topic of ex-offender reintegration is among one of the most important issues in criminology and related disciplines the DCRTF supports the coordinated and collaborative efforts of our community toward successful reentry practices.

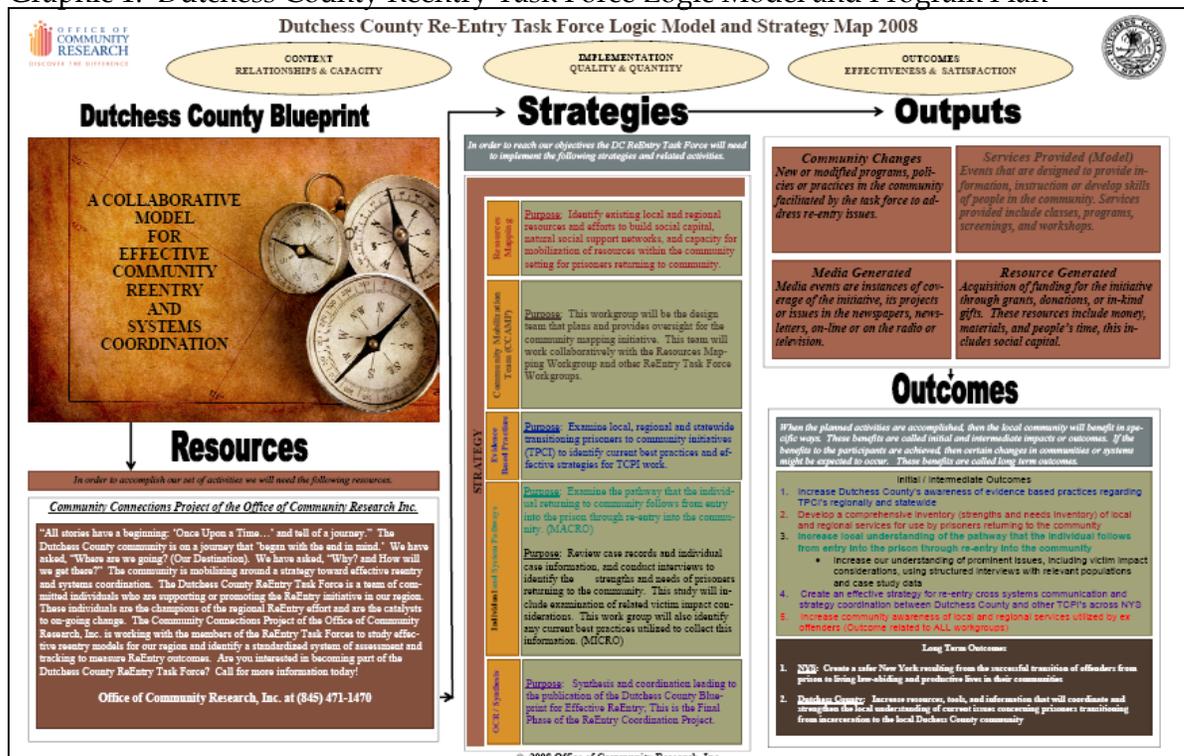
## A Data Driven Approach to ReEntry

Research recently underscores the importance of understanding reentry as both an event and a process; reentry not only being the act of the individual returning to the community from incarceration but also the systematic and evidence based process of working with the person in custody and on release to develop strategies to move the individual along to becoming a wage earning positive community member. (Morgan

and Owers, 2001) Furthermore, reentry, at its best, is a process where participants from all community sectors actively participate in supporting the individuals needs while envisioning the future of a healthy and safer community.

The needs of individuals returning from prison to our community are formidable. The need for innovative, collaborative, and data driven approaches to reintegration are emphasized by the growing prevalence of substance abuse, mental health disorders, unemployment, and homelessness in the reentry population. Research demonstrates that "an integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and evidence supported practice in community corrections (Bogue, Campbell, Carey, Clawson, Faust, Florio, Joplin, Keiser, Wasson & Woodward, 2004)." The National Institute of Corrections supports the incorporation of both existing research findings and operational methods of implementation. Through review of best practices re-

Graphic 1: Dutchess County Reentry Task Force Logic Model and Program Plan



lated to reentry, the members of the Dutchess County Task Force recognize the need to not only identify interventions with sound research but also the need to engage the community in the change necessary to support integration of evidence based practices into their daily work.

### **Graphic 2: Dutchess County ReEntry Task Force Outcomes**

1. Increase Dutchess County's awareness of evidence based practices regarding Transitioning Prisoners to Community Initiatives (TPCI) regionally and statewide.
2. Increase the local understanding of the pathway the individual follows from entry into the prison through reentry into the community.
3. Develop a comprehensive inventory of local and regional services for use by prisoners returning to the community.
4. Create an effective strategy for re-entry cross systems communication and strategy coordination between Dutchess County and other TPCI's across the state.
5. Increase community awareness of local and regional services utilized by formerly incarcerated individuals.



With this in mind, the Dutchess County Re-Entry Task Force uses an outcome measurement framework to direct its research activities. The program plan and logic model for the DCRETf examines the outcomes listed in Graphic 2: Dutchess County Reentry Task Force Outcomes.

These outcomes link closely with the New York State Division of Criminal Justice Services primary outcome: “creating a safer New York resulting from the successful transition of offenders from prison to living law-abiding and productive lives in their community,” and provide a solid framework for Task Force initiatives.

### **Clarifying Terms**

Throughout the reentry field the terms best practice or promising approach, and evidence based practice are often used interchangeably. While these common terms refer to similar concepts, understanding the definition of each term helps clarify what an “evidence based practice” really is.

The first term “best practice” is often used when one is basing their program curriculum(s) and delivery on the collective experience and wisdom of the field rather than a foundation of scientifically tested knowledge. An organization might refer to their program as a best practice when the experience of the organization has been positive and outcomes are demonstrating favorable results.

Next, the terms “promising approaches or what works” refer to programs that have an innovative approach which improves upon existing practices and positively impacts the quality of life for the participants. A promising approach must have a high degree of success and the possibility of replication in

larger studies. Very often promising approaches are programs and strategies that have some quantitative data to support 'general outcomes' over a period of time, but do not have enough research or replication to support outcomes that can be generalized to the whole population. One of the key components of "evidence based practices" is the ability to replicate the study findings and do so in a reliable and valid way. Without this key component a program or practice can not be identified as, "evidence based."

