COACHING PACKET

Engaging in Collaborative Partnerships to Support Reentry

One in a series of Coaching Packets designed to assist jurisdictions in the implementation of effective practices that will support successful offender outcomes

Author: Madeline M. Carter, Center for Effective Public Policy

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Coaching Packet Series 1: Creating a Blueprint for an Effective Offender Reentry System

- A Framework for Offender Reentry
- Establishing a Rational Planning Process
- Engaging in Collaborative Partnerships to Support Reentry

Coaching Packet Series 2: Delivering Evidence-Based Services

- Implementing Evidence-Based Practices
- Effective Case Management
- Shaping Offender Behavior
- Engaging Offenders' Families in Reentry
- Building Offenders' Community Assets through Mentoring
- Reentry Considerations for Women Offenders

Coaching Packet Series 3: Ensuring Meaningful Outcomes

- Measuring the Impact of Reentry Efforts
- Continuous Quality Improvement

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Introduction to the Coaching Packet Series

The Center for Effective Public Policy (the Center) and its partners, The Urban Institute and The Carey Group, were selected by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance to serve as the training and technical assistance providers to the Fiscal Year 2007 Prisoner Reentry Initiative grantees (hereafter "PRI grantees"). The project team served in this capacity from April 2008 to June 2010.

The Center is a nonprofit criminal justice consulting organization based in Silver Spring, Maryland. Since the early 1980s, the Center has provided training and technical assistance to the criminal justice field on a wide array of topics, including transition and reentry, and has administered a number of national projects of this kind. The Urban Institute was established as a private, nonprofit corporation in Washington, D.C. in 1968 and is a leader in prisoner reentry research, focusing on making best practice information accessible to practitioners and policymakers. The Carey Group is a justice consulting firm with extensive practitioner experience in evidence-based practices, strategic planning, community and restorative justice and corrections.

As a part of its technical assistance delivery to the PRI grantees, the Center developed a series of tools to assist grantees in specific areas of their reentry work. The final products of this work include eleven Coaching Packets in three series. These Coaching Packets offer practical value beyond the jurisdictions involved in this initiative and are available to criminal justice professionals and their partners interested in enhancing their strategies for reducing recidivism and improving offender outcomes.

Each Coaching Packet provides an overview of a specific topic as it relates to successful offender reentry, and offers tools and resources for those interested in exploring the topic in greater depth.

- *Series 1* provides a blueprint for an effective offender reentry system. This series provides a conceptual framework for addressing prisoner reentry at the policy level; outlines a strategic planning process to support implementation efforts; and explores the establishment of successful collaborative partnerships at the policy and case management levels.

- *Series 2* addresses key issues related to the delivery of evidence-based services to offenders. This series summarizes the key literature with regard to implementing evidence-based practices; explores advances in approaches to case management; addresses the important role of staff in changing offender behavior; and summarizes research and practice as it relates to working with women offenders, engaging families, and mentoring.

- *Series 3* provides guidance and tools to ensure that reentry efforts achieve their intended outcomes. This series describes methods to assess the effectiveness of reentry efforts and offers strategies for achieving continuous quality improvement.

FY 2007 Prisoner Reentry Initiative (PRI) Grantees

The Prisoner Reentry Initiative (PRI) – intended to support the development and implementation of institutional and community corrections-based reentry programs to help returning offenders find employment and provide other critical services – is a collaborative effort of the U.S. Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Assistance and the U.S. Department of Labor (DOL). Grants were awarded to state and local corrections agencies by DOJ to provide pre-release and transition services to offenders and were "matched" by DOL grants to faith- and community-based organizations (FBCOs) to provide post-release services, focusing on employment assistance and mentoring.

