



HOLISTIC SAFETY CHANGE MANAGEMENT TOOLKIT

A PRACTICAL GUIDE FOR IMPLEMENTING THE HOLISTIC SAFETY FRAMEWORK
The resources in this toolkit have been used by correctional administrators and staff across the United States to put the Holistic Safety Framework - introduced in *Do I Have the Right to Feel Safe?* - into practice. Each tool is designed to help shift conditions within correctional environments, strengthen collaboration between staff and people who are incarcerated, and improve safety and wellness systemwide.



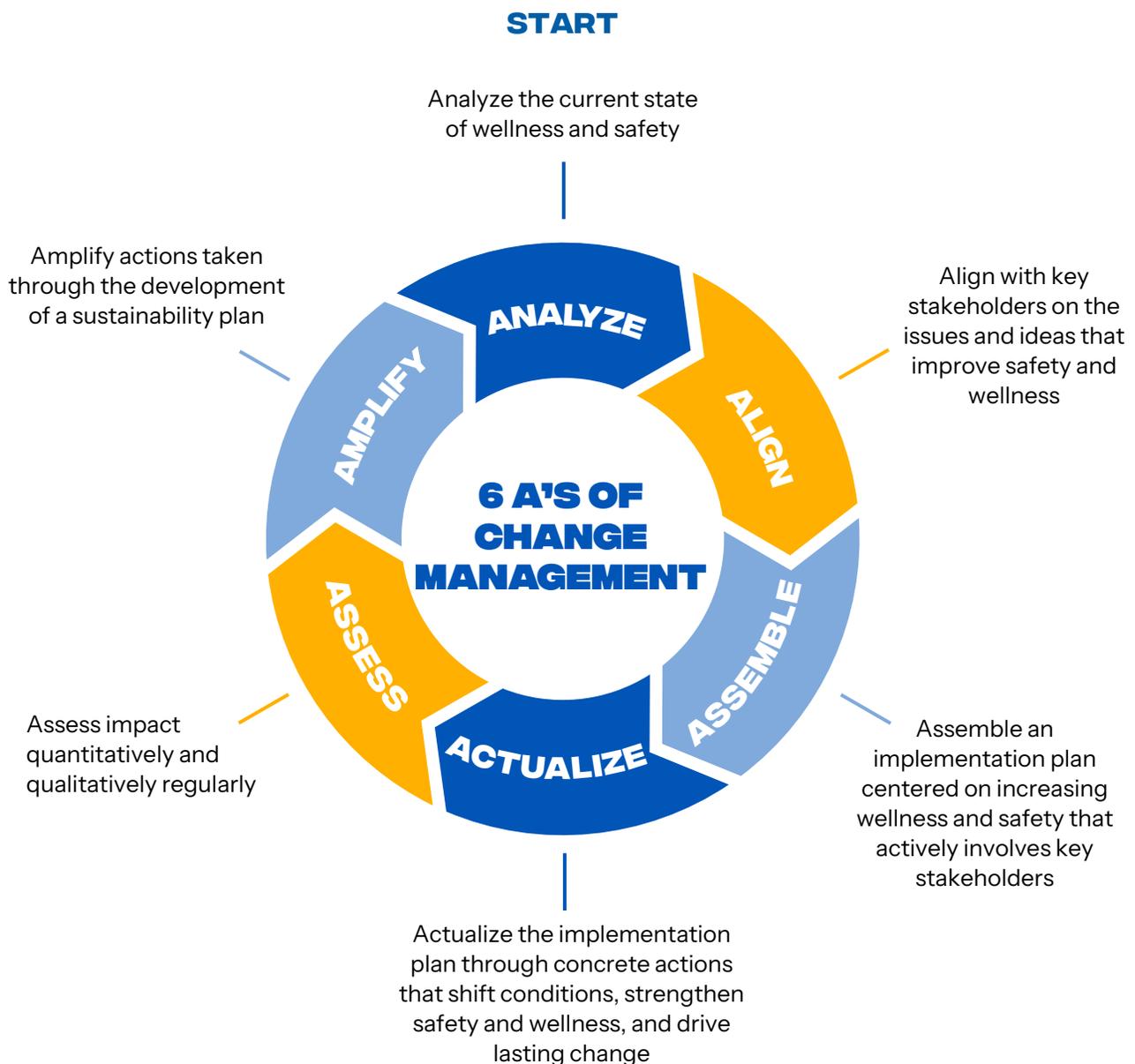
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INTRODUCTION

The 6 A's Change Management Toolkit provides correctional administrators with a practical, step-by-step process for implementing Chicago Beyond's [Holistic Safety Framework](#) – an approach that helps correctional administrators increase safety within jails and prisons by collaborating with people incarcerated and staff to improve the emotional wellbeing of both groups.

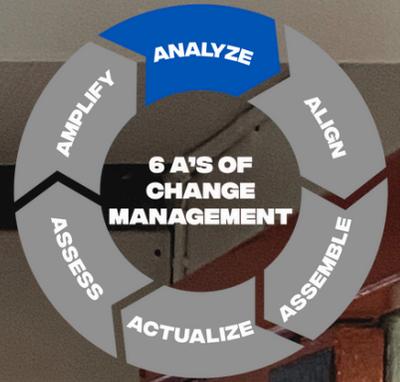
Built around on six actionable steps—**Analyze, Align, Assemble, Actualize, Assess,** and **Amplify**—the Change Management Toolkit guides correctional leaders through assessing current conditions, engaging stakeholders, implementing meaningful changes, measuring impact, and sustaining improvements. This structured approach helps facilities not only launch reforms, but also sustain them over the long term.



