2008 Innovations Awards Program
APPLICATION

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ID # (assigned by CSG): 08-11

Please provide the following information, adding space as necessary:

State: Michigan

Assign Program Category (applicant): Public Safety/Corrections

1. Program Name

The Michigan Prisoner ReEntry Initiative (MPRI)

2. Administering Agency

The Michigan Department of Corrections (MDOC)

3. Contact Person (Name and Title)

Dennis Schrantz, Deputy Director, Planning and Community Development Administration and MPRI Executive Management Team Chairperson

4. Address

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Michigan Department of Corrections: www.michigan.gov/corrections

9. Please provide a two-sentence description of the program.

The VISION of the MPRI is that every prisoner released to the community will have the tools needed to succeed and the MISSION of the MPRI is to reduce crime by implementing a seamless plan of services and supervision developed with each offender—delivered through state and local collaboration—from the time of their entry to prison through their transition, reintegration, and aftercare in the community. Preliminary results of the MPRI evaluation suggest a 26% improvement in the 48% return-to-prison rate for parolees.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

October, 2003. The program has been operating for approximately 4 years and 5 months.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Three decades of growth in America’s prison population has quietly nudged the nation across a sobering threshold: For the first time, more than one in every 100 adults is now confined in an American jail or prison.

The Pew Center for the States-2008

Consistent with national trends for the past two decades, Michigan’s lawmakers adopted a “get tough” on crime philosophy that was reflected in sentencing laws, mandatory minimums, sentencing guidelines and tougher parole policies. While this philosophy was adopted as an attempt to dramatically reduce crime and increase public safety, the data reflects that this did not happen. In 1987, Michigan’s prison population stood at 21,930. As the impact of these various policies took effect, the prison population began to dramatically climb to 50,203 by end of 2007, making it the 6th largest corrections system in the nation. As a result, the MDOC budget increased from approximately $487,130,400 in 1987 to over $2 billion through 2008. The MDOC budget now represents over 20% of the state’s general fund.

In those 20 years, Michigan’s prison population expanded by nearly 129%, increasing the net operating capacity of prison beds by 31,237 and more than quadrupling the corrections budget. Despite this, there was not a discernable impact on Michigan’s crime rates. Moreover, improvements in the parole supervision system did not keep pace with the skyrocketing increases in prison releases and by 1998, 48% of those paroled from the system were failing and being returned to prison. This growth in prison spending resulted in less funding being available for other key areas of the state budget such as education, health care and infrastructure.

2 Gross appropriation for the Michigan Department of Corrections for Fiscal Year ending-1987
3 Gross appropriation for the Michigan Department of Corrections for Fiscal Year ending-2008.
12. Describe the specific activities and operations of the program in chronological order.

FY 2004 and FY 2005: Planning

Michigan’s focus on prisoner reentry represents a convergence of three major schools of thought. Primary among these is the work of the national Prisoner ReEntry Policy Council (www.reentrypolicy.org) which developed a guide for jurisdictions interested in pursuing improvements for prisoner reentry. The 2003 ReEntry Policy Council Report includes a series of policy statements and recommendations to guide the reentry planning and development process and to improve prisoner reentry services that were reviewed and adapted to develop the MPRI Model. The work of the Council greatly assisted Michigan in enhancing the National Institute of Corrections’ Transition from Prison to Community Initiative (TPCI) Model, and the Serious and Violent Offender ReEntry Initiative (SVORI) Model. With a multi-year commitment for technical assistance from the National Institute of Corrections and the National Governors’ Association and significant funding from the JEHT Foundation, Michigan engaged Public Policy Associates, Inc., and the Michigan Council on Crime and Delinquency to convene hundreds of stakeholders to define the vision and mission of MPRI. Once achieved, stakeholders were organized into seven workgroups to correspond with NIC’s seven TPCI “decision points” that now comprise the major sub-components of the three-phase MPRI Model. This 18-month process of engaging stakeholders to develop the MPRI Model illustrates the unprecedented, unified commitment from the stakeholders to combat crime and recidivism in the State of Michigan as we joined forces to create our approach to improved prisoner reentry.

The MPRI Model

The model involves decision-making at seven critical decision points in three phases.

- **PHASE ONE—GETTING READY** - The **institutional phase** describes the details of events and responsibilities which occur during the offender’s imprisonment from admission until the point of the parole decision and involves the first two major decision points:

  1. *Assessment and classification*: Measuring the offender’s risks, needs and strengths.
  2. *Prisoner programming*: Assignments to reduce risk, address needs, and build on strengths.

