Prisoner Reentry Initiatives:
Review of the Literature
&
Reentry in Utah

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Introduction

Background

Nearly seven million adult offenders were under some form of correctional supervision in the United States (U.S.) in 2011, compared to less than two million in 1980 (Glaze & Parks, 2012). More than 1.5 million of those were incarcerated in state or federal prison, which represents a fivefold increase in just three decades (Travis, 2008). Dramatic growth in the prison population is largely a function of criminal justice reforms that started in the mid-1970s as states moved away from indeterminate sentencing models, which were flexible, individualized, and operated under the discretion of judges and parole boards. Indeterminate models were replaced with policies intended to standardize criminal justice processes, including "truth-in-sentencing," three-strikes, and mandatory minimum sentencing legislation (Campbell, 2008). Simultaneously, in an attempt to "get tough" on crime, many jurisdictions reduced, or entirely eliminated, the practice of discretionary parole release. As a result of these changes, offenders now receive comparatively longer sentences, serve more of that sentence in prison, and are less frequently under parole supervision when they are released (Burke & Tonry, 2006; Petersilia, 2011).

Sentencing reform has been identified as the primary force behind rising prison expenditures, which averaged more than $30,000 per inmate annually in 2010 (Henrichson & Delaney, 2012). Efforts to lower prison costs include reducing the number of people who are incarcerated, a strategy that is complicated by the high re-incarceration rates of released offenders (Petersilia, 2004; Taxman, 2009; Travis, 2005). Recommitment rates are fueled by use of "get tough" approaches in parole, which result in offenders being returned to prisons not only for new crimes but, more frequently, for violating the conditions of supervision (Burke & Tonry, 2006). In 2011, more than 600,000 inmates were released from state and federal facilities (Carson & Sabol, 2012). Anywhere from one-half to two-thirds of those individuals will be returned to prison within three years of release (Langan & Levin, 2002; The Pew Center for the States (PCS), 2011). Of the more than 500,000 inmates who exited parole supervision in 2011, one-third of inmates were re-incarcerated within twelve months and 65% of those were for a technical violation (Maruschak & Parks, 2012).

There are a number of explanations for the frequency with which offenders are recommitted to institutions, including the collateral impacts of cycling between prison and parole. The majority of offenders enter prison with significant deficits in terms of social and financial capital (Petersilia, 2004; Raphael, 2011; Seiter & Kadela, 2003) and lengthy or repeated episodes of incarceration further disrupt community ties, social relationships, and employment (Wolff, Schi, & Schumann, 2012). When compared to the non-prison population, offenders have lower levels of education, less stable employment and housing histories, less social support, and higher levels of substance abuse (Lynch & Sabol, 2001; Visher, Yahner, & La Vigne, 2010). While the majority of prisons operate programs to address these deficits, budget constraints have limited inmates' access to services (Crayton & Neustetter, 2008; Mumola & Karberg, 2006; National Center on Addiction and Substance Abuse (NCASA), 2010; Petersilia, 2003).

Griffiths, Dandurand, and Murdoch (2007) argue that most offenders had never fully entered society prior to incarceration and conclude that, for many, the risk of recidivism will remain

elevated until they "acquire the attitudes and behaviors that result in most people functioning productively in society" (p. 3). Rehabilitative approaches to crime prevention have been viewed with suspicion since Martinson's (1974) study, which appeared to demonstrate that corrections-based treatment programs did not work. And yet, the evidence clearly shows that criminal sanctions alone do not produce long-term behavioral change (Andrews & Bonta, 2010; Cullen & Gendreau, 2000; Stemen, 2007). In contrast, treatment-oriented interventions can have a significant, positive impact on recidivism (Andrews, Bonta, & Hoge, 1990; Aos, Phipps, Barnoski, & Lieb, 2001; MacKenzie, 2006). For example, substance abuse treatment, cognitive behavioral therapy, correctional education, and treatment-oriented intensive supervision are all associated with reduced rates of recidivism and overall cost savings (Aos et al., 2011; Aos, Miller, & Drake, 2006; Drake, Aos, & Miller, 2009; Lipsey, Landenberger, &Wilson, 2007).

The combination of longer sentences and relatively limited rehabilitation services means that inmates exit prison with a risk of offending that is similar to, or even higher than, the risk when they were admitted (Petersilia, 2011). Ex-offenders have difficulty obtaining and maintaining employment and housing; they lack positive social support and community ties; and they struggle with substance abuse and mental illness (Gaynes, 2005; Visher et al., 2010). Compounding this situation are state and federal policies that restrict ex-offenders from certain types of employment and benefits programs, including public housing and welfare assistance (Visher, Palmer, & Roman, 2007). As a result, many offenders leave prison without the skills to lead a crime-free life and without access to resources and support to develop or maintain those skills.

Recent Reentry Initiatives

In the past decade, the federal government has funded several reentry initiatives to provide research and information on the range of individual, organizational, and systemic factors that contribute to successful reintegration of ex-offenders. These initiatives comprise a range of activities, including: technical assistance, grant funding, program implementation and evaluation, and policy development. The main initiatives, and relevant evaluation results, are described below.

      Reentry Court Initiative. The Office of Justice Programs (OJP) launched the Reentry Court Initiative (RCI) in 2000. The goal of RCI was to create a "seamless system of offender accountability and support services through the reentry process" (Lindquist, Walters, Rempel, & Carey, 2013, p. 2). Reentry courts are characterized by the use of the judicial branch as an authoritative body. The initiative provided technical assistance to nine states, each of which developed a plan for: tracking and supervising offenders at release; helping communities address public safety concerns; and facilitating offenders' reintegration into their communities and families (OJP, 1999). Programs were required to include six core elements into their reentry plan: assessment and planning, active oversight, management of support services, accountability to community, graduated and parsimonious sanctions, and rewards for success. This initiative resulted in the creation of eight functioning reentry courts. The process evaluation documented implementation problems in terms of interagency cooperation, limited access to employment and housing opportunities for offenders, and difficulties coordinating services for a group of offenders with a diverse set of needs (Lindquist, Hardison, & Lattimore, 2004).

Transition from Prison to Community Initiative. The National Institute of Corrections (NIC) announced the Transition from Prison to the Community Initiative (TPCI) in 2001. TPCI was intended to integrate evidence-based practice and stakeholder collaboration in the creation of a practical framework for corrections and non-corrections agencies to advance reentry practices (Burke, 2008). The resulting framework, called the Transition from Prison to the Community (TPC) model, was designed through a cooperative partnership between researchers, professional correctional organizations, and practitioners. TCPI provided funding for technical assistance to states that were implementing the model. NIC and the research partners incorporated feedback from the technical assistance process to make changes to the model. Based on these revisions, NIC and the Center for Effective Public Policy (CEPP) published the *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Handbook*, which includes an overview of TCP in eight states (Georgia, Indiana, Michigan, Missouri, North Dakota, New York, Oregon, and Rhode Island) (Jannetta, Neusteter, Davies, & Horvath, 2012).

The TPC model focuses on eight core elements: reentry and transition as a seamless process; community safety achieved through offender success; involvement of non-correctional stakeholders; systems and organizational change; collaboration as a way of doing business; collaborative teams and change management; evidence-based practices; and performance measurement. In this model, reentry is conceptualized as a process that starts at admission to prison and continues after release from parole. TPC is based on an Integrated Case Management and Supervision approach (Burke, 2008), of which the core activities are:

1. Conducting assessments of each individual's risk, needs, strengths, and environment;

2. Forming, participating in, and leading case management teams that work collaboratively and within agencies;

3. Developing and implementing—along with the client and other partners with both correctional agencies and other agencies—a Transitional 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; and

6. Reviewing progress and adapting plans accordingly over time, including monitoring conditions of supervision and responding appropriately to both technical and criminal violations.

The TPC process evaluation indicated that the initiative was successful at creating systems change. All participating states developed collaborative structures for planning and managing the transition process. Jurisdictions struggled, to varying degrees, with various aspects of collaboration and case management, including: staff turnover, lack of ownership for reentry,

creation of assessment processes, using assessments to develop and monitor case plans, and lack of social service resources to implement case plans (Janetta et al., 2012).

The Prisoner Reentry Initiative. The U.S. Department of Labor (USDOL) was the lead agency for the Prisoner Reentry Initiative (PRI), which was announced in President Bush's 2004 State of the Union Address. PRI is a partnership between several federal agencies, including the U.S. Department of Justice, and is intended to provide support to urban communities that are impacted by large numbers of offenders exiting prison. The program provided two streams of funding: to state prison systems (43 grantees) for the provision of pre-release services, and companion grants to local community and faith-based organizations (43 grantees) for the provision of post-release services. Grantees were required to develop partnerships between criminal justice and community-based partners and were expected to provide services based on a three-phase model of reentry: the institutional phase, the structured reentry phase, and the community/reintegration phase. PRI was designed to provide a range of services, but primarily operates from the philosophy that helping offenders obtain stable employment will reduce criminal behavior. The USDOL evaluation of PRI showed that community- and faith-based grantees increased the amount of work-related services that participants received (Holl, Kolovich, Bellotti, & Paxton, 2009). Programs struggled to create collaborative relationships with criminal justice partners, particularly in terms of accessing information about offenders' treatment plans, assessment information, and release dates. Because PRI was intended to foster new, system-wide relationships, grantees were expected to collaborate with local agencies to provide services related to housing or substance abuse treatment; however, programs often were unable to locate those services within their communities.

Taxman and colleagues produced a series of five reports on states' experiences implementing the OJP initiatives under PRI, covering the topics of: innovations in reentry (Taxman, Young, Byrne, Holsinger, & Anspach, 2003); emerging roles and responsibilities (Byrne, Taxman, & Young, 2002); engaging the community in reentry (Young, Taxman, Byrne, 2002); offenders' views on reentry (Taxman, Young, & Byrne, 2002a); and matching offenders' needs to services (Taxman, Young, & Byrne, 2002b). The authors identified three phases in the reentry process: institutional, structured reentry, and community reintegration. PRI specifically intended to assist states in the development of interagency infrastructure for the reentry process, with the hopes that collaboration would result in comprehensive, continuous systems of care that provided individualized case plans for offenders.

The Serious and Violent Offender Reentry Initiative. In 2003, the US Departments of Justice, Labor, Education, Housing and Urban Health, and Health and Human Services provided $100 million to states, through the Serious and Violent Offender Reentry Initiative (SVORI), for the development and expansion of programs facilitating prisoner reentry. SVORI was intended to support the development of reentry programs that were comprehensive, coordinated, and individualized according to offenders' risk and needs. Grantees were required to create a three-phase reentry curriculum that spanned the period from incarceration to supervision to beyond release. While communities had flexibility in program development, grantees were required to (Winterfield, Lattimore, Steffey, Brumbaugh, & Lindquist, 2006):

- Improve criminal justice, employment, housing, education, health (including substance abuse and mental health) outcomes for ex-offenders

- Include collaborative partnerships between correctional agencies, supervision agencies, other state and local agencies, and community and faith-based organizations

- Target serious or violent offenders, who were less than 36 years old, for program participation

- Encompass the three stages of reentry (in-prison, supervision, and post-supervision)

- Use a needs/risk assessment to guide services and programs

Sixty-nine agencies received funding and technical assistance through SVORI, resulting in the development of 89 separate programs. SVORI included a process evaluation of all 89 programs, and an impact evaluation of 12 adult and four juvenile programs. Results confirmed that participating offenders were a high risk and high need population—in terms of criminal history, employment and housing stability, substance abuse, and access to community-based services. While program participants, for the most part, received more services than non-participants, overall rates of service participation were low and many offenders reported having needs for which they did not receive services. Offenders' participation in services dropped substantially after release from prison, which was a period of time during which the grant specifically sought to maintain support. The two-year outcome evaluation indicated that SVORI participants experienced moderate increases in intermediate outcomes, such as housing and employment, and non-significant reductions in recidivism (Lattimore & Visher, 2009). At 56-months, however, SVORI participants demonstrated significantly fewer arrests, and significantly longer time to arrest, than comparison group members (Lattimore et al., 2012). The authors surmise that the high risk offenders who participated in SVORI may have had difficulty in desisting from criminal behaviors, which explains the lack of significant findings at two years.