Thirty-five states received grants in three cycles of the Initiative during Fiscal Years 2006, 2007, and 2008.[1] Of these, 23 FY 2007 PRI grantees received assistance under this project. FY 2007 grants were awarded in the fall of 2007 and implemented from 2008 to 2010; however, some grantees will not complete their activities until 2011. The FY 2007 grantees provided technical assistance under this project included:

- ✓ ALASKA, Native Justice Center
- ✓ ARIZONA, Criminal Justice Commission/ Yuma County Sheriff's Office
- ✓ CALIFORNIA, Department of Community Services and Development
- ✓ COLORADO, Division of Criminal Justice Services/City of Denver
- ✓ DISTRICT OF COLUMBIA, Government
- ✓ FLORIDA, Department of Corrections
- ✓ HAWAII, Department of Public Safety
- ✓ INDIANA, Department of Corrections
- ✓ IOWA, Department of Corrections
- ✓ KANSAS, Department of Corrections
- ✓ MAINE, Department of Corrections
- ✓ MICHIGAN, Department of Corrections
- ✓ MINNESOTA, Department of Corrections
- ✓ NEVADA, Department of Corrections
- ✓ NEW JERSEY, Department of Corrections
- ✓ NORTH CAROLINA, Department of Corrections
- ✓ OHIO, Department of Rehabilitation and Correction
- ✓ PENNSYLVANIA, Department of Corrections
- ✓ RHODE ISLAND, Department of Corrections
- ✓ TENNESSEE, Department of Corrections
- ✓ VIRGINIA, Department of Criminal Justice Services
- ✓ WISCONSIN, Department of Corrections
- ✓ WYOMING, Department of Corrections

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[1] The PRI program will end when the FY 2008 grantees complete their activities.

Acknowledgments

Introduction to the Engaging in Collaborative Partnerships to Support Reentry Coaching Packet

The Contents of this Packet

This Coaching Packet provides:

- A definition of collaboration, its distinction from other forms of working together, and examples of the differences between the collaborative activities that occur at the case management and policy levels;

- A discussion of the importance of collaborative relationships to achieving successful offender reentry and the various stages of the reentry process;

- A tool to identify the individuals who might be included on case management teams at each of these phases and to determine the effectiveness of existing case management teams;

- An aid to developing plans to address identified gap areas; and

- References to additional resources on this topic.

The Intended Audience for this Packet

This Coaching Packet was originally developed to assist grant teams that were established to manage local PRI initiatives. The teams were composed of representatives from institutional and community corrections and faith-based or community organizations involved in the delivery of pre- and post-release services to offenders transitioning from prison to the community. The content of these Coaching Packets has much broader application, however; the information and tools contained within this Coaching Packet can also be used by teams of criminal justice professionals and their partners to assess the status of their efforts in implementing evidence-based practices and effective reentry services to offenders.

This Coaching Packet is intended specifically for policy level and mid level management teams who have the authority to make policy decisions for their agencies. However, it may also be useful for mid-level managers who have the authority and responsibility to influence those above and below them, or to assume responsibility for policy changes themselves.

How to Use this Packet

SECTION I: READ THE OVERVIEW ON ENGAGING IN COLLABORATIVE PARTNERSHIPS TO SUPPORT REENTRY. This section of the Coaching Packet provides an overview of using partnerships to achieve the successful transition of offenders to the community. Review its content and, if the information it contains is applicable to your work and addresses an area in which you feel you need to focus your efforts, use the tool in Section II to assess your jurisdiction's strengths and gaps with regard to implementing a collaborative approach to reentry.

SECTION II: COMPLETE THE ENGAGING IN COLLABORATIVE PARTNERSHIPS TO SUPPORT REENTRY
COACHING PACKET CHECKLIST.

As a team, complete the Engaging in Collaborative Partnerships to Support Reentry Coaching
Packet Checklist. (Based upon the information you read in Section I, consider who may need to
be involved so that you are able to answer the questions thoroughly.) Complete the checklist
as a group and discuss your responses along the way.

- Rate each item listed in the checklist (yes, no, not clear).

- For items where your response is "not clear," make note of the additional information the
  team needs to collect in order to be able to rate this item.

- Add additional items that may relate to your jurisdiction's implementation of a collaborative
  approach to offender management and transition that are not already included on the
  checklist.

- Develop a consensus-based response for each item on the checklist.

- Once the checklist is completed, consider your jurisdictions' strengths in implementing such
  an approach. Make note of these.

- Next, consider your most significant gaps. Make note of these as well.

