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Transition from Prison to Community Initiative: Process Evaluation Final Report

Urban Institute

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Executive Summary

The National Institute of Corrections (NIC) launched the Transition from Prison to the Community (TPC) initiative in 2001, recognizing the need to provide states with support and guidance in developing an effective reentry system to help prisoners prepare for their release, navigate their transition back to the community, and overcome short- and long-term barriers to reintegration. Along with its cooperative agreement partners, NIC developed the TPC model, a comprehensive model for a systems approach to transition from prison that would incorporate the lessons of evidence-based practice, emphasize the importance of collaboration and a unified vision throughout the reentry continuum, and provide a practical framework to guide corrections agencies and their non-correctional partners in efforts to advance reentry practices. The TPC model was first implemented in a group of eight states from 2001 to 2009. In 2009, NIC and its cooperative agreement partner the Center for Effective Public Policy (CEPP) selected six states to receive a second round of TPC technical assistance; Iowa, Kentucky, Minnesota, Tennessee, Texas, and Wyoming.

In order to assist jurisdictions in implementing the TPC model, CEPP organized TPC implementation into a ten-step organizational change process necessary to fully implement TPC:

1. Create and charter teams
2. Develop a clear vision and mission
3. Develop a work plan
4. Understand current policy, practice, populations, and resources
5. Align with evidence-based practice
6. Conduct a gaps analysis
7. Identify targets of change
8. Develop an implementation plan
9. Execute, monitor, adjust, and correct
10. Evaluate

TPC work in all six sites unfolded consistent with this framework and TPC technical assistance provision was structured around it.

The Urban Institute (UI) conducted an implementation evaluation of this second phase of the TPC initiative. The evaluation included a **process evaluation** to tell the story of TPC in each state, including whether implementation proceeded as designed, the range of activities pursued, factors that facilitated or inhibited TPC implementation, lessons learned, and a **systems change analysis** to examine the effect of TPC on each state's reentry system and operations including changes in policy, procedures and processes. The evaluation drew upon stakeholder interviews, direct observation, document review, and review of performance measurement data.

It was clear that system changes occurred in the TPC sites. Regardless of the state of transition practice when the six states joined TPC, at the beginning of building a reentry system or with a strong system in place, advancing in accordance with the TPC model created opportunities for focus and system improvement. All six states developed or modified collaborative structures to oversee reentry, including policy teams with executive-level leadership and implementation teams to oversee the details of key changes, and stakeholders in each state described enhanced collaboration around reentry. Kentucky, Tennessee implemented risk/needs assessment, Iowa, Minnesota, and Wyoming worked to improve their use of existing assessment tools, and Minnesota and Texas planned for implementing new assessment tools to improve their process. All states worked to determine the quality and evidence basis of institutional and community programming. And each state worked to better understand current client-level practice, and measure and monitor reentry performance.

Cross-site observations from the process evaluation include:

TPC Structure and Collaboration

- ***It was important to have many people in the core agencies working on TPC who understand the big picture.*** Turnover in key positions is inevitable, and occurred in all TPC states. Without a network of people who understood and had ownership of the state's reentry work, a change in a linchpin position could delay the effort for months.
- ***Even successful collaborative efforts experience growing pains.*** The early stages of building a collaborative effort were often characterized by stakeholder frustration with the pace of the initiative and the perception that it was unfocused. However, these frustrations generally abated (without necessarily disappearing completely) over the course of the initiative as common goals were developed and concrete accomplishments were realized.
- ***Establishing a clear charter and defining roles within a TPC effort helps partners engage.*** A clear charter for the collaborative bodies driving the transition work provided valuable focus to TPC work and made the initiative more transparent to external stakeholders.
- ***Securing buy-in from line staff requires special attention.*** Stakeholders described resistance to change from line staff arising from several sources. TPC states dealt with these challenges in a variety of ways, including focusing on staff recognition, building staff skills, general education, reporting results of reentry efforts, and empowering staff to access leadership and innovate.
- ***Middle managers have a vital role to play.*** TPC leaders felt that middle management in corrections agencies, meaning those directly supervising line staff, were a crucial group to engage in the TPC change process. Their influence on staff and ability to directly support or impede transition practice and transmit (or not) the message that reentry was a priority made them a critical determinant of whether desired system changes were fully executed.
- ***Dedicating staff to the change effort makes a difference.*** Staff dedicated to managing a change process to support transition had a tremendous impact on processes in several states. A person or team able to devote substantial, consistent attention to the TPC effort helped maintain momentum, organization, and focus in the effort.
- ***Everyone needs to own reentry.*** Many of the TPC states identified the need to ensure that all correctional staff, as well as community partners, felt an obligation to facilitate reentry. Establishing reentry-specific units or staff positions facilitated reentry progress in many ways, but stakeholders noted that there was a risk that other staff would feel less ownership over reentry, believing that it belonged to reentry staff.
- ***Systems change work requires patience.*** When asked directly what advice they would give peers in other states seeking to make changes along the lines of the TPC model, many stakeholders stressed the importance of patience with the process and recognizing that changing systems takes a long time.

Implementing Systems of Integrated Case Management

- ***Assessment of criminogenic risk and need, and a case plan based on the results are the backbone of the transition effort.*** Once these tools were implemented and automated, it allowed for both evidence-based and consistent work at the client level, and provided vital information regarding the distribution of risk and need across the reentry population necessary for resource allocation and strategic planning decisions.
- ***Implementing assessment is just the first step.*** While putting a valid risk/needs assessment into place was a substantial achievement, TPC stakeholders emphasized the need to ensure that

those assessments were being done correctly, consistently, and were being used to build case plans and direct individuals to the appropriate programs.

- **Providing information and training on how to use assessment results increases buy-in to a risk and need-driven reentry system.** TPC stakeholders stressed the importance of ensuring that everyone expected to utilize assessment information understood what that information meant and how it could be used. They felt that when this was done properly, assessments were recognized by staff as valuable tools for effective correctional work and decision-making.
- **States grappled with losing program staff.** Staff reductions reduced the capacity to deliver programming in a number of TPC states, and reductions in supervision staff in some states had similar effects.
- **Minimal social service infrastructure in many rural areas is a major challenge.** Rural reentry posed a difficulty in the participating states, particularly due to the scarcity of community-based treatment and program providers, the distance between them, and the absence of transportation infrastructure.
- **Placing new requirements on staff must be balanced with removing responsibilities.** States needed to seek ways to reduce workload to make room for new practices, as well as to create time for offender engagement, motivation enhancement, and positive reinforcement. Iowa, for example, is planning to simplify its case plan for this reason.

Assessing Practice and Measuring Performance

- **Capacity to draw and analyze data is limited and overtaxed.** TPC states experienced challenges related to both the design of their data systems and lacking staff or sufficiently-skilled staff to retrieve data or conduct analyses using the systems.
- **Gauging the content of line-level practice requires special effort.** Every state in TPC needed to conduct activities to determine what was occurring with transition practice at the line level. There is an ongoing need to check and monitor practice at this level to ensure that policy changes are reflected in practice, but also to learn from line-level practice and innovation to guide policy improvements.
- **Data integration is hugely beneficial when it is achieved, but requires upfront investment.** Differences in data systems for institutional corrections and field supervision made it difficult to measure progress. Creating integrated data systems is a resource-intensive undertaking, but states that had done so believed it to be tremendously valuable.
- **Measurement questions are strategic questions.** It was not possible to define the correction measures to track TPC process until there was clarity at the strategic level of the initiative regarding what should be measured and why. Only once the strategic questions were answered was it possible to move to the technical questions regarding what was possible to extract from the data systems, or what data system modifications might be needed to track progress.
- **Both performance measurement and performance management are important.** Gathering measures of transition performance was difficult, and the full benefit of doing so was not realized unless there was a process for the consistent review of those measures to assess progress and identify issues. Tennessee's Joint Offender Management Plan (JOMP) process was a good model of the regular review of data as part of a systems change process.
- **Disseminating evidence of success builds support for the reentry effort.** Summarizing and publicizing evidence of reentry success, both internally within partnering agencies and publicly, helped substantiate progress and increase buy-in at all levels of partnering organizations, as well as solicit support from elected leaders and the public.

I. Background

In 2010 over 700,000 individuals were released from our nation's state and federal prisons. Similar numbers of people have been released annually from prisons over the past decade, a trend that is likely to continue for the foreseeable future (Guerino, Harrison, and Sabol 2012). Many will return to the community with multiple criminogenic needs and will face challenges with finding stable housing, securing employment, obtaining health care, and reconnecting with support systems (Baer et al., 2006). Without adequate preparation for release and ongoing support, many of these individuals will be unable to overcome such challenges and will revert to criminal and other maladaptive behaviors, often resulting in a return to prison. Roughly 43 percent of those individuals released to the community will return to prison within three years, although rates vary substantially across states (Pew Center on the States, 2011). A significant portion of these returning prisoners go back for supervision violations. In 2009, 35 percent of prison admissions were the result of parole violations (West, Sabol and Greenman 2010). Responding to this challenge requires coordination between institutional corrections, community supervision, human services, local communities, and a variety of other stakeholders that interact with the population returning from prison.

Recognizing the need to provide states with support and guidance in developing an effective reentry system to help prisoners prepare for their release, navigate their transition back to the community, and overcome short- and long-term barriers to reintegration, the National Institute of Corrections (NIC) launched the Transition from Prison to the Community (TPC) initiative in 2001. NIC, in conjunction with cooperative agreement partner Abt Associates, convened a series of working groups of practitioners and researchers to produce the TPC model, a comprehensive model for a systems approach to transition from prison that would incorporate the lessons of evidence-based practice, emphasize the importance of collaboration and a unified vision throughout the reentry continuum, and provide a practical framework to guide corrections agencies and their non-correctional partners in efforts to advance reentry practices (Parent and Barnett 2002). The TPC model focuses on the period from admission to prison through completion of post-release supervision and community reintegration (Burke, 2008). While the ultimate goal of this model is improved public safety—reductions in recidivism and reduced victimization—work in the selected TPC states focused on practical and immediately actionable changes to policy, procedures, and organizational culture in order to achieve this goal.

The TPC model was first implemented in Georgia, Indiana, Michigan, Missouri, North Dakota, New York, Oregon, and Rhode Island from 2001 to 2009. These states, working with the support of NIC-funded technical assistance and guided by the TPC model, made significant progress in enhancing their reentry practices.¹ In 2009, NIC invited states to apply for a second round of TPC technical assistance; six states were selected: Iowa, Kentucky, Minnesota, Tennessee, Texas, and Wyoming. The Center for Effective Public Policy (CEPP), which provided technical assistance during the first round of TPC, continued in its role of training and technical assistance provider to the new states. The Urban Institute (UI) joined the project to provide the six selected states with technical assistance on performance measurement and to conduct an implementation evaluation of this second phase of the TPC initiative. The evaluation included a **process evaluation** to tell the story of TPC in each state, including whether implementation proceeded as designed, the range of activities pursued, factors that facilitated or inhibited TPC implementation, lessons learned, and a **systems change analysis** to assess the degree to which the

¹ An overview of their accomplishments and a full description of the TPC Model can be found in *The TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Handbook* (Burke 2008).

reentry system in each state actually changed along the dimensions included in the TPC model and approach.

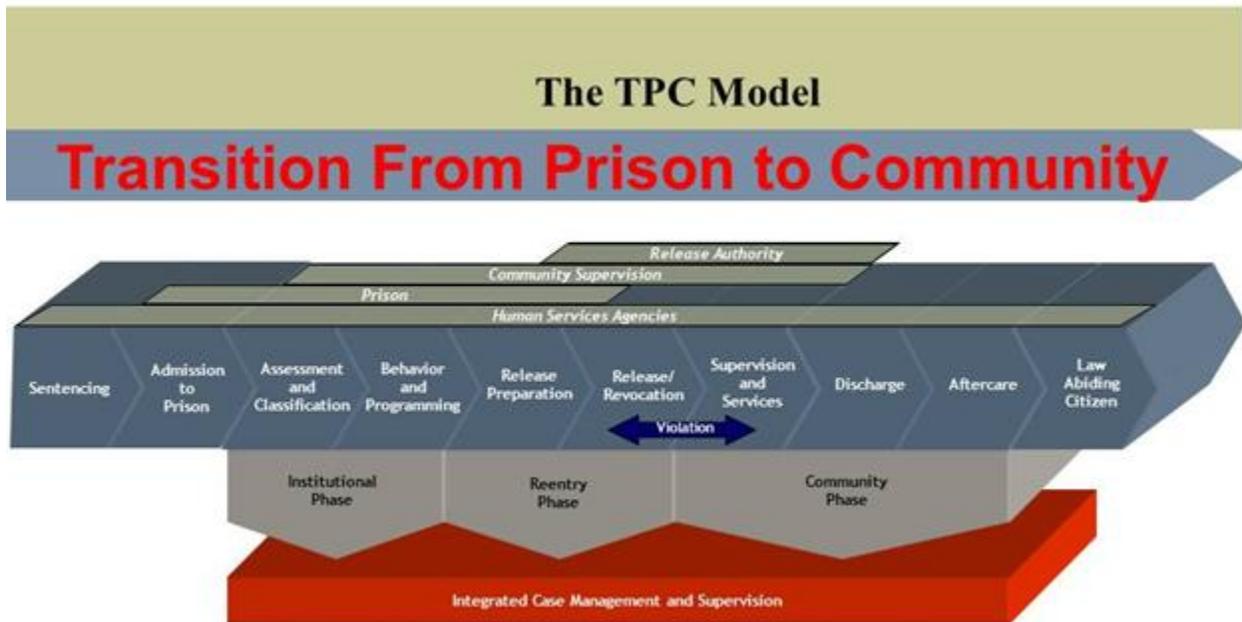
This final report presents the findings of that process and systems change evaluation, based on the three-year technical assistance period that concluded in June 2012. It summarizes all activities related to the second round of the TPC effort, drawing upon information gleaned from interviews with key stakeholders in TPC states, direct onsite observation of TPC activities, review of documentation notes and meeting minutes, remote consultation with sites, discussions with lead technical assistance providers, and a review of relevant literature and extant site data.

This report details the TPC model and implementation approach (**section II**), describes the TPC process evaluation and systems change evaluation methodology (**section III**), discusses the implementation experiences of the six learning sites participating in this round of TPC (**section IV-X**). The report concludes with a discussion of cross-site observations regarding facilitators of and barriers to implementation, and lessons that can be derived from the TPC implementation experiences (**section XI**).

II. The TPC Model and Implementation Approach

This section details the TPC model and implementation approach. TPC technical assistance to the six states discussed in this report was delivered in accordance with the TPC implementation approach. The TPC model, presented in **figure 1**, lays out the components of a fully realized, seamless transition from prison process at the client level. This process begins at sentencing and continues through discharge from supervision until the point at which an individual is a law-abiding citizen. The three components of the correctional continuum (the prison, releasing authority, community supervision) have responsibility for engaging with the returning individual during the period of correctional control, but non-correctional stakeholders, represented in the model by human services agencies, engage with them throughout the process, including after the term of correctional control.

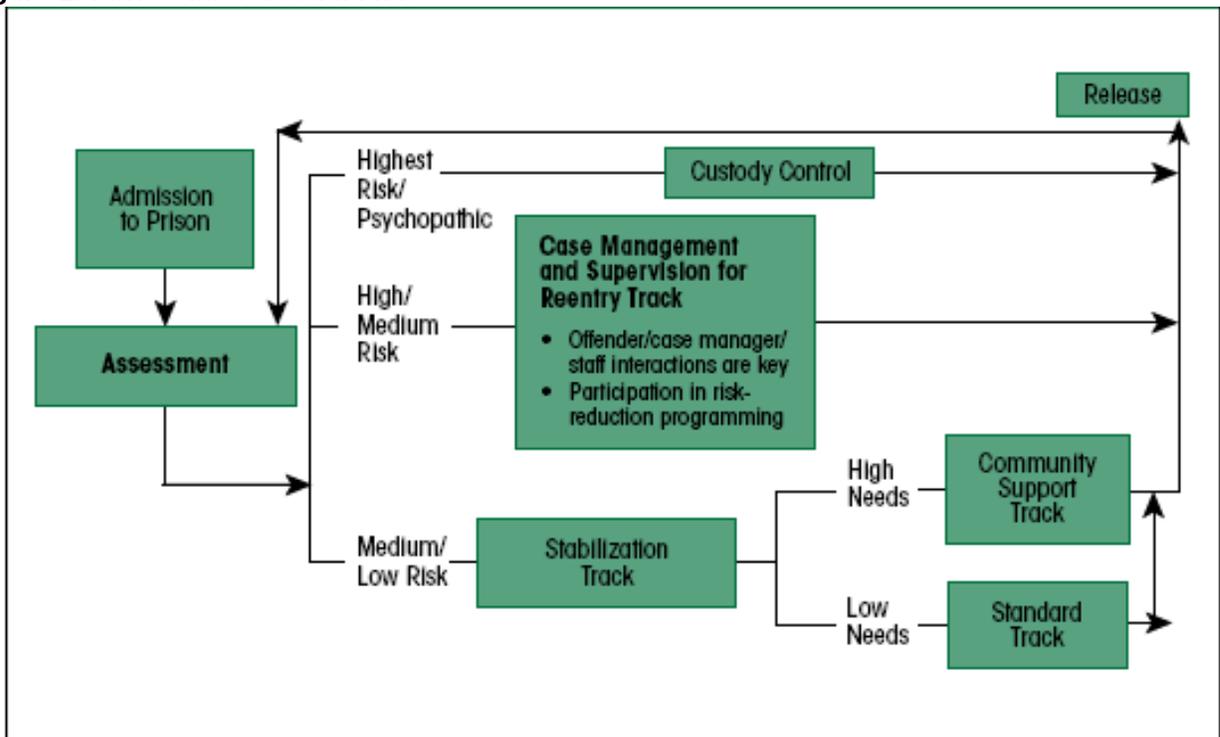
Figure 1. The TPC Model



The TPC model divides the prison transition process into three distinct phases: the institutional phase, the reentry phase and the community phase (Burke et al. 2010). During the institutional phase, which lasts from admission until 6-12 months prior to release, the system should conduct initial assessments and develop a case plan to guide the individual's programming over the period of incarceration. The reentry phase begins 6 to 12 months prior to release and extends through the first six months after release, and involves completing remaining programming indicated in the case plan (for high- and medium-risk clients) and addressing community stability needs such as obtaining identification and securing housing (for all clients). During this phase primary case planning responsibility is handed off to community supervision, including re-assessment and recommendation of community-based programs and services. Finally, the community phase extends from 6 months after release through discharge from supervision to full community integration. During this phase, the focus shifts to long-term stabilization and extending pro-social support, as formal criminal justice supervision is reduced, and eventually ended. As the model indicates, a Transitional Accountability Plan (TAP) underlies this entire process, and is shared between institutions and community supervision to ensure a coordinated and consistent approach throughout the process and across organizational boundaries (Burke 2008).

Many of the components of the TPC model are contingent upon the successful implementation of an Integrated Case Management and Supervision (ICMS) approach (Burke et al. 2010; Burke 2008). ICMS was developed in response to the lack of a “detailed model that would guide the management and supervision of cases from the time of admission to prison . . . [through] post-release supervision in the community and that incorporated the principles and goals of the TPC initiative” (Burke 2008). The ICMS model is “a framework that synthesizes the goals and principles of the TPC model into a way of structuring interactions with individual offenders to accomplish the goals of successful transition and offender reentry” (Burke 2008). ICMS involves placing individuals into tracks appropriate to their risk and need level, as shown in **figure 2**.

Figure 2. ICMS—Institutional Phase



More specifically, ICMS consists of six core activities (Burke 2008):

1. Conducting **assessments** of each individual’s risks, needs, strengths, and environment;
2. Forming, participating in, and leading **case management teams** that work collaboratively across and within agencies;
3. Developing and implementing—along with the client and other partners within both correctional agencies and other agencies—a **Transition Accountability Plan (TAP)** that is geared directly to the individual’s risk and criminogenic needs, covers all phases of the reentry process, and evolves over time;
4. Providing or facilitating **access to programs and interventions** to address risk and needs;
5. **Involving clients** in the case management process and engaging them in the process of change, making efforts to enhance their motivation (e.g. by using methods of interacting with clients such as motivational interviewing and providing incentives for positive performance); and
6. **Reviewing progress and adapting plans** accordingly over time, including monitoring conditions of supervision and responding appropriately to both technical and criminal violations.

We now turn to the TPC implementation framework, which lays out the sequence of steps necessary for jurisdictions to bring transition practice into line with the TPC model and ICMS approach.

TPC Implementation and Technical Assistance Approach

To accomplish the TPC goals, the National Institute of Corrections (NIC) entered into a cooperative agreement with the Center for Effective Public Policy (CEPP). During both rounds of TPC, CEPP provided intensive technical assistance (TA) to states participating in TPC. TPC did not provide any financial support to participating states. A dedicated CEPP TPC coordinator provided TA over the course of the three-year implementation period. The TA approach included onsite assistance, typically through monthly in-person meetings. Additional off-site assistance was provided by the CEPP coordinator between site visits, through regular phone calls and e-mail communication with the various state stakeholders. A team from each participating state also attended the TPC Summit, held in March 2012, to confer with their peers in the other TPC sites on challenges, strategies and accomplishments, as well as to plan completion strategies for their final months of the TPC assistance period.

In order to assist jurisdictions in implementing the TPC model and ICMS approach, CEPP developed the TPC Implementation Roadmap (see **appendix A**), which organized TPC implementation into a ten-step organizational change process necessary to fully implement TPC. Where the TPC model focuses on what must happen as the transition system works with individual clients, the TPC Implementation Roadmap is focused on what the TPC system, consisting of the partner agencies and departments, must do in order to facilitate effective transition. The ten steps, described briefly here and discussed in detail in the *TPC Implementation Handbook* (Burke 2008), are:

1. Create and charter teams
2. Develop a clear vision and mission
3. Develop a workplan
4. Understand current policy, practice, populations, and resources
5. Align with evidence-based practice
6. Conduct a gaps analysis
7. Identify targets of change
8. Develop an implementation plan
9. Execute, monitor, adjust, and correct
10. Evaluate

Steps 1-3 help jurisdictions organize themselves to do the work of TPC implementation, and orient their efforts in a common direction with clarity regarding roles and responsibilities. The TPC implementation approach advises states to create teams at three levels:

- **State policy**, composed of the leadership of key stakeholders in the reentry and justice system, to provide leadership, authority, and oversight to the statewide effort.
- **State implementation**, composed of deputy director-level officials from state agencies, service providers, and research and planning staff, to conduct information-gathering and analysis, develop proposed priorities and changes in practice for consideration of the state policy team, and implementing the decisions of that team.
- **Local/community reentry**, composed of locally-based stakeholders such as elected officials, community-based organizations, line staff of state agencies who work at the local level, to assist in gaining support for and involvement in transition efforts at the local level.

Once a structure, common mission and vision, and work plan are in place, steps 4 and 5 in the TPC implementation approach involve gathering information regarding the state of practice prior to the change effort. This includes describing, both qualitatively and using data, policies and practices related to transition in core partner agencies, the offender population returning from prison to the community, the resources and services available to work with them, and the data and measurement capacity in place to understand all of these elements. The TPC implementation approach complements this information-gathering effort with a review of existing programs to gauge the degree to which they are consistent with evidence-based practice.

Based on this information, a state working through the TPC implementation approach next identifies the gaps between existing and desired practice consistent with the TPC model (step 6), clearly determines the changes in practice necessary to address those gaps (step 7), and creates an implementation plan to do so (step 8). Step 9 is the process of actually putting these changes in place, including carefully monitoring the execution of those changes and making midcourse corrections as needed. The TPC implementation approach allows for an iterative change process, with jurisdictions able to return to step 7 and identify new change targets as the initially designated changes are completed, or to steps 4 and 5 as changing circumstances require a new analysis of practice to inform a new gap analysis.

Performance measurement is a key component of the TPC implementation approach, and the TPC measurement framework addresses both the need to monitor change implementation as part of step 9, and to assess whether the enhanced transition approach is delivering the intended outcomes (step 10). To that end, performance measurement in the TPC implementation approach include indicators of systems change (e.g. assessments conducted, high- and medium-risk individuals enrolled in programming), reentry indicators that capture community reintegration outcomes (e.g. employment, housing stability), and public safety indicators (e.g. re-arrest, successful completion of supervision).

TPC technical assistance provision to the states used the ten steps as a framework for both on-site and off-site TA. Each site was assigned a technical assistance team consisting of a TPC coordinator from CEPP and a UI researcher to work with them specifically on performance measurement, as well as overseeing evaluation activity in the state. The CEPP TPC coordinator was in regular contact with the sites and travelled to the site approximately every month over the assistance period. These visits generally coincided with meetings of the policy and implementation teams. Assistance to selected sites began in October 2009 and concluded in June 2012. TPC TA in all six states discussed in this report followed the ten steps in the TPC implementation approach, but the work around each step varied depending on state context. In some states, for example, a policy team already existed and simply needed to agree to incorporate TPC into their scope, whereas in other states a policy team needed to be convened for the first time. As the TPC period went on, TA became increasingly tailored, based on the specific needs, degree of progress, and priorities of the participating states. Some states, for example, wanted particular advice and guidance regarding gender-responsive practices and programs, implementing a new assessment process, or enhancing the quality of their provision of case management in the institutions and community.

III. Process Evaluation: Implementation of the TPC Model in Six States

An evaluation component was included in the round of TPC assistance discussed in this report in order to assess whether and to what degree TPC model implementation brought about the intended changes in practice, as well as to identify factors that appeared to facilitate or impede implementation. The evaluation approach consisted of two components:

- **Process evaluation** to tell the story of TPC work in each state, including whether implementation proceeded as designed; the range of activities pursued; factors that facilitated or inhibited model implementation; and lessons learned.
- **Systems change analysis** to examine the effect of TPC on each state's reentry system and operations including changes in policies, procedures and processes.

The process and systems change components of the analysis drew upon a number of information sources, discussed in greater detail below.

Stakeholder Interviews

Urban Institute researchers conducted 81 semi-structured interviews, in person and by phone. Interview respondents were stakeholders in each state including correctional leaders and staff involved in the policy and implementation teams, and individuals from community-level reentry agencies positioned to comment on reentry policy and practices in the state. There were three interview waves: a baseline interview near the beginning of TPC assistance (wave 1, 27 interviews), one near the midpoint of the assistance period (wave 2, 21 interviews), and a final wave of interviews near the completion of the assistance period (wave 3, 33 interviews). Due to delays in obtaining approval to conduct the stakeholder interviews, Texas participated in wave 3 only, and Minnesota was not included in wave 2 because TPC work was not active at the time (see section VII). For each wave, a pool of potential subjects was identified in consultation with each state's primary point of contact and the CEPP technical assistance provider, and subjects were selected from that pool by UI researchers, seeking to have representation of the perspectives of institutional corrections, the releasing authority, community supervision, and non-correctional reentry stakeholders. UI researchers also interviewed the CEPP technical assistance providers, using an interview protocol and process parallel to that used in the stakeholder interviews.

Respondents were assured confidentiality; notes were taken by UI staff, but interviews were not audio-recorded. The interview protocol covered

- Focus, priorities and perceived progress of the state's TPC effort
- Status of particular elements of the ICMS approach, including
 - Assessment
 - Programs and interventions
 - Transition planning and case management
- Quality and extent of collaboration in the TPC effort, including collaboration
 - Across divisions within the respondents home agency;
 - Between institutional corrections, community supervision and the releasing authority;
 - Between correctional agencies and non-correctional state agencies; and
 - With local-level reentry stakeholders.

- Priority gaps or issues that the TPC effort needed to address in the subsequent six months
- Barriers and challenges to TPC implementation
- Factors supporting successes in TPC implementation
- Measuring and monitoring reentry performance
- Expectations for progress over the subsequent six months
- Contribution of TPC assistance to progress
- Lessons learned from implementation of relevance to the reentry field

While the protocol for all three interview waves included these elements, the wave 1 protocol included questions focused on baseline reentry practice and the evolution of the state’s pre-TPC reentry efforts and interest. The wave 3 protocol included questions regarding sustainability of their reentry system after the conclusion of TPC assistance.

Data from stakeholder interviews and TA provider interviews were coded and analyzed according to the following categories and subcategories:

- TPC Structure and Collaboration
 - Structure of the initiative, formal and informal leadership, staffing, workload issues
 - Collaboration between: institutions, field, releasing authority
 - Collaboration between reentry partners and other state agencies/legislators
 - Collaboration between reentry partners and community/local agencies/jails
 - Correctional staff buy-in, including institutions and field services: communication between supervisors and line staff, evidence of culture change, staff and client relationships
- Implementing a System of Integrated Case Management
 - Assessment
 - Case management and transition planning
 - Programming— institutions
 - Programming— community
- Assessing Practice and Measuring Performance
 - Availability of data systems, qualified research staff, etc.
 - Performance measurement
 - Performance management
 - Major information-gathering initiatives
- Sustainability and Next Steps
 - Lasting impact of TPC
 - Role of TPC/TA provider in success
 - TPC interaction with other initiatives
 - Budget and resources
 - Remaining reentry work in the post-TPC period

UI staff coded interview notes according to this schema, as well as miscellaneous categories particular to a state or interview subject. Summaries were created for each site and used to develop the narrative section for each site, and a cross-site summary was used to inform the cross-site observations presented in section XI.

Document Review and Direct Observation

A UI researcher was assigned to work with each participating state as the process and systems change evaluation lead, as well as being part of a technical assistance team, along with the CEPP TA lead. In the TA provider role, the UI researcher provided advice and guidance related to performance measurement and management. As part of the TA team, UI researchers made semi-annual site visits to each state, during which they observed and participated in policy and implementation team meetings, TPC trainings, and other implementation activities. They also received meeting minutes, interim and final reports from the information-gathering efforts most TPC states undertook as part of their implementation process, and all other information created and disseminated as part of each state's TPC work. This information was analyzed and coded by UI staff using the same schema as the interview notes. UI developed tools for tracking implementation progress and adapted the TPC Implementation Checklist, which sites originally submitted with their TPC application, for this purpose. The UI evaluation liaisons worked closely with the CEPP site coordinators to ensure that the pre-TPC baseline state of practice and subsequent progress reflected in the Implementation Checklist were accurate.

Performance Measures

As previously discussed, UI evaluators provided assistance to participating states in developing performance measures, consistent with the TPC implementation approach. To further TPC performance measurement, UI staff worked with CEPP and participating states to develop a general set of indicators and a Common Measures Worksheet to help states identify data sources and establish data definitions, as well as to develop a strategy for collecting data elements relevant to a TPC-consistent transition strategy (see appendix B) . Some states opted to adopt this measurement framework in whole or in part, whereas others used it as a point of reference, but created or modified their own measurement frameworks to accomplish TPC purposes (or planned to do so). Performance measurement data generated by the states were used to inform this report, but the primary purpose of work around measures was to enhance each site's ability to monitor performance, not to allow for cross-site measurement of progress in a standardized way.

IV. The TPC States

The six sites participating in the phase of the TPC initiative described in this report were selected by NIC and the TPC technical assistance team via a competitive application process. Applicant jurisdictions were asked to demonstrate an understanding of, and commitment to, the TPC model and its underlying principles, including (*Transition from Prison to Community Initiative Application Kit* 2009):

- A primary goal of community safety, which is achieved through successful transition and reentry;
- The assumption that transition and reentry should, optimally, be a seamless process—beginning at admission to prison, or before, and continuing until eventual discharge from supervision in the community;
- The understanding that a dynamic case plan should guide the transition/reentry process and be based on validated, empirically-based, periodic assessments of the likelihood of reoffense and criminogenic needs;
- The involvement of both correctional and non-correctional stakeholders;
- The expectation that these stakeholders will commit to a true and ongoing collaborative work process;
- A recognition that implementing the model will require organizational and system-wide change;
- The understanding that TPC implementation is a significant change management challenge that will require the efforts of collaborative teams at a number of levels;
- A reliance upon evidence-based practice to bring about offender change and successful transition; and
- A commitment to defining measurable outcomes and putting in place data collection and analyses efforts in order to measure progress and inform implementation efforts over time.

Eleven states submitted applications, a quarter of the states that had not already participated in TPC, and selection was completed and announced in August 2009. Iowa, Kentucky, Minnesota, Tennessee, Texas, and Wyoming were selected, and TPC assistance to the group commenced in October 2009.

As **table 1** demonstrates, the six TPC states varied considerably in the size of their state prison populations, both in absolute terms and proportional to the state's population. Texas had a total prison population of almost 174,000 in 2010, compared to Wyoming's population of just slightly over 2,000. Tennessee had a population of almost 28,000, Kentucky's was almost 21,000, and Iowa's was almost 9,500. Texas has a substantially higher imprisonment rate than the national average (648 prisoners per 100,000 adults in Texas, against 439 per 100,000 in the United States as a whole). Kentucky and Tennessee were close to the national average, Wyoming slightly below, and Iowa and Minnesota significantly below.

