

<p align="center">POLICY FOR</p> <p align="center">STATE OF DELAWARE</p> <p align="center">DEPARTMENT OF CORRECTION</p>	<p align="center">POLICY NUMBER</p> <p align="center">3.12</p>	<p align="center">PAGE NUMBER</p> <p align="center">1 of 7 (4 Attachments)</p>
<p>CHAPTER: 3 PROGRAMS AND SERVICES</p>	<p>RELATED ACA STANDARDS: 4-APPFS-2A-02, 4-APPFS-2A-03, 4-APPFS-2A-11 4-ACRS-5A-01, 4-ACRS-5A-02 4-ACRS-5A-11, 4-ACRS-5A-12 4-ACRS-5A-13, 4-ACRS-5A-14 4-ACRS-5A-16, 4-ACRS-5A-17 4-ACRS-5A-20, 5-ACI-7B-4474 5-ACI-5F-4442 (4-4442), 5-ACI-4B-0032 5-ACI-5E-4439 (4-4439)</p>	
<p>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE: <i>Clair D. Mattus</i> <i>11/12/2019</i></p>		
<p>APPROVED FOR PUBLIC RELEASE</p>		

I. AUTHORITY: 11 Del. C. §§ 6502, 6504, 6517; 29 Del. C §§ 8902, 8903

II. PURPOSE: This is an overarching policy that addresses high level expectations for Reentry Planning using the Delaware Strategic Reentry Framework, consistent with the Delaware Recidivism Reduction System Blueprint, the Reentry Planning Case Logic Model, the Collaborative Case Management and Supervision Model, and Executive Order 27. The goal is to create safer neighborhoods and better citizens by implementing a seamless plan of services, evidence-based programs, and supervision practices developed with each returning citizen and delivered through state and local collaboration from the time of their entry to supervision or prison through their transition, reintegration, and aftercare in the community.

III. APPLICABILITY: All Department employees, volunteers, persons, or organizations conducting business with the Department, and all individuals under the supervision of the Department of Correction (DOC).

IV. DEFINITIONS:

A. Delaware Recidivism Reduction System Blueprint: A model describing the factors driving the size and composition of Delaware's unified correctional system, the Department's values and evidence-based principles, the implications of those values and principles on departmental policy and operations, and the expected process and impact outcomes of improved departmental policies and operations.

- B. Evidence-Based Practices (EBP):** Scientific techniques used to reduce risk and recidivism. EBP's within this context are defined as the conscientious use of the best evidence currently available, to inform decisions about the supervision of individual returning citizens, as well as the design and delivery of policies and practices, to achieve the maximum, measurable reduction in recidivism.

Evidence-based practices include:

1. Assess actuarial risk/needs
2. Enhance intrinsic motivation
3. Target Interventions:
 - a. *Risk Principle*: Prioritize supervision/treatment for higher risk returning citizens
 - b. *Need Principle*: Target interventions to criminogenic needs
 - c. *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender
 - i. *Dosage*: Structure 40-70% of high-risk returning citizens' time for 3-9 months
 - ii. *Treatment*: Integrate treatment into sentence/sanction requirements
4. Skill train with directed practice using cognitive behavioral treatment methods
5. Increase positive reinforcement
6. Engage ongoing support in natural communities
7. Measure relevant processes/practices
8. Provide measurement feedback

- C. Delaware Strategic Reentry Framework – Summary:** A summary of the model describing the vision, mission, goals, and priorities for improved reentry policy, procedure, process, and programs that aim to help reduce Delaware's recidivism rate and reduce victimization, including the state and local organizational structures in place to implement the framework.

- D. Reentry Planning Case Logic Model:** A policy, process, and documentation flow chart that illustrates the expectations of improved Transition Accountability Plans (TAP) driven by actuarial, risk and need assessments with the expectation of impacts consistent with those outlined in the Delaware Recidivism Reduction System Blueprint.

- E. Collaborative Case Management and Supervision Model (CCMS):** An integrated approach to improve case management that requires collaboration and appropriate information sharing relating to case planning and progress with the returning citizen and justice system partners, local nonprofit, and other service providers to achieve the intended impacts of the Delaware Recidivism Reduction System Blueprint and the vision, mission, and goals of the DCRC.

- F. Transition Accountability Plan (TAP):** An assessment driven, collaborative plan involving DOC staff at Level V, Level IV, and Probation and Parole, service providers, and the returning citizen. The objective of the TAP is to increase returning citizens' prospects for successful return to their community through the use of evidence-based practices and programming that addresses criminogenic risks and needs by providing a seamless collaborative case management process. The TAP includes actions that should occur to prepare individuals for release from custody, and the terms and conditions imposed by sentencing orders. The TAP specifies supervision and services in the community and informs the eventual discharge to community supports upon successful completion of supervision. The TAP is maintained and updated in the Department's Delaware Automated Correctional System (DACS). Pending DACS enhancements, the TAP requirements will be included in the supervision plan and supplemented by the In Reach Coordinators Release Plan.

G. Returning citizen: An individual in the custody of the Delaware Department of Correction at a Level V or IV facility who is nearing their release date and return to the community. Returning citizens may also be referred to as “inmates” while at a Level V facility, “residents” while at a Level IV facility, and “probationers” while on community supervision.

H. Risk Needs Responsivity (RNR): A correctional strategy utilizing evidence-based practices of risk, needs, and responsivity. RNR principles aid in informing which interventions will reduce the individual's risk of recidivism, address primary criminogenic needs, critical unmet non-criminogenic needs, and tailored method and dosage of intervention.

I. In Reach Coordinator: Probation and Parole Officer assigned to assist with reentry planning during the institutional and reentry phases and into the community.

V. POLICY: The Department of Correction shall adopt evidence-based public safety strategies set forth in the Delaware Strategic Reentry Framework to reduce victimization, recidivism, and probation violations, assist the Department in creating efficiencies, improving communication and transfer of information within the state's prison system and post-release supervision systems, and prepare returning citizens for successful reentry into the community. Established per Executive Order 27 signed by Governor Carney in December of 2018, the Delaware Correctional Reentry Commission (DCRC) oversees a continuum of reentry services for justice involved men and women as they transition from prison to our community. The DCRC promotes the use of evidenced-based practices across all phases of Delaware's correctional system: institutional phase, reentry phase, and the community phase. The Commission seeks to encourage fundamental system changes across corrections and community partner agencies. Through strategic public safety practices, ongoing research, application of the eight principles of evidence-based practices for corrections, and the planning for each returning citizen's release, the DCRC strives to improve public safety, reduce the number of crimes and victims, reduce costs associated with crime, and reduce the rate of those returning to prisons. The DCRC shall work in conjunction and be consistent with the policies and procedures of the Department of Correction and applicable sections of the Delaware Code.

VI. PROCEDURES

A. The Delaware Strategic Reentry framework encompasses three distinct phases of work for the development of Transition Accountability Plans pursuant to the Reentry Planning Case Logic Model and the Collaborative Case Management and Supervision Model:

Phase I: Institutional Phase, “Getting Ready”

Phase II: Reentry Phase, “Going Home”

Phase III: Community Phase, “Staying Home”

B. Males sentenced to a period of one year or more at Level V or Level IV institution and females sentenced to 6 months or more at Level V or Level IV institution (or a combination of incarceration at Level V and Level IV) and who, per policy, are to be assessed using a Department approved assessment tool, and score moderate to high risk meet the criteria to receive reentry planning as outlined in the Reentry Planning Case Logic Model. Individuals who do not meet the criteria for In Reach remain eligible for other services and supports designed to aid in their successful discharge to the community.