SECTION III: DEVELOP AN ACTION PLAN.

If, after completing the checklist in Section II, your team determines that further work on this
topic is necessary or would be helpful, follow the steps below to identify your goals, objectives,
and action items, and identify any assistance or expertise needed.

Working as a team, review your findings from the Engaging in Collaborative Partnerships to
Support Reentry Coaching Packet Checklist. Specifically:

1. Determine whether, based upon what you have read and discussed, you desire to advance
   your jurisdiction's work with regard to engaging in collaborative partnerships.

2. If you determine you have a desire to improve in this area, write a goal statement that
   reflects where you want to be with regard to improving your current efforts. Your goal
   might be to "Enhance our collaborative team by inviting new members not previously
   involved," "Refine our team's vision and mission statement to include the goals and
   interests of new team members," "Engage in team building activities to increase team
   member commitment," or another goal. Using the Action Planning Worksheet in Section III,
   note your goal in the area of building more collaborative partnerships.

3. Identify your three most significant strengths in this area and discuss how you might build
   on those to overcome some of your gaps.

4. Identify your three most significant gaps. For each gap, write an objective. Your objectives
   might be, "To determine which member is best positioned to invite mental health and
   substance abuse professionals to the team's next meeting," or "Establish a regular meeting
   schedule for the team to better accomplish its work," or something else. Note your three
   objectives on the Action Planning Worksheet.

5. Add the following on the Action Planning Worksheet for each objective:
   a. The specific sequential steps that must be taken to meet the objective.

    b.   The individual who will assume lead responsibility for this action item.

    c.   The completion date for this action item.

6.   Discuss whether additional assistance or outside expertise is needed to successfully achieve any of your action items. For instance, explore whether additional literature, guidance from another practitioner over the telephone, examples of work products from other jurisdictions, or on-site technical assistance would be helpful options.

    a.   For each action item, identify those for which assistance/expertise is needed.

    b.   Identify the type of assistance/expertise needed.

    c.   Prioritize each of these need areas. If assistance/expertise will be limited, for which action items is assistance most needed?

    d.   Begin exploring ways to secure the needed assistance/expertise.

How to Seek Additional Information

To download copies of the Coaching Packets, please visit the Center's website at http://www.cepp.com/coaching.htm. To obtain further information on the use or content of this or any of the Coaching Packets, or on the 2007 PRI Training and Technical Assistance Program, please contact:

Becki Ney
Principal
Center for Effective Public Policy
32 East Montgomery Avenue
Hatboro, PA 19040
Phone: (215) 956-2335
Fax: (215) 956-2337
Email: bney@cepp.com

Section I: Engaging in Collaborative Partnerships to Support Reentry

The Need for a Collaborative Approach to Offender Reentry

In recent years, corrections agencies have become increasingly cognizant of the complex dimensions of offender reentry, and the importance of partnerships in addressing these issues. Some of the most profound among the barriers to successful reentry include:

- ✓ *Lack of education.* 35% of prisoners released from prison do not have a high school diploma or GED, and a large portion (80%) do not have any postsecondary education, despite the growing importance of a college education to obtaining employment.[2]

- ✓ *Lack of job skills and employment barriers.* While many inmates held legal jobs prior to coming to prison, they may lose their skills while incarcerated.[3] Furthermore, the stigma of being in prison coupled with an inconsistent employment history may prevent them from finding employment once they are released to the community.[4]

- ✓ *Alcohol and Drug Addiction.* Offenders are four times more likely to have substance abuse problems than the general population,[5] which can interfere with successful reentry into the community. At least half of state and federal prisoners meet DSM-IV criteria for drug abuse or dependence.[6]

- ✓ *Mental Health Issues.* More than half of incarcerated adults exhibit mental health problems, with women inmates being disproportionally affected. Fifty-five percent (55%) of male adult inmates exhibit mental health problems, while 73% of women inmates do.[7] Furthermore, of those with mental health disorders, a majority also have a co-occurring substance abuse disorder.[8]

- ✓ *Housing.* It is estimated that about one-tenth of offenders entering prison have experienced homelessness and about the same percentage leave prison facing the same reality.[9]

- ✓ *Childcare.* Fifty-five percent (55%) of inmates have children under 18 years of age.[10] For offenders who are primary caregivers, transition to the community includes the stressful event of reunification with children, as well as the pressure to once again provide for them physically, emotionally, and financially.