6 A'S OF CHANGE MANAGEMENT

The 6 A's Change Management Process typically begins with Analyze, but it's designed to be cyclical rather than linear. As facilities move through Align, Assemble, Actualize, Assess, and Amplify, they can return to earlier phases to refine and deepen their work—creating a continuous cycle of learning, action, and improvement

- ➔ **ANALYZE:** Use the [Holistic Safety Inventory](#) to assess current wellness and safety conditions across your facility. Engage staff and people who are incarcerated to understand what's working well, what can be improved, and how to foster a safer, healthier environment.
- ➔ **ALIGN:** Engage key stakeholders by [establishing collaborative groups](#) of staff and people incarcerated. These groups provide structured opportunities for correctional administrators and people with lived experience to share insights, co-design solutions, and build trust.
- ➔ **ASSEMBLE:** Develop an [implementation plan](#) based on what you learned from the Holistic Safety Inventory and stakeholder engagement. Establish clear objectives, timelines, and a tracking process with milestones, impact indicators, and risk mitigation steps before launching the plan.
- ➔ **ACTUALIZE:** Put your implementation plan into action over the next 3–6 months, focusing on shifting the conditions that improve wellness and safety. As outlined in *Do I Have the Right to Feel Safe?*, the Holistic Safety Framework emphasizes [four areas of focus: reducing physical isolation, improving emotional wellness for both incarcerated individuals and staff, and bridging the “us vs. them” divide](#). Strategies might include increasing out-of-cell time, expanding programming and recreation, enhancing cultural and family connections, strengthening staff wellness infrastructure, and involving formerly incarcerated individuals in training and decision-making.
- ➔ **ASSESS:** Regularly [measure the impact of your actions using both quantitative and qualitative methods](#). Metrics may include out-of-cell time, reductions in restrictive housing, participation in wellness initiatives, and staff and resident feedback. Chicago Beyond's correctional partners have implemented many of these changes—refer to Chicago Beyond's *Holistic Safety Impact Report* for more information.
- ➔ **AMPLIFY:** Strengthen and [sustain positive changes by embedding them into policy, practice, and culture](#). This may include formalizing improvements, revising policies, integrating lived experience into leadership and training, and celebrating progress. More examples of how correctional systems have institutionalized these efforts can be found in the Chicago Beyond's *Holistic Safety Impact Report* and on our website.



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ANALYZE

HOLISTIC SAFETY INVENTORY

Site Visit to Cheshire Correctional Institution, CT (May 2024)
 Credit: Andrius Benevicius / Connecticut Department of Correction

WHAT IT IS

Chicago Beyond’s Holistic Safety Inventory is a comprehensive tool designed to support jail and prison administrators in promoting increased well-being and safety of both staff and incarcerated individuals.

Focused on the four areas of isolation, the Holistic Safety Inventory can be used to guide conversations between correctional administrators, people incarcerated, and staff to assess current practices, identify strengths, and uncover opportunities for improvement, fostering a safer and healthier environment for everyone living and working in a jail or a prison.

THE FOUR AREAS OF ISOLATION

PHYSICAL ISOLATION OF PEOPLE INCARCERATED

How do we increase quality, out-of-cell time?

EMOTIONAL ISOLATION OF PEOPLE INCARCERATED

How do we add resources that support the ability of people incarcerated to thrive?

EMOTIONAL ISOLATION OF STAFF

How do we add resources that support the ability of staff to thrive?

INTERPERSONAL ISOLATION BETWEEN STAFF AND PEOPLE INCARCERATED

How do we combat the “us vs. them” culture?

HOW IT WORKS

Review each statement related to the four areas of isolation. For each one, select TRUE, PARTLY TRUE, or NOT TRUE based on the current state of your system. You are welcome to add any notes or comments as you go through each section. While reviewing these statements may be an uncomfortable experience, please remember that these statements are not meant to judge or shame your system or its administrators. Every system starts from a different point –the focus is on the commitment and action to move forward.

After completing the inventory, we encourage you to use what you learned from the experience to identify areas of opportunity to drive positive shifts to increase safety and wellness in your system.

REDUCING PHYSICAL ISOLATION OF PEOPLE INCARCERATED

Engagement, not isolation or deprivation: The agency must invest resources to ensure every incarcerated person’s time in general population and in restrictive housing is focused on accountability and rehabilitative programming. To do so, the agency must work towards allowing every person incarcerated more time out of cell than in cell to engage with the resources the person believes will be instrumental in helping them to thrive.

	TRUE	PARTLY TRUE	NOT TRUE	NOTES
<i>People housed in the general population within a facility have access to more time out of cell than in cell daily.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>People housed in restrictive housing receive as many hours out of cell as possible each day with the goal of achieving several hours out of cell daily.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>A root cause analysis is done before or right after placing someone in restrictive housing to understand why they acted in a way that led to this decision.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Behavior improvement plans are developed before or immediately after placing an individual in restrictive housing.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Frequent and regular reviews of individuals in restrictive housing are conducted by a multi-disciplinary team (e.g. Medical, Mental Health, Security, etc.) with the goal of stepping them down to a less restrictive setting that allows for more time out of cell.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>All people incarcerated, including people in restrictive housing, have daily and/or scheduled access to outdoor recreational activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>People in restrictive housing have regular and scheduled access to out of cell programming activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REDUCING EMOTIONAL ISOLATION OF PEOPLE INCARCERATED

Engagement, not isolation: The agency must allocate resources to ensure rehabilitation is at the core of incarceration through comprehensive mental health care, trauma-informed wellness programs, and opportunities for positive connections with family, peers, staff, and the community.