"Evidence based practices" are strategies and programs which have been shown through substantial research and evaluation to be effective in achieving the desired outcomes. Evidence based practices define observable and measureable outcomes according to practical realities. For example, "Dutchess County will demonstrate a 5% reduction in recidivism during 2009." For a program to be deemed an "evidence based practice," it must demonstrate the same outcomes repeatedly.

It is important to note that although the literature supports evidence based practices, there is a wealth of information that can be learned from best practices. Best practice outcomes, when combined with insight from external research can lead to program improvement and the development of evidence based practices over time.

At its beginning the ReEntry Task Force organized into three outcome specific workgroups. (Evidence Based Practices, Resources Mapping, and Individual and Systems Pathways). These workgroups were coordinated by the Office of Community Research, Inc. The contents and recommendations of this report are informed by the aforementioned workgroups.

## Evidence Based Practices

Alignment with current evidence based practices is an important focus of the DCRTF. As such the Evidence Based Practices Workgroup (EBPW) was formed and charged with the goal of examining local, regional and statewide transitioning prisoners to community initiatives (TPCI) to identify current best practices and effective strategies for TPCI work. The EBPW is comprised of community members from the Dutchess County ReEntry Task Force, members of the Criminal Justice Council as well as representatives from the local jail and New York State Parole. The workgroup is chaired by Margaret Hirst, Division Chief of Chemical Dependency Services at the Dutchess County Department of Mental Hygiene.

The EBPW has studied reentry as a "way of doing business." The work of this group provides a direction for collaborative and systems change and charts a clear course for community reentry by identifying the core elements of an effective resettlement strategy. The following discussion incorporates lessons learned through a comprehensive review of literature, meetings with field experts, and meetings with task force workgroups from other counties and highlights the system level elements and the intervention level elements of a successful reentry initiative.

## Collaboration- A Multidisciplinary Approach

The EBPW supports the **active involvement of key decision-makers during the reentry process**. This involvement is critical to the success of the local reentry initiative because it results in the identification of important issues, the articulation of a clear vision of success, the engagement of staff and other

stakeholders in the effort, the alignment of missions and organizational cultures to support transition goals and the definition roles and responsibilities within the initiative.

The foundation and success of a community's navigation of the reentry process is dependent on active collaboration. Effective systems coordination can be accomplished by encouraging an applied collaborative relationship between both correctional and non-correctional agencies.

The National Institute of Corrections (NIC) has identified the importance of participation for a core group of key community stakeholders. The NIC suggests that a community benefits from having leadership commitment from the highest levels of state government. **Specific NIC recommendations call for the participation of the chief executive of at least these three entities: the agency responsible to administration of prisons (NYS Department of Correctional Services); the agency responsible for release decision making, setting of conditions, and revocation decision making (NYS Parole; Facility); and the agency responsible for post-release supervision (NYS Parole; Field).**

Local reentry outcomes can be enhanced by the participation of other key community stakeholders. (Graphic 3: Key Community Stakeholders Involved in the ReEntry Process)

**A**ddress system fragmentation by encouraging an applied collaborative relationship between both correctional and non-correctional agencies.

### Graphic 3: KEY COMMUNITY STAKEHOLDERS INVOLVED IN THE REENTRY PROCESS

- ◆ Area Parole Office and Regional Parole ReEntry Services Office
- ◆ Business Community Members
- ◆ Community Organization(s)
- ◆ County Department of Mental Hygiene
- ◆ County Department of Probation
- ◆ Court Representatives
- ◆ Department of Correctional Services
- ◆ Faith Based Organizations
- ◆ Housing Representatives
- ◆ Lawyers
- ◆ Legislative Representatives
- ◆ Local Educators
- ◆ Local Research Partners
- ◆ Local Service Provider(s)
- ◆ Medical Representatives
- ◆ New York State Office of Mental Health
- ◆ OASAS Field Office
- ◆ Police Department
- ◆ Sheriff's Department
- ◆ Specialized Team Members
- ◆ Substance Abuse Services
- ◆ State Division of Veterans' Affairs or County Veterans Service Agency
- ◆ Victim Advocacy Organization(s)
- ◆ VESID

## Memorandum of Understanding: A Key To Success

Engaging community stakeholders in the reentry process is very important. Organizational policies and procedures are as unique as organizational infrastructures. When collaborative teams organize each partner brings an individual set of assets to the experience. **Providing a clear outline of the roles and responsibilities of each member is critical to the success of any collaboration.** All too often, organizations agree to participate in an initiative without a clear understanding of the roles and responsibilities associated with being a member of the group. **To help clarify the role**

**E**stablish a formalized mechanism to foster engagement among stakeholders and TPCI partners through memorandums of understanding (MOU's)

**and responsibilities of the collaborative and multidisciplinary team, the EBPW recommends the utilization of Memorandums of Understanding**

**ing (MOU's).** A Memorandum of Understanding is a tool that will help the Task Force establish policies and procedures regarding individual and organizational roles and responsibilities. First, the MOU will increase the strength of the collaborative partnership and define processes and parameters for critical operational elements such as data sharing. Next, the MOU would lend clarification and provide a mechanism for accountability as the community reentry process evolves over time. Finally, MOU's provide the platform for unified confidentiality policies, and agency specific provisions.

## Targeted Intervention

The design and engagement of collaborative reentry partnerships is one of the

many elements of effective reentry strategies. Targeted intervention strategies are also at the core of reintegration models and provide the basic building blocks for effective reentry. The premise of targeted intervention strategies is that interventions at key points in the continuum of prison to community can result in reducing recidivism and therefore increase public safety. This approach is supported by two fundamental principles:

- ◆ Interventions begin as early in the process as possible and continue as needed throughout incarceration and upon return to the community.
- ◆ Interventions examine risk level, identify and prioritize criminogenic needs, use the Responsivity Principle, structure the dosage of programming, and integrate treatment.

The Transitioning Prisoners to Community Model (APPENDIX C) is a model which supports these two fundamental principles for successful reentry. **Specifically, this model suggests that efforts for reentry should begin at admission to the prison, or sooner, and use standardized assessments to plan the interventions and activities needed to prepare an offender for release.** The Individual and Systems Pathways Workgroup (ISPW) is comprised of members of the community and the Dutchess County Reentry Task Force. The workgroup was chaired by OCR, Inc. and used the TPC framework to examine the offenders pathway from sentencing through community reintegration. **First, a need for an enhanced understanding of current policy, practice, populations, and resources was recognized.** Recommendations of this workgroup included:

- ◆ The creation of a system map that outlines how cases currently move through

the system from sentencing through discharge and supervision.

