



HARLEM COMMUNITY JUSTICE CENTER

**UPPER MANHATTAN REENTRY TASK FORCE'S PILOT COLLABORATIVE CASE
MANAGEMENT PROGRAM**

IMPLEMENTATION GUIDE

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TABLE OF CONTENTS

Overview.....	3
New York County Task Force Initiative.....	3
The Upper Manhattan Reentry Task Force.....	4
Components of the Upper Manhattan Reentry Task Force Program.....	5
Evidence Based Practices.....	7
Designing Your Case Management Program.....	9

OVERVIEW

The Upper Manhattan Reentry Task Force's (UMRTF) Pilot Collaborative Case Management Program uses evidence-based practices to facilitate the transition from confinement back into the community for parolees at the highest risk of recidivism returning to a single precinct in Upper Manhattan. The project is a collaboration of the New York State Division of Parole, the New York City Office of the Criminal Justice Coordinator, the Division of Criminal Justice Services (DCJS) and the Center for Court Innovation. The program employs the use of a transition team, called a Case Management Team (CMT), to help create a seamless system of supervision and social service delivery to parolees returning to the 25th precinct in East Harlem. The program relies on the combination of comprehensive pre-release assessments, intensive case management, linkages to on-site and community-based social services, and a multi-disciplinary team approach to confront the most critical issues such as unemployment, substance abuse, and homelessness that, if left unaddressed, often lead to re-offending behavior. The UMRTF Pilot Collaborative Case Management Program operates out of the Harlem Community Justice Center ("HCJC"), a multi-jurisdictional community court devoted to working closely with local residents, government and neighborhood-based service providers to solve problems that affect the quality of life in Harlem.

The Justice Center is host to a number of services, including assistance with Medicaid benefits, housing assistance, mediation and clinical interventions, which work closely with the staff of the UMRTF to address issues related to parolee supervision. Other services are mandated based on assessments and on-going case reviews conducted jointly by the Case Management Team, comprised of Justice Center and Parole Staff. The goal of the program is to stabilize returning parolees in the initial phases of their reintegration and to thereby prepare them to find jobs, secure housing and assume their familial and personal responsibilities.

NEW YORK COUNTY REENTRY TASK FORCE INITIATIVE (CRTF)

New York State's lead criminal justice agency, The Division of Criminal Justice Services (DCJS), oversees the County Re-entry Task Forces (CRTFs), which coordinate and strengthen community responses to high-risk offenders transitioning from prison back to the community and promote evidenced based practices throughout New York State. Each Task Force must provide direct services to high risk offenders, assess gaps in reentry planning, and conduct community education with the goal of reducing barriers to reentry. These CRTFs also play a key role in coordinating services in areas such as housing, employment, substance abuse, and other program areas.

These locally-led partnerships include law enforcement agencies, regional parole offices, social service and drug treatment providers, and victim advocacy organizations. A total of 17 Task Forces are funded by DCJS and have extensive support from DCJS and the Division of Corrections and Community Supervision. Parole has a local staff liaison assigned to each Task Force and regularly attends Task Force meetings. DCJS also provides each participating Task Force with a monthly list of offenders scheduled to be released to the county in the next 120 days and their risk scores. Information is provided so that inmates can be contacted and service arrangements initiated prior to release.

THE UPPER MANHATTAN REENTRY TASK FORCE

In October of 2007, the Center for Court Innovation, in partnership with the New York City's Mayor's Office of the Criminal Justice Coordinator, convened the Upper Manhattan Reentry Task Force, based at the Harlem Community Justice Center. This collaboration of over thirty state and city government agencies, community based organizations, and academic partners has two goals: reducing recidivism among individuals reentering the community from prison and improving public safety.

During year one, the Task Force completed an assessment of parole reentry and public safety in Upper Manhattan. It is now implementing targeted interventions based on promising research about what works to help returning offenders establish stable and crime free lives, including the Collaborative Case Management program that is outlined in this document.