- ✓ *Transportation.* Offenders returning to the community often struggle to find adequate transportation; this is problematic when they are expected to access services and report to jobs that may be located in remote locations where public transportation is not available.[11]

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[2] Brazzell et al., 2009.
[3] Visher, Debus, & Yahner, 2008.
[4] Ibid.
[5] NIJ, 2003.
[6] Mumola & Karberg, 2006.
[7] James & Glaze, 2006.
[8] National GAINS Center, 2002.
[9] Gouvis Roman & Travis, 2004.
[10] Travis, McBride & Solomon, 2003.
[11] Visher, LaVigne, & Travis, 2004.

✓ *Identification.* For offenders who are released from prison without identification, obtaining appropriate housing, employment, and public assistance is a challenge if not impossible.[12]

Clearly, corrections agencies cannot address these reentry barriers on their own – nor should they. Other stakeholders, those with greater expertise and perhaps more extensive and specific resources to address these barriers, must be brought to the table to engage in the development of meaningful solutions to the reentry challenge if the justice system is to be successful in effectively preparing offenders for post-release success.

Defining Collaboration

There are several forms of working together, each of which is important to the conduct of criminal justice activities. For instance,

✓ *Networking* is the exchange of information between two or more parties, while

✓ *Cooperating* is the altering of activities to achieve a common goal, and

✓ *Coordinating* is the sharing of resources for mutual benefit.

These forms of working together, while important, are distinct from collaboration. Collaboration results in a more meaningful outcome and, in turn, requires a much higher level of commitment and responsibility on the part of those who are involved. Exhibit 1 provides an illustration of the differences between networking, cooperating, coordinating, and collaboration. As is illustrated in the examples provided, each form of working together can result in meaningful outcomes. However it is the collaborative approach that offers the greatest promise for efficient and effective offender reentry.

For the purposes of this Coaching Packet, **collaboration** is defined as:

Working together to achieve a common goal that is difficult or impossible to reach without the assistance of another.

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[12] Ibid.

Exhibit 1: Working Together: The Differences Between Networking, Coordinating, Cooperating and Collaborating[13]		
Form of Interaction	**Definition of this Form of Working Together**	**An Illustration at the…**
Networking	• The exchange of information for mutual benefit.	• *Case management level:* Prison-based reentry managers meet with community-based substance abuse counselors to share general information about the type of work they do with substance abusing offenders (e.g., how they are assessed, who assesses them, what services are provided, how progress is measured). • *Policy level:* Leadership of the corrections and substance abuse agencies share information about the number of offenders under their care with substance abuse concerns, patterns of abuse, and the services each agency provides in these cases.
Coordinating	• The exchange of information, and • The altering of activities for mutual benefit.	• *Case management level:* Prison-based reentry managers, parole officers and community-based substance abuse counselors develop a method to share substance abuse assessments and treatment completion reports for releasing offenders. Community-based substance abuse counselors develop a new treatment progress report that is routinely shared with parole officers to report on offenders' attendance and progress in treatment. • *Policy level:* Leadership of the corrections and substance abuse agency agree to adopt the same tools and protocols for assessing substance abuse.
Cooperating	• The exchange of information, • The altering of activities, and • The sharing of resources for mutual benefit.	• *Case management level:* Community-based substance abuse counselors agree to supply to prison-based reentry managers and parole officers self-help workbooks they have developed. They are provided at no cost and can be distributed to and used by offenders who are on the waiting list for treatment. • *Policy level:* Leadership of the corrections agency agrees to provide office space to substance abuse counselors to see offenders and conduct groups in the local parole offices.
Collaborating	• The exchange of information, • The altering of activities, • The sharing of resources, and • Working together to achieve a common goal that is difficult or impossible to reach without the assistance of another.	• *Case management level:* Prison-based reentry managers, assigned substance abuse counselors, and parole officers meet jointly with offenders before and following release to share information about offenders and jointly develop a case management plan. • *Policy level:* Leadership of the corrections and substance abuse agencies agree to pool their funds to jointly create a unit to oversee the continuity of substance abuse care for offenders in prison and transitioning to the community.