	TRUE	PARTLY TRUE	NOT TRUE	NOTES
<i>People incarcerated, including individuals housed in restrictive housing, have daily access to mental health care and emotional wellness programming focused on pro-social behaviors.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>People incarcerated receive initial and ongoing screening and assessment for mental health needs.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>There are wellness programs focused on reducing the impact of trauma related to incarceration.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>There is regular positive engagement between individuals currently incarcerated with each other and with individuals formerly incarcerated (e.g., peer support programs).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Visits are healing-centered, allowing physical touch and employing strategies that improve family connection.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Every person incarcerated is allowed to interact frequently and relatively easily with their family through telephone and written/electronic communication.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Services and programs are offered to families of individuals incarcerated to help them understand and cope with the incarceration of their family member.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Community members, community organizations, and businesses are encouraged to provide programming, skill development training, and employment preparation to people incarcerated.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Leadership regularly engages with people incarcerated on issues related to safety and wellness by seeking their feedback, sharing important information, and following up on their concerns and recommendations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REDUCING EMOTIONAL ISOLATION OF STAFF

Engagement, not isolation: Due to the isolating nature of corrections, agencies must invest in emotional wellness resources for staff from hire to retirement, ensuring trauma-informed training, mental health support, and access to wellness programs. Leadership should engage with staff to address wellness needs and promote community-building.

	TRUE	PARTLY TRUE	NOT TRUE	NOTES
<i>All staff receive training on recognizing and understanding trauma so they can effectively identify and appropriately support people affected, including themselves, other staff, individuals incarcerated, and the broader community.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>All staff receive regular training on emotional wellness, mental health, resilience, and overall well-being.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>A comprehensive range of wellness resources, including employee assistance programs (EAPs), wellness fairs and workshops, peer support programs, and crisis intervention training, is available to staff to address various challenges in correctional systems.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Mental wellness resources are provided to staff going through the disciplinary process.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Families of staff receive training or resources to help them understand the nature of the correctional environment and ways they can be supportive of their loved one and take care of their own mental wellness.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>The agency facilitates opportunities for staff, including retired staff, to build community among each other through unit, divisional, and/or agency gatherings.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Leadership regularly engages with staff (security and civilian) to address employee wellness and has a process for tracking, documenting and following up on staff concerns and recommendations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>There is a team or individual whose primary focus is to lead staff wellness efforts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REDUCING INTERPERSONAL ISOLATION BETWEEN STAFF AND PEOPLE INCARCERATED

Humanization: The “us vs. them” culture in correctional agencies is foundational to dehumanizing policies and practices against people incarcerated as well as staff. Correctional agencies must be intentional about creating training, policies, and practices that allow correctional staff and people incarcerated to see each other as human beings capable of making positive decisions.

	TRUE	PARTLY TRUE	NOT TRUE	NOTES
<i>A group of staff (security and civilian) and a group of people incarcerated work together to address the safety and wellness of both groups.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Staff is encouraged to and frequently does engage with people incarcerated as mentors.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>There is regular internal and external communication highlighting positive and prosocial activities and achievements of both staff and people incarcerated, as well as their collaborative accomplishments.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Current and/or formerly incarcerated individuals provide lessons during preservice and annual training to promote safe and healthy interactions between staff and individuals incarcerated, incorporating important perspectives on safety and wellness for both groups.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>People formerly incarcerated provide onsite programming for staff and people incarcerated.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Person-first language is incorporated into policies, procedures, communications, the website, and signage when referencing people incarcerated and staff (e.g., referring to people incarcerated as individuals or people; refraining from use of terms like “inmate”, “guards”, “detainee”, “offender”, etc.).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

