

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business

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Document No.: 196441

Date Received: September 16, 2002

Award Number: 2000-IJ-CX-0045

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196441

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**EMERGING ROLES AND RESPONSIBILITIES IN THE
REENTRY PARTNERSHIP INITIATIVE:
NEW WAYS OF DOING BUSINESS**

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March 25, 2002

FINAL REPORT *Archive*

Approved By: *J. Young*

Date: *5/28/02*

This project is sponsored by the National Institute of Justice under grant 2000JCX0045. All opinions are those of the authors and do not reflect the opinion of the sponsoring agency. All questions should be directed to Dr. Faye S. Taxman or Mr. Douglas Young at bgr@bgr.umd.edu or (301) 403-4403. The authors would like to acknowledge the contributions and efforts of each of the eight Reentry Partnership Initiatives (RPI) who provided a fruitful learning environment and Ms. Janice Munsterman, the NIJ Program Officer. We would also like to thank Ms. Julie Marshall for her assistance in preparing this document. Do not cite without permission of Dr. Taxman or Mr. Young.

*Emerging Roles and Responsibilities
In the Reentry Partnership Initiative:
New Ways of Doing Business*

About This Series of Papers on RPI

The Office of Justice Programs of the federal Department of Justice has developed a series of system-wide reentry initiatives that focus on reducing the recidivism of offenders. The initiatives include: 1) Reentry Partnership Initiatives (RPI) which includes formation of a partnership between criminal justice, social service, and community groups to develop and implement a reentry process; 2) Reentry Courts which are modified drug courts that focused on the ex-inmate; and 3) Weed and Seed-based reentry partnerships. The RPI and Reentry Courts are demonstration efforts that do not include any funding for programming; OJP has provided technical assistance to the eight RPI sites and nine Reentry Court sites. The eight RPI sites include: Baltimore, Maryland; Burlington, Vermont; Columbia, South Carolina; Kansas City, Missouri; Lake City, Florida; Las Vegas, Nevada; Lowell, Massachusetts; and Spokane, Washington. This paper is part of a series on system efforts to address the problem of offenders returning to communities after periods of incarceration.

This series is the result of a formative evaluation of the Reentry Partnership Initiative (RPI) conducted by the Bureau of Governmental Research (BGR) at the University of Maryland, College Park. The evaluation was conducted to examine how the eight demonstration sites pursued the implementation of RPI, with a focus on the organizational development across agencies to construct new offender reentry processes. BGR used qualitative research methods, including interviews, focus groups, network analysis surveys of stakeholders, and review of documents, to measure the fidelity of the implementation during the early stage of the RPI process. Many of the sites devoted their efforts to one component given the complex multi-faceted aspects of the offender processing issues. In fact, many of the sites found that the

development of the interagency approach fostered new discussions in areas that had long been considered “off-limits” or limited opportunities including: targeting offenders for services, overcoming societal barriers to reentry, envisioning roles and responsibilities of key agencies and staff, and using of informal social controls along with formal criminal justice agencies. The reports provide an overview of complex organizational challenges that underscore new offender processes. To that end, this series of papers reports on the conceptual framework that the Office of Justice Programs envisioned and the issues that the RPI sites encountered as they began to implement the new model. The papers are part of a series devoted to this end that includes:

- From Prison Safety to Public Safety: Innovations in Offender Reentry
- Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business
- Engaging the Community in Offender Reentry
- Offender’s Views of Reentry: Implications for Processes, Programs, and Services
- Targeting for Reentry: Matching Needs and Services to Maximize Public Safety.

The project team included Dr. Faye S. Taxman, Mr. Douglas Young, Dr. James Byrne, Dr. Alexander Holsinger, Dr. Donald Anspach, Ms. Meridith Thanner, and Ms. Rebecca Silverman. We wish to thank and acknowledge the RPI sites and their staff for sharing their experiences with us and acknowledge their tremendous efforts to craft new processes. We would also like to thank our National Institute of Justice program manager, Ms. Janice Munsterman, for her guidance in producing these series of papers.

Introduction and Overview

The Reentry Partnership Initiative (RPI) programs we have examined share a common vision about offenders, communities, and the issue of public safety: *we must act as a system to improve public safety in our communities*. The Reentry Partnership Initiative (RPI) will require key criminal justice system actors (police, courts, corrections, community) to redefine their role and responsibility in this area, focusing not on what *individual* agencies should be doing, but on what the “partnership” should be doing to improve public safety. To facilitate this shift from individual agency-level reentry activities to coordinated system-wide reentry efforts, fundamental changes in the roles and responsibilities of police, court, and corrections personnel will have to be made. A major development is the inclusion of the community - victims and offenders in the partnership - sharing responsibilities for offender reintegration.

The essential characteristics of a successful reentry program are (1) leadership, (2) partnership, and (3) ownership. In the context of reentry, effective *leadership* will likely be related to how well managers articulate their “vision” to reentry staff, offenders and the community. In an examination of the characteristics of successful companies in the business sector, Collins and Porras (1997) recently observed that:

“if there is any one “secret” to an enduring great company, it is the ability to manage continuity and change...even the visionary companies ...need to continually remind themselves of the crucial distinction between core and non-core, between what should never change and what should be open for change, between what is truly sacred and what is not” (1997:XV).

This is a critical point to keep in mind when viewing the changes associated with the current wave of reentry programs. As described here, reentry initiatives do *not* represent the latest “fad” in the correctional management game; indeed, they are based on a review of the empirical

research on what works with offenders in institutional and/or community settings. However, the reentry model does require individual organizations to rethink their mission (or purpose) in light of the public safety goal and then accordingly redefine the roles and responsibilities of line staff involved in the reentry process. Considering the number of organizations, agencies, and community groups involved in reentry, leadership is obviously a key ingredient in the success of this system-wide intervention strategy.