- **PHASE TWO—GOING HOME** - The **transition to the community or reentry phase** begins approximately six months before the offender’s target release date. In this phase, highly specific reentry plans are organized that address housing, employment, and services to address addiction and mental illness. Phase Two involves the next two major decision points:


- **PHASE THREE—STAYING HOME** - The **community and discharge phase** begins when the prisoner is released from prison and continues until discharge from community parole
supervision. In this phase, it is the responsibility of the former inmate, human services
providers, and the offender’s network of community supports and mentors to assure
continued success. Phase Three involves the final three major decision points of the
transition process:

5. **Supervision and services:** Providing flexible and firm supervision and services.

6. **Revocation decision-making:** Using graduated sanctions to respond to behavior.

7. **Discharge and aftercare:** Determining community responsibility to “take over” the case.

**FY 2005 and FY 2006: Structural Implementation and Continued Planning**

Incorporating collaborative and partnership-building strategies such as “systems thinking” with
stakeholders is necessary to ensure those entities understand and support the organization’s
vision and incremental efforts. Creating public value through a systems-change model serves as
a catalyst to both create and sustain the internal and external organizational support needed to
align values and establish the capacity to achieve change.

Strong and sustained local capacity is the single most critical aspect of the MPRI implementation
process in achieving unified commitment. A statewide implementation process began in rolling
out the MPRI Model in Fiscal Year 2006 with the first eight pilot sites. In Fiscal Year 2007,
seven more sites were added, so that the program then covered 75% of the state geographically.
Statewide implementation was completed in Fiscal Year 2008.

A local governance structure at each site enables the statewide plan to be realized by local
agency and community actors. Three key groups perform essential roles in completing a range of
activities needed for full implementation of the MPRI Model.

- **Local ReEntry Advisory Councils:** Advises, informs, and supports the implementation
  process. These councils are created for the purpose of building support for the local
  implementation of the MPRI Model and work to educate the community on how the Initiative
  will create safer neighborhoods and better citizens. Each Advisory Council has as many as 150
  members.

- **Steering Teams:** Develop, oversee and monitor the local implementation process and
  coordinate local community involvement in the overall statewide MPRI development process.
  The Steering Team is lead by four co-chairs:

  - The **Warden** of a local prison from which the inmates are being released.
  - A **Parole Supervision Representative** from the local MDOC Field Operations
    Administration office.
  - Two **Community Representatives** drawn from the large number of faith- and
    community-based organizations that are leading the local effort.

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The four co-chairs of the Steering Team work directly with the Community Coordinator who is assigned to their jurisdiction and may be housed in the local parole office. The Community Coordinator staffs the Steering Team under the guidance of the four co-chairs.

- **Transition Teams**: Support offenders in the transition planning process and guide the offender from the institution back into the community through a collaborative case-management approach. Transition Teams are comprised of key local service providers drawn from the membership of the Steering Teams, whose major responsibilities include the local and essential input needed to develop and implement the Transition Accountability Plans (TAP). The Transition Team is led by the Field Operations Administration parole representative. The function of the parole officer is to work toward parolee success under a collaborative case-management model.

- **Community Coordinators**: The role of the Community Coordinator is to build the capacity for system reform by through education, training, planning and implementation to local stakeholders. These Coordinators receive training and technical support from the Michigan Council and Crime and Delinquency and Public Policy Associates, Inc., on how to manage these processes based on the MPRI Model.

**The Comprehensive Planning Structure**

Each MPRI site, through its local governance structure, completes and approves a comprehensive plan which identifies assets, gaps and barriers relative to meeting the needs of returning prisoners to their communities. Through this local planning, leveraged resources are committed as assets and combined with requested state funding to address gaps and barriers constituting a comprehensive plan to address the needs of all returning prisoners with specific services being funded and managed through the plan. The cadre of services is extensive and varied depending on the needs of the local communities and includes housing, mental health treatment, transportation and many others.

**FY 2006 through FY 2008: Local Implementation and Continued Planning**

With enormous support from the JEHT Foundation, the MPRI was able to focus its attention on the community organizing aspects of implementation and has expanded statewide in less than three years. The carefully planned and executed three-stage implementation strategy was utilized and is geographically represented by the attached map, (see attached MPRI Statewide Implementation Map). The strategy is as follows:

**FY 2006: Round I - Implementation of the first 8 pilot sites**

Implementation of MPRI began in FY 2006 in 8 pilot jurisdictions that covered 16 of Michigan’s 83 counties. These sites covered: Wayne, Kent, Genesee, Macomb, Kalamazoo, Ingham, and Berrien counties as well as a nine-county rural region (that covered northeast, lower Michigan).
FY 2007: Round II - Implementation of additional sites

Seven more sites were added in FY 2007, which combined with the first eight pilot sites, covered 75% of the state. These were: Jackson, Muskegon, St. Clair, Calhoun, Saginaw, Oakland and Washtenaw counties.