The participating states worked on TPC implementation during a period during which the prison population appeared to have plateaued. The combined state and federal prison population declined by 0.3 percent from 2009 to 2010, the last year for which Bureau of Justice Statistics (BJS) data was available. This is the first such decline since 1972 (Guerino, Harrison, and Sabol 2011). Most of the TPC states had small changes in their prison population between 2008 (their last entirely pre-TPC year) and 2010; Minnesota's prison population declined by 1 percent over that period, while Tennessee, Texas and Wyoming each experienced 1 percent increases in their state prison populations. Kentucky had the largest decline in prison population, a 5 percent drop. Iowa had the largest increase in prison population, an 8 percent increase attributable to a sharp drop-off in the number of releases. There was

greater variability in the parole population, with Kentucky, Minnesota and Tennessee all seeing increases of 14 percent or more in their parole population between 2008 and 2010.

Table 1. Characteristics of TPC Participating States

2010 Statistics (Percent Change from 2008)							
	IA	KY	MN	TN	TX	WY	All U.S. States
Prison population	9,455 (+8%)	20,544 (-5%)	9,796 (-1%)	27,451 (+1%)	173,649 (+1%)	2,112 (+1%)	1,402,624 (0%)
Admissions	4,939 (-12%)	14,674 (+3%)	6,989 (-7%)	13,806 (-3%)	73,965 (+2%)	829 (+6%)	649,677 (-12%)
Releases	4,367 (-21%)	15,962 (+4%)	7,882 (-1%)	14,735 (-4%)	71,497 (-1%)	788 (+3%)	656,190 (-11%)
Imprisonment rate (per 100,000 adults)	309	458	185	432	648	385	439
Percent released without supervision	32%	29%	16%	31%	18%	38%	23%
Parole population	3,197 (+1%)	14,628 (+19%)	5,807 (+14%)	12,157 (+15%)	104,763 (+2%)	682 (-6%)	735,124 (-11%)
Prison admissions resulting from parole violation	22%	26%	35%	36%	32%	14%	35%
State prisoners held in:							
State facility	100%	57%	95%	54%	82%	89%	88%
Private facility	0%	10%	0%	19%	11%	10%	7%
Local facility	0%	33%	6%	27%	8%	0%	6%

All figures calculated from the Bureau of Justice Statistics data (Guerino, Harrison and Sabol 2012; Glaze and Bonczar 2011; Sabol, West and Cooper 2010; Glaze and Bonczar 2009)

Four of the TPC states housed the vast majority of state prisoners in state facilities; however, approximately one-quarter of the prisoners in Tennessee and one-third of the prisoners in Kentucky were incarcerated locally. No state had less than 16 percent of prison releasees returning to the community without supervision; the figure was greater than 30 percent in Iowa, Tennessee, and Wyoming. As will become clear in the following sections, these differences had substantial implications for each state's TPC work.

As the following sections detail, the six states selected to participate in this round of TPC entered the initiative with different strengths and gaps in their reentry processes. The variation in the states' assessment practices demonstrates this point. Iowa had many elements of the TPC model, such as assessment and assessment-based case planning already in place. Minnesota and Wyoming also had assessment and case processing procedures in place prior to engaging in the TPC effort. Kentucky and Tennessee, in contrast, were not using an evidence-based risk assessment tool at the time of TPC implementation. Texas entered the TPC initiative having implemented criminogenic risk and needs assessments in most of the state's local probation departments, but lacked such an instrument for institutional correctional and parole populations. This degree of variation was common across practice areas relevant to TPC.

The report now turns to a description of the implementation experiences in the six participating states. This description is organized according to three broad areas: TPC structure and collaboration; implementing a system of integrated case management and supervision; and assessing practice and measuring performance. Each state section concludes with a discussion of sustainability of TPC accomplishments and processes in the state, as well as next steps the state planned to undertake to continue enhancing their reentry system after the TPC assistance period concluded.

V. Iowa

Iowa applied to join the TPC initiative in order to expand and solidify an offender reentry process that had been in development over the course of many years. The state implemented the LSI-R² as the risk/needs assessment tool for institutions and field supervision in 1999, and launched a joint data system, the Iowa Correctional Offender Network (ICON) data system in 2000. The Iowa Department of Corrections (IDOC) began a process in 2006 to redesign the offender reentry process in accordance with evidence-based and emerging practices. This resulted in the development of the Iowa Reentry Model. The Iowa Reentry Model included

- the use of consistent, actuarial assessments of risks and needs;
- the use of effective interventions only;
- a seamless case management plan;
- risk reduction efforts as a primary focus;
- a range of supportive systems in place;
- effective measurements;
- training and quality assurance in place;
- clear policy and other documentation;
- a range of incentives and sanctions for offenders;
- effective communication among all partners in the process;
- the building of partnerships inside and outside of corrections; and
- ensuring victims have a voice.

Much of Iowa's TPC work revolved around fully fleshing out this model and determining where gaps existed between the model and actual practice. The state was also committed to ensuring that the programs available to offenders were evidence-based and offered to those who posed the greatest risk to the community.

Specifically, Iowa hoped to use TPC participation to develop a statewide training and implementation process to support the Iowa Reentry Model and ensure alignment between the model and evidence-based practice across the Iowa corrections system; further develop Iowa's capacity to make accurate data the foundation of assessing offender risk and need, developing a case plan, developing and implementing programs, and measuring, evaluating and improving performance; support and enhance community corrections efforts to identify alternatives to incarceration and successfully discharge offenders from community supervision; and improve communication and collaboration between IDOC, the Community Based Corrections (CBC) agencies that operate parole supervision, and the Board of Parole. Stakeholders interviewed at baseline expressed hope that Iowa's involvement in TPC would help strengthen partnerships and leverage existing resources to ensure that reentry efforts were sustained even in the midst of budget challenges and leadership changes.

As indicated in **table 2**, there was substantial evidence of systems change to improve Iowa's already well-developed reentry system over the TPC assistance period. Iowa advanced its reentry practice on multiple fronts. Their most important TPC undertaking was the creation of the Advancing Successful Reentry Team (ASRT) to conduct a thorough pre-audit of reentry practices in the institutions and CBC districts to determine whether practices in the field were consistent with the Iowa Reentry Model,

² The Level of Services Inventory-Revised (LSI-R) is a proprietary instrument that assesses risk and need factors related to the likelihood of future re-offending, and identifies targets for behavior change programming.

learn from what was being done well, identify areas in need of improvement, and feed that information back to IDOC and CBC staff. The findings of the ASRT pre-audit provided the basis for Iowa's post-TPC work to continue to improve their reentry practice, and set the stage for robust monitoring of the quality of the state's reentry work in the future.

Table 2. Evidence of Systems Change in Iowa

<p>Structure and Collaboration</p> <ul style="list-style-type: none"> • Deepened communication and collaboration between the IDOC and the eight CBCs that operate community supervision and community-based residential programs • Secured the Board of Parole's commitment to work to clarify its expectations of potential parolees and develop release decision-making practices that are consistent with the Iowa Reentry Model • Established the Ex-Offender Reentry Coordinating Council (EORCC), which engaged corrections and human services stakeholders to identify barriers to community reintegration and present recommendations for enhanced collaboration • Coordinated the ASRT reentry pre-audit process, in which institutions and CBCs opened themselves to information-gathering from staff of peer institutions/agencies and across functions • Developed a reentry training to ensure that institutions staff at all levels and job classifications understand and support Iowa's reentry strategy
<p>Implementing a System of Integrated Case Management</p> <p><i>Assessment and Case Planning</i></p> <ul style="list-style-type: none"> • Investigated whether assessment tools were used consistently with the Iowa Reentry Model through ASRT pre-audit process • Identified simplification of case planning process as necessary for seamless case planning process and devised strategies to do so • Validated Board of Parole static risk assessment and identified ways to improve its predictive validity <p><i>Evidence-Based Programming</i></p> <ul style="list-style-type: none"> • Steadily improved in program adherence to principles of effective correctional programming • Demonstrated cost-effectiveness of key institution- and community-based interventions • Implemented reentry efforts specifically targeting female offenders, African-American offenders, and offenders with mental health issues, realizing recidivism reduction from all three groups
<p>Assessing Practice and Measuring Performance</p> <ul style="list-style-type: none"> • Designed and carried out ASRT reentry pre-audit to gauge fidelity of institution and CBC practice to the Iowa Reentry Model and identified areas for improvement • Developed reentry dashboard • Secured commitment of ICRT to routinely review reentry measures • Began participation in NIC's APEX initiative, and ICRT committed to serve as working group for a risk reduction dashboard • Produced a Results First model report on cost-benefit analysis of Iowa reentry programming in institutions and the community • Continued to assess programs for fidelity to evidence-based practice, and found steadily increasing proportion assessed as promising/excellent • Produced a number of analyses of recidivism-reduction performance of specific reentry initiatives

TPC Implementation

TPC Structure and Collaboration

Iowa's prisons are administered by IDOC, while parole supervision (as well as probation and community based residential programs) are conducted by the Community Based Corrections agencies operated by

each of Iowa’s eight multi-county judicial districts. An independent Board of Parole (BOP) is responsible for release decisions, and has extensive discretion, with the ability to grant parole to almost all prisoners at any point in their sentence. Three-quarters of Iowa’s prisoners are released to community supervision.

Collaboration between IDOC and the CBCs is the backbone of Iowa’s reentry efforts. Although the dynamic between CBCs and DOC varied somewhat by judicial district, stakeholders described the relationship as highly-coordinated and collaborative, and an important asset in Iowa’s reentry work. These relationships developed over the course of many collaborative endeavors, such as working on Iowa’s Serious and Violent Offender Reentry Initiative (SVORI) and Prisoner Reentry Initiative (PRI) grants. The closeness of the relationship was evidenced by the pervasive sharing of information between DOC and the CBCs, and their adoption of a common risk assessment tool. As one stakeholder interviewed for this project put it, “Iowa’s correction system has been blessed with two groups of people that understand that reentry is an equation.” While the decentralization of supervision in Iowa created challenges in coordination and achieving consistency of practice, stakeholders also characterized it as a strength of Iowa’s corrections system, creating opportunities for innovation and knowledge transfer. In fact, one DOC stakeholder described the knowledge transfer process around reentry in Iowa thusly: “The CBCs led the institutions through the process of integrating evidence-based practices.”

The TPC initiative in Iowa was overseen jointly by the Iowa Corrections Reentry Team (ICRT) and the Reentry Coordinator Core Team (see **table 3**). The ICRT was chartered in 2008 as a state-level policy team in composition and responsibilities. The Reentry Coordinator Core Team consisted of the Iowa’s Statewide Reentry Coordinator, reentry coordinators based at three institutions and reentry coordinators in each CBC district. These positions were funded in 2007 (and two more institution-based reentry coordinators were later added) and they began meeting as a team that year. The addition of reentry coordinators to the Iowa corrections system was seen as an important development in knitting Iowa’s reentry practices together, and they were described as being “missionaries” for reentry in the institutions or agencies where they were based. There was substantial overlap between the Reentry Coordinator Core Team, which was conceived as the implementation team, and the ICRT.

Table 3. Iowa Reentry Coordinating Bodies

TPC Policy Team	TPC Implementation Team
<p>ICRT: Iowa Corrections Reentry Team (2008) DOC Director and Deputy Directors, CBC district directors, Wardens, BOP, Victims Advocate, key reentry staff</p>	<p>Reentry Coordinator Core Team (2007) Statewide Reentry Coordinator, institution-based reentry coordinators (5), CBC-based reentry coordinators (8)</p>
<p>EORCC: Ex-Offender Reentry Coordinating Council (2009) Governor’s Office, Legislators, IDOC, CBCs, BOP, Human Services, Public Health, Education, Workforce, Judiciary, Law Enforcement Agencies, Public Safety, Human Rights, FBCO</p>	<p>ASRT: Advancing Successful Reentry Team (2010) Iowa DOC reentry staff, Community-Based Corrections Judicial District Directors, Wardens, Central Office Executive Staff</p>

As work on the TPC initiative progressed, the ICRT and the Reentry Coordinator Core Team (which met in alternating months) began to blend in terms of mandate and membership, particularly as planning began for the Advancing Successful Reentry Team (ASRT) pre-audit of the Iowa reentry system (the ASRT

process is explained in detail in the Assessing Practice and Measuring Performance section). Although this overlap created some confusion about roles and may have reduced the effectiveness of the groups, the collaborative relationship between DOC and CBCs appeared to strengthen over the TPC period.

The ICRT concluded that if Iowa intended to make reentry a core function of corrections, it had to routinely communicate its expectations regarding reentry practice to all levels of staff in IDOC and the CBCs, and gauge whether these expectations were being met. This is done relative to security through routinely carrying out security audits. The ICRT committed to creating a process analogous to security audits for the reentry process, and commissioned the ASRT group to carry it out. As Iowa was still in the process of describing many of its reentry practices in detail, the ICRT felt that it was more appropriate to characterize what it was undertaking as a pre-audit. The ASRT included DOC reentry staff, wardens, CBC district directors, and other IDOC executive staff. Every institution and CBC district was represented on the ASRT.

In terms of its impact on collaboration around reentry, Iowa stakeholders felt the reentry pre-audit was beneficial because it provided staff from different functional units and agencies who might not otherwise interact an opportunity for face-to-face contact. As one put it, the pre-audit “introduced people to each other.” Line staff and institutions were described as “proud to show their work and grateful for the opportunity to meet with others and coordinate on reentry.” Stakeholders also pointed to agencies’ significant time investment as a marker of genuine support from leadership. Staff members were allowed to clear their schedules to ensure that they had time to engage in the audit and that took “commitment and patience. [Leaders] did not want the quick and dirty version and were willing to wait for a higher-quality product.” Each ASRT visit concluded with an out briefing to provide institutional or CBC leadership with initial impressions and observations from the visit, to be followed by a formal written report. Participation in the ASRT also represented a new level of collaboration between the agencies, with teams representing institutions reviewing the practices of CBCs and vice versa. With the conclusion of the ASRT pre-audit process, the ICRT met at the conclusion of the TPC assistance period to re-charter itself and set out a focus for the coming years.

The ASRT pre-audit generated many and detailed findings regarding Iowa reentry practice, which are interspersed in this chapter. Overall, Iowa stakeholders found it to be a tremendously valuable undertaking, and at the end of the TPC period were examining how to continue it as an annual (or regular) audit process, as well as how to ensure that feedback was promptly provided to every institution and CBC.

While the ICRT and Reentry Coordinator Core Team worked on advancing the Iowa Reentry Model within the Iowa corrections system, Governor Culver issued an executive order in 2009 establishing the Ex-Offender Reentry Coordinating Council (EORCC), charged with examining barriers to reentry and developing reentry recommendations to the governor. The EORCC was co-chaired by IDOC director John Baldwin and Iowa Workforce Development (IWD) Director Elisabeth Buck. The EORCC created five subcommittees to focus on education, employment, housing, mental health, and substance abuse, and each produced a thorough documentation of reentry barriers and gaps as well as recommendations to the governor regarding ways to address those barriers and extend collaboration between corrections and other state agencies. While the EORCC process engaged many new stakeholders in the reentry issue, there was a change of governor shortly after the EORCC delivered its final report, and the EORCC did not continue as an active group. However, multiple Iowa stakeholders described what one summarized as “increased coordination between corrections, IWD, the courts, and DHS as reentry efforts are becoming institutionalized.” They felt this was at least in part a legacy of the EORCC, and

expressed the hope that Governor Branstad would issue a new executive order directing his cabinet to engage in the reentry issue.

In February 2012, a state-wide strategic planning session, supported by technical assistance funded by the Public Welfare Foundation, was convened, drawing together IDOC and CBC leadership along with representation from mental health, the judiciary, prosecution, and the legislature. Growing out of that session, recommendations were made to the governor, encouraging the formation through executive order of a cabinet-level leadership group, involving stakeholders from corrections, courts, and other disciplines, to carry forward an interdisciplinary effort to support successful reentry and diversion. At the operational level, several state agencies cooperated closely with IDOC and the CBCs. IWD, for example, stationed three staff within institutions to conduct employment workshops and assist returning prisoners with job searches. The legislature funded a fourth such position in 2012. The Department of Human Services launched a “mental health and disability redesign” in 2011, and included corrections leaders in their planning effort, in recognition of the overlap in service populations between IDOC and DHS.³

A collaborative relationship that many stakeholders described as more vexed was with the Iowa Board of Parole. The BOP used a different risk assessment to guide its release decisions and was described by some stakeholders as holding different beliefs from DOC and CBCs about which inmates should be assigned to which programs in order to be granted release. This complicated the state’s efforts to develop a common case plan and approach that all agencies could support and use from prison intake to supervision completion. Some stakeholders cited instances in which inmates had completed all the requirements IDOC counselors indicated in their case plans, only to be required by the Board of Parole to complete a different program, creating frustration and undermining individual motivation to change. This challenge with coordination may have been aggravated by the fact that, according to some respondents, the two agencies only interacted due to instances of disagreement. One stakeholder noted that the conversations between the two agencies were largely about specific cases in which there was not agreement regarding how to proceed, and rarely if ever centered on areas of common concern and agreement. This negatively impacted their relationship. Reflecting on this challenge at the midpoint of TPC work, stakeholders described a need to “learn another agency’s language,” and expressed a commitment to working with the BOP to see reentry from the Board members’ perspective. As one respondent noted, TPC participation represented “an opportunity to look at the parole decision making process and involve members earlier in case management to ensure all stakeholders are satisfied with offender progress.”

For its part, the BOP engaged technical assistance from the National Parole Resource Center (NPRC) to assist it with strategic planning, in response to a change in leadership and the addition of several new Board members. As the TPC assistance period concluded, BOP had indicated an increased willingness to collaborate with IDOC and the CBCs, while maintaining their independence and separate scope of responsibility. As a concrete instance of change, they had begun having brief conversations with institutional counselors at the outset of parole hearings, prior to bringing in the individual seeking parole release. In a significant demonstration of a new commitment of the two agencies to collaborate, the chair of the Board of Parole would serve as co-chair of the ICRT going forward, along with the IDOC director.

³ See <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

In addition to strengthening partnerships with other agencies, the DOC and the CBCs have worked to allay skepticism and gain support for this initiative from their line staffs. Stakeholders identified four strategies that have been implemented during TPC that encourage buy-in:

- *Education and Messaging:* Many of the CBCs had been training staff in evidence-based practice for many years prior to TPC. The DOC was working to educate staff about what motivates offenders and to instill the belief that punishment is not a permanent solution. The Fort Dodge facility developed a reentry training program that focuses on assessment, case planning and management, and positive interactions with inmates. In addition to providing instruction, the program uses real world examples, such as case studies, to help attendees apply their understanding of LSI-R and Jesness⁴ assessment scores to develop case plans and to identify strategies for responding to inmates. Institutions staff at all levels of the institution participated in the training, including corrections officers, counselors, dieticians, captains, so that “everyone is speaking the same language.”
- *Demonstrating Results:* The ICON system and IDOC’s research staff capacity made it possible to evaluate and publicize results of IDOC and CBC reentry initiatives. Leaders described how correction officers’ attitudes about motivational interviewing (MI) techniques have evolved over the course of this initiative, from seeing MI as a “hug-a-thug” practice to a necessary component of case management. The switch in attitudes emerged after the department began distributing reports that clearly demonstrated these techniques were improving inmate outcomes. In general, leaders described increased comfort with using data to talk to staff about results.
- *Recognizing Staff:* Stakeholders reflected on the fact that staff recognition typically focuses on major feats rather than on everyday accomplishments; for example, a corrections officer who intervenes and stops a suicide in progress is much more likely to be recognized than a corrections officer who prevented a suicide by gradually building rapport with an inmate who had those tendencies. DOC managers were trying to reward incremental accomplishments to let staff know that their work, especially in improving inmate morale and functioning, was valued. The final technical assistance provided to Iowa through TPC was the design and support of a state-wide workshop to give DOC and CBC staff positive feedback about what they had accomplished in delivering effective reentry work in Iowa.
- *Introducing new perspectives:* One respondent remarked on the benefits of bringing individuals from outside of corrections into the prison; for example, a visiting nurse of eight years was hired as a reentry coordinator at a facility in north-central Iowa. The respondent noted that “if you’re going to be successful in reentry, you need to pull in external people who understand how to get services, can navigate the bureaucracy, and are not bound by the corrections dogma.”

Ultimately, these strategies appear to have been successful in gaining staff support, as by the end of the process, staff members at all levels were described as “understanding that reentry needs to happen, even in really ugly budget times,” and that everyone is responsible for preparing offenders for their return to community. One stakeholder noted that “staff got tired of seeing the same people all the time and needed something that promised relief from the revolving door.” At the interagency level, staff at the institutions and CBCs regularly communicate in many places, but on an ad hoc rather than a systematic basis. Some institutions’ staff were described as “still not knowing whom to contact in the community or what resources are available to support inmate reentry.” In addition, some stakeholders described the continuing difficult budget environment, staff cuts and the possibility of further staff cuts,

⁴ The Jesness Inventory is an assessment of personality traits and asocial tendencies.

as creating some tension between line staff and management, and reentry/programming functions versus other functions. Staffing reductions also made communication and coordination across agencies more difficult, as staff struggled to find the time for reaching out to counterparts in other organizations.

The TPC initiative has also focused on improving reentry by fostering relationships within the community. Despite ongoing issues with funding and staff turnover in community-based agencies and often a lack of clarity as to where (and when) an inmate will be released, respondents described a strong relationship between corrections and the community at large, with the CBCs as the primary coordinators of those local relationships. This was seen as another upside to the decentralized community supervision structure. Most of the CBCs have reentry steering committees or advisory boards that bring in a variety of stakeholders to support community reintegration for both parolees and probationers.

Implementing a System of Integrated Case Management

Assessment and Case Planning

Iowa entered the TPC initiative having used the LSI-R as their tool to assess risk and need in both institutions and community corrections (including probation) since 1999. In addition to the LSI-R, inmates were assessed using the Jesness Inventory, to determine inmate learning style and readiness for change. The LSI-R was completed upon admission to prison unless there already was a current assessment available from the CBC, and the Iowa Reentry Model called for LSI-R scores to be updated during supervision (as necessary) as part of the monthly case plan update. The Board of Parole was provided LSI-R information, but used its own proprietary static tool to determine risk level. A validation of the Board's risk assessment was completed just as the TPC assistance period was ending, indicating that the instrument was not predictive. Adjustments were underway to revise the instrument so that it performed acceptably. Finally, the CBCs utilized a tool called the Iowa Risk Assessment to gauge the risk level of probationers.

LSI-R scores served as the basis for the Reentry Case Plan, which was completed by institution-based counselors and held electronically in the ICON data system; plans were then revised in consultation with the individual offender and served as an important basis for interactions. The ICON data system, to which DOC and the CBC agencies had access, allowed for the seamless transfer of the most up-to-date reentry case plan from the institutions to the community. Once inmates were paroled, the supervising officer became responsible for using and updating the case plan.

The ASRT process generated a number of findings about the use of assessment tools in the Iowa system. First, there were positive findings regarding the use of assessment tools throughout the system. In the institutions, they found that custody classification and LSI-R domain area scores were dropping, presumably due to interventions; however, length of time in a controlled prison environment may have contributed to the drop in the LSI-R risk score. Utilization of the Jesness Inventory was inconsistent across the system, with a typical comment being, "I know it's there but I'm not sure what it means." By contrast, at the Fort Dodge Correctional Facility, staff who had participated in the reentry training, including security staff, reported accessing Jesness scores and using these scores to help staff engage productively with inmates. In general, the ASRT process findings highlighted the importance of training and guided practice to ensure that assessment tools were properly utilized.

The ASRT pre-audit and stakeholder interviews indicated many strengths of the Iowa case planning process. Case plans were being created, updated, and shared in accordance with policy. In fact, the case planning process was the component of the Iowa Reentry Model most clearly and comprehensively detailed in policy, which helped all staff involved understand what was expected of them. The most

important finding from the ASRT pre-audit in the estimation of the ICRT was that the case planning process was too cumbersome, particularly the data input requirements. Staff involved in case planning described feeling torn between the need to input data into the plan (and thus into ICON) and the need to focus on the client. As the ASRT team summarized their finding: “Efforts to create a seamless case management plan process cannot be fully implemented until we can make data input less cumbersome.”

For this reason, simplifying the case planning process was selected as one of the main areas of focus in re-chartering the ICRT in June 2012. One element of that simplification is the planned substitution of the Dynamic Risk Assessment for Offender Reentry (DRAOR) for the LSI-R. Stakeholders hoped that by reducing the amount of time required to update case plans, case planning staff could focus on other elements of a seamless process, particularly more routine communication between institution-based counselors and parole/probation officers in the CBCs. At the same time, the Board of Parole became much more engaged in working with IDOC and the CBCs to establish consistent expectations of inmates and parolees, so that the Board could reinforce what IDOC counselors were telling inmates they needed to do, and thereby enhance their motivation.

An interesting case management innovation observed during the ASRT pre-audit pilot visit to the Fort Dodge Correctional Facility was a change in case manager assignment practices. Past practice had involved the assignment of case managers based on the housing unit in which an inmate lived, and each move to a different housing unit would result in a change in case manager. Housing units in the Fort Dodge facility were part of a graduated privilege system, with inmate behavior and program compliance allowing them to move to units with more privileges. Given the benefits of consistency in case management and the need to make changes in housing units to support the privilege system, the leadership at Fort Dodge changed practice so that a single case manager stayed with an inmate for the entire time he was housed in the facility, regardless of housing unit. This change required the facility to allow inmates to attend meetings with case managers in housing units other than the one in which they lived. During the ASRT, both staff and inmates seemed to approve of this approach. The Fort Dodge facility also increased the frequency of inmate-counselor meetings. When asked about how the Fort Dodge facility has been able to increase its reentry work, one respondent noted, “it’s possible because we do it.” This is an example of the kind of variation and innovation in practice that occurs at the institution or district level that the ASRT process brought to light.

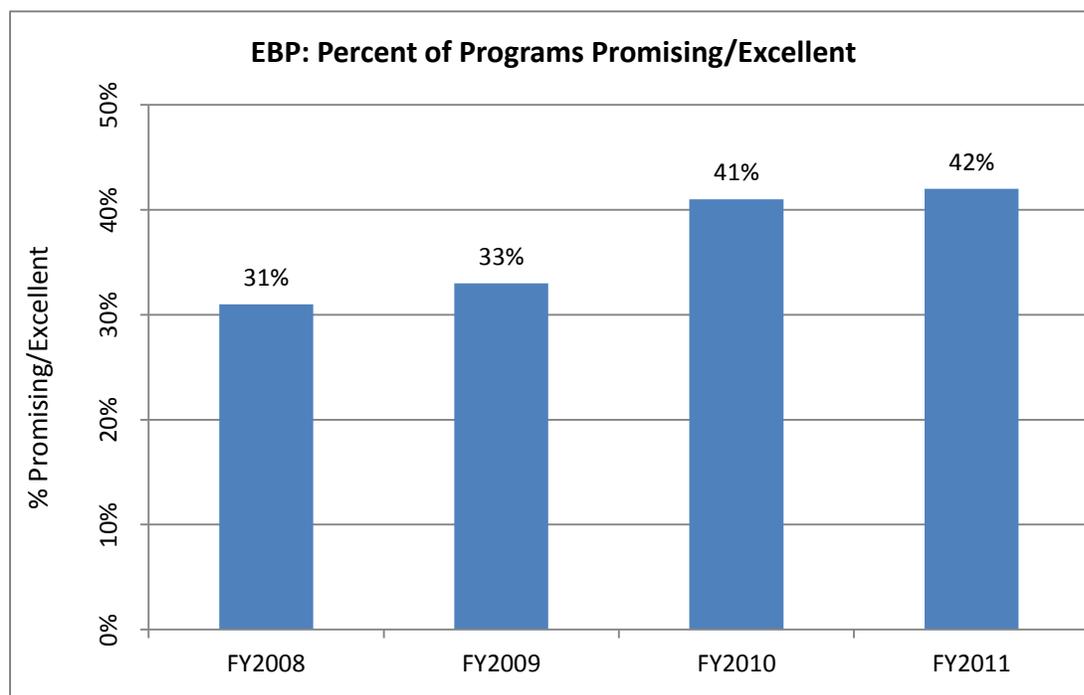
Evidence-Based Programming

Iowa worked during the TPC period to ensure that it could deliver programs to reduce risk and facilitate reentry that were sufficient in terms of both quantity and quality. Early in the TPC participation period, IDOC experienced budget cuts and lost a substantial number of treatment and program positions. While those positions had largely been recovered by the summer of 2010, stakeholders described the staff cuts as setting back Iowa’s reentry work. They negatively impacted staff morale, resulted in the loss of skilled and experienced individuals (IDOC worked to rehire those who had been laid off, but not all were able or willing to return), and several stakeholders described continuing effects of program understaffing. One interview respondent characterized the staff cuts as putting some components of the system in a situation in which “we know what the research says, but we don’t have the resources to implement.”

Consistent with this, the ASRT pre-audit found that program and treatment capacity did not match the level of need in the institutional or parole population. These challenges were particularly salient in more rural parts of the state, many of which struggle to provide access to basic programming. One

stakeholder articulated the problem of “releasing inmates who have undergone less treatment into communities less able to provide treatment.” This variance in availability of community resources by region presented a case planning challenge as well—institution-based counselors might have a good idea of what interventions their clients needed in the community in order to be successful, but might not know whether those interventions would be accessible in the communities to which they were returning. Some districts addressed these challenges in part by having supervising agents provide programming directly. While this ensured the availability of priority programming and builds officer skills to change behavior, it strained resources as well. Parole and probation agents have caseload sizes for high-risk individuals in the hundreds in some cases, compared to a goal of 30-50 clients per officer. These challenges required institutions and field supervision to focus only on those inmates with the greatest risk of recidivating.

Figure 3. Iowa Institutional and Community Corrections Programs Ratings



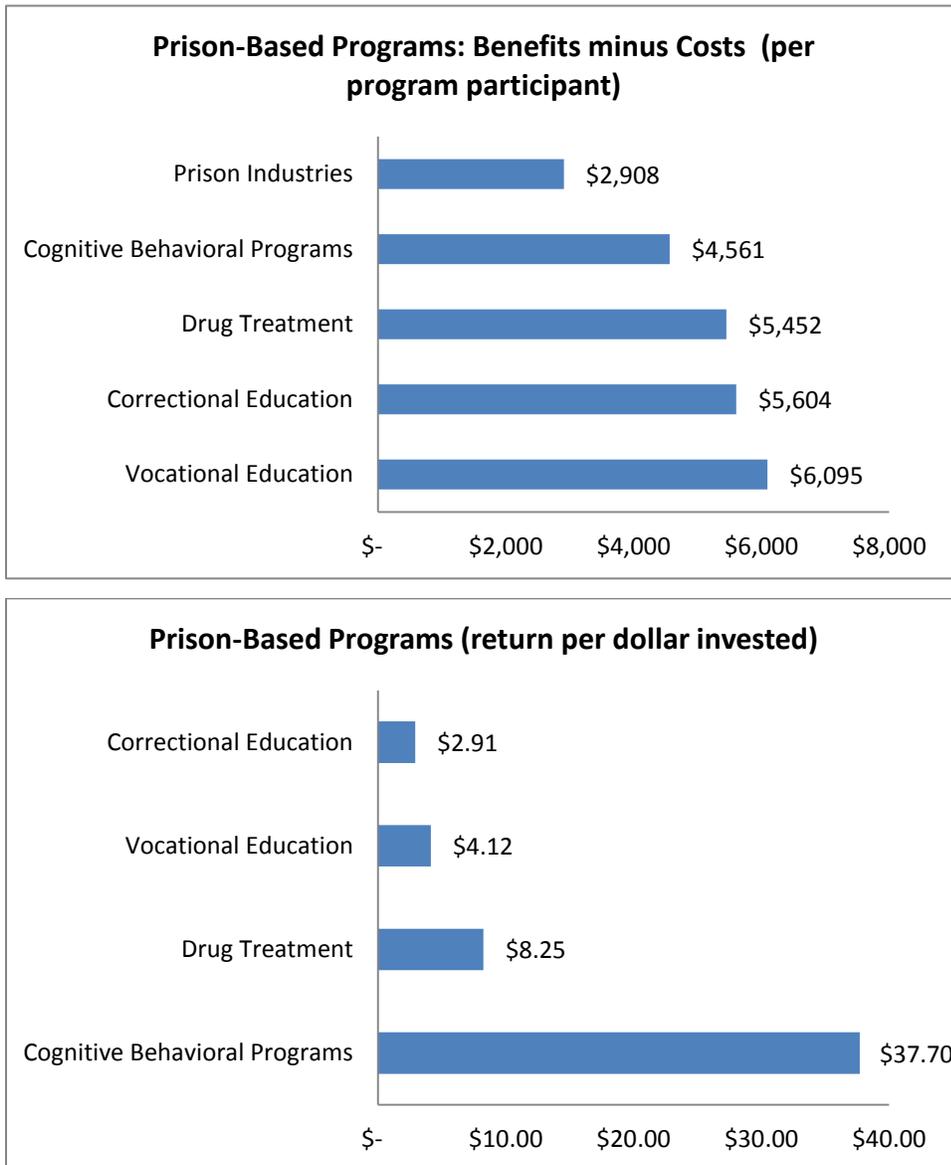
Source: Iowa Department of Corrections 2012a

With limited programming staff and resources, it was very important that the existing programs demonstrate the greatest chance of improving offender outcomes. Iowa undertook an effort starting in 2007 to assess its institutional and community-based programming against the principles of evidence-based practice (EBP). Programs scoring below a certain level were discontinued, and others were marked as needing improvement. As figure 3 shows, the state continued to assess programs, and has noted a steady increase in the numbers rated at the highest level (“Promising/Excellent”).