The leadership challenge associated with the reentry partnership initiative is two-fold: (1) there must be a strong leadership role within an organization; and (2) there must be a strong leadership role within the partnership. Based on our review of the initial development of reentry programs, it appears that the *first step* in the change process should be to select a full-time project director for the initiative, who has the ability (and authority) to develop a programmatic strategy for reentry that spans the boundaries of traditional organizations. It is the project director (acting as a boundary spanner) who will act as the linchpin in this system-wide change effort. The manager position is critical as a symbolic step to reinforce the collective goal of public safety that transcends organizational lines.

In addition to leadership, successful reentry programs will also include “true” *Partnerships* comprised of all the key decision-makers involved in public safety. We use the term “true” to refer to programs that involve partnership members at every three levels: policy development, operational practice, and staff decision-making. When program developers describe reentry partnership initiatives they often spend an inordinate amount of time identifying *who* is included in the partnership, but little is offered on how often these partners meet, what they discuss, how decisions are made, what operational practices are put in place and who is responsible for delivering what part of the process. Stated simply, strategic planning must be

integrated at all levels to ensure the partnership moves from “paper” to practice. One caveat about partnerships can be offered at this point: we can learn more about a particular RPI model by identifying who is *not* included than who is included in the partnership and what processes are *not* developed than what is, and how information is shared.

The final characteristic of an effective RPI program is system-wide *ownership*.

Partnership members need to accept the notion that offender reentry problems are not someone else’s problems; they are everyone’s problem. They do this in a number of important ways: first, they identify quality staff from their agency to work on RPI program development and implementation issues; second, they commit resources to the reentry program; and third, they incorporate “reentry” issues into a revised mission statement for their agency/organization. One strategy that may be effective in convincing partnership members to “own” the reentry problem is to focus on the impact of the proposed initiative on public safety in targeted communities.

Even a cursory review of the literature on organizational change (see e.g., Collins & Porras, 1997; Cochran, 1992) reveals the difficulty inherent in the system-wide role redefinition effort that is essential to the development of a successful reentry partnership. The following article describes the roles and responsibilities of several key actors involved in the reentry process, including: (1) the police, (2) the institution, (3) the treatment providers in the public and private sector, (4) the community supervision agencies (probation, parole), and, (5) the community itself (including the victim, victim advocates, guardians, community agencies/groups, and – of course – the offender). Line staff are likely to resist the types of fundamental changes in roles and responsibilities described here initially, unless the partnership is clear on the mission and institutionalizes

the new role and job responsibilities. It must be the mantra of the partnership that the “old ways”

will not achieve public safety. Without appropriate education and (cross-) training on the need for a comprehensive system-wide response to the reentry problem, the partnerships achievements will be minimized.

Developing A Systems Perspective on Offender Processing

When we use a systems perspective, we are essentially examining how changes in one components of the criminal justice system (e.g., the police make more arrests for drug possession) affect other parts of the system (e.g., pressure to plea bargain to reduce backlog in court; more offenders with drug problems in prison). We can also ponder the reason why so many offenders are unable to survive in the community upon release from prison (i.e., 2 out of every 3 young adult offenders released from prison this year will be rearrested within 3 years; 40% will be returned to prison in this period [GAO, 2001]). This question is more difficult to answer, because reentry “failures” represent criminal justice system failures that must be addressed (e.g., by changes in laws, law enforcement, court processing, sentencing schemes, institutional treatment/control, and community treatment/control). Of course, reentry failures may also be explained by changes in the mental health system (e.g., about 1 in 5 released offenders has a mental health problem) and the economy (e.g., job availability and/or job training is an ongoing problem for most offenders, along with the housing issue), and/ or the community itself (e.g., community attitudes toward certain groups of offenders, community tolerance for certain types of behavior, etc.).

From a systems perspective, you will not solve the problems associated with offender reentry unless a partnership of key system actors is formed to carefully examine the link between/among system inputs (e.g., money, staff, support), activities (e.g., police practices, court