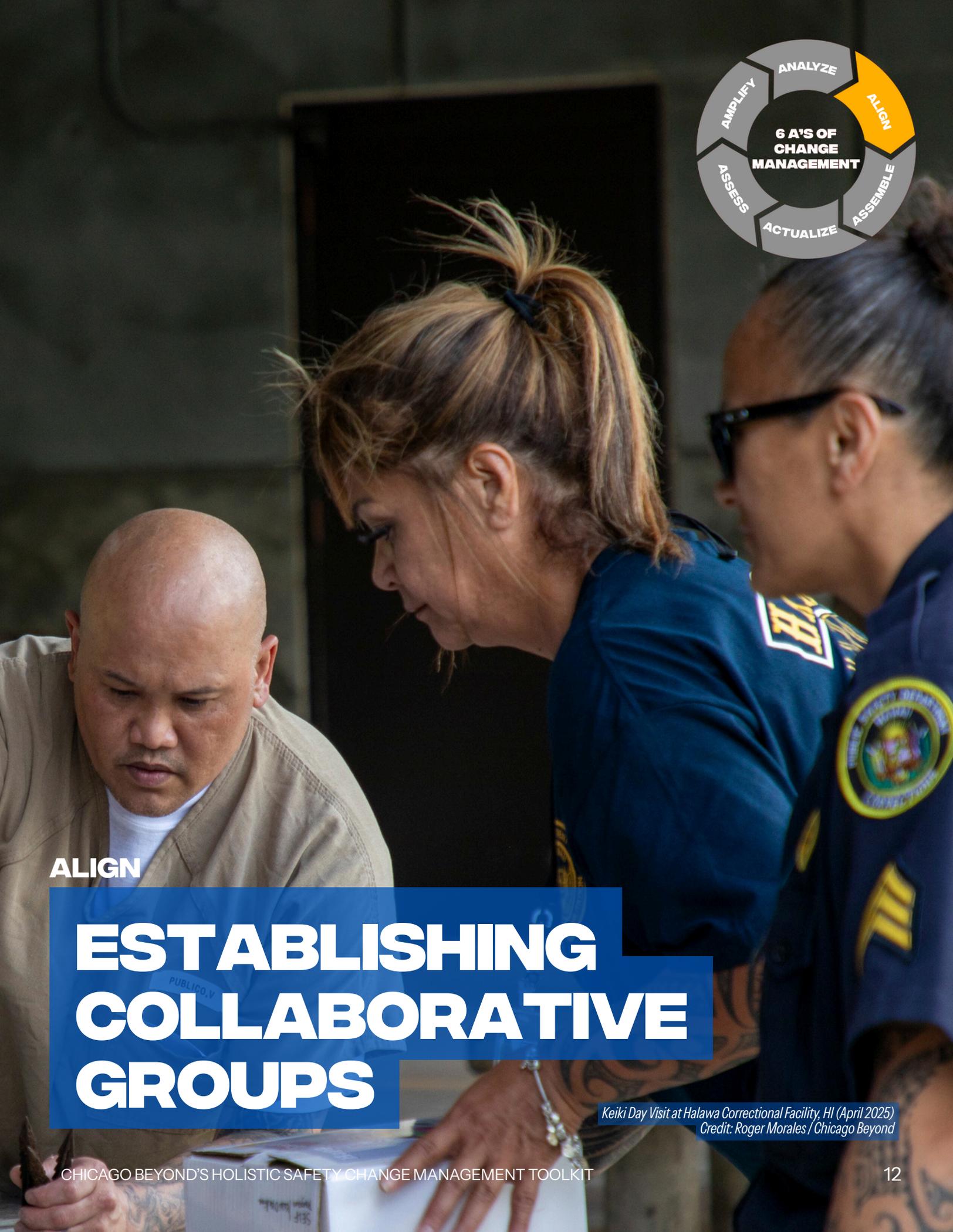
STRENGTHS & AREAS OF OPPORTUNITY

Based on your responses to the Holistic Safety Inventory, what are some strengths of your facility/what is working well? What areas present opportunities for improvement?

<i>STRENGTHS</i>	<i>OPPORTUNITY AREAS</i>
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From these opportunities, what is one specific objective you can focus on over the next 2-4 months (and beyond) in each area of isolation to drive a positive shift, leading to increased safety and wellness for people living and working in your system?

<i>OBJECTIVE</i>



ALIGN

ESTABLISHING COLLABORATIVE GROUPS

*Keiki Day Visit at Halawa Correctional Facility, HI (April 2025)
Credit: Roger Morales / Chicago Beyond*

ALIGN: COLLABORATIVE ENGAGEMENT

Building on the insights from the **Analyze** phase, where facilities assess current safety and wellness conditions, the next step is to strengthen connection and shared ownership through collaborative engagement. This stage brings to life a central truth from *Do I Have the Right to Feel Safe?* (pp. 62–69) — that correctional administrators cannot achieve holistic safety on their own. Engaging people with lived experience of the correctional system — people incarcerated and front line staff — is key to unlocking holistic safety.

PURPOSE

This section provides guidelines for establishing collaborative groups in jails and prisons. A collaborative group brings together staff, administrators, and people incarcerated to share perspectives, build trust, and co-design solutions that strengthen safety and wellness for everyone living and working in jails and prisons.

WHY THIS MATTERS

In many facilities, decisions are made at the top and handed down to staff and people incarcerated. This top-down approach often creates confusion, frustration, and failed policy implementation. Collaborative groups shift this dynamic. By engaging staff and people incarcerated in shaping and carrying out solutions, correctional leaders increase trust, strengthen connections, and create the conditions for real and lasting change.

PARAMETERS

As you consider establishing these groups, please note the following:

WHAT THIS IS	WHAT THIS IS NOT
A group of staff and people incarcerated who: <ul style="list-style-type: none">• provide input into their wellness.• help co-design wellness programming and policies.• give feedback, provide recommendations, and test ideas.	<ul style="list-style-type: none">• These groups do not replace unions.• These groups should not replace full outreach to staff or people incarcerated. They should not be the primary approach for outreach.• These groups are not meant to be the final decision-makers.

In the next part of this section, you'll find guidance on how to plan and run collaborative groups—including how to pilot and test the approach with a small group, expand it across the facility, create clear feedback loops and communication channels, and ultimately embed these practices into policy and culture. A set of ready-to-use templates and planning tools are provided to help you design, document, and strengthen collaborative groups at every phase.