- ◆ The analysis of currently incarcerated, reentering, and supervision populations that includes information on numbers, profiles of offenses, risk levels, criminogenic needs, and deficits.
- ◆ A study of victim impact considerations.
- ◆ Collection of data on current outcomes or performance of the transition process, including recidivism, at different time intervals.
- ◆ A review of current policies and practices of criminal justice agencies and their partner agencies that affect transitions with special consideration given to assessment, programming and interventions, release preparation, release practices, supervision and services, and response to violations.
- ◆ An examination of the Integrated Case Management Model and the identification of current practices of case management locally.

Due to the nature and scope of this study and to the current study timelines, the ISPW recommended that the aforementioned suggestions be considered during the implementation phases of reentry. Next, The ISPW continued its work by examining barriers for offenders returning to the community. This information has been incorporated into the discussion and results section from the Resources Mapping Workgroup. Finally, the ISPW joined with the EBP workgroup to focus on the identification of key elements of successful reentry planning such as a standardized risk assessment.

### **Risk Assessment**

The TPC model has, at its foundation, the utilization of a standardized risk assessment tool, the development of a transition

**D**evelop a comprehensive, standardized objective and validated intake procedure which includes the use of an actuarial assessment.

accountability plan and the incorporation of integrated case management and supervision.

A key component of the TPC model is the use of an empirically based, validated assessment of criminogenic risk and need. This tool is usually completed at the offender's initial point of contact with the Department of Correctional Services (DOCS) and uses empirically based data to identify risk for recidivism and criminogenic needs. To effectively manage a returning offender, the use of a reliable and valid tool for risk screening and triage / needs assessment is critical.

The New York State Division of Criminal Justice Services (DCJS) has reported an initiative to implement the use of the COMPAS risk assessment tool. The statewide use of a standardized risk assessment tool will allow for increased coordination and service delivery across systems. Presently, the New York State Department of Probation and Community Corrections has adopted the COMPAS tool and the New York State Division of Parole and New York State Department of Correctional Services have made commitments to consider adopting the COMPAS risk assessment. As each of the aforementioned state agencies adopt a common tool, the coordination and delivery of services will be enhanced.

The outcomes of this assessment are the foundation for identifying the level of supervision required by the offender, and will

## Graphic 4: Risk Assessment Priorities

### High Priority

Offenders assessed to benefit the most from access to institutional and community reentry services and who will receive the bulk of the collaborative resources and time utilizing case management resources and supervision teams.

### Medium Priority

Offenders who are assessed as likely to benefit from access to institutional and community reentry services and who will be expected to have access to collaborative resources and time utilizing collaborative case management and supervision teams.

### Low Priority

Offenders who are assessed to benefit the least from access to institutional services and will be provided access to entitled benefits, programming, and community resources as appropriate.

determine the extent to which the individual's risk for recidivism will be lowered by access to institutional and community services. This actuarial assessment will place the referred individual into one of three categories: high priority, medium priority, or low priority. (See Graphic 4: Risk Assessment Priorities)

**Benefits are maximized when resources are shifted to the high risk offender.** In many cases, the high risk offender presents with the greatest need for prosocial skills training and the need for a greater focus on criminogenic needs. Criminogenic needs are those needs linked to criminal behavior. The offenders risk for recidivism is lowered when these risk factors are addressed. Criminogenic needs include: criminal personality, antisocial attitudes, values and beliefs, low self control, criminal peers, substance abuse and dysfunctional family. **The use of a standard risk assessment allows the collaborative reentry team to identify criminogenic needs and prioritize the delivery of services based on the risk assessment outcomes.**

In addition to identifying the risk level for the individual, the standardized risk assessment will provide the team with a mechanism for systematically measuring individual progress and outcomes over the course of time. **It is recommended that the multidisciplinary team utilize the risk assessment at intervals based on treatment team recommendations.** For example, a baseline assessment may be administered upon intake and then again at various points in the TPC process. This re-administration will not only provide an account of changes in risk and need levels over the course of time, but also allow for the identification of gaps between the offenders current situation and where the offender would like to be. This gaps analysis will inform treatment team decisions and connectivity to effective ser-

vices throughout the process.

Developing and maintaining an integrated system of offender assessment using both a formal and informal assessment strategy is critical to the development of a successful case plan. Offender assessment is an ongoing and multifaceted process. Formal and informal offender assessments should reinforce one another. The information provided by case managers and collaborative team members through routine interactions and observations can provide critical planning information.

**A**dministering assessment tools at intervals based on treatment team recommendations

In addition to highlighting the importance of periodically administered, standardized assessment tools, the Evidence Based Practices Workgroup also supports providing stakeholders with technical assistance and training for the utilization of the standardized assessment tool. The availability of continuous training opportunities for staff who are administering both the risk assessment and treatment options will increase the positive outcomes for the offender. These training opportunities will ensure reliability and validity as well as address any variations in the administration process which are essential to best practice approaches. The EBPW findings also show that creating a sustainability plan to account for staff turnover and change in team structures is important. Literature suggests a “train the trainer” model where staff can participate in training that teaches how to build capacities within other team members.

The National Institute of Corrections recommends that treatment options include

access to evidence based effective interventions which target risk and need in adequate dosage levels, with attention to the principle of responsivity. This principle requires the consideration of individual characteristics (i.e. culture, gender, learning styles, etc.) when matching an individual with services. Implementation of evidence based practices such as motivational interviewing or treatment programs that use cognitive behavioral therapy also have a significant impact on the reduction of recidivism.

**D**evelopment of a sustainability plan to account for staff turnover and change in team structures.

### Transition Accountability Plan

The Transition Accountability Plan (TAP) is at the foundation of the TPC model. The NIC describes the TAP as a single, dynamic case plan which is developed, in coordination with the risk assessment tool, at the time of admission to prison or before. This plan is periodically updated as the offender moves through the system and prepares for release back into the community. The TAP is then transitioned to field staff for reassessment and updated once the offender is back in the community.