The Second Chance Act. The Second Chance Act of 2007 (SCA) was the first major federal initiative that provided funding for adult and juvenile reentry programs in prisons, jails, and juvenile facilities (James, 2011). SCA, which is administered by OJP, emphasized the use of actuarial assessments, evidence-based treatment practices, and rigorous tracking of implementation. In addition to funding, grantees are provided technical support from the National Reentry Resource Center, which is overseen by the Council of State Governments (CSG). SCA comprises a range of grant programs and funds the following types of activities: planning and implementing comprehensive reentry strategies; mentoring programs; the development of integrated treatment programs for treatment of co-occurring disorders; family-based residential substance abuse treatment; reentry courts; training offenders for technology-based jobs; planning and capacity building to reduce recidivism; and implementation of Smart Probation strategies. The National Institute of Justice (NIJ) has awarded $15 million to fund reentry-related research of SCA programs and those evaluations are ongoing.

The Principles of Effective Correctional Intervention

In response to the persistently high rate at which offenders were re-incarcerated during the "get tough" era, criminal justice professionals reevaluated the rationale behind deterrence-based sanctions. A team of Canadian researchers developed a theory of criminal behavior rooted in psychological literature and argued that deterrence strategies were not effective because they did not adhere to the principles of social learning theory (Andrews et al., 1990). According to behavioral theories, punishment is most effective when it is immediate, consistent, and unavoidable (Andrews & Bonta, 2006). The researchers theorized that "official punishment is simply not effective because criminal acts are nearly always followed by immediate reinforcement, while official punishment is delayed and irregular if it occurs at all" (Andrews & Dowden, 2007b, p. 451). Drawing from this perspective, Andrews identified three principles that formed the basis of effective correctional interventions (Andrews et al., 1990; Andrews & Bonta, 2010):

> **Risk principle:** The risk principle proposed that offenders' likelihood of committing future crimes could be predicted, through risk assessments, and decisions about resource allocation (e.g., programming and treatment) should be based on assessed risk, with high-risk offenders receiving more intensive services.

> **Need principle:** The need principle identified eight factors—referred to as criminogenic needs—that were empirically linked with criminal behavior <u>and</u> were also amenable to intervention (e.g., factors that could be changed, like attitudes, as opposed to static factors, like age). Corrections-based treatment should be based on assessed need and specifically targeted to criminogenic needs: history of antisocial behavior; antisocial personality pattern; pro-criminal attitudes; social supports for crime; substance abuse; family relationships; education and employment; pro-social recreational opportunities.

> **Responsivity principle:** The responsivity principle identified cognitive behavioral programming as the most effective way to teach new skills and behaviors. Additionally, the responsivity principle proposed that interventions should be tailored to individual offenders' characteristics, such as gender, cognitive abilities, or motivation to change.

Referred to collectively as the RNR model, these principles have had enormous influence on criminal justice practice and particularly on the design of corrections-based assessment instruments and interventions (Bonta & Andrews, 2007). The RNR model has been described as a map for offender rehabilitation, which assists in the identification of *who* to provide services to (risk principle), *what* services to provide (need principle) and *how* to create a learning environment that will facilitate behavioral change (responsivity principle). In the past 20 years, research has demonstrated that criminal justice programs are more effective when operated in accordance with the RNR principles (Andrews & Bonta, 2010; Andrews & Dowden, 2007a; Gendreau, Smith, & French, 2006). For example, Andrews and Bonta (2006) analyzed 44 vocational programs and found that programs adhering to all three principles produced a 38 percentage point difference in the recidivism rate between the treatment and comparison groups, while programs adhering to none of the principles produced a 5 percentage point difference in recidivism.

In addition to developing a theory of effective programs, researchers hypothesized that certain therapeutic practices, also based in social learning theory, would be effective for creating long-term modification of offenders' behavior (Andrews & Kiessling, 1980). Those five constructs are commonly referred to as dimensions of core correctional practice (CCP) (Dowden & Andrews, 2004):

Table 1. Dimensions of Core Correctional Practice (CCP)[a]

Practice	Explanation
Effective use of authority	Use of "firm but fair" approach with offenders. This includes clear explanation of rules and positive reinforcement when offender is compliant.
Anti-criminal modeling and reinforcement	Staff should use positive and/or negative reinforcement in all interactions with offenders to support positive behaviors and counteract pro-criminal sentiments.
Problem solving	Teach problem-solving skills
Use of community resources	Staff should be involved in linking offender with appropriate community resources.
Quality of interpersonal relationships between staff and client	Staff interactions with offender should be warm, open, and enthusiastic.
[a] Source: Dowden & Andrews, 2004	

Dowden and Andrews (2004) conducted a meta-analysis looking at the impact of CCP on treatment effectiveness. Although the practices were evident in less than 20% of correctional treatment programs, those programs that did incorporate CCP demonstrated elevated treatment outcomes across a range of offender and treatment characteristics. In response to this type of research, the original RNR model was expanded to include CCP and other empirically-validated principles:

Table 2. RNR Principles of Effective Human Service in Justice Contexts[a, b]

Principle	Explanation
Psychological theory	Intervention should be based on a solid theory of human behavior (general personality and social learning recommended)
Human service	Introduce human service into the criminal justice system. Do not rely on severity of the penalty.
Professional discretion	Deviate from recommendations for specified reasons.
Dosage	Avoid treatment dropouts from programs otherwise adhering to RNR.
Breadth	Target a number of criminogenic needs relative to non-criminogenic needs.
Strengths	Assess strengths to enhance prediction and to enhance specific responsivity effects.
Staff practices	The effectiveness of interventions is enhanced when delivered by service staff with high-quality relationship skills in combination with structuring skills (e.g., anti-criminal modeling, reinforcement, skill building, effective disapproval, effective use of authority, cognitive restructuring, motivational interviewing).

Principle	Explanation
Community-based	Community-based services are preferred, but if residential or institutional, RNR principles still apply.
Management and organizational concerns	Promote the selection, training, and clinical supervision of staff according to the RNR principles, with an emphasis on assessment skills and relationship and structuring skills. Introduce monitoring, feedback, and adjustment systems with reference to RNR adherence.
Community linkages	Maintain positive relationships with other agencies and organizations, such as related service agencies.

[a] Adapted from: Andrews & Dowden, 2007b
[b] Table does not include risk, need, and responsivity principles, which are described on the previous page.

Although the RNR principles are empirically-based, each has varying amounts of research supporting its effectiveness. For example, the first four dynamic risk domains (prior criminal behavior, pro-criminal attitudes, pro-criminal associates, and antisocial personality) are more strongly associated with criminal behavior than the last four (Andrews & Bonta, 2006). In addition, researchers have questioned whether studies supporting the RNR model, which consist largely of meta-analyses, are conflating reporting methods within primary studies with adherence, or lack thereof, to RNR principles. In a meta-analysis that explicitly intended to evaluate the RNR model, Lipsey (2009) found evidence supporting the risk principle but mixed support for the needs and responsivity principles. Lipsey's analysis demonstrated effectiveness for a range of interventions, including programs that were not cognitive behavioral, and identified only three program characteristics that were significantly correlated with recidivism: having a treatment-oriented philosophy; being conducted with high-risk offenders; and having high quality implementation. Findings from a systematic review of drug courts appeared to contradict the risk principle, showing that drug courts that excluded high-risk offenders were more effective than drug courts that admitted high-risk offenders (Mitchell, Wilson, Eggers, & MacKenzie, 2012). The authors attributed those results to the fact that the review was looking at court outcomes rather than individual outcomes, but nonetheless urged caution in making policy decisions based on empirical data without close scrutiny of study methods.

The RNR model has been incorporated into best practice recommendations by the majority of U.S. criminal justice organizations. SCA, SVORI, TPC, and PRI all require grantees to structure programming according to principles identified in the RNR model. In the past ten years, The Center for Effective Public Policy (CEPP), The Council of State Governments Justice Center, The National Center for State Courts (NCSC), The National Institute of Corrections (NIC), The National Institute of Justice (NIJ), The National Parole Resource Center (NPRC), The Reentry Policy Council (RPC), and The Urban Institute (UI) have published best practice guidelines based on the RNR model. NIJ and NIC identified eight principles of evidence-based practice for criminal justice, which overlap with RNR, and are provided below as a general definition of evidence-based principles within the U.S. criminal justice system (Crime & Justice Institute at Community Resources for Justice, 2009):

1. Assess actuarial risk/needs

2. Enhance intrinsic motivation

3. Target interventions:

   - Risk principle
   - Need principle
   - Responsivity principle
   - Dosage: Structure 40-70% of high-risk offenders' time for 3-9 months
   - Treatment principle: Integrate treatment into the full sentence/sanction requirements.

4. Skills training with directed practice

5. Increase positive reinforcement

6. Engage ongoing support in natural communities

7. Measure relevant processes/practices

8. Provide measurement and feedback

For the purposes of the current document, the terms "evidence-based" and "effective" refer to programs and practices that adhere to the RNR model and/or the eight NIC principles.

 Evidence-based practice and reentry. One critique of relying on outcome evaluations, even well-designed ones, to inform reentry planning has been the relative scarcity of rigorous research on the topic (Byrne, 2009; Petersilia, 2004). Many of the reentry outcome evaluations use quasi-experimental designs, raising the possibility that changes in recidivism are the result of group differences rather than the intervention. Furthermore, reentry studies historically focused on interventions that targeted specific domains—such as education or employment—and provided limited insight into the organizational, policy, and community factors that influence reentry (Byrne & Miofsky, 2009; Listwan, Cullen, & Latessa, 2006). Reentry specialists contend that the era of "single stand-alone" programs is over and jurisdictions must move toward systems change that facilitates community-wide adoption of empirically-based principles (Taxman et al., 2002b). Best practice recommendations from corrections professionals for effective reentry have not always been examined in the scientific literature. Petersilia (2004) noted the following examples of practitioner recommendations that have not been widely evident in reentry program evaluations: system-wide collaboration, ideological transformation in the culture of corrections, and state-wide policy development.

Even with recent funding that prioritized those types of systems-wide changes, research on the impact of programs is mixed, showing evidence both for (Braga, Piehl, & Hureau, 2009; Duwe, 2012; Jacobs & Western, 2007; Lattimore et al., 2012; Officer, Bajpai, & Officer, 2011; Roman, Brooks, Lagerson, Chalfin, & Tereshchenko, 2007; Taxman, 2008; Zhang, Roberts, & Callanan, 2006) and against (Lattimore & Visher, 2010; McDonald, Dyous, & Carlson, 2008; Minnesota Department of Corrections (MDOC), 2006; MDOC, 2011; Smith & Suttle, 2008; Wilson & Davis, 2006) the efficacy of reentry interventions. Because the demands of scientific rigor are different than the demands of correctional administration and practice, Petersilia (2004) argues for ongoing reliance on both types of expertise to produce: "scientifically credible evaluations of reentry programs that practitioners believe will work" (p. 8). The Center for Effective Public

Policy, as part of an initiative to narrow the gap between science and practice in the criminal justice system, developed the following guidelines for applying evidence-based principles to reentry planning (Domurad & Carey, 2010):

Table 3. Core EBP Findings and Reentry[a]

Finding	Example of Implications for Reentry
Services should be targeted to those offenders who are assessed at **medium** or **high risk** to reoffend. Offenders who are low risk to reoffend are unlikely to benefit from a correctional intervention designed to change their behavior.	Assess the risk level of offenders to determine who (i.e., medium and high risk) should get services and the length and intensity of those services.
Low risk offenders tend to recidivate at higher rates when services/interventions are over-delivered.	Give the low risk offender stabilization services (e.g., housing, medical, transportation) rather than those that target behavioral change.
Offenders who are at **extremely high risk** might be able to benefit from an intervention; however, the length of time and intensity of the intervention will likely exceed the resource capacity of most agencies.	Target interventions to medium and high (rather than low and extremely high) offenders.
Empirically-based **assessment tools** provide a more accurate statistical probability of re-offense than professional judgment alone.	Administer an empirically-based risk assessment tool.
Risk of recidivism is greatly reduced when attention is paid to **criminogenic needs** (dynamic risk factors) such as antisocial attitudes, beliefs and values, antisocial peers, and certain personality and temperamental factors. There is a clear association between the number of criminogenic needs targeted and reduced recidivism; the higher the number of needs targeted, the lower the rate of recidivism.	Use assessment instruments to identify criminogenic needs. Train staff to understand criminogenic needs and how to effectively address these in case management planning. Have available programs and services to address the full range of criminogenic needs. Direct, through policy, that staff address the top three (or more) criminogenic needs in case management planning. Match offenders' programming and services to their assessed criminogenic needs.
The most impactful programs aimed at changing criminal behavior and reducing recidivism are **cognitive-behavioral** and **behavioral** interventions.	Have available cognitive behavioral programs for the medium and high risk offenders.