ALIGN: COLLABORATIVE ENGAGEMENT

STEP 1: CREATE A PILOT GROUP

Purpose: Test the approach by convening a small group to learn about experiences and perspectives on emotional wellness and safety, taking note of strengths and areas for improvement.



Actions:

- **Prepare for the initial voluntary listening session**
 - Assign a facilitator to guide the conversation and a notetaker to capture observations during sessions.
 - Create an environment that allows trust to be strengthened (i.e. neutral location, clear ground rules, and refreshments, if possible).
- **Invite 7-10 volunteers to be part of the pilot group**
 - **Staff:** Ensure representation across roles (frontline, middle management, leadership), departments (security, medical, treatment, operations, etc.), shifts, and a balance of racial and gender representation.
 - **People incarcerated:** Include a mix of populations across gender, age, length and frequency of system involvement, and racial/ethnic background.
- **Host the pilot group**
 - At the beginning of the meeting, share the purpose — “We want to improve safety for everyone, and we thank you for your willingness to be part of this effort.”
 - Ask open-ended questions to surface experiences and priorities. Examples:
 - *What situations or practices in this facility make you feel less safe or supported?*
 - *What changes could improve those experiences?*
 - *What programs or activities would strengthen your health and sense of support?*
- **Review the session notes** to identify potential quick wins and **implement at least one immediate change** where possible to show that input leads to tangible action.

ALIGN: COLLABORATIVE ENGAGEMENT

STEP 2: EXPAND COLLABORATIVE ENGAGEMENT ACROSS YOUR SYSTEM

Purpose: Build on what you learned from the pilot group by expanding collaboration to more areas of your facility. This can mean inviting new participants to join the existing group or creating additional groups within each unit or division. Different groups make it easier to surface unique perspectives, address specific challenges, and ensure that safety and wellness improvements reach all parts of the facility.



Actions:

Planning:

- **Select participants:** Form groups that reflect the facility’s population and workforce, ensuring diversity of roles and perspectives while keeping each group small enough for meaningful discussion (see Step 1 for guidance).
- **Clarify goals and expectations:** Clearly explain the purpose of each group—why it exists, what it aims to achieve, and how members’ input will inform concrete safety and wellness improvements.
- **Communicate broadly:** Share updates about the collaborative approach with both participants and the wider facility community. Explain what was learned from the pilot, what’s happening next, and how feedback from the groups will drive real action.

Launch:

- **Establish clear meeting norms:** Define how often the group meets, meeting length, and ground rules (e.g., respect, confidentiality, no interruptions).
- **Assign key roles:** Designate a facilitator and notetaker for each group to guide discussions and capture insights.
- **Model leadership commitment:** Ensure at least one administrator participates in every collaborative group to demonstrate accountability and reinforce that this work is a shared priority.

ALIGN: COLLABORATIVE ENGAGEMENT

STEP 3: CREATE A CONSISTENT FEEDBACK LOOP

Purpose: Communicate regularly with collaborative groups and the broader facility to generate broader buy-in and demonstrate that participant input drives meaningful change.

Actions:

- Share what has been implemented, planned, or cannot be addressed, and explain why.
- To demonstrate that leadership is listening and acting on feedback, provide updates on:
 - **Short-term wins:** Immediate changes already made based on feedback.
 - **Longer-term initiatives:** Plans requiring more time or resources.
 - **Unresolved issues:** Clearly communicate reasons when suggestions cannot be acted on.



STEP 4: FORMALIZE THE COLLABORATIVE GROUPS

Purpose: Embed collaborative groups in policy to make them a lasting part of the culture.

Actions:

- **Reflect and Adjust:** Evaluate group effectiveness each year and update structure or participation as needed.
- **Learn and Improve:** Use lessons learned from the pilot and feedback loops to improve group functioning over time.
- **Formalize the groups:** Document responsibilities, meeting norms, and facilitator/notetaker roles in policy or written guidance to make the groups permanent.



COLLABORATIVE ENGAGEMENT PLANNING TOOL

Use this tool to plan and document your collaborative group sessions, including key details such as participant mix, group dynamics, main discussion points, and other observations. Complete one form for each group session.

DATE:

FACILITY:

TOTAL NUMBER OF PARTICIPANTS:

PARTICIPANT PROFILE (STAFF)

Enter the number of participants in this collaborative group that fit each category.

Shift/Watch (enter time + number of participants for each shift as per the facility):

<i>Shift 1:</i>	<i>Shift 2:</i>	<i>Shift 3:</i>	<i>Shift 4:</i>
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Department (e.g., security, medical/mental health, programming, etc. Enter name and number of participants):

<i>Example: Security, 4 people</i>			

Rank/Level Breakdown:

<i>Frontline:</i>	<i>Middle-Management:</i>	<i>Leadership:</i>
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Seniority (Tenure/Years in Service):

<i>0-3yrs:</i>	<i>3-7yrs:</i>	<i>7-15yrs:</i>	<i>15yrs+:</i>
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Age (if known):

<i>18-24yrs:</i>	<i>25-34yrs:</i>	<i>35-44yrs:</i>	<i>45-54yrs:</i>	<i>55-64yrs:</i>	<i>65 or older:</i>
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Other Relevant Factors (please indicate):

COLLABORATIVE ENGAGEMENT PLANNING TOOL

Use this tool to plan and document your collaborative group sessions, including key details such as participant mix, group dynamics, main discussion points, and other observations. Complete one form for each group session.