In addition to the program rating process, IDOC received training through the Pew Center on the States in the Washington State Institute of Public Policy’s Results First model. The Results First model allows jurisdictions to calculate the return they receive on their investment in programming, based on reductions in victimization and prison population. The results, shown in **figures 4 and 5**, indicate that Iowa was receiving a substantial return on their investment in this programming. These results were reported in May 2012, so it was uncertain as the TPC assistance period ended what effect this

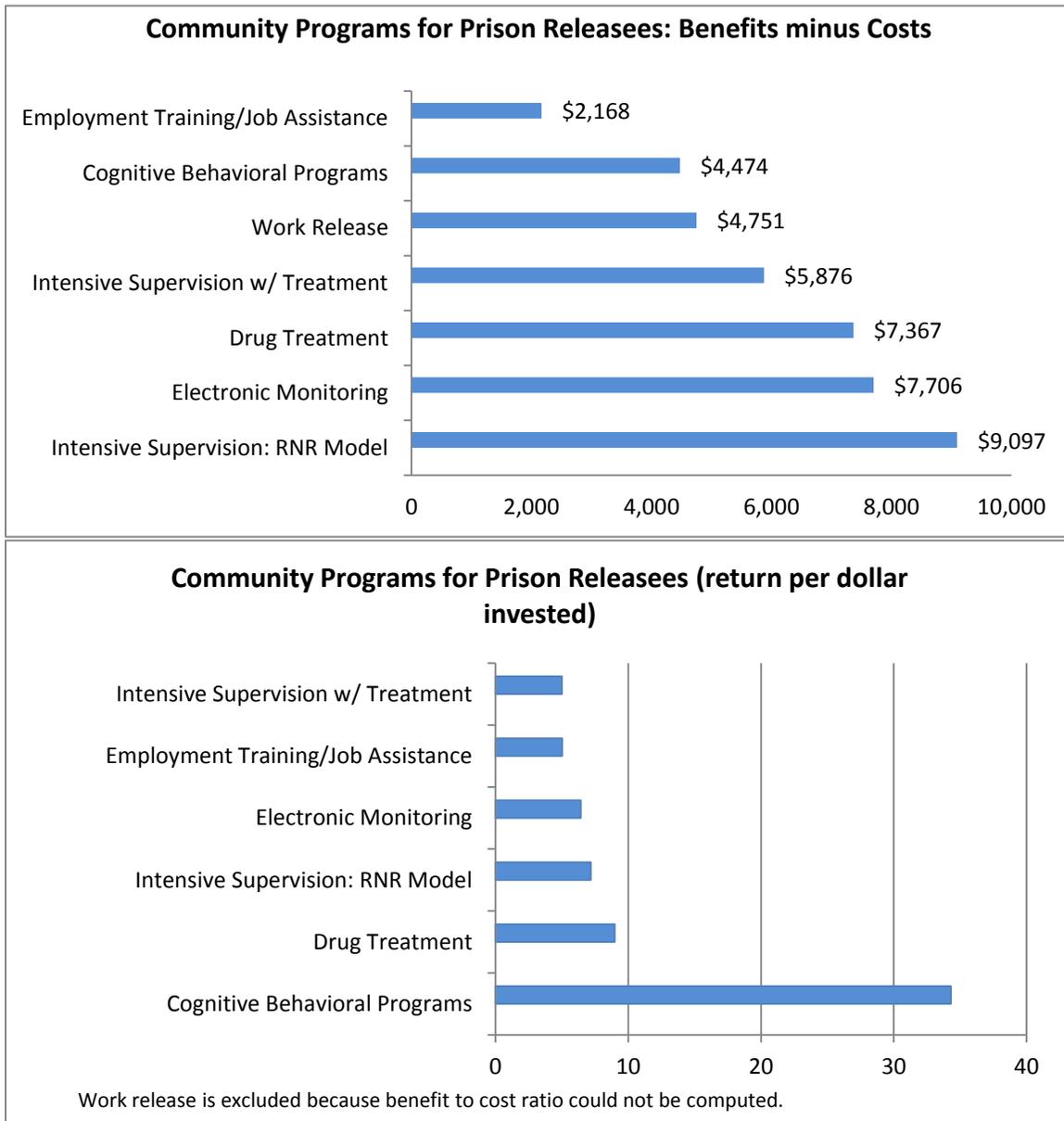
information would have on Iowa’s resourcing of these interventions going forward, a situation one stakeholder described as “continuing to cut even when all the programs work.” Regardless, one advantage to the ability to achieve and substantiate these results is the ability to gain the confidence of partners, such as the Board of Parole, which was able to grant parole with more confidence knowing that IDOC and CBC programming were effective.

Figure 4. Results First Findings, Iowa Prison-Based Programs



Source: Iowa Department of Corrections 2012b

Figure 5. Results First Findings, Iowa Community-Based Programs



Source: Iowa Department of Corrections 2012b

Adequate programming is particularly important for certain correctional populations. Interviewees described greater collaboration and efforts to identify programs for inmates with mental illness (and were hopeful that the mental health redesign would help get mental health services in community-based corrections and shift populations before they even enter prison). Some of the CBCs had developed supervision caseloads specifically for African-American supervisees in recognition of their disproportionate presence in the supervisee population and to facilitate culturally competent approaches to working with this population. All three populations saw their three-year return to prison rates decline from FY 2004 to FY 2007: by 7.2 percentage points for women, 3.8 percentage points for African-Americans, 16.1 percentage points for chronically mentally ill women and 10.7 percentage points for chronically mentally ill men. An evaluation of a pilot rural reentry program in the Second

Judicial District involving reach-in from the CBC and wraparound services from a community-based organization produced much lower recidivism rates than a comparison group. In short, Iowa had a number of promising approaches to working with various populations, which can stand it in good stead as it navigates the challenges of resource constraints on programming.

Assessing Practice and Measuring Performance

Iowa's investment in the ICON system provided it with a rich source of data regarding IDOC and CBC operations. This was recognized as a huge strength of Iowa's reentry system. Iowa struggled, however, to develop a consistent process for leadership to review key measures to monitor progress on reentry. Prior to joining TPC, the IDOC developed an extensive reentry scorecard intended to help agencies monitor performance and make changes. The scorecard contained measures related to assessment, case management, targeted interventions, collaboration, reentry indicators, and measures of public safety. Consultation between staff in IDOC's research and planning units and TPC TA providers found that the scorecard did not display an appropriate level of detail—some metrics provided too much detail, while others did not contain sufficient contextual information. The scorecard was subsequently revised. Ultimately, stakeholders want to have data at the officer level, because “until measures are down to that level, officers will not be able to compare their performance and get the feedback that they need.” As part of the re-chartering of ICRT, they agreed to take on the routine review of a dashboard based on the reentry scorecard. Review would begin immediately, to establish the norm that the ICRT always attends to data, even if the specific data elements under review change.

As previously discussed, the ASRT pre-audit was the most extensive effort undertaken by Iowa to assess its reentry practice during the TPC period. The ASRT team, including the CEPP and UI TA providers, conducted pilot visits to IDOC central office, the Fort Dodge Correctional Facility and the First Judicial District in late February 2011. These visits included on-site observation and interviews with all levels of staff, including supervisors, field officers, resident officers and institution-based parole officers (for those under the custody of a halfway house or corrections facility), corrections officers, case managers, institutional support staff (such as food services, administration, etc.), and inmates or supervisees. The pre-audit assessment collected information at the department level on changes to policy documents, training and enhancement of staff skills, assessment tools, the case management system, formal and informal agreements with non-corrections partners, and efforts of internal working groups (such as ICRT). At the institutional and CBC level, information included the degree to which principles of effective interventions are being addressed and efforts made to facilitate access to services/resources that are important at release. After reviewing the findings and process in the pilot visits, the pre-audit was extended to every institution and district office. All ASRT pre-audit visits were completed by August 2011.

At the same time, Iowa engaged in NIC's Achieving Performance Excellence (APEX) initiative, which will develop correctional measurement in many areas, including reentry. In order to ensure that the APEX effort in Iowa complements the TPC/Iowa Reentry Model work, the ICRT agreed that it will serve as the work group on the APEX risk reduction dashboard. ICRT members planned in this way to fully integrate development of risk reduction measures and review of measures as part of doing business, with the intent of extending measurement review down to the line level.

As mentioned previously in this section, Iowa has engaged in a number of efforts to assess the quality of their practice. The EBP program assessment process and the Results First cost-benefit assessment were complementary efforts to determine quality and effectiveness of individual programs. Although Iowa has a history of analyzing the quality of its core prison transition processes, including engaging in a

“Kaizen”⁵ process in 2005 that resulted in funding for reentry coordinators, it lacked a formal quality assurance at the outset of TPC participation. During ICRT meetings, stakeholders described the need to know the extent to which reentry policies were being implemented as designed and proposed a “reentry audit” process equivalent to the routine security audits done in IDOC. The logic was that IDOC and the CBCs conducted practice audits of core elements of their work, and the same should be done for reentry if that was a core component of their work. The ASRT was formed in 2010 in order to plan and execute a reentry pre-audit to serve as a baseline for a subsequent annual reentry audit. Operationalizing the concept of the audit, developing a plan for collecting information from relevant stakeholders, designing interview protocols, structuring the ASRT teams, and conducting the pre-audit was a primary focus of Iowa’s TPC work.

Sustainability and Next Steps

Iowa focused during its TPC work on ensuring that it is carrying out its reentry model with fidelity to evidence-based and best practice, while seeking to maintain what it has put into place in the face of budget cuts and constraints. Reentry in Iowa survived several years of massive budget cuts, and the DOC was able to convince governor’s staff to provide an additional \$25 million to help DOC retain programs. As DOC prepared for the FY13 budget, its leaders planned to meet with governor and public safety affiliates with their plan to decrease the demand for prison beds (in part through adequate case management and programming). As one stakeholder noted, “regardless of how many resources we have, we must continue to collaborate, find efficiencies and clarify roles.”

Moving forward, there was some concern about how the initiative would fare without the added push from technical assistance providers. One stakeholder characterized the TPC TA providers as “watchdogs that make sure folks stay committed and do what they promise”—as one stakeholder noted, “you don’t want to have the TA provider come back in a month and see that you haven’t done anything.” The presence of a national, external perspective also helped legitimize the effort in the state. In particular, TA providers were credited with moving the ASRT process forward and for helping the state define and narrow its list of performance measures. However, a continued focus on quality assurance and performance measurement may serve a similar role of holding the state accountable to its reentry goals and providing leaders with a way to continuously monitor progress. TPC stakeholders noted that there is a constant need to demonstrate results and to keep legislators informed, in part in order to secure funding for reentry in the years to come. Indeed, budget constraints represented an ongoing issue in Iowa.

To this end, the ICRT concluded the TPC assistance period by re-chartering itself and committing to focus on five key areas:

- 1) completion of the revisions to the case planning system—with accompanying work on policies, procedures, and training;
- 2) completion of the EBP review of interventions and agreement on improvement plans
- 3) provision of feedback on the pre-audit assessment, and an action plan, tools, and standards on future reentry audits
- 4) piloting of a reentry dashboard, and

⁵ Kaizen is a continuous improvement management process originally devised in Japan.

- 5) supporting the process of drafting an gubernatorial executive order on Safe Communities bringing together cabinet levels participants.

VI. Kentucky

At the onset of Kentucky's involvement in the TPC initiative, the state was challenged by a fragmented corrections system. Pockets of exceptional reentry activities existed in the state; however, the activities were not coordinated or strategic. Involvement in TPC helped Kentucky bring all of the various components of existing efforts together. A huge expansion of services also took place during this time through the creativity of staff as well as the dedication of human and financial resources. During their TPC work, executive-level state leaders took a keen interest in reentry activities and the TPC effort became a significant priority. At the start of TPC, the governor created a mandate to coordinate reentry activities, through the establishment of an executive order, which developed a statewide taskforce of all cabinet level officials, or their appointees, from virtually every state agency that interacts at any point with the population served by the criminal justice system. To accomplish the state's goals, Kentucky also developed a working group, later named the Kentucky Alliance for Re-Entry (KARE). The TPC structure enabled the state to secure additional financial and technical assistance resources, which in turn allowed for an investment in services and, importantly, training staff.

Mid-way through the TPC process, the state passed sweeping legislation, HB463, also known as the Justice Reinvestment Act. This legislation solidified and incorporated into statute many of the efforts Kentucky had already begun through TPC, such as the state's implementation of criminogenic risk needs assessments. HB463 also began to help the state enhance coordination around reentry between the state and local authorities, who were responsible for supervising approximately one-third of the state's prisoners.

At the time of TPC implementation, Kentucky did not have a unified or evidence-based approach to case management and had not examined the existing programs to determine if they comported with evidence-based principles. Upon initial inquiry at the start of TPC, it became clear that virtually none of the existing institutional or field supervision programming could be considered evidence-based. Through the state's work on TPC, Kentucky put in place a standardized approach to implementing and monitoring programming so that it adheres to evidence-based principles. By the completion of technical assistance provided under the TPC initiative, Kentucky had fully implemented a case management system.

Kentucky set out to do a great deal in the short TPC technical assistance period. Although some work still remained, most notably around full implementation of evidence-based programming in field supervision and adapting a performance measurement framework, the state fully implemented many of the components of the TPC model. In just three years, Kentucky developed and implemented an advanced transition from prison to the community approach.

Table 4. Evidence of Systems Change in Kentucky

<p>TPC Structure and Collaboration</p> <ul style="list-style-type: none"> • Passed HB463 (Public Safety and Offender Accountability Act) in 2011 • Established multiple statewide initiatives focused on reentry and corrections reform • Focused heavily on improving communication and reentry buy-in within the department, particularly by addressing communication barriers between wardens/supervisors and line staff • Actively solicited feedback from line staff and prisoners, who described improved and more fluid interactions in the institutions • Substantially improved relationships with local jailers, who were gradually becoming more engaged in reentry discussions and beginning to consider implementing risk needs assessments
<p>Implementing a System of Integrated Case Management</p> <p><i>Assessment and Case Planning</i></p> <ul style="list-style-type: none"> • Implemented LS/CMI and assessed over 30,000 incarcerated and/or supervised individuals (June 2012) • Passed legislation (HB463) that required regular risk assessment; promoted the use of risk assessment and completion of programming in parole decisions; and mandated supervision for some offenders released on the expiration of their sentence • Prioritized development of a new case management plan that will be more accessible in institutions and in the field through enhancements and updates to Kentucky Offender Management System <p><i>Evidence-Based Programming</i></p> <ul style="list-style-type: none"> • Began a systematic review of programs relative to principles of evidence-based practice • Used LS/CMI results to target programming based on risk and needs • Uncovered duplication and inconsistency in institutional programming • Passed legislation (HB463) that expanded in-custody and community programming
<p>Assessing Practice and Measuring Performance</p> <ul style="list-style-type: none"> • Began to develop strategy for collection, reporting, and quality assurance for TPC key performance measures • Began to institute common data definitions that were meaningful and realistic to obtain • Assessed and monitored the quality of LS/CMI implementation, eventually incorporating assessment standards into the state’s auditing process • Hired a program administrator (through HB463) that monitors various aspects of reentry

TPC Implementation

TPC Structure and Collaboration

In Kentucky both prison facilities and community supervision were operated by the Kentucky Department of Corrections (KDOC). While housing these functions in a single agency could help align work toward a common goal, coordinating reentry services and sharing information for case planning, even within a single agency relationships between institutional corrections and field supervision may involve turf battles and competition for resources. Historically, challenges related to these factors existed between headquarters, facilities, and field supervision in KDOC. Coordinating reentry planning in Kentucky is further complicated by the fact that county jails have the legislative authority to house individuals convicted of low-level (Class C or D) felonies. Approximately one in three state prisoners was housed in one of the state’s 76 county jails; each county jail was operated by a locally elected jailer, making them particularly difficult to incorporate into a statewide strategy. In addition to receiving

reimbursement from the state for incarcerating these prisoners, jails often required prisoners to perform work duties in the community, resulting in local cost savings. County jails also had limited capacity and resources to assess their prisoner population, provide case management and transition planning, or offer programming and services.

Two coordinating bodies were established in 2009 in order to begin building partnerships around reentry: the Governor's Reentry Task Force and KDOC's Kentucky Alliance for Re-Entry (KARE). Through an Executive Order, the Governor's Reentry Task Force sought to develop recommendations to help incarcerated persons reenter their communities and reduce the likelihood that they would reoffend. This body hoped to achieve its goals with the involvement of cabinet-level secretaries or their appointees developing, adapting, and implementing reentry strategies and processes. Much of the day-to-day TPC work however was addressed by KARE, which involved the collaboration of KDOC staff and other departmental contracting consultants to address areas specific to reentry through subgroups, including programming, assessment, case management, and data and evaluation. TPC work also coincided with several other national initiatives focused on criminal justice system reform and reentry, including Justice Reinvestment Initiative (JRI) technical assistance and seed funding, Second Chance Act (SCA) funding, National Parole Resource Center (NPRC) technical assistance, a Bureau of Justice Assistance (BJA) statewide reentry training, and additional assistance provided through a philanthropic foundation, the Public Welfare Foundation. Efforts were made to coordinate all of these initiatives (for example, KARE addressed many of the tasks identified by the Governor's Task Force and coordinated the state's Second Chance Act grant requirements, including developing a strategic plan for the Second Chance Act grant). Stakeholders alluded to the presence of several different entities that worked diligently on reentry and pursued good work; several, however noted that these efforts at times felt "fragmented," "not organized," and often did not communicate.

Meetings and activities of the KARE committee largely focused on reviewing progress on the TPC implementation checklist, with particular attention paid to implementation of the LS/CMI⁶, and on quality assurance procedures. Commitment to this process appeared mixed—while some stakeholders were actively engaged in the TPC process, there was some concern that certain members attended "just for show" or were allowed to miss meetings without consequence. The use of delegates and agency representatives in lieu of designated leaders also disrupted collaboration and slowed decision making. Membership on KARE did not include individual institutions, which may have limited the amount of information ultimately received by line staff in the facilities. Although problems with dwindling attendance were also observed in the Governor's Reentry Task Force, stakeholders expressed hope that the passage of the Justice Reinvestment Act, HB463, would help re-engage some state agencies that had become less involved in the reentry continuum.

Despite challenges with engaging all stakeholders, KARE meetings and workgroups were described as "highly functional" and "well-planned." Workgroup tasks were properly delegated and understood by those responsible for their implementation. However, the speed with which some tasks were accomplished frustrated some stakeholders, one of whom described a lack of "concentration and willingness to make a decision [regarding which assessment tool to implement] slowing the implementation of the case management plan and the use of the assessment tool." This stakeholder felt

⁶ The LS/CMI, or Level of Service/Case Management Inventory is a modified version of the LSI-R that incorporates case planning and management tools. Kentucky first implemented it in select geographic locations, as supported by the state's Second Chance Act grant, and then subsequently implemented KDOC-wide, as mandated by the state's Justice Reinvestment Act.

that some executive-level staff, including Deputy Commissioners, could help focus work and guide staff, noting that it takes strong *direction* (i.e., not just support) from leaders in order to make a TPC effort successful. In general, though the strength and dedication of leadership was apparent. One stakeholder commented that, “corrections is a military-like agency, and none of these agencies are good at [a TA provider] coming in and telling them what to do. Even if it takes longer, the focus of technical assistance should be on education that helps leaders make their own decisions.” On a similar vein, another stakeholder described problems with “territorial issues” and people who did not want to be told what to do. As a result, the state had the TA provider participate in KARE as a “subject matter expert” who provided information as Kentucky leaders “steered the ship.”

Stakeholders differed in the degree to which they perceived collaboration between DOC field services and its institutions. Some described “greater appreciation for the role that everyone has in the reentry continuum” and felt that whereas “collaboration existed in pockets before; it is now becoming a process.” In the mind of these stakeholders, collaboration was a key to the success of the initiative. Others felt that collaboration was “not where it could be” and described an overall lack of consistency and knowledge across divisions and departments; “people in institutions and field services do not understand each other’s work or perspective.” The department conducted trainings that included both field services and institutions in an effort to enhance communication and to educate both agencies about what the other does.

Some challenges with coordination between KDOC functional areas may have been related to confusion over roles and responsibilities. For example, although KDOC headquarters oversees the reentry division, after some extensive discussions with key personnel the department opted to have the newly hired reentry coordinators report to facility wardens. Not only did this decision lead to confusion over which unit is in charge of reentry, there was also concern that it would result in the practices of reentry coordinators varying considerably between institutions, counteracting efforts for consistency and adherence to evidence-based practices. To make matters more complicated, field services had its own reentry liaisons, which according to some stakeholders has resulted in duplication and confusion about roles. In order to foster coordination between these groups, leaders considered organizing a reentry conference that would be attended by field and institutional reentry units to discuss their roles, responsibilities, and decision making processes.

The initiative struggled initially with a lack of confidence and distrust at the line-staff level in both institutions and field services, particularly those individuals who had more extensive histories within the department and had grown accustomed to work being done a certain way. Although some corrections officers were “grateful for the help and glad that the department is looking at reentry,” others took offense to the systematic review of institutional programs and were unhappy about having to take on additional duties. While some leaders felt they should communicate to staff that the initiative was “not new work, but an enhancement to the work already being done,” others recognized that because the initiative did not come with additional support, “new responsibilities have been placed on staff. To a certain extent, the department can absorb these additional tasks, but at a certain point, people have to weigh working on new initiatives against the activities they were hired to perform.” Another stakeholder provided the example of the time commitment associated with probation and parole case planning. Whereas the previous case plan took two minutes to complete, the current process—which required agents to interpret assessment scores and interact with the client—took about 15 minutes. For officers with caseloads approaching 100 clients (as was the case in the eastern part of the state), this “small” increase in the amount of time spent with each client could dramatically affect workload. A lack of input

into the process also represented a barrier to buy-in: “people have to feel like they have some input and investment in what direction their department is headed.”

Insufficient communication about reentry between wardens/supervisors and line staff appeared to have contributed significantly to challenges with staff support for the TPC initiative and for reentry generally in the state. Stakeholders alluded to a “need to send information through the ranks effectively” and that the success of TPC work “depends on collaboration and keeping lines of communication open, particularly between wardens, supervisors, and line staff.” Middle managers were identified as “critical personnel who can work with line staff through system and workload issues.”

In order to improve communication and buy-in within the department, leaders

- Developed two reentry newsletters that describe available programming, Parole Board decision making, and pilot programs. These newsletters provide a mechanism for leaders to “communicate and reinforce messages” to facility and field staff, community stakeholders, and also a way to reach out to prisoners and their families.
- Developed a listserv to report any issues with the assessment process.
- Decreased the ratio of staff to clients and supervisors to staff, a structure that is expected to provide more one-on-one assistance and elevate the importance of the case plan.
- Communicated that “the initiative belongs to everyone, not just management” and explains how new reentry efforts—that is, the use of the LS/CMI assessment and case management—are linked to the old system of classification.
- Held a conference with line staff to explain the initiative.
- Provided LS/CMI training to staff (with training post-tests indicating mastery of the assessment).
- Provided case management training to staff.
- Incorporated reentry competencies into hiring practices; for example, one administrator described how the department has developed a pre-employment screening to see if applicants are willing to learn and open to new ways of thinking.
- Advised staff to “give programs a chance to work before condemning them as ineffective.”

Establishing buy-in has taken time, but stakeholders described corrections officers as becoming more supportive of evidence-based principles, both in terms of administering assessments and implementing and supporting programming. All levels of the organization—from leaders to line staff—were described as recognizing the need for reentry and a coordinated case management system. One stakeholder said that “initially, not everyone cared about reentry,” but indicated that staff are beginning to understand their role in the reentry process. An example was the support for the LS/CMI. Staff were described as initially resistant to the LS/CMI, but eventually, “they just got used to it and realized how it improved communication with offenders.” Staff also provided positive feedback about the LS/CMI during training, noting that the risk/needs assessment opened up dialogue with prisoners and supervisees that they may not have had in the past, especially for those who were used to close-ended questions and not engaging in conversation. It is important to note that *prisoners* also provided positive feedback during one stakeholder’s visit to a facility, describing staff as more invested in what prisoners thought.

According to some stakeholders, collaboration with the Parole Board also improved. In the past, the Parole Board and Community Corrections did not have a regular system for communication. The Board appeared to become more engaged in TPC and other related reentry efforts and was stimulated by “new ideas about how to apply reentry to their work,” such as streamlining their violation response procedures so as to shorten the timeframe in determining whether to revoke a sentence of parole and

also to work more closely with prisoners and case managers in the hopes that prisoners will be more likely to have met the Board's requirements in advance of a parole hearing. Leaders will also be forming a "parole violators think tank" that will serve as an additional venue for collaboration. Moreover, the Parole Board is presenting at training sessions to educate case workers about how its members make decisions and to discuss "myths" associated with the Board's decision making processes.

However, other stakeholders noted that outside of these activities, there had not been a lot of contact with the Board, particularly from field services staff who were described as "not open to reaching out to members." The Parole Board's decision-making procedures operated independently of KDOC, and members were described as making "decisions driven by other factors that do not incorporate assessment information or follow the principles of reentry." Stakeholders also noted a recent precipitous drop in the Board's release rate, despite the fact that more individuals were being released onto mandatory supervision in order to comply with HB463. A number of factors outside of the Board's control may have contributed to the decrease in releases, as well as challenges in communication and coordination. Only three of the members have been on the Board since before 2009; moreover, half of the Board was replaced in July of 2011, at a time when HB463 increased the Board's workload by approximately 25 percent. Turnover and reorganization of the Board impacted the Board's processes, resulting in the drop in parole releases in December 2011 and January 2012; however, a slight increase in Board releases occurred in March and April 2012.

Outside of the state public safety system, collaboration with local jurisdictions and community-based organizations was mixed. Local reentry task forces, which were developed in ten regions of the state through Second Chance Act funding and modeled after the pre-existing Louisville Metro Reentry Task Force, were strong partners in the TPC process and "may be better at sustaining TPC because they have links to community-based groups and knowledge of available services." However, smaller communities with fewer resources and task forces without formal leadership roles (or staffing) were more difficult to involve in collaboration activities.

Historically, there has been very little coordination between the county-elected jailers and KDOC leadership, both in terms of standardization of practices and sharing of information between facilities. However, HB463 required jails to provide assessment information on their prisoners and prompted additional coordination with KDOC. Although there was concern that some jails may become nervous about allowing KDOC into its facilities and "obstruct the process," a few progressive jailers appeared active in steering their colleagues toward collaboration. For example, in late June 2012, one such jailer who has implemented programming made a presentation with the TPC coordinator and Kentucky's TPC technical assistance provider at the jailer's association conference, describing what TPC was and how it would impact facilities. Kentucky's TPC TA provider also presented with the Parole Board at the conference to educate jailers about risk criminogenic need and evidence-based practices and the potential for these strategies to enhance local and state correctional operations. One stakeholder described this meeting as "the first step in reaching out to an audience larger than [state] corrections."

Some jailers appear open to talking about what services they can offer prisoners. Stakeholders noted that this change was not the direct result of TPC, but rather, a jail (Marion County) that recently became accredited by the American Correctional Association (ACA) and at the end of the TPC assistance period had begun to offer more programming and services. The jail was also selected as a pilot site for the Department of Corrections to train existing caseworkers in administering the LS/CMI and in the principles of evidence-based practice. According to stakeholders, this level of collaboration would not

have been a possibility a few years ago and may actually influence the level of collaboration between KDOC and other jails across the state.

Kentucky has made substantial progress over the past three years in developing and growing partnerships between KDOC, the Parole Board, state agencies, and local criminal justice leaders, particularly jailers who were historically resistant to becoming involved in the state's reentry work and the requisite components of an integrated system of case management. Internal change within the Department was also observed, as leaders have focused heavily on improving communication with and between wardens, supervisors, and line staff through a variety of methods. Perhaps most reflective of systems change was the feedback from prisoners themselves, who described improved, more meaningful interactions with line staff.

Table 5. Kentucky Public Safety and Offender Accountability Act (HB 463)

The state's reentry efforts resulted in the passage of legislation that "put into writing the state's plans for a system of reentry" and that provided an extra push for the initiative to maintain momentum and accountability. In addition to making significant changes to sentencing laws, this landmark public safety legislation (HB463) mandated major changes in the transition from prison to community process, including:

- **Expansion of in-custody and community programming:** For example, section 24 of the legislation (new section of KRS 196) provided that the "DOC shall use a portion of the savings to expand treatment programs at existing state penal institutions including those that are currently underutilized, if appropriate for programs." Several sections also expanded community-based treatment options for certain categories of offenses.
- **Regular criminogenic risk assessment:** Section 54 (new section of KRS 439.250 to 439.560) requires KDOC to conduct initial administration of a validated criminogenic risk and needs assessment on an individual upon intake to community supervision unless one has been conducted recently. Assessments must be re-administered at regular intervals while on community supervision.
- **Use of criminogenic risk assessment and completion of programming in parole decisions:** Legislation required a validated criminogenic risk and needs assessment for all prisoners who are eligible for parole (section 30; new section of KRS 439.250 to 439.560). This assessment must be provided to the Parole Board and incorporated into the prisoner's case plan. The Parole Board shall also consider results of the risk and needs assessment before granting parole (section 32; amendment to KRS 439.340). section 34 (new section of KRS 439.250 to 439.560) stipulated that the Board must consider risk and needs assessments when setting conditions of community supervision.
- **Mandatory supervision for some offenders released on the expiration of their sentence:** The new legislation mandated post-prison supervision for "an inmate who has not been granted discretionary parole six months prior to inmate's expiration of sentence" (section 34), and an additional 12 months of post-incarceration supervision upon expiration of sentence or completion of parole (section 35; new section of KRS 532).

Implementing a System of Integrated Case Management

When Kentucky joined the TPC initiative, the state had no process in place for assessment (the KDOC classification system determined custody level only) or for case planning. A long history of autonomy in the institutions meant that every warden decided his/her own programming and many appeared resistant to any form of standardization that meant yielding control. One stakeholder described the state as “ripe for change but unsure how to get things started.”

Assessment and Case Planning

Kentucky implemented the Level of Service/Case Management Inventory (LS/CMI) to integrate risk/need assessment and case management. The incorporation of this tool was a huge transformation in Kentucky’s prison transition system and presented a number of ongoing challenges. For example, Kentucky struggled with ensuring KDOC staff consistently use the LS/CMI to assess the prisoner and community supervision populations. Despite significant initial investments in staff training, the number of individuals actually assessed fell short of the state’s year one goal of 13,000, by July 2011. As of March 2011, about 2,600 prisoners had been assessed by approximately 1,000 trained staff members. Logistical and resource challenges with implementation of the LS/CMI emerged, making it difficult for the state to achieve its ambitious goal. At the facility level, the discrepancies increased, with one facility at the end of year one of the assessment’s implementation reporting only 32 assessments conducted by 25 trained staff and two field offices reporting between 13 and 14 assessments for 25 trained staff; the goal was for staff to complete 2-3 assessments per week. Since that time, however, KDOC has made great strides in completing assessments; as of June 2012, over 30,000 individuals in total had been assessed.