Finding	Example of Implications for Reentry
The use of **incentives** can be a powerful tool to enhance individual motivation in meeting case plan goals and for promoting positive behavioral change.	Develop policies around rewards that staff can use to encourage pro-social behavior (such as letters of affirmation, reduced reporting requirements, bus passes, and early termination).
Graduated sanctions (i.e., sanctions that increase in severity based on the nature or number of violations) decrease recidivism.	Develop a violation decision-making guideline that takes into account the risk of the offender and the severity of the violation behavior.
The quality of the **interpersonal relationship** between staff and the offender, along with the skills of staff, may be as important to risk reduction as the specific programs in which offenders participate.	Train staff in core correctional practices that include relationship building and skill practice with offenders.
Risk of recidivism is highest in the **initial weeks** and months following release from prison; recidivism rates stabilize in years two and three.	Front load supervision and support services for reentering offenders, providing more intensive services initially, and then diminishing the intensity over time as offenders' behavior dictates.

[a] Source: Dorumad & Carey, 2010

The Current Study

The current study is comprised of two parts, the first of which is an overview of the national literature on effective reentry practices for adult offenders who have been sentenced to prison. This review will not address juvenile offenders, offenders exiting jail, probationers, or specialized offender types such as sex offenders or mentally ill offenders (for more information on the latter group, see Vanderloo & Butters, 2012). Recommendations will be based on the findings of high-quality research on reentry programs and practices, when possible, and also best practice recommendations from national corrections and research organizations. The second part of this study will present results from a survey on reentry practices conducted with staff from the Utah Department of Corrections (UDC).

Best Practices in Prisoner Reentry

Defining Reentry

For the purposes of the current report, prisoner reentry refers to the processes by which an offender is prepared for release and returned to the community. Prisoner reentry is broadly defined as those activities conducted by correctional agencies that are intended to reduce the likelihood that an offender will be re-incarcerated after release (James, 2011; Petersilia, 2003). In the United States (U. S.), reentry comprises a heterogeneous array of practices that include educational and vocational classes, substance abuse and mental health treatment, transitional

housing and jobs programs, pre-release planning, parole, and highly structured re-entry interventions (Reentry Policy Council (RPC), 2013). The type of reentry services that prisoners receive is dependent on a range of factors: individual offenders' interest in services; the availability of programming within a given correctional agency; and state-level policies regarding sentencing and release (Petersilia, 2004; Taxman et al., 2003). Whether or not an agency provides formal reentry services, all correctional practices are assumed to impact the post-release behavior of inmates (Seiter & Kadela, 2003; Travis, 2005). Consequently, correctional experts recommend that reentry be conceptualized as a process rather than an individual program and that transitional planning and support begin at admission to prison and continued after the inmate has been released (Taxman et al., 2003; Travis, 2005). The following discussion will provide an overview of existing research on correctional processes, practices, and strategies that are associated with successful reentry outcomes in terms of recidivism, reintegration, and public safety.

Preentry. Many national reentry initiatives focus on processes and practices as they relate to offenders who have been sentenced to prison. The principles of effective correctional intervention, however, can (and some argue should) be applied to the entire criminal justice system, including pretrial and sentencing (Andrews & Dowden, 2007b; Byrne & Miofsky, 2009; Casey, 2010; Casey, Warren, & Elek, 2011; Marcus, 2006; Travis, 2005). The Sentencing Reform Act identified four goals that legitimately guide sentencing decisions: punishment, deterrence, public safety, and rehabilitation (Patch, 2013). The language of the act allowed for, but did not explicitly promote, the prioritization of rehabilitative goals in sentencing. In light of research demonstrating that punishment and deterrence-focused practices are not effective at reducing recidivism, state courts have made recent reforms to prioritize rehabilitative goals in sentencing. Byrne (2009), who refers to sentencing-focused reentry initiatives as "preentry," argued that re-conceptualizing the decision to incarcerate is a central component of long-term reduction of the prison population. The National Center for State Courts (NCSC) advised that the use of evidence-based practices "at the 'back-end of the system" should not be "thwarted by sentencing decisions that run counter to those practices" (Casey, 2010, p. 119). Sentencing decisions based on reliable and valid information about risk level and criminogenic need support public safety goals by diverting low-risk offenders into alternative sanctions rather than exposing them to the potentially deleterious impacts of incarceration (Burke & Tonry, 2006; Lowenkamp & Latessa, 2004; PCS, 2011).

Planning for Reentry

Researchers and national corrections organizations advise that reentry processes should be dynamic, individualized, and integrated; meaning that coordinated efforts span the transition from incarceration to the community (Burke & Tonry, 2006; Carter, 2010; National Institute of Corrections (NIC), 2004; Taxman et al., 2003). Given the number of agencies and organizations that have a stake in reentry, the creation of comprehensive, flexible processes requires ongoing coordination among criminal justice, social service, and non-profit agencies. System-wide efforts are often difficult to implement because of heterogeneous policies, practices, and organizational philosophies among reentry stakeholders. Successful reentry initiatives overcome those differences through collaboration, which includes the development of common goals and clearly defined roles and responsibilities (Carter, 2010).

In recent years, criminal justice agencies have implemented and revised prison-based treatment programs to better prepare offenders for successful reintegration. Many reentry specialists contend that such modifications cannot occur in isolation but must be one component of larger, system-wide change (Burke, 2008; Byrne, 2009; Petersilia, 2004; Travis, 2005). The National Institute of Corrections (2010) advised that evidence-based principles inform decisions at the level of policy and practice to ensure congruence between individual treatment programs and the entire criminal justice process. An example of potential conflict between programming and processes is apparent in the manner in which jurisdictions determine which offenders will receive treatment services. Decisions regarding program participation are influenced by budget constraints, staff training, public fear regarding certain types of offenders, and other factors unrelated to offenders' likelihood of recidivating (Lin, Grattet, & Petersilia, 2010; Taxman et al., 2003). Programs are likely to have larger impacts, however, when decisions regarding resource allocation are based on actuarial assessments of risk and need (Andrews et al., 1990; Andrews, Bonta, & Wormith, 2006).

   Collaboration. No single entity has the authority or resources to provide everything an offender may need to successfully reintegrate into his or her community (Kempker, 2010). The number of agencies and institutions who are involved in reentry, however, is one reason that reentry initiatives have been difficult to implement. Petersilia (2003) contends that "part of the difficulty in rethinking prisoner reentry is that it is not clear who owns the problem" (p. 172). At various points in the criminal justice process, offender management and service provision are the responsibility of an array of agencies, each of which has a different organizational mission and access to resources. Most of the research literature recommends that reentry planning should begin at admission to prison and continue after release to the community (Crime and Justice Institute at Community Resources for Justice, 2009; RPC, 2005; Taxman et al., 2002b). In the majority of jurisdictions, however, no single entity has the authority to make service and supervision decisions across organizational boundaries. Without coordination, the reentry process is vulnerable to duplicating services, failing to address significant offender needs, or providing programming and management that conflict with other stakeholders' efforts (McGarry & Ney, 2006). This systems change is expected to generate a new reentry infrastructure comprised of common goals and coordinated planning and decision-making processes (Byrne et al., 2002).

In criminal justice settings, interagency collaboration has been demonstrated to facilitate better implementation of evidence-based practices (Crime and Justice Institute at Community Resources for Justice, 2009). A nationwide study of correctional personnel, including prison wardens, state-level executives, and corrections-based treatment directors, found that criminal justice systems that were characterized by strong interagency collaboration used more evidence-based practices than those systems where there was less collaboration (Friedmann, Taxman, & Henderson, 2007). Similarly, the perception of collaboration between criminal justice and community-based organizations was associated with stronger adherence to the principles of effective correctional practice in drug treatment programs for offenders. Collaborative efforts have the most impact when supported by high-level policy initiatives. Henderson (2009) found that the creation of statewide policies to facilitate integrated systems for managing and treating offenders was associated with increased implementation of evidence-based strategies, such as the

use of behavioral management mechanisms to incentivize program participation and the development of integrated systems of care.

Shared goals. In the post-Martinson (1974) era of "nothing works" to rehabilitate offenders, the correctional systems' mission to protect public safety was synonymous with incapacitation. A primary purpose of sentencing reform was to extend the length of time that offenders stayed in prison, because the evidence seemed to suggest that incarceration was the only way to deter criminal behavior (Campbell, 2008). The ability of a criminal justice agency to shape offenders' behavior was perceived to end when the offender was transferred to another institution or supervising agent. Service provision for offenders has largely been driven by the organizational mandate of whichever criminal justice agency has authority at a given point in time. Corrections-based programs that emerged within this context mirrored this fragmentation and typically operated within existing organizational boundaries (Lattimore et al., 2012).

Reentry specialists now encourage criminal justice agencies to reinterpret the mandate to protect public safety in terms of long-term behavioral change in addition to short-term control (Burke & Tonry, 2006; Crime and Justice Institute at Community Resources for Justice, 2009; Domurad & Carey, 2010; Petersilia, 2003; RPC, 2005; Taxman et al., 2003). In order to do this, stakeholders must develop a shared mission based on common goals that are specific to reentry. CEPP (Carter, 2010) contends that the critical component of an effective reentry mission statement is embracing "the idea that public safety can be enhanced by taking actions that promote more offender success" (p. 9). According to the Crime and Justice Institute at Community Resources for Justice (2004), collaborative criminal justice efforts should:

- Be beneficial to all stakeholders

- Have well-defined common goals

- Have well-defined roles and responsibilities for each partner

- Have a jointly-developed structure for planning and decision-making

- Facilitate shared authority among partners

Specifically, the development of a shared vision of reentry should facilitate a system-wide evaluation of each partner's policies and practices to ensure they are compatible with community-wide goals and evidence-based principles. RPC (2005) recommends that stakeholders redesign individual agency mission statements to articulate how their agency's work will improve offenders' "chances of success when they return to the community upon release from prison" (p. 39). The relevance of a collaborative reentry mission statement is partially dependent on having the right stakeholders at the table. CEPP (Carter, 2010) recommends the inclusion of individuals and agencies that have a role in the following ventures:

- Public safety

- Offender management

- Victims/Victim Advocates

- Mentorship Programs

- Educational and Vocational Programs

- Housing Authority

- Health Care Providers

- Mental Health Providers

As a TPCI participant, Michigan implemented a reentry initiative that clearly identified the importance of interagency collaboration. Since the creation of the Michigan Prisoner Reentry Initiative (MPRI), recidivism rates for Michigan's annual parole releases have dropped, from a three-year recommitment rate of 45.7% in 1998 to a three-year recommitment rate of 31.5% in 2008 (Michigan Department of Corrections, 2013). As an example of a shared mission that is specific to reentry, the MPRI vision is provided below:

> The vision of Prisoner Reentry is to reduce crime by implementing a seamless plan of services and supervision developed with each offender, delivered through state and local collaboration, from the time of their entry to prison through their transition, reintegration and aftercare in the community.

Coordinated decision-making. The reentry process can be conceptualized as a series of decisions, each of which must strike a balance between community safety and offender rehabilitation. Ideally, those decisions are based on reliable and valid information regarding offenders' risk level and response to treatment (Andrews & Bonta, 2006; Gendreau et al., 2008). Within a fragmented criminal justice system, however, it can be difficult to gather comprehensive data detailing changes in offenders' risk of recidivism. Public opinion generally holds correctional agencies responsible for reentry failures and criminal justice agencies, therefore, assume greater risk than other stakeholders for reentry decisions. This differential allocation of risk means that correctional agencies may not perceive the benefits of sharing authority for decisions regarding release, conditions of supervision, and returns to prison. The lack of input into decision-making, however, contributes to a lack of community ownership over the problem of reentry (RPC, 2005). Coordinated decision-making facilitates community-wide ownership over reentry, enhances the systems' ability to develop transition processes that are tailored to individual offender needs, and ultimately allows the system to achieve reentry goals that would not be possible were agencies to work independently (Crime and Justice Institute at Community Resources for Justice, 2009; McGarry & Ney, 2006).