DATE:

FACILITY:

TOTAL NUMBER OF PARTICIPANTS:

PARTICIPANT PROFILE (PEOPLE INCARCERATED)

Enter the number of participants in this collaborative group that fit each category.

Age:

18-24yrs:	25-34yrs:	35-44yrs:	45-54yrs:	55-64yrs:	65 or older:
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Years Incarcerated:

Pre-Trial:	<1yr:	1-5yrs:	6-10yrs:	11-15yrs:	15yrs+:
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Security Classification:

Minimum:	Medium:	Maximum:
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Other Relevant Security or Demographic Factors (please indicate):

COLLABORATIVE ENGAGEMENT PLANNING TOOL

GENERAL ATMOSPHERE OF THE MEETING:

Circle all that apply: Engaged, Productive, Warm, Neutral, Tense, Negative, Other

If “Other”, please specify (and include any additional comments/observations from the session):

KEY POINTS RAISED:

Summarize key points/issues raised during the collaborative group discussions. Please include both positive and negative feedback, if applicable. Please order by perceived importance to the collective group

ACTION ITEMS

From what you learned from this discussion:

1. What are some actions you can take right now for quick wins – based on what is realistic and immediately feasible?

- ..
- ..

2. What should be prioritized in the Implementation Plan (see next section of Change Management Toolkit) for sustained attention?

- ..
- ..

3. What issues are not feasible to address but require feedback and closing the loop?

- ..
- ..



EMOTIONAL ISOLATION OF STAFF

FOR THIS AREA OF ISOLATION:

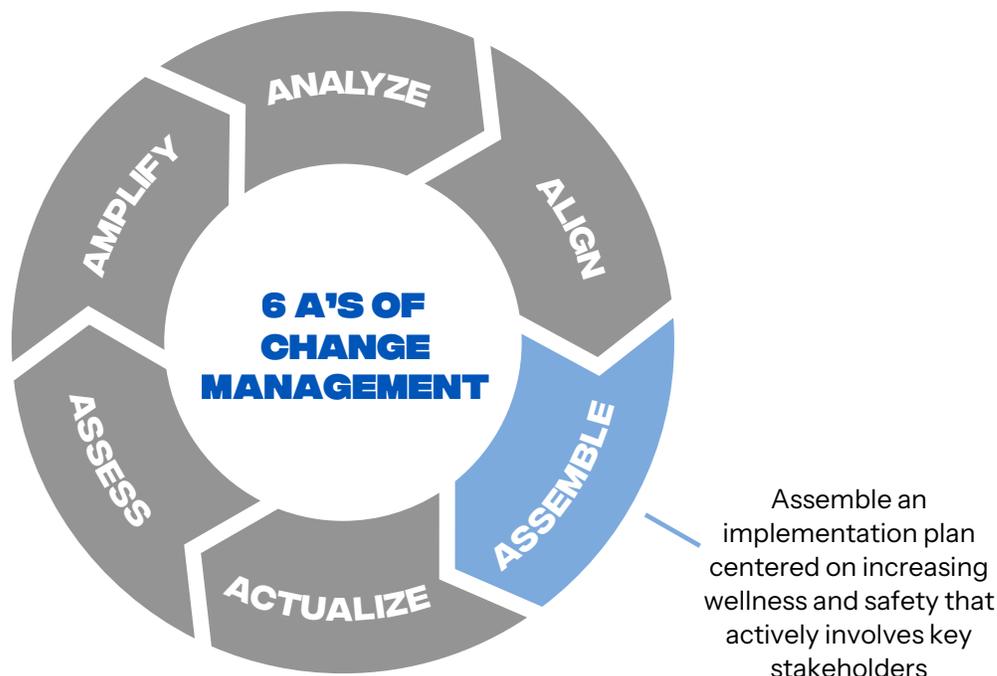
- What do you want to prioritize in your implementation plan?
- What are some strategies to achieve these priorities?
 - How do you incorporate voices, input and buy-in from staff and incarcerated individuals in these strategies?
- What are some milestones to implement your strategies?
- Who do you want to involve in this work? How do you want to involve them?
- What are some impact indicators that could demonstrate progress made towards your objectives?
- What are some potential risks and how do you mitigate them?

ASSEMBLE

CREATING AN IMPLEMENTATION PLAN

*Site Visit with VTDOC (May 2024)
Credit: Josh Muketha / Chicago Beyond*

ASSEMBLE: IMPLEMENTATION PLAN



Use what you learned from the Holistic Safety Inventory (**Analyze**) and Collaborative Engagement (**Align**) to actualize change by identifying and acting on priority areas for improving wellness and reducing isolation across your facility through a clear, actionable implementation plan.

The implementation plan should:

- **Set clear objectives and strategies** that address both staff and incarcerated people's experiences.
- **Engage key stakeholders early** — including frontline staff, incarcerated individuals, and leadership — to ensure plans are informed by those most affected.
- **Establish measurable milestones and indicators** to track progress over time.
- **Identify potential challenges and risks and outline mitigation steps** to ensure implementation stays on track.
- **Document progress and learning** as part of an ongoing feedback loop that informs broader wellness and safety efforts.