Effective development and utilization of a TAP depends on the organization of a multidisciplinary team whose focus is to gather all of the necessary information needed to support successful reintegration. Each community is unique in its approach to reentry coordination. Therefore, the members of this multidisciplinary team may vary by municipality. Although, the structure and participants in the multidisciplinary team may vary, research recommends that the

### Graphic 5: Transition Accountability Plan Contents

- ◆ Mental Health History
- ◆ Prior treatment
- ◆ Medication History
- ◆ Relevant psychosocial history (i.e. family, social, legal, relationships)
- ◆ Functional assessment
- ◆ Current situational stressors
- ◆ Relevant medical diagnosis
- ◆ Substance abuse status
- ◆ Facility and field parole risk assessment
- ◆ Educational history
- ◆ ID (license, etc.)
- ◆ VESID vocational plan
- ◆ Psych medication plan
- ◆ Intensive case manager
- ◆ PSI (pre-sentence investigation)
- ◆ PRI – necessary for Medicaid reimbursement in nursing facilities
- ◆ DD214 – veteran’s package
- ◆ Social Security Card
- ◆ Birth certificate
- ◆ Any current orders of protection
- ◆ Child support status

contents of the TAP be consistent.

Through discussions with each of the key community stakeholders, the EBPW was able to identify a preliminary list of information that would make the TAP most effective.

The findings show the plan should include those items listed in graphic 5: Transition Accountability Plan Contents

Currently, DCJS, DOCS, and Parole are collaborating to discuss the implementation strategy for a unified TAP. These discussions are encouraging and would support comprehensive case planning and continuity between state-wide reentry initiatives.

The TAP can also include any other relevant information that the stakeholders have about the offender. Together with the risk assessment information, the TAP provides begins to provide a roadmap for the delivery of services through an Integrated Case Management and Supervision Model.

### Integrated Case Management and Supervision

The Integrated Case Management and Supervision (ICMS) model for reentry is a

framework that synthesizes the goals and principles of the TPC model into a way of structuring interactions with offenders to accomplish the goals of successful transition and offender reentry (NIC).

NIC recommends six core activities expected by the ICMS model. These activities include:

- ◆ conducting an assessment of offenders risks, needs, strengths and environment
- ◆ form, participate in and lead collaborative work teams
- ◆ develop and implement the TAP
- ◆ provide or facilitate access to programs and interventions
- ◆ involve offenders in the planning process
- ◆ review progress and adapt plans accordingly

Integration of the ICMS model into the daily activities of the multidisciplinary team maximizes the team’s efforts and resources and contributes to successful reintegration. Therefore, the ICMS personnel are identified as critical members of the multidisciplinary team.

## Resources Mapping: A Bridge Between Resources and Needs

Research demonstrates that a key component of successful reentry is the ability to provide a bridge between the services being provided while the prisoner is in the facility and the services available in the community. To build this bridge, a community must understand the current landscape of services available in both settings.

The Resources Mapping Workgroup (RMW) of the Dutchess County ReEntry Task Force is comprised of community members from the Dutchess County ReEntry Task Force and the Community Involvement Committee of the Dutchess County Criminal Justice Council. The workgroup is chaired by, Jacki Brownstein, Executive Director of Mental Health America, Dutchess County. The RMW worked in collaboration with the Individual and Systems Pathways Workgroup (ISPW) to examine important reentry issues in our community.

With the understanding that the field of ReEntry is diverse and covers many areas, the workgroups decided to focus on examining local and regional data related to the available services for individuals returning to the community from incarceration.

First, the workgroup examined existing resources that contained services information. These documents included the

- ◆ Case Management Services Resources Guide
- ◆ Helping our Families Resources Guide
- ◆ Alternatives to Incarceration (ATI) Guide
- ◆ Community ReEntry Book
- ◆ Crime Prevention Manual

RMW members expressed an interest in collecting and analyzing local data related to incarceration, reentry, and community well being. The Community Asset Mapping Process (CCAMP) was identified as a tool available to collect this information.

CCAMP was presented to the team for consideration and the team identified that the project timelines would not allow for an effective implementation of this tool. Therefore, the teams' focus shifted to examining barriers to reentry services.

## Housing - A Basic Need

Upon release, the first priority of ex-offenders is to find suitable housing. As the housing discussion continued, it was noted that "suitable" housing held different meanings depending on

one's vantage point. Suitable housing for law enforcement or parole may include a verifiable address, a

way to conduct spot checks, and monitoring. However, suitable housing for the ex-offender has more personal meaning. To this person, suitable housing is a place to live that is secure and consistent - providing the stability necessary to adjust to life outside of the facility.

**F**acilitate a person's access to stable housing upon return to the community.

Housing is also a critical component of linkage to employment. Most employers require a permanent address before hiring an individual. As basic a need as housing may be, housing is difficult to find for ex-offenders. Very often, the person returning to the community expects that families will welcome them back into their homes, even if this is only a temporary solution. However, all too often, living with family members upon return to the community is not an option. Without a connection to stable hous-

ing the ex-offender is often drawn back into their former schemas for survival. These schemas often include street living, drugs, alcohol, and crime.

There is a scarcity of available housing for all low income individuals in our community. However, when you add the burden of conviction, the housing situation becomes even more severe. The housing situation and the answers to the housing dilemma are not the responsibility of one individual or agency. A recommendation from the Resources Mapping Workgroup is that prior to release, both correctional and non-correctional stakeholders work collaboratively to verify that those being released into the community will not be subjected to homelessness.

### Healthcare and Reentry

Frequently, those entering the prison system present with a variety of health care needs. The common health care needs that present in the prisons and jails are tuberculosis, hepatitis C, and HIV. Mental health care is also a frequently presenting need. Every year several hundred thousand adults with serious mental health needs

**F**acilitate a collaborative process whereby the issuance of necessary identification and qualification for health benefits can be obtained.

come into contact with the criminal justice system. As they serve their time in the prison, an even higher percentage of individuals experience health related challenges. While the individual is in the facility they receive treatment for these health care problems, however, upon release this care is almost immediately discontinued. Finding comprehensive health care in the community is very challenging for ex-offenders. The

question raised by the Resources Mapping Workgroup was “How do we prepare individuals with health needs for reentry back into the community?” Discussion revealed that those with healthcare issues have the same challenges as those

**E**xamination of the policies and practices related to employment for ex-offenders and the development of a resource that contains comprehensive information about employment opportunities for ex-offenders in the community.

without. A recommendation is to facilitate a collaborative process whereby the issuance of necessary identification and qualification for health benefits (ie. Medicaid, SSI, etc.) prior to release would help the released individual transition successfully.