- C. Within the three phases, returning citizens remanded to the custody and/or supervision of the Department shall be provided with the opportunity for lasting behavioral change through evidence-based programs as well as other educational, vocational, and rehabilitative services supportive of successful reentry into the community.
- D. Transition Accountability Plans will be developed or updated at each phase and document the targets and progress as identified in the Reentry Planning Case Logic Model. The TAP will include input from DOC staff at Level V, Level IV, and Probation and Parole, service providers if applicable, and the returning citizen to improve the likelihood that the roles and responsibilities of all parties involved in the collaborative case management process are clearly defined. Upon release, the assigned Probation and Parole Officer shall continue to update and monitor compliance with the plan responsive to the most recent risk/needs assessment.
- E. TAP plans shall be issued to the returning citizen at the beginning and end of each phase, and upon request. Issuance to the returning citizen shall be documented in DACS.
- F. Pursuant to the Delaware Recidivism Reduction System Blueprint, the three phases of the DCRC include organizational strategies and supervision practices aimed at reducing recidivism and victimization:
 - 1. Organizational-level strategies include:
 - a. Defining success as reducing recidivism, resulting in fewer crimes and fewer victims
 - b. Quality assurance monitoring to promote case planning based on risk/needs assessments resulting in effective matching to programs/services
 - c. Matching supervision level to level of risk
 - d. Focusing resources on moderate and high-risk returning citizens
 - e. Ensuring the availability of reentry focused services and programs beginning at intake into custody at Level V or Level IV facilities
 - f. Engaging partners to expand utilization and evaluation of evidence-based interventions
 - g. Working with state and local agencies and community organizations to avoid releasing people to unsheltered homelessness, with the goal of a 90-day housing plan for returning citizens
 - 2. Supervision-level strategies include:
 - a. Assessing criminogenic risk/need factors
 - b. Developing and implementing TAPs that balance public safety and the success of returning citizens to include enrollments in community-based resources that directly correspond to criminogenic need areas identified by the Risk Needs Responsivity tool
 - c. Involving returning citizens in their reentry planning
 - d. Engaging pro-social supports to facilitate successful reentry into the community
 - e. Incorporating incentives and rewards into the supervision process
 - f. Employing graduated sanctions in response to noncompliance in a swift and certain manner
 - g. Addressing cultural, ethnic, and gender diversity in supervision strategies
 - h. Services and supervision tailored to address the unique needs of specialized populations
 - i. Apply Core Correctional Practices:
 - Effective relationships skills
 - Effective use of reinforcement
 - Effective use of disapproval
 - Effective use of authority
 - Prosocial modeling

- Cognitive restructuring
- Social skills and problem solving skills training

G. The Institutional Phase, “Getting Ready” (Phase I)

1. The Institutional Phase shall encompass the Department’s responsibilities and the events that take place while the inmate is housed at a Level V facility, from the time of admission to the point of eligibility for release.
2. Pursuant to the Reentry Planning Case Logic Model and the Strategic Reentry Framework, the Institutional Phase shall include:
 - a. Assessment of eligible inmates through a Department approved assessment tool to identify returning citizens who pose a moderate to high risk for reoffending.
 - b. Determination of eligible inmate’s programming needs utilizing a Risk Needs Responsivity (RNR) tool. The programs recommended for the inmate by the RNR should be considered during classification unless there is an override of the RNR recommendations.
 - c. Classification of inmates to assist with placement in proper security settings and programming that addresses criminogenic needs and risk factors during incarceration consistent with the rehabilitative and special needs of the inmate, the security concerns of the facility, and safety of the public. Evidence-based programs, education, vocational training, or other rehabilitation-oriented services should be assigned to the inmate as security setting and institutional availability allows. Generally, inmates who pose the highest risk for reoffending are prioritized for higher dosage programs and services that address identified needs and mitigate risk. Consideration is also given to sentence length and other relevant factors.
 - d. Development of the Institutional Phase (Phase I – *Getting Ready*) Transition Accountability Plan (Level V TAP) utilizing RNR assessment results. The TAP should include the court ordered conditions, assigned and recommended programs, and other targets as listed in the Reentry Planning Case Logic Model.
 - e. Evaluation of the inmate’s progress through periodic case reviews to update the TAP to include treatment gains and setbacks accordingly within the context of sentencing order and program assignment. The TAP should also be updated prior to transfer to another Level V institution.
 - f. Within 6 months of the projected release date, coordinate multi-disciplinary case planning to review and update the TAP. If transferring to a Level IV facility, the TAP will be updated to include the status of all Level V TAP targets. If transferring to community supervision, in collaboration with the In Reach Coordinators, the TAP will include the Day 1, Week 1, and 30 Day Plan, reentry goals, special conditions, and other Community Phase TAP targets, to improve the likelihood that the inmate, the DOC, and local stakeholders are clear about expectations and goals.
 - g. If there is no supervision to follow, the TAP shall be updated and a final TAP shall be provided to the returning citizen upon release.

H. The Reentry Phase, “Going Home” (Phase II)

1. The Reentry Phase shall encompass the Department’s responsibilities and the events that take place while the resident is housed at a Level IV facility, from the time of admission to the point of eligibility for release.
2. Pursuant to the Reentry Planning Case Logic Model and the Strategic Reentry Framework, the Reentry Phase shall include:
 - a. Review most recent TAP, if applicable. If indicated by policy, administer Department approved assessment tool. Determine participation in programs and services based on identified needs and dynamic risk factors. Generally, residents who pose the highest risk for reoffending are prioritized for higher dosage programs and services that address identified needs and mitigate risk. Consideration is also given to sentence length and other relevant factors.
 - b. Development of the Reentry phase (Phase Two: “Going Home”) Transition Accountability Plan (Level IV TAP), to include the court ordered conditions, assigned and recommended programs, and other targets as listed in the Reentry Planning Case Logic Model.
 - c. Evaluation of the resident’s progress through periodic case reviews to update the TAP to include treatment gains and setbacks accordingly within the context of sentencing order and program assignment. The TAP should also be updated if the resident is being transferred to another Level V/IV institution.
 - d. Within 60-days of projected release date, coordinate multi-disciplinary case planning to review and update TAP. The TAP should be updated to include the status of all the Level IV TAP targets. If transferring to community supervision, in collaboration with the In reach Coordinators, the TAP shall include the Day 1, Week 1, 30 Day Plan, reentry goals, special conditions, and other Community Phase TAP targets to improve the likelihood that the resident, the DOC, and local stakeholders are clear about expectations.
 - e. If there is no supervision to follow, the TAP shall be updated and a final TAP shall be provided to the returning citizen upon release.

I. The Community Phase, “Staying Home” (Phase III)

1. The Community Phase shall encompass the Department’s responsibilities and the events that take place while the probationer is supervised in the community, from the time of release from a Level IV or V facility through discharge from supervision or return to custody.
2. Pursuant to the Reentry Planning Case Logic Model and the Strategic Reentry Framework, the Community Phase shall include the following:
 - a. Review most recent TAP, if applicable. If indicated by policy, administer Department approved assessment tool. Determine participation in programs and services based on identified needs and dynamic risk factors. The TAP should prioritize court ordered conditions and the services and programs for which the probationer was enrolled prior to release and is expected to continue while in the community.

- b. Development of the Community phase (Phase III: “Staying Home”) Transition Accountability Plan (Probation TAP), to include the court ordered conditions, referrals to services and programs in the community, and other targets as listed in the Reentry Planning Case Logic Model.
- c. Probation and Parole shall review with the probationer the goals and expectations of the TAP. This review shall include the programs and services for which the probationer is enrolled or referred, the graduated incentives and sanctions which are intended to enhance motivation, and engage in collaborative dialogue that sets the stage for supervision and case management.
- d. Evaluation of the probationer’s progress through periodic case reviews to update the TAP to include treatment gains and setbacks accordingly within the context of supervision, sentencing order, and program assignment. The TAP should also be updated if the probationer is being transferred to another supervision level or another Probation Officer.
- e. In the event that supervision is revoked and/or the probationer is sentenced to a period of Level V or IV, return to the corresponding phase and TAP. If revoked and/or returned to community supervision, the Probation TAP shall be updated to address the factors that led to revocation.
- f. Prior to discharge from supervision, Probation and Parole shall update the TAP. A copy of the final TAP will be provided to the probationer to assist with the continuance of community-based reentry services at the conclusion of supervision. When applicable, and with informed consent of probationer, the TAP can be forwarded to a community based service provider.