Assessment efforts in Kentucky were also complicated by the state’s use of local jails to house approximately one-third of the state prisoners. The state is unique in that the Kentucky legislature gave jailers complete discretion to select the individuals from their jurisdiction, who have been convicted of a Class C or D felony, to house in their local facilities. The jailers’ decision making processes do not necessarily take into account the prisoner’s criminal history, criminogenic needs, or risk of recidivism, which may be problematic for individuals who are high-risk or who have a high level of need and require in-custody programming in order to succeed in the community. New requirements under HB463 and the pilot program in Marion County were both expected to help encourage the administration and use of assessment in local facilities and have enhanced these efforts in the state tremendously.

KDOC stakeholders initially expressed reluctance to change their process for developing case management plans, as the ones in use at the time of TPC implementation were designed to meet all of the requirements for ACA accreditation. The department worked on a compromise, allowing many of the elements of the previously used case management plan to be incorporated with the results of the LS/CMI in order to make departmental program recommendations. KDOC prioritized development of a new case management plan and worked to make it accessible and useful in institutions and in the field through enhancements and updates to the Kentucky Offender Management System (KOMS), KDOC’s MIS. KDOC’s priority is to conduct assessments on prisoners who will be released within 36 months, and the new process was implemented for all individuals who would be released from KDOC’s custody within the next few years. While Kentucky brought the assessment practices to scale, prisoners who would be housed for longer periods of time would have case plans developed based on each individual’s self-assessed need; staff would not conduct a formal assessment.

Risk and need scores are being used to determine supervision levels, except for individuals convicted of sex offenses, and were incorporated into other parts of supervision practices. For example, the Paducah field office (a regional community supervision office) opened separate entrances for supervisees based on their risk levels. Through the use of evidence-based practices, the department was making concerted efforts to eliminate the potential of heightening an individual's risk level and was working to help reduce risk when possible.

Evidence-Based Programming

Through the TPC efforts, KDOC began to systematically review all programs in the state to determine if they comported with principles of evidence-based practice. Where gaps were identified, the department would be required to find appropriate evidence-based programs. Although this effort was still in its infancy as the TPC assistance period concluded, it represented a significant cultural transformation. Through the review of institutional programs, KDOC found problems with duplication, inconsistency, and a lack of evidence-based practices. Stakeholders remarked that of the 50 to 60 programs operating in the Kentucky prison system, approximately five were evidence-based. For example, the prisons offered 10 anger-management programs but lacked a standardized curriculum; as a result, stakeholders observed that instructors were allowed to "do whatever they wanted." In addition, most of the jails did not offer any type of programming, let alone programming that was considered evidence-based. The mandatory work requirement for individuals housed in jails, however could be used to develop skills. Consistent programming became even more problematic for formerly incarcerated persons being supervised in the community. One stakeholder noted that although support services were excellent in Lexington, Louisville, and parts of northern Kentucky, resources in the far western and eastern parts of the state were incredibly limited; even if a client is willing to comply, transportation and access to services would hinder program adherence. As one stakeholder put it, "For our services to be successful, they have to be convenient."

Institutions were working to eliminate programs that were not evidence-based and expand those shown to work and "that will address the most number of inmate needs within the institutions." Although most stakeholders were supportive of this objective, there were those with "a personal agenda to retain certain programs or who want to make programming decisions their own way." Another stakeholder commented that, "there was reluctance to let go of ineffective, expensive programs in the facilities simply because they had always been done that way." In addition to resistance to changes in programming, funding might also limit the state's ability to tailor its programming. One stakeholder indicated that federal grant requirements were preventing KDOC from making significant changes to programming without approval; however, KDOC was able to provide some internal funding to support changes while awaiting approval. Further, because some funds were allocated to programs based on reaching recidivism-reduction targets, KDOC had to come up with interim funding until available data and results can be demonstrated. According to one respondent, all programs in the institutions at the conclusion of the TPC period were evidence-based and geared toward the specific needs of the clientele.

The state continued to face challenges developing evidence-based programming in the community, where available resources varied considerably. However, the passage of HB463, which required that programs in the community be evidence-based, helped to spur some action in this area. Unfortunately, "many practitioners think that their programs are evidence-based if an offender graduates."

Overall, stakeholders acknowledged the significant progress made over the past three years in developing an integrated system of assessment, case management, and programming, and felt that "all

of the different components are finally coming together.” As one stakeholder noted, “the department has done a good job of creating something that is helpful, not just good on paper.”

Assessing Practice and Measuring Performance

Created in 2006, KDOC’s data management system, KOMS, contained a wealth of data that could be used to measure the success of reentry efforts. KOMS was used for both field services and institutional corrections, strengthening the state’s ability to share valuable information with key partners in the provision of reentry programming and services. However, data entry errors and problems with data tracking (following an individual through program completion) made it difficult for stakeholders to use the data. At the conclusion of the TPC period, KDOC was looking for opportunities to match KOMS data with information from other state agencies, such as the Office of Employment, in order to learn more about how individuals fare in the community following release.

Although the department used KOMS to generate substantial data, the system lacked the ability to quickly incorporate new measures (in part because it took a long time to write, test, and implement new code). In order for the state to track and monitor program effectiveness and be responsive to HB463, it was redeveloping and adding functionality to KOMS. This process was slow and represented a barrier to full TPC implementation in Kentucky, but this was clearly a priority of the state as demonstrated by the financial and human resources dedicated to implementing these changes. Case management trainings were delayed by several months so that system changes in KOMS could be fully implemented in advance of the trainings; the trainings occurred in late spring 2012.

HB463 also allowed field services to hire a program administrator who monitored various aspects of reentry and could query the system to monitor program participation, graduation rates, and other related information. KDOC, however, did not have a research department (or an individual researcher), which made it difficult for the state to continually monitor and evaluate progress. This gap in personnel created additional responsibilities for program administrators who struggled to collect and analyze relevant data in addition to their normal day-to-day work activities. Moreover, the state did not have a centralized research shop from which KDOC could draw support. This lack of internal research capacity was identified as a major deficit in performance management and presented challenges for stakeholders to sustain achieved changes or advance the TPC efforts. The department was particularly in need of extra research support when evaluating the programming of contracted providers, as KDOC wanted to supplement the vendors’ reports with internal, objective assessments.

In addition to using data to monitor performance, the state was also focused on quality assurance, particularly in its use of information from the LS/CMI. A review of completed LS/CMI assessments revealed a number of undesirable factors, including multiple assessments being conducted on the same person (rather than updating existing assessments) and significant numbers of assessments not being completed at all. KARE discussed several ways to address this issue, including incorporating the successful completion of risk assessments into staff performance reviews and rewarding staff who have met their quota. To continually highlight the importance of the assessment process, the KARE committee set up an auditing process to ensure the consistency and accuracy of completed assessments. KDOC planned to validate the LS/CMI in Kentucky. KDOC was working to triage the assessment process, such that once an LS/CMI had been completed, agents would consult a checklist each year to determine if the person should be reassessed (the reasoning being that many factors might not change from year to year on the scale).

Sustainability and Next Steps

A stakeholder described the three years during which TPC implementation took place in Kentucky as “the perfect storm of technical assistance and funding” that provided the state with the support and education that leaders needed to build a solid foundation and secure buy-in from partners. At the conclusion of the TPC period, those leaders acknowledged the need to move from preparation and beginnings to full implementation; one stakeholder described the state as being at a critical stage at which there was a lot of buy-in and support for the process, but they needed to move quickly and implement while the momentum was strong.

HB463 was expected to help sustain the initiative and ensure that agencies stayed on target meeting the goals set forth in the legislation. As one stakeholder articulated, this legislation represented a major factor in TPC’s success in the state and would also help keep the effort on track following the end of formal technical assistance, although the state did plan to engage outside technical assistance for continued support in accomplishing and sustaining the TPC goals.

Stakeholders expected TPC workgroups to progress as follows,

1. The programs workgroup would review the National Reentry Resource Center (NRRC) website to identify additional evidence-based programs. The workgroup was expected to meet on a less frequent basis than it did during formal TPC participation.
2. The assessment workgroup would continue to monitor the number and quality of completed assessments and begin to work with more jailers to implement assessment procedures locally.
3. The case management workgroup would also continue to meet less frequently. The state recently completed the case management update in KOMS and conducted all of the relevant staff trainings. This represented the final link between assessment and programming; although quality assurance would continue to be a primary component of this workgroup’s mission.
4. The data and evaluation workgroup met in June 2012 to discuss formal implementation of a dashboard report and TPC core performance measures. The performance measurement component of Kentucky’s TPC efforts was not accomplished in the same timeframe as many of the other elements of the model, but the state committed to engaging in this work beyond the formal TPC technical assistance period.

Another key to sustaining TPC in Kentucky was the continued support of state leaders, including the Governor, Secretary of Public Safety, and KDOC Commissioner. Their leadership would also help assuage concerns about the availability of resources, as many stakeholders expressed the need for a long-term commitment by state leaders to fund reentry programming. These concerns were justified: the initiative relied heavily on grant funding. TPC efforts in Kentucky benefitted greatly from related work that was supported by Kentucky’s 2009 Second Chance Act grant, which provided the resources for the state to implement and train staff on the LS/CMI. The state’s TPC work was also enhanced by a Public Welfare grant, which allowed the CEPP technical assistance coordinator to aid local stakeholders in developing a plan for sustainability and quality assurance during the final year of TPC. It bears noting that the efforts and progress emerging from the TPC initiative were also helpful in demonstrating Kentucky’s readiness to benefit from additional Second Chance Act funding to provide services to families of incarcerated and formerly incarcerated individuals.

In order to maintain continued political and financial support from leaders, stakeholders acknowledged that their work must reduce recidivism. The fact that TPC is a national model that has worked in other states helped stakeholders gain support before results would be available. Moving forward, Kentucky

would like to develop its own evidence-based practices in order to “contribute to, not just receive from, the corrections field.”

VII. Minnesota

Minnesota has a relatively small state corrections system, ranking 49th in incarceration per capita. However as several stakeholders noted, the state had one of the fastest growing prison populations when it joined TPC, making effective transition an increasingly salient issue. Minnesota applied to join the TPC initiative with transition practices and resources such as risk/needs assessment (using the LSI-R), facility-based case managers, interagency partnerships, and key offender change programs in place. In its application to participate in TPC, Minnesota indicated that working on a systems change reentry effort presented an opportunity to build on that foundation to change a reentry process that was “still somewhat reactive and crisis-driven,” integrate “fragmented” reentry efforts around the state, and extend core reentry practices beyond targeted interventions for relatively small groups of offenders.

As Minnesota’s TPC work began, it was seeking to build upon the Minnesota Comprehensive Offender Reentry Plan (MCORP) pilot. MCORP was piloted in three sites in Minnesota (Hennepin County, Ramsey County, and a multicounty consortium in Dodge, Fillmore and Olmstead Counties) with an approach consistent in many ways with the TPC model. The MCORP pilot incorporated assessment using the LSI-R, building individual case plans, case management incorporating motivational interviewing, and reduced supervision caseloads to allow for more extensive intervention. Early evaluation results found that MCORP reduced re-arrest by 37 percent and reconviction by 43 percent, although it did not have a statistically significant effect on supervision revocations (Minnesota Department of Corrections 2010). As Minnesota advanced in its TPC work, it became clear to the stakeholders involved that the first challenge that the DOC needed to meet was to develop an effective structure for TPC. This structure, involving a TPC steering committee internal to DOC, brought focus to Minnesota’s TPC effort and undertook the challenging tasks of gathering information on Minnesota’s disparate existing reentry practices, defining the processes by which reentry in Minnesota should be done, and developing an implementation plan to get there.

As indicated in **table 6**, there was substantial evidence of systems change in Minnesota over the TPC assistance period.

Table 6. Evidence of Systems Change in Minnesota

<p>TPC Structure and Collaboration</p> <ul style="list-style-type: none"> • Revised TPC planning structure to effectively facilitate reentry collaboration within the DOC • Developed an online training on TPC concepts for all DOC staff, as part of an effort to ensure that all levels of the organization were aware that a systems change effort was underway • Began the process of securing a TPC coordinator position • Created four working groups around priority TPC focus areas
<p>Implementing a System of Integrated Case Management</p> <p><i>Assessment and Case Planning</i></p> <ul style="list-style-type: none"> • Decided to implement the LS/CMI for both institutions and community supervision • Completed the MCORP pilot <p><i>Evidence-Based Programming</i></p> <ul style="list-style-type: none"> • Inventoried existing institutional programs • Began planning to review curricula of existing programs
<p>Assessing Practice and Measuring Performance</p> <ul style="list-style-type: none"> • Drafted a measurement framework as part of the TPC strategic plan • Monitored quality of assessments • Completed MCORP evaluation

TPC Implementation

TPC Structure and Collaboration

The core functions of Minnesota's state correctional system were distributed between the Minnesota Department of Corrections (DOC), which operates the prisons and provides post-release supervision in many parts of the state. Counties operate post-release supervision in accordance with the Community Corrections Act (CCA) in the 32 Minnesota counties, including all of those that participated in the MCORP pilot. DOC also provided post-release supervision in CCA counties for some specific populations, such as participants in Intensive Supervised Release (ISR) and the Challenge Incarceration Program (CIP). An early adopter of determinate sentencing, Minnesota did not have a releasing authority to grant parole.

Responsibility for oversight of the TPC initiative originally rested with the MCORP steering committee, established to oversee the MCORP pilot. The MCORP steering committee had representation from DOC, CCA counties participating in the MCORP pilot (including many of the most populous areas in the state), and community organizations. This structure for guiding Minnesota's TPC work was never seen as effective by TPC stakeholders. TPC entails a focus on the system level much broader than the mandate of overseeing MCORP, and it was not clear that the composition of a committee to do the latter was appropriate for the former. And while the MCORP pilot contained many elements of a TPC approach and was producing promising outcomes, it was unclear what the relationship would be between the MCORP model and Minnesota's statewide strategy for reentry.

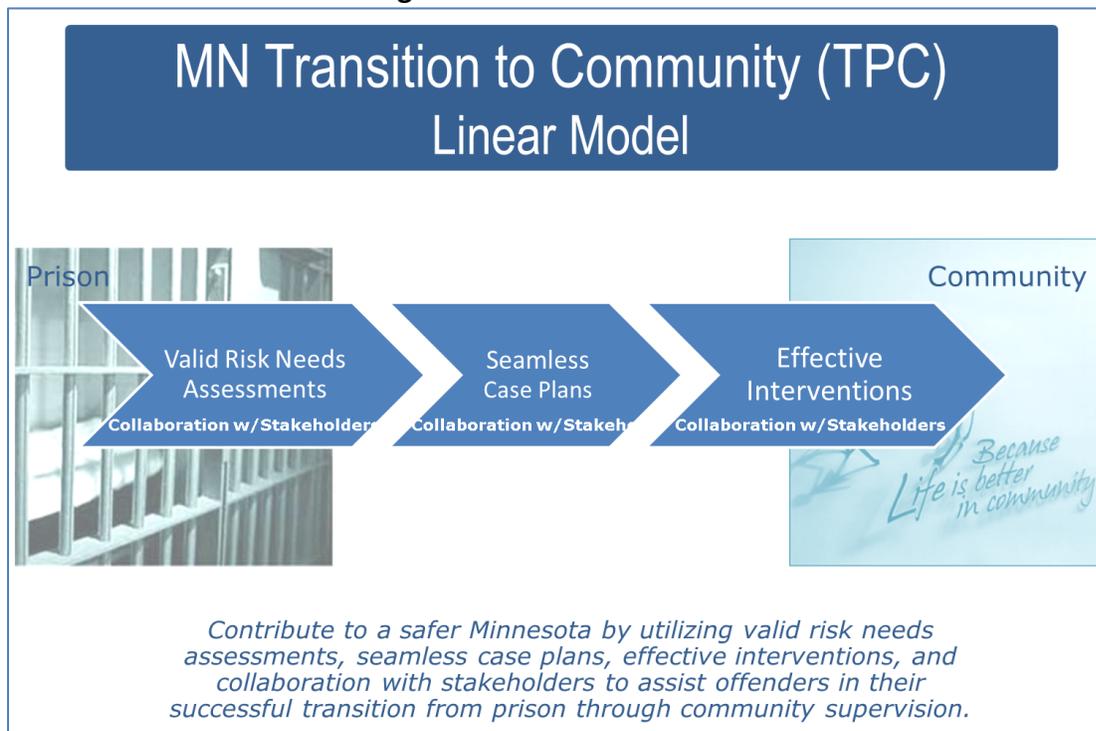
As a result, Minnesota reentry stakeholders described a situation in which momentum for the TPC work was not established, with little follow-through on tasks between meetings. Similarly, the TPC effort was not meaningfully extended beyond the small group constituting the MCORP steering committee. Coordination between the institutions and community supervision outside of MCORP was seen as a substantial gap by stakeholders. As one stakeholder put it, "reentry was barely on the radar in non-MCORP counties." The steering committee was described as not being good at "telling the reentry story" or generating written materials for distribution, which were necessary to build support and understanding of proposed systems change. In short, stakeholders were nearly unanimous that the TPC effort in Minnesota needed to be restructured and re-energized if TPC were to be successful.

A change in governor and DOC commissioner in 2010 provided an occasion to revisit how TPC was being carried out. MDOC leadership decided that the structure with which it began the TPC initiative was not adequate to the task of advancing a statewide strategy for reentry or engaging the necessary collaborative partners. Leadership of TPC work was transferred to a newly formed TPC steering committee in February 2011. Co-chairs of this steering committee, one a warden and one a field services regional manager, were selected to drive the TPC process. The co-chairs, who were respected and had credibility amongst their peers, injected new energy into Minnesota's TPC process. The TPC steering committee identified four key areas of focus: utilizing valid risk and needs instruments, development of seamless case plans, delivery of effective interventions, and building collaboration with stakeholders. They developed a model (see **figure 6**) showing the interrelation of these elements, and developed a working group to oversee it.

The change in leadership and structure helped the state set a direction, take ownership over the TPC process, and articulate its mission and vision. The steering committee developed a logic model to guide their work, and a small task force was formed to work on a DOC-specific implementation plan to revamp the state's case management system. The steering committee and its working groups met monthly, and

stakeholders felt that attendees were focused on working together. DOC also established an advisory board for the TPC effort, including the DOC commissioner and the entire executive leadership of the DOC.

Figure 6. Minnesota TPC Linear Model



The TPC steering committee was composed entirely of DOC personnel, reflecting a strategic decision to have the initial TPC work in Minnesota focus on “getting DOC’s house in order” before expanding the effort to external partners. In the eyes of most stakeholders, communication, coordination, and information sharing have improved significantly between the DOC institutions and field services, particularly among those at the highest levels of both branches. Stakeholders noted that, “we know each other anyway and have probably seen one another at training or in passing, but now, we are collaborating and learning together.” Informal learning through steering committee meetings and working group sessions appeared to have facilitated mutual understanding. The selection of co-chairs from DOC institutions and field services was also important in inter-branch collaboration.

Still, stakeholders thought that opportunities continued to exist to enhance reentry coordination within the DOC. For example, one stakeholder pointed out there are three different funding sources to assist returning inmates with housing—two administered by the grants and subsidies unit within the Community Services Division, and one administered through Field Services (which is also part of the Community Services Division). Understanding and navigating such an environment was a challenge, and consumed scarce time of individuals working on facilitating transition at the client level. Some stakeholders also felt that the establishment of DOC’s reentry unit had to some extent worked against shared internal ownership of the reentry issue. The new unit caused “the rest of the department to feel that [the reentry] unit is solely responsible for reentry and that no one else has to worry about it.”

Stakeholders involved in the TPC effort were very aware of the importance of moving beyond the TPC steering committee to obtain buy-in and support from line corrections staff. They described a past dynamic in which organizational change happened and line staff was frustrated by being the last to know that changes were coming, and being told *what* they were to do, but not receiving any explanation of *why* changes were being made. The TPC leadership in Minnesota was committed to ensuring that their systems change effort would communicate early and often with line staff to avoid replicating this dynamic. DOC administrators developed an online 30-minute training module for all levels of DOC staff to communicate that TPC was a philosophy and way of doing business, not a program. Staff was required to complete the module by June 2012. Leaders also put together a list of the top ten reasons why TPC matters to use as promotional material and to give to staff during trainings.

In general, stakeholders observed signs that support for reentry was building at the line staff level. One described, for example, how line staff began to change their thinking about what it meant to have “good boundaries” with the individuals who they monitor in the facilities and in the community. Before, boundaries had meant not engaging with offenders; now, as the stakeholder put it, “TPC has very subtly shifted the thinking of corrections officers and case managers such that good boundaries means knowing a lot about offenders, but them not knowing much about you.”

Although relations between institutions and DOC field supervision were improved, the DOC and the community supervision functions in CCA counties continued to operate without the optimal level of coordination. CCA practice in terms of use of assessment, case planning, and engagement of programming was believed to vary, and integration of that practice with the emerging DOC TPC framework was work that remained to be done as the TPC assistance period came to a close. That said, routine communication and collaboration with the CCA counties existed in venues such as a committee called “Closing the Gap” which was convened to enhance coordination between DOC and the CCA counties, but that work was separate from the TPC effort.

Outside of corrections, the Minnesota DOC had established several partnerships with state agencies to enhance reentry services by the time they started TPC work:

- The Department of Public Safety issued state identification cards to inmates through a mobile unit that went to different correctional institutions;
- The Department of Employment and Economic Development delivered employment readiness classes in the institutions and provided access to unemployment insurance records so that inmates were released with a documented work history;
- The Department of Human Services Child Support Enforcement Division (DHS) loaned the DOC a child support collection staff person who collects child support information from newly admitted inmates. However, some stakeholders felt that partnerships could be stronger with the Adult Mental Health and the Alcohol and Drug Abuse divisions of DHS;
- The Department of Veteran’s Affairs had “embedded” staff with DOC to work with incarcerated veterans.

As with the CCA counties, these partnerships existed outside the TPC structure. Although DOC has strong partnerships with external agencies, there was some concern that having no members of the TPC steering committee external to DOC meant that other state agencies “work in a parallel but separate path to TPC.” The DOC’s decision to focus on its own operations before including external partners in the process was done because “in order to serve as a credible source for external agencies, we have to present a united front,” but some stakeholders described the move as potentially “short-sighted and

counter-productive.” According to one stakeholder, “This is a DOC initiative, not a statewide initiative. There have been some new relationships and a little more communication and mutual understanding within the agency, but zero communication outside of DOC.”

At the local level, DOC developed partnerships with some law enforcement agencies; at any time, they could access information about who was on supervision and contact information for the supervising officer. Relationships with local service providers “depend on the amount of time [supervising] officers can invest in developing those relationships.” Transition coordinators in every facility were reaching out to local organizations and field services, with what one stakeholder hoped was “increased humility.” The interviewee went on to note that, “as corrections, we sometimes think that people need to come to us. Other organizations and agencies have had this [reentry] philosophy for years, and eventually, we acknowledge that this work is not new, but we’re ready to be involved.”

Minnesota had the Transition Coalition, which is chaired by a DOC employee and composed of non-profit agencies interested in reentry, or with other locally-based reentry coalitions, as well as local reentry collaboratives in Duluth and Minneapolis. These had not been integrated into the TPC work at the conclusion of the assistance period, and represented potential system capacity to tap in the future. “There were pockets of good work that never were used to inform the broader effort, in part because the state was never quite sure how to apply it,” was how one stakeholder described the situation. Another example of the potential for broad collaboration around reentry was the Housing Summit Minnesota convened in St. Paul in February 2011, with funding from the Public Welfare Foundation to support Second Chance Act grantees. The summit focused on the challenge of securing adequate transitional housing for individuals returning from prison, particularly those with mental health and substance abuse issues. The summit drew state and local stakeholders from across Minnesota, who expressed support for the creation of an interagency task force to continue to work on this issue.

While stakeholders believed that the new TPC structure was a viable process that would make change, several wanted to see the pace of change accelerated. One stakeholder commented, “everyone talks about lack of resources and capacity, but the main issue continues to be lack of focus and direction.” As the TPC steering committee moved to tackle the four priority areas it identified, participants struggled to prioritize and identify pieces of the work that they could begin making progress on. Partly in response to this, the TPC co-chairs initiated a process to secure a full-time TPC staff member or coordinator, recognizing that this was necessary capacity to move TPC forward. The co-chairs, while commended by all stakeholders for their commitment and leadership, had full-time jobs already, and articulated the need for someone who could attend to TPC on a day-to-day basis to facilitate an organizational change process as quickly as everyone involved wanted it to be done. This would allow the co-chairs to take a role of overseeing and guiding the TPC strategy, without having to attend to the granular details of implementation.

Implementing a System of Integrated Case Management

Assessment and Case Planning

Minnesota entered the TPC initiative with the LSI-R risk/needs assessment in place, but improving use of valid risk/need assessment was one of the four TPC priority areas of focus. It was DOC’s intention to move to the LS/CMI, and planning in this area focused in part on planning for how staff would be trained on this tool. Stakeholders felt that the way that staff were trained on the LSI-R, which they described as including no component on how assessment fit into the DOC’s overall strategy and purpose, created backlash from the staff responsible for the assessment. While stakeholders had a good degree of confidence in the quality of LSI-R assessments being conducted, and noted that good quality assurance

processes were in place for assessment, they felt that greater buy-in to the use of assessment for case planning and program referrals would be desirable. In other words, the assessments were being done properly, but it was uncertain whether assessment results were driving what happened to individuals. (Some stakeholders believed this was done better by supervision officers than in the institutions.) The TPC steering committee hoped to implement the LS/CMI in a way that secured increased staff buy-in to assessment in general. They also hoped to use assessment to a greater degree to identify priority target populations for intervention, and make program access more based on established need, and less on inmate volition.

Developing a seamless case planning process was another TPC area of focus. Participants felt that standardizing the case plans and case planning process would enhance Minnesota's reentry work. Stakeholders described a fragmented case planning process, particularly in the institutions, with case plans done for certain populations who were in certain programs, but not in a uniformed way for the entire population. In the institutions, plans were focused on housing and employment, and not being utilized to guide programming and treatment, as they were in community supervision.

A complete revision of the case planning process was a possibility, with a need articulated to establish standards for what a good case plan and case planning process should look like, so that all staff involved in case planning could do the work consistent with these expectations. Although leaders between DOC branches had begun to communicate and coordinate their work, at the conclusion of TPC TA provision, information did not follow inmates through the system, and local supervision agencies were still unable to access DOC's release plans. The lack of collaboration between DOC and CCA agencies also had implications for assessment and case planning, as DOC could not dictate policy in CCA counties. The shift to the LS/CMI, which differs from the LSI-R primarily by including case planning, will be an important process for working through these questions. Leaders noted that they must have internal clarity on why the state was adopting the LS/CMI (clarity that was greater relative to field services than for institutions), how the tool would influence case planning, how it would affect daily work, and how staff would be trained. This clarity would be necessary before they could productively discuss LS/CMI implementation broadly with staff.

The MCORP pilot, with its emphasis on integrating assessment case planning, case management incorporating motivational interviewing, and intervention-based community supervision, provided a model and testing ground for a statewide assessment and case planning process. However, it remained unclear at the conclusion of the TPC assistance process what elements of MCORP, if any, would become the basis for statewide practice. While all stakeholders acknowledged MCORP's success, with the MCORP case plan singled out for praise, some stakeholders said it was ultimately viewed as a "niche project" that was "ignored upon completion." According to one stakeholder, "people were generally happy with the results of MCORP, but they decided to declare victory and move on to TPC rather than incorporating [the two initiatives]." MCORP was considered "no longer operational."

While Minnesota concluded the TPC assistance period with much work remaining in ensuring that their case planning process was driven by risk and need, stakeholders did feel that the quality of their existing processes, particularly around assessment, had improved over the years. Through LSI-R implementation, and training staff in motivational interviewing, they provided them with important tools to do good case planning. The next step was to ensure that a process was in place to have everyone working together on a coherent case planning process spanning the point of release.

Evidence-Based Programming

Minnesota had substantial programming capacity available in both its institutions and in communities across the state. Stakeholders mentioned chemical dependency and sex offender treatment programs as particular areas of strength, but also noted that the state needed many more chemical dependency treatment slots than they had. Pre-release services and classes existed in all the DOC institutions, as did reentry resource centers and reentry staff. The partnerships with non-DOC agencies discussed earlier provided additional capacity to aid with reentry, as did the creation of positions such as a housing coordinator position in the DOC to assist with developing housing options for returning inmates. The quality and availability of community-based treatment and services varied considerably across the state. Limited services in rural areas was an ongoing challenge, with long waiting lists for those in need of treatment and services, as well as issues with getting returning inmates necessary medication without a gap. While extensive community resources existed in many areas willing to work with offenders, as one stakeholder pointed out, “It has been difficult for reentry planners to know which organizations are out there.”

Delivering effective program interventions was one of the four focus areas identified by the TPC steering committee, and its efforts focused on improving the processes by which people were directed to programming, and ensuring the quality of programming in general. The first area was closely connected to the work on seamless case plans, which were intended to be the mechanism to match program participation with assessed need. As previously discussed, the perception of stakeholders was that assessment results drove program recommendations to a much greater degree in field services than in the institutions. An initial step to address this undertaken by the TPC steering committee was the development of an inventory of existing institution-based programming intended to reduce risk, which had not previously existed. A next step, already begun at some institutions as the TPC period concluded, was the sorting of available programming by LSI-R domain, so that case planners would have clearer guidance regarding what program options were appropriate for what identified needs. This sorting would also contribute to system planning, by making it clearer where there were gaps between assessed needs in the population and program capacity in the system. Similar efforts were necessary on the community side.

In parallel with the inventorying of existing program, the TPC steering committee planned to develop a process to look systematically at program quality—whether programs were evidence-based and delivered with fidelity to their program model. As one stakeholder articulated, “some programs are evidence-based and if implemented with fidelity, would address needs; other programs are not evidence-based and would not address needs even if implemented perfectly.” The TPC steering committee planned to begin by gathering and reviewing program curricula to see whether programs were evidence-based and a second step would be to gauge program fidelity as practiced. Again, a similar effort was needed on the community side, with the added issue of determining how widely to cast the net. There are a large number of community programs in Minnesota, not all of which may need to be held to the same standard of evidence-based practice, even if it were it feasible to review them all.

A general commitment within DOC to evidence-based practice was noted by a number of stakeholders, which was an important asset at the outset of the program review process. A concrete example of this was a stakeholder who noted that DOC’s pre-release classes were not evidence-based, nor were they tied to assessment results. This stakeholder recognized these as significant gaps, and indicated a strong desire to change the program as necessary to address them.

Assessing Practice and Measuring Performance

The TPC steering committee focused much of its efforts on developing two documents: a *current state* assessment of Minnesota DOC reentry practices as they existed in 2012, and a *future state* document that lays out a vision for reentry in Minnesota in the years to come. Both documents were organized around Minnesota’s four TPC focus areas:

1. Utilizing a valid risk needs assessment
2. Seamless case plans
3. Effective interventions
4. Collaboration with stakeholders

Table 7. Proposed Minnesota TPC Performance Measures

Utilize Valid Risk Needs Assessments	Utilize Seamless Case Plan	Utilize Effective Interventions	Collaboration with Stakeholders
# of offenders assessed within __ days of intake	% of target pop offenders with a case plan	% of programs offered within the facility identified as EBP using a validated ratings tool	% reduction in security level
% of high risk offenders reassessed annually during incarceration	% of case managers/agents trained on motivational interviewing	% of programs offered under community supervision identified as EBP using a validated ratings tool	% of offenders receiving case planning services who are convicted of a new felony
% of (target pop) offenders reassessed at scheduled release date	% of case managers/agents trained on SMART goal setting	% of target pop offenders successfully completing EBP programming	% of offenders receiving case planning services who are rearrested
% of target pop offenders assessed annually while on supervision	% of case plans reviewed within one month of the established time interval	% of EBP programming taught in a way that adheres to the intended curriculum structure	% of offenders receiving case planning services who are re-incarcerated
% of target pop offenders reassessed at discharge from supervision that show a reduction in score	% of agents who receive a copy of the offender’s case plan within 10 days of release	% of offenders appropriately placed in programs based on risk needs.	% of staff trained on TPC
% of accurate assessments determined by quality assurance processes	% of accurate case plans determined by quality assurance processes	# of gender responsive programs offered	% of offenders receiving case planning services who have 3 or more residential moves within the first year of release

This type of information-gathering effort was important in a Minnesota reentry environment characterized by many as being fragmented. Planning to bring the greater degree of cohesion and coordination, which stakeholders universally named as their primary hope for Minnesota’s TPC effort,

required solid information regarding how Minnesota's reentry processes currently operated. This information gathering effort involved a wide variety of individuals operating through four sub-committees based on the TPC focus areas, and generated an impressive amount of information. This challenged the TPC steering committee to synthesize that information and develop an action plan for improvement. Although stakeholders acknowledged that the products of this endeavor will ultimately help guide the reentry effort, some felt frustration at what they characterized as the slow pace of the current state information gathering. They hoped that the future state articulation would go more quickly, and lead to concrete changes in a short period of time. Other stakeholders, however, wanted to ensure that all changes associated with TPC were undertaken with appropriate deliberation, and as part of a clear overall strategy. They acknowledged that doing so would result in a slower process, but believed that it would produce better and more lasting changes.