The goal of collaboration in reentry is the creation of mechanisms that enable partners to "act as a system to improve public safety" (Byrne et al., 2002, p. 4). In practice, this means that individual agencies make decisions regarding offender management and services based on shared goals rather than individual agency mandates. In evaluating the RPI initiatives, Byrne and colleagues (2002) advised that all stakeholders should have a voice in the key decision-making points of the reentry process. The Michigan Prisoner Reentry Initiative, which has demonstrated success in reducing the rates at which offenders returned to prison, implemented a reentry model conceptualized as shared decision-making at six points, starting at intake and continuing through revocation decisions (MPRI, 2006). The National Institute of Corrections (2010) developed a

framework for evidence-based decision making in criminal justice systems, which identifies the following key decision points:

- Arrest decisions

- Pretrial status decisions

- Charging decisions

- Plea decisions

- Sentencing decisions

- Local institutional intervention decisions

- Local institutional release decisions

- Community intervention decisions

- Violation response decisions

- Discharge from criminal justice system decisions

Reentry specialists advise that decision-making points should reflect larger, system-wide goals regarding resource allocation, public safety, and the purpose of sanctions in shaping offenders' behavior (Kempker, 2010; McGarry & Ney, 2006).

When successfully implemented, collaboration between reentry stakeholders allows communities greater flexibility and precision in facilitating offender change and protecting public safety. For example, the inclusion of law enforcement agencies on reentry teams may help parole agencies respond more quickly to supervision failures and increase opportunities for interrupting criminogenic behavior in the community (Jannetta & Lachman, 2011). Even with funding, however, collaboration is difficult to achieve without a structure for joint decision-making. The PRI evaluation found that community- and faith-based partners were rarely included in decision-making, information-sharing, or transition planning, despite that grantees did engage in coordinated activities with criminal justice partners (Holl et al., 2009). In many communities, the only coordination between pre- and post-release services was at the level of referral; coordination was better at sites where the criminal justice partner contracted with the community partner to provide services. Strategies for the implementation of decision-making structures include:

- The reentry initiative is comprised of two teams, one of which consists of state-level executives and division directors and addresses system-wide policy questions. The other team consists of individuals who implement those policies and oversee the day-to-day case management of offenders as they move through the criminal justice system (Carter, 2010; Burke, 2008).

- The reentry initiative includes an inter-agency case management team. Within this team, the "case manager" for an offender rotates depending on which agency has authority at a given point in time. For example, a representative from the prison would be the primary

case manager while the offender is incarcerated and that role would switch to a community-based partner (such as parole or law enforcement) as the offender is released (Burke, 2008; Sample & Spohn, 2008). The case manager facilitates decision-making discussions and solicits input from the rest of the team.

- The reentry initiative hires a project director who functions as a "boundary-spanner" and is responsible for gathering and sharing information with the team and facilitating the development and monitoring of transition plans. This position should have the authority to make decisions across organizational boundaries (Byrne et al., 2002).

- The reentry initiative implements a structured decision-making process, or decision tree, that "translates decisions and choices into operating principles that are used to guide decisions" (Campbell, 2008, p. 52). Structured decision-making tools identify what information to consider in making decisions about offenders' treatment and supervision plans (Serin, Gobeil, Hanby, & Lloyd, 2012).

Reentry and Prison

Over the past three decades, incarceration has largely served the short-term purpose of incapacitating offenders with the expectation that the prison experience itself will function as a long-term deterrent to criminal behavior after release. The burgeoning prison population, which includes many offenders with a prior history of incarceration, suggests that spending time in prison does not, in and of itself, reduce the likelihood of re-incarceration. Byrne (2009) rejects the utility of prison as a deterrent to recidivism, but argues that, for some prisoners, incarceration may be the appropriate "control level for the provision of the types of treatment and services" the offender needs to change behavior (p. 6). Within a rehabilitative framework, the period of incarceration can serve as an opportunity to identify and address the root causes of criminal offending (NIC, 2004; RPC, 2005). Research confirms this assessment, and demonstrates that offenders who participate in some prison-based programs recidivate less frequently than comparable groups of offenders who do not receive services (Aos et al., 2001; Aos et al., 2011; Drake et al., 2009; Lipsey et al., 2007). Access to such programs is limited, however, and programs are differentially effective (Drake et al., 2009). Recent meta-analyses suggest that the potential impact of programming on recidivism is a function of both the type of programming and the intervention's adherence to the principles of effective correctional practice (Lipsey, 2009; Lowenkamp, Flores, Holsinger, Makarios, & Latessa, 2010).

The period of incarceration is an opportunity for offenders to participate in a rational planning process that can prepare them for a crime-free life after release (Stroker, 2010). The three-phase reentry model identifies the following activities that should occur during incarceration: assessments, development of a transition plan, and participation in programming (Taxman et al., 2002b). Prison-based programs can support offenders' change processes when implemented as part of a comprehensive treatment plan that includes case management (Burke, 2008; Lattimore et al., 2012). In addition to case planning, case management activities include: enhancing offenders' motivation to change; acting as a broker to ensure services are available; monitoring offenders' progress on the case plan; and coordinating between stakeholders to resolve conflicting expectations (Glassheim, 2011).

Assessment. The primary purpose of assessment is to predict, and thereby manage, offenders' behavior. Assessment occurs at all stages of the criminal justice system, although institutional assessments have traditionally focused on security classification and have primarily been used to ensure the safety of staff and inmates in the facility (Petersilia, 2003). In terms of reentry preparation, the assessment process is intended to predict offenders' likelihood of future criminal offending once they are released from prison. For both the RNR model, and most of the federal reentry initiatives, assessment forms the basis of a comprehensive case plan and should be conducted at admission to prison (Carey, 2010b; Latessa & Lovins, 2010; Lattimore et al., 2012; Taxman et al., 2003). Assessment is an ongoing process that informs planning, determines service allocation, and guides decision-making regarding release and supervision (Crime and Justice Institute at Community Resources for Justice, 2009). In a fully integrated criminal justice system, case planning begins with the pretrial assessment, which is incorporated into the in-prison treatment plan (Burke & Tonry, 2006; Casey et al., 2011).

Evolving methods for collecting, and interpreting, information during assessment are often referred to as "generations" in criminal justice literature. The first generation of assessment, structured clinical judgment, was based on a practitioners' clinical expertise. This approach had little predictive validity in comparison to statistical methods (Andrews & Bonta, 2010; Hilton, Harris, & Rice, 2006). Second generation assessments consisted of instruments that made risk determinations based on statistical analyses. Second generation instruments classified offenders almost entirely on the basis of static (historical) risk factors, which means they have limited utility in the development of treatment plans. Third-generation instruments identified and quantified offenders' criminogenic needs and produced a list of treatment targets. Unlike second-generation tools, they were grounded in the assumption that behavior is malleable and that offenders can be reformed through treatment and environmental alterations. Third-generation instruments were empirically-based and theory-driven. Fourth-generation tools expanded upon third-generation instruments by systematically linking the results to treatment plans and case management strategies (Andrews et al., 2006).

Assessment processes. Assessing inmates for reentry planning requires the development of policies and procedures that support the integration of results into case management practices. The RPC (2005) recommends that reentry assessments be streamlined with existing intake procedures in order to minimize duplication of staff efforts. In addition to actuarial instruments, the assessment process should include information gathered from criminal justice records, community partners, family members, and other sources where relevant (Christensen, Jannetta, & Buck-Willison, 2012; RPC, 2005). Depending on the assessment instrument, staff will need training, and perhaps certification, to accurately administer and interpret the tool (Flores, Lowenkamp, Holsinger, & Latessa, 2006). Staff training and support is an important precursor to successful implementation of assessment processes. A study of correctional staff's use of a third generation instrument (LSI-R, see below for further information on this instrument) found that less than one-third felt that assessment instruments were useful and less than half (42%) used the results to develop reentry plans (Hass & DeTardo-Bora, 2009). Despite staff's indication that they had received adequate training, the authors noted significant inconsistencies in terms of how staff interpreted the results and made referrals. The results of this study suggest that implementation planning around assessment should consider: staff support for assessment

processes; ongoing training and monitoring of quality assurance; and tools that link assessment results to case planning.

Development of policies for implementing assessment procedures should also identify the various timeframes at which offenders will be re-assessed. Ideally, reassessment will be coordinated with key decision-making points in the reentry process and critical junctures in offenders' psychological change processes (Andrews et al., 1990; Gendreau, Little, & Goggin, 1996; Taxman et al., 2002b). Ongoing assessment results will demonstrate changes in offenders' risk level and needs and inform decisions regarding modifications to the treatment plan and release conditions. In order to facilitate continuity in the transition plan, assessment policies should include guidelines for sharing the results with criminal justice and community partners. Previous reentry initiatives have been hampered by difficulties sharing information across organizational boundaries (Holl et al., 2009; Janetta et al., 2012), which resulted in stakeholder efforts that duplicated, or directly contradicted, each other. The NIC (2010) suggests that the creation of coordinated systems for sharing assessments can reduce agency workload and build a common knowledge base for managing offenders' goals and progress. Given the range of stakeholders who may be providing services or supervision during reentry, collaboration in the assessment process is a mechanism for ensuring that all partners are targeting the same needs.

The Transition from Jail to the Community (TJC) reentry model, which is an NIC program, separates the assessment process into two phases: (1) a brief screening to determine risk level and (2) a targeted assessment to identify criminogenic needs and appropriate treatment (Christensen et al., 2012). Assessing for risk and need has a different purpose than security classification procedures, although both endeavors may occur at the same time and gather similar information. Within a reentry context, the primary purpose of screening is to inform decisions regarding who should receive a full risk/need assessment; as such, all prisoners should undergo basic screening. Screening instruments are often based on static indicators of risk and are often comprised of only two or three items.

Offenders classified as having a medium- to high-risk for reoffending should be further assessed in order to make decisions about program placement, supervision levels, and treatment needs (Christensen et al., 2012). Because assessment instruments are intended to guide the treatment plan, the instrument should provide insight into offenders' dynamic risk factors (i.e., factors that are amenable to intervention). Latessa and Lovins (2010) note the following problems that can be experienced when translating assessment results into practice:

- The assessment process is not comprehensive and does not gather sufficient information about a range of dynamic and static risk factors.
- The assessment does not produce quantified level of risk (e.g., does not classify offenders as high-, medium-, and low-risk).
- The results of the assessment are not used to develop a case plan.
- Staff is not adequately trained to administer and interpret the results.
- Staff resistance

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Assessment instruments. The impact of reentry programming is dependent on the creation of a relevant case plan that accurately identifies risk and need and matches offenders with appropriate services. As such, the accuracy of the screening and assessment instruments is paramount. The accuracy of assessment instruments is often described in terms of reliability, which means the instrument produces similar results when implemented by different individuals at different times. The second dimension of an instruments' accuracy is called validity, which means statistical testing confirms that the instrument accurately predict outcomes for offender populations. Validity may change across dimensions of race, class, gender, and geography and instruments should therefore be tested for the particular population for which they will be used (Christensen et al., 2012). Fourth-generation assessment tools are intended to combine predictive validity with face validity, with the intent that the results will make practical sense to case managers in the development of treatment plans. For the purposes of reentry planning, the instrument should also be sensitive to change, which is the degree to which the measure reflects changes in target behaviors as the result of an intervention (Bloom, Fischer, & Orme, 2009). Finally, screening and assessment tools should be validated within local jurisdictions, to confirm that offenders who are scored as high risk are recidivating at higher rates than individuals who score as low-risk (Christensen et al., 2012).

In addition to considerations of reliability and validity, the selection of an appropriate assessment instrument is dependent on a range of factors, including the proprietary costs to purchase the instrument, the corollary costs of staff training, licensing, and other associated fees. Below is an overview of risk and need assessments designed for use with criminal justice populations.

Correctional Offender Management and Profiling Alternative Sanctions (COMPAS). This computerized database was designed to assist with decision-making regarding offenders' placement, supervision, and case management (Brennan, Dieterich, & Ehret, 2009). COMPAS is considered a fourth-generation risk assessment, which means that it is intended to function as a dynamic part of case planning and implementation. COMPAS is comprised of multiple subscales: criminal involvement, history of noncompliance, history of violence, current violence, criminal associates, substance abuse, financial problems, vocational or educational, criminal attitudes, family criminality, social environment, leisure, residential instability, criminal personality, and social isolation. The risk assessment portion is comprised of four dimensions: violence, recidivism, failure to appear, and community failure. Offenders are classified as low, medium, or high risk on a ten-point scale. The needs assessment component classifies offenders as having low, medium, or high need for services in a range of areas. COMPAS also includes modules for tracking decision-making, treatment, offender outcomes, and organizational variables. Brennan, Dieterich, and Ehret (2009) found that COMPAS: had stronger predictive validity for person and felony offenses than for the category of any new offense; was equally accurate for both men and women; and performed equally well for African American and white males. A recent California study of the two-year predictive validity of COMPAS found that the both the recidivism and violence scales were significantly correlated with re-arrest, but that the violence risk scale did not meet conventional standards for accuracy (Farabee, Zhang, Roberts, & Yang, 2010).