The Task Force's Needs Assessment and its Strategic Plan can be found here:

- **Needs Assessment of Parole Reentry**
http://www.courtinnovation.org/uploads/documents/UMRTF_Needs_Assessment.pdf
- **Strategic Plan for Upper Manhattan**
http://www.courtinnovation.org/uploads/documents/UMRTF_Strategic_Plan.pdf

Based on the recommendations set forth in the Strategic Plan, the UMRFT formed the UMRTF Collaborative Case Management Program which brought together the Harlem Community Justice Center, with law enforcement and community providers to explore a localized collaborative monitoring strategy that enhances parole supervision effectiveness in a high reentry impact area in Upper Manhattan. This strategy intended to serve as framework for testing new ways for the Division of Parole, District Attorney's Office, and local service providers to collaborate.

Several principles underlie the work of the Task Force and are informed by the experiences of the Harlem Community Justice Center:

1. *Collaboration* is essential to effective reentry. The most effective collaborations are

interest-based, with each partner agency getting what they need to effectively contribute to the work.

2. *Better information* equals more effective decision-making at the individual, agency, and community level. At an individual level, this means pushing for assessment of risk and criminogenic needs using tested and reliable screening tools. At the agency level, this means sharing data both on processes and outcomes, so that effective goals and practices can be determined. At the community level, this means greater transparency about the reentry process for local residents, professionals, and organizations.

3. *Accountability* matters. Community safety is enhanced by reentry approaches that foster both greater agency accountability for results and individual accountability through more effective community supervision.

4. *Using resources effectively*. Better access to treatment services, employment, and housing is critical to reentrant success. In some cases, greater investments are needed, but in many cases, better use of existing resources can support better outcomes for reentrants, leading to increased community safety.

5. *Community engagement*, when done right, encourages greater support for effective reentry efforts. Outreach to business, religious, and political leaders creates a climate of trust and can bring fresh ideas to reentry planning work.

6. *Focus on outcomes*. Reliable data and meaningful measures are essential to ensuring good outcomes. Where possible, evidence-based practices should be implemented; given that this field is still building an evidence base

FUNDAMENTAL COMPONENTS OF THE UMRTF COLLABORATIVE CASE MANAGEMENT PROGRAM

Eligibility: Eligible parolees must be male, at a “high risk” of recidivism, and must be released to the 25th precinct in Manhattan (the precinct in which the Harlem Community Justice Center is located).

Program Length: One year.

Selection: The Division of Criminal Justice Services provides the Task Force with a list of inmates scheduled to be released to the 25th precinct in the next 120 days. The Task Force Coordinator works with parole to identify exclusions.

In-reach:

Reentry Planning: For those incarcerated at prisons within an hour away, a case manager makes multiple visits to meet and interview the client, introduce the program,

and begin working on his reentry plan. For those incarcerated upstate, case managers communicate with the client through video or phone conference.

Actuarial Risk and Needs Assessment: The case manager conducts a full risk assessment using the Correctional Offender Management Profiling for Alternative Sanctions (“COMPAS”) prior to the parolee’s release, or immediately thereafter, and creates a supervision plan, subject to the parole officer’s approval, using client feedback and the results of the COMPAS.

Notification Forums: The District Attorney’s Office of Manhattan County convenes a notification forum for all parolees being released to Manhattan from local facilities. The Notification Forum is a formal meeting with an Assistant District Attorney, The Task Force Coordinator, and a formerly incarcerated individual that sends a direct message of deterrence and support to the parolees.

Individualized Criminal Involvement Assessments: In most cases, an Assistant District Attorney meets with Task Force clients individually to inform them of the potential time they will face if convicted of a new felony based on their record.

Community Preparation: The Case Management Team, including the Task Force Coordinator, the Group Worker, the Case Manager, the Senior Parole Officer, the Parole Officer meet weekly to discuss new releases. For new clients, the Parole Officer and Case Manager will share knowledge about the parolee based on the client’s criminal and parole history and meetings with the case manager, and develop a tentative supervision plan.

Post Release Programming:

Orientation: The client meets with his case manager at the Justice Center to discuss any issues that have arisen since his release and to finalize the client’s supervision plan. The case manager, client, and parole officer meet to discuss the terms of the client’s parole and to sign the supervision plan.