J. Monitoring requirements and reports

- 1. The Director of Reentry will monitor this process and relevant quality assurance measures to determine the extent it aligns with the process and impact outcomes of the Delaware Recidivism Reduction System Blueprint and the goals of the DCRC, and will provide annual reports to the Commissioner.

Attachments:

Delaware Recidivism Reduction System Blueprint
Reentry Planning Case Logic Model
Collaborative Case Management and Supervision Model
Executive Order 27

DELAWARE RECIDIVISM REDUCTION SYSTEM BLUEPRINT

August 2017

Workload Factors

Policy, Economic, Community & Demographic Factors Shaping the Size & Characteristics of the Prison Population

State/Local Policies and Practices:

- State intentions on improving prison conditions, reducing commitments and addressing operational concerns and challenges
- Law & policy changes, drug, TANIF
- Offender targeting priorities
- Partner agency policies/priorities being shaped by evidence based approaches to reduce crime

Public and Private Economic Factors:

- Impact of unemployment
- Reductions in budget & services
- Reductions in federal funding and federal grants
- Employment challenges for persons with records
- Depth of economic difficulties/public perception

Community Factors:

- Size/closeness of DE communities
- Challenges of disparate resources within unified corrections system
- Political view that crime begins and ends in the community so offenders should be worked w/ locally & with some degree of equity
- Local justice and law enforcement agencies are in early stages of education on Evidence Based Practices (EBP) "what works" to reduce crime.
- Increasingly, public expects policies must be more evidence-based
- Public is learning that services have a greater impact on behavior than incarceration thus putting demands on law enforcement for alternatives thus creating a culture shift
- Concern in urban centers about the inter-generational impact of crime and incarceration
- Illegal/deviant behavior in schools demands more creative responses (in lieu of arrest)
- Victims' rights need higher priority in the system
- Opiates problem is growing
- Community demands for a statewide comprehensive reentry needs assessment
- Lack of community treatment services

Demographic Factors:

- Changing arrest and prosecution patterns re violent/nonviolent crime
- Better identification and more appropriate responses to violent crime and gun charges
- Victims demographics are changing
- SPMI, domestic violence, sex offenders, elderly offenders populations are having an impact on the justice system – especially prisons

Strategic Direction

Values, Principles, Practices

Values:

- **Accountability:** Expectation of results and measurable goals, Supports opportunities for rehabilitation, Improves public safety & community justice, Maximizes employee potential
- **Fairness & Integrity:** Trust and Transparency in how justice is dispensed, Cooperation, Impartiality, Diversity & professionalism
- **Innovation & Technology:** Use data & analytics forensically to identify risk needs, responses & results to spur coordinated information sharing and engage valued technical assistance
- **Sustainable Public Safety:** Entire system needs to be based on solid and repeatable process, that is, committing to what works—and re-tooling or refraining from what doesn't
- **Cross discipline Collaboration:** In Delaware's unified system, all agencies must be uniform in their approach and collaborate to improve performance and outcomes

Principles of EBP (See Definition, page 2):

- Assess actuarial risk/needs.
- Enhance intrinsic motivation.
- **Target Interventions:** *Risk Principle:* Prioritize supervision/treatment for higher risk offenders; *Need Principle:* Target interventions to criminogenic needs; *Responsivity Principle:* Be responsive to temperament, learning style, motivation, culture, and gender; *Dosage:* Structure 40-70% of high-risk offenders' time for 3-9 months; *Treatment:* Integrate treatment into sentence/sanction requirements.
- Skill train with directed practice (use cognitive behavioral treatment methods).
- Increase positive reinforcement.
- Engage ongoing support in natural communities.
- Measure relevant processes/practices.
- Provide measurement feedback.

Work Processes/Procedures The Logic that Drives the Work

Application of Values & EBP:

1. **Organizational Level Strategies**
Establish common definition/Define success as recidivism reduction and measure public safety performance
2. Tailor conditions of supervision;
3. Focus resources on moderate and high-risk offenders;
4. Front-load supervision resources;
5. Implement earned discharge based on successful completion of EBP/time based
6. Implement place-based supervision;
7. Engage partners to expand intervention, access to data and analytic capacities;
8. Standardized statewide problem solving courts

Supervision Level Strategies

9. Assess criminogenic risk/need factors at all stages of the justice process, from pre-trial to discharge, using validated instrument;
10. Develop/implement case plans that balance surveillance and treatment;
11. Involve probationers to enhance their engagement in assessment, case planning, and supervision;
12. Engage informal social controls to facilitate community reintegration;
13. Incorporate incentives and rewards into the supervision process; and
14. Employ graduated, problem-solving responses to violations of conditions

Special Target Populations Require Specialized Services and Supervision:

- Offenders with mental health issues, addictions and co-occurring disorders need special services

Performance Outcomes What We Expect

Process Outcomes:

- Risk/Needs Assessment drive decision-making throughout the justice process
- Risk/Need Assessments drive Transition Accountability Plans that focus on EBPs to reduce risk and address needs
- EBP drives supervision, programs and services
- Readiness for release from prison is improved
- Prison sentences become more rehabilitative
- Efforts in prison to address risk and need are sustained in the community
- Victim impact considered
- Appropriate treatment serves as alternative to probation violation

Impact Outcomes:

- Offenders violate conditions of supervision less frequently and complete supervision more frequently
- Probation revocations to prison decrease
- Recidivism is reduced as evidenced by reduction in arrests, convictions and re-commitments
- Offenders receive needed services
- Reduced offender debt
- Harm to individuals and communities is reduced
- Increased victim restitution and responsiveness to their needs
- Cost benefits to system are documented

Justice System Resources and Infrastructure

For justice partner agencies, city/county departments and agencies, nonprofit stakeholders, victims groups and advocates
Based on Assessment of Assets, Barriers and Gaps for Each Organization

Technology, Equipment	Facilities, Management, Budgeting	Staffing, Staff Resources, Training	Communications, Coordination, Planning	Policy Development, Performance Monitoring
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Definition of EBP:

Evidence Based Practices (EBP) are scientifically supported techniques used to reduce offender risk and recidivism. When correctly, appropriately and consistently implemented, EBP's will help lower offender risk levels and therefore decrease the likelihood of reoffending. In order to maximize the effectiveness of any interventions implemented within this framework for prisoner reentry, *all* interactions with prisoners and former prisoners must occur in a fashion that is consistent with the principles of EBP.

It is imperative that EBP's are not confused as a *program* or *curricula* that can be implemented within a correctional setting in order to reduce recidivism. Instead, it must be clear in policy and in operational procedure that the effective implementation of EBP requires a fundamental shift in how a criminal justice agency, its personnel, and other reentry related professionals *interact with* prisoners and former prisoners on a daily basis." Empirical Evidence vs. Anecdotal Information (the latter "feels good" the former is more legitimate – although it doesn't always "feel good").