Historical, Clinical, Risk Management (HCR-20). The HCR-20 was developed as a tool for assessing violent recidivism and was intended for, and has been validated with, criminal

populations with moderate to severe mental illness (Douglas & Webster, 1999). The HCR-20 consists of 20 items and assesses three factors (i.e., historical, clinical, and risk) in the prediction of violent recidivism. The instrument measures some dynamic aspects of risk for violent recidivism. Research evidence suggests that the HCR-20 is a moderate to strong predictor of violent behavior (Belfrage & Douglas, 2002; Dernevik, Grann, & Johansson, 2002), but is not a measure of general recidivism. The utility of the HCR-20 with general offender populations has not been established (Douglas, Guy, & Reeves, 2007).

Inventory of Offender Risk, Needs, and Strengths (IORNS). The IORNS is a proprietary instrument that provides an assessment of static and dynamic risk factors as well as offender strengths. The instrument consists of 130 items in four indices: static risk, dynamic need, protective strength, and overall risk. The IORNS includes specific scales for assessing violent and sexual criminal behavior. While the instrument can be administered and scored by line staff, they must be supervised by a licensed mental health professional (Miller, 2006).

Level of Service Inventory-Revised (LSI-R). The LSI-R is a proprietary instrument, for use with offenders 16 years old and older, which uses dynamic and static factors to advise security classification and programming. The LSI-R predicts offenders' risk of one-year recidivism. It contains 54-items and ten subscales: criminal history, education and employment, financial, family and marital, accommodations, leisure and recreation, companions, alcohol and drugs, emotional and personal, and attitude and orientation. The LSI does not have to be administered or scored by a clinical professional but does require an offender interview. The LSI-R generally predicts recidivism as well or better than other instruments for both general and violent recidivism, including the Wisconsin and the PCL-R (Gendreau et al., 1996). The LSI-R is useful in case planning because of its sensitivity to change in risk level: the dynamic items do, in fact, change at reassessment and are malleable as posited (Belfrage & Douglas, 2002; Raynore, Kynch, Roberts, & Merrington, 2000).

There are multiple permutations of the LSI-R, including the *LSI-R/SV,* which is a screening version designed to be used as a cost effective way to establish if the full LSI-R should be administered. The *Level of Service/Case Management Inventory (LS/CMI)* integrates the results of the LSI-R directly into a case plan process based on the RNR model and is considered a fourth generation version of this tool.

Ohio Risk Assessment System (ORAS). The ORAS is a comprehensive assessment process, consisting of five instruments that are intended to guide decision-making from sentencing through reentry. The results can be used to classify offender risk, identify dynamic needs, and identify barriers to treatment at various stages in the criminal justice process (Latessa, Smith, Lemke, Makarios, & Lownkamp, 2009). The ORAS Reentry Tool is intended to be administered within six months of release from prison. It consists of 20 items and three domains (criminal history, social bonds, and antisocial attitudes). The instrument was validated on a mixed-gender sample of 1,800 Ohio offenders and predicted new arrest for both groups (r=.30 for males and r=.44 for females). The ORAS is non-proprietary and does not require specialized education to administer or score, but agencies must complete a standardized training program before implementing the tool.

*Salient Factor Score (SFS).*The SFS assesses an individual's risk of violating parole. The instrument was developed for U.S. Parole Commission and consists of six criminal history items that produce score of 0-10, with higher score indicating that the person is less likely to violate parole (Hoffman, 1994). The risk score is based on offenders': prior criminal convictions, criminal prison commitments for more than 30 days, age at the time of the offense, length of time between last incarceration period and the most recent offense, probation or parole (or escape) status the time of the most recent offense, and whether the inmate was dependent on heroin. The identified advantages of this instrument include ease of use and objectivity (Ratansi & Cox, 2007). The SFS provides a guideline for the amount of time an individual should spend in prison before being released to community supervision. Research on three different samples has found the SFS to have predictive validity for re-commitment, reconviction, and re-arrest (Hoffman, Stone-Meierhoefer, & Beck, 1978).

The Self-Appraisal Questionnaire (SAQ). The SAQ (Loza, Dhaliwal, Kroner, & Loza-Fanous, 2000) is a proprietary, self-report risk and need measure consisting of 72 items and eight subscales. It can be administered in a group setting, requires no clinical judgments, consists of all true/false items, and takes 15 to 20 minutes to complete. More than half of the items are designed to assess dynamic factors. Subscales include: criminal tendencies, anti-social personality problems, conduct problems, criminal history, alcohol and drug abuse, anti-social associates, a validity scale, and an anger scale. The latter is not included in the overall score because it has not been shown to be a strong predictor of recidivism. Without this subscale, the instrument is comprised of 67 items. The SAQ has strong discriminant and predictive validity at 2- and 5-year follow-up (Loza & Loza-Fanous, 2003).

Static Risk and Offender Needs Guide (STRONG). STRONG is a fourth-generation automated assessment and case planning system developed for use in the Washington State corrections system. The web-based instrument is comprised of a 26-item Static Risk Assessment that considers: demographics, juvenile record, commitment to DOC, adult felony record, adult misdemeanor record, and sentence/supervision violations. The Offender Needs Assessment, which is calculated separately, consists of 55 items: education, employment, friends, residence, family, substance use, mental health, aggression, attitudes and behaviors, and coping skills. STRONG is a proprietary instrument and requires no specialized qualifications to administer. Research indicates that STRONG has predictive validity for both felony and violent recidivism (Drake & Barnoski, 2009).

Wisconsin Risk Need Assessment (Wisconsin). The Wisconsin is one of the oldest actuarial risk assessments and was designed for use in classifying probationers and parolees. The non-proprietary instrument scores offenders on the dimensions of risk and need, using both static and dynamic variables. The risk dimension consists of 11 factors: number of address changes in last year; percentage of time employed in last year; substance use problems; negative thoughts; age at first conviction; number of prior periods of probation/parole supervision; prior revocations; prior felony convictions; prior assaultive adjudications of guilt; and prior convictions of burglary, theft, robbery, bad checks, or forgery. The need dimension consists of 12 factors: academic/vocational skills, employment, financial management, marital/family relationships, companions, emotion stability, substance use problems, mental ability, health sexual behavior, and officer's impression of offender needs. While early studies found that the

Wisconsin had strong predictive ability (Gendreau et al., 1996), more recent work found that it over-classified the number of high risk offenders, performed only slightly better than chance for predicting re-arrest, and explained very little of the variance in recidivism (Henderson & Miller, 2011). The needs portion of the instrument has been also been criticized for being highly subjective and not adding to the overall predictive accuracy of the instrument. Recent attempts to revise the instrument have not improved its predictive validity (Eisenberg, Bryl, & Fabelo, 2009). The *Correctional Assessment and Intervention System (CAIS)* is an automated, fourth-generation, integrated tool based on the Wisconsin. CAIS includes modules for tracking offender change, organizational factors, budgets, and outcomes. This is a web-based system and requires no investment in terms of hardware or software. Neither the Wisconsin nor the CAIS require specialized training.

Violent Risk Appraisal Guide (VRAG). This instrument was designed for use with criminal offenders with mental illness (Quinsey, Harris, Rice, & Cormier, 1998). VRAG consists of 12 items including personality disorder, schizophrenia, age, marital status, and criminal recidivism. Studies show that VRAG successfully predicts general, violent, and sexual recidivism among a wide variety of populations (Gray, Fitzgerald, & Taylor, 2007; Harris, Rice, & Camilleri, 2004; Kroner & Mills, 2001). The predictive validity of the VRAG has not been established for female offenders (Hastings, Krishnan, Tangney, & Stuewig, 2011).

Self-assessment and protective factors. Recent research explores the development of risk assessment instruments that identify predictors of crime desistance, in addition to risk of criminal offending (Serin, Lloyd, & Hanby, 2010). These types of assessments are based on the theory that "risk assessment primarily informs the process of risk acquisition," which may not be sufficient to inform the process of crime desistance (p. 57). The Dynamic Risk Assessment of Offender Reentry (DRAOR) is one such tool that is based on items related to protective factors—such as well-being—as well as dynamic risk factors. Validation of DRAOR is preliminary, but suggests that protective factors may add a unique contribution, in addition to risk factors, to predicting recidivism for a cohort of probationers in New Zealand. A recent Texas study found no significant correlation between protective factors—such as psychosocial functioning—and offending (Morgan, Kroner, & Mills, 2012); however, this study did find that offenders were able to self-identify risk factors that increased their risk of recidivism (e.g., impulsivity, substance abuse). Bahr, Harris, Fisher, and Armstrong (2010) also found that parolees were able—at the time of release—to identify those risk and protective factors that were associated with success and failure. These results suggest that the identification of protective factors, and offenders' perception of risks and strengths, may enhance the effectiveness of the reentry plan.

Specialized assessment tools. While the reentry case plan should be developed based on the results of an assessment instrument that identifies criminogenic needs, that plan may benefit from supplemental information from other types of assessments. For specialized populations—such as sex offenders or mentally ill offenders—the assessment process may include instruments designed specifically for certain offender types. For example, the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) and the Sex Offender Risk Appraisal Guide (SORAG) are instruments that were designed for, and validated with, sex offenders. The Diagnostic Interview Schedule IV (DIS-IV) is designed to allow correctional staff to assess offenders'

mental health needs and make referrals. The Reentry Policy Council (2005) advises that the assessment process include information from a range of domains, depending on offender needs, and gives a detailed overview of instruments that can be used by criminal justice personnel to assess the following areas: physical health, substance abuse, mental health, family relationships, housing, employment and education, financial status, recidivism risk, and criminal thinking.

Organizational assessments. The Crime and Justice Institute at Community Resources for Justice (2009) contends that effective criminal justice programs operationalize the principles of evidence-based practice at the agency level in addition to the case level. When applied to agencies, the principles support recidivism goals by facilitating congruence between staff behavior, organizational operations, and effective practice. Program evaluation research indicates that administrators often overestimate the degree to which their programs adhere to the principles of effective correctional practice (Serin et al., 2012). The Evidence Based Correctional Program Checklist (CPC) was developed to assess correctional intervention programs and is used to determine how closely programs adhere to the principles of effective intervention. The CPC assesses programs on two dimensions: capacity, which includes leadership, staff characteristics and quality assurance measures; and content, which includes assessment and intervention characteristics. Several recent studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies found strong correlations with outcome between both domain areas and individual items (Lowenkamp, 2003; Lowenkamp & Latessa, 2003; Lowenkamp & Latessa, 2005). Research supports the association between a reentry programs' adherence to the RNR model and reduced recidivism rates (Lowenkamp, Latessa, & Smith, 2006) as well as the lack of impact on recidivism for programs that do not adhere to the model (Latessa, Lowenkamp, & Bechtel, 2009).

Assessment and strategic planning. In aggregate, assessments can assist reentry teams with long-term strategic planning. Latessa and Lovins (2010) recommend that corrections agencies inventory and classify existing services based on the specific criminogenic need(s) that the interventions target. This process will provide insight into the availability, or lack, of appropriate services for offenders. If conducted simultaneously, an analysis of all assessments conducted by the reentry team will allow jurisdictions to develop a profile of criminogenic needs among the local inmate population. This combined analysis is a tool for facilitating stakeholder discussions regarding the adequacy of existing services and long-term strategic planning for developing future programs and resources (Christensen et al., 2012). Ideally, jurisdictions will develop an array of services that is both comprehensive, in terms of addressing a wide range of criminogenic needs, and reflects the needs of the local prison population.