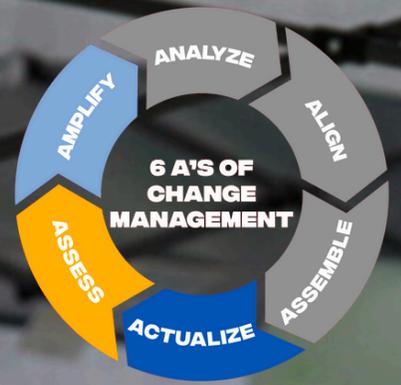
A sample implementation plan is provided on the following page to illustrate the structure and level of detail. A blank version is also included to help you develop your own plan. Use these examples as guides—each facility or system has unique needs and priorities, so adapt them to fit your context.

EXAMPLE IMPLEMENTATION PLAN

GOAL	OBJECTIVE & STRATEGIES	IMPLEMENTATION MILESTONES	STAKEHOLDERS	IMPACT INDICATORS	RISKS & MITIGATION STEPS	NOTES
REDUCE EMOTIONAL ISOLATION OF PEOPLE INCARCERATED	<p><u>Objective:</u> Establish a family strengthening program for people incarcerated and their families</p> <p><u>Strategy:</u> Implement incentive-based contact visitation</p>	<p>Month 1: Draft policy proposal and include plan for family-friendly visits</p> <p>Month 2: Develop facility modification plan and criteria for contact visits</p> <p>Month 3: Begin contact visitation</p>	<ul style="list-style-type: none"> Operations staff Policy staff People incarcerated Families of people incarcerated System Leadership 	<ul style="list-style-type: none"> # of Approvals # of visits 	<p><u>Risks:</u> Staff resistance; Contraband concerns; Staff shortages</p> <p><u>Mitigation:</u> Communicate benefits and create a supportive, family-friendly environment; Encourage staff vigilance through positive incentives; Schedule visits on weekdays to ease staffing demands</p>	[Use this section to capture/track progress]
REDUCE EMOTIONAL ISOLATION OF STAFF	<p><u>Objective:</u> Increase wellness supports for staff</p> <p><u>Strategy:</u> Improve staff dining and recreational spaces in the facilities</p>	<p>Month 1: Review and discuss facility plans at the central office</p> <p>Month 2: Develop plans for each facility and identify funding sources</p> <p>Month 3: Finalize deployment plan and begin implementation with quick wins</p>	<ul style="list-style-type: none"> Facility Leadership Agency leads 	<ul style="list-style-type: none"> Planning (feedback from Wardens on plans, progress towards plans developed for each facility, etc.) Staff satisfaction (improvement in staff satisfaction scores, increase in usage of improved spaces, etc.) 	<p><u>Risks:</u> Incomplete or low-quality plans; Low staff engagement; Delays/set backs</p> <p><u>Mitigation:</u> Provide clear guidance, timelines, and feedback throughout planning process; Have wardens encourage staff participation in planning and share updates regularly during implementation; promptly communicate any delays/set backs</p>	[Use this section to capture/track progress]
REDUCE PHYSICAL ISOLATION OF PEOPLE INCARCERATED	<p><u>Objective:</u> Gradually and safely increase out-of-cell time</p> <p><u>Strategy:</u> Develop out of unit activity plan (including sports)</p>	<p>Month 1: Assess current activity schedule and gather input from staff and incarcerated people</p> <p>Month 2: Draft new activity plan and get feedback from staff</p> <p>Month 3: Finalize and launch new activity plan</p>	<ul style="list-style-type: none"> Wardens/Facility Leadership Recreation Specialists People incarcerated Front line security staff 	<ul style="list-style-type: none"> Increased out-of-cell time Participation rates Staff feedback People incarcerated feedback Behavioral metrics (e.g., incident rates) 	<p><u>Risks:</u> Safety concerns; Low participation; Staff resistance to change</p> <p><u>Mitigation:</u> Set clear safety guidelines and ensure adequate staffing; Involve incarcerated people in planning; Provide staff training and support to build buy-in</p>	[Use this section to capture/track progress]
REDUCE INTERPERSONAL ISOLATION BETWEEN STAFF AND PEOPLE INCARCERATED	<p><u>Objective:</u> Expand meaningful interaction between staff, incarcerated people, and facility leadership</p> <p><u>Strategy:</u> Create joint groups of staff and people incarcerated to discuss and improve safety and wellness</p>	<p>Month 1: Form pilot group of staff and incarcerated participants and schedule first meeting</p> <p>Month 2: Launch initial group sessions</p> <p>Month 3: Assess and report on group outcomes and lessons learned and create plans to expand facility-wide</p>	<ul style="list-style-type: none"> Facility leads Staff People incarcerated 	<ul style="list-style-type: none"> Meetings held / minutes from meetings Feedback from participants Development of solutions 	<p><u>Risks:</u> Staff blowback; Retaliation</p> <p><u>Mitigation:</u> Pilot with a small group of carefully selected participants (staff and people incarcerated)</p>	[Use this section to capture/track progress]

IMPLEMENTATION PLAN TEMPLATE

GOAL	OBJECTIVE & STRATEGIES	IMPLEMENTATION MILESTONES	STAKEHOLDERS	IMPACT INDICATORS	RISKS & MITIGATION STEPS	NOTES
REDUCE EMOTIONAL ISOLATION OF PEOPLE INCARCERATED						
REDUCE EMOTIONAL ISOLATION OF STAFF						
REDUCE PHYSICAL ISOLATION OF PEOPLE INCARCERATED						
REDUCE INTERPERSONAL ISOLATION BETWEEN STAFF AND PEOPLE INCARCERATED						