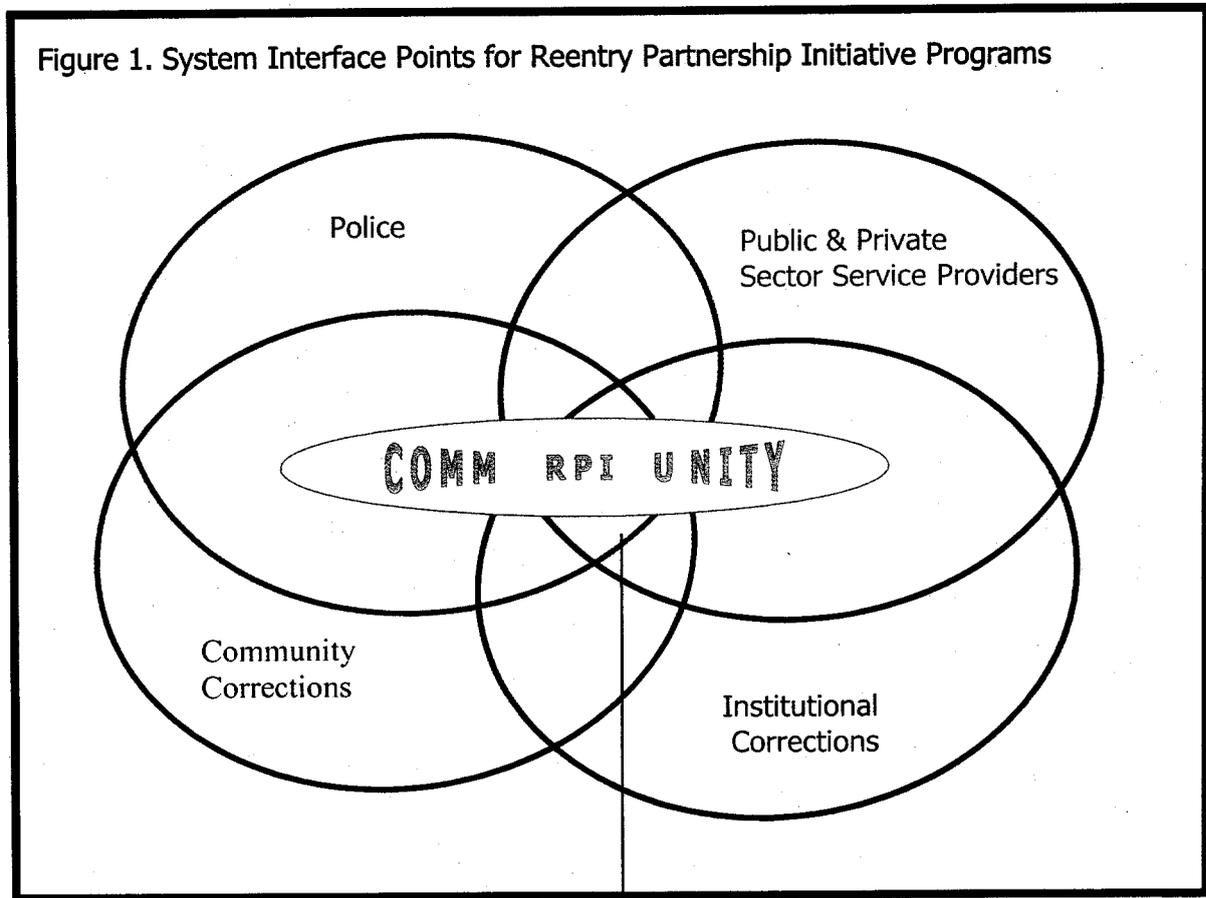
practices, corrections practices, mental health system practices) and outputs (e.g., arrests, convictions, sentence type/length, offender returns to prison, offender recidivism, community crime rates, and/or fear of crime). Once these system linkages are examined and the gaps – or shortfalls - in the system are identified, the partnership team can take the first steps toward planning for real change in reentry policies and practices.

As depicted in figure 1, RPI programs will involve shared decision-making by police, institutional corrections, community corrections, and public/private service providers concerning “what to do” with offenders as they make the transition from the institution to the community. In addition to the above “key actors,” representatives from the communities (e.g., victims, victims advocates, community boards, etc.) will also be involved in reentry decision-making. It is our view that all members of the partnership should have a voice at each of the following decision-points in the reentry process: (1) program eligibility, (2) institutional treatment plans, (3) structured prerelease planning, (4) structured reentry, and (5) community reintegration strategies. In the following review, we describe how this “shared decision-making” strategy will fundamentally change the roles and responsibilities of each of these partnership participants.

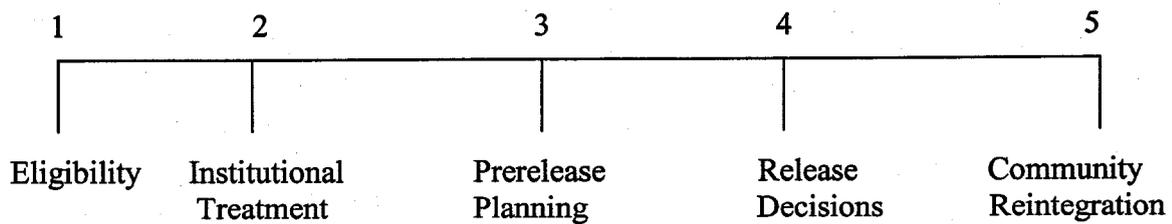
I. The Role of the Police in the Reentry Process

Local police departments have played a critical role in the development of the RPI model in several sites across the country. In a separate, companion report, From Prison Safety to Public Safety: Innovations In Offender Reentry, we have described the three key phases of the RPI model in detail: the institutional phase, the structured reentry phase, and the community reintegration phase. Based on our multi-site review of reentry initiatives in eight separate jurisdictions (Maryland, Vermont, South Carolina, Missouri, Florida, Nevada,

Figure 1. System Interface Points for Reentry Partnership Initiative Programs



RPI
Key Decision Points



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Massachusetts and Washington) we can describe the role of the police at each of these phases of reentry.

During the *institutional phase* of an offender reentry program, a number of decisions have to be made about offenders that involve local law enforcement, both directly and indirectly. Although the timing of the decision varied from jurisdiction to jurisdiction, local police departments have been involved in the selection of the RPI target population at several sites. The decision regarding whom to include and exclude from the RPI program should be made by the entire partnership, rather than one specific agency. By sharing decision-making vis-à-vis the targeting issue, program developers have increased the likelihood of police support for—and partial ownership of – the reentry initiative.

In addition to their role in offender targeting decisions, police may also be able to assist in other decisions made during the institutional phase of RPI, such as offender classification, institutional location, and institutional treatment. Local police have information about offenders that may be shared with institutional staff involved in offender classification and placement such as peer/gang associations, family history and the nature of the commitment offense. In addition, police at one site (Vermont) serve on local community “restorative justice” boards that review and approve the offender’s institutional treatment plan within 45 days of incarceration. While only one site currently includes the police in decisions regarding institutional treatment (for substance abuse, anger management, and/or other behavioral issues), it can certainly be argued that the police have a stake in offender treatment decisions. By including police in the treatment decision-making process, RPI program developers have given police officers an opportunity to see, first-hand, how offenders change and the value of treatment interventions throughout the system.

The second phase of the RPI model involves *structured reentry* to the community. Police have an important role in decisions during this second phase of reentry. Typically, the structured reentry phase of RPI programs focuses on the last few months before release and the first month after release. It is during this period that an offender reintegration plan is developed and a number of basic decisions are made about when the offender will be released, whether specific release conditions will be established, where the offender will live and work, and how the offender will address his/her ongoing treatment needs. Depending on the jurisdiction we visited, police were involved in one or more of these structured reentry decision points.

