DRAFT: Michigan Reentry 3.0 Policy Platform

Michigan Collaborative to End Mass Incarceration has conducted in-depth surveys of reentry providers, focus groups with formerly incarcerated people, stakeholder interviews, and an extensive literature review of current and past reentry programs in Michigan.

Based on what we've heard from those closest to the issue: people who have returned to community from incarceration and those who support them, as well from the best practices in the field, we propose this initial draft framework for where to move reentry in Michigan.

Pillar 1: Reentry efforts should affirm the fundamental dignity, worth, and potential of everyone in the criminal legal system.

1. **Inclusion:** This principle applies to staff, people who are currently or formerly incarcerated, their families, and people who have experienced harm.
2. **Language:** Program materials & descriptions should use language that reflects this. In particular, reentry programs should use person-centered language such as "formerly incarcerated person" or "person on parole/probation," which is consistent with the National Commission on Correctional Health Care's position statement and best practices in the field, as well as CDC guidelines. This applies to program names (e.g. avoid titles such as "Offender Success"), program and department documents, and third-party material (e.g. the Thinking for Change series uses the term "offender," in contradiction to the Commission on Correctional Healthcare guidelines).
3. **Data:** Data should track comprehensive outcome measures such as housing stability, financial security, and physical & mental health–not just employment and recidivism. The 2008 Michigan's Reentry Dashboard provides a good starting point. Consistent with racial equity practices, data should be disaggregated by race and other social identities.

Pillar 2: Universal Goals, Targeted Interventions: Consistent with the framework of targeted universalism, reentry programs should have common goals for successful reentry and should allocate resources in a targeted way, prioritizing people with medium-to-high need and risk.

1. **Prioritizing Service:** Our goal is for every person coming home to succeed: to obtain housing, a source of income adequate to meet their needs, and to avoid future criminal activity. We recognize that different people have different support needs and that those with the greatest needs and risks should be prioritized for services.
2. **Assessment methods:** Consistent with the MPRI and OS models, we support the use of formal risk and need assessments to prioritize services. These assessments are important to avoid the temptation that providers will face to cherry-pick the easiest-to-serve clients, many of whom are likely to succeed in reentry without intervention.
3. **Special populations:** In addition to formal assessments, certain groups such as people with disabilities; people who have served long sentences, such as former juvenile lifers; and people with other barriers to reentry should also be prioritized for services.
4. **Individually customized reentry plans:** Throughout a person's contact with the prison and reentry systems, reentry participants should have personalized plans (e.g. Transition Accountability Plans, or TAPs) that specifically address that person's skills, assets, needs, and risks.
5. **Services regardless of release method**: As one Offender Success Administrative Agency respondent observed, "OS works well for people on parole, but it's not open to all on parole and to those who have been released without a parole term." Reentry services should be offered to all people released from incarceration based on their risk and needs, including exonerees, people who have been sentenced, and people who received a commutation. Exonerees, in particular, should have access to an expedited expungement of their record and access to services immediately upon release (rather than upon approval for compensation).
6. **Targeted programming inside:** Programming inside facilities, such as Vocational Villages, should use a similar need-and-risk-based prioritization program to ensure those most in need of programming can access it.

Pillar 3: Locally-driven comprehensive services, actively coordinated, with necessary funding and data sharing.

1. **Comprehensive services:** Reentry systems must provide comprehensive services based on an individual's need and risk assessment and individual reentry, including housing, employment, healthcare, transportation, health, and more to ensure that a participant experiences no missed handoffs or gaps in service as they reenter.
2. **Coordination of services:** It is insufficient for the services to be present, they need to be actively coordinated at the state, local, and case levels to ensure successful reentry. This coordination should be based on effective strategy development and execution, not merely for report outs - as survey participants described the current models.
    a. **Broad stakeholder involvement**: Coordination of services and reentry planning requires engagement of a broad set of stakeholders, including representation from people who were formerly incarcerated, MDOC, law enforcement, social services agencies, health and mental health providers, and more.
    b. **Appropriately-scaled local coordination**: Coordination needs to take place at a scale relevant to the stakeholders. There is little coordination possible between the sheriff of Berrien County and the officer of Calhoun County. The appropriate scale will vary depending on the number of people returning from prison and the population density of the area. While, at times, it may be as large as a prosperity region, it will often be a county, a city, or even a neighborhood.
3. **Adequate funding for services and coordination:** Funding should be adequate to ensure all participants can access the services in their reentry plan. Furthermore, the coordination described above requires an investment in coordination at all levels to ensure proper reentry planning, service delivery, data management, and accountability.
4. **Information sharing at case & regional levels**: State, local, and case-level partners should have access to the data necessary for planning and service provision. This includes aggregate pipeline data on the numbers, risk and need profiles to plan for an adequate capacity of support (e.g. 2010 MDOC pipeline data). It also includes case-level data to provide individual services. As one survey participant noted, "Those organizations don't know the individuals returning to the community prior to release. Organizations don't know if someone is work ready, what their needs and supports will be, etc. The Workforce Development File is also not made available to the organizations assisting with employment until after their staff first meet with individuals, which is way too late for utilization of that document. Staff need this information well in advance for review, to prep employers, and to understand the most critical areas of need/focus."