EBPs are applied within a Risk Need Responsivity context and involve Core Correctional Practices:

- Relationship Skills/MI
- Effective Reinforcement
- Effective Disapproval
- Effective Use of Authority
- Cognitive Restructuring/Skills Building
- Anti-criminal modeling
- Problem Solving

Reentry Planning Case Logic Model

The Purpose of this Document:

- To set forth a statewide strategic approach for reentry collaboration with state, local, and community partners to reduce recidivism, crime, victimization, and promote public safety.
- Utilizes evidence based practices, is policy driven, and data informed
 - Examines the complex dynamics associated with justice involved populations
 - Emphasizes collaboration, partnerships, and data sharing across agencies and institutions to reduce barriers to reentry
 - Creates a solution to address the risk and needs of justice involved individuals through a seamless case planning and implementation process for supervision and services; and
 - Coordinates effective services for housing, employment, health care, mental health, substance abuse, and education to address recidivism

Case Logic Model:

Three Phase, Seven Decision Point Model

- A policy, process, and documentation flow chart that illustrates the expectations of improved Transition Accountability Plans (TAP) driven by actuarial, risk and need assessments with the expectation of impacts consistent with those outlined in the Delaware System Blueprint.

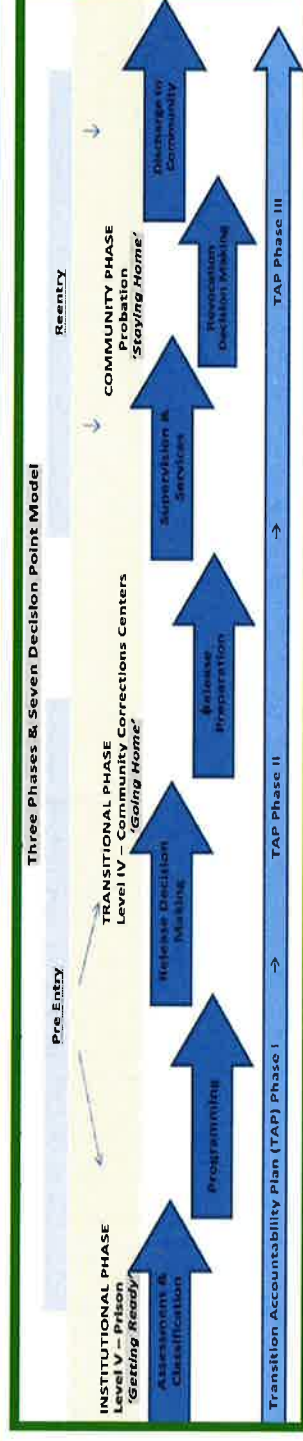
Criteria*:

- Moderate to High-Risk
- Men sentenced to one year or more
- Women sentenced to 6 months or more
- Level V, Level IV, or Combination

* Individuals who do not meet the criteria for In Reach remain eligible for other services and supports designed to aid in their successful discharge to the community.

Transition Accountability Plan (TAP) :

An assessment driven, collaborative plan involving DOC staff at Level V, Level IV, and Probation and Parole, service providers, and the returning citizen. The objective of the TAP is to increase returning citizens' prospects for successful return to their community through the use of evidence-based practices and programming that addresses criminogenic risks and needs by providing a seamless collaborative case management process. The TAP includes actions that should occur to prepare individuals for release from custody, and the terms and conditions imposed by sentencing orders. The TAP specifies supervision and services in the community and informs the eventual discharge to community supports upon successful completion of supervision. The TAP is maintained and updated in the Department's Delaware Automated Correctional System (DACS).



Phase I: Institutional Phase, "Getting Ready"

Risk & Need Principles

Responsivity Principles

Level V Intake Process

1.1 ASSESS RISK, NEED, AND RESPONSIVITY

Assess individual risk level to identify inmates who are moderate to high risk for re-offending and to identify criminogenic needs and dynamic risk factors.

1.2 CONDUCT CLASSIFICATION

Assign to facility based on Institutional Classification System and LSI-R/RNR and court ordered programs.

1.3 DEVELOP TAP WHILE AT LEVEL 5

Utilize assessment results and inmate input to develop an individualized Transition Accountability Plan (Level V) guiding the types and levels of services to address needs.

Assessment:

LSI-R/RNR/Classification

- **Criminal History***
- Criminal Thinking
- Criminal Peers
- Personality Traits
- Family Relationships
- Education, Vocational
- Substance Abuse
- Security Risk Factors
- ***Static factor**

Institutional Security Levels

- Maximum
- Medium
- Minimum

LSI-R Risk Levels

- High
- Moderate
- Low
- (Meet Override Criteria? 15% Tolerance)

RNR Program Recommendation:

- A. Substance Use Disorder
- B. Criminal Thinking
- C. Self Improvement
- D. Interpersonal Skills
- E. Life Skills
- F. Incarceration Only

Intake Screening

- Medical
- PREA
- Educational Testing
- Mental Health
- Security Threat Group
- Prior Prison
- Misconduct
- Residential Stability
- History of Violence
- Criminal Involvement

TAP TARGETS AT LEVEL V INCLUDE

- Summary of primary criminogenic needs and recommendations for facility based programs and activities
- Institutional employment / job training assigned
- Action plan to address court ordered special conditions
- Plan for obtaining identification documents and entitlements
- Action plan for physical and behavioral health
- Family engagement plan (consider visitation records)
- Plan to connect to mentors & pro-social activities in prison or community

Getting Ready

1.4 ASSIGN & DELIVER INSTITUTIONAL PROGRAMS & ACTIVITIES

Deliver Evidence-Based Programs offering varying levels of dosage (duration and intensity) based on risk & need. Inmates with Moderate and High Risk are prioritized for higher dosage programs

1.5 REVIEW & RECLASSIFY

Conduct periodic case reviews to evaluate progress, measure treatment gains and setbacks, and classify inmates to additional programs to reduce risk and address criminogenic needs.

1.6 REVIEW AND UPDATE TAP

Document participation in programs and activities, institutional employment, and services needed for successful transition to next phase in continuum.

1.7 PREPARE FOR TRANSITION

Within 6-Months of release:
Coordination of In-reach teams.
Multi-Disciplinary case planning, reviewing, and updating TAP and updating TAP module in DACS
Contracted Providers
DOC Treatment Staff
P&P In Reach Coordinators

IF REENTRY (Level IV) PHASE TO FOLLOW- View Phase II

IF COMMUNITY SUPERVISION TO FOLLOW- View Phase III

Measure Progress, Respond to Behavior & Program Compliance

- Re-Assign Custody Level
- Revise Plan (specific tasks, activities & responsibilities)
- Establish Restrictions and Expectations

If transitioning directly to community supervision, address additional aspects in TAP

CORE CORRECTIONAL PRACTICES: Use of Relationship, Use of Reinforcement/Disapproval, Use of Authority (Coach vs. Referee), Teaching Thinking/Decision Making Skills, Prosocial Modeling

Phase II: Reentry Phase, "Going Home"

Risk & Need Principles

Level IV Intake Process

2.1. ASSESS/RE-ASSESS RISK, NEEDS & RESPONSIVITY

- Assess individual risk level to identify residents who are moderate to high risk for re-offending and to identify criminogenic needs and dynamic risk factors.
- Review updated Level V TAP; determine needs and dynamic risk factors to establish Level IV TAP.

2.2. DEVELOP TAP WHILE AT LEVEL IV

- Update or create TAP with Level IV resident input guiding the type and level of services to address risks, needs, and court ordered programs.

Assessment: LSI-R/ Classification

Criminal History

- Criminal Thinking
- Criminal Peers
- Personality Traits
- Family Relationships
- Education, Vocational
- Substance Abuse
- Security Risk Factors

*Static factor

LSI-R Risk Levels

High

Moderate

Low

(Meet

Override

Criteria?