FY 2008: Round III - Statewide implementation

The last three sites were added during the final round, resulting in the complete statewide expansion of MPRI. The “pilot sites” designation was removed and today MPRI exists in all 83 counties. Each site has a designated Reentry Correctional Facility for staging in-reach planning sessions with the MPRI Transition Teams.

- Kent Area
- Capital Area
- Kalamazoo Area
- Calhoun Area
- Washtenaw Area
- Jackson Area
- Berrien Area
- Muskegon Area
- Central Lower Michigan Area
- Northeast Lower Michigan Area
- Northwest Lower Michigan Area
- Upper Peninsula Area
- Saginaw Area
- St. Clair Area
- Oakland Area
- Macomb Area
- Wayne Area
- Genesee Area

13. Why is the program a new and creative approach or method?

Michigan is the first state in the nation to converge the three major schools of thought on prisoner reentry to develop and fully implement a comprehensive system of prisoner transition planning. As a result, Michigan provides a synergistic model for prisoner reentry that is deeply influenced by the nation’s best thinkers on how to improve former prisoners’ success. Second, we are the first state to design, implement and expand statewide a sophisticated method of improved reentry planning that by the end of FY 2009 will effect 100% of Michigan’s prison population and by the end of FY 2010 will be fully up to scale when the initiative formally ends. At that time, the Model will be fully integrated in the state’s policies and procedures that dictate how we do business. Finally, due to its size, the scope of the Initiative has required enormous resources and bipartisan support that has resulted in full funding. For the current fiscal year, the Governor recommended and the Legislature supported over $30 million in funding for the MPRI.
14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

In FY 2005, MPRI was funded primarily through a three-year, $2 million planning grant from the JEHT Foundation. JEHT funds were combined with $5 million in state general funds administered through the Michigan Department of Corrections to cover FY 2006. In FY 2007, the remainder of the JEHT funds combined with $12 million in general funds covered the start-up costs.

Start up costs funded through JEHT:6

- $1,694,914 Grant supported the development of a comprehensive plan to support successful reintegration of offenders into their communities and to reduce Michigan's recidivism rate. Activities funded were:
  - Process and outcome evaluation of MPRI.
  - Staff Community Coordinator positions to prepare the community for offender reentry and overall coordination, strategic-planning facilitation and training.
  - Assist with development and implementation of a communications strategy that allowed for effective messaging, delivery and use of communications resources.

- $74,000 Grant supported a non-partisan educational effort for Michigan legislators about the Michigan Prison ReEntry Initiative.

Start-up costs funded through the Michigan Department of Corrections amounted to $5 million to support the following:

- Match funding for staffing Community Coordinator positions.
- Match funding to support process and outcome evaluation for MPRI.
- Establishment of the Policy and Strategic Planning Administration7 within the Michigan Department of Corrections staffed with three full-time positions to implement MPRI.

15. What are the program's annual operational costs?

For FY 2008, $33 million has been appropriated to support the Michigan Prisoner ReEntry Initiative. Core program components include:8

- Employment and job training.

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6 Source-Adapted from information found on the JEHT Foundation webpage, www.jehtfoundation.org.
7 Now renamed the Planning and Community Development Administration.
8 House Bill 4348 for the Department of Corrections, Planning and Community Support, fiscal year ending September 30, 2008.
Facilitate process for acquiring state identification card or operator's licenses for offenders.

- Housing assistance.
- Referral to mental health services
- Referral to substance abuse services.
- Referral to public health services.
- Referral to education.
- Referral to any other services necessary for successful reintegration.

Funding to support this strategy is encompassed within a community-based comprehensive plan contract structure targeting resources to meet the identified needs of local stakeholders. This strategy is effective in that it invests community stakeholders in advancing the goal of public safety through positive outcomes within their own communities and providing them the financial means to achieve it.

16. How is the program funded?

Current funding is derived from state appropriated funding administered through the Michigan Department of Corrections.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No legislation or executive orders are required by this program; however, policy and procedures have been developed and implemented to streamline MDOC operations and reduce barriers associated with implementing the MPRI. We expect an Executive Directive to be issued by April 1, 2008 that will direct the other state departments engaged in the MPRI partnership to adapt their policies, procedures, programs and funding streams to support the MPRI Model.

18. What equipment, technology and software are used to operate and administer this program?

COMPAS Risk Assessment Instrument developed by Northpointe Institute for Public Management. System has been automated to electronically record criminogenic risk and needs scores and profiles for prisoner and parolee populations as well as establishing risk-responsive case plans.