Pillar 4: Separate the supervision role of MDOC from the support role of reentry providers.

1. **Reentry service delivery should be funded through, and coordinated by, a State agency focused on workforce development or social service delivery.** Our surveys and interviews with service providers and focus groups with formerly incarcerated people highlighted the fundamental incompatibility between the supervision role of a prison system and the support roles of reentry providers. As one nonprofit survey respondent noted, "jails and prisons tend to create obstacles, rather than working efficiently to help a client."

   Numerous respondents shared stories of parole officers serving as gatekeepers to deny formerly incarcerated people from accessing available services for which their assessments said they were eligible and needed. For example, one survey participant wrote, "MDOC makes the rules for services needed without consulting providers who are providing the services." Another observed that the "parole department waits too long to utilize residential SUD [Substance Use Disorder] services for [participants] that are using drugs/alcohol."
2. **Funding should balance accountability with efficiency, impact, & customization:** Local reentry coordinators and providers are best equipped to identify local service assets, gaps, and barriers. Funding for reentry should empower them to develop and execute local plans through a flexible mechanism such as a block grant. Providers consistently report that the current MDOC fee-for-service model imposes significant overhead costs, fails to address the comprehensive outcome measures as described in Pillar 1.3, and restricts agencies from meeting the particular needs of clients. For example, the Offender Success Administrative Agency reported their biggest challenge as "funding hoops. Most funding is restricted or [rigid] in how it can be used."
3. **Relational, community-based inreach:** The engagement with community-based reentry service providers should begin prior to release (ideally 6 months pre-release, 60 days at minimum), with multiple contacts to build rapport, identify community resources, and develop an individualized reentry plan.
4. **Peer-led mentoring and programming from formerly incarcerated people who have successfully reentered**: One of the most beautiful aspects of the focus group sessions was seeing participants share resources and support to help each other succeed through their reentry. However, few structures exist to facilitate this peer support, and parole conditions often inhibit it.

Pillar 5: Specific service recommendations.

Our research identified proposed changes to specific parts of the reentry system.

1. **Improve housing access and support**: Housing was the most frequently-cited challenge both by formerly incarcerated people and by service providers.
    a. **Use the Housing First model with access for at least 6 months, and include wrap-around services and quality assurances**. Interview participants found that 90 days of transitional housing was often insufficient to create a stable foundation for a successful transition. One nonprofit, for example, describing the formerly incarcerated veterans they serve, wrote: "Not only are they dropped off without any vital documentation, they are dropped off at the homeless shelter when there are no beds available."
    b. **Establish state and local fair chance housing regulations:** Housing discrimination based on criminal record is a significant barrier to stability. Nation Outside is championing state and local fair chance housing policies to restrict this practice.
    c. **Expand the supply of affordable and attainable housing:** As one Offender Success Administrative Agency representative noted, "lack of any housing in general, further squeezing out returning citizens." Therefore, reentry service providers should not only work to expand access to existing affordable and attainable housing, they should also work with a broad set of partners to increase the overall housing supply.
    d. **Improve housing access for people on the sex offender registry:** Housing barriers are particularly acute for people on the registry, and targeted interventions are necessary to ensure their ability to successfully reenter.
2. **Services inside facilities**
    a. **Avoid back-loading programming**. As one focus group participant observed, "how can you come into prison with a drug habit, need counseling, and wait until your last six months before you go to a class? Programming should happen immediately, as soon as you go through the door." This is especially important given the experiences of exonerees and juvenile lifers who were released in advance of their initial early release date, often with minimal vocational training or other reentry preparation programming. This applies to collecting vital documents as well. Jose Burgos's testimony (see 31:20) on the delays he experienced receiving his birth certificate from Puerto Rico shows the risks of waiting until the final few months before release to obtain vital documents.

Pillar 6: Develop a Mechanism for advocates, service providers, and formerly incarcerated individuals to advance this platform through practice, policy, and legislative changes.