15%

Tolerance)

REVIEW OR CONDUCT

SECONDARY SCREENING FOR TAP(2)

- Medical Status
- Education Tests Results
- Mental Health Status
- Security Threat Group
- Prison Conduct
- Housing Needs
- History of Violence

TAP TARGETS AT LEVEL IV INCLUDE

- Summary of primary criminogenic needs and recommendations for facility based programs, community based services, and pro-social activities.
- Initiate job seeking plan
- Implement or continue education plan
- Summary of Institutional Program Completion
- Plan for obtaining identification documents and entitlements
- Action plan to address court ordered special conditions
- Begin Housing Plan
- Establish family reunification plan (consider visitation records)
- Create/update physical and behavioral health action plan
- Connect to mentors & pro-social activities
- Day 1, Week 1, 30 Day Plan

Responsivity Principles

Going Home

2.3 ASSIGN & DELIVER INSTITUTIONAL PROGRAMS & ACTIVITIES

- Deliver Evidence-Based Programs offering varying levels of dosage (duration and intensity) based on risk & need.

Residents with Moderate and High Risk are prioritized for higher dosage programs

2.4. REVIEW AND UPDATE LEVEL IV TAP

- Document participation in programs and activities, employment, and community based services needed for successful transition to next phase in continuum

2.5 PREPARE FOR TRANSITION TO COMMUNITY

Within 60 days of release:

- Coordinate multi-disciplinary case planning to review and update Level IV TAP. Day 1, Week 1, 30 Day Plan
- Contracted Providers
- DOC Treatment Staff
- DOC P&P Staff
- Facility Resident P&P In Reach Coordinator

Measure Progress, Respond to Behavior & Program Compliance

- Revise Plan (specific tasks, activities & responsibilities)
- Establish Restrictions and Expectations

If return to incarceration refer to Phase I

If Community Supervision to follow see Phase III

CORE CORRECTIONAL PRACTICES: Use of Relationship, Use of Reinforcement/Disapproval, Use of Authority (Coach vs. Referee), Teaching Thinking/Decision Making Skills, Prosocial Modeling

Phase III: Community Phase, "Staying Home"

Risk & Need Principles

Community Supervision Intake

3.1 ASSESS/RE-ASSESS RISK, NEEDS & RESPONSIVITY

- Assess individual risk and needs and identify probationers who are moderate to high risk for re-offending.
- Review previous TAPS
- Determine needs and dynamic risk factors to establish Community Supervision TAP

3.2 DEVELOP TAP FOR COMMUNITY SUPERVISION

Utilize assessment results and probationer input to update or create TAP. Consider the type and level of services based on identified risks and needs, standard conditions, and court ordered conditions with the goal of enhancing intrinsic motivation.

Assessments: LSI-R, Static-99, DVSI-R

- Criminal History*
- Criminal Thinking
- Criminal Peers
- Personality Traits
- Family Relationships
- Education, Vocational
- Substance Abuse
- Security Risk Factors
- *Static factor

LSI-R Risk Levels
High
Moderate
Low
(Meet Override Criteria? 15% Tolerance)

REVIEW

- Medical Status
- Education Tests Results
- Mental Health Status
- Security Threat Group
- Prison Conduct
- Housing Needs
- History of Violence

TAP TARGETS AT COMMUNITY SUPERVISION INCLUDE

- Summary of primary criminogenic needs
- Recommendations for programs and pro-social activities
- Recommendations and referrals to Treatment and Services
- Action plan to address court ordered special conditions
- Employment plan
- Education plan
- Plan to obtain identification documents and entitlements if needed
- 90 day Housing plan
- Family engagement plan as appropriate (consider facility visitation records)
- Mentor/peer support plan

If return to Level V or Level IV return to appropriate Phase and TAP

Responsivity Principles

Staying Home

3.3 DETERMINE SUPERVISION LEVEL

Levels can move multiple times during the supervision period. Changes in Supervision Level are informed by a combination of:

- Court order
- Assessments & Risk Level
- Compliance
- TAP Progress

HOME CONFINEMENT

LEVEL 3 SUPERVISION

LEVEL 2 SUPERVISION

LEVEL 1 SUPERVISION

3.4 Initiate Supervision and Treatment Strategy

- Review, update, and/or establish TAP action plans and goals
- Prioritize services and programs initiated prior to release
- Review supervision level requirements and expectations
- Make treatment appointments
- Enrollment in other services and programs as identified by assessment
- Finalize schedule for Day 1, Week 1, and 30 day Plan
- Review schedule for first 3 months

3.5 Community Supervision of TAP Progress

- Reward compliance & progress with incentives
- Respond to non-compliance with graduated sanctions up to and including request for revocation or return to incarceration
- Continuously include probationer in revising goals & expectations
- Document completion of programs and goals
- Implement 6, 9, 12 month probationer input schedule with
- Reassess Risk and Needs
- Evaluate and revise TAP

Measure Progress, Respond to Behavior & Program Compliance

- Re-Assign Supervision Level
- Revise Plan (specific tasks, activities & responsibilities)
- Establish Restrictions and Expectations

Collaborative Case Management and Community Engagement

- Coordinate with communities of support to develop a final transition accountability plan furnished to probationer and relevant natural communities of support (families, faith based, self help, etc.)
- Provide copy of final TAP to returning citizen upon completion of supervision to assist with community reentry services

CORE CORRECTIONAL PRACTICES: Use of Relationship, Use of Reinforcement/Disapproval, Use of Authority (Coach vs. Referee), Teaching Thinking/Decision Making Skills, Prosocial Modeling

Definition

Collaborative Case Management and Supervision (CCMS) is the coordinated and strategic use of resources at the case level to accomplish agreed upon objectives. It is a dynamic process that starts at the time of sentencing/intake and continues seamlessly through successful reintegration and stabilization in the community. CCMS aims to reduce crime by engaging all partners in a collaborative process that holds individuals accountable for their behavior and increases offender success. The CCMS is intended to inform and guide the work of the Collaborative Case Management subcommittee within the Delaware Correctional Reentry Commission.

The Critical Elements of Collaborative Case Management and Supervision

Starting from the perspective that communities are safer when individuals returning from incarceration are successfully reintegrated (i.e. do not commit additional crimes, support their families, pay taxes, etc.), CCMS combines the following elements:

- *The goal is behavior change:* CCMS pushes corrections practice beyond concepts of incapacitation, supervision, and monitoring by seeking to engage returning citizens in the process of change. Rather than abandon the use of surveillance, compliance monitoring, and sanctions for non-compliance, CCMS balances these and other important external controls with effective treatment and behavioral change strategies to enhance the individual's internal motivation to change.
- *Interventions are individualized and comprehensive:* In order to influence behavior change, CCMS is informed by validated, actuarial risk and need assessment which identifies each individual's level of risk to reoffend, the criminogenic needs driving the offense behavior, and the internal strengths and external resources available to support positive change. The results of the assessment process are then used to plan the mix of treatment, services, and supervision most likely to lead to success by addressing the complex and multiple needs of the individual.
- *Returning citizens are partners in the process:* Long-term outcomes are enhanced when the goals and planned activities are meaningful to the individuals themselves. Instead of only setting conditions and monitoring compliance, staff approaches individuals as active participants in setting and achieving goals for successful community reintegration. Consequently, individuals are more likely to acknowledge their own responsibility to seek change.

- *Teams are responsible for case planning and management and engage additional stakeholders as needed:* In addition to the offender, multi-disciplinary teams are made up of either institutional or community corrections staff and a mix of treatment providers, workforce development specialists, community resources, the judiciary, law enforcement, and others based on the specific needs of each offender. The team works collaboratively to coordinate services with other stakeholders, including family, faith-based groups, and other natural supports.
- *Transitions are seamless:* In order to ensure continuity of key treatment and services, especially those that start inside the facility and continue in the community, teams managing cases inside the facility and teams managing cases in the community communicate and coordinate activities. The primary tool for case-level communication and coordination is the Transition Accountability Plan (TAP).