The Michigan Department of Corrections' primary data system, Offender Management Network Information (OMNI), is used to document prisoner and parolee activity such as case notes, program participation, drug testing, case management activity and other parole supervision records.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes, Michigan is the first state to incorporate multiple schools of thought into one comprehensive reentry model and implement that model statewide.
Innovator’s Name and Address
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Phone: (517) 241-7279
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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Yes, Michigan, along with seven other states, is involved with the National Institute of Corrections’ Transition From Prison to Community Initiative. Michigan is unique in converging three major schools of thought on prisoner reentry to develop and fully implement a comprehensive system of inmate transition planning.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

No, although the comprehensive plan structure now covers all 83 of Michigan’s counties, funding and service capacity has been targeted for roughly 60% of released offenders. Full implementation will occur by 2011. Actions to be completed are:

- Development and implementation of evidence-based programming and services which target prisoner criminogenic risks and needs within correctional facilities.
- Web-enabling of OMNI/COMPAS to foster collaborative case management for community-based service providers enhancing case management services and delivery.
- Skill training of staff to engender competencies to affect offender behavioral change in daily interactions with offenders, (i.e. collaborative case management, motivational interviewing, cognitive reflective change).
- Align existing MDOC resources in terms of staffing and funding to accommodate steps needed to meet all seven decision points within the three-phase MPRI Model for 100% of the prisoner population.
- Revise existing position descriptions and performance evaluation factors for MDOC staff to shift their duties and responsibilities to align with MPRI goals and objectives.
- Implement the Michigan Department of Corrections Quality Assurance Plan.

22. Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Return to Prison Recidivism Reduction

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9 Georgia, Indiana, North Dakota, Mississippi, New York, Oregon and Rhode Island. Source-National Institute of Corrections webpage: www.nicic.org

10 Developed through consultation with the Center for Healthcare Excellence, Michigan Public Health Institute, 2007. Plan details quality assurance activities associated with ensuring the quality of MPRI is maintained throughout all aspects within the Michigan Department of Corrections, from prison intake through parolee discharge.
- **Pro.** To date, MPRI participants have 26% lower recidivism rate (return to prison) compared to a matched sample. Thus far, these reductions in recidivism equal 400 fewer people returning to prison. For every year these individuals stay out of prison, the State of Michigan saves $12 million.\(^{11}\)

- **Pro.** In 2007, Michigan is one of eight states with the largest prison populations (those exceeding 50,000 prisoners). Of these, Michigan is one of only four which saw a prison population decline for 2007. Of the 10 states which saw the most declines in prison populations in 2007, Michigan ranked fifth behind Wyoming and ahead of California with a reduction of 2.4% and was 2\(^{nd}\) for all Midwestern states behind only Wisconsin.\(^{12}\)

- **Con.** None.

**Political will is required.** In order to institute broad-sweeping reforms to the way offenders prepare for and transition back into the community, political will must be generated and sustained.

- **Pro.** Because the MPRI Model is dependent upon broad stakeholder support, the Model encourages collaboration among diverse groups. The political will and dedication required to implement such broad systems change should not be underestimated. Without substantial support from the Governor and her Cabinet, local law enforcement and community service agencies, the MPRI would not have the momentum or potential for change that we see in Michigan today.

- **Con.** Building political will is so critical that the MPRI cannot be successful without it. Sustaining it will ensure that MPRI success not only for the present but continuously to move it from an “initiative” to simply the *way we do business* by the year 2011.

**Locally-Based Community Coordinators.** Each Community Coordinator is hired from the local community.

- **Pro.** Community Coordinators are dedicated champions of offender reentry and must have the *capacity, commitment, credibility and knowledge* to galvanize their communities through building public value in MPRI, thereby making the transition from MPRI as an initiative to a permanent system by 2011.

- **Con.** Having these skills and abilities is not enough and requires a system which sets them apart from Steering Teams and Co-Chairs to act independently and with sound judgment based on training, guidance and technical support to ensure that: (1) the community is involved in the MPRI process, (2) community assets, barriers and gaps are assessed and comprehensively planned for through local planning and (3) that comprehensive plans accurately address all aspects of offenders’ transition back into the

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\(^{11}\) Quarterly MPRI Status Report to the State Legislature, October 1, 2007.

community in a safe, cost-effective, evidence-based manner. This creates challenges in managing the process and providing technical training.

23. How has the program grown and/or changed since its inception?

Please refer to the timeline outlined in the response to question #12 as well as future actions yet to be taken outlined in the response to question #21.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Challenges in achieving collaboration and whole-scale system change as well as cultural change.
STATEWIDE IMPLEMENTATION

- In-reach Facilities
  - JCS: Cooper Street Corr. Fac. - IRU - Wayne County

- Statewide Facilities
  - ARF: Gus Harrison Corr. Fac. - Mental Health Only
  - HVM: Huron Valley Men's Corr. Fac. - Outpatient & Inpatient Mental Health
  - WHV: Huron Valley Women's Corr. Fac. - IRU - Outpatient & Inpatient Mental Health

02-09-07