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[13] Carter, 2005a.

Varying Forms of Collaborative Partnerships

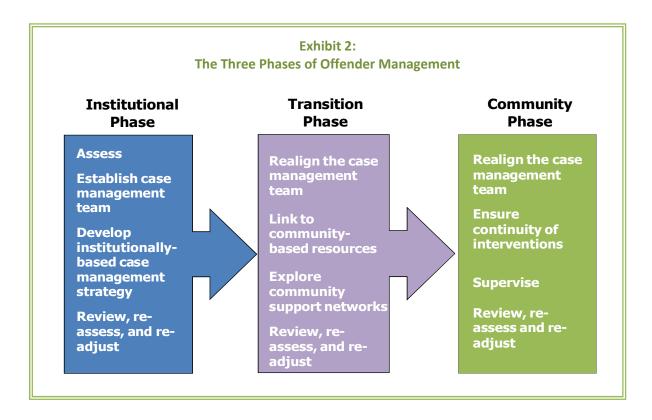Collaborative partnerships are important on two levels.

✓ *Collaborative Policymaking:* Given the many needs associated with a seamless transition from confinement to the community – that is, for example, the need for suitable, sustainable housing; continuous medical and mental health care; reliable transportation; government issued identification; and the flow of information from those who have been working with releasing offenders to those who will assume responsibility for them in the community – it is important that stakeholders come together at the policy level to open lines of communication, create methods for staff to work efficiently across agency boundaries, pool resources, and resolve barriers that are common to releasing offenders (e.g., ineligibility for certain community-based services for those with a criminal record).

✓ *Collaborative Case Management:* Throughout offenders' custodial and non-custodial care, a variety of individuals are involved in the management of offenders' cases, each with a different area of expertise and focus. Traditionally, these individuals have worked in relative isolation of one another, oftentimes with little communication about their related (and sometimes overlapping) activities. For instance, at one time it was not uncommon for correctional staff to assign offenders to a work crew without regard to their programming needs or risk factors. Likewise, it was not uncommon for offenders to have multiple community-based case workers (e.g., social services, probation/parole, child welfare), each collecting information and monitoring offenders' activities independently and without benefit of the knowledge of others.

The primary focus of this Coaching Packet is on the second of these two: collaborative case management. However, because collaborative policymaking is essential to reentry efforts, this issue is discussed briefly at the end of this Coaching Packet and additional resources are identified to support further exploration and discussion of this important component of the reentry process.

Collaboration and the Phases of Reentry

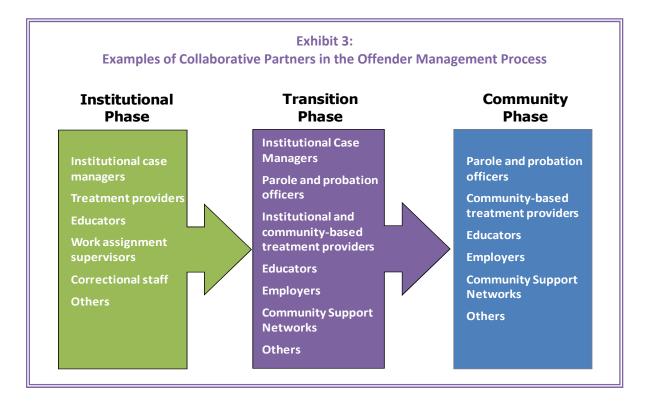Collaborative partnerships are important during all three phases of the reentry process.