DOC established process and outcome measures for MCORP, but there was no statewide performance measurement system to monitor reentry. Minnesota stakeholders acknowledged the importance of measurement, and the TPC sub-committees proposed performance measures related to each TPC focus area. According to one stakeholder, although the DOC was limited "in the amount of data that can be pulled, it can also do a lot more with what it has than current practice." In support of this view, research capacity was added to the steering committee, which helped direct conversations toward measurement. The proposed measures are presented in **table 7**. While some stakeholders described limitations on the DOC's ability to pull data, the DOC research unit's track record of producing quality studies and analyses, such as the MCORP evaluation, indicate that there was considerable capacity in this area.

In addition to performance measures, in the years prior to TPC DOC had focused on quality assurance in its risk assessments, trainings, and programs. The department implemented peer reviews to assess inter-rater reliability, video assessment, and some automated agency-wide comparisons on LSI-R scores to ensure that they were normed correctly and administered consistently.

Sustainability and Next Steps

After the restructuring of the TPC effort in Minnesota, there was increased excitement about systems change work in accordance with the TPC model and greater engagement in the process. In order for TPC work to be sustained, it must have the support from top leadership (commissioners, deputy commissioners) and lower levels of the organization (line staff). Mindful of this, the TPC steering committee was working on a strategy to broaden support from both levels. In addition, they identified designation of a staff person to devote their full attention to moving the TPC process forward as a key need for success, and were working to secure this position.

In addition to securing the TPC coordinator position, Minnesota needed to finalize its TPC strategic plan, facilitate the implementation of the LS/CMI, define the expectations for case planning and case management, and continue its review and categorization of existing programs, both in terms of criminogenic need addressed and target population. Finally, Minnesota's TPC leaders needed to determine at what point they would go beyond internal work in the DOC to engage and involve external partners in their TPC effort.

VIII. Tennessee

Tennessee joined the TPC initiative as a learning site at a time of great change in its corrections practice. The Tennessee Department of Correction (TDOC) and the Board of Probation and Parole (BOPP) began collaborating on a Joint Offender Management Plan (JOMP) in fiscal year 2008-09. The focus of the JOMP was reduction of correctional costs to the state, particularly through reducing parole and probation revocations. Key leaders of the JOMP effort had identified the TPC model as a guiding framework for achieving recidivism reduction, and thus, many elements of the JOMP were consistent with the TPC model, including reliance on assessment (using the LS/CMI), development of a unified case management plan (the Transition Accountability Plan/Behavior Intervention Goals, or TAP/BIG) from sentencing, prison intake, transition and reentry to parole supervision, building staff skills to enhance motivation, housing of social workers in BOPP probation and parole offices to guide treatment planning, and implementation of evidence-based programming (Thinking for a Change) in each region of the state. Obtaining technical assistance through TPC participation afforded Tennessee the opportunity to broaden and deepen their approach to systems change in facilitating transition to enhance public safety.

Table 8. Evidence of Systems Change in Tennessee

<p>TPC Structure and Collaboration</p> <ul style="list-style-type: none"> • Created a sustained, cross-agency planning and implementation process through JOMP • Enhanced trust, communication and mutual understanding between institutional corrections, the releasing authority, and community supervision • Placed reentry high on the agenda of the Criminal Justice Coordinating Council and the Public Safety Subcabinet Working Group • Identified a number of strategies to gain staff buy-in to the TPC effort • Decentralized the TREC working groups to better facilitate collaboration with local communities • Partnered with the Department of Mental Health and Developmental Disabilities to allow access to the Treatment Services Network for parolees and probationers • Maintained TPC effort despite numerous changes in leadership and structure
<p>Implementing a System of Integrated Case Management</p> <p><i>Assessment and Case Planning</i></p> <ul style="list-style-type: none"> • Implemented the LS/CMI for both institutions and community supervision • Secured buy-in from the Parole Board to the extent that they were utilizing LS/CMI information for all individuals appearing before the Parole Board to inform release decision-making • Issued a TDOC quality assurance policy for the LS/CMI • Fully implemented a TAP/BIG case planning process spanning institutions and community supervision • Trained institutional and community corrections staff on the motivational interaction framework • Revised release decision-making guidelines to replace the previous risk assessment with the LS/CMI, support directing institutional programs to high- and medium-risk inmates, and focus condition-setting on criminogenic needs <p><i>Evidence-Based Programming</i></p> <ul style="list-style-type: none"> • Developed prioritized register program to allocation prison-based programming based on LS/CMI score, proximity to release, and BOPP requirements • Expanded TDOC program capacity by 600 slots without additional funding • Built BOPP partnership with TDMHDD to access Treatment Services Network slots to provide substance abuse treatment for parolees and probationers • Hired social workers in 21 BOPP offices to assist with assessments, refer offenders to substance abuse treatment, and provide other services to support clients
<p>Assessing Practice and Measuring Performance</p> <ul style="list-style-type: none"> • Routinely collected and reviewed JOMP performance measures

When it applied to participate in TPC, Tennessee had a prison population at just over 27,000, with an average length of stay at 75 months. About 40 percent of admissions were the result of a supervision violation. The components of an effective reentry system—a validated risk/needs assessment, transition planning, case management, and evidence-based programs—were lacking for the approximately 14,000 inmates housed in its state facilities.

As indicated in **table 8**, there was substantial evidence of systems change in Tennessee over the TPC assistance period.

Tennessee was able to make significant progress in strengthening partnerships, particularly between institutions, the releasing authority, and community supervision, and developing a system of assessment and integrated case management during its participation in JOMP/TPC. Tennessee fully implemented the LS/CMI, providing training to staff and ensuring that all inmates were assessed at intake and periodically through their incarceration/supervision, and had a TAP/BIG case plan begun and passed off to community supervision at release. Most staff were also trained in techniques of motivational interviewing—which TDOC and BOPP administrators placed into a framework named “motivational interactions” to make the concept more relevant to corrections staff. They also expanded intervention capacity in the institutions and the community, most notably tapping into the Tennessee Department of Mental Health and Developmental Disabilities’ (DMHDD) Treatment Services Network. The BOPP revised its release decision-making guidelines to better conform to evidence-based practice, incorporate LS/CMI information, support directing institutional programs to high- and medium-risk inmates, and focus condition-setting on criminogenic needs.

TPC Implementation

TPC Structure and Collaboration

Tennessee’s state correctional institutions were administered by TDOC, whereas the BOPP was responsible for discretionary releases to parole as well as operating both parole and probation supervision. Near the conclusion of the TPC assistance period, Tennessee elected to move the responsibility for operating supervision from BOPP to TDOC; this operational change was scheduled for completion by December 31, 2012. In addition to the TDOC facilities, a significant portion of state sentenced inmates were housed in either county facilities (29 percent) or privately operated facilities (19 percent).

Around the time that the state joined the TPC initiative, the legislature chartered an effort known as the Joint Offender Management Plan (JOMP). Led by TDOC and BOPP, JOMP had the long-term goals of reducing offender recidivism and the long-term cost of corrections, and a short-term goal of saving \$64 million over fiscal years 2010 and 2011. Reduction of parole and probation revocations, which accounted for about 40 percent of prison admissions in 2008, was a consistent JOMP focus. A JOMP committee composed of the executive leadership of TDOC and BOPP, as well as a representative from TDMHDD began meeting monthly to oversee the effort. The JOMP effort was set to conclude in July 2011.

After selection as a TPC site, Tennessee’s correctional leaders opted to formally integrate TPC work with JOMP, designating the JOMP committee as both the TPC policy and implementation team. The common focus on improved public safety, the membership on the JOMP committee of the key TDOC and BOPP

leaders necessary to advance TPC work, and the inclusion of implementing TPC model components such as assessment and case plans into the JOMP made this a logical choice. There was some concern, however, that the two initiatives differed enough in mission and goals that they could steer the state in opposite directions.

As the JOMP process unfolded, this concern proved unfounded. Stakeholders interviewed for this evaluation described JOMP/TPC (the two were generally discussed as a single undertaking) as a process that continuously brought leaders to the table to solve problems and think about how to better use resources with greater coordination and effectiveness. JOMP provided a structure for TPC and kept reentry on the radar for the governor and legislators, and the TPC assistance contextualized cost-saving strategies within a reentry framework and oriented the group toward the future. In the estimation of stakeholders interviewed, TPC participation broadened the horizons of JOMP, which in the absence of TPC “would have looked similar and felt good to both agencies, but also ran the risk of being just about dollars and cents. TPC helped us integrate all aspects of reentry.”

Stakeholders felt that the JOMP/TPC process strengthened what were already positive relationships between TDOC and BOPP, and created a collaborative, problem-solving approach to recidivism-reduction strategies. They considered trust, communication, and understanding across the agencies as being better at the conclusion of the JOMP period than they had been in any respondent’s memory. A powerful example of the extent of this collaboration came when TDOC transferred \$10 million to BOPP to fund the purchase of the LS/CMI, as well as to cover the costs of training and implementation.

In addition to the JOMP committee, there were several collaborative bodies that devoted all or part of their work to transition to the community from state prisons during the TPC assistance period.

- **Tennessee Reentry Collaborative (established 2004):** The Tennessee Reentry Collaborative (TREC) was created by TDOC and BOPP shortly after the reestablishment of TDOC’s Division of Rehabilitative Services in an effort to provide “a continuum of services for all offenders reentering society in order to reduce recidivism and promote public safety” (Tennessee Department of Correction n.d.). TREC was composed of a variety of reentry stakeholders, including representatives from a number of state agencies and community-based organizations. It was chaired by a TDOC Assistant Commissioner for most of the TPC period.
- **Criminal Justice Coordinating Council (established 2010):** The CJCC was established by Governor Bredesen via executive order as a body to advise the governor and legislature on public safety policy. Reentry was part of its purview. CJCC members included the TDOC Commissioner, the BOPP chairperson, the Commissioner of the Department of Children’s Services, one state senator, one state representative, the executive director of the Select Oversight Committee on Corrections, one county executive or city mayor, one presiding criminal court judge, one presiding juvenile court judge, one public defender, one district attorney general, one chief of police, one county sheriff, and representatives of the business, academic, non-profit, faith, and victims’ rights communities.
- **Governor’s Public Safety Subcabinet Working Group (established 2011):** Governor Haslam established a public safety subcabinet working group to develop and implement a public safety action plan designed to have a significant impact on crime in Tennessee and to help create “a climate in communities across the state that fosters the creation of more and better jobs” (Tennessee Subcabinet Working Group 2012). The subcabinet included representatives from several public safety and health and human service agencies, including TDOC and BOPP. The Subcabinet Working Group focused on six core public safety areas, including reentry (repeat offenders).

JOMP fulfilled its legislative mandate in July 2011, and the group ceased to meet on a regular basis. Several stakeholders expressed concern that the dissolution of JOMP dealt a serious blow to the momentum and collaboration generated over the prior two years. One stakeholder felt that “the two agencies went their separate ways,” and that the lack of coordination and “single point of accountability with an inmate [made it easy for] offenders to manipulate the system.” Supervision revocations and prison admissions began rising again after seeing marked decreases during the JOMP period. Out of concern that the dissolution of JOMP would impede the advancement of reentry work, including TPC, a smaller workgroup of TDOC and BOPP staff convened a cross-agency working group to discuss next steps in continuing the JOMP and TPC work. Also subsequent to the completion of JOMP TDOC and BOPP worked together through Process Actions Teams (PATs) to develop a system to allow for the transfer of supervision of adult offenders to TDOC. These twelve teams, consisting of 75 members, met over a nine week period to share information and address issues impacting offenders.

The group agreed that there was a need for a statewide reentry council and determined that the structure and membership of the Criminal Justice Coordinating Council (CJCC) made that body ideal for the purpose. TPC stakeholders described the council as “powerful in its ability to influence local reentry policy and have the ear of the governor.” Focusing the CJCC on reentry also held the potential to resolve some of the council’s ongoing challenges in clarifying its mission, engaging participants, and focusing its efforts on one particular aspect of public safety. The council agreed to assume responsibility for developing local reentry policy recommendations, and for leading the state’s reentry work.

Concurrent with this shift in reentry leadership to the CJCC, the Governor’s Public Safety Subcabinet Working Group released a report in January 2012 recommending that the state cut the rate of repeat offenders by creating a more seamless system to oversee all aspects of an offender’s contact with the state correctional system to ensure continuity and accessibility; develop more collaborative, coordinated services for offenders who return to the communities of our state; instill more accountability; and focus more on effective drug treatment. However, this group was described as “moving along a parallel track [with TPC] but not necessarily coordinated.”

The recent legislative mandate to transfer management of community supervision from BOPP to the Department of Corrections would also impact collaboration on these issues. BOPP would retain releasing and revocation authority, but not supervise offenders. The directive, developed in response to the state’s budget crisis, appeared to be well received by both agencies and was expected to galvanize reentry efforts as everyone is “committed to improving reentry and wants to function as a team.” It also offered the opportunity to identify and eliminate duplicate services, saving money for possible reinvestment in additional programming; provide more opportunities for in-reach by the field into institutions, possibly enabling greater use of video conferencing to connect inmates with parole officers and family; allow institutions to provide assistance to released inmates who would previously have been “outside of their care and custody”; and facilitate transfers of data and a more seamless process for transition planning. Stakeholders envisioned a “seamless process from intake to supervision” that “moves the two agencies forward light years.” In order to coordinate the two agencies, a top-to-bottom review was conducted to help administrators determine how to integrate field services into the existing DOC structure. As noted above, 12 process action teams were formed to address consolidation of the two agencies; the teams reviewed current practice, evaluated the success of those practices, and made recommendations.

Collaboration in system efforts like TPC occurs not only across agencies, but between the leadership and line levels within agencies. Gaining staff buy-in to the transition work was named as a challenge and a priority by leaders in Tennessee. The JOMP leadership conducted an online survey of 15 key JOMP stakeholders, eight listed organizational change and culture as the top priority for JOMP/TPC work. To facilitate staff buy-in, Tennessee partners:

- **Recognized employees:** Tennessee correctional leaders described developing employee recognition programs to honor those who have embraced the concepts of fostering offender rehabilitation and were putting those concepts into practice.
- **Repackaged familiar principles:** One stakeholder noted that making information new and challenging, particularly when delivered during training, will engage staff. Staff were more likely to resist if they had “heard it all before.”
- **Gained support from middle managers:** One stakeholder felt that securing support from middle managers was the most important step in securing the support of staff, as these individuals are responsible for communicating messages from leaders to line staff and managing them day-to-day.
- **Placed activities in the context of the larger initiative:** Stakeholders described the need to communicate to line staff that TPC was a statewide initiative, not just about one type of inmate or one type of program. One stakeholder commented that “you can have the most programs in the world, but without leaders who clearly understand and can articulate need, the initiative will not be successful.”

While the JOMP/TPC effort was primarily about increasing collaboration within the correctional sphere, partnerships with state agencies outside of the public safety system were considered as well. The only agency represented in the JOMP process outside of TDOC and BOPP was DMHDD, which worked closely with BOPP to tap into a collective of community-based treatment providers in Tennessee funded by the U.S. Substance Abuse and Mental Health Services Administration known as the Treatment Services Network (TSN). The collaboration between the two agencies resulted in a memorandum of understanding whereby the DMHDD agreed to allocate a number of treatment slots for BOPP clients. The DMHDD continued to demonstrate support for reentry work by reallocating \$600,000 of its block grant dollars to the TSN to serve more clients. As one respondent articulated, “it’s not about what they say but what they do—if they share money, it’s a sign that collaboration is strong.” Although not formally involved in JOMP/TPC, the Department of Labor and Workforce Development and Veterans Administration were characterized as strong partners, as well as the CJCC’s executive director, who became informally involved in the JOMP/TPC process to gain knowledge of the activities being considered and undertaken. Partnerships with other state agencies have been less developed, in part because of concerns about mission creep. One concern voiced regarding partnership between correctional and human services agencies was the need to have clear boundaries to ensure complementary work. As one stakeholder articulated, “We want to work together to serve common clients in a way that does not conflict or overlap, and that perhaps enhances services . . . we cannot get involved in other agencies’ work.”

Collaboration with local partners was more extensive, largely due to the existence of TREC as a mechanism for coordinating these partnerships. During the TPC assistance period, TREC decentralized, moving from a statewide (and heavily Nashville-centric) body to eight locally-focused collaboratives (in Chattanooga, Clarksville, Franklin County, Jackson, Knoxville, Memphis, Nashville, and the Tri-Cities). These collaboratives were intended to be the main vehicles for engaging local partners in the reentry effort. During the TPC period, TDOC and BOPP took a more active role in local TRECs by designating a BOPP manager, supervisor, or officer to chair or co-chair each area’s TREC. This was done to ensure

greater collaboration among local criminal justice agencies, service providers and parole/probation supervision. In many ways, TREC served as the public face of reentry work in Tennessee, with the JOMP committee doing the behind the scenes work.

At the conclusion of the assistance period, the TRECs were looking to national models that included district attorneys, judges, and public defenders, who were previously absent from this work, and TDOC and BOPP were moving forward with a plan to assist the TRECs in expanding to include more local criminal justice stakeholders. TDOC and BOPP planned to continue to coordinate the TREC's; the CJCC would provide additional support by providing information about potential resources (state and federal) and coordinating their responses so the TRECs didn't compete against each other for funding, and to assure a more coordinated and collaborative approach to expanding and solidifying their efforts locally. The CJCC had also agreed to develop a plan for future data collection and analysis to track referrals, assess the impact of local reentry undertakings, and otherwise monitor progress and effectiveness.

Tennessee JOMP/TPC stakeholders identified judges and district attorneys as two groups whose buy-in to the effort was critical. TPC stakeholders agreed on the need to educate district attorneys and judges about the TPC initiative (including its goals and major activities), in part in hopes that judges would consider an inmate's risk when developing sentencing recommendations. The support of these groups is not only critical for ensuring a continuum of reentry, but also in enlisting them as advocates to the legislature. County jails, which house a larger number of state prisoners, represented another partner to engage in TPC, as they were not touched by the assessment, case planning, and intervention continuum developed through the JOMP/TPC process. Unlike inmates in TDOC facilities, state-sentenced jail inmates did not receive an LS/CMI. Instead, each inmate was assessed using the Parole Prediction Scale and Guideline form. That assessment was used in the releasing recommendation and paroling decision. Because the LS/CMI was not being used in the local jails, the revised parole guidelines could not be applied. BOPP was addressing this issue as part of its strategic plan.

While Tennessee concluded the TPC assistance period examining how to distribute roles and responsibilities for overseeing continued advancement of its TPC strategy between the TPC working group, CJCC, and the TRECs, a substantial partnership achievement is the degree to which TPC momentum was maintained despite many changes in key personnel. A new governor was elected midway through the TPC period, resulting in a new TDOC commissioner. Key staff at both TDOC and BOPP left at various points in the effort. The JOMP committee completed its work, and planning began to move the supervision function from BOPP to TDOC. The fact that TPC activity never ceased throughout all these changes indicated the extent of commitment and partnership developed within Tennessee.

Implementing a System of Integrated Case Management

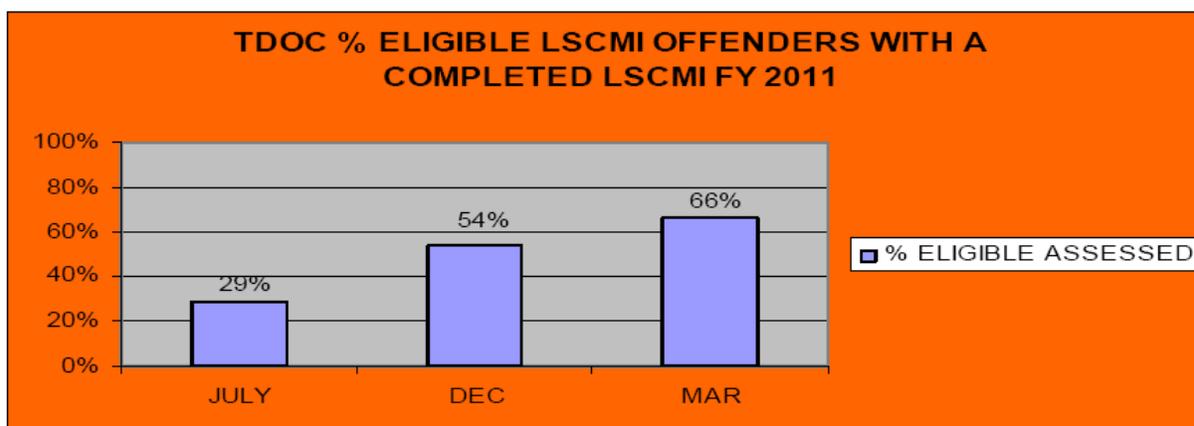
Assessment and Case Planning

During the TPC participation period, Tennessee completed implementation of the Level of Service/Case Management Inventory (LS/CMI) as their tool to gauge risk and need levels with both the institution and community supervision populations. TDOC and BOPP agreed to jointly use this tool, and it was applied to both parolees and probationers. TDOC began LS/CMI implementation by assessing all prison admissions at intake, then assessing all inmates who were within six months of their parole hearing. As shown in **figure 7**, two-thirds of eligible TDOC inmates had an LS/CMI score by March 2011, and implementation had reached the point at which all inmates appearing at a parole hearing had an LS/CMI score. Once this was achieved, TDOC worked to assess the remainder of their stock prison population.

BOPP began assessing people coming on to parole or probation supervision, and applying the LS/CMI at annual case reviews for the stock population. TDOC and BOPP agreed to share LS/CMI scores between their agencies, avoiding duplication of assessments and leading to a more seamless transition process.

Although stakeholders described initial resistance from some staff who felt that the LS/CMI duplicated information already obtained through the inmate classification system, interest and support for the tool quickly spread throughout the institutions and among public safety partners. Stakeholders described increasing buy-in to the use of assessment from corrections and supervision staff as they gained an understanding of how risk could be used to make more informed programming and classification decisions and began to rely on scores to guide their interactions with inmates. As the JOMP process advanced, members of the Parole Board began requesting that LS/CMI assessments be conducted for all inmates appearing in parole hearings as soon as possible, so that this information could be considered in release decisions. One stakeholder described being “thrilled that the Board is demanding LS/CMI scores and using those scores as a primary tool in [its] decision making.”

Figure 7. Tennessee LS/CMI Implementation, FY 2011



Source: Tennessee JOMP Steering Committee

The BOPP’s increased comfort with risk assessments and desire to use LS/CMI in its release decisions led Board members to consider, in the words of one stakeholder, “how to best serve high-need, low-risk inmates . . . [I]f a service can be provided in the field, why not transfer the inmate there?” However, a stakeholder interviewed near the conclusion of the TPC period indicated that assessment and case management information were not always used in accordance with a risk and need-driven reentry strategy. Issues included some staff not fully understanding how to interpret the LS/CMI and how assessment information should guide case management, and Board members going beyond program recommendations contained in a TAP and ordering inmates to complete additional, non-TAP-required programming. Such issues were the focus of ongoing training and education efforts. BOPP also began actively trying to acquaint judges with the LS/CMI and encouraging judges to incorporate these scores into their presentence reports to integrate the results of this tool into Tennessee’s work with probationers as well.

LS/CMI information provided TDOC and BOPP with information about the need profile of their population that was valuable in determining where more intervention resources might be necessary. For example, the Leisure and Recreation domain of the LS/CMI was consistently one with the highest

indicated need across the population. Yet TDOC had not been able to make any referrals based on this domain due to a lack of programming in this area. In response, TDOC added four additional pro-social life skills programs to expand the system's capacity to meet this need.

Scores from the LS/CMI were used to develop the TAP-BIG at intake. (BIG stands for "Behavior Intervention Goals," the BOPP component of the plan.) The TAP-BIG was designed to be a single case planning process to serve both the institutional and post-release reentry phases. Counselors reviewed assessment scores, organized them into domains or "target zones," created a TAP, and then used the plans in conjunction with an inmate's expected length of stay to prioritize programming. Counselors attempted to place inmates in programming that addressed their highest priority target zone, but if programming was not available, they would move on to the second highest priority zone. When an inmate was released, BOPP would review and update the plan and the status of programming/progress and then determine what conditions still need to be met within the community.

In addition to implementing the LS/CMI and TAP/BIG as tools to facilitate effective case management, building staff skills to work with clients was an important element of the JOMP/TPC work. Leaders in TDOC and BOPP pushed for the widespread adoption of an offender interaction approach based on motivational interviewing (MI) techniques, which they named "motivational interaction" in order to reinforce the message that this type of communication should occur on a regular basis with offenders, not just while conducting an assessment or "interview." Institutional and community corrections staff were able to relate to this term because it was more reflective of the work that they did with offenders. Stakeholders wanted to make motivational interaction the mode of communication for all staff down to the parole/probation office and corrections officer levels. Training on motivational interactions was completed in May 2011.

Although the process usually worked as designed, some stakeholders noted that there remained a need to strengthen the application of LS/CMI information and to make sure that it informed case management and supervision strategies. There also appeared to be a need for quality control in implementing assessments. One stakeholder expressed the concern that "an LS/CMI in Knoxville may not get the same results as an LS/CMI in Memphis." TDOC issued a quality assurance policy for the LS/CMI in March 2011 including provisions that supervisors had to be certified in LS/CMI, and that they monitor at least one interview per quarter for each subordinate. An audio recording of those interviews would be done and maintained for one year. The policy also created institutional review teams with random assignment of reviewers to assessors.

An important development supporting Tennessee's TPC assessment and case planning direction was a number of changes in release decision-making practice undertaken by BOPP. The TPC national initiative and the National Parole Resource Center jointly assisted BOPP in devising and implementing revised release decision-making guidelines. The revised guidelines replaced the risk assessment BOPP had previously used to guide release decisions with the LS/CMI, guiding hearing officers (HOs) and Board members to only consider the institutional program participation of high- and medium-risk offenders (thereby ensuring that lower-risk offenders would not be placed in programming intended for riskier offenders in order to facilitate their parole), and suggested placing release conditions targeting established criminogenic needs. The BOPP approved the guidelines in June 2011, and planned to implement them once training was completed. Guideline training for all Board members, HOs and institutional parole and probation officers (IPPOs) was completed in November 2011. The guidelines were implemented in February 2012, and the BOPP was evaluating a plan to measure the results of guideline implementation as the TPC assistance period concluded.

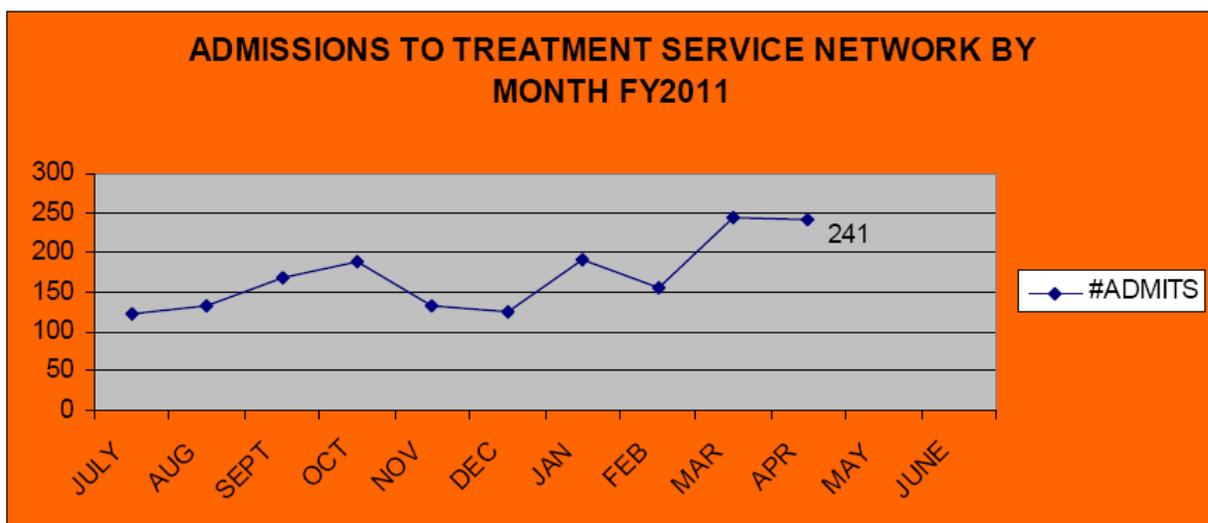
Evidence-Based programming

As implementation of the LS/CMI and TAP/BIG case plans advanced, a parallel effort was undertaken to refer inmates and parolees (as well as probationers) to programming to address each need area. TDOC concluded the JOMP period with 7,286 total program slots associated with criminogenic needs measured by the LS/CMI. Almost all were filled at any point in time, even with an additional 600 treatment slots TDOC created between April 2009 and April 2011 by retraining and redeploying staff. TDOC developed a prioritized register system to manage the waiting list of inmates for programming to which they had been referred. Individuals moved up the list based on LS/CMI score, time to release, and any BOPP recommendations.

Tennessee worked to increase their capacity to deliver cognitive-behavioral programming, implementing Thinking for a Change (T4C) in both the prisons as part of pre-release services, and the community through BOPP. At the end of TPC assistance, TDOC also operated several therapeutic community substance abuse treatment programs. Educational and vocational programming, including TRICOR, Tennessee’s prison industries operation, were named by stakeholders as areas of strength. Despite these offerings, stakeholders universally and consistently reported the need for more treatment capacity in the prisons than was available during the TPC period.

Community resources were generally more available, although there was substantial regional variation. The most significant progress on community-based programming during the TPC period was the partnership between the DMHDD and the BOPP to provide substance abuse treatment services to parolees and probationers. In order to support community work, funding was transferred from TDOC to BOPP to access a certain number of slots in TDMHDD’s Treatment Services Network—the community-based substance abuse provider network. As **figure 8** demonstrates, enrollments in the Treatment Services Network increased steadily throughout the JOMP period. Tennessee stakeholders noted that the ability to access the Treatment Services Network represented a significant improvement in their ability to deliver community-based risk reduction interventions to the community supervision population.

Figure 8. Treatment Service Network Admissions, July 2010 to April 2011



Source: JOMP Steering Committee

BOPP also hired 24 social workers located in 21 offices throughout the state to assist with assessments, refer offenders to substance abuse treatment, and provide other services to support clients. This arrangement substantially increased BOPP's ability to deliver community-based programming. TREC helped increase the number of service referrals made for those leaving TDOC and was relied upon heavily by individuals in the institutions and community. Although TREC made meaningful progress in pushing for greater service availability for returning offenders in Tennessee, it was limited by being a volunteer group with no dedicated resources to support its work. Tennessee included a number of additional community-based mechanisms to reduce risk or avoid supervision revocations.

Stakeholders believed that significant variation existed in the level of case management and services provided to inmates releasing to a populous county compared to more rural parts of the state. Stakeholders described a lack of basic reentry services in rural areas, with some counties unable to offer any alcohol or drug treatment. One of the most crucial services needed in rural areas was transportation for inmates trying to make appointments. BOPP secured a grant to assist with transportation for offenders in rural areas, and saw improved outcomes. Rural areas had also been the hardest hit during state and local budget cuts, and the small size of the BOPP staff in these areas made it harder to have the flexibility for supervising officers conduct programming directly. Case planning and management also continued to be challenging for the population of inmates who will be released upon the expiration of their sentence.

In communities that had significant resources, those resources may have been underutilized because case planners in the facilities did not know about them. Case planners began relying on parole and probation officers to provide information about what services and programs were available. Conversely, some stakeholders commented on an issue with over-programming—that is, the ongoing belief that every inmate should be in programming at all times. One stakeholder noted that not all facilities need all programs, and that individuals who would not be released for several years may not be the best for program placement. Planning for the next steps in Tennessee's reentry work focused in part on the need for quality assurance and clear guidelines as to what should happen before an inmate or client can complete a course.

Assessing Practice and Measuring Performance

TDOC and BOPP developed a consistent set of performance measures for the JOMP process, and reviewed those measures as a routine part of every monthly JOMP Committee meeting. JOMP measures included:

1. Number of staff trained in LS/CMI
2. Number of staff trained in motivational interactions
3. Program referrals to TDOC and BOPP, by LS/CMI domain
4. Revocations for technical violations
5. Revocations for new charges
6. Referrals to the Treatment Services Network
7. Number of community corrections slots (residential and supervisory) utilized
8. Parole certificates issued
9. Cost savings as a result of all JOMP activities

In addition to these intermediate outcomes, TPC stakeholders described ultimate success as more successful offenders, lower recidivism, and fewer victims of new crimes committed by those on supervision. Using these measures, BOPP and TDOC made a report to the State's Fiscal Review Committee (House and Senate) in summer 2011 to demonstrate and explain how JOMP activities

generated savings of \$32 million. Previous projections estimated a need for a new prison in 2016; this projection has now been revised to 2020.