Perhaps the most controversial and innovative structured reentry strategy that involves police is the use of community boards (in Vermont) to review the offender's progress in treatment and to make release recommendations. Since local police departments are represented on these boards, they will have input on release decisions and in some cases, the conditions of release. It will be interesting to track the impact of community boards on release decisions in this jurisdiction.

In several jurisdictions, the police will meet with the offender in prison to discuss his/her pending release. The purpose of this meeting is twofold: first, to explain to offenders how local policing has changed since they were initially incarcerated, due to the current emphasis on community policing; and secondly, to let offenders know that the police will be watching them upon release and that they will not be anonymous. Will one meeting between the offender and a neighborhood police officer deter the offender from criminal behavior upon release? We doubt it, but there is more involved here than an attempt to "scare" an offender straight. In Lowell for example, the police meet with the offender in conjunction with the local treatment provider, who describes the types of treatment programs available for offenders returning to this community. It

is the dual message – treatment and control – that the offender hears at this meeting.

Another facet of the police role during the structured reentry process is the contact between the police and the offender during the first few days after the offender has been released from prison. For offenders released conditionally, police surveillance and contact serves as a supplement to probation and parole supervision. For offenders released unconditionally, police surveillance and contact represents the *only* formal offender control mechanism. We anticipate that in some jurisdictions – such as the Lowell RPI – police will be in contact with local treatment providers and thus will know who is – and who is not – participating in treatment, which may affect the nature and timing of police-offender interactions.

Finally, one jurisdiction - Lowell - developed a unique strategy for improving the community surveillance and control capacity of local police. In conjunction with the State Department of Corrections, the crime analysis unit of the Lowell police department develops “profiles” of each offender returning to the community each month, which are displayed at roll call. These profiles include the offender’s most recent picture, criminal record, gang affiliations (if any), and nature of his/her last offense. This is certainly one possible strategy for reducing the anonymity of offenders returning to the community.

The third phase of the RPI model is the *community reintegration* phase, which emphasizes long-term offender change. The underlying assumption of RPI program developers is that during this final phase of reentry, there will be a transition from formal to informal social control mechanisms, such as the offender’s family, peer group, faith-based community groups, employers, guardians, and other community members. The response of the police to reentry offenders during this final phase is likely to vary by the behavior of the offender. If the offender is employed and participating in treatment, then the police department’s interaction with the

offender will be minimal. However, offenders who have difficulty with the initial transition from prison to home will likely face much more intensive police intervention. In Vermont, and Spokane, for example, the police work in conjunction with local community corrections staff to conduct curfew checks on targeted offenders. It appears that the police have a role in the community reintegration phase that will change over time based on the behavior of the offender.

A. The Police and the Community

RPI programs have affected the way police departments interact with local community residents and groups, including crime victims. At two sites—Missouri and Vermont—neighborhood police officers sit on local community boards that make a wide range of decisions affecting offenders both directly and indirectly. In Spokane, police departments work with volunteer “guardians,” who assist offenders in a variety of areas (e.g., transportation, job preparation, housing, etc.), while also acting as another set of “eyes and ears” for the police. In Vermont, police officers serve on restorative justice boards involved in all aspects of institutional treatment and community reintegration. As both examples illustrate, the role of the police in the community has certainly been expanded to include both informal social control strategies (e.g., the use of guardians) and the pursuit of community justice initiatives.

B. The Police and the Victim

The police play an important role in reentry, not only in the areas of offender surveillance and control, but also in the provision of services to victims and families of victims. Victims of crime have problems and needs that are only partially addressed when the alleged offender is arrested. Since only a fraction of all arrested offenders are convicted and incarcerated, it is not surprising that community residents ask the police for help with the “offenders walking among

us” (e.g., dispute resolution, formal and informal surveillance, active investigation). Since 9 out of 10 offenders who enter prison eventually get out, it seems logical that crime victims would ask the police for help with these offenders as well. Victims of crime may need information on when the offender is being released and where he/she is planning to reside. They may want assistance in resolving ongoing disputes with the offender and his/her family and friends. They may also want increased police surveillance and protection. Finally, they may ask police assistance in filing restraining orders against the offender, especially if child protection is an issue. While getting out of prison is “good news” for the offender, it is a time of great anxiety of stress for many crime victims, friends, and family.

C. The Police and the Offender

Local police departments across the country, as a result of community policing, have changed their role in the community by moving from a reactive to a proactive style of policing. It is this proactive, problem-solving approach that is at the core of police-offender interactions in reentry jurisdictions. In the RPI model, police visit offenders in prison prior to release rather than waiting until the offender is back on the street. Utilizing the latest offender profile data, police know who is returning to their community *before* they are released. And when police interact with offenders once they return to the community it is *before* not after, a problem occurs or there is a call for service. It will likely take some time for offenders to realize that the role of the police in reentry jurisdictions has changed and that they are involved in activities that can help offenders turn their lives around. However, offenders must also recognize that the police will know how offenders are doing and this may drive their surveillance activities based on this information.

II. The Role of the Institution In the Reentry Process

On a recent prison tour we conducted as part of our review, we talked to an individual who had spent several years working as an officer (CO) at the institution and who was recently placed in charge of the facility's treatment programs. He observed that when he began in corrections fifteen years ago, the focus of rehabilitation efforts was short-term: they were simply trying to "rehabilitate offenders to do time." Their immediate concern was prison safety (e.g., violence against guards and other inmates), not public safety. He went on to suggest that recently, the prison administration has shifted its emphasis and now offender change—long-term, post-release change—is openly discussed. It is within this changing correctional context that the role of the institution in the reentry partnership initiative should be examined.