### Unemployment and Reentry

Research suggests that finding employment and steady work after release from prison is one mechanism to reduce recidivism (Thompson, 2008). However, there are many factors that contribute to limited employment opportunities for ex-offenders. Barriers to employment and steady work include: lack of preparation, licensing bars, bias in hiring, retention, and promotion, disincentives based on liability, and governmental policies. The Resources Mapping Workgroup recommends a continued examination of the policies and practices related to employment for ex-offenders and the development of a resource that contains comprehensive information about employment opportunities for ex-offenders in the community.

### Education and Reentry

Most individuals who are returning to the community have limited job skills and low levels of educational achievement. The ma-

majority of those in the prison system would benefit from continuing education and vocational training. In fact, research shows that those individuals who are involved in educational and vocational programs improve behavior, reduce recidivism, and increase employment prospects. (Wilson, Gallagher, & MacKenzie, 2000). **The RMW and the ISPW highlight the importance of including the development of programs that result in functional literacy (reading at an eighth grade level) in the local reentry strategy.** Programs that offer basic skills need to be a part of the entire reentry process. In some cases, offenders do not perceive the importance and value of educational and vocational programming and therefore they do not participate. Others may see the value, but are not motivated to participate. The collaborative reentry team needs to work with the offenders to help them realize the value of encouraging participation among even reluctant prisoners.

### **Positive Reinforcement**

Encouragement to participate in educational and vocational programming is only one example of where positive reinforcement is a helpful strategy. **Positive reinforcement is one of the eight principles for evidence based practices in corrections.** Positive reinforcement is the presentation of something pleasant or rewarding immediately following a behavior. It makes that behavior more likely to occur in the future, and is one of the most powerful tools for shaping or changing an individual's behavior. The implementation of positive reinforcement,

**D** develop programs that enable inmates to be functionally literate and capable of receiving high school or post secondary degrees.

or an incentive systems, increase the likelihood that the offender will participate in educational classes, training programs, work assignments, behavioral programs, and treatment programs at an increased frequency and for a longer period of time. Reinforcements may be both tangible and intangible and can come from many sources such as family, friends, and members of the reentry team. Examples of positive behavior reinforcers include: good conduct time, preferred living quarters, cash or commissary stipends, increased visits, certificates, or access to other services. Behavior modification theories suggest that an individual who is engaged in behavior change is more likely to change their behavior at an increased frequency and for a longer duration when positive reinforcement is utilized. Most behavior modification research suggests that a four to one ratio be used when reinforcing positive behavior. That is, for every four positive behavioral reinforcements, one negative reinforcement is used. Negative reinforcement, as a concept is difficult to teach and learn because of the word negative. Negative reinforcement is often confused with punishment. They are very different, however. Negative reinforcement strengthens a behavior because a negative condition is stopped or avoided as a consequence of the behavior. Lets use the example of driving in heavy traffic. For most of us this is an unpleasant (negative) experience. If the person leaves home earlier than usual one morning, and doesn't run into heavy traffic, this condition is reinforcing. The next morning, the person leaves home earlier again and successfully avoids heavy traffic. The behavior of leaving home earlier is strengthened by the consequence of the avoidance of heavy traffic. Punishment, on the other hand, weakens a behavior because a negative condition is introduced or experienced as a consequence of the behavior.

Housing, Healthcare, Unemployment and Education are key areas where resources need to be identified and subsequently linked with people in need. The work of the Resources Mapping Workgroup and the Individual and Systems Pathways workgroup only being to highlight the many areas of need for individuals returning to community. A continuing examination of needs and resources in our community would benefit those individuals reentering our County.

## Conclusion

“When I get out, I am never coming back.”

This is the promise that is as easy to break as it is to keep. Countless men and women make this statement as they develop their own plans and get ready to re-settle into our community. All too often, they are unprepared for the challenges they will face as their resettlement journey begins. Although our local community has many agencies and organizations that can provide valuable services to the ex-offender population, the reentry process is currently a series of events that a prisoner encounters rather than a coordinated strategy of resettlement or reintegration. The members of the ReEntry Task Force believe it is important to focus on the capacities of the organizations and individuals in our community and work collaboratively to connect individuals and organizations with need to those with resources. This brief study only begins to highlight the challenges and barriers that individuals reentering the community will face. The raw material for building a strong and safe community is in the capacity of its individual members. A powerful community is one that not only examines the problems, shortcomings, maladies and dilemmas of

re-entry, but also focuses on the capacities of its members to empower all individuals, build strong networks, create effective systems and mobilize safe communities.

## References:

- Bogue, B., Campbell, N., Carey, M., Clawson, E., Faust, D., Florio, K., Joplin, L., Keiser, G., Wasson, B., & Woodward, W. (2004). *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Washington, D.C.: National Institute of Corrections
- Bucklen, K.B. (2005). *The Pennsylvania Department of Corrections Parole Violator Study (Phase 1)*. *Research in Review*, 8 (1).
- Bumby, K., Carter, M., Gibel, S., Giguere, R., Gilligan, L., & Stroker, R. (2007). *Increasing Public Safety Through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections*. Maryland: Center for Effective Public Policy.
- Christensen, G., & Steinhaus, W.R. (2006). *Alternatives to Incarceration, Support Services, and Bail Options Manual – Second Edition*. Dutchess County: Dutchess County Criminal Justice Council.
- Clauson, M. *Personal Safety Guide*. Dutchess County: Community Policing Department.
- Cole, M., & Lombardi, J. (2007). *Resource Guide for Case Management Services*. Dutchess County: Dutchess County Housing Consortium.
- Coordinated Children’s Services Initiative. (2007). *Helping Our Families: When families have concerns about their children’s behavior; A guide for Dutchess County Parents*. Dutchess County: Coordinated Children’s Services Initiative.
- Flanagan, W., & Novozhenets, P. (2008). *Community Re-Entry Book; Coming Back to Dutchess County: A Resource List for Those Returning from Prison or Jail*. Dutchess County: The Citizens Involvement Committee of the Dutchess County Criminal Justice Council.
- Latessa, E.J., & Lowenkamp, C.T. (2005). *The Role of Offender Risk Assessment Tools and How to Select Them*. *For the Record*.
- Lowenkamp, C.T., & Latessa, E.J. (2005). *Developing Successful Reentry Programs: Lessons Learned from the “What Works” Research*. *Corrections Today*, 67 (2), 72-77.
- Lynch, J.P. (2006). *Prisoner Reentry: Beyond Program Evaluation*. *Criminology & Public Policy*, 5 (2), 401-413.
- Mellow, J. & Greifinger, R.B. (2007). *Successful Reentry: The Perspective of Private Correctional Health Care Providers*. *J Urban Health*, 84 (1), 85-98.
- Morgan, R. & Owers, A. (2001). *Through the Prison Gate: A Joint Thematic Review by HM Inspectorates of Prisoners and Probation*. London: HM Inspectorate of Prisons. Policy.