Regular review of JOMP performance measures helped ensure that the JOMP process was data-driven. The JOMP process had a number of limitations, however. First, it concluded when JOMP's legislative mandate ended in July 2011, and the JOMP measures were not continuously collected and reported after that time. Second, while the JOMP measures included many data points necessary to monitor TPC progress, some areas such as reentry indicators (post-release employment, housing stability, etc.) were not included. With this in mind, identifying and routinely monitoring a new group of performance measures was part of the focus of the post-JOMP re-chartering of the TPC effort. Stakeholders indicated that discussion of the TPC Common Measures pushed leaders to explore measuring progress in different ways. In addition to gathering data, Tennessee also planned to conduct a gap analysis and assess the effectiveness of individual programs.

As Tennessee moved forward into the post-TPC assistance period, a huge challenge facing the state was making sure the state could access the data needed to measure performance. Data collection and reporting capacity in TDOC and BOPP was taxed to its limit during the JOMP process, and there were a number of issues related to different definitions and counting rules for measures such as supervision revocations across the two agencies. While moving supervision under TDOC presumably offered an opportunity to resolve these issues, it would take time. The time of staff skilled in pulling data from each agency's system was at a premium—they had many competing claims on that time.

A good example of the challenge of using data to get the information necessary occurred during the JOMP process, when the group was looking at TDOC's performance in getting people into programming indicated by their LS/CMI results. As a first cut, the JOMP Committee was able to look at how many people referred to programming were enrolled in programming on a given day. But this was of limited utility, as what they really needed to know was how many people who needed programming had enrolled in and completed it prior to release. A new counting rule and reporting structure was needed to capture this.

Sustainability and Next Steps

Stakeholders interviewed for this evaluation recognized the need to institutionalize the reentry planning process, so that when "leadership changes—with a new commissioner, new legislature—they can show them how they've been doing and make the case to continue." In addition to weathering changes in leadership, another element of sustainability was constantly keeping an eye toward quality assurance and cost monitoring, maintaining communications between agencies, and ensuring that motivational interactions training continues—as one stakeholder noted, "All [components of the TPC model] represent pieces of a successful and sustainable effort." Although it was challenging to maintain TPC momentum following the completion of JOMP, stakeholders felt confident that many of the accomplishments and major projects undertaken during the implementation period would continue, such as assessment and case management, additional programming in the community, and the BOPP's use of new release guidelines. One BOPP stakeholder explained that now that the state was using the LS/CMI to inform case planning and supervision, there was no going back: "There is a commitment to supervise those who need it and avoid over-supervising those who do not need extra monitoring."

Stakeholders credited TPC with focusing attention on the implementation of the LS/CMI, Thinking for a Change, and motivational interviewing. TPC also gave leaders confidence that they were moving in the

right direction. One stakeholder noted that sometimes the political climate can make changing practice feel like a risk, particularly when the community may push back. With TPC, correctional leaders were able to confidently say that they understood, and were acting in accordance with, research on best practices in reentry. The stakeholder added that, “if you do the right thing, the dollars will take care of themselves.”

As they look beyond the post-TPC assistance period, Tennessee stakeholders working on TPC had identified a number of key next steps in enhancing their reentry system. Most prominent among them were

- Clarifying roles and responsibilities for continuing the TPC effort between the internal TPC working group, the CJCC, and TREC;
- Aligning the mission, policies, and practices of TDOC institutional and field services;
- Coordinating with jails to integrate them into Tennessee’s TPC approach;
- Conducting quality assurance and monitoring to ensure that case plans focused on medium to high criminogenic need area(s) of medium and high risk offenders;
- Increasing use of incentives and positive reinforcement;
- Expanding cognitive-behavioral programming;
- Working with local TREC’s to expand and enhance transition and reentry at the local level; and
- Carrying out a gap analysis and measuring the effectiveness of individual programs.

At its June 22, 2012 meeting, the CJCC reaffirmed reentry as one of two priorities (juvenile justice was the other). A subcommittee was formed and tasked with development of a workplan by the CJCC’s fall 2012 meeting to include:

- Re-examining barriers to successful reentry within/among state agencies and determine a plan to address those issues
- Reviewing employment and housing issues for re-entering offenders, and working with TREC groups to implement specific strategies to support improvement in those areas
- Providing recommendations of additional reentry goals/strategies appropriate for the CJCC to address during FY 2013
- Coordinating and supporting TREC groups, along with TDOC and BOPP (e.g. communicating availability of federal and state funding, coordinating responses to RFP’s, working with them to implement employment and housing strategies)

IX. Texas

When Texas joined TPC, some of the necessary elements of a successful reentry system had already been established. At that time, significant legislative buy-in for a new reentry model was evident with the passage of several bills including HB1711 in June 2009.⁷ This legislation mandated that the Texas Department of Criminal Justice (TDCJ) establish a statewide council, known as the Reentry Task Force, to focus on creating a system for integrated reentry through interagency collaboration. The council, chaired by the TDCJ Executive Director and comprised of juvenile and adult criminal justice, health and human service, vocational and community agencies had the general aim of developing a comprehensive reentry and reintegration plan for institutional detainees and, through its partners, providing pre- and post-release services for these individuals to aid in reintegration into the community. However, the task force was charged with addressing the entire criminal justice system, not just the transition from prison to the community. To meet some of the task force's objectives, TDCJ established several interagency agreements with state health and human service agencies, the Texas Workforce Commission, Social Security, and the Veterans Administration.

Prior to the legislation passed in 2009, Texas had other foundational components of a reentry system that suggested the state's potential to implement TPC. For one, Texas had a mainframe data system, implemented in 1992 and updated monthly, that incorporated data from prison, parole, and probation and made individual-level data easy to track. Every prisoner was assigned a State Identification Number (SID; a unique ID issued by the Department of Public Safety) and a TDCJ number, issued by TDCJ for each term of incarceration. Texas's 121 local probation departments and the Parole Division were utilizing a case classification system based on the public domain Wisconsin Risk Assessment tool, and the Texas Board of Pardons and Parole (BPP) was using an assessment instrument for their Parole Guidelines, which was revalidated in 2012. The state had also been using Individualized Treatment Plans (ITP) which served as a case management plan for incarcerated individuals. Additionally, including numerous volunteer-led initiatives Texas offered approximately 290 programs for detainees within the state prison system. The programming covered issues related to education, substance abuse, job training, mental health, cognitive behavioral therapy, parenting and spirituality, and had been introduced typically by individual institutions over the course of several decades. One program called Project RIO, borne from collaboration between TDCJ, the Texas Workforce Commission (TWC) and several other agencies,⁸ was designed to reduce recidivism through enabling employment upon release.

Reentry is a pressing issue for the state. Texas is among the most populous of the U.S. states (second only to California) (U.S. Census n.d.), and leads the country in the total number of people incarcerated and on community supervision (Guerino, Harrison and Sabol 2012; Glaze and Bonczar 2011). In 2007, one in every 22 adults in Texas was under some form of correctional supervision (Pew Center on the States n.d.). Each year TDCJ's Correctional Institution Division (CID) admits and releases over 70,000 people, of which almost half are released without any post-release supervision requirements.

⁷ Other steps taken during the 2009 legislative process that were supportive of integrated reentry efforts included the passing of: HB2161, requiring interagency agreements between the Department of Public Safety and the Department of Health and Human Services to establish procedures for obtaining identification documents for juveniles and adults released from correctional institutions; SB1, expanding targeted vocational specialists to assist releasees with job training and placement; HB3226, creating a temporary housing voucher assistance program for releasees in need of residential placement; HB3689 requiring the establishment of interagency agreements among juvenile justice, mental health, educational, and protective service agencies to provide continuous care for minors with mental health or other disabilities.

⁸ Texas Youth Commission (TYC), Windham School District (WSD)

Based upon the most recent three-year recidivism study conducted by Texas’s Legislative Budget Board (LBB), the return to prison rate for parolees was 24.3 percent (Texas Legislative Budget Board n.d.).⁹ This rate is lower than that of the national average and thus suggests that Texas did have in place some foundational elements of a successful prisoner reentry system. These components, however, were not without issues. TDCJ’s data system was considered antiquated—it had troubles with historical data, contained irrelevant data fields and was not accessible or used by all. Risk needs assessments were only implemented late in the criminal justice system, did not guide treatment plans or decision making between agencies, and, with the exception of the probation assessment tool, did not address criminogenic risks or needs. The ITPs, though basic treatment plans, had largely been implemented to supplement the work of case managers. Of the many programs Texas offered prisoners, only those that were supported by state funds were held to the standards of evidence-based principles. Moreover, Project RIO was eliminated in FY 2011 due to budgetary shortfalls. To maintain decreased recidivism rates and establish a successful statewide reentry system, Texas would have to institute new tools for assessing, providing case management and evidence-based programming for, and tracking detainees, all while establishing new partnerships with other state agencies with varying needs and capabilities.

Table 9. Evidence of Systems Change in Texas

<p>TPC Structure and Collaboration</p> <ul style="list-style-type: none"> Established a statewide reentry task force that includes TDCJ and partners from other state agencies Created the Reentry and Integration Division within TDCJ Developed new partnerships with the Department of Public Safety and Board of Pardons and Paroles Began to engage line staff in reentry work
<p>Implementing a System of Integrated Case Management</p> <p><i>Assessment and Case Planning</i></p> <ul style="list-style-type: none"> Began to evaluate and adopt the Ohio Risk Assessment System (ORAS) Began to assess information available in current data systems and case plans (ITPs) Implemented and trained staff in motivational interviewing techniques <p><i>Evidence-Based Programming</i></p> <ul style="list-style-type: none"> Conducted an inventory of institutional programs Trained staff in principles of evidence-based programming
<p>Assessing Practice and Measuring Performance</p> <ul style="list-style-type: none"> Developed of electronic “travel cards” that display short summaries of all basic information associated with individuals moving through the system

In the face of these challenges, Texas made slow but steady progress toward an integrated and evidence-based reentry system. It garnered a significant amount of buy-in for the project from partner agency heads and management, and began filtering attitudinal and cultural change down through the line level staff. Texas succeeded in routinely providing releasees with important government documents, such as birth certificates and legal paperwork upon exiting incarceration, despite funding and staffing cuts. Supervision staff and correctional officers received training in the evidence-based case management approach of motivational interviewing (MI). The state TPC team also utilized the partnerships across TDCJ divisions and with other agencies to incorporate case management practices—even with a lack of state funding for full-time case managers. The state was evaluating, adapting, and was working towards implementation the Ohio Risk Assessment Tool (ORAS) for use throughout the

⁹This report is a three year post-release cohort analysis of individuals released in 2007. Although a national comparable report does not exist; BJS data on adults exiting parole in 2010, yielded a national reincarceration rate (for any reason) of 32.7 percent and Texas’s rate as 19.9 percent (Glaze and Bonczar 2011).

criminal justice system. In addition to sharing assessment information across the system, Texas stakeholders were collaborating with Information Technology (IT) Division partners to create a system-wide platform for sharing information. Even without such an IT system in place, partners began to interact informally and share helpful information with one another to better inform their own work. While Texas's integrated reentry efforts were in their nascence and still required more steps, they provided an example of a state that has worked hard to overcome a difficult environment for systems change and had measurable successes in the process.

TPC Implementation

TPC Structure and Collaboration

Texas consists of over 261,000 square miles (over seven percent of the country's total landmass) and is comprised of over 254 counties (U.S. Census Bureau n.d.). Texas's governmental structure did not include a cabinet style system; rather state agencies (of which there are over 260) are governed by volunteer board members who are appointed by the governor. TPC stakeholders asserted that, "This structure requires a significant level of coordination and communication among countless state agencies and their administrations." The sheer size of the state, large number of counties, and governmental structure presented a challenge to Texas, comparable to few other states, in the development of statewide coordinated reentry effort.

TDCJ operated both institutional corrections and parole; probation was operated at the county level with some oversight from TDCJ. Approximately 80 percent of state prisoners were housed in TDCJ facilities, with 12 percent in private prisons and seven percent in state jails. The independent Texas Board of Pardons and Paroles (BPP) served as the releasing authority in the state.

As outlined in **table 10**, two teams were at the head of integrated reentry efforts in Texas: the Reentry Task Force and the TPC steering committee. The Reentry Task Force in Texas was a legislatively mandated body established in 2009 by HB1711, to identify gaps and make recommendations to develop a seamless reentry process for all individuals released from a TDCJ facility, paying particular attention to individuals with high needs, such as those with diagnosed mental health disorders. The creation of the task force required collaboration between the Texas Youth Commission, Texas Workforce Commission, Department of Public Safety, Department of Housing and Community Affairs, Health and Human Services Commission, Texas Judicial Council, and an organization selected by the department that advocates for or provides reentry services following release. The TDCJ Executive Director expanded the task force's membership to include county representatives, topic experts and faith-based organizations, and other health and human services agencies. Shortly after this legislative mandate was enacted, a new division within TDCJ, the Reentry and Integration Division (RID), was created to focus on creating seamless reentry across all divisions, largely through improved internal collaboration and external coordination with key local and state stakeholders. External stakeholders have generally described collaboration between the centrally involved partners and within the Texas Reentry Task Force as productive due to the participation of executive decision makers. However, some stakeholders felt that some agencies were more involved than others due to greater buy-in, longer histories of collaboration, and differences in resources.

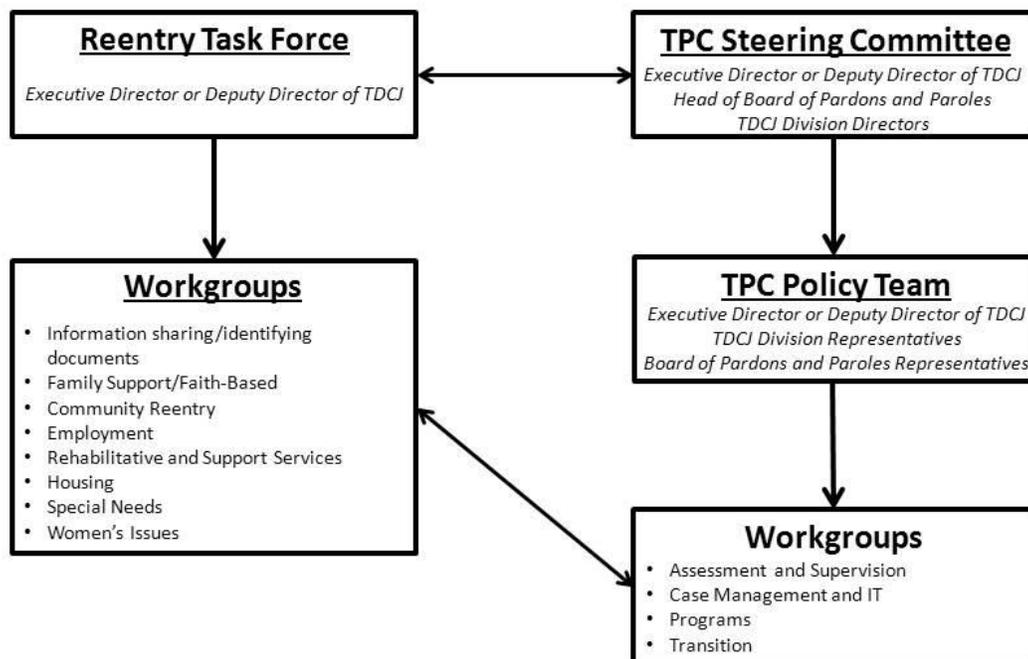
In addition to the mandated task force, TDCJ established the TPC steering committee in order to implement the TPC model (see **figure 9**). The TPC steering committee was developed to identify gaps or duplication of effort in assessment, supervision, transition, information technology, and case

management. The steering committee’s ultimate goal was to work towards eliminating any gaps in reentry, by providing recommendations and unifying partners in an efficient system-wide process. The committee was composed of heads of TDCJ and the BPP and houses a policy team—with a focus on procedures—and workgroups with foci on particular facets of the reentry process and TPC model. While it originally had six workgroups—assessment, case management, community supervision, IT, programs, and transition—some of these groups were later consolidated to form the assessment and supervision workgroup and the IT and case management workgroup. The Programs and Transitions workgroup remained as originally created.

The two groups met independently throughout most of the TPC implementation period, however merged into one implementation workgroup in 2012.

Figure 9. Texas TPC Organizational Chart

Reentry Structure and Organization in Texas



Partnership development from the TPC initiative and legislative mandate occurred in a difficult environment. Texas initially struggled with organizational and budgetary challenges and the steering committee had yet to finalize a vision or mission statement or develop a system map at the conclusion of the TPC period. In April 2011, due to funding reductions in the state legislature, over 160 Project RIO positions were eliminated. In response, RID called upon other internal and external agency partners to take on increased roles in the reentry process. RID aimed to provide the same level of services with

considerably less resources than planned. Additionally, one of the main partners, the Texas Workforce Commission, lost the total funding previously allotted for the community-based Project RIO program.

Cuts affected the initiative in more general ways as well. The TPC steering committee met formally only once between the inception of TPC work and May 2011. Otherwise, the task force and steering committee met independently throughout the TPC implementation period, and convened together for the first time in February 2012. Compounding the difficulty of this work was the tenuous financial situation which forced the state to make many cuts and, as a result, many involved in TPC had to focus on simply maintaining the status quo in their own departments and agencies. Stakeholders noted that this difficult environment significantly slowed work on the TPC process, but did not stymie it altogether.

While still facing organizational and budgetary difficulties, Texas had a resurgence of activity in the final year of the TPC period of assistance and worked steadily to reduce silos in its large, decentralized correctional system with over 40,000 employees. Some partnerships, such as that with TDCJ, RID, and the Department of Public Safety (DPS) were productive in providing a direct service to prisoners prior to their release, by issuing important documentation, such as social security cards and birth certificates. Other partnerships, such as that with BPP, were also productive. Through heavy participation in the steering committee, BPP showed itself to be a willing partner to TDCJ.

Other partners remained in the process of reaching formal interagency agreements. For example, at the close of the TPC assistance period, DPS and TDCJ were in final negotiations on an interagency contract that would allow for the electronic issuance of state identification. TDCJ and the Department of State Health Services (DSHS) Bureau of Vital Statistics, entered into a contract in May 2010 to provide birth certificates for all prisoners who were born in Texas and scheduled to be released within six months. In the final year of the TPC effort, the three agencies completed work on the memorandum of understanding and anticipated its being finalized by the end of August 2012.

Though it was a gradual process to change attitudes surrounding reentry, stakeholders generally felt there was considerable interest in collaboration on an integrated reentry system throughout the state. For example, the director of the Community Justice Assistance Division (Adult Probation) and several local Probation Directors have been keenly involved in the initiative and have been regularly attending meetings. The Windham School District¹⁰ and BPP have also been actively engaged with TDCJ on enhancing their respective roles and responsibilities in the reentry process. It appears the only conflicts that have risen from interactions between agencies are resulting from the agencies' limited means by which to accomplish interagency goals.

The partnerships between institutional corrections and field supervision were slow to evolve but practices and knowledge were beginning to flow between these two areas of the system, especially at the upper and mid-management levels. Field supervision in Texas, administered at the state level by Parole Officers within the Parole Division,¹¹ and at the county level by the Community Supervision and Corrections Department (CSCD or probation), had been using evidence-based practices, including

¹⁰ The Windham School District was established by the Texas Legislature as an entity separate and distinct from TDCJ, with the mission of providing appropriate educational programming and services to meet the needs of the eligible offender population in TDCJ's care and custody.

¹¹ The Parole Division is operated under TDCJ and not under the Texas Board of Pardons and Parole (BPP) which serves as the body responsible for parole release decisions.

motivational interviewing (MI) and cognitive programming. Though Parole and CSCD operated separately, their relatively advanced practices added momentum to the statewide TPC initiative.

Other stakeholders mentioned that while state-level agencies generally seemed to be involved and interested in the initiative, there were problems in communicating with many local agencies and governments. Texas has 254 counties, each with independent operations, probation departments, and no consistent reentry organization or leadership locally. Stakeholders felt it was a difficult task to cooperate with localities but that it was necessary for the success of the initiative. Even though the task force has incorporated many local level representatives—including elected officials, service providers, judges, and others involved in reentry—in meetings and workgroups, due to the lack of local level organization, it was difficult to coordinate with community partners. Communicating changes made at the state level to analogous local level agencies was a challenge. Widespread participation in the task force, however, did indicate the interest of local partners in an integrated reentry system.

At the community level, there were also concerns about work being done by the state. Because community partners (such as treatment providers, reentry programs, and other local systems) faced the quandary of being overwhelmed by the larger number of new releasees referred to them than in prior years and not being able to effectively deal with each case due to limited resources. This was particularly salient for those releasees who did not have any post-release community supervision requirements, approximately half of the 70,000 individuals released each year from TDCJ custody. Another method that was being considered to abate these concerns is the use of rational releasing whereby individuals released from TDCJ's custody and not picked up by a family member would be taken to a local bus station and provided with fare and a destination (such as a halfway home, other housing provider, or program).¹² Stakeholders at the state level saw community fears as further justification to use a consistent data platform across all levels of the reentry system so that risks could be appropriately assessed, resources addressing those risks could be efficiently allocated, and all partners could be kept aware of discharges or other changes in status.

Within agencies, the collaboration between managers and line staff was reported as very strong, but CID line staff had only recently begun to be involved in the process. Reentry and parole staff had, however, been active participants in the effort since the onset of the initiative. Stakeholders mentioned that educating the 26,000 CID line staff was the biggest challenge the initiative had faced, even surpassing that of the state's budget woes. Stakeholders asserted that managers tended to be on board with the initiative, thus resulting in a trickling down of education about evidence-based practices, such as MI and smarter reentry practices in general to the line staff level. The Parole Division had already conducted significant training to line and management staff. To further inculcate ideas about reentry, management used staff meetings and focus groups with personnel throughout the state. Furthermore, directors from around the state regularly held meetings via video conference to address issues and topics chosen by the division director or other key leaders.

Stakeholders also called attention to the collaboration they had with volunteers from local communities. Though the volunteers were involved in the prisons—often through non-evidence-based programs—few seemed to have expressed interest in collaborating outside of the prison and in the community. In volunteers, some stakeholders saw a potential resource for the widespread implementation of evidence-based practices.

¹² Releasees are currently provided a travel voucher at the time of release; this proposal builds off of the existing voucher system.

In sum, though still in its early stages, the partnerships formed through the TPC initiative and Texas's recent legislation produced signs of what many believed would emerge into a well-integrated statewide reentry system. During the TPC assistance period, however, efforts were hampered by budgetary limitations and other shortfalls in resources. The changes in attitude and culture about reentry operations, though, had taken root.

Implementing a System of Integrated Case Management

Many of Texas's interagency partnerships and the main focus of its task force and steering committee formed around the goal of implementing an integrated system of case management. Assessments, case management, transition planning, evidence-based programming and flows of information between partners were all discussed, with the heaviest emphasis on the implementation of criminogenic risk/needs assessments across the system and the importance of instituting a shared data system—both of which have an IT nexus. Additional work involved producing identification for releasees, reviewing programming (with the intention of expanding evidence-based practices), and training staff to use MI.

Assessment and Case Planning

Texas entered the TPC initiative with no system-wide screening or assessment process. Texas BPP used an assessment described as the Parole Guidelines Instrument that was originally implemented in 1985, revised in 2001, and revalidated in 2012 (Texas Board of Pardons and Paroles 2012). The state's 121 local probation departments and Parole Division used a case classification system based on the Wisconsin Risk Assessment (WRA) tool (implemented over 30 years ago), but had been unable to develop a uniform method to share assessment information with TDCJ. Whereas, TDCJ utilized Individualized Treatment Plans (ITPs) in lieu of individually assigned case managers to assess and guide detainees to treatment. Since 1992 TDCJ had been using a data system that, while useful for tracking data, had problems with historical data and unnecessary or outdated fields. Because of the multiple systems and their gap in fully assessing risks and needs, there was a dearth of knowledge between field and institutional staff.

To solve these issues, TDCJ chartered an assessment committee to look into the development of a risk assessment process, and this was an area in which Texas made significant progress during the last year of the TPC assistance period. At the close of the initiative, the committee was in the process of evaluating and adapting the Ohio Risk Assessment System (ORAS) for use in the Texas system.¹³ Stakeholders noted that implementing a vetted assessment was a priority because it would allow agencies to collaborate and provide continuous and consistent care for individuals over time throughout the criminal justice system. To evaluate the applicability of ORAS within the state, those adapting the tool met with Professor Ed Latessa (University of Cincinnati), one of the creators of the system, planned on hiring a full-time assessment consultant, and examined inter-rater reliability and worked to validate the tool with the state's current parole and probation caseloads (the latter of which had previously been assessed using the WRA and, occasionally, LSI tools). Ultimately, stakeholders hoped to have the assessment tool follow individuals from pre-trial through reentry via a web-based platform, but due to limited resources and capabilities within the IT division, complete implementation was not expected until at least 2013. In anticipation of the assessment tool's implementation, Texas was moving forward with training partners on incorporating the tool in their work and aimed to replace disparate and outdated systems with a unified tool across agencies and departments. As of February 2012, training

¹³ Texas intended to rename this instrument, but had not determined at the close of the TPC TA period how they would refer to the tool.

materials for the tool had been created and approximately 23 CSCD offices were trained in using the ORAS. Partners were generally interested in adopting the tool but there was some reluctance from BPP on implementing the assessment for parole releasing decisions. However, many stakeholders believed that if the remainder of the state system adopted the tool, it might create enough momentum for BPP to incorporate it as well. Another possible issue for implementing the ORAS tool was the variety of software modules in use in different places across the system.

As was apparent with the implementation issues surrounding the assessment, the IT Division had an important function in the development and execution of systems that would allow for information to be shared between reentry partners. Despite limited resources, IT made progress in several areas. One of its main projects was the creation of electronic "Travel Cards" which were short summaries of all basic information on individuals moving through the criminal justice system. With the goal of providing a quick and easy way to access information on incarcerated persons or releasees, the cards provided information from intake, a history of offenses, and a recent photograph of the individual. Another project undertaken by IT was to aid in communication on detainees between local and the state-level partners. Many at the community level did not have electronic data sharing systems and still use hardcopies to provide information. In light of this obstacle, IT began prepping and imaging hardcopy documents for incorporation in state electronic records. As of February 2012, about 5,000 records had been prepped. In addition to these projects, IT was instrumental in facilitating the creation of an information sharing system through conducting a survey to determine what information was available to be shared by each partner.

At the start of TPC, Texas had in place Individualized Treatment Plans (ITP) which supplemented case management procedures. The ITPs provided some assessment of detainee needs at TDCJ intake and recommended courses of treatment to meet those needs. ITPs however, did not meet all of the goals of one-on-one case management and were not evidence-based. Though a full case management process has not yet been fully implemented, at the close of the TPC assistance period, steps were being taken to create an effective and evidence-based case management system. In 2009, funding was requested for 128 reentry transitional coordinator (case manager) positions, and the legislature funded 64 of these. Building on this funding, the case management and IT workgroup determined what information was available for case management at different stages in the corrections-reentry system, beginning with the point of arrest. In the final year of TPC technical assistance, the committee was in the process of determining what information was collected and how it could help other partners down the line. Central to translating the case management committee's findings into case management practice was developing a system for data sharing. While no such system existed, the increased communication among stakeholders at different stages was already in process and has been found to be beneficial. Increased access to other partners' information was expected to provide an even greater benefit.

In addition to case management and information sharing, there was a particular focus on the use of MI by those who interact with clients both during and following incarceration. In October 2011, all regional parole directors and senior management received MI training. In November 2011, all district parole supervisors received one week of MI training, with the expectation that they would train all parole officers they supervised with the same techniques. It was anticipated that approximately 1,500 parole staff would have completed MI training by the end of August 2012. The local probation departments also began MI seminars as well as some reentry and CID staff. However, because there were an extremely large number of staff to train, and because the purpose of MI was less readily apparent in the institutional setting, the dissemination of MI skills was expected to take significantly longer than it had in supervision. While changes were beginning to take place at the state level, stakeholders expressed some

concerns that community-level partners were anxious about case management due to the scarcity of community resources. For example, there was a fear that, though a reentry plan might be created at the state level, the community might not have the resources to follow through with the plans as they were designed. This was a large concern because, while parole officers did follow-ups, nearly half of those reentering from prison in Texas did so without supervision. Therefore, for successful case management to occur, it had to occur throughout the path from state institutions to the community and take into consideration the resources available at each level.

As a product of instituting assessments and case management, the state intended to begin providing releasees with transition plans. These plans had not yet been established, but stakeholders were aware that this was an integral component of the TPC model that they were committed to implement. Stakeholders also reported that the state planned to involve clients in the planning process in order to increase their likelihood of success. Even without transition plans, improvements were made to the releasing process through partnerships that grew from the Reentry Task Force. Collaboration between TDCJ, DSHS, and DPS resulted in releasees being provided birth certificates, social security cards, and other supporting documents necessary to obtain state issued identification cards. These activities were intended to reduce obstacles faced by releasees attempting to open or access bank accounts, apply for jobs, and secure housing. Moreover, to combat the issue of documents being lost in the transition process (a situation often reported by releasees) a system was established with the Parole Division to submit documents to local parole offices to be distributed to individuals upon their first office visit after release.

Evidence-Based Programming

Because it was an incredibly large department that facilitated the active participation of volunteers in programming, TDCJ offered a vast number of programs and services to individuals while they were incarcerated, beyond the primary programs offered by the agency and the Windham School District. The TPC Programs Workgroup conducted an inventory of all 292 programs offered within at least one TDCJ institution. The list demonstrated TDCJ's commitment to provide educational, substance abuse, vocational, mental health, cognitive behavioral, parental, spiritual, and pre-release services. However, many programs provided by volunteers were not evidence-based. In light of the concerns over the lack of evidence-based programming, according to stakeholders, there was some effort to incorporate more evidence-based programming. At the close of the TPC assistance period, TDCJ was in the process of finalizing an administrative policy requiring all current and future programs to adhere to evidence-based principles and guidelines.

Both institutional corrections and field services divisions made evidence-based practices a focus of training and departmental reforms. For example, in 2011, the Parole Division conducted an in-service training to expose staff to evidence-based programs. It was reported that, though many staff used evidence-based methods and programs, many did not understand what made these practices and programs evidence-based. There was an effort to identify evidence-based programs that existed or would work in Texas and expand their use. One possible challenge in the use of such programs was that BPP determined program placement without necessarily basing those decisions criminogenic risk or need. Texas TPC stakeholders hoped that, once the risk assessment was in place, BPP decisions would be risk- and need-based, and appropriate evidence-based programming would be utilized.

In general, Texas overcame a mid-TPC lull and began to implement several features of an integrated case management system designed to produce better reentry outcomes. There were plans for system-wide use of a single assessment tool, and system-wide platforms for data sharing across stakeholders.

However, these efforts were not yet implemented at the conclusion of the TPC TA period. There were a few key obstacles that needed to be overcome to institutionalize cultural and attitudinal reentry changes into actions. First, the state faced significant limitations in IT resources and capability. For a single assessment and data platform to be implemented, a dependable and comprehensive system would have to be created, and many stakeholders expressed concerns about their IT department's ability to accomplish this monumental task. Second, it must be ensured that BPP was on board with using the new risk-assessment tool in making parole decisions and designating releasees to particular programs. Third, regardless of the number and diversity of community level resources in the state, these partners must be involved in state-level decision making in order to improve reentry outcomes through an integrated reentry model. With many individuals being released without terms of community supervision, communities, often under-resourced and left out of the reentry plan, would not be able to adequately provide for those individuals transitioning in the state from prison to the community.

Assessing Practice and Measuring Performance

Given Texas's progress on implementing the elements of an ICMS approach, performance measurement and management was not a priority during the TPC assistance period. However, some systems did exist and were being used to measure and manage the implementation of an integrated reentry system and the impacts it had on releasees.

To track individuals, Texas utilized two unique identifiers, a State Identification (SID) number and a TDCJ number, for all individuals who came into TDCJ custody; individuals were issued one SID number regardless of how many times they were placed into TDCJ custody and one TDCJ number for each term of incarceration. Data matching between TDCJ data and the mental health agencies, parole, and probation occurred monthly. A great capacity existed to build upon this existing system of data matching for performance measurement in the TPC initiative. UI evaluators met with the TPC Policy Team in April of 2010 to discuss performance measurement, including selecting relevant metrics and identifying methods of tracking data.