Cognitive Behavioral Therapy: Task Force clients receive a 22 session Cognitive Behavioral Therapy program called “Thinking for a Change.” CBT is an evidenced-based practice that has demonstrated effectiveness in reducing criminal thinking patterns of criminal justice populations.

Counseling: Case Managers meet with clients every week to support clients through the integration process, provide access to services, ensure quality of services being provided by community partners, target criminogenic needs, work with family members, and help the client manage his relationship with his parole officer. Case Managers are trained to use Motivational Interviewing.

Graduated Responses: Incentives for good conduct and sanctions for noncompliance are an integral part of the Task Force program. The concept of graduated responses is grounded in principles of cognitive-behavioral learning, where repeated positive behavior results in increasing rewards and decreasing sanctions and the reverse is provided for negative behavior.

Responses for Negative Behavior: The Task Force uses an evidenced based decision making guide that gives parole officers a range of immediate and proportionate responses to parolee behaviors that address the individual's risk of reoffending and identifies the underlying needs associated with the risk.

Responses to Positive Behavior: The Case Management Team recognizes specific achievements (i.e. regular reporting, acquiring a job,) with positive responses such as relaxed parole conditions (i.e. later curfew) or a monetary reward (i.e. metrocard).

Micro Team Meetings: The Case Management Team meets weekly to discuss clients' progress, issues of non-compliance, and intervention strategies. The team identifies clients who have earned positive responses and discusses appropriate sanctions/interventions to address issues of non-compliance. The DA's Office is notified of any rearrest of a Task Force client to evaluate how the case will be handled in light of the seriousness of the rearrest and progress of the client.

Macro Team Meeting: Every month, the Task Force members who offer social services to Task Force clients attend a meeting with Parole and Task Force Staff to discuss clients' progress, address issues of non-compliance, and form intervention strategies. Task Force and Parole staff also address issues that clients may be experiencing with any programs' staff or programs policies or practices.

Graduation: A graduation ceremony is held bi-annually for program graduates.

Case Transfer: Clients are transferred to traditional parole after graduation. Aftercare services are available at the Justice Center.

Research: The UMRTF program is being evaluated by the Center for Court Innovation's Research Team using a randomized protocol that will measure new arrests and returns to prison for new crimes and for technical violations.

EVIDENCE BASED PRACTICES (EBP)

Evidenced based practices are defined as the application of empirical research to professional practice. Research on offender rehabilitation and behavior change has allowed reentry stakeholders to make meaningful determinations around what works in the field to reduce recidivism and improve public safety. The research literature points to a framework of eight evidenced based principles that are incorporated into the Task Force's programming.

Eight Evidence-Based Principles for Effective Reentry Interventions

1. Assess Actuarial Risks and Needs
2. Enhance Intrinsic Motivation
3. Target Interventions
 - a. Risk Principle: Prioritize supervision and treatment resources for higher risk offenders.
 - b. Need Principle: Target interventions to criminogenic needs.
 - c. Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
 - d. Dosage: Structure 40%-70% of high risk offenders' time for 3-9 months.
 - e. Treatment: Integrate treatment into the full sentence/sanction requirements.
4. Skill Train with Direct Practice (use Cognitive Behavioral treatment methods)
5. Increase Positive Reinforcement.
6. Engage Ongoing Support in Natural Communities.
7. Measure Relevant Processes/Practices.
8. Provide Measurable Feedback

DESIGNING YOUR CASE MANAGEMENT PROGRAM

- **Determine what happens now around prison/jail reentry.**

Investigate the following issues:

Does your state have a comprehensive reentry plan?

What is the reentry process from incarceration to release in your jurisdiction?

Are Evidence Based Practices being used?

What are the types of reentry programming available in the community and which of those programs used evidenced based practices?

What sources of funding are being used?

What state/county agencies are involved?

- **Assess how your reentry case management program can build on the strengths of the current reentry process in your state and fill any gaps in services that currently exist.**

The program that you design may not only serve a specific group of offenders, but may model effective evidenced based practices that will serve as a reentry prototype for your city or state.

Interview all the key reentry stakeholders to determine what type of services are not currently available in the community. For instance, if your jurisdiction lacks cognitive behavioral therapy groups or domestic violence group, you may want to build those into your program's design.