## References:

The National Institute of Corrections. (2004). TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community (TPC) Model. Maryland: Center for Effective Public Policy.

New York State Bar Association. (2006). Reentry and Reintegration: The Road to Public Safety; Report and Recommendations of the Special Committee on Collateral Consequences of Criminal Proceedings. Albany, NY: NYSBA.

O'Brien, C.L., & O'Brien, J. (2000). The Origins of Person-Centered Planning: A Community of Practice Perspective. Georgia: Responsive Systems Associates, Inc.

Roman, J., Brooks, L., Lagerson, E., Chalfin, A., & Tereshchenko, B. (2007). *Impact and Cost-Benefit Analysis of the Maryland Reentry Partnership Initiative*. Washington, D.C.: Justice Policy Center, Urban Institute.

Seiter, R.P. & Madela, K.R. (2003). Prisoner Reentry: What Works, What Does Not, and What is Promising. *Crime and Delinquency*, 49 (3), 360-388.

Shivy, V., Wu, J., Moon, A., Mann, S., Holland, J., & Eacho, C. (2007). Ex-offenders Reentering the Workforce. *Journal of Counseling Psychology*, 54 (4), 466-473.

Solomon, A.L., Osborne, J.W.L., LoBuglio, S.F., Mellow, J., & Mukamal, D.A. (2008). *Life After Lockup: Improving Reentry from Jail to the Community*. Washington, D.C.: Urban Institute.

Thompson, A.C. (2008). *Releasing Prisoners, Redeeming Communities; ReEntry, Race, and Politics*. New York and London: New York University Press.

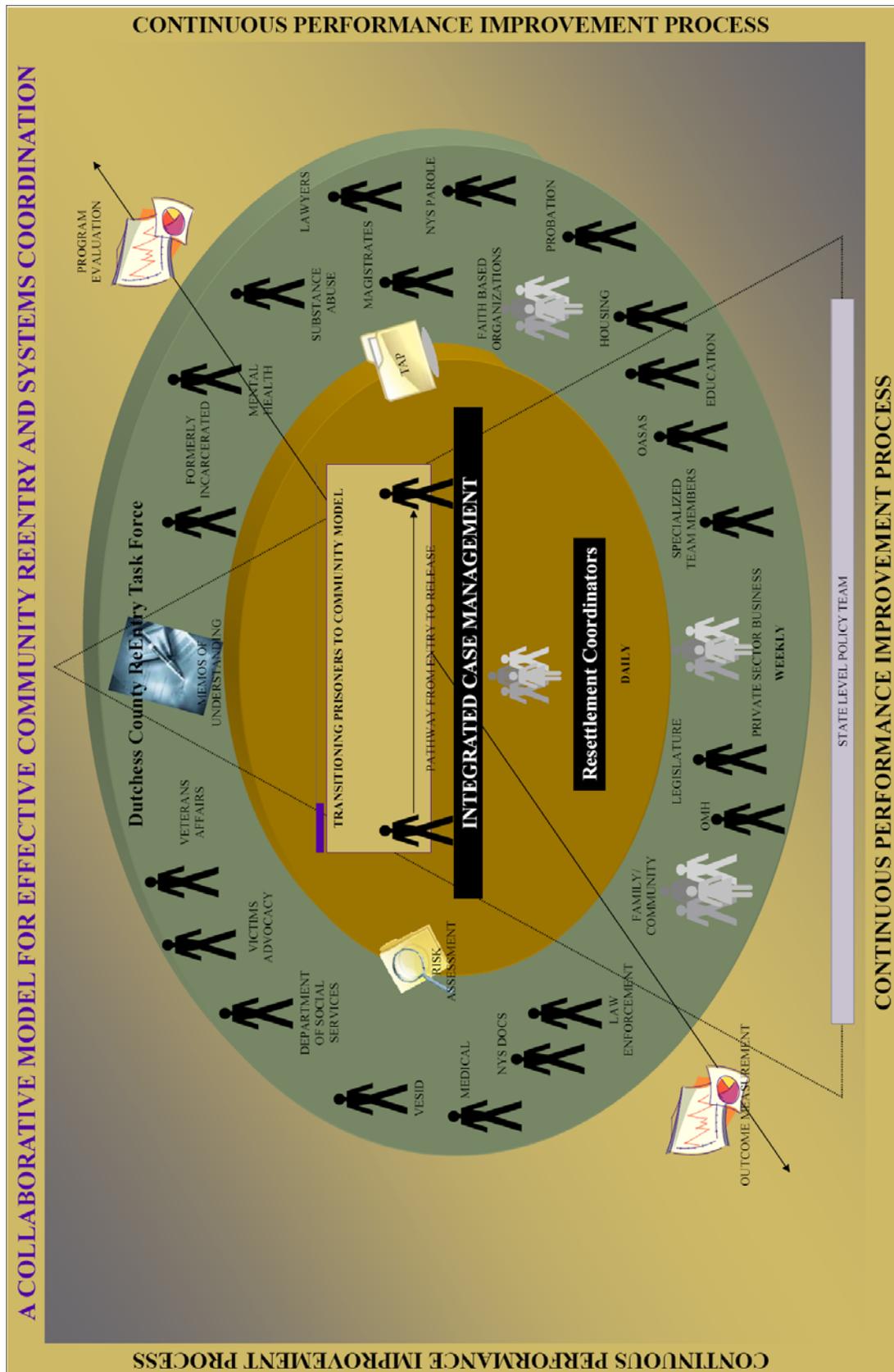
Travis, J. (2001). *Prisoner Reentry Seen Through a Community Lens*. Washington, D.C.: Urban Institute.

Wilson, A.B. & Draine, J. (2006). Collaborations Between Criminal Justice and Mental Health Systems for Prisoner Reentry. *Psychiatric Services*, 57 (6), 875.

Wilson, D.B., Gallagher, C.A., & MacKenzie, D.L. (2000). A meta-analysis of corrections based education, vocation, and work programs for adult offenders. *Journal of Research in Crime and Delinquency*, 37, 347-368.