The reentry partnership initiative has changed the institution's role in the offender reentry process. Correctional administrators recognize that it is probation and parole failures, not new prison admissions (due to convictions) that fuel our current prison-crowding crisis. Unless the problems and needs of offenders are identified (via reliable classification and case management technology) and addressed (via quality treatment programs and comprehensive prerelease planning) *within* the institution, we are essentially setting offenders up for failure; and in the process, we are threatening the public health and safety of our communities.

The institution plays a critical role in each of the three phases of the reentry partnership continuum. In the *institutional phase*, decisions must be made on where to house the offender and on the types of treatment programs that should be made available (e.g., substance abuse, mental health, education, anger management). What distinguishes the RPI model from "standard

practice” is the emphasis placed on shared decision-making by partnership members (such as the police, the victim, community corrections, treatment providers, and the community at large). At most RPI programs we visited, partnership members were involved only in the planning process for the institutional phase. Vermont’s RPI program allowed partnership members – as part of local, community restorative justice boards – to participate in the development of institutional treatment plans for offenders *and* to monitor offenders’ progress in treatment.

The role of the institution in the *structured reentry* process has also changed, once again due to the inclusion of key partnership members in the offender release planning process. For example, institutional treatment staff discussed continuity of treatment issues with community treatment providers in several jurisdictions. In addition, community boards offer release recommendations at one site (Vermont), while community corrections personnel coordinate housing, employment and treatment services with institutional corrections staff at several sites. Finally, institutional research staff provides background information about offenders to the crime analysis unit of one police department (in Lowell), in order to improve police surveillance and control of newly released offenders. In jurisdictions with a large number of expiration of sentence offenders (e.g., 7 of 10 offenders released from prison in Massachusetts are released unconditionally) institution-police partnerships may prove critical to the success of offender reintegration efforts.

While it is expected that the institution will play a prominent role in the development of institutional treatment plans and initial offender release strategies, RPI program developers also view phase 3, *community reintegration*, as part of the institution’s mission. Based on this expanded role definition, two jurisdictions (Lowell and Lake City) utilize institutional funding to provide community treatment for offenders, despite the fact that many of the releasees are

expired of sentence cases. In another jurisdiction (Burlington, and Baltimore) reentry offenders are provided short-term housing in rental properties funded by the institutional corrections system or foundation. A third jurisdiction (Lake City) maximizes the employment prospects of offenders by transferring offenders to facilities close to home prior to release in order to allow offenders to participate in a work release program that guarantees an offender continued employment upon release. It is these three institutional initiatives -- treatment funding, housing provision, and job placement -- that perhaps best capture the expanded role of the institution in the reentry process.

Overall, it is apparent that the institutional corrections system has embraced the idea that a partnership-based strategy -- utilizing a system-wide planning model with shared decision-making at key points in the reentry process -- will be the most effective approach to the problem of offender recycling. As we discuss in the following section, the RPI model has resulted in changes in both the roles and responsibilities of institutional staff that are important to understand.

A. The Institution and the Community

Two of the reentry programs we visited—in Missouri and Vermont—have developed community boards (comprised of community residents, police, victims, victim advocates, treatment providers, and community corrections) that plan to either meet with the offender in prison (one or more times) or to hold a video/teleconference with the offender while he/she is incarcerated. Other sites have elected to use a team case management approach that is comprised of the same actors as the community boards. These meetings will have to be coordinated with institutional corrections staff, which will require that someone be given responsibility for this

activity. A similar redefinition of job responsibilities will have to occur if the police are to receive timely information on offenders reentering their community.

Probably the newest innovation in the partnership is the involvement of community volunteers in the structured reentry process. The community has selected community residents to be guardians, advocates, or sponsors for the offenders returning home. These guardians often meet with the offenders before release and then shortly after release. The role of the community representative is to build a relationship with the offender prior to release and to help the offender during his/her initial period back in the community.

B. The Institution and the Victim

Institutional corrections systems that have been involved in reentry partnership initiatives appear to embrace the notion that victims deserve an opportunity to have input in both institutional treatment and institutional release decisions. They may do this directly through their involvement on community boards and/or in victim impact statements; or they may be involved indirectly, through the efforts of victim advocates. In Vermont, community boards review the individual "offender responsibility plans" developed during the offender's first 45 days of incarceration. In that plan, the offender describes not only his/her remorse for the crime (in an apology), but also his/her plans to provide reparation to the victim and to change his/her behavior by addressing such problems as substance abuse and mental health. If the board feels that the offender's treatment is inadequate, they can make recommendations to the institution. In addition, Vermont's community board (including the victim and/or a victim advocate) will review the offender's progress in treatment and offer a recommendation regarding offender release.

In the RPI model programs we have reviewed, it appears that institutional corrections have expanded their responsibility to include the victim's (and the public's) legitimate safety concerns. On one level, this involves victim notification prior to release and some consideration for victim preferences regarding offender location and release conditions. But more importantly, it involves an institutional investment in offender change, both short-term (in the institution) and long-term (in the community).

C. The Institution And the Offender

The reentry partnership initiative programs we have reviewed offer a new approach to the institutional corrections population targeted for selection. Offenders selected for reentry programs are given access to resources and support systems – both inside and outside the institution – that are simply not available to the general offender population. Since offender participation in the programs we examined is voluntary, it is assumed that this subgroup of the prison population is taking the first steps toward “reforming and rebuilding their lives” (Maruna, 2001). A key component of this change process is for offenders to take responsibility for their own behavior and to develop a strategy for reform. Toward this end, Burlington's model reentry program requires offenders to develop (individual) offender responsibility plans (ORPs) within the first forty-five (45) days of incarceration. Included in the ORP are four “restorative justice” components: (1) an apology to the victim (or victims), (2) a reparation plan, (3) an institutional treatment plan, and (4) a community reintegration plan. This strategy is based on the assumption—and it is an assumption that is critical to the success of Vermont's reentry strategy—that offenders *can* change if they begin to get the help they need while in prison and this “help” (or institutional treatment) is also provided in the community upon release. Proper

offender classification and case management, in conjunction with a “seamless system” of treatment services in the areas of mental health, employment, substance abuse, housing, and family, represents the core technology of Vermont’s reentry program. While other jurisdictions have not yet focused on offenders *entering* prison, it certainly makes sense to address these “change” issues early in the offender’s incarceration, because it will increase the time available for the offender to begin the process of change.