Case management. Recent federal initiatives identify case management as the core of reentry programming (Burke, Herman, Stoker, & Giguere, 2010; Carey, 2010b; Lattimore et al., 2012; Taxman et al., 2003). Within a fragmented criminal justice system, case management is the primary strategy for incorporating evidence-based principles into reentry planning and practice. In the context of reentry, Carey (2010b) defines case management as:

> The strategic use of resources—including staff time, correctional programs, and other types of resources—at the case level to enhance the likelihood of success following

institutional release and discharge from supervision, decreasing the likelihood of offender recidivism. (p. 7)

Research supports the effectiveness of case management in reentry programs (Duwe, 2012; Rossman & Roman, 2003). A study of community supervision in Maryland found that offenders were less likely to recidivate when parole officers used case management as a supervision strategy (Taxman, 2008). The authors identified the following components of the case management strategy: use of cognitive behavioral techniques and motivational interviewing to engage offenders in the change process; creation of a social learning environment, wherein the officer helped the offender learn about his own behavior; use of relevant performance measures to evaluate and adapt the case plan monthly; and creation of a social learning environment for staff. When compared to offenders under regular supervision, offenders who received change-oriented supervision had 42% fewer arrests.

In contrast, the SVORI evaluation did not support the effectiveness of case management for reducing recidivism (Lattimore et al., 2012). The Washington State Institute for Public Policy (WSIPP) conducted a meta-analysis of 12 studies looking at case management-based substance abuse programs for criminal offenders and found no positive effects on recidivism (Aos et al., 2001), although a more recent WSIPP study did find positive effects for community-based, substance abuse case management (Drake, 2012). Discrepancies in these findings might be a function of the different ends to which case management was applied. In the SVORI evaluation, case management was defined by evaluators in terms of service brokerage, monitoring progress, and assisting with benefits applications. While those services were not associated with reduced recidivism, the SVORI evaluation did find a positive impact on recidivism for services targeting offender change—treatment, education, and cognitive behavioral interventions. In the Maryland study, Taxman (2008) specifically identified rehabilitative goals for case management. These findings suggest that the effectiveness of case management is dependent on its placement within a treatment-oriented rehabilitation strategy.

The CEPP (Carey, 2010b) recommends that case management should facilitate offenders' receipt of targeted services, be based on assessment of risk and need, and be characterized by the following qualities:

- Effective case management is comprehensive and attends to stability factors (housing, medication, transportation) in addition to criminogenic needs.

- Effective case management is ongoing.

- Effective case management is dynamic. Case plans are modified in response to changes in offenders' behavior, assessments, and progress on goals.

- Effective case management is team-based and includes the offender as part of the team.

- Effective case management utilizes engagement techniques as a tool in the case management process.

- Effective case management is supported by automation, which facilitates: information sharing between agencies; availability of assessments, current case plan, and offender progress on the plan; measurement feedback; and tracking intermediate and long-term outcomes.

For the TPCI, NIC developed an integrated case management (ICM) model, specific to reentry, that prioritized community safety, offender reintegration, evidence-based practice, and collaboration (Burke, et al., 2010). ICM is defined as:

> A guide for applying an agency's time and resources in a way that will enhance community safety through the prevention of future victimization. This approach helps agencies reduce relapse and recidivism by encouraging offenders' support of safer and healthier communities. ICM uses a common framework and language to monitor progress and update the outcomes during offender incarceration, transition to release, and community supervision. (p. 6)

The ICM model identifies risk containment, risk reduction, stabilization, and administrative case management activities that should be differentially used for managing and rehabilitating offenders, depending on assessed risk of recidivism. The range of possible activities that a case management team provides and/or coordinates includes:

- Screen to identify level of risk

- Full assessment of risk and needs

- Development of reentry case plan, that describes supervision level and programming needs

- Conduct activities to engage offenders in change process

- Ensure offenders receive targeted treatment services as defined in case plan

- Coordinate activities related to enrollment in public benefits programs

- Cultivate informal networks of pro-social support

- Address stabilization and survival needs

- Surveillance and monitoring

- Periodic reassessment of risk and need to modify reentry plan as appropriate

- Facilitate links to non-correctional resources

Within this framework, case management for all offenders includes activities related to screening and stability. Stability needs are those non-criminogenic needs that enhance offenders' ability to become functional community members, such as living arrangements, medication, and identification documents. While not directly related to recidivism, those needs are directly related to offenders' likelihood of obtaining and maintaining employment and developing pro-

social supports, and therefore serve the interests of public safety (Burke et al., 2010). Under the ICM model, low-risk and extremely high-risk offenders receive minimal treatment-oriented services; the majority of those resources are devoted to medium- and high-risk offenders. Resources are coordinated by the case management team through a case plan, which is a written document describing a coordinated strategy for facilitating behavioral change.

The case plan. The CEPP (Carey, 2010b) makes a distinction between a case plan, which includes the offender as a member of the reentry team, and conditions mandated by criminal justice entities that the offender must follow. This distinction reflects a shift in the role of the corrections agency, from monitoring offenders to acting as agents of change. In conjunction with the Maryland Department of Public Safety and Correctional Services, NIC developed a set of guidelines that incorporated evidence-based principles into case planning in a correctional setting (Taxman, Shepherdson, & Byrne, 2004). In addition to using an actuarial assessment to match offenders with the appropriate treatment and supervision, the authors suggest that case plans (p. 21):

- Should be a behavioral contract. The offender should be part of the team to develop the plan to ensure ownership and acceptance of quarterly progress measures. The offender should sign this contract.

- The behavioral contract should prioritize the accomplishments that an offender should achieve on a quarterly basis. Progress should be tied to clear behavioral objectives. Prioritization should first address areas of interest to the offender as a tool to facilitate change.

- The behavioral contract should encompass supervision requirements, court and/or parole mandated conditions, treatment services, and expected sanctions and incentives. Included should be the requirements and expected consequences for positive and negative progress.

In order to function as a working document that facilitates collaboration between reentry stakeholders, the integrated case management model recommends that the case plan should: be written, be accessible to all partners, and contain the following elements (Burke et al., 2010):

- Offender risk level and criminogenic needs
- Offender goals related to criminogenic needs, including interventions, goals, and timelines
- Barriers to change
- Offender strengths and strategies for mobilizing those supports
- Offender readiness for change
- Offender responsibilities under the plan
- Updates and modifications based on changes in risk and need

The NIJ/NIC (Taxman et al., 2004) guidelines also suggest that case plans include contact information for the offender and staff—so that the plan continues to function as a working document after release—and an outline of staff responsibilities under the plan. The utility of the case plan as a mechanism for facilitating coordinated behavioral change is dependent on organizational policies and administrative procedures that support integration of the document into the larger case management process. The difficulty in implementing such a process is evident in the Prisoner Reentry Initiative (PRI) , which directed grantees to create written case plans for all offenders (Holl et al., 2009). At the one year evaluation, however, the majority of programs were working off case plans that were not written down, only addressed a portion of offenders' criminogenic needs, did not include behavioral contracts, or were developed by one person rather than a system of stakeholders (Holl et al., 2009). In response to these difficulties, the CEPP guidelines recommend that reentry planning include the development of policies for automating and sharing case plans and assessments (Carey, 2010b).

Facilitating change. Latessa (2012) argued that effective correctional staff must be tasked with the complex work of changing, rather than simply monitoring, offenders' behavior. Recent federal reentry initiatives encourage jurisdictions to use case managers or case management teams to oversee this change process (Holl et al., 2009; Taxman et al., 2003; Winterfield et al., 2006). The TPC process evaluation recommended that jurisdictions devote specific staff to facilitate reentry (Janetta et al., 2012). The use of dedicated reentry case managers created momentum, organization, and focus, and facilitated the addition of new practices within existing institutional processes. Within the ICM model, the case manager has two primary functions: to develop the plan in accordance with evidence-based principles; and to collect, synthesize, and monitor information regarding factors that may positively or negatively impact offenders' progress on the plan. While dedicated reentry staff is essential to facilitate this process, the ICM model is fundamentally collaborative:

> This approach recasts both the offender and line staff as key actors in the case management and change processes. Under this approach, staff expects offenders to participate in their own assessments, identify their own goals, and be active participants in risk reduction activities. Similarly, the line officer is not simply a monitor but an agent of change—using interactions with offenders as occasions for communication that will enhance their motivation and encourage their success. (Burke et al., 2010, p. 13)

For corrections-based programming to be effective, offenders must participate and engage in treatment. While compulsory interventions can be effective, programs suffer from high attrition (Anglin, Prendergast, & Farabee, 1998; Mitchell, Wilson, & MacKenzie, 2006). High attrition is a concern because offenders who drop out of treatment have higher recidivism rates than individuals who never started treatment (McGrath, Cumming, Livingston, & Hoke, 2003). Even when offenders complete treatment, however, lack of engagement is associated with poor outcomes on recidivism (Wilson & Davis, 2006). Engagement strategies, including motivational interviewing, can facilitate both attendance and active participation in treatment programs. In a study of prison-based programming for sex offenders, Marshall and colleagues (2008) found that inmates who participated in a 6-8 week motivational interviewing course prior to treatment had better outcomes than inmates who participated in the same treatment without the preparatory course. Three years after release, the offenders who received pre-treatment services had

significantly lower rates of re-incarceration and conviction. Offenders in the preparatory course also demonstrated significantly improved scores on actuarial measures of self-efficacy, readiness to change, and treatment readiness. The authors concluded that attention to treatment readiness facilitates "the internalization of the materials in their resultant comprehensive treatment programs, resulting in better, longer term success" (Marshall et al., 2008, p. 39).

A study of parolees who successfully completed supervision confirms the importance of the individual agency as a component of successful reintegration (Bahr et al., 2010). Through qualitative interviews, the authors identified those parolees who felt that they had "changed" completed parole more frequently than offenders who were "fatalistic" about their ability to fulfill parole requirements (p. 687). In the PRI evaluation, Taxman and colleagues (2003) identified critical junctures in reentry that corresponded to research on the psychological stages of change (Prochaska & DiClemente, 1986): six months prior to release; 30 days prior to release; the weeks on either side of release; 30 days post-release; and 60 days post-release. Within the PRI model, these junctures are conceptualized as potential crisis points and opportunities. During those times, offenders may be more amenable to treatment or they may be at risk for dis-engaging from treatment and/or recidivating. The case manager is tasked with implementing the reentry plan in a fashion that capitalizes on opportunities to engage offenders in the process of change and anticipates potential crisis points. For example, offenders are most likely to return to prison in the weeks and days after release (National Research Council (NRC), 2007). As such, reentry initiatives are encouraged to amplify resources and support during the days and weeks immediately preceding and following release (La Vigne & Halberstadt, 2010, see next section for more information on pre-release planning).

The purpose of centralizing planning and decision-making within a case manager or case management team is to infuse the rehabilitative model throughout the criminal justice system. The risk of creating a dedicated reentry team is that other staff and stakeholders may disengage from the process, which threatens the efficacy of the case plan (MDOC, 2011). All interactions between the offender and correctional or treatment staff should support offender change. Successful implementation of the case plan is dependent on all correctional staff's skills for engaging offenders in treatment, modeling new behaviors, giving appropriate feedback, and effectively using positive and negative reinforcement. The TPCI evaluation identified problems implementing the ICM model because line staff was resistant to change (Janetta et al., 2012). As such, administrators and middle managers have a critical role to play in terms of developing policies and systems for providing training and feedback for line staff that will enhance their ability and desire to support reentry efforts (Dowden & Andrews, 2004; Crime and Justice, Guevara, et al., 2010; Hass et al., 2009).

Programming. The majority (84%) of U.S. prisons offer rehabilitative programming for offenders (Brazzell, Crayton, Mukamal, Solomon, & Lindahl, 2009). Research demonstrates the following types of interventions are associated with reductions in post-release criminal behavior: correctional education, vocational training and work release, correctional industries, cognitive behavioral interventions, and drug treatment (Drake, 2012; Drake et al., 2009; Lee, Aos, Drake, Pennucci, Miller, & Anderson, 2012; Lipsey et al., 2007; MacKenzie, 2006; Mitchell et al., 2006; Seiter & Kadela, 2003). Prison-based programs are differentially, and some argue marginally, effective. In a meta-analysis of more than 500 evaluations of correctional

interventions, WSIPP identified the following recidivism rates associated with correctional programs:

Table 4. Estimated Reductions in Recidivism for Adult Correctional Programs[a]

Corrections-based programs	Reduces Recidivism by (%)
Drug treatment (therapeutic communities or outpatient)	6.4
Education (prison, basic or postsecondary)	8.3
Correctional industries (prison)	6.4
Cognitive-behavioral therapy (prison or community)	6.9
Vocational education (prison)	9.8
Life Skills education	0.0

[a] Source: Drake et al., 2009

The WSIPP analysis, along with much of the criminal justice research on effective programs, grouped studies according to program type, a strategy that has been critiqued because it ignores other factors that may influence effectiveness. Andrews and Dowden (2007b) demonstrated that correctional programming is enhanced when the intervention—regardless of type—adheres to the RNR model. Their analysis found that academic programs, vocational training, and substance abuse treatment were more effective when they were implemented according to the RNR principles (the analysis only considered the principles of risk, need, and responsivity). Dowden and Andrews (2004) examined the influence of core correctional practice (CCP) on treatment and found that all of the practices, except advocacy, were associated with higher mean effect sizes. In a separate study, Andrews and Dowden (2005) identified six indicators of program integrity that were significantly associated with elevated effect sizes, regardless of program type: the intervention was based on a theory of criminal behavior that had specific practice components: staff were trained in the model; staff were selected based on relationship skills; staff were supervised by a clinician who had been trained in the model; the program had less than 100 participants in the treatment group; and an evaluator was involved in the treatment program. These findings were only true for programs that provided appropriate treatment (defined as adherence to RNR); program integrity did not enhance the effectiveness of inappropriate treatment.