APPENDIX A:

Blueprint: Collaborative Model for Effective Community Reentry and Systems Coordination



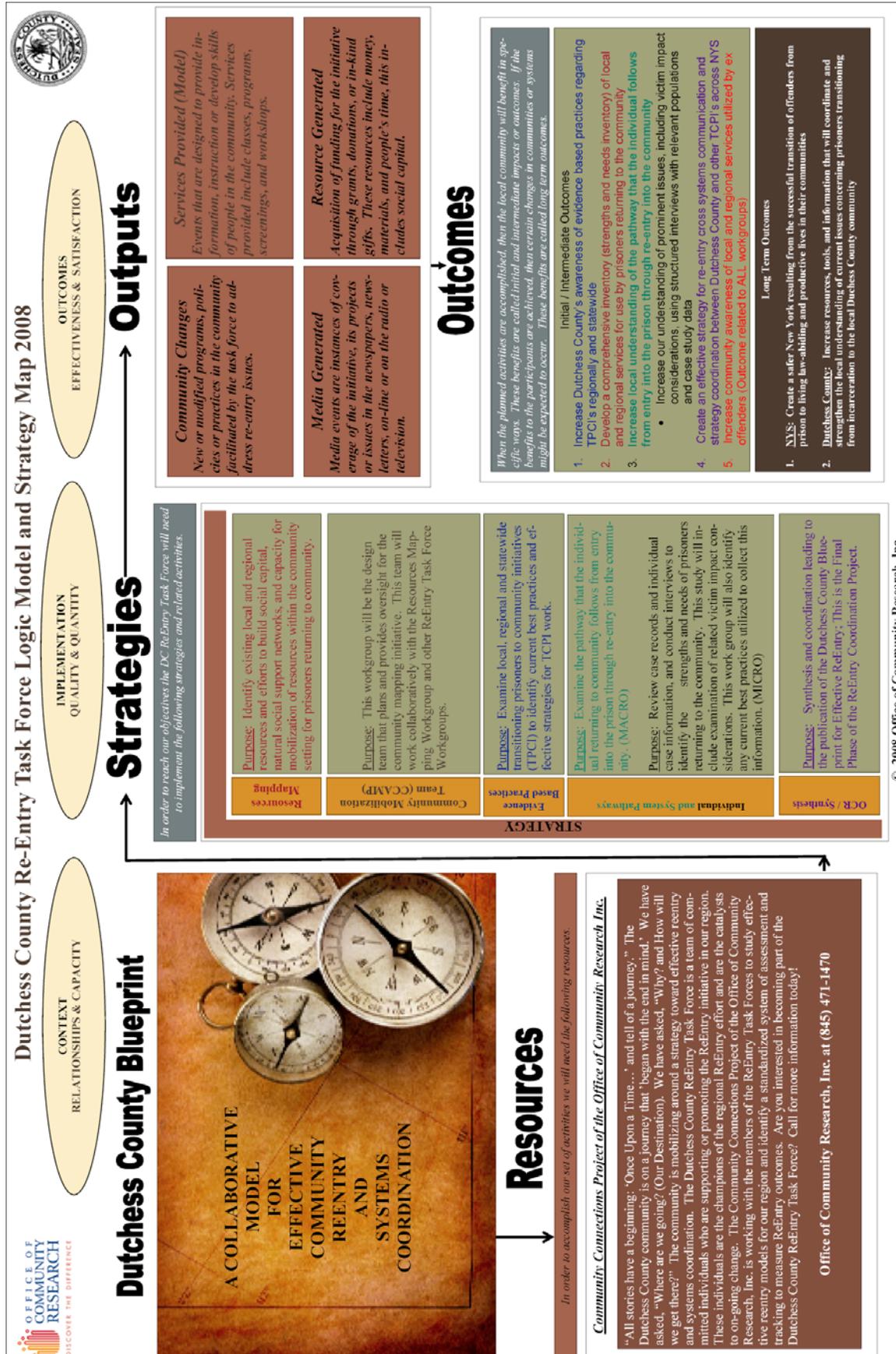


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APPENDIX B:

Dutchess County Reentry Task Force Logic Model and Program Plan



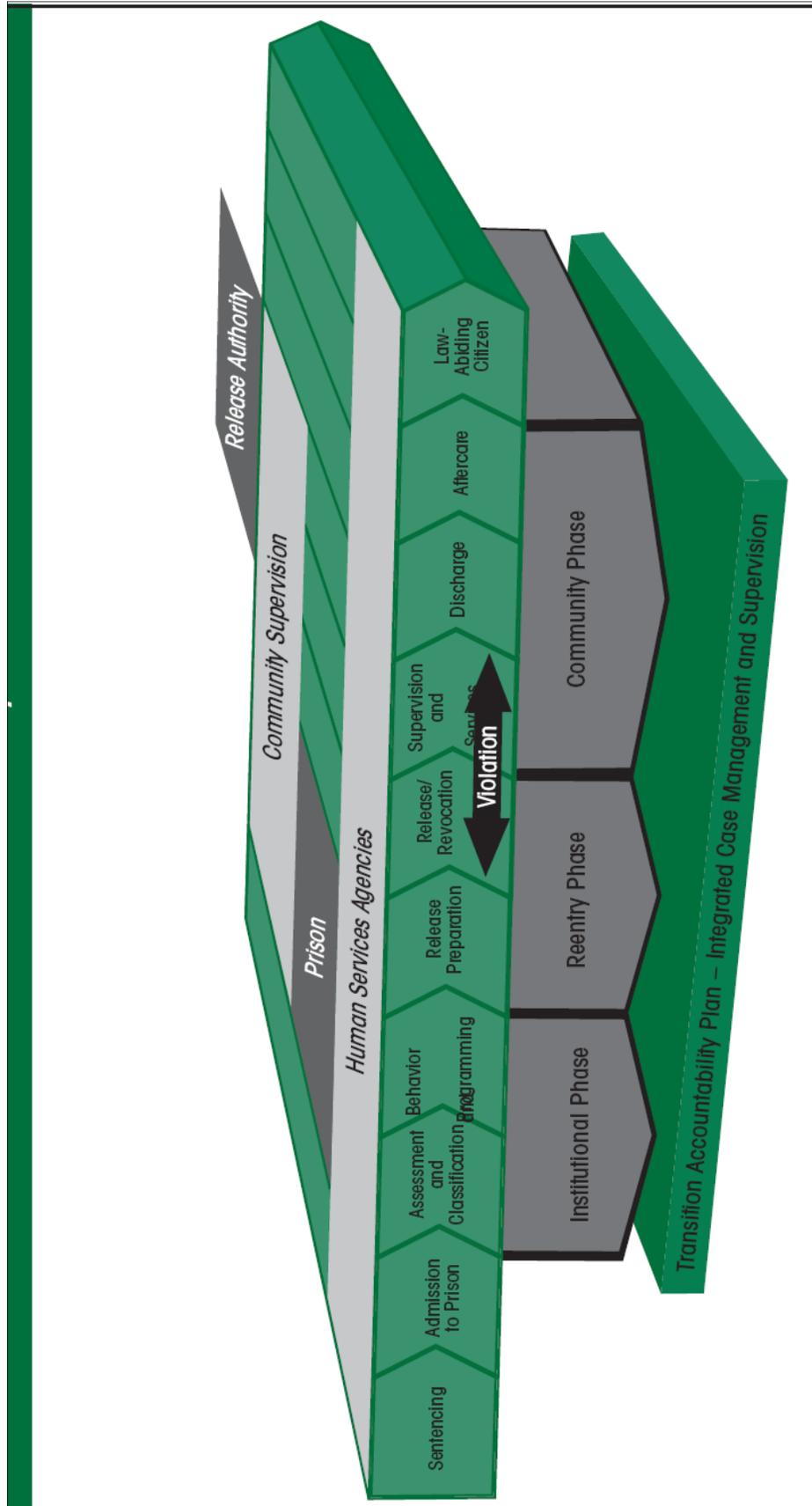
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APPENDIX C:  
**Transitioning Prisoners To Community Model**