III. Role of the Treatment Provider In the Reentry Process

Institutional and community-based treatment providers are critical to the success of the reentry partnership initiative. A number of recent reviews of treatment availability and quality (see, e.g., Bureau of Justice Statistics *Special Report: Substance Abuse and Treatment, State and Federal Prisoners, 1997*) have underscored the fact most institutions cannot address the treatment needs of a large segment at their institutional populations. Since the vast majority (97% according to a recent report by Petersilia, 2000) of offenders currently in prison will be released to the community at some point, it certainly makes sense from a public safety perspective to address their substance abuse, mental health, skill/employment, family, health, and housing needs while in prison (Taxman & Bouffard, 2000). Reentry program developers at the sites we visited recognized the importance of treatment to the success of this initiative. However, there are several issues related to the role of the treatment provider—both in the institution and in the community—that need to be examined and resolved before the RPI model can be fully implemented at these sites.

Despite the caveats we have offered, many RPI models we reviewed emphasize the importance of treatment, both within the institution and in the community. The term “treatment”

has been defined broadly by RPI program developers and it includes mental health programs (individual and group), education programs, vocational programs, and even prison-industry programs. It is during the *institutional phase* of the program that the offender will be assessed and classified, utilizing a wide range of classification devices. In programs such as Burlington, Vermont's "restorative justice" model, assessment, classification and treatment referrals occur at the outset of a reentry offender's incarceration. In other reentry programs, the offender would not be identified as a potential "reentry program participant" until several months before his/her scheduled release date. If the offender agrees to participate in the program then reentry staff would review existing classification data available from the offender's case file and conduct additional assessments where appropriate.

One issue that must be addressed by RPI program developers is whether reentry participants should be targeted for specialized programs and services reserved for this population (e.g., this is the approach used in Las Vegas' RPI model) or referred to treatment programs and services available to the general prison population (e.g., this is the Baltimore, Lake City, and Lowell model). Unlike the other phases of the RPI model, there is still work to be completed on the basic design features of the institutional phase of RPI, particularly in the areas of offender classification, referral and treatment. Until the partnership participants address these treatment design issues, it will be difficult to describe the impact of RPI on the roles and responsibilities of institutional treatment staff.

The roles and responsibilities of treatment providers are much easier to describe during the *structured reentry* phase, because in most jurisdictions, this is the point that most of the RPI sites have started to begin the formal reentry program. During the structured reentry phase, offenders begin to make the transition from institutional life back to the community. To

facilitate continuity of treatment, offender treatment plans upon release are designed as a continuation of institutional treatment. It is anticipated that institutional and community-based treatment staff will work with other partnership members (e.g., institutional pre-release staff, community corrections staff, local police, and community boards) as a team to develop the offender's reintegration plan. For offenders on some type of conditional release status, participation in certain forms of community treatment may be required (e.g., substance abuse treatment, mental health treatment, employment). However, participation in community-based treatment will be voluntary for many offenders, in particular the expiration of sentence population. The role of the community treatment provider will have to be much more proactive for this offender population. While there has been much discussion by RPI program developers on the use of coercive treatment strategies for at least some groups of releasees (e.g., substance abusers, sex offenders), the implementation of such a strategy would likely entail major revisions in existing criminal codes. A recent review of this issue by Marlowe (2001:65) concluded that "coercive treatment can be effective and acceptable to clients." However, RPI program developers have not yet addressed this issue.

Treatment providers also play an important role in the final phase of reentry, *community reintegration*, where the focus of intervention is on reducing the offender's reliance on formal, institutional supports while improving the offender's informal social control network (e.g., family relations, peer associations, community ties). For substance abusing offenders released conditionally, treatment providers will develop "relapse prevention" strategies in conjunction with local police, community corrections, and various community support groups. However, the unconditional releasees represent a unique challenge for treatment providers, due to the lack of formal correction-based sanctions available for noncompliant offenders. For these offenders, as

well as other offenders in some form of voluntary treatment program, RPI program developers plan to use positive incentives (e.g., housing job training, employment) to induce ongoing participation. At this point, the issue of voluntary participation in post-release treatment is still being examined and discussed by partnership participants.

A. The Treatment Providers and the Community

One new role for treatment providers involved in the reentry partnership initiative is participation on community boards and on partnership planning/oversight committees. While confidentiality is an issue here, part of the partnership process is to address this issue. Certain RPI sites have tackled this and found that with appropriate protocols in place, service providers can provide an important informational function for the system. As members of the partnership, the treatment provider can answer key questions. Is the offender employed? Is the offender in treatment? How is the offender progressing? Does the offender need any additional services that the community board could help provide, such as housing assistance or transportation? In one jurisdiction—Spokane—community guardians have been identified to work with offenders on these treatment-related issues. We anticipate that treatment providers will need to develop new protocols for interacting with guardians in particular and community groups in general.