Lipsey (2009) also found significant, positive correlations between program integrity and program effectiveness (in this study, program integrity was defined in terms of treatment dosage, evaluator involvement in treatment, and if the study author identified problems with implementation). In total, this body of research suggests that effective reentry initiatives must consider both *what* programs are offered and *how* those programs are implemented. With respect to both questions, reentry teams may encounter substantial barriers accessing appropriate interventions (Jannetta et al., 2012; Lattimore et al., 2012; Taxman et al., 2002b). In part, this difficulty stems from the lack of available programs. The majority of state prisons offer basic education (66%), secondary education (76%), and life skills classes (77%) (Brazzell et al., 2009). Most facilities also offer some form of substance abuse education (74%) (NCASA, 2010). Comparatively fewer prisons offer postsecondary education (32%), special education (33%), vocational training (50%), group counseling for substance abuse (up to four hours per week, 55%), or therapeutic communities for substance abuse (29%). Even when programming is available in a facility, however, relatively few offenders receive services, likely due to a combination of limited budgets and lack of motivation on the part of offenders for treatment

(Crayton & Neusteter, 2008). The table below provides figures on the number of state prisoners who receive educational services during incarceration:

Table 5. Involvement in Correctional Education Programs by Type[a]

Program	% of inmates who received programming
Adult basic education	2
Adult secondary education	19
Postsecondary education	7
Special education	0
Vocational training	27
Life skills education	24
[a] Source: Brazzell et al., 2009	

The National Center on Addiction and Substance Abuse (NCASA, 2010) describes a "treatment gap" between the prison population's substance abuse needs and the availability of suitable programming. Within state prisons, the most common forms of drug programming are education and peer counseling. Only 11% of offenders with a substance use disorder received professional treatment, defined as counseling from a licensed clinician, residential facility, or pharmacological interventions. Even when services are available, they frequently do not adhere to the principles of evidence-based practice (Dowden & Andrews, 2004). A survey of prison-based substance abuse treatment program directors found that less than one-third of programs used standardized risk assessments or provided a continuum of care; less than one-fifth used role plays to practice new skills; and only half employed techniques for engaging offenders in treatment (Friedmann et al., 2007).

Release planning. Inmates report being unprepared for release on measures of material, social, and medical needs (La Vigne, Shollenberger, & Debus, 2009; Wolff et al., 2012). Older inmates and inmates who have spent more time in prison since turning 18 report feeling significantly less ready for release than younger inmates and those who have spent less of their life in prison (Wolff et al., 2012). A study of inmates released from prison in Texas found that many left prison: with only one set of clothing (73%), without government issued identification (63%), and without any mode of transportation (46%) (La Vigne et al., 2009). Other research confirms that the moment of release is a period wherein many inmates struggle to find: a place to stay; transportation; access to social support; and access to medications, mental health, or substance abuse treatment (Gaynes, 2005; Morani, Wikoff, Linhorst, & Bratton, 2011; Rossman & Roman, 2003; Samuels & Mukamal, 2004; Visher et al., 2010). This period poses a threat to public safety as well, because the days and weeks after release from prison are the time when offenders are most likely to commit a new crime or violate the conditions of their parole (NRC, 2007). Recidivism rates stabilize during the second year after release, which suggests that helping inmates through the transition may reduce overall re-incarceration rates.

Taxman, Young, Byrne, and Holsinger (2003) identified the months that precede and follow release as a "critical juncture" for offenders in terms of supporting change processes that started in prison. During this timeframe, authority over the offender is often split between the prison and the supervising agent, which can disrupt continuity in the reentry plan. This transition often comprises a gap in support, as the offender moves from institutional to community-based services. In an attempt to reduce fragmentation during this vulnerable period, the three-stage

model of reentry conceptualizes the months before and after release as a single period, called the Structured Reentry Phase (Taxman et al., 2003). The TPC model identifies a wider timeframe, called the Release Phase, spanning from 6-12 months prior to release and extending through the first 6 months after release (Burke, 2008). During the Release Phase, the reentry case manager:

- Arranges meetings between the offender and the community reentry team, including the parole officer (this practice is often referred to as in-reach)
- Arranges meetings of the reentry team, including prison- and community-based case managers, if those are different people, and the parole officer
- Develops plans for obtaining community services, such as mental health or substance abuse treatment
- Addresses survival needs (e.g., housing, transportation, medication)

While the latter task, addressing survival needs, is not empirically related to recidivism (Lattimore et al., 2012), it is directly related to offenders' likelihood of successful reintegration, and therefore serves the larger interests of public safety (Burke et al., 2010). The structured reentry period is intended to provide sufficient time to address long-term post-release needs; however, The Urban Institute identifies the moment of release as a discrete intervention point that is coordinated within the larger reentry plan and targets issues that cannot be addressed until the offenders' release date is known (La Vigne, Davies, Palmer, & Halberstadt, 2008; La Vigne & Halberstadt, 2010). Conceptualized as release planning, activities conducted within this period are intended to address short-term needs that can further longer-term goals identified in the case plan.

The majority (98%) of U.S. prisons provide release planning for at least some inmates, most frequently in the form of written discharge plans and/or pre-release classes. Most commonly, those services are provided to inmates with mental health disorders (44%) and those being released to parole supervision (37%); only 40% of institutional correctional facilities provide written discharge plans to all inmates and just over half provide pre-release classes for all inmates (La Vigne et al., 2008). Based on research regarding specific vulnerabilities during this time, The Urban Institute developed a set of policy recommendations for the moment of release that includes attention to the following areas:

Table 6. Elements of the Release Plan[a]

Domain	Recommendation
Transportation	Provide transportation at the moment of release and evaluate whether the releasee will have access to transportation to services, work, and other locations mandated in release plan
Clothing, food, and amenities	Provide clean, appropriate clothing and information regarding access to food and resources
Financial resources	Provide enough money to subsidize food, transportation, and shelter during the initial days following release; a minimum of $109 is recommended to attend to transportation and food costs.

Domain	Recommendation
Documentation	Provide a state-issued identification card
Housing	Identify safe, affordable places where releasees can stay for at least 24 hours after release and verify that bed space is available
Employment and education	Ensure that appropriate assessments and referrals have been made to facilitate the process of finding and keeping a job. Provide documentation of skills and credentials to the appropriate workforce development agency.
Health care	Conduct an assessment of a prisoner's mental and physical health care status and needs prior to release and provide contact information of a health care facility in the community they plan to reside in. For individuals with substance abuse or mental health issues, schedule an appointment with a counselor in the community prior to release. Provide 45 days' worth of medication to releasees who are on medication while incarcerated.
Support systems	Provide a release handbook listing community resources and contact family members (when appropriate) to notify them of the release date and release plan. For prisoners without family members, refer to community- or faith-based organizations that can offer support within the first 24 hours of release.

[a]Source: La Vigne et al., 2008

Seiter and Kadela (2003) determined that participation in a prison release program—which consisted of pre-release planning and education—was associated with lower recidivism rates, although their review only identified two studies that met eligibility criteria. The Boston Reentry Initiative (Braga et al., 2009), which serves high-risk jail inmates, concentrated services around the moment of release, including arranging for a family member or project mentor to meet inmates at the gate on the day of release. Mentors continued to meet with offenders after release, for an average of 7.3 meetings. The release plan identified community-based agencies that would assist with offenders' immediate needs, such as identification, transportation, and transitional jobs, among others. All of the agencies who participated in the project revised their organizational mission statements to describe their role in reentry and the correctional agency contracted with additional programs to ensure program participants would have access to services. While it is not possible to isolate the effects of release planning from the rest of the reentry initiative, multivariate analyses show that program participants had significantly lower re-arrest rates than non-participants.

There is relatively little research on the impact of release planning on recidivism; however, the experience of the Project Greenlight project suggests that release planning is ineffective if it does not occur within the context of a larger transition plan (Wilson & Davis, 2006). Project Greenlight was a short-term intervention that provided release planning that focused on employment, housing, drug relapse prevention, and facilitating relationships with community partners, including field parole officers. Eight weeks prior to release from prison, eligible

participants were transferred to a correctional facility in their home community. In addition to release planning, offenders participated in a cognitive behavioral skills program. Inmates were required to participate in Project Greenlight or face sanctions. Multivariate analyses showed that participants did worse on all recidivism measures and in some cases those results were statistically significant. The authors surmised that the failure of Project Greenlight was attributable to the fact that: the program had no aftercare or community-based component; offenders were not engaged in the program and facilitators were not trained or expected to address motivation; and the program was a one-size-fits all approach that did not match offenders to treatment based on assessed needs.

The SVORI initiative also found no relationship between release planning and recidivism (Lattimore et al., 2012). As noted earlier, however, this finding may be an artifact of the study methodology. Release planning was coded broadly by researchers as "working with anyone to prepare for release." This study did find support for interventions that targeted individual change behaviors—including education programs, substance abuse treatment, and cognitive behavioral interventions—and recidivism.

   The release decision. As a result of sentencing reform and the move toward determinate sentencing models, many jurisdictions do not have authority over when, or under what conditions, offenders are released (Campbell, 2008). For states that have indeterminate sentencing models, however, the release decision is a critical point at which the case plan is either reinforced or undermined. Campbell (2008) identifies paroling authorities as the "key link between the community, offenders, and the criminal justice system" (p. 51). The National Institute of Corrections (NIC) advises that paroling authorities should make release decisions in accordance with the principles of evidence-based practice (Carter, 2011). In order to facilitate such a process, paroling authorities must be trained on effective correctional interventions. Furthermore, the paroling authority should be involved in developing and monitoring the case plan, including access to initial and ongoing assessments, which document changes in offenders' level of risk. Parole itself can be incorporated into a larger behavioral change strategy, wherein release is used "as an incentive to encourage offenders to participate in prison-based programming that addresses their criminogenic needs" (Carter, 2011, p. 7).

Parole and Supervision

The Pew Center for the States (2011) reports that almost half of inmates (43%) released from U.S. prisons in 2004 were re-incarcerated within three years. In 2011, 75% of state prisoners had conditional releases (e.g., were released to supervision) (Carson & Sabol, 2011) and one-third (31%) of those entered parole through discretionary release by a parole board (Maruschak & Praks, 2011). Because parole boards are likely to grant discretionary release to those inmates who pose the least risk to public safety, parolees tend to have less serious criminal histories than inmates who serve their entire sentence in prison (Ostermann, 2013; Tewksbury, Vito, & Higgins, 2012). As such, unconditional releasees would be expected to recidivate at a higher rate than parolees. During supervision, parolees do recidivate at a lower rate than unconditional releasees; however, the impact disappears once supervision ends (Ostermann, 2013; Schlager & Robbins, 2008). In one recent study, parolees were re-incarcerated at a higher rate (12% returned for new crime) than offenders who served out their sentence in prison (36% returned for new

crime) (Tewksbury et al., 2012). As a result, researchers have concluded that parole supervision has minimal long-term impact on recidivism rates (NRC, 2007; Solomon, Kachnowski, & Bhati, 2005; Ostermann, 2013). Schlager and Robbins (2008) advise that findings on the effectiveness of parole must be interpreted with caution because they are often based on decades-old data and may not capture the impact of current release practices. In part, supervision drives up re-incarceration rates because increased surveillance means that parolees are more likely than unconditional releasees to be apprehended both for committing new crimes and for violating the conditions of parole—a phenomenon known as "widening the net." Of the offenders who exited parole in 2011, 32% were re-incarcerated: 9% with a new sentence and 21% for a technical violation (Maruschak & Praks, 2011).