ACTUALIZE, ASSESS, AMPLIFY

FROM PLANNING TO PRACTICE

*Keiki Day Visit at Halawa Correctional Facility, HI (April 2025)
Credit: Roger Morales / Chicago Beyond*

REMAINING STEPS: ACTUALIZE, ASSESS, AMPLIFY

By this point, your system or facility has established a strong foundation for change. You have:

- ✓ **ANALYZED** your current environment using the Holistic Safety Inventory, identifying strengths and areas for growth in wellness and safety.
- ✓ **ALIGNED** around shared priorities through engagement with key stakeholders — staff, incarcerated individuals, and leadership — to co-design meaningful solutions.
- ✓ **ASSEMBLED** an implementation plan that outlines concrete objectives, strategies, milestones, and measures of progress.

With this groundwork in place, the next phase is about turning plans into reality, tracking progress, and sustaining impact.



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ACTUALIZE

This is where your vision becomes action. Over the next three to six months, begin implementing your plan with focused, tangible steps to improve wellness and safety. These may include:

- Increasing out-of-cell time and expanding programming opportunities
- Strengthening staff wellness infrastructure
- Enhancing cultural, family, and community connections
- Creating advisory or peer structures that include people with lived experience

The key to **Actualize** is pacing and focus: start small, build momentum, and learn from early wins. Consistent communication, feedback, and reflection with staff and incarcerated people are essential to sustain progress and ensure implementation feels collaborative, not top-down.

At Cook County Jail, administrators, staff, and Chicago Beyond reimagined visitation to center holistic safety for families, staff, and residents—replacing plexiglass barriers and carceral visuals with open, colorful spaces that allowed for full contact, dignity, and connection. The result was more than safer visits; it was a cultural shift—officers and residents engaging as people, families reconnecting, and a shared sense of increased safety extending beyond the facility walls. (See *Do I Have the Right to Feel Safe?* pp. 42–47).

For additional strategies and examples of systems actualizing Holistic Safety, see *Do I Have the Right to Feel Safe?* (pp. 55–59), and Chicago Beyond’s *Holistic Safety Impact Report* (pp. 26–34), which highlight early implementation efforts and emerging impacts across correctional systems.

ASSESS

Change requires reflection. Once initiatives are underway, establish a rhythm of assessment that combines both numbers and narratives. Use the milestones, impact indicators, risks, and mitigation strategies from your implementation plan (developed in the **Assemble** phase and put into action during **Actualize**) to **Assess** progress.

Work alongside key stakeholders—administrators, staff, and people incarcerated—to review what’s working, where adjustments are needed, and how to sustain accountability. As recommended in *Do I Have the Right to Feel Safe?* (pp. 39, 55, 57), establishing communication channels to receive feedback, track concerns and recommendations, and share information with stakeholder groups promotes trust and more accurate assessments of the current state.

Some key questions to guide your assessment:

- How are conditions, behaviors, or relationships shifting?

REMAINING STEPS: ACTUALIZE, ASSESS, AMPLIFY

- What does the data tell you, and what does feedback from staff and incarcerated individuals add to the story?
- Are your strategies reducing isolation and enhancing overall wellness? Why or why not?

Metrics might include time out of cell, participation rates, program engagement, or qualitative feedback from joint groups and advisory councils. In addition, being open to collaboration and feedback, and by doing so, promoting trust, allows for strategies to be assessed and validated by stakeholder groups. (See *Chicago Beyond's Holistic Safety Impact Report* p. 19).

AMPLIFY

Sustaining progress means embedding it into the culture of the facility. The **Amplify** phase ensures that what worked well doesn't remain a one-time initiative—it becomes part of everyday practice.

To amplify:

- Institutionalize successful changes by integrating them into policy and standard operating procedures. Examples of policy recommendations from Chicago Beyond's work with correctional systems can be found in *Do I Have the Right to Feel Safe?* (pages 51–59).
- Elevate stories of success and transformation to reinforce positive culture change.
- Expand participation by bringing new staff and residents into leadership or advisory roles.
- Celebrate milestones and visible improvements to sustain morale and commitment.

Amplify is both an endpoint and a new beginning—it's how facilities towards cultures that improve safety, connection and wellness.

SHARE YOUR EXPERIENCE

Your experiences and learnings help amplify this work. We invite you to share stories of progress, moments of transformation, and lessons learned as you implement Chicago Beyond's Holistic Safety Change Management Toolkit. Whether it's a small win, a question, or a breakthrough, your reflections contribute to a growing community of practice advancing safety, connection, and wellness.

Use the Feedback Form embedded in the QR code to share your stories, notes, or questions — or email them directly to connect@chicagobeyond.org.



CLOSING NOTE

The 6A's Change Management Toolkit is a set of **live tools** — resources we continue to build and refine based on our ongoing work with correctional systems nationwide. As you continue your implementation journey, we encourage you to stay connected and contribute to this growing body of practice.

If you have questions, want to discuss key takeaways, or seek thought partnership as you consider implementing changes in your facility — including examples of how these practices have been applied elsewhere — please visit chicagobeyond.org or contact us at connect@chicagobeyond.org.



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