Collaborative Case Management Policy and Practice

The elements of CCMS can be translated into more specific policy and practice guidelines for improving reentry outcomes. The numbered headings are the six core activities for implementation of the Collaborative Case Management Model described in Chapter 5 of the TPC Reentry Handbook. Each is followed with a brief discussion of policy and procedure recommendations that support implementation of the core activity.

RESOURCES

Report of the Re-Entry Policy Council: Policy Statement 8 – Development of Intake Procedure

Prisoner Reentry Initiative Coaching Packet: Effective Case Management

Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes:

1. Conduct assessments of individuals' risks, needs, strengths, and environment.

CCMS activity should start at the point of intake to the facility with a comprehensive risk and need assessment process. The goal is to build awareness of the personal, situational, and historical/contextual factors behind each individual's criminal justice involvement, as well as his or her strengths that can be accessed to mediate risk. The focus of the assessment process should be validated measure of risk and criminogenic need but may also include multiple screenings and further assessment, as indicated, for a full range of personal history and needs, including but not limited to health, mental health, family relationships, employment, and housing stability.

Because gathering all of the necessary information will require the use of generalized risk and need assessments, screenings, and follow-up assessments, facility policy should define a streamlined process for selecting, administering, and tracking assessments. In addition, the staff administering assessments should be properly trained and supervised and use instruments that have been validated.

*Strategy 8 – Assess
Criminogenic Risk
and Need Factors*

Report of the Re-
Entry Policy
Council:

*Policy Statement 5
– Promoting
Systems
Integration and
Coordination*

*Policy Statement
25 – Design of
Supervision
Strategy*

*Policy Statement
26 –
Implementation of
Supervision
Strategy*

Prisoner Reentry
Initiative Coaching
Packet:

*Engaging in
Collaborative
Partnerships to
Support Reentry*

Putting Safety First:
13 Parole
Supervision
Strategies to
Enhance Reentry:
*Strategy 7 – Engage
Partners to Expand
Intervention
Capacities*

Although the most extensive and intensive assessment work may take place at the point of intake, policies and procedures should be in place for reassessment throughout the entire reentry process. Reassessment allows the team to uncover new or evolving needs and to track changes in dynamic criminogenic needs following delivery of treatment, programming, and other interventions.

2. Form, participate in, and lead case management teams that work collaboratively.

Throughout all three phases of reentry, case planning and management activities will be essential to the preparation for the returning citizen. Especially important is the utilization of a multi-disciplinary team. The composition of the team and the respective roles of its members will change over time, as the individual completes goals, identifies new needs, and transitions through the three phases. Generally, the team should include the inmate, prison staff, community supervision staff, facility and community-based service providers, and family members and/or other pro-social supports. During the institutional phase prison staff may lead the team. During the community supervision phase probation officers may lead the team.

In order to facilitate effective and efficient team operation, policies should be in place to define team composition, member roles and responsibilities, and the content and process of information sharing between team members. It is also important to ensure that staff members responsible for case management have the knowledge, skills, and time to carry out new and likely more intensive activities.

Whenever personal information is shared, it is critical to maintain the individuals' rights to confidentiality. However, with appropriate consent, information sharing across agency boundaries is necessary for good assessment and case management. One way to facilitate the exchange of information between agencies and systems is to share access and even link information technology systems in use by the respective service systems (i.e. corrections, mental health, human services, etc.). Again, the technology should include safeguards to ensure that information identified with a specific individual can only be accessed by members of the team who have been authorized to view that information.

Report of the
Re-Entry Policy
Council:
*Policy Statement
9 – Development
of Programming
Plan*

*Policy Statement
17 – Advising the
Releasing
Authority*

*Policy Statement
25 – Design of
Supervision
Strategy*

Putting Safety
First: 13 Parole
Supervision
Strategies to
Enhance
Reentry:
*Strategy 9 –
Develop and
Implement
Supervision Case
Plans that
Balance
Surveillance and
Treatment*

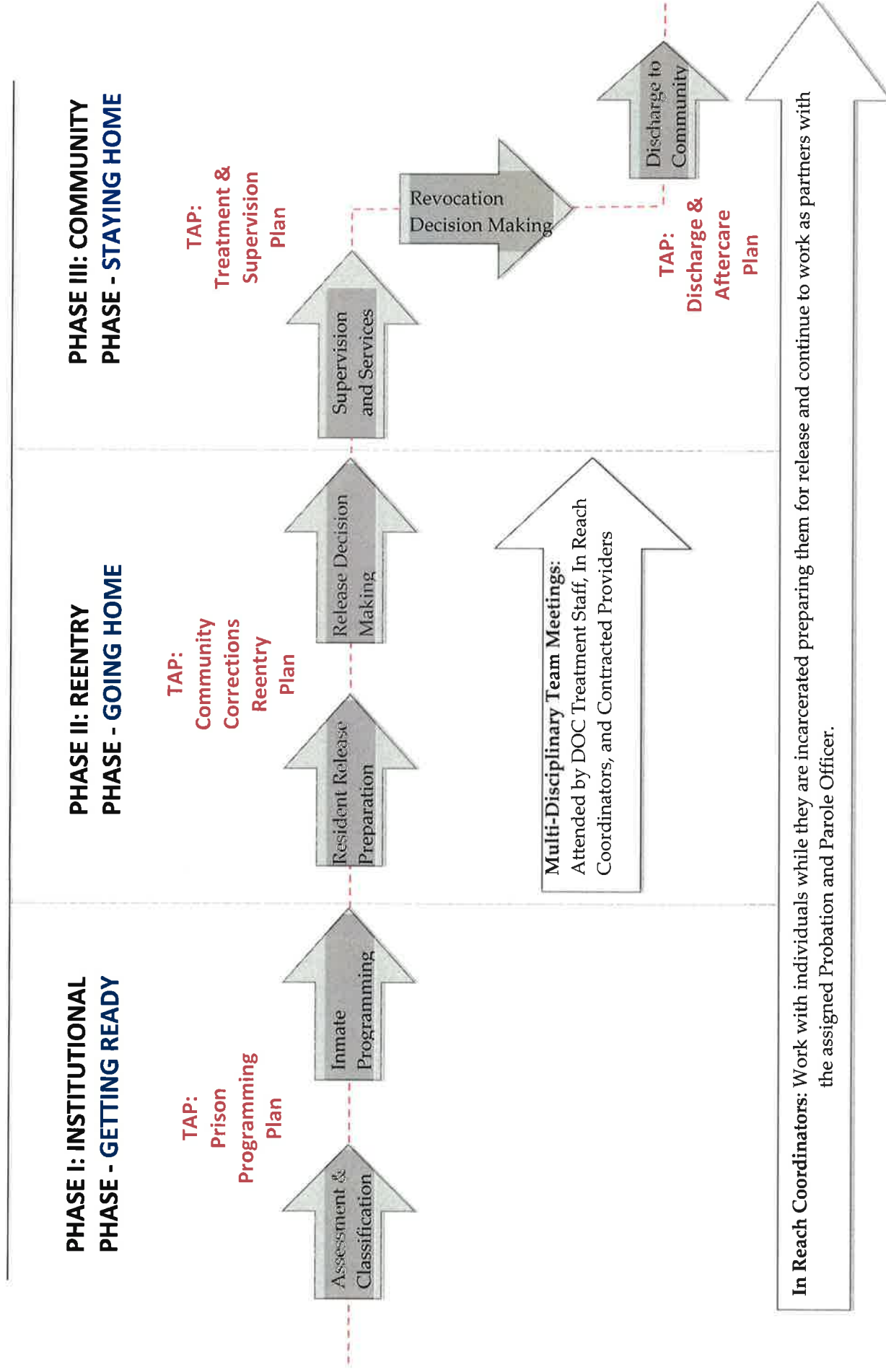
3. Develop and implement – along with individuals and other partners within both correctional and other agencies – a Transition Accountability Plan geared directly to the level of individual risk and criminogenic needs.