B. The Treatment Providers and the Victim

Reentry partnership initiative programs do not necessarily require that treatment providers change their core activities (i.e., offender treatment decisions regarding dosage, duration, etc.), but they do appear to expand the victim's access to both institutional and community treatment decisions. Victims want to know *what* the institution is doing to change the offender (e.g., AA, NA, individual counseling, anger management) and *how* the offender has

responded to treatment, not only in the institution but in the community. Does a victim have the right to know whether an offender with a substance abuse or alcohol problem has dropped out of treatment? What about offenders with anger management problems or a history of sexual abuse? It is our view that treatment providers currently have a responsibility to both offenders (confidentiality) and victims (disclosure), which will inevitably result in role conflict for providers until this issue is resolved. More importantly, treatment providers and victims working together can integrate victim awareness issues into treatment planning. This integration can further develop the offender's sense of ownership and responsibility to community issues. This is an enhancement to traditional treatment protocols.

C. The Treatment Providers and the Offender

There are a number of changes in the roles and responsibilities of institutional and community-based treatment providers vis-à-vis the offender that are associated with the implementation of the RPI model. Within the institution, treatment providers will need to review the classification and assessment data available for reentry offenders and determine whether *existing* treatment programs address the specific needs of this offender population. The systems will have to examine whether the appropriate *range* of treatment services are available. An often neglected but critical component is treatment readiness, which prepares the offender to change. In the Baltimore RPI, a unique program has been developed to prepare offenders to change their lives. The programs encompass the cognitive behavioral strategies with urban life skills that the offenders can put in place. As we have noted earlier, the availability of treatment programs often varies by the security level of the institution. In some cases, it has been necessary to transfer reentry offenders from lower to higher security level institutions in order to allow these offenders

to participate in a particular treatment program. We anticipate that as RPI programs are fully implemented, there will be an ongoing struggle to balance the offender's treatment needs with the institutions' concern for custody and control. It is in this respect that treatment providers play a critical role in the partnership as an advocate for various forms of institutional treatment for offenders.

Upon release, both supervised and unsupervised offenders will have very specific treatment needs that will need to be addressed as yet another step in the offender change process. A critical link is to develop a continuum of services for the offender that begins in prison and continues in the community. The notion is one of continuity of services (Taxman, 1998). Community-based treatment providers have to develop strategies to induce both groups of offenders to attend and participate in treatment. RPI program developers in the sites we reviewed recognize the importance of this issue and have developed a number of specific strategies to maximize offender participation rates. Ultimately, however, it is up to the offender.

IV. The Role of Community Corrections in the Reentry Process

The reentry partnership initiative has redefined the role of community corrections at key stages of the reentry process. Community corrections staff have become much more involved in institutional treatment decisions, discharge planning and place-based community supervision strategies. In some jurisdictions (e.g., Nevada), this role change was accomplished by creating new positions to carry out the system coordination activities inherent in the RPI model. In other jurisdictions (e.g., Washington, Maryland, and Vermont), the core activities of community corrections officers are undergoing changes. We highlight these changes in the following section.

In most of the RPI models we reviewed, community corrections personnel play only a minor role in the *institutional phase* of reentry. However, community corrections personnel are involved from the outset of the offender's incarceration in Burlington, Vermont's restorative justice model as members of the community restorative justice panel responsible for reviewing individual offender responsibility plans (ORP) and Maryland's reentry team. During the *structured reentry and community reintegration* phases, community corrections personnel work with institutional staff, treatment providers, and community groups on the development of reintegration plans for offenders being released from prison conditionally. The specific conditions of release established for reentry offenders (e.g., housing-related, employment-related, and treatment-related conditions) will be enforced by community correction officers utilizing a structured hierarchy of sanctions for noncompliant offenders. At this point, only one of the RPI programs we reviewed (Kansas City) utilize specialized (reentry) caseloads as a supervision strategy, and only one jurisdiction (Spokane) has moved to a place-based supervision strategy (i.e., the supervision of offenders from one specific area).

The role of community correction officers in the reentry process is much different for the unconditional releasees, which comprise about twenty percent of all offenders released nationwide each year (see Sourcebook of Criminal Justice Statistics, 1999, p. 53). In Columbia's RPI program, for example, unconditional releasees (which comprise about half of the state's release population each year) are recruited into the reentry program and they are supervised (voluntarily) on parole caseloads. Other RPI jurisdictions are currently struggling to develop reentry strategies for this population. In these jurisdictions, the role of community corrections has yet to be clearly defined.

A. Community Corrections and the Community

As we noted above, RPI program developers recognize the need to provide both supervision *and* treatment to offenders released from prison. There are a significant number of offenders who will be released from prison unconditionally, while there will be another group of offenders who will be released to the same communities as reentry participants but who are ineligible for the program. At this point, it is unclear what role—if any—community corrections officers can have in the supervision (informal) and treatment of this first group. But community corrections agencies do play an important role in the supervision and treatment of this second group of offenders, which in many jurisdictions include sex offenders, violent offenders, and mentally ill offenders. It is ironic that in four of the eight sites we visited, these offenders were not eligible for the reentry program, but may have been supervised by the same officers. Obviously, role conflict (or at the very least, role confusion) is inevitable in this situation.

It is our view that jurisdictions that develop exclusionary criteria for reentry participation are laying the foundation for conflict, both *within* the department, between officers with generalized (reentry) and specialized (e.g., sex offender) caseloads, and between the community corrections agency and the residents living in targeted reentry communities. This conflict is most likely to occur in jurisdictions that have identified volunteer community guardians to assist in offender reintegration. Absent formal community supervision by community corrections officers, the guardians offer an alternative, informal supervision mechanism.