However, due to Texas's difficulties in implementing an assessment tool or data-sharing platform, the state was unable to collect and document information on program effects. Funding cuts also created serious limitations in collecting data on releasees. The state did, however, invest in the measurement of statewide criminal justice recidivism and revocation rates, evidenced by the Legislative Budget Board's continued reporting on these important public safety metrics.

Through the TPC partnerships established, there was a growing culture of accountability and internal evaluations. While largely informal and non-rigorous measurements of success, some agencies were tracking performance internally. Assessments of TPC progress occurred through quarterly steering committee updates, when all workgroups provided reports along with other benchmarks. Internally, some performance was also measured. For example, RID tracked how many prisoners were eligible for identification documentation processing (46,057 of 57,229 were eligible), and what actions were taken for the eligible individuals (14,421 birth certificates ordered, 23,180 social security applications were submitted, and 18,528 renewed notifications were issued). Furthermore, reentry orientation was provided to 12,786 prisoners who were eligible for services. Of that number, 12,367 volunteered to participate in individualized reentry planning services.

Sustainability and Next Steps

Early signs of systems change were evident in Texas, but a full system transformation had yet to take effect. Stakeholders suggested that a large culture shift, toward collaboration, sharing of information, and conducting quality and continuous reentry services for individuals passing through the justice system, had occurred. While there were signs of increased collaboration, and movement toward the implementation of an assessment, Texas still faced many challenges that may suppress work done on the TPC initiative. Furthermore, the steps that Texas took came mostly at the end of the TPC technical assistance period, and, with the absence of this TA guidance in the already challenging environment in Texas, efforts to implement TPC may be increasingly difficult.

Despite the conclusion of assistance through the TPC effort, Texas established a considerable amount of internal momentum and stakeholders were working steadfastly to implement improved processes in the transition from prison to the community processes. While funding was lacking, there was strong political and cultural support for improved reentry because of the many benefits—long-term financial, public safety—that it would confer. However, a financial crisis was a difficult time to implement a systems change process. Agencies were concerned with their own existence, funding, positions, and simply maintaining the status quo. The additional effort of establishing a new system might have appeared onerous at this time; however, it is in a time of financial crises that systems change, like that of TPC is ever more pressing and valuable to put into place. Texas stakeholders were clearly working towards this goal.

Implementation of ORAS Assessment, Adapted for Texas

Most stakeholders mentioned that completing the implementation of a criminogenic risk/needs assessment adapted for Texas was the most significant step to be taken in order to progress on the TPC initiative. If this system could be fully implemented, interagency collaboration and data sharing would take place with much greater ease, the interagency partnerships would be further solidified, and a foundation for individual transition planning and case management would have been put into place. Efforts to get the BPP to align their decision-making instrument with that of the ORAS would also strengthen the continuum of efforts across Texas's statewide reentry platform. If the Board were to adopt the ORAS structure, and implement and utilize it correctly, this would enable the Board to make more informed releasing decisions and also place releasees into appropriate programs, based on individualized criminogenic risks and needs that have been determined by this validated instrument. Furthermore, there was some suggestion that such an interagency data sharing platform would also provide the foundation for tracking performance measures and reentry successes. The largest obstacle to implementing the assessment appeared to be the current resources of TDCJ's IT department. Stakeholders hoped to have the assessment fully implemented at the beginning of 2013.

Make RID (Reentry Integration Division) Fully Operational as part of TDCJ

In addition to fully implementing assessment, making RID fully operational was a key next step for reentry work in Texas. RID was established with the intention of creating a comprehensive reentry process beginning at the time of arrest and proceeding throughout the criminal justice continuum. During 2011, the division was faced with considerable financial and resource challenges due to funding cuts and the loss of many positions. Getting RID firmly established, in terms of resources and activities, was a crucial piece of the reentry systems change process.

X. Wyoming

At the time of TPC implementation, the Wyoming Department of Corrections (WDOC) housed approximately 80 percent of the state's 2,084 prisoners in its five facilities and supervised about 700 parolees and approximately 5,400 probationers. Despite a relatively small corrections population, WDOC prisoners had lengthy average stays (38 months, compared to a national average of 25 months in 2008), a fact partially explained by the very high portion (44 percent) of individuals serving their entire sentence in custody and entering the community without supervision (Sabol West and Cooper 2010; Glaze and Bonczar 2009).

WDOC was a fairly young agency. The Department was created in 1991 in order to assume management of what had previously been four independent correctional institutions administered by the State Board of Charities and Reform, as well as the community supervision responsibilities of the Department of Probation and Parole. Over the past 21 years, WDOC had operated as a unified department and has made great progress in combining five separate entities into one cohesive agency. TPC presented an opportunity for the state to continue integration of its institutional corrections and field services divisions. WDOC implemented a number of practices and processes to support a statewide approach to reentry prior to engaging in the TPC effort and key officials had already begun to identify their system's strengths and gaps leading up to the state working on TPC. The state's previous activities allowed Wyoming to begin a directed approach to implement the TPC model immediately upon being selected as a participating site.

Having recognized reentry as an area of importance, WDOC actively sought out numerous opportunities to receive assistance in developing a statewide transition from prison to the community strategy, including the Serious and Violent Offender Reentry Initiative (SVORI) grant and the Prisoner Reentry Initiative (PRI) grant. Outcome research (employing a quasi-experimental design of a matched comparison group) conducted by the Wyoming Survey and Analysis Center (WSAC) demonstrated that the Department's efforts significantly reduced long-term recidivism rates for those individuals who had participated in SVORI. These differences emerged about one year after prison release and continued to increase through the end of the almost four-year analysis period; at the point of three-years post release, the SVORI participants were found to recidivate at a relative rate of approximately 25 percent lower than those who did not receive SVORI programming (Wyoming Statistical Analysis Center, 2008). SVORI also provided the opportunity for continued involvement and collaboration between WDOC and community partners. Focusing on employment-related assistance, through workforce development, housing referrals, mentoring, and other transitional services PRI efforts allowed the state to develop a comprehensive reentry strategy. SVORI and PRI helped WDOC create a climate of change within the Department and a recognition as well as acceptance that a more seamless and integrated statewide system for reentry was a necessary component in moving the state forward, laying the foundation for Wyoming's work in TPC.

Regardless of whether a prisoner had a short or long-term sentence, or would be released at all, well before engaging in the TPC effort (in 2003), Wyoming made a commitment to assessing its prison and community supervision populations using the COMPAS risk needs criminogenic assessment tool.¹⁴ WDOC utilized the COMPAS assessment tool in both its institutions and community supervision areas to create case plans and address specific criminogenic needs. This was a strength of Wyoming's statewide

¹⁴ COMPAS is a proprietary criminogenic risk/needs assessment tool that produces a risk level for each assessed individual, as well as case plan.

reentry system, one on which the state hoped to build upon through their TPC efforts. Of particular interest to stakeholders was developing strategies to enhance quality assurance of the tool and processes by which WDOC could translate COMPAS scores into case plans or for improved discharge planning between institutions and field operations. Stakeholders also sought to direct assistance through the TPC effort to enhance coordination between the two WDOC functions—prison and supervision. And, as a longer-term goal to develop a strategy for involving and coordinating with external partners, particularly community service providers and municipalities whose involvement in reentry was critical to ensuring adequate programming and resources exists in the community, particularly in more rural parts of the state and for those individuals discharged from WDOC’s custody without post-release community supervision. At the point of engaging in TPC, reentry efforts in Wyoming were relatively new and the infrastructure to support reentry was still being developed. TPC represented an opportunity to create a broader and unified vision for reentry, to effectively utilize assessment information, and to build a single dynamic case plan that would follow individuals over time.

Table 10. Evidence of Systems Change in Wyoming

<p>TPC Structure and Collaboration</p> <ul style="list-style-type: none"> • Built a collaborative process that brought together institutional and field services along with the Parole Board to share and explore ideas • Developed templates that standardize processes and allowed for easier information sharing between TPC working groups and the steering committee • Engaged line staff in reentry work by setting expectations, communicating the relevance of reentry concepts to daily work, demonstrating immediate results, and modifying the staff internal website to offer access to training materials, forms, resources, and information regarding reentry • Fostered partnership and buy-in with the Parole Board • Included community representatives in the interagency TPC task force
<p>Implementing a System of Integrated Case Management</p> <p><i>Assessment and Case Planning</i></p> <ul style="list-style-type: none"> • Implemented the Community Resources Checklist (CRC) • Prompted the Parole Board to begin using the CRC in its release decisions • Provided materials to prisoners in preparation for Parole Board hearings • Developed decision trees to help staff understand when to conduct CORE and Reentry COMPAS assessments • Improved how the state addressed basic needs of prisoners such as identification, clothing, and medication • Developed a cross-divisional case management training curriculum • Developed policies and associated responsibilities for the timely update of the case management manual <p><i>Evidence-Based Programming</i></p> <ul style="list-style-type: none"> • Developed greater awareness of existing programs and resources in the community • Developed a mandatory pre-release curriculum to be administered to all releasees
<p>Assessing Practice and Measuring Performance</p> <ul style="list-style-type: none"> • Developed a mechanism to report TPC core performance measures for indicators currently available and strategy to collect data not currently collected • Developed greater capacity to generate monthly data reports, aggregate data, and projections, and to access programming data such as referrals and services provided • Worked on developing a COMPAS Ad Hoc report • Refined the reentry elements examined in the Prison Division’s audit tool

Over the three years of TPC technical assistance, Wyoming has made tremendous progress in addressing the issues that prompted its participation in TPC and linking assessment, case management, and

programming into a unified system. Formal and informal collaboration between WDOC functions was cited as a major reason for the success of the initiative, as were the growing partnerships with state agencies and community-based services. Evidence of systems change is presented in the **table 10**.

Stakeholders described the TPC initiative as successful in Wyoming, and pointed to clarity of vision, strong leadership, empowered staff, and well-documented and well-communicated accomplishments as keys to that success. One stakeholder remarked that it was “fascinating how big of an influence TPC has had in the state. Things are happening that otherwise would not have.” TPC had been institutionalized and was on the radar of most in WDOC. One stakeholder noted that, “when I ask anyone for help and mention that it is related to TPC, they always step up.” TPC was described as “the most valuable thing we’ve been involved in—it wasn’t about more money or services, but processes.” Another stakeholder said, “You can ask case managers on what the department is focusing, and they will say ‘reentry’ . . . TPC was initially seen as a pain, like all new federal initiatives, but then people realized it was a way to facilitate a lot of the work we already were doing or wanted to do.”

TPC Implementation

TPC Structure and Collaboration

WDOC was a unified department, comprised of state institutional corrections and field service functions, including both parole and probation. The majority (78 percent in 2008) of state prisoners were housed in WDOC facilities, with an additional one-fifth of the population residing in Adult Community Corrections Centers. Release decisions were made by an independent Parole Board.

Wyoming benefited from high-level involvement and support at all points of the TPC effort. WDOC’s Director and Deputy Director as well as the Executive Director of the Parole Board were directly involved with the initiative from its inception and maintained day-to-day responsibilities and oversight of all TPC activities. This executive-level commitment allowed for rapid and continuous adoption of TPC recommendations. The structure also allowed staff from the Parole Board and WDOC to work together and to be recognized for their work on TPC by their agency directors.

Coordination between WDOC and the Parole Board predated the TPC initiative, particularly as it related to the process of preparing and presenting prisoners for parole consideration, conducting Board hearings in institutions, coordinating release and terms of supervision, and responding to violations and revocations of community supervision. The Parole Board participated collaboratively in SVORI with WDOC, as well on a number of other efforts, including the establishment of reentry coordinators and parole agents dedicated to work with the Board, obtaining legislative authority for and establishing a system for intermediate sanctions and parole good time, obtaining amendments to the governor’s good time rules and implementing related policies, modifications to the parole summary, development and adoption of a violations matrix, adoption of WDOC’s sex offender management program into Board conditions, and ongoing intra-agency cross-training. Most recently, through TPC, the Board approved use of the Community Reentry Checklist (CRC)¹⁵ and, at the Board’s request, is jointly developing decision guidelines with WDOC.

¹⁵ The CRC is an inventory comprised of self-reported information, as well as case management, medical, mental health, and substance abuse data compiled in preparation for release and Parole Board hearings. The CRC is discussed further later in this chapter.

In order to focus its TPC efforts, Wyoming decided to devote the first stage of work to reviewing and reforming practices internal to WDOC’s institutional practices, processes, and relationships. Areas related to community supervision were incorporated into the process about one year after the TPC work began. WDOC and the Parole Board formed the TPC steering committee to oversee the initiative. This committee, composed of institutional and field services managerial staff members and representatives from the Parole Board, also developed a number of topical work groups, in which line staff and executive members of the department served as participants and chairs. After slightly more than two years of participation in the TPC initiative, Wyoming had addressed all of the recommendations identified through the first four internal work groups. In November 2011, as co-chairs, the WDOC Director and the governor’s Deputy Chief of Staff launched the interagency task force, incorporating the final group of stakeholders into the effort. An internal work group on community supervision group was added to the new structure.

Table 11. Wyoming TPC Focus Areas

<u>Focus areas of Wyoming TPC Internal Work Groups</u>	<u>Focus areas of Wyoming Task Force Work Groups</u>
<ol style="list-style-type: none"> 1. Automated communication, evaluation, technology, and data 2. Assessment, case management, and staff skill building 3. Pre-release programming, parole release, education, and special populations 4. Transition process 5. Community supervision 	<ol style="list-style-type: none"> 1. Housing 2. Employment and education 3. Treatment 4. Positive supports 5. Community supervision (internal) 6. Jail programming and transition 7. Access to resources and information sharing

Wyoming was quick to develop a management and collaborative structure to implement the TPC model within the WDOC and was strategic in the formation and implementation of the broader interagency and community task force. These were calculated decisions that enabled WDOC and the Parole Board to focus their efforts and achieve enhanced coordination and procedures in those areas over which their executive leadership had full control. This strategy enabled the group to accomplish much in the first two years of the TPC effort and then build upon this foundation to develop and implement the broader vision for the state’s approach to reentry.

According to the TPC Reentry Handbook, implementation of TPC begins with the establishment of an oversight committee that is responsible for articulating a clear vision and mission statement, clarifying roles and responsibilities of committee members, chartering work groups and setting all tasks and goals to a timeline. Wyoming implemented procedures to address each of these goals within the first year of participating in TPC, notably developing a mission for TPC work, establishing work groups, and instituting procedures to make recommendations to the TPC steering committee and formalizing processes for their review and approval of such recommendations. As with any large systems change effort, challenges and frustrations did emerge through the process. Several of the stakeholders who were interviewed about their TPC work noted that some members initially felt they did not have clear roles and responsibilities within the TPC effort and that there was some duplication across work groups. Several members originally involved in the effort were perceived as having low commitment to the initiative and its goals, perhaps in part because, as several stakeholders interviewed during the first year of this evaluation noted, the mission of the steering committee was diffuse and had “too many goals.”

These challenges that Wyoming faced at start-up were undoubtedly influenced by the historical separation of institutions and field services.

Early in the TPC process, stakeholders who were interviewed for the purposes of this evaluation expressed differing opinions regarding the level of general collaboration and cooperation present between the community supervision and institutions divisions. While some leaders described a history of collaboration between the two entities, others felt that there was a “fragmented reentry system.” Tensions such as these, between institutional corrections and field services, are prevalent in many correctional systems and were described in Wyoming by one stakeholder as a “sibling rivalry.” Early in the state’s TPC process, WDOC began to develop more defined roles in regards to reentry. In 2008, the Field Services Division was staffed with three employees to work with the Prison Division and individuals released from prison. Over the course of the TPC effort, additional staff lines were created within the institutions division, helping to bridge the divide in a positive manner.

Given that historically the prison and community supervision divisions were separate departments, data and other key coordination functions were developed independently. This presented obstacles and at times caused frustration among participants in Wyoming’s TPC effort, particularly regarding the integration of different divisions’ data. Wyoming is not the only state to have experienced difficulties pertaining to data sharing and integration. This is an area that most correctional systems experience obstacles with and is a frequent discussion point in systems change work as it relates to criminal justice organizations; change agents (like those Wyoming employees involved in the TPC effort) want to be able to establish a baseline for the things they are trying to address and to assess if their efforts are making an impact. When this is challenging or impossible to accomplish stakeholders often become frustrated with the process. Moreover, systems change work can, in and of itself, bring existing issues to the surface given the emphasis often placed on enhanced communication and resulting from individual actor’s reactions to disturbances resulting from system transformations.

In addition to the split between the institutions and field divisions, WDOC faced problems with generating buy-in from line staff and members of the public. Stakeholders described how the state’s prior philosophy towards corrections resulted in certain reforms, such as resistance to early/good time release policies and at times general public apathy; one stakeholder pointed out that because people tend “not to care about things unless they affect them personally, corrections was rarely on the public radar.” Whether faced with opposition or apathy, there was a clear need to communicate to staff and citizens that reentry is a strategy to reduce crime and victimization and that, “longer lengths of stay do not necessarily mean better public safety outcomes.”

Strong leadership from the steering committee, changes in work group leadership, and the attrition of members who were not invested in the work substantially reenergized and strengthened the effort. Onsite technical assistance provided through the TPC effort also helped to overcome these implementation hurdles. At the close of the TPC assistance period, stakeholders described a well-managed initiative with active leaders who took pride in and ownership over TPC work products and steering committee and work group members who are engaged and have clearly defined roles. Templates for the task force work groups were also developed that included a description of the problem, action steps, an estimated timeframe for completion, and a thorough consideration of impacts, including effects on budget, data, and resources; templates also include a list of performance measures and specifics regarding data collection (sources, agencies responsible, and frequency of data draws).

In addition to gaining the support of leaders who sat on the TPC steering committee and participated in work groups, progress was also made in developing buy-in from line staff. In Wyoming, the key seemed to be communicating relevance and demonstrating immediate results:

- **Communicating relevance:** Departmental procedures were revised in order to include TPC-related goals and activities in the performance appraisal process. Framing reentry as a best practice in making facilities calmer and more secure was another strategy in line with achieving this goal.
- **Demonstrating immediate results:** Multiple stakeholders noted the importance of staff seeing the results of their work early in the process. Timelines for completing steps associated with the TPC effort were clearly outlined to the work groups, to ensure they would have early successes within their teams.

Recognizing that improved communication between institutional and field personnel was a key element in Wyoming's efforts to enhance their reentry processes, steps were taken such as mandatory contact between institutions and the field and cross-training opportunities that would "allow the two divisions to get to know each other and feel more comfortable relying on one another as resources." The existing technological infrastructure required staff to look at multiple information systems to retrieve institutional and field services information. The WDOC institutional Reentry Program Manager worked closely with the automated communication, evaluation, technology, and data work group and WDOC's IT department to develop a strategy for the collection of key performance measures (the measures are discussed in greater detail later in this chapter); however, some gaps still existed in the type of information available and the timeliness in accessing certain indicators as the TPC assistance period concluded.

TPC offered an opportunity to continue to strengthen partnerships across agency and jurisdictional lines. The relationship between the Parole Board and WDOC was described as positive by multiple stakeholders and was exemplified by the Parole Board's participation in the TPC effort, as well as the Board's willingness to integrate reforms adopted through the TPC process to their review of eligible cases. The interagency task force was in its infancy, with many of the relationships with the agencies and actors outside of the criminal justice system still being formed and evolving. However, strong commitment was evidenced and there are some examples of developing similar partnerships in the past. For example, the Department of Family Services (DFS) was a natural partner in reentry work: the department had several partnerships in the community, including participation on the Healthy Families Succeed program (Wyoming Business Report, 2009), for a number of years. This program received a national innovation award from the Council of State Governments and serves the families of prisoners and parolees under the control of the WDOC.

In November 2011, the steering committee expanded its work to include community partners. Previous TPC efforts focused on WDOC and the Parole Board in order to develop internal capacity to more effectively coordinate a streamlined reentry process from prison to the community. A broad group of community partners joined this task force, whose goal was to communicate that reentry was not just an issue for WDOC to resolve, but a community problem. The task force was managed by two co-chairs, the WDOC Director and the governor's Deputy Chief of Staff. Although the involvement of state and local agencies outside of corrections was new, one stakeholder noted that, "the acceptance of these partners to return to talk about reentry issues is monumental. This has never happened before in Wyoming." Participation on the task force included individuals from the governor's Office, Department of Family Services, Department of Health, Workforce Services, community mental health providers, faith-based providers, nonprofit organizations, formerly incarcerated persons, concerned citizens, the housing

authority, local jails, municipalities, local and state law enforcement, and other integral members of state and local operations.

Most of the stakeholders interviewed for this evaluation reported being pleased with the pace of the initiative and the speed of the state's accomplishments in reentry. A large number of recommendations were made to the steering committee, of which many were adopted and subsequently implemented. Not surprisingly, however, the steering committee did not approve every proposal. Some stakeholders reported having a vested interest in proposals that did not advance and felt disappointment when they were not selected to advance. The TPC steering committee adopted many of the proposals submitted through the work groups and managed the process in a transparent manner, as such the denial of certain recommendations did not appear to result in work group members' wishing to be removed from the TPC effort or disenchanting their belief in and desire to participate in the change process.

Wyoming's accomplishments came with a great deal of work. Universally, stakeholders reported being proud of their accomplishments and reported that the hard work was worth it. Some of the work group members reported that they were overwhelmed at times by the TPC work, given their existing duties and responsibilities with their normal jobs. One respondent noted that "there is resistance to change at the line staff level because they fear, often legitimately, having to do more work." Stakeholders did note though that the flexibility of the initiative was important for making it feasible to work on TPC given their existing workload and generally felt that although the work had been taxing, it was well worth the additional effort.

In general, stakeholders described feeling positive about the initiative, noting specifically the benefit of having an outside expert help guide the effort. All stakeholders were pleased with the level of technical assistance provided. Trust can be built in the TPC model through stakeholders learning about the model's development in other states; this was one key role that TA providers played in the TPC process. As described by one interviewee, an advantage of the TPC model was that, "most of the ideas are not new. No one has any grand and new vision, it is common sense. It's intuitive and obvious that there is a way for the process to be better." Another respondent added, "Reentry is not a new concept. I was excited to be involved because it provided a focus and sped up what we were already doing." Information about what was happening around reentry nationwide was being shared by many; representatives from Wyoming were often contacted to share their experiences and strategies and Wyoming demonstrated an interest in learning about how other jurisdictions have improved their reentry systems.

The TPC initiative in Wyoming has resulted in major changes to the correctional culture. Stakeholders described a new system in which, as one stakeholder noted, "people [are encouraged] to think outside of the box." TPC empowered staff to develop ideas through their work groups and present them to the state's top correctional leaders. The structure and standardized processes developed through TPC allowed stakeholders to collaborate and share information more easily, and the relationships that developed between WDOC and community partners were likely to help sustain and grow the work that had already been accomplished. Leaders also worked to engage line staff in reentry by setting expectations, communicating the relevance of reentry concepts to daily work, demonstrating immediate results, and modifying WDOC's internal website to offer access to training materials, forms, resources, and information regarding reentry. There was substantial support for continuing these operations and efforts after the formal process ends. One of the major ways that the process would continue was through performance measurement. As one stakeholder noted, "We will need to build in measures to track progress and incorporate the new chain of command [TPC structure] into our work post-TPC."

Implementing a System of Integrated Case Management

Assessment and Case Planning

The Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk assessment was administered at two points in Wyoming's correctional system: the CORE COMPAS was administered immediately upon entry into the state prison system and the Reentry COMPAS was administered within the year prior to release. For those individuals released onto community supervision, assessments were regularly updated. Assessment was mandatory for all prisoners, regardless of whether and when they would be released. The assessment tool had been administered for quite some time, but due to technological constraints the results were difficult to obtain and use in release planning. Case plans, which were derived from COMPAS, were developed at intake before housing unit assignment; individuals assessed as high or medium risk went through a more intensive process called Enhanced Case Management, during the last six months of incarceration. After a case plan was developed, clients met with case managers once a month to assess progress. Caseloads were relatively small, given the department's decision to focus on those individuals assessed as medium and high risk, and also in part because of the size of the state's prison system.

The TPC initiative led to significant changes in the way that the state provided assessment, case management, and community programming. Specifically with regard to assessment, Wyoming realized several notable achievements during the TPC assistance period. First, in an effort to ensure WDOC was utilizing the proper COMPAS assessment instrument (CORE or Reentry), the institutions created a decision tree that case managers could use to interpret CORE COMPAS and Reentry COMPAS results. The decision tree was so useful within the facilities that field services developed its own. This movement to standardization represented a significant shift in WDOC's efforts to ensure the proper utilization of the already implemented criminogenic assessment procedures. Additionally, WDOC trained field supervision staff on the STATIC99R and institutional case managers were trained on the STABLE and Acute tools (sex offender risk assessment tools).

Wyoming also developed and implemented the Community Reentry Checklist (CRC), an inventory comprised of self-reported information, as well as case management, medical, mental health, and substance abuse data. The CRC helped case managers project what a client would likely need at the moment of release and engages prisoners in their own release planning process. The CRC was also described as a mechanism for encouraging communication and coordination between institutional corrections and field supervision. Stakeholders in Wyoming viewed the CRC as one of the greatest accomplishments related to the TPC effort. The tool was developed collaboratively between institutional corrections, field services, and the Parole Board to ensure that it was a comprehensive and accurate tool. The tool was fully implemented and appeared to be enhancing Wyoming's system of reentry. Given that the CRC process was still new, some stakeholders expressed concern about the consistency and accuracy of the form and noted that prisoners might not have a realistic estimation of their needs within the community prior to release. WDOC and the Board were committed to using the tool and will regularly perform quality assurance procedures as well as focus efforts to ensure that the tool was fully implemented.

All prisoners were required to fill out the CRC before appearing before the Parole Board, and results of the CRC, were incorporated into the Board's decision making process, along with previously considered factors, including, but not limited to COMPAS results. These factors aided the Parole Board in making informed release decisions and establishing the terms and conditions of parole. Upon the Board's

request, at the completion of the TPC assistance period WDOC and the Board were working towards jointly developing Parole Board decision making guidelines.

Information sharing represented another set of goals for this initiative. The TPC steering committee work groups helped in the development of two new websites: one external site that assists institutional staff and field staff with the transition process, and one internal site solely for case management and field services to access all information and resources related to reentry.

One of the initiative's other accomplishments related to policy development and cohesive involvement across WDOC in order update the department's case management manual. The assessment, case management, and staff skill building work group) and the transition process work group completed the first update of the manual in October 2011. Departmental policy established that the manual would be updated every October.

TPC internal work groups also developed a variety of resources to aid in the process of transition from prison to community:

- Pre-release curriculum: Through TPC, WDOC developed a pre-release curriculum and made its completion mandatory.
- Case management curricula: In addition to the case management manual, curricula were developed for the consistent training of institutional reentry case managers.
- Parole approval: Prisoners received a list of common questions asked by the Parole Board to prepare them for their release hearing.
- Community supervision: The community supervision work group revised the method and forms used to inform the Parole Board about upcoming parole candidates, providing more objectivity to this aspect of the parole process.
- Identification: The TPC initiative also led to the development of a uniformed identification process used across facilities to obtain mandatory prisoner identification that can be used as a state ID upon release.
- Clothing: The TPC steering committee was working with community partners to obtain appropriate clothing, through vouchers to be used at thrift stores around the state, for individuals released who lack clothing appropriate for business and/or weather.
- Medication: One of the work groups of the TPC steering committee engaged in developing a comprehensive list of free and discounted medication programs developed in conjunction with revisions to the JET (Joint re-Entry Team) policy. This work group also developed and implemented policy to secure prescription cards for all releasees, a practice that has been shared with 20 other states for replication.

Evidence-Based Programming

Stakeholders noted that despite the accomplishments of the effort, it was very difficult to manage returning prisoners in communities that lack infrastructure. Programming was challenging to secure in a rural, large state like Wyoming, and one respondent noted that individuals might actually fare better in the facilities because services and resources could be concentrated and applied to the population who needed them. Another stakeholder noted that a factor the Parole Board considers in releasing decisions relates to the availability of supportive programming in the community. Securing programming for registered sex offenders, those needing treatment, and homeless individuals were particularly problematic. Funding cuts resulted in reduced programming available in the prisons, which was expressed as an area of concern to many stakeholders. At the close of the TPC assistance period, Field

Services was in the process of revamping its policies around sex offenders. Stakeholders described challenges enrolling individuals in treatment when there are limited services available in prison and in the community. The dearth of services for homeless individuals also made reentry planning difficult.

Assessing Practice and Measuring Performance

Stakeholders noted that while the WDOC had staff and resource ability, the department was having difficulty collecting and warehousing data. In 2011, the governor discussed developing a single state data warehouse, but this initiative appeared to be on hold. Although previous interviews with TPC core team members reflected a fear that the state would “be in the same bind of wanting data and needing data but not having any clue how to get it” after TPC ended, at the end of the assistance period stakeholders expressed that the state was further than ever before on data collection and reporting (including monthly reports, aggregate data, projections, access to referrals, services provided). They were also working on developing a COMPAS ad hoc report. The state had an audit tool that also included a more specific section on reentry to include new interventions and efforts, which helped case managers understand the importance of the initiative.

The state made substantial progress with developing a plan for performance measurement. Wyoming had a vision of where stakeholders want the state to be with regard to data and analysis; however, they lacked the tools to accomplish all of their goals. Despite their challenges, Wyoming was the first state to develop and submit a draft of the TPC core performance measures. Although the state was not able to submit data for every indicator, the tool allowed the TPC core team to have a more fruitful discussion about what could (and should) be regularly monitored by the department. One respondent noted that clarity of vision and documentation of progress are needed to recruit community members. The core performance measurement development also included a plan for sustainability and three years of cohort data to monitor the progress and outcomes of individuals discharged from WDOC institutional and field services supervision. Measures that were not obtainable at the close of the TPC assistance period were archived so that future efforts could target data collection and monitoring in these areas. To further measure the work in Wyoming, WDOC engaged the University of Wyoming to conduct a process evaluation of the effort.

Stakeholders acknowledged the importance of measuring recidivism, but also felt that they needed an immediate measure of performance. The department documents what resources are given to individuals, but it is not easy to assess the impact of those resources. As another system measure, the TPC coordinator created and continually updated a tool to track TPC accomplishments, assessing the practices and measuring the performance of the activities specifically related to the TPC activities, recommendations, and reforms.

Sustainability and Next Steps

Systems change was evident in Wyoming. The efforts and progress made in the three-year TPC assistance period resulted in clearer roles, responsibilities, and procedures regarding reentry processes. Curricula, policies, procedures, decision trees, and checklists made the system of reentry smoother and more consistent for clients and staff of Wyoming’s reentry system. Despite the tools, strategies, policies, and procedures already put in place, system stakeholders were committed to instituting further enhancements. For example, the Parole Board and WDOC continued to work together at the close of the TPC assistance period in order to develop guidance for Board decision making.

Sustaining practice and maintaining momentum

Management and line staff demonstrated their commitment to and interest in creating a statewide seamless reentry process. Dedication, creativity, and innovation were features which enabled the accomplishments achieved through Wyoming's TPC effort. These factors, coupled with the state's willingness and commitment to assess and measure performance, were likely to help Wyoming stay on track and focused on their reentry targets. The interest and dedication required to measure progress, despite data challenges, will enable Wyoming to make mid-course corrections should their evolving reentry practices not bear the expected results. Moreover, commitment from executive officers will aid Wyoming in institutionalization of their improved reentry processes.

Stakeholders expressed the sentiment that the interagency task force would help the state advance even further, without additional financial resources. Wyoming leadership and staff invested greatly in TPC, in regards to their time and limited existing resources. Stakeholders attributed their accomplishments to staff involvement and dedication, direction and commitment of executive leadership, and the technical assistance afforded to the state as part of the TPC initiative. Moreover, the local onsite coordinator, who helped the groups organize, think strategically, and sustain momentum, played a critical role in helping Wyoming's TPC project successfully move forward.

One stakeholder noted that sustaining this work was "fortunately not about the money," but about the state's ability to continue working without support from TA providers. The stakeholder requested an opportunity to hear about how other states have dealt with TPC ending. One work group member requested that in order to be a resource moving forward, that TA providers clarify their role in the future (once the TA period is over) and set expectations for additional assistance requests. Stakeholders also remarked that they greatly valued and did not want the technical assistance to conclude. Wyoming was able to secure additional technical assistance for continued support in accomplishing and sustaining the TPC goals, particularly as they relate to the community supervision work group, and the statewide interagency task force, with the formal TPC TA period now over. These two areas represent the primary foci for next steps in Wyoming's TPC effort.