The Transition Accountability Plan (TAP) is a concise guide for the returning citizen and case management team that describes the goals identified for successful transition and the schedule of actions that need to be taken to achieve those goals. The increased certainty and clarity of goals and activities will motivate individuals to participate in the case management process and fulfill their responsibilities. Likewise, the TAP will ensure that all parties are held accountable for timely performance of their respective responsibilities. The TAP spans the three phases of the transition process, as well as agency barriers, to ensure continuity of care between the institution and the community. At a minimum, the TAP should be formally updated at four critical junctures in the reentry process:

- **The Institutional Phase TAP:** Completed at intake, the TAP includes the expectations for the prison term that will help inmates prepare for release.
- **The Reentry Phase TAP:** This TAP includes expectations for the term at a Level 4 facility and begins the planning for the Community Phase.
- **The Community Phase TAP:** Completed upon return to the community, the TAP includes a detailed schedule of the supervision and services individuals will experience in the community.
- **The Final TAP:** Completed prior to successful discharge from parole/probation, the TAP describes how the individual will maintain long-term success in the community with the support of community service agencies and informal prosocial supports.

Figure 3.1 illustrates the use of the TAP through the points of the reentry process.

CCMS Framework Transition Accountability Planning (TAP) Flowchart



RESOURCESReport of the Re-Entry Policy*Council: Policy Statement 14 – Behaviors and Attitudes**Policy Statement 27 – Maintaining Continuity of Care**Policy Statement 9 - Development of Programming Plan (pp. 141-153)**Policy Statement 14 – Behaviors and Attitudes (pp. 201-210)**Policy Statement 26 – Implementation of Supervision Strategy (pp. 358-369)*Putting Safety First: 13 Parole Supervision Strategies to EnhanceReentry:*Strategy 10 - Involve Parolees to Enhance their Engagement in Assessment,***4. Provide or facilitate access to programs and interventions to address risk and needs.**

In addition to the role members of the team will play in delivering direct services, including assessment, treatment, and motivational enhancement, at various points, the team will also fill a referral and brokerage role. The two complimentary roles ensure that individuals have access to treatment, programming, and interventions that will effectively address risk and needs. Interventions should be consistent with the principles of evidence-based practice.

5. Involve individuals in the case management process and engage them in the process of change, making efforts to enhance their motivation.

By engaging individuals in the assessment, planning, and case management process, CCMS is more than a means of referring to and tracking participation in various treatment programs. It is an intervention on its own, complimenting and enhancing the outcomes of other interventions. The evidence is strong that individuals are more likely to achieve and sustain desired behavior changes if the goals and process for achieving the goals are meaningful for them.

One way to build this intrinsic motivation is to involve individuals as the central member of the team when conducting assessment, planning, and progress monitoring. It is not enough just to ask for his or her feedback from time to time. The team should seek to build a trusting relationship with the individual through regular and consistent contact, including both formal meetings and less formal check-ins.

Another, more direct means to enhance motivation, is for members of the team to use communication styles and techniques designed to enhance motivation in all of their interactions with the individual. Rather than impose goals and demand solutions, these approaches employ empathy and specific communication skills to direct the individual through his or her own exploration of the need for change and identification of goals and solutions. Integrating approaches to enhance motivation into staff-offender interactions requires training and ongoing coaching for the staff, as well as policies and procedures that establish the value of these approaches.

Case Planning,
and Supervision

Report of the Re-
Entry Policy

Council: Policy
Statement 26 –
Implementation
of Supervision
Strategy

Policy Statement
29 – Graduated
Responses

Putting Safety

First: 13 Parole
Supervision

Strategies to
Enhance

Reentry:

Strategy 12 –
Incorporate
Incentives and
Rewards into the
Supervision
Process

Strategy 13 -
Employ
Graduated
Problem-Solving
Responses to
Violations of
Parole
Conditions in a
Swift and Certain
Manner

6. Review progress and adapt plans accordingly over time, including monitoring conditions of supervision and responding appropriately to both technical and criminal violations.

Through the use of formalized assessments, as well as frequent and consistent communication with the individual, members of the team, treatment providers, family members, and others engaged in the transition process, it is important to assess progress toward desired changes over time. When progress is slower than expected or there are indications that the individual is sliding back toward problematic behavior patterns, a swift response to identify the problem and adjust the plan accordingly is needed. Conversely, faster than expected progress, compliance with facility expectations and community supervision conditions, and other achievements should be acknowledged and rewarded, as appropriate, as a means to enhance motivation further.

The team's focus on monitoring and adjusting the TAP is especially important in the period immediately following return to the community. Most people transitioning from the facility environment to the community experience some degree of anxiety and stress and need an adjustment period. The appearance of problem behaviors, especially during this adjustment, does not necessarily indicate a return to criminal behavior.

Regardless of the cause of the problem behavior and the potential risk it signals, the supervision officer and team should be equipped with a full range of responses, including graduated levels of sanctions and incentives that can be used to facilitate compliance and encourage success. Ensuring the community's safety is the top priority, and returning an individual to incarceration may be necessary in some cases to protect safety. However, as a default response to all violations, re-incarceration does little to change behavior patterns and protect safety over the long term.

STATE OF DELAWARE



EXECUTIVE DEPARTMENT
DOVER

**EXECUTIVE ORDER
NUMBER TWENTY-SEVEN**

TO: HEADS OF ALL STATE DEPARTMENTS AND AGENCIES

**RE: CREATING THE STATE OF DELAWARE CORRECTIONAL REENTRY
COMMISSION**

WHEREAS, approximately 23,000 incarcerated adults are released from the State of Delaware ("State") Department of Correction ("DOC") facilities annually; and

WHEREAS, approximately 76% of persons released from DOC facilities are rearrested within three years, 68% of those released had a reconviction, and 65% had a recommitment; and

WHEREAS, the State's percentage of probationers is approximately 46% higher than the national average, and its percentage of incarcerated adults is approximately 12% higher than the national average; and

WHEREAS, an essential objective of reducing recidivism is to provide reentry-oriented, evidence-based programs and services that provide a foundation of cognitive, behavioral, social, and life skills for men and women to lead successful lives upon release; and

WHEREAS, the State's citizens returning from incarceration face many barriers that often lead them back to criminal activity, such as homelessness, lack of job skills, limited education, mental health issues, substance use disorders, lack of transportation to get to work, and difficulty finding work due to their criminal history; and

WHEREAS, the State should rely upon the Delaware Recidivism Reduction System Blueprint, produced by the National Criminal Justice Reform Project, a comprehensive framework for improvements that build upon existing practices in the State to improve reentry and reduce the recidivism rate; and

WHEREAS, it is a paramount interest of the State for the benefit of all its citizens to: improve the transition from correctional custody to communities; increase public safety; reduce recidivism; make better use of resources in correctional facilities; and expand partnerships with

communities, nonprofit services providers and reentry advocates, and statewide justice-oriented membership organizations.

