JULY 2018

REDUCING STATEWIDE RECIDIVISM:
CHECKLIST FOR STATE CORRECTIONS AND COMMUNITY SUPERVISION ADMINISTRATORS

The checklist below is designed to help state corrections and community supervision administrators assess their state's recidivism reduction policies and practices to ensure that they align with evidence-based principles falling under the following three goals:

A. Use risk and needs assessments to inform resource-allocation decisions and individual case responses during a person's period of incarceration.

B. Establish programs and practices that reduce recidivism and ensure that they are implemented with fidelity.

C. Implement community supervision policies and practices that promote successful reentry.

Corrections and community supervision agencies should ultimately seek to achieve full implementation of each of the checklist items below with a quality assurance plan in place.

Instructions

Check the box reflecting the current status of your organization for each item, indicating whether a certain program component (1) has not been implemented and there are no plans to implement it; (2) is in the planning stages; (3) is partially implemented; (4) is fully implemented; or (5) is being sustained with continuous accountability through specific quality assurance (QA) measures that are in place.

A. Use risk and needs assessments to inform resource-allocation decisions and individual case responses during a person's period of incarceration.

	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
1. A validated criminogenic risk and needs assessment tool, normed to reflect the jurisdiction's population of incarcerated people, is used by corrections facility staff.	☐	☐	☐	☐	☐
2. The assessment tool is validated every three years to address any racial or gender bias identified.	☐	☐	☐	☐	☐

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	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
3. All incarcerated people are screened with a validated tool for mental health and substance use needs at intake.					
4. Information from the risk and needs assessment is used to develop individualized case plans that coordinate the delivery of appropriate programming and services in the corrections facility and the community.					
5. A centralized record-keeping system records assessment results and tracks progress on individualized programming plans.					
6. Information-sharing procedures are in place to avoid redundancies and to ensure that all agencies and community-based service providers can access necessary risk and needs assessment information.					
7. Risk and needs assessments are readministered at least twice a year and after case plan goals have been met.					
8. Risk and needs assessment results are used to inform parole release decisions and to inform the appropriate intensity of programming and supervision.					
9. Prior to release, previously identified mental health needs are reassessed to determine the appropriate services required before a person's return to the community.					
10. Prior to release, previously identified substance use needs are reassessed to determine the appropriate services required before a person's return to the community.					
11. Ninety days prior to release, prison staff, community supervision officers, and treatment providers develop an individualized client-centered transition plan that integrates supervision conditions and treatment recommendations based on updated risk and needs assessment results.					

	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
12. After release, people are enrolled with appropriate community-based service providers that have been vetted for the quality of their services based on their fidelity to evidence-based practices.					
13. Programming resources in the corrections facility and referrals to community-based agencies are prioritized for people with a moderate or high risk of reoffending.					
14. Prison staff, community supervision officers, and community-based service providers receive training on conducting, interpreting, and using risk and needs assessments.					
15. Quality assurance measures are performed annually to ensure that all assessments are conducted and used with fidelity.					

B. Establish programs and practices that have been shown to reduce recidivism and ensure that they are implemented with fidelity.

	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
1. Prison- and community-based programs use evidence-based cognitive behavioral interventions that are proven to reduce recidivism.					
2. The overall time and intensity of treatment is tailored to individual risk level and needs.					
3. Program staff are hired based on skills and personal characteristics that research links to quality treatment delivery.					

	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
4. Staff providing substance use treatment are properly licensed.					
5. Treatment staff providing mental health services are properly licensed.					
6. Program staff receive training on how to implement program or treatment models with fidelity and use methods that promote responsivity.					
7. Supervisors monitor and observe programs to ensure that program staff and corrections officers are cross-trained in adherence to the program model, and observations are reflected in staff performance evaluations.					
8. Approved incentives and rewards are used to encourage program participation and compliance.					
9. Community-based services are most intensive in the first few months following release. Efforts are made to limit the time between release and program enrollment.					
10. For programs serving people with varying levels of risk, treatment groups are separated by risk level.					
11. Program capacity is assessed to identify gaps between treatment programs needed and what is currently available in the corrections facility and with contracted providers in the community.					
12. Program evaluations are conducted on a regular basis and used to modify, augment, or eliminate rehabilitation and treatment programs.					

C. Implement community supervision policies and practices that promote successful reentry.

	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
1. Prior to a person's release from incarceration, community supervision officers develop a community-based case plan using risk and needs assessment results.					
2. Supervision strategies and the level of supervision intensity correspond to individual risk level and needs.					
3. Sanctions and incentives consider the risk and needs profiles of people under community supervision, and people under community supervision are informed on how those sanctions and incentives will be applied.					
4. Written policy allows for a continuum of discretionary sanctioning for people under community supervision, which is proportionate to the seriousness of violations and the person's assessed risk of recidivism.					
5. Community supervision officers have discretionary authority to modify conditions of supervision in response to behavioral changes of the person being supervised.					
6. Core correctional practices (CCPs) are incorporated into supervision and used appropriately to encourage positive behavior changes.					
7. Supervisors review recommendations for revocation after a technical violation in order to ensure that they are warranted, based on the seriousness and type of behavior, and in accordance with the risk level of the person.					

	Not implemented	Planning	Partially implemented	Fully implemented	QA plan in place
8. Community supervision officers receive training in CCPs and communication techniques that promote intrinsic motivation for positive change and enhance responsivity.					
9. Community supervision officers are trained in evidence-based interventions that promote cognitive-behavioral skill development to address a person's criminogenic needs.					
10. Community supervision officers are trained to understand and respond effectively to special needs related to mental illnesses, substance use disorders, or co-occurring disorders.					
11. Place-based supervision is promoted through the use of satellite offices in neighborhoods with high concentrations of people who are returning from incarceration, and site visits occur in the communities where they reside.					
12. Supervisors engage family and community members as needed to facilitate community reintegration.					
13. Supervisors review the number and quality of site visits conducted by community supervision officers in person or via audio or video recording, and findings are reflected in performance reviews.					
14. Community supervision officers coordinate activities with community-based treatment and service providers.					
15. Aftercare plans are developed with the input of community-based service providers and family members prior to a person's discharge from supervision.					

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