✓ *Institutional Phase:* Reentry begins at the point of institutional intake when key information is gathered or collected (e.g., data and information critical to risk/needs assessment) and a strategy for preparing offenders for release is initially developed. Such a strategy might address those interventions that will be delivered while offenders are in custody and those that will be planned for post-release; behavior management concerns that will be addressed through modeling, reinforcement, and other skill-based approaches; the use of institutional work assignments to build skills, develop prosocial relationships and behaviors; etc. Those involved in the collaborative day-to-day management of cases may include, among others:

- Institutional case managers
- Treatment providers
- Educators
- Work assignment supervisors
- Correctional staff (line and supervisory) from offenders' housing units

Exhibit 2:
The Three Phases of Offender Management

Institutional Phase	Transition Phase	Community Phase
Assess Establish case management team Develop institutionally-based case management strategy Review, re-assess, and re-adjust	Realign the case management team Link to community-based resources Explore community support networks Review, re-assess, and re-adjust	Realign the case management team Ensure continuity of interventions Supervise Review, re-assess and re-adjust

✓ *Transition Phase:* Approximately 6-12 months prior to offenders' anticipated release, the process of preparing offenders for imminent release begins. During this period, concrete plans are developed including specific housing arrangements; place of employment; enrollment in community-based programs and services; formalizing plans with prosocial

members of the community who will serve as offenders' community support networks; arranging for transportation and identification; etc. Those involved in the collaborative management of offenders during this transition phase include individuals who work in both the institution and those based in the community, and may include, among others:

- Institutional case managers
- Parole and probation officers
- Institutional and community-based treatment providers
- Educators
- Employers
- Community support networks

✓ *Community Phase:* Following release, the collaborative case management team once again is reconstituted to include those individuals involved in providing accountability and support services to offenders in the community. Those involved may include, among others:

- Parole and probation officers
- Community-based treatment providers
- Educators and/or employers
- Community support networks

Exhibit 3:
Examples of Collaborative Partners in the Offender Management Process

Institutional Phase	Transition Phase	Community Phase
Institutional case managers	Institutional Case Managers	Parole and probation officers
Treatment providers	Parole and probation officers	Community-based treatment providers
Educators	Institutional and community-based treatment providers	Educators
Work assignment supervisors	Educators	Employers
Correctional staff	Employers	Community Support Networks
Others	Community Support Networks	Others
	Others	

The Role of Case Management Teams

As has been demonstrated above, case management teams are not characterized by their specific composition (either institutional, transition, or community-based) since the make-up of the team may be different based upon the unique circumstances of the: sub-population of offenders; facility or community; or phase of reentry. What *is* common among these collaborative case management teams is the recognition that each member brings an essential perspective, set of skills, and array of resources to bear upon the case; each has the opportunity to build upon and strengthen the effectiveness of the other members' work; and each has an equal investment in the successful outcome of the case. Collaborative case management teams recognize that together they can:

✓ Comprehensively assess offenders needs;

✓ Develop a coordinated and holistic strategy for delivering services and other interventions designed to prepare offenders for success in the community;

✓ Observe offenders progress over time in a variety of settings;

✓ Evaluate the effectiveness of these strategies on an ongoing basis; and

✓ Adjust strategies over time based upon progress or the identification of new needs.

Exhibit 4:
Identifying Your Case Management Collaborative Partners

If you were to gather together all of the professionals who have routine contact with a particular offender, who would those individuals be during the…

Institutional Phase:	Transition Phase:	Community Phase:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.

Key Steps in Collaborative Case Management

Identifying the appropriate membership of a case management team is the first of several steps towards building a meaningful partnership. Other key steps include:

✓ Sharing information about case(s) and, if new to working together, one another;

✓ Establishing ground rules for working together, particularly those related to the methods and frequency of communication and processes for decisionmaking;

✓ Clarifying team members' individual and collective roles and responsibilities;

✓ Discussing expectations of one another;

✓ Identifying the strengths and assets of each team member;

✓ Agreeing upon outcomes for cases overall and for individuals specifically; and

✓ Developing a strategy for monitoring these outcomes.

In order to ensure that teams achieve the results they want, they must invest in their *process* as much as their *activities*. The success of this process will depend in part on the ability of the team to carry out the steps defined above, but perhaps more importantly, the extent to which the team establishes a climate of trust. A climate of trust is built upon:

✓ Equal investment by all team members;

✓ An agreement to share responsibility for outcomes – both successes and failures; and

✓ A willingness to bring issues and concerns (about the work and/or about the team and its process) to the collaborative table and address them proactively and without judgment.