- **Determine the target community you want to serve using crime data, corrections data, and qualitative feedback from key community stakeholders.**

Interventions should be targeted at medium to high risk populations. Targeting interventions at lower risk populations can increase their risk of recidivism.

Depending on the data, the greatest area of need, and logistics, select a group of offenders:

- Returning to a single geographic area
- Being released from one Correction Facility
- Being housed together

- Who have been convicted of a certain type of crime (i.e. sex offense, violent felony offense, etc.)
- Who are members of a “special population,” such as individuals with serious mental illness, or individuals with HIV

Identify who your program will need to exclude due to specialized parole caseloads, staff expertise, or logistics.

- **Familiarize yourself with evidenced based practices and how they can be best implemented in your program. Hire staff whose philosophy is in line with these practices.**

The “Implementing Evidence Based Practices” Coaching Packet published by the Center for Effective Public Policy is a great resource and can be found at <http://www.cepp.com/documents/Implementing%20Evidence%20Based%20Practices.pdf>.

Hire case management staff, even if your clients will be mandated to drug treatment.

Although many drug treatment programs offer case management, we have found it extremely helpful for clients to have a consistent support person from release to program completion. The realities of working with high risk clients is that they often begin, but do not complete programs, and are therefore likely to lose the support of their case manager, when they leave. Having one principle case manager ensures that the client has an anchor in the community and that the case manager has the information necessary to place him/her in programming that address his ongoing needs.

Because our case managers work onsite with parole and clients will often meet jointly with their parole officer and case manager, the case manager frequently becomes a “lifeline” for them. Clients often admit being scared of their parole officer and will confide in the case manager when they are considering risky behavior (such as absconding, moving from an approved residence, terminating treatment) or have relapsed. Case Managers are often able to convince the client to continue complying with parole and help the client address these issues with the parole officer.

Our case managers also work in the community where our clients live. This facilitates their ability to drop in when facing a problem. Clients also frequently bring in family members to help them understand their parole obligations and to address familial issues that have arisen.

- **Determine if your program will be voluntary or mandatory.**

If you are targeting high risk individuals and your program is voluntary, you will need to incentivize the program.

- **Determine which partners will you need to assist you conduct in-reach, select program participants, and offer services.**
 - Corrections: You will need Corrections to help you reach inmates prior to release, arrange visits, have consent forms signed, and provide you with information about clients. If you are working with Parole, they can assist with this process with their in-facility staff.
 - Parole: If you want your program to be mandatory, you will have to create a true collaboration with parole. They will screen clients for eligibility prior to intake, transfer clients into the program, offer you valuable information about the risk and needs of your clients prior to release, and use graduated responses to promote compliance with your program. If your program is voluntary, a collaborative relationship with Parole is still essential. Your program will likely need approval from Parole prior to intaking any clients. Communication with parole will also be essential for program recruitment and effective case management.
 - Social Service Organizations: You will want to engage providers that use evidence based practices such as cognitive behavioral approaches and motivational interviewing. You will want to have an agreement with the provider that they provide weekly updates via email or phone to your program staff and will attend monthly macro-team meetings.
 - Transitional Housing: Many of the highest risk clients are homeless. It is helpful to create a partnership with a transitional housing provider who will agree to house your clients upon release.

Develop a plan to measure results.

Consider whether you want to measure results internally or hire an independent evaluator. Your results will help you determine how the program needs to be modified as well as give feedback to your partners, and promote replicability if effective.

Where possible, the plan should include the "gold standard" of research - utilizing a random assignment strategy to assign individuals to the intervention and to a comparison group receiving "business as usual". For the most part, "business as usual" in a reentry program will be traditional parole supervision without additional programs or interventions. A randomized control trial of your program will allow you to fully measure the impact of your program on the group of clients receiving the intervention.

In the event that a randomized control trial is not feasible or appropriate, you will want to identify an appropriate comparison group to plan for a quasi-experimental evaluation strategy. A comparison group could include individuals who are eligible for the reentry

program, but were not referred or were not assigned due to caseload capacity issues; individuals who are eligible, but were released at some point prior to the implementation of the new program; or individuals from a similar jurisdiction where the reentry program is not available.