B. Community Corrections and the Victim

Community Corrections officers have typically played an important role in the lives of crime victims. They can provide information to the victim about the offender's location, job

status, treatment plans, etc., while also collecting valuable information from the victim about the offender's behavior since release, based on his/her experiences and/or community contacts with the offender. The question for RPI program developers is: how do we balance offender needs (for housing, education, family, and treatment) with victim preferences (e.g., on where the offender will live, who he/she can interact with, etc.)? In addition, it is obvious that unconditional releasees pose problems for victims that will have to be addressed by someone: the police? Institutional corrections? Community corrections? Guardians/community boards? One strategy proposed by partnership members in Massachusetts is to rewrite sentencing/parole guidelines to effectively eliminate this population. Maryland has done this to create a category of mandatory releasees; they also have addressed the issue of coercing incarcerated offenders to treatment without their volunteering. However, such a strategy begs the question of how to respond to the current releasee population in this jurisdiction.

C. Community Corrections and The Offender

There is a considerable body of research that suggests that informal social controls are more effective than formal social controls as a mechanism for inducing offenders to conform (see e.g., Gottfredson & Hirschi, 1990; Byrne, 1989; Byrne & Pattavina, 1992). By "informal" social controls, we are referring to the ties between an offender and his/her family, peers, volunteer guardians, and employers. Offenders conform to the conditions of reentry not only because of the threat of sanctions for noncompliance, but also because of the powerful effect of these informal control mechanisms. Sex offender programming have effectively employed informal social control along with community corrections to manage the offender in the community. The support system of the offender watches for "triggers" or signs of relapse and

works with the system to protect the community. These strategies are being used in Vermont, Maryland, Washington and Missouri. Although we traditionally think about community correction officers as agents of formal social control, a strong argument can be made that they can also act as informal social control agents, due to the relationship that develops between an officer and the offender. The proactive community supervision strategies currently being implemented by probation and parole agencies across the country have been designed to emphasize this critical informal social control role (see e.g., Taxman & Byrne, 2001). We anticipate that RPI program developers will incorporate the key features of a proactive community supervision strategy into their reentry programs.

V. The Role of the Victim in the Reentry Process

Up to this point, we have focused on the role of various governmental and nongovernmental agencies in addressing the problems and needs of crime victims. In this section, we discuss how the victim's role in the offender reentry process has changed in jurisdictions with reentry programs in place.

It can certainly be argued that victims needs and concerns should be addressed in all three phases of the reentry process. Indeed, this approach to victim involvement is at the core of Burlington Vermont's RPI model. For most jurisdictions, however, victims and victim advocacy groups are involved primarily during the *structured reentry* and *community reintegration* phases. Victims want to know whether the offender has changed while in prison, what his/her plans are upon release, and perhaps most importantly, where the offender plans to live and work. By directly involving victims in the reentry process, RPI program developers have given victims access to information and decision-making that was previously closed to the public in general

and victims in particular.

A. The Victim and the Community

Victims of crime, along with family members and friends, have often been the most vocal advocates for change, both criminal justice system change and community change. The development of reentry partnership initiative programs provides yet another example of the link between victimization and advocacy. If we can use our experiences at these eight sites as an indicator, then we anticipate that victims of crime will use the reentry issue as a starting point for a comprehensive community organization and community change effort.

B. The Victim and the Offender

For most categories of crime, particularly the types of crime that lead to incarceration, offenders and their victims live (and/or) work in the same neighborhood. In a significant number of cases, they both live on the same street or housing complex; and for certain crime categories (sex offenses, domestic violence), they actually reside in the same home. This is the reason why offender reentry is such a volatile issue for many victims and victim advocacy groups. For offenders, release from prison and return home represents a chance for a new life, a new beginning. For victims, the offender's release offers only memories of previous victimizations and fear of retaliation by the offender. RPI program developers have attempted to address the needs and concerns of both groups, but it is clear from our multi-site review that *victim* needs and preferences are dominant at several sites (e.g., Massachusetts, South Carolina, Vermont, Washington).

Conclusion

The development of reentry partnership initiatives can be attributed, at least in part, to the recognition that public safety is more of a community issue than a criminal justice issue. Through the influence of victim advocacy groups and community organizations, there is a growing recognition that it is critical to put the community back into community corrections, and that building the role of informal social controls is equally important to building the role of formal social controls (e.g., police, corrections, judiciary, etc.). In Spokane, for example, the original impetus for the program was a horrendous crime, the kidnapping and murder of two young girls. The impact of offender reentry on victims is one of the central issues addressed in Burlington, Vermont's restorative justice model. And at several other RPI sites, community groups and organizations played an important role in the design and development of the reentry initiative (e.g., the Enterprise Foundation in Maryland).

The role of the community is defined differently at each of the sites we visited, but some general observations can be offered at this point. Community boards and case management teams are involved early in the offender's incarceration at one site (Vermont), in order to assist the offender and institutional treatment staff in the development of an "offender responsibility plan."

Community boards/case managements are also involved in the discharge planning/structured reentry process at several sites (Vermont, Washington, Maryland). Once the offender is released, community boards or community groups are actively involved in developing and implementing a community reintegration/control plan for the offender at several sites. It is anticipated that community boards/groups will meet regularly to discuss reentry issues and to help coordinate both surveillance and services. Finally, utilizing a combination of community advocates and

guardians—trained to address the problems and needs of reentry offenders—community boards hope to supplement the formal social controls provided by police, courts, and corrections with the informal social control mechanisms provided in a variety of community contexts (family, friends, religious institutions, jobs).

The Reentry Partnership Initiative (RPI) programs we have examined share a common theme: inclusion of nontraditional partners along with improvements in system coordination will result in improved public safety. Of course, it is one thing to talk abstractly about the need for a systems perspective and for “true” partnerships between police, courts, corrections, community, and victims; it is quite another to describe—in concrete terms—the specific form and content of such a system-wide partnership initiative. We hope that the discussion we have provided in this review concerning the role redefinition that is at the core of this change strategy is helpful to program developers. At the very least, the issues we have raised, regarding the role of the police, institutional corrections, community corrections, treatment providers, victims, and the community, offer a clear starting point for future partnership development.

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