Exhibit 5 reflects some of the most common barriers to collaborative case management and some suggested strategies for overcoming them. Exhibit 6 is a tool designed to assist case management teams in assessing their collaborative activities. Other tools are available to assist teams to assess their collaborative process.[14]

Exhibit 5: Strategies for Overcoming Common Barriers to Collaborative Case Management	
Common Barriers	**Suggested Strategies**
Routine meetings pose challenges (e.g., scheduling difficulties, high workload, uncompensated activity, etc.)	✓ Meet over lunch ✓ Schedule conference calls to save on travel time ✓ Schedule longer, less frequent rather than short, regular meetings (or short, regular meetings rather than longer, less frequent meetings) ✓ Conduct "as needed" rather than routine meetings
Confidentiality constraints	✓ Seek a legal review to determine the limits of constraints ✓ Develop waivers that will allow for the exchange of information among those with a need to know
Lack of awareness about collaborative case management team member roles and responsibilities	✓ Allocate a portion of the meeting time for each member to brief the others on their roles, responsibilities, and most significant challenges ✓ Shadow one another for a portion of a work day (e.g., attend a treatment group, an office visit, or a mentoring class)

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[14] See http://www.collaborativejustice.org/ for additional tools, including the survey, *Working Together: A Profile of Collaboration* (OMNI Institute, 1992).

Using the case management team identified in Exhibit 4, rate the extent to which these individuals…		For ratings of "2" and "3," identify two steps you can take to improve your score in this area.
Rating Scale *1 = Consistently and in all cases* *2 = Occasionally; in some cases* *3 = Never; in no cases*	**Rating**	**Action Items**
1. Have equal access to the offenders' *historical* records (e.g., criminal history; social history; prior institutional/supervision performance; etc.).		1. 2.
2. Have equal access to offenders' *current* records (e.g., risk/needs and other assessment data; case plan; treatment progress summary; job performance assessment; institutional conduct record; release plan; etc.).		1. 2.
3. Access this information on a routine basis to inform their work and interactions with offenders.		1. 2.
4. Add to this information, by documenting their work and interactions with offenders (e.g., frequency and results of contacts).		1. 2.
5. Informally share information with one another verbally about offenders (e.g., performance in the work setting, housing unit, or treatment group; stressors that arise that are or could be problematic for offenders, such as family circumstances or conflicts with other inmates; etc.).		1. 2.
6. Formally meet as a team to develop a collaborative case management plan.		1. 2.
7. Formally and routinely meet to discuss offenders' progress, as well as potential modifications to case management plans.		1. 2.

Collaboration at the Policy Level[15]

While this Coaching Packet focuses on collaboration at the case management level, establishing meaningful collaborative partnerships at the policy level is of equal importance. To be sure, collaborative case management teams can only be as effective as their agencies and managers will allow. For instance, a parole officer and a substance abuse counselor could have a remarkable working relationship, but if supervisors discourage time spent in case management activities, or agency policy discourages or disallows the delivery of services to offenders, that individual working relationship will be rendered irrelevant.

To that end, collaborative policy level partnerships should involve those with the authority to make policy and resource allocation decisions for their agency. Policy level teams may include, among others, leadership from the:
- ✓ Criminal courts
- ✓ Adult institutional corrections agency
- ✓ Community supervision agency
- ✓ Paroling authority
- ✓ Victim advocacy organization
- ✓ Mental health agency
- ✓ Public health department and other healthcare agencies
- ✓ Veteran's affairs office
- ✓ Housing authority
- ✓ Employment agencies
- ✓ Social service agency
- ✓ Faith and community-based partners

Some common undertakings for policy level teams focused on offender reentry issues include:[16]
- ✓ Examining critically the offender reentry process in the jurisdiction, including the policies, procedures, and practices of the various agencies that have a role in reentry;
- ✓ Identifying specific needs and challenges related to current reentry efforts;
- ✓ Developing a strategic plan to address the needs and challenges that are surfaced; and
- ✓ Establishing strategies to monitor over time the impact of the changes that were implemented, and continuing to make adjustments as necessary in order to maximize the likelihood of positive offender outcomes and increases in public safety.

