



INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: ADULT Operations Only JUVENILE Operations Only DEPARTMENT-WIDE

IMPP #: 11-129A

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DECISION MAKING: Reinforcement of Positive Behavior by Residents

Original Date Issued: 02-16-22 Replaces IMPP Issued: N/A **CURRENT EFFECTIVE DATE: 02-16-22**

Approved By:  Secretary Next Scheduled Review: 02/2025

POLICY

When applied purposefully and with structure, incentives have been shown to promote positive, long-term behavioral change through reinforcing specific, desired behaviors and thus increasing the likelihood that they will be repeated in the future. In addition, they encourage group attendance and participation, which in turn increases intervention dosage. Research has demonstrated that higher dosage hours are a necessary component of reducing recidivism for high-risk residents. Further, improved behavior by residents improves the environment in the facility, the safety of staff, the safety of other residents, resources expended on responding to negative behavior, success after release, and safety of the communities to which the residents return upon release.

A system for funding, utilizing, and tracking incentives in a manner consistent with current data and evidence is to be established at all facilities as a component of the larger initiative to offer relevant, impactful interventions and programming to residents and thus reduce risk and recidivism. The goal is for residents to receive a minimum of four positive interactions to every one punitive or negative interaction to have the best effect on long term behavioral change. The purpose is to reinforce positive behaviors, in addition to holding residents accountable for noncompliance.

DEFINITIONS

Dosage: The number of hours of cognitive behavioral intervention a person needs to reduce his or her anti-social or criminogenic attitudes, beliefs, thoughts and behaviors.

Incentives: Tangible objects, privileges, or other positive reinforcement used to promote, reward or encourage repetition of positive actions, performance or behavior by residents.

Positive Reinforcement: The practice of rewarding a prosocial behavior to increase the likelihood it will be repeated in the future.

Prosocial Behavior: Behavior in word or deed that reflects low or no anti-social or criminal attitudes, beliefs and behaviors, and that benefits society as a whole.

PROCEDURES

I. Application of Positive Reinforcement

- A. Staff are encouraged to reinforce specific prosocial behaviors displayed by residents with the intent to increase the behavior, such as:
 1. Completing tasks;

2. Group attendance for a specified amount of time (i.e. 5 sessions);
 3. Successful completion of a curriculum module;
 4. Successful program completion;
 5. Disciplinary report free for a specified amount of time;
 6. Worked recovery plan for a specified amount of time;
 7. Responding to a high-risk situation, either in or outside of group, by utilizing one of the skills/tools taught in class;
 8. Exhibiting appropriate social skills to address problem situations in a positive manner;
or,
 9. Displaying prosocial communication and/or decision-making skills.
- B. Incentives may be given by all staff based on a resident demonstrating a desirable behavior or a behavior that, if repeated, would lead to a more positive, constructive response to a high-risk situation.

II. Timing and Dosage

- A. Verbally approving prosocial behavior through effective use of approval is to be delivered immediately following the recognition of a prosocial attitude or behavior.
- B. Tangible incentives are to be issued at the time of recognition of a prosocial attitude or behavior or as close to the act or displayed attitude as possible for maximum effect.
1. Examples of potential tangible incentives are listed in Attachment A of this IMPP.
- C. Residents are to receive the following amount of intervention (dosage) to effect permanent behavior change based on their assessed risk level as follows. While incentives themselves are not measured toward dosage hours, they do serve to encourage and reinforce participation in programs and Advanced Practice, which are considered dosage hours:
1. 100 hours of intervention for moderate risk;
 2. 200 hours of intervention for high risk or those with multiple needs;
 3. 300 hours of intervention for those with the highest risk.

III. Group Participation

- A. Program managers and/or providers may set up a tiered approach.
1. For each group session, participants receive:
 - a. One (1) point for attending.
 - b. Two (2) points for meeting requirements (practice work satisfactorily completed, daily activities completed).
 - c. Three (3) points for providing meaningful input to the group.
 2. Each participant's points are tracked and accumulated and may be traded for available incentives identified by each facility at established points within the curriculum.
- B. Upon completion of a program, a graduation event may be held to recognize the efforts of the

participants. The program facilitator will consult with the department head and facility Warden or designee to determine what can be provided, location, time and who will participate.

IV. Funding

- A. Through a combination of facility fundraisers, donations, and resident group contributions (Jaycee's, Reaching Out From Within, etc.), funds are to be raised to cover any purchased items.
- B. Each facility is to place proceeds in their local Inmate Benefit Fund (IBF), with distribution of those funds managed locally at each site.
- C. Program providers are to be allotted a specified budget for each group session.
 - 1. This budget is to be set by the R3 Coordinator and/or Programs Administrator.
- D. Staff must submit a requisition to purchase incentives from this budget. The assigned Deputy Warden or designee at each facility is to approve or deny any requests to purchase incentives.

V. Tracking

- A. Available incentives may vary slightly by facility and custody level. Each facility is to develop and maintain a list of approved items appropriate and feasible to the site. Only items on this list may be given to residents by both KDOC and contract staff, and in accordance with this IMPP, unless an exception is made by the appointing authority or designee.
- B. Each facility is to designate a staff member to coordinate the list of approved incentives for that site. This person is to secure any incentives purchased in advance and store on site, and then distribute them when requested.
- C. Staff members utilizing incentives are to enter the following into a shared facility spreadsheet or database:
 - 1. When incentives are used;
 - 2. What the incentives are used for;
 - 3. Who receives the incentives; and,
 - 4. Type of incentive used.
- D. When applicable, incentives are to be added to a resident's property inventory.
- E. The designated staff member is to compile and provide reports summarizing the above information, quarterly or as requested.
 - 1. Copies of the quarterly reports are to be forwarded to the KDOC Programs Director by email.
- F. The list of approved incentives is to be reviewed, at minimum, annually and must be approved by the facility Warden or Warden's designee, to ensure it is robust and contributes to the goal effectively.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced

standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

<u>Name/Type of Report</u>	<u>By Whom/To Whom</u>	<u>Due</u>
Incentives Report	Facility Designated Staff to KDOC Programs Director	Quarterly or as needed

REFERENCES

North Dakota Department of Corrections and Rehabilitation, Policy and Procedure Number 4F-8

HISTORY

02-16-22 Original

ATTACHMENTS

Attachments	Title of Attachments	Page Total
A	Potential Incentive Examples	1 page

Potential Incentive Examples

Low Cost Options

- Graduation ceremonies/recognition
- Socks
- Hygiene items (deodorant, toothpaste, body wash)
- Coffee
- Cans of soda
- Little Debbie snack cakes/other prepackaged or vendor-provided/commercially-produced snacks
- Journals
- Pens
- Pencils
- Stickers
- Achievement chart on wall
- Candy bars
- Ice cream
- Popcorn
- Sandwiches from a vendor/commercially-produced
- Pizza from a vendor/commercially-produced
- Movies
- Art supplies (for craft projects, decorating cards, etc.)
- Stamps
- Printed pictures/photos (no violence, gang related symbols, or sexually explicit materials)
- Fresh favorite tickets

No Cost Options

- Extra gym time
- Extra shower
- Use of a TV
- Use of a radio
- Properly confiscated items from A&D/EAI
- Restoration of good time, consistent with policy and regulation in appropriate cases
- Board game tournaments
- Extended dayroom hours ("late night")
- Watch parties for sporting events
- Donated college items (folders, pencils, etc.)
- Lunch with Warden/Deputy Warden or other staff
- Certificates that list accomplishments
- Family day in collaboration with community partners