Continuing the community supervision work group's efforts

As described earlier in this chapter, the community supervision work group was instituted one year after the other TPC internal work groups. This group had already accomplished many tasks associated with streamlining the Parole Board approval and information gathering processes; however, work group members were continuing to formulate and propose recommendations for the TPC steering committee's consideration. Additional technical assistance and ongoing efforts would continue in line with this work group's mission for the foreseeable future.

Pursuing recommendations of the statewide interagency task force

Wyoming made a concerted decision to focus initial TPC effort on internal practices. Upon the complete review of the goals identified by all of the work groups, except those of the community supervision group (as they joined the effort at a later point in time), Wyoming instituted a statewide interagency task force. The task force developed six topical areas (the community supervision group is internal to WDOC and the Board) to pursue related recommendations with a variety of statewide leaders. This component of Wyoming's systems change effort is still in its nascence. Additional technical assistance and commitment from key figures statewide would help support the continuing activities related to the examination of areas associated with each work group, the formulation of recommendations to address identified areas, and the process of adopting and instituting approved changes. Legislative, policy, and/or procedural reforms were likely to emerge from the task force's efforts.

XI. Conclusion: Cross-Site Observations and Future Transition Directions

In this chapter, we look across the six TPC sites to synthesize and present findings and observations regarding TPC implementation as a whole. TPC work differed considerably across the participating sites, according to the different pre-TPC practice and collaboration baselines, contexts, assets, challenges and priorities in each. Despite this, there were many common themes (or illuminating contrasts) in the TPC experiences among the six states. In fact, one of the most striking aspects of the TPC evaluation was just how similarly TPC participants described their implementation challenges.

It is important to note that it is difficult, if not impossible, to isolate the specific causal contribution to observed systems changes of an effort such as TPC contributed. The mere fact that a state applied to be a TPC site indicated intent to expand and enhance reentry work. TPC work in each state has tended to build upon a foundation of reentry work already initiated in each state, and in many cases, participating states received additional funding and technical assistance to enhance reentry work during the TPC period, often in areas very closely related to the TPC framework. In short, it is possible that some of the system change accomplishments discussed here might have occurred in the absence of TPC participation.

Whatever the proportion of credit that can be ascribed to TPC, it is clear that system changes occurred in the TPC sites. Regardless of the state of transition practice when the six states joined TPC, at the beginning of building a reentry system or with a strong system in place, advancing in accordance with the TPC model created opportunities for focus and system improvement. This chapter begins by discussing observed facilitators of and barriers to TPC implementation in the participating sites. We then turn to the elements of the TPC model, and conclude with some suggestions for next steps and challenges for the reentry field in general.

Facilitators of and Barriers to TPC Implementation

Each state participating in TPC came to the initiative with a stated desire to improve their transition practices and thereby improve public safety. As implementation unfolded, it became clear that a number of factors in the state's correctional and reentry context constituted assets to TPC implementation, or barriers to making desired systems changes. Some of these factors were observed to constitute both opportunities and challenges to the reentry work. We turn first to facilitators of TPC implementation.

- ***Budget challenges creating pressure for change.*** While most of the states participating in TPC had to grapple with budget challenges, stakeholders often noted that fiscal difficulties created demands for changes in practice to reduce correctional costs, particularly by reducing prison populations. This in turn created opportunities to advance risk reduction and transition practices intended to reduce returns to prison.
- ***Willingness to invest in transition.*** Despite the budget challenges faced by the TPC states, many were able to make strategic investments in their capacity to facilitate transition. In some cases this was done through the reallocation of existing resources, rather than obtaining new resources.
- ***Legislation and/or executive orders.*** Legislative actions, such as Kentucky's Justice Reinvestment Act, HB 1711 in Texas, and a legislative mandate to carry out the JOMP in

Tennessee, as well as executive orders in many of the TPC states requiring cross-agency collaboration and planning, were important spurs to TPC implementation. Such actions could indicate that effective transition is a priority of lawmakers and governors, mandate concrete actions that stakeholders must take to support transition, create new capacity to plan and carry out changes to the transition system.

- **History of collaboration and personal relationships.** In many TPC states, stakeholders discussed the important role that past collaborative efforts, within and across agencies, had on their TPC success. These efforts, sometimes around grants such as SVORI or PRI, sometimes around agency initiatives or task forces, built trust, understanding and personal relationships among key TPC actors.
- **Spread of reentry and transition concepts and knowledge.** While the depth of understanding regarding core reentry concepts and evidence-based practices varied across the stakeholders involved in TPC in each state, there was a broad recognition across stakeholders that there were core concepts and practices for reentry supported by research and that should be the standard for correctional practice. Coupled with this was a strong sense that any state not working toward effective reentry and evidence-based practice was falling behind national practice.
- **TPC technical assistance.** When asked directly about the role that TPC played in progress in each state, stakeholders noted that TPC technical assistance made changes happen faster, in a more strategic fashion, and with greater consistency in momentum and focus than would have been possible otherwise. Many described TPC participation as providing greater visibility and validity to the state's reentry efforts. The sustained engagement technical assistance model at the core of TPC was very valuable to the sites. Systems change work takes time and can be slowed or interrupted by circumstances beyond the control of TPC partners, such as budget crises or staff turnover. The extended period of time over which TPC TA providers worked with each state allowed them to ride out the ups and downs of the policy process in each state, give state partners time to assimilate new ideas or changes in practice, and monitor progress and make adjustments in staged implementation processes.
- **Availability of other targeted assistance.** TPC interacted with other efforts occurring in the participating states, such as Justice Reinvestment in Kentucky and National Parole Resource Center assistance to paroling authorities in several of the sites. When based on complementary principles and commitment to evidence-based practice, these efforts reinforced one another and led to faster and broader change than would otherwise have been possible. TPC provided a framework that made it easier to situate other grant funded or technical assistance activity into a broad transition strategy, which was also an asset in making the case for additional grant funding in priority areas.
- **Access to a community of practice.** A substantial asset that the TPC states had, in addition to the TPC technical assistance, was the expertise and knowledge available in the other TPC states. This was evident at the TPC Summit meeting in Aurora, Colorado in March 2012, where teams from each TPC state exchanged information and lessons learned from their work. Subsequent to this meeting, NIC created a corrections community user group that the sites can use to ask questions and engage one another. It also led to a team from Iowa visiting Minnesota to provide an informational training for a broad group of their TPC stakeholders.

The broad barriers to successful TPC implementation were in many cases the mirror images of the facilitators. The implementation accomplishments of the participating TPC sites indicate that these common barriers are surmountable, but they nevertheless presented substantial challenges to implementation, and in some cases may represent ongoing threats to the sustainability of TPC progress and accomplishments.

- **Unsettled fiscal environment.** While budget pressures provided an impetus for change in many TPC states, fiscal issues could also result in reduced capacity to do transition work, or created uncertainty that impeded planning.
- **Changes in political leadership.** In a state-level systems change effort such as TPC, changes in political leadership represent a potential inhibitor of implementation. Changes at the executive level, even from one administration's support of reentry to another, can interrupt progress, as they often bring changes in leadership in the corrections agency and other key partner agencies. This occurred to some degree in several TPC sites. However, although four of the six TPC states experienced a change in governorship during the TPC assistance period, in no case did this cause substantial setback to TPC implementation.
- **History of discontinued change efforts.** Most correctional agencies have experienced multiple change efforts in that past, some of which were not successful, and others that were discontinued despite being (or appearing to be) successful. Many stakeholders involved in TPC cited past instances of attempts to do work consistent with the TPC model. In such circumstances, TPC efforts had to overcome additional skepticism about the possibility of meaningful organizational and systems change.
- **Managing parallel efforts.** While the presence of non-TPC technical assistance or grant funding could facilitate TPC implementation, it also created a management challenge for participating sites. Engaging in such efforts often fell upon the same group of individuals in a state, and created the potential for confusion unless they were coordinated.
- **The nightmare case.** TPC stakeholders were very aware that their efforts were potentially vulnerable in the event that someone released from prison were to commit a heinous crime, something that they acknowledged could not be perfectly prevented no matter how good their level of practice was. While no TPC effort experienced implementation problems for this reason, TPC stakeholders viewed it as a continual threat to the sustainability of their TPC work.

TPC Structure and Collaboration

The six TPC states structured their collaborative process in various ways, as appropriate given their very different characteristics and relationships to potential partners. However, some common themes in how states structured and fostered collaboration emerged.

TPC collaboration occurred on a number of levels. The first level, the core of TPC work in the states, consisted of the partnership between institutional corrections, field supervision, and the releasing authority (in states that had one). The primary work of setting priorities for change, planning implementation of key transition practices (such as assessment and case planning), integrating activities across the point of release, and monitoring progress, occurred largely between these core correctional system partners. Sites found that substantial work needed to be done, and substantial progress was made, between these three functions regardless of how they were structured (e.g. housed in a single agency, independently operated). In many TPC sites, the leadership guiding TPC felt that it was important to get corrections' "internal house in order" and develop a clear strategy before it would be productive to include a large number of external (i.e. non-correctional) stakeholders in the TPC planning process. However, in many cases collaborative work bringing together a variety of community stakeholders interested in reentry occurred simultaneously with the internal correctional work, or has even pre-dated it, as with TREC in Tennessee starting before the JOMP process. It may be difficult to later integrate community-level work that has proceeded independently and with different priorities.

The second level of collaboration extended to include other state-level agencies. Primary state agency partners differed by TPC state, but commonly included agencies responsible for human services, mental health, workforce development, family services, and education. In some cases representatives of these agencies were included in the core TPC planning bodies, whereas in other places they were part of separate cabinet-level working groups, or engaged individually in an ad hoc manner.

The third level of collaboration was between the local level, both government and community, and the TPC effort. While stakeholders across the TPC sites recognized how important this level of collaboration was, it was also the most challenging, as it required organizing and coordinating the involvement of stakeholders from a wide variety of locations in each state. In Iowa and Tennessee, the decentralized structure of community supervision meant that some locally-based agencies were included in the first level of collaboration as well.

Cross-site observations regarding TPC structure and collaboration include:

- ***It was important to have many people in the core agencies working on TPC who understand the big picture.*** Turnover in key positions is inevitable, and occurred in all TPC states. Without a network of people who understood and had ownership of the state's reentry work, a change in a linchpin position could delay the effort for months. This was true at all levels of the effort; a single person running reentry at the state DOC or in an individual prison or community is limiting, while building team approaches at all levels increased the resilience of the effort in the face of personnel changes.
- ***Even successful collaborative efforts experience growing pains.*** The early stages of building a collaborative effort were challenging in many TPC states, as partners worked to build a common vision and gain consensus and clarity on their TPC gaps and priorities. These early stages were often characterized by stakeholder frustration with the pace of the initiative and the perception that it was unfocused. However, these frustrations generally abated (without necessarily disappearing completely) over the course of the initiative as common goals were developed and concrete accomplishments were realized.
- ***Establishing a clear charter and defining roles within a TPC effort helps partners engage.*** A clear charter for the collaborative bodies driving the transition work provided valuable focus to TPC work and made the initiative more transparent to external stakeholders.
- ***Coordinating across multiple collaborative bodies is a challenge.*** In several TPC states, there were a multitude of collaborative groups taking on the transition issue with different compositions and different purposes. For example, there might be one or more corrections working groups, a cabinet-level interagency working group, and one or more locally-based collaborative working on reentry. In such a situation, there was valuable capacity available to advance reentry at multiple levels at the same time, but it could also breed confusion regarding who was playing what role in the work.
- ***The TPC effort needs to be re-chartered periodically.*** Many TPC states had to re-charter or replace their collaborative bodies over the course of the TPC period, because they had accomplished their initial goals, reached the end of their initial mandate, or had become stagnant and needed to be re-energized. These re-charterings of the TPC work afforded important opportunities to set new priorities, check that activities were consistent with the state's transition vision, and bring on new partners.
- ***Securing buy-in from line staff requires special attention.*** Every TPC site was concerned about building support for their TPC approach from line staff, including corrections officers, institutional-based case managers and counselors, field supervision officers, and others who

worked directly with prisoners and supervisees. Stakeholders described resistance to change from line staff arising from several sources, including an orientation toward surveillance and punishment rather than behavioral change, belief in existing practices, tools and procedures, and concern that changes would increase workload. TPC states have dealt with these challenges in a variety of ways, including focusing on staff recognition, building staff skills, general education, reporting results of reentry efforts, and empowering staff to access leadership and innovate.

- ***Middle managers have a vital role to play.*** TPC leaders felt that middle management in corrections agencies, meaning those directly supervising line staff, were a crucial group to engage in the TPC change process. Their influence on staff and ability to directly support or impede transition practice and transmit (or not) the message that reentry was a priority made them a critical determinant of whether desired system changes were fully executed.
- ***Dedicating staff to the change effort makes a difference.*** Staff dedicated to managing a change process to support transition had a tremendous impact on processes in several states. A person or team able to devote substantial, consistent attention to the TPC effort helped maintain momentum, organization, and focus in the effort.
- ***Everyone needs to own reentry.*** Many of the TPC states identified the need to ensure that all correctional staff, as well as community partners, felt an obligation to facilitate reentry. Establishing reentry-specific units or staff positions facilitated reentry progress in many ways, but stakeholders noted that there was a risk that other staff would feel less ownership over reentry, believing that it “belonged” to reentry staff.
- ***Implementing TPC practices often requires changing organizational culture.*** Many stakeholders discussed the need to change the culture of their correctional agencies to bring attention to risk reduction and behavioral change onto an equal footing with goals such as appropriate punishment, population management and surveillance.
- ***A communications strategy is important for advancing transition.*** Sites worked to build commitment to the TPC effort through a strategic communications strategy. Important components included developing a clear message to transmit (several states fixed on a variant of “reentry is everyone’s job”), delivering it by multiple media (e.g. in person, by newsletter, through events, via web-based trainings), and ensuring that it would be regularly reinforced.
- ***The composition of the collaboration affects who is included in the transition strategy.*** For example, as the partnerships between institutions and community supervision were the core of each TPC state’s collaboration, individuals released without supervision received less attention than individuals transitioning to community supervision. Conversely, in states in which parole and probation supervision are handled by the same agency, probationers were part of the TPC strategy, despite the fact that they were not returning from prison.
- ***Systems change work requires patience.*** Multiple stakeholders in each TPC state at different points in time indicated that they wished change efforts were moving more quickly. When asked directly what advice they would give peers in other states seeking to make changes along the lines of the TPC model, many of them stressed the importance of patience with the process and recognizing that changing systems takes a long time.

Implementing Systems of Integrated Case Management

Each of the six TPC states joined the initiative at different stages of establishing a system of integrated case management, and as a result, set different goals for their TPC work. Tennessee and Kentucky, for example, were not using an empirically-based risk/needs assessment in their corrections system at the

time TPC began and hence, implementation of an assessment tool, measured by the number of staff trained and the number of people assessed, became a major focus of their TPC effort. By contrast, states that came into TPC with established risk assessment processes in place—namely, Iowa, Minnesota, and Wyoming—used TPC technical assistance to review how those assessments were being used throughout the corrections system and to identify opportunities to improve the consistency and accuracy of those assessments. All TPC participating states made progress on implementing valid risk/needs assessment, using such assessments consistent with the risk/need-responsivity framework, or both.

An empirically-validated risk/needs assessment represents a fundamental building block in constructing a case plan that responds to the needs of clients, guides case management, targets programming, and follows the individuals from intake to successful sentence completion. TPC states made tremendous progress in improving their systems of case management, including training staff on motivational interviewing techniques, implementing new case plans, and improving the case management process to foster a more seamless hand-off from prison to the community.

TPC states worked to enhance both the quantity and quality of program interventions available in prisons and the community. There was no state in which stakeholders believed program capacity to be generally equal to need, although there were often areas (geographic or substantive) in which capacity was deemed sufficient. To address this, states sought ways to enhance program availability in priority areas, as Tennessee did for parolees and probationers by securing access to the Treatment Services Network for community-based mental health and substance abuse treatment. States also instituted reviews of the programs offered in their prisons and in the community. They did this in recognition of the fact that improving their assessment and case planning processes to better match prisoner and supervisee risk level and criminogenic needs with available programs would do little good if those programs were not evidence-based and delivered with fidelity.

Cross-site observations regarding implementing systems of integrated case management include:

- **Assessment of criminogenic risk and need and a case plan based on the results are the backbone of the transition effort.** Once these tools were implemented and automated, it allowed for both evidence-based and consistent work at the client level, and provided vital information regarding the distribution of risk and need across the reentry population necessary for resource allocation and strategic planning decisions.
- **Implementing assessment is just the first step.** While putting a valid risk/needs assessment into place was a substantial achievement, TPC stakeholders emphasized the need to ensure that those assessments were being done correctly, consistently, and were being used to build case plans and direct individuals to the appropriate programs.
- **Staff resistance to implementation of assessment is common (or commonly anticipated).** Every state implementing a new assessment described encountering staff resistance, and every state that had previously implemented assessment recalled the same thing. Stakeholders took from this the importance of engaging staff in the implementation process and explaining the purpose of assessment to them.
- **Providing information and training on how to use assessment results increases buy-in to a risk and need-driven reentry system.** TPC stakeholders stressed the importance of ensuring that everyone expected to utilize assessment information understood what that information meant and how it could be used. They felt that when this was done properly, assessments were recognized by staff as valuable tools for effective correctional work and decision-making.
- **States grappled with losing program staff.** Staff reductions reduced the capacity to deliver programming in a number of TPC states, and reductions in supervision staff in some states had

similar effects. Limitations in program staff made allocating scarce treatment slots based on risk and need all the more important.

- **Transition planning and work with people who are released without supervision is a major challenge.** The central place that cooperation between institutional corrections and field supervision took in every state's TPC work meant that individuals released without supervision received less attention. This is a substantial issue, as no state among the TPC sites had less than 16 percent of its prison release population returning to the community without supervision, and four of the six had a quarter or more of their releases leaving prison without supervision.
- **Minimal social service infrastructure in many rural areas is a major challenge.** Rural reentry posed a difficulty in the participating states, particularly due to the scarcity of community-based treatment and program providers, the distance between them, and the lack of transportation infrastructure. This challenge was further exacerbated by the fact that many individuals returning from prison did not have valid driver's licenses or were otherwise unable to drive legally.
- **There is a need to balance standardization in reentry processes with decentralizing authority to innovate.** TPC states saw consistency in activities such as the conduct of assessments, development of case plans, and delivery of programs as necessary to have clear roles and responsibilities and ensure that quality was maintained throughout the system. This was the focus of quality assurance efforts, in pilot or planning stages, in many of the TPC sites. At the same time, allowing autonomy to innovate within the system, as the warden at Fort Dodge Correctional Facility did in changing case manager assignment and designing a reentry training for all staff, could be powerful in increasing buy-in to the overall reentry approach and developing the processes that will lead to effective reentry work at the line level.
- **Placing new requirements on staff must be balanced with removing responsibilities.** One consistently recognized source of staff resistance to new assessment, case planning, and other transition procedures was the concern that the workload impacts would be overwhelming. States needed to seek ways to reduce workload to make room for new practices, as well as to create time for offender engagement, motivation enhancement, and positive reinforcement. Iowa, for example, is planning to simplify its case plan for this reason.

Assessing Practice and Measuring Performance

Development of a performance measurement framework and review process remained a work in progress in all six sites at the conclusion of the TPC assistance period. Data and analysis capacity is limited and overtaxed in most correctional systems, so it was not surprising that this proved a challenging area in which to improve performance. All six TPC states evinced a serious commitment to measuring performance, both to allow them to gauge progress and identify areas for improvement, and to demonstrate success to external parties. Each state made progress in terms of identifying important measures and working to report them.

In addition to performance measurement, each TPC state felt it necessary to undertake efforts to gather information on current practice, including program availability and quality, fidelity to intended reentry practice at the line level, and other areas. As TPC collaborative partners gathered to discuss this information, it became clear that no single person knew the state of reentry practice within a single agency (which is not surprising given the complexity of correctional agencies), and that even individuals who worked with partner agencies every day often did not know many things about how that agency

operated. Gathering and making available information about existing practice was very helpful to collaborative partners seeking to identify priority gaps and plans to address them.

Cross-site observations regarding assessing practice and measuring performance include:

- **Capacity to draw and analyze data is limited and overtaxed.** TPC states experienced challenges related to both the design of their data systems, which were not always designed to answer the kinds of questions of interest to a reentry initiative, and lacking staff or sufficiently-skilled staff to retrieve data or conduct analyses using the systems.
- **Gauging the content of line-level practice requires special effort.** Every state in TPC needed to conduct activities to determine what was occurring with transition practice at the line level. There is an ongoing need to check and monitor practice at this level to ensure that policy changes are reflected in practice, but also to learn from line-level practice and innovation to guide policy improvements.
- **Data integration is hugely beneficial when it is achieved, but requires upfront investment.** Differences in data systems for institutional corrections and field supervision made it difficult to measure progress. Creating integrated data systems is a resource-intensive undertaking, but states that had done so believed it to be tremendously valuable.
- **Measurement questions are strategic questions.** It was not possible to define the correction measures to track TPC process until there was clarity at the strategic level of the initiative regarding what should be measured and why. Only once the strategic questions were answered was it possible to move to the technical questions regarding what was possible to extract from the data systems, or what data system modifications might be needed to track progress.
- **Both performance measurement and performance management are important.** Gathering measures of transition performance was difficult, and the full benefit of doing so was not realized unless there was a process for the consistent review of those measures to assess progress and identify issues. Tennessee's JOMP process was a good model of the regular review of data as part of a systems change process.
- **Disseminating evidence of success builds support for the reentry effort.** Summarizing and publicizing evidence of reentry success, both internally within partnering agencies and publicly, helped substantiate progress and increase buy-in at all levels of partnering organizations, as well as solicit support from elected leaders and the public.

Next Directions

As a group, the TPC participating sites realized significant changes at the organizational and system level in their transition efforts. These changes took the form of both very concrete implementation accomplishments, such as putting a validated risk and need assessment in place, and the form of less tangible but no less important changes such as improved communication, increased trust, and a greater sense of common purpose across agency boundaries.

The Transition from Prison to Community Initiative has played an important role in conceptualizing and implementing system approaches to reintegrating individuals returning from prison, in states that participated as TPC sites and beyond. Now that direct TPC assistance to states has concluded, the advancement of TPC concepts and practices such as integrated case management approaches is an achievement in which all TPC partners can take pride. As the TPC assistance period concluded, it was clear that TPC, and the reentry and evidence-based practices movements generally, had effectively disseminated core concepts such as the centrality of assessing for risk and need, and targeting

programming and other resources accordingly. States wishing to improve transition practice have a lot of information and guidance available regarding *what* to do. What they seemed to need in many ways, and what TPC assistance was helpful in providing, was guidance regarding *how* to bring about and sustain the organizational changes necessary to broaden and deepen effective transition practice. This attention to effective implementation is an ongoing need for the correctional field.

Another intriguing direction for the post-TPC work is the integration of systems efforts to reduce offender risk and enhance public safety. While TPC work was clearly targeted at populations in prison and transitioning from prison, the realities of the criminal justice structures in the participating sites lead them to extend TPC planning to probation and the jails, simply because the changes they were seeking to make affected and were affected by those parts of the system. Systems work naturally lends itself to ever-expanding scope, and a next step for national efforts such as TPC may be to clarify for the field how to integrate TPC concepts with efforts possessing similar conceptual bases related to jail transition, effective supervision practice, evidence-based release decision-making, evidence-based sentencing, policing, justice reinvestment, and other spheres that intersect with prison transition.

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Appendix A. TPC Implementation Roadmap

Elements of the Transition Process	Components of an Implementation Strategy									
	Teams	Vision and Mission	Workplan	Understand Current Practice, Populations, Resources	Align With Evidence-Based Practice	Gaps Analysis	Targets of Change	Implementation Plan	Execute, Monitor, Adjust, Connect	Evaluate
Sentencing										
Admission to Prison										
Assessment and Classification										
Behavioral Programming										
Reentry Preparation										
Reentry										
Supervision Services										
Responses to Violations										
Discharge										
Aftercare										
Support for Implementation										

- Committed Leadership
- Shared Vision
- Collaboration Across Traditional Boundaries Within and Outside the Criminal Justice System
- Good Information for Decisions
- Evidence-Based Practice
- Commitment to System Change Identifying Common Interests and Mutual Benefits

Source: TPC Implementation Handbook

Appendix B. TPC Core Measures Worksheet

TPC Common Measures: Population Demographics					
State:					
		2009	2010	2011	Definition
Institutional Population					
1	Annual admissions				Admissions to the state prison system over the calendar year. Include state sentenced individuals admitted to local facilities
2	Annual releases to the community				Releases from state prison system over the calendar year. Include state sentenced inmates released from local facilities.
3	Average length of stay (months)				Average time served, in months, for inmates released over the calendar year. It may be desirable to report length of stay until first release and length of stay for supervision violators separately.
4	Total prison population				Standing population on 12/31 of the calendar year.
5	Average age of prisoners				Average age of prison population on 12/31 of the calendar year
6	% male				For prison population on 12/31
7	% female				For prison population on 12/31
8	% Incarcerated for violent offense				% of prison population incarcerated on 12/31 for violent instant offenses, as defined by state
9	% Incarcerated for property offense				% of prison population incarcerated on 12/31 for property instant offenses, as defined by state (if multiple instant offenses, exclude any with violent instant offense)
10	% Incarcerated for drug offense				% of prison population incarcerated on 12/31 for drug instant offenses, as defined by state (if multiple instant offenses, exclude any with violent or property instant offense)
11	Sex offenders (required to register)				% of prison population incarcerated on 12/31 who will be subject to sex offender registration requirements upon release
12	% inmates with two or more prison admissions in 36 months				% of inmates admitted over the calendar year with 2+ prison admissions in the 36 months prior to that admission
13	% with diagnosed mental health need				% of prison population on 12/31 with mental health need, based on clinical assessment/diagnosis
14	% with assessed substance abuse need				% of prison population on 12/31 with an identified substance abuse need, based on assessment
Supervision Population					
15	Total supervised population				Total population under post-release supervision on 12/31. If probation supervision is commonly used for post-release supervision, count only probationers released to probation supervision from prison. In this case, it will be preferable to report parolees and probationers separately.
16	Admissions resulting from parole/probation revocation				Admissions to the state prison system over the calendar year resulting from parole probation revocation. Do not count parolees/probationers receiving new convictions while on supervision.
17	% individuals released to supervision				% of prison releases over the calendar year released to community supervision.
18	Average length of supervision term imposed (months)				Average time spent on supervision for individuals discharged from supervision over the calendar year. For individuals who have returned to prison and been re-released to supervision, count total street time under supervision since first release (alternatively, report average for first releases and re-releases separately.)
19	% with diagnosed mental health need				% of supervision population on 12/31 with an identified mental health need, based on clinical assessment/diagnosis
20	% with identified substance abuse need				% of supervision population on 12/31 with an identified substance abuse need, based on assessment

TPC Common Measures: System Measures

State:					
		7/2010-12/2010	1/2011-6/2011	7/2011-12/2011	Definition
Assessment/Targeted Interventions					
21	% of prison population assessed				% of total prison population on the final day of the six-month period with a current risk/need assessment (less than one year old)
22	Risk/need instrument used				Instrument used to assess risk and need
23	% assessed as high risk to reoffend				% of assessed population indicated in #21 scoring in the range designated as high risk to reoffend
24	% assessed as medium risk to reoffend				% of assessed population indicated in #21 scoring in the range designated as medium risk to reoffend
25	% assessed at low risk to reoffend				% of assessed population indicated in #21 scoring in the range designated as low risk to reoffend
26	% of supervised population assessed				% of post-release supervision population with a current assessment (done w/in the past year) on the final day of the six-month period
27	Risk/need instrument used				Instrument used to assess risk and need
28	% assessed as high risk to reoffend				% of assessed population indicated in #26 scoring in the range designated as high risk to reoffend
29	% assessed as medium risk to reoffend				% of assessed population indicated in #26 scoring in the range designated as medium risk to reoffend
30	% assessed at low risk to reoffend				% of assessed population indicated in #26 scoring in the range designated as low risk to reoffend
% medium-high risk referred to targeted interventions					% of population assessed as medium or high risk to reoffend during the six month reporting period referred to an intervention appropriate to their assessed criminogenic need
31	Prison population				
32	Supervision Population				
% medium-high risk enrolled in targeted interventions					% of population assessed as medium or high risk to reoffend during the six month reporting period who are enrolled in an intervention appropriate to their assessed criminogenic need
33	Prison population				
34	Supervision Population				
% medium-high risk completing targeted interventions					% of population assessed as medium or high risk to reoffend enrolled in appropriate interventions over the prior six month period who completed that intervention
35	Prison population				
36	Supervision Population				
Case Management					
37	% prison population with case plan				% of prison population at end of six month period with a case plan based on assessment
38	% prison release population w/discharge plan				% of prison releases over six month period released with a completed discharge plan
39	% high-medium risk prisoners receiving case management services				% of high-medium risk to reoffend prisoners receiving case management while incarcerated over the six month period
Collaboration					
40	Executive level group overseeing TPC (yes/no)				
41	Frequency of group's meetings				
42	# of non-correctional representatives in executive level group				
43	Executive Order formalizing collaborative (yes/no)				
44	Mission and/or vision exists guiding TPC efforts (yes/no)				
45	Strategic plan exists guiding TPC effort (yes/no)				
46	Current TPC efforts are in accordance with the strategic plan (yes/no)				

TPC Common Measures: Reentry and Public Safety Indicators

State:					
		7/2010-12/2010	1/2011-6/2011	7/2011-12/2011	Definition
Reentry Indicators					
Employment					
47	Supervisees w/ unsubsidized employment for at least 20 hours per week post-release				% of individuals released over the six month reporting period working at least 20 hours per week on the final day of the reporting period. Exclude individuals within a month of release.
Housing					
48	Supervisees w/ 2+ residential moves in the first year after release				% of annual cohort released under supervision who had changed addresses two or more times within a year of their release (ex. January 2011 report would include the one year outcome for those released in calendar year 2009).
Mental Health					
49	% w/ mental health diagnosis engaged in treatment/medication post-release				% of individuals released from prison during the six month reporting period with indicated need for mental health care or medication engaged in the community mental health system within two weeks of release. Exclude individuals released within two weeks of the end of the reporting period.
Substance Abuse					
50	% w/ substance abuse need engaged in treatment/aftercare in the first year after release				% of individuals released from prison with during the six month reporting period indicated need for substance abuse treatment or aftercare who are enrolled within a month of release. Exclude individuals released within a month of the end of the reporting period.
Public Safety Indicators: Six Month					
51	% successfully completed supervision				% of discharges from supervision over the reporting period as the result of successful completion of supervision.
	% rearrested: 6 months				Percentage of cohort released from prison over the previous six month window rearrested within six months of their release (ex. January report would include the six month outcome for those released Jan-June of the previous year).
52	Supervised				
53	Unsupervised				
54	% technical violators returned to custody: 6 months				Percentage of cohort released to supervision over a six month period return to custody for technical violations (as opposed to new convictions) within six months of release (ex. January report would include the six month outcome for those released Jan-June of the previous year).
	% reconvicted: 6 months				Percentage of cohort released from prison over the previous six month window reconvicted within six months of their release (ex. January report would include the six month outcome for those released Jan-June of the previous year).
55	Supervised				
56	Unsupervised				
Public Safety Indicators: Annual					
		Jan 2010	Jan-11	Jan-12	Percentage of annual cohort rearrested within one year of release (ex. January 2011 report would include the one year outcome for those released in calendar year 2009).
57	Supervised				
58	Unsupervised				
	% rearrested: 3 year				Percentage of annual cohort within three years of release (ex. January 2011 report would include the three year outcome for those released in calendar year 2007).
59	Supervised				
60	Unsupervised				
61	% technical violators returned to custody: 1 year				Percentage of annual cohort released to supervision over a one year period return to custody for technical violations (as opposed to new convictions) within one year of release (January 2011 report would include the one year outcome for those released in calendar year 2009).
62	% technical violators returned to custody: 3 year				Percentage of cohort released to supervision over a three year period return to custody for technical violations (as opposed to new convictions) within three years of release (ex. January 2011 report would include the three year outcome for those released in calendar year 2007).
	% reconvicted: 1 year				Percentage of annual cohort released from prison reconvicted within one year of release (ex. January 2011 report would include the one year outcome for those released in calendar year 2007).
63	Supervised				
64	Unsupervised				
	% reconvicted: 3 year				Percentage of annual cohort reconvicted within three years of release (ex. January 2011 report would include the three year outcome for those released in calendar year 2007).
65	Supervised				
66	Unsupervised				