NOW, THEREFORE, I JOHN C. CARNEY, by virtue of the authority vested in me as Governor of the State of Delaware, do hereby **DECLARE** and **ORDER** that:

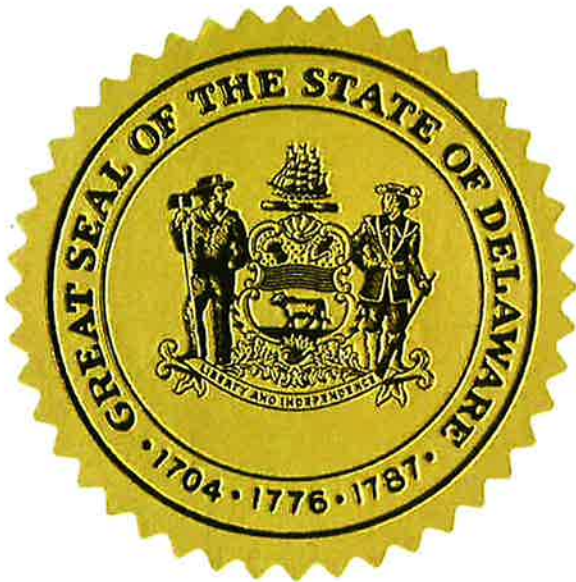
1. The Delaware Correctional Reentry Commission ("DCRC") is hereby established. The DCRC shall consist of the following:
 - a. Commissioner of the DOC;
 - b. The Director of the Delaware State Housing Authority ("DSHA");
 - c. The Secretary of the Department of Education ("DOE");
 - d. The Secretary of the Department of Labor ("DOL");
 - e. The President Judge of the Superior Court of Delaware;
 - f. The Chief Judge of the Court of Common Pleas;
 - g. The Attorney General;
 - h. The Chief Defender;
 - i. Two members of the public appointed by the Governor, to include the following: one member with significant experience in criminal justice who shall serve as Chair, and one member with prior experience in the criminal justice system;
 - j. Chief of the DOC Bureau of Community Corrections, who shall be Vice Chair;
 - k. The Chief of the Office of Planning, Research & Reentry of the DOC; and
 - l. The Executive Director of the Criminal Justice Council ("CJC").
2. Members serving by virtue of position, excluding the Commissioner of the DOC and the Vice Chair, may appoint a designee from their office to serve in their stead and at their pleasure. Governor appointed members shall serve at the pleasure of the Governor.
3. The DCRC shall serve without compensation.
4. The DCRC may create and appoint subcommittees (each to be chaired by a member of the DCRC) as it deems appropriate and shall solicit participation from relevant experts for the purpose of helping the DCRC better achieve its objectives.
5. The DCRC shall meet bi-monthly through December 31, 2020 to provide ongoing coordination of offender reentry initiatives across the State under the umbrella of the CJC.
6. The DCRC shall have the following objectives:
 - a. Oversee implementation and further development of the State's comprehensive strategic reentry initiatives, and ensure that federal, state, and local resources are used most efficiently to reduce duplicative reentry services and ensure alignment with the application of evidence-based approaches;

- b. Develop Transition Accountability Plans for each incarcerated individual for use by DOC and community partners to track services and supports from prison entry through post-release supervision discharge that address the risks of the individual to reoffend;
- c. Strengthen and/or develop case-level data sharing protocols among state agencies to improve the provision of evidence-based programming, best practices in community supervision, case management and other reentry services that are responsive to the learning abilities, motivation, and personality of the reentrant;
- d. Develop a comprehensive reentry response protocol with the DOC that: provides increased use of graduated responses and incentives to foster compliance and motivation with conditions of probation; improves coordination of aftercare services and supports with community stakeholders; and ensures programs providing substance use disorder treatments adhere to evidence-based principles, are implemented with fidelity, and are routinely assessed for their impact on recidivism reduction in order to maximize reentrants' potential for crime-free self-efficacy;
- e. Create a DSHA policy and strategic objective to work with partners across the affordable housing system to expand affordable housing opportunities for reentrants, including efforts to improve family unification;
- f. Create a DOC policy that expresses its commitment to work with state and local agencies and community organizations to avoid releasing people to unsheltered homelessness, with the goal of a 90-day housing plan for reentrants;
- g. Develop policies with the DOC and the Department of Health and Social Services ("DHSS") that provide a continuum of care for reentry for those with mental illness and/or substance use disorders, including the appropriate extension of services after relapse;
- h. Develop a Memorandum of Understanding between the DOC and the DOE that includes a "distance learning" policy (that does not require internet access) so offenders can benefit from academic and vocational services prior to release in preparation for employment and/or to further their training and education;
- i. Renew an enhanced Memorandum of Understanding between the DOC, the DOE, and the DOL for continuation of prison-based services for education and workforce development upon reentry to the community;
- j. Create within the DOL a policy for skills training selection and employment services for clients with criminal justice involvement;
- k. Explore ways to incentivize employers to increase employment of those with criminal justice involvement, and improve methods to educate employers about existing incentives;
- l. Develop a process to fully engage communities in the prisoner reentry process; and
- m. Conduct a Success Rate Analysis on a group of offenders who receive the newly-aligned services under the DCRC to provide ongoing, data-driven feedback to DCRC and stakeholders regarding the short-term impact of incremental reentry reforms on recidivism (allowing for necessary adjustments to improve effectiveness) to provide State stakeholders with summative

evidence on the impact of comprehensive reentry reform in the State on long-term recidivism.

7. Consistent with the objectives of this Executive Order and the objectives of the DCRC, the DOC Office of Research and Planning shall be restructured as the Office of Planning, Research and Reentry (“Reentry Office”), and report to the Commissioner of the DOC. The Reentry Office shall:
 - a. Oversee the implementation and maintenance of the DCRC initiatives from prison to community corrections centers to probation and parole to the community;
 - b. Work collaboratively with the DCRC and the Bureau of Prisons and Bureau of Correctional Health Care Services on adherence to evidence-based practices, including incorporation of cognitive behavioral therapy programs, case management services, education, drug treatment assessment, and employment readiness training;
 - c. Assess offenders’ likelihood of recidivism through the use of risk and need assessments to target services for those at the moderate to high risk for reoffending in order to prioritize services in the most cost-effective manner;
 - d. Streamline, coordinate, and leverage reentry assets with state agencies (including the Courts, DHSS, DOL, DOE, and DSHA) and with community stakeholders (including victim services agencies, employers, non-profit organizations, faith-based organizations, local reentry coalitions, mentoring organizations, and ex-offender peer support groups);
 - e. Work with DOE specialists to administer a DOE-approved educational assessment tool to all inmates during DOC’s reclassification process in order to develop a plan for their educational needs throughout incarceration; and
 - f. Repurpose existing I-ADAPT probation officers as DCRC in-reach coordinators to assist with transition accountability planning from facilities into the community.
8. The DCRC shall submit to the Governor no later than December 30, 2019 a comprehensive report on the status of the State’s reentry reforms, practices, and policies. The DCRC shall submit a final report on the status of the State’s reentry reforms, practices, and policies to the Governor by December 30, 2020. Each report shall contain benchmarks and accomplishments to date, the effectiveness of the cross-agency coordination and communications, and progress with respect to the performance measures and the recommendations of the DCRC for improvements in executive, judicial, and legislative policies that will reduce recidivism, crime, and victimization.
9. Administrative support and space for meetings shall be provided by the CJC.
10. The DCRC shall dissolve on January 1, 2021 unless extended by further Executive Order.

11. Executive Order Number Seven, signed by Governor Markell on May 15, 2009, is hereby rescinded.

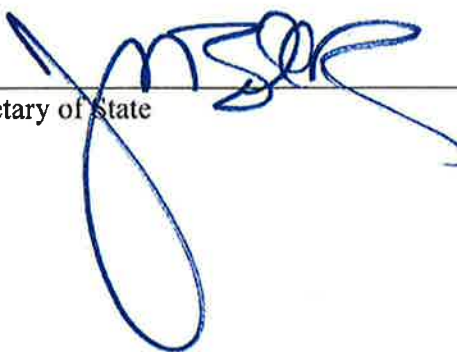


APPROVED this 4th day of December, 2018



John C. Carney
Governor

ATTEST:



Secretary of State