National Institute of Corrections Transitioning Prisoners to Community Model (2008)



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## APPENDIX D:

### Summary of Recommendations

1. Educate the public about the risks and needs of the reentry population and the benefits of successful initiatives to public safety and the community in general.
2. The EBPW supports the active involvement of key decision-makers during the reentry process.
3. Address system fragmentation by encouraging an applied collaborative relationship between both correctional and non-correctional agencies.
4. Providing a clear outline of the roles and responsibilities of each member is critical to the success of any collaboration.
5. To help clarify the role and responsibilities of the collaborative and multidisciplinary team, the EBPW recommends the utilization of Memorandums of Understanding (MOU's).
6. Following the recommendation of the Transitioning Prisoner to Community Model reentry should begin at admission to the prison, or sooner, and use standardized assessments to plan the interventions and activities needed to prepare an offender for release.
7. Specific NIC recommendations call for the participation of the chief executive of at least these three entities: the agency responsible to administration of prisons (NYS Department of Correctional Services); the agency responsible for release decision making, setting of conditions, and revocation decision making (NYS Parole; Facility); and the agency responsible for post-release supervision (NYS Parole; Field).
8. Develop an enhanced understanding of current policy, practice, populations, and resources.
9. The creation of a system map that outlines how cases currently move through the system from sentencing through discharge and supervision.
10. The analysis of currently incarcerated, reentering, and supervision populations that includes information on numbers, profiles of offenses, risk levels, criminogenic needs, and deficits.
11. A study of victim impact considerations.
12. Collection of data on current outcomes or performance of the transition process, including recidivism, at different time intervals.
13. A review of current policies and practices of criminal justice agencies and their partner agencies that affect transitions with special consideration given to assessment, programming and interventions, release preparation, release practices, supervision and services, and response to violations.

## APPENDIX D:

### Summary of Recommendations

14. An examination of the Integrated Case Management Model and the identification of current practices of case management locally.
15. Develop a comprehensive, standardized objective and validated intake procedure which includes the use of an actuarial assessment.
16. It is recommended that the local reentry strategy focus on the highest risk offenders. Benefits are maximized when resources are shifted to the high risk offender.
17. The use of a standard risk assessment allows the collaborative reentry team to identify criminogenic needs and prioritize the delivery of services based on the risk assessment outcomes.
18. It is recommended that the multidisciplinary team utilize the risk assessment at intervals based on treatment team recommendations.
19. Developing and maintaining an integrated system of offender assessment using both a formal and informal assessment strategy is critical to the development of a successful case plan.
20. Administering assessment tools at intervals based on treatment team recommendations
21. In addition to highlighting the importance of periodically administered, standardized assessment tools, the Evidence Based Practices Workgroup also supports providing stakeholders with technical assistance and training for the utilization of the standardized assessment tool.
22. The National Institute of Corrections recommends that treatment options include access to evidence based effective interventions which target risk and need in adequate dosage levels, with attention to the principle of responsivity.
23. Development of a sustainability plan to account for staff turnover and change in team structures.
24. Although, the structure and participants in the multidisciplinary team may vary, research recommends that the contents of the TAP be consistent.
25. NIC recommends six core activities expected by the ICMS model. These activities include:
  - ◆ conducting an assessment of offenders risks, needs, strengths and environment
  - ◆ form, participate in and lead collaborative work teams
  - ◆ develop and implement the TAP
  - ◆ provide or facilitate access to programs and interventions
  - ◆ involve offenders in the planning process
  - ◆ review progress and adapt plans accordingly

## APPENDIX D:

### Summary of Recommendations

26. Research demonstrates that a key component of successful reentry is the ability to provide a bridge between the services being provided while the prisoner is in the facility and the services available in the community.
27. Facilitate a person's access to stable housing upon return to the community.
28. A recommendation from the Resources Mapping Workgroup is that prior to release, both correctional and non-correctional stakeholders work collaboratively to verify that those being released into the community will not be subjected to homelessness.
29. Examination of the policies and practices related to employment for ex-offenders and the development of a resource that contains comprehensive information about employment opportunities for ex-offenders in the community.
30. Facilitate a collaborative process whereby the issuance of necessary identification and qualification for health benefits (ie. Medicaid, SSI, etc.) prior to release would help the released individual transition successfully.
31. The Resources Mapping Workgroup recommends a continued examination of the policies and practices related to employment for ex-offenders and the development of a resource that contains comprehensive information about employment opportunities for ex-offenders in the community.
32. The RMW and the ISPW highlight the importance of including the development of programs that result in functional literacy (reading at an eighth grade level) in the local reentry strategy
33. Positive reinforcement is one of the eight principles for evidence based practices in corrections.
34. Develop programs that enable inmates to be functionally literate and capable of receiving high school or post secondary degrees.
35. The members of the ReEntry Task Force believe it is important to focus on the capacities of the organizations and individuals in our community and work collaboratively to connect individuals and organizations with need to those with resources.



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