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[15] Because material on policy level collaboration is fully developed and available elsewhere, it is not discussed in detail in this Coaching Packet. For more information on policy level collaboration, see http://www.collaborativejustice.org/, CEPP, 2007 and Burke, 2008.

[16] For more information regarding these steps and the critical work activities associated with each, please see the Coaching Packet on Establishing a Rational Planning Process.

Exhibit 7, Collaboration to Achieve Successful Transition to the Community in Michigan, illustrates the different types of collaborative teams highlighted in this Coaching Packet.

Exhibit 7:
Collaboration to Achieve Successful Transition to the Community in Michigan

In Michigan, collaboration is a critical ingredient of the state's effort to achieve successful offender reentry. The Michigan Prisoner Reentry Initiative (MPRI) began with a mission to "reduce crime by implementing a seamless plan of services and supervision developed with each offender—*delivered through state and local collaboration*—from the time of their entry to prison through their transition, reintegration, and aftercare in the community."

Currently, 18 sites serving 69 counties implement a local MPRI model that includes:

- A **Local ReEntry Advisory Council** made up of key stakeholders in the community who work to educate the community and build local support for the initiative.

- A **Steering Team** – including the Warden of the community's releasing facility and representatives of local law enforcement, victim rights, faith-based organizations, employment, healthcare, housing, substance abuse, mental health, and family and child welfare – to design a local Comprehensive Prisoner ReEntry Plan for the site and monitor its implementation.

- Two **Coordination Teams**, made up of prison-based and community-based staff, which work together and with the Steering Team to implement the local Comprehensive Prisoner ReEntry Plan and ensure a seamless transition back to the community.

Collaborative case management plays a central role with the MPRI model. **Collaborative Case Management Teams** include institutional and field staff, coordination team members, and others involved with the offender in each phase of reentry (institutional, transition, community). Case Management Teams have four key responsibilities when working with offenders:

- Build rapport and establish a working relationship;

- Work intentionally to enhance motivation;

- Provide opportunities for success; and

- Reinforce success.

As of August 2008, preliminary results indicate that offenders released under the MPRI model are 26% less likely to recidivate compared to offenders released on parole before the beginning of the initiative.

Sources: MDOC, 2009; 2008.

Section II: Engaging in Collaborative Partnerships to Support Reentry Coaching Packet Checklist

Collaboration to Support Reentry	YES	NO	NOT CLEAR	NOTES
1. Is there a shared interest by stakeholders to use collaborative case management as a means to successful reentry?				
2. Is there currently a team of diverse individuals established to manage offenders in the institutional setting?				
3. Are there additional partners that are currently not included on this team that should be (i.e., are there individuals absent who have routine contact with offenders)?				
4. Does this team gather information to comprehensively assess offenders' risk and needs?				
5. Does this information inform the development of a coordinated and holistic strategy to prepare offenders for success (i.e., comprehensive case plan)?				
6. Does this institutional case management team restructure itself to manage offenders' changing needs during the transitional phase (6-12 months prior to release)?				
7. Does the transition phase case management team include appropriate stakeholders from both the institution *and* the community who have, or will have, regular contact with offenders?				
8. Is the case management team during the transition phase equipped to link offenders to the necessary community-based resources?				
9. Does this team develop and formalize concrete plans with pro-social individuals who will serve as offenders' community support networks?				
10. During the community phase, does the case management team reorganize to meet the needs of offenders in the community setting?				
11. Are all critical partners a part of the community case management team (i.e., those who will assist in the provision of services, enhancement of accountability, etc.)?				
12. Are case management strategies (i.e., case plans) regularly reviewed and evaluated?				
13. Are strategies modified over time based on progress or the identification of new needs?				
14. Is a collaborative team in place at the policy level?				

Section III: Action Planning Worksheet

GOAL:

Objective 1:

Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			

Objective 2:

Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			

Objective 3:

Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			

Section IV: References and Additional Resources

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