Research suggests that the failure of parole to reduce long-term recidivism rates is partially a function of the shift toward surveillance-oriented supervision that started during the "get tough" era. Meta-analyses and reviews consistently demonstrate that control-oriented supervision does not deter criminal behavior (Aos et al., 2001; Aos et al., 2011; MacKenzie, 2006; Petersilia & Turner, 1993). When contact between parole officers and parolees is driven by surveillance-oriented goals, offenders are more likely to return to prison, in part due to increased detection of technical violations (Gendreau, Goggin, Cullen, & Paparozzi, 2001). Even well-implemented treatment programs are not associated with significant reductions in recidivism when provided in the context of a surveillance-oriented intensive supervision (Lowenkamp et al., 2010). In contrast, parole strategies that use intensive supervision to facilitate attainment of treatment goals are associated with lower recidivism rates (Aos et al., 2001; Aos et al., 2011; Drake, 2009; Bonta, Wallace-Capretta, & Rooney, 2000; Lowenkamp et al., 2010; Paparozzi & Gendreau, 2005). Maryland's Proactive Community Supervision (PCS) model implemented a behavioral management approach for supervising agents that resulted in a 12 percentage point reduction in re-arrest rates when compared to regular supervision (Taxman, 2008).

Given that community-based treatment programs are more effective than incarceration-based programs, parole agencies play an important role in implementing and supporting the goals of the case plan (Andrews & Dowden, 2007b; Gendreau et al., 2001). In contrast to prison-based programming, parole-based services give offenders the opportunity to practice new skills in a "real world" setting, develop informal pro-social supports, and make continued progress on goals identified in the prison-based treatment plan. The period of release is a period of increased vulnerability in terms of re-incarceration, but research indicates that offenders who "survive" the first two years after release without being re-committed, are more likely than parole "failures" to stay out of prison in the long-term (NRC, 2007; Ostermann, 2013). As such, reentry specialists advise that collaboration with supervising agencies is a central component of effective reentry (Carter, 2010; Crime and Justice Institute at Community Resources for Justice, 2009; RPC, 2005). Reentry programs that are based on strong collaboration between institutional staff, supervision agencies, and community-based treatment providers demonstrate significant reductions in recidivism (Duwe, 2012; Jacobs & Western, 2007; Officer et al., 2011). In contrast, reentry programs with implementation or design problems in terms of those collaborative relationships do not have significant impacts on post-release criminal offending (McDonald et al., 2008; MDOC, 2006, 2011).

Characteristics of effective supervision. The principles of effective intervention have substantially influenced the field of community corrections (Carter, 2011; Crime and Justice Institute at Community Resources for Justice, 2009). In most ways, the principles have the same implications for parole agencies as they do for correctional institutions: intensity of services should match offender risk level; interventions should target criminogenic needs; and interactions between the offender and the parole agent should be based on the core correctional principles (Carey, 2010a; Crime and Justice Institute at Community Resources for Justice, 2009; NIC, 2004; RPC, 2005). Differences in applying the principles in a community-based setting stem largely from the relative freedom that offenders have on parole in comparison to prison. This additional liberty is both a risk and an opportunity in terms of offenders' change processes. Taxman (2004) suggests that parole agencies capitalize on information regarding progress and setbacks noted in the institutional case plan to make the most of the supervision process.

In particular, researchers and corrections professionals have identified the frequency with which offenders are returned to prison for technical violations as a problem that: increases the size of the prison population; interrupts offenders' development of a pro-social identity and community ties; and increases the likelihood of future recidivism (Solomon et al., 2008; Jannetta et al., 2008; NRC, 2007). The potential deleterious impact of incarceration—in conjunction with the comparative effectiveness of community-based treatment—incentivizes the creation of strategies for keeping offenders out of prison when possible. The National Research Council (2007) advised that jurisdictions give supervising agents the authority and training to effectively apply sanctions for technical violations, depending on the seriousness and the risk posed to community safety. Adherence to evidence-based principles requires that sanctions for technical violations are "swift and certain interventions that are proportional to the seriousness of the violation and address the reason the violation occurred" (Solomon et al., 2008, p. 33). A recent study in Washington State confirmed this analysis, with the finding that recidivism rates are not lower for felony offenders who are incarcerated after a technical violation compared to those who are given a different sanction (Drake & Aos, 2012).

In order to support the implementation of evidence-based practices into supervision, The Urban Institute collaborated with a range of criminal justice partners to identify best practices for supervision, based on practitioner expertise and empirical evidence (Solomon et al., 2008). The resulting 13 best practices for supervision policies and practices are described in the following table:

Table 7. Evidence-based Supervision Policies and Practices[a]

Domain	Implications for Parole Agencies
Define success as recidivism reduction and measure performance	Parole agencies should adopt risk reduction and behavior change strategies in order to accomplish the public safety mission. Agencies should track recidivism and reintegration outcomes (e.g., employment, housing, drug use) for current and former supervisees.
Tailor conditions of supervision	The conditions of supervision should be individualized according to offenders' assessed risk and criminogenic needs. Paroling authorities should consider policies that allow supervision officers to modify certain conditions of release.

Domain	Implications for Parole Agencies
Focus resources on moderate- and high-risk parolees	High- and moderate-risk parolees should receive more services than low-risk parolees. Supervision goals should target the attainment of treatment goals.
Front-load supervision resources	Parole staff should be involved in pre-release planning. Concentrated resources, at the moment of release, should provide a "bridge" of interventions and case management strategies targeting individualize needs.
Implement earned discharge	The use of incentives for meeting case-specific goals of supervision can enhance individual motivation and promote positive behavior change. Opportunity to reduce the term of supervision can motivate offenders' participation in treatment and attainment of other parole conditions.
Implement place-based supervision	By supervising parolees where they live, fostering relationships with those who see them frequently and know them best, and becoming familiar with local resources and high-risk areas, parole officers can play a substantial role in making communities safer while improving outcomes for the parolee.
Engage partners to expand intervention capacities	Increasing collaboration enhances the capacity of parole officers to provide appropriate services and solidifies offenders' community-based support networks.
Assess risk and criminogenic need	Parole agencies should work with parolees while they are incarcerated to better utilize institutional assessments. Use of the same tool before and after release facilitates implementation of a seamless transition plan.
Develop case plans that balance surveillance and treatment	Ideally the case plan updates goals and progress from the institutional plan. The plan should include: treatment and training interventions; activities and goals; and the responsibilities of correctional staff, service providers, and the parolee.
Involve parolees to enhance their engagement in assessment, case planning, and supervision	The routine interaction between parole officer and parolees is an intervention itself, in which effective communication is important.
Engage informal social controls to facilitate community reintegration	Informal social supports (e.g., family, friends) are typically more effective than formal controls (e.g., correctional staff) in promoting positive change. The supervision process should strengthen offenders' ties to prosocial relationships and social institutions.
Incorporate incentives and rewards into the supervision process	Supervision agents should develop a system of strategies and rewards to reinforce positive behavior.
Employ graduated problem-solving responses to violations of parole conditions in a swift and certain manner	The purpose of responding to violations should be to confront behavior in a way that will challenge it without necessarily relying on a costly return to prison that disrupts the integration process.

[a]Source: Solomon et al., 2008

The Urban Institute notes that very few jurisdictions across the U.S. have implemented all 13 strategies, in part due to a lack of resources in terms of training, staffing, and financial support (Janetta et al., 2008). The authors advise that widespread endorsement of evidence-based principles must translate into specific organizational and practice-based changes. In particular, "implementation efforts must go beyond the increasingly common organizational-level best practices such as risk and need assessment and sanctioning grids to include case-management practices" (p. 46). Evaluations of reentry programs frequently note difficulties converting risk and needs assessments into comprehensive, integrated reentry processes (Janetta et al., 2012; Lattimore et al., 2012; MDOC, 2006, 2011). The following section of this report will examine Utah Department of Corrections (UDC) reentry practices and compare those to best practice recommendations.

Reentry in Utah

Background

On any given day in 2013, the Utah Department of Corrections (UDC) houses more than 7,000 inmates in state correctional facilities. An additional 3,187 offenders are on parole supervision. Compared to other states, Utah has relatively high re-commitment rates, although a recent study showed that, over the past decade, the state has had one of the steepest national declines in re-commitment rates (PCS, 2011). Of the 2,563 offenders released from Utah prisons in 1999, 66% had been re-incarcerated by the end of 2002 (PCS, 2011). That number dropped by more than 10% for the cohort released in 2004 (3,056 offenders), of which 54% were re-incarcerated by 2007. Broken down according to year and precipitating event, 15% of the 1999 cohort were returned for a new crime and 51% were returned for a technical violation; for the 2004 cohort, 21% were returned for a new crime and 32% were returned for a technical violation. A Utah Commission on Crime and Juvenile Justice study, looking at a cohort of parolees released in 2005, found that 61% were re-incarcerated over three years: 14% for a new conviction and 47% for a technical violation (Peterson, Hickert, Mitchell, & Dorsey, 2008).

UDC operates two prisons—one in Gunnison and one in Draper—and contracts with 21 county jails to house inmates. UDC conducts a range of programming to prepare inmates for release, including: assessments, case plans, life skills, literacy, GED, high school, vocational education, correctional industries, substance abuse treatment, sex offender treatment, anger management, and gender-specific interventions. Adult Probation and Parole (AP&P), which consists of five regions, is a division of UDC. Utah's parole system is administered by the Board of Pardons and Parole, a five-member board appointed by the Governor. The state Constitution grants the Board authority over release decisions and release conditions. Parole conditions are set at release and comprised of one of several sets of standard conditions, but can include individualized conditions at the Board's discretion. The Board also has the authority to make determinations regarding technical violations and parole revocation. Utah law and UDC policy require that parole agents refer all violations to the Board; agents do have discretion to recommend sanctions as part of the referral (Peterson et al., 2008). The Utah Sentencing Commission (2006) identifies the following benefits to Utah's sentencing model:

Our indeterminate system enables a careful evaluation of the offender prior to releasing him back to the community—in addition to the judge's findings following trial or plea, the Board of Pardons and Parole exercises broad discretion in order to tailor dispositions to best address the public safety risk offenders pose. This discretion includes determining conditions of probation or parole in accordance with the unique potential risks associated with each offender. (p. 2)

Utah's five parole regions cover the state, but almost half (48%) of parolees are supervised by the Salt Lake Region and one-third (32%) are supervised by the Northern Region. A study of the Utah parole system demonstrated that the most common sanction for a first violation of parole was return to prison (42%), followed by other (16%), no sanction (14%), and an increase or change to substance abuse treatment requirements (11%) (Peterson et al., 2008). First violations were typically the result of a failed drug test (28%), criminal conduct (26%), or absconding from supervision (19%). Multi-variate analyses identified the following significant predictors of parole violation: being younger, being male, having prior prison commitments or prior misdemeanor convictions, having a high LSI-R score or higher recent prison classification, being a registered sex offender, or having transition services as a special condition. The authors also noted that those offenders who had more serious offenses for which they were being paroled were less likely to violate, which they surmised could be a function of the fact that those individuals "feel they have more to lose if they commit a violation" (p. 36).

Evidence-based practices for offender rehabilitation. The Drug Offender Reform Act (DORA) was one of several recent efforts in Utah to infuse best practices for supervision and treatment with drug-involved offenders. With the passage of Senate Bill 50 during the 2007 Utah Legislative General Session, DORA provided enhanced supervision and access to treatment for 930 probationers and 407 parolees during Fiscal Years 2008-2009. Funding for parolees was eliminated in FY2010 (Utah Criminal Justice Center (UCJC), 2009).

The foundations of DORA align with the following best practices for supervision compiled by the Urban Institute (Solomon et al., 2008):

- Front-load supervision resources: DORA participants had shorter time to the first supervision contact, as well as a hand-off meeting with the offender, assessor, AP&P agent, and treatment provider to discuss the treatment plan and consequences for program failure. The DORA model also outlined that parolees receive pre-release planning for aftercare and living arrangements.

- Implement place-based supervision: DORA participants had more community-based supervision contacts (rather than office-based) compared to traditional supervision caseloads.

- Engage partners to expand intervention capacities: DORA participants received substance abuse treatment through the Local Substance Abuse Authorities (LSAAs) rather than within the corrections system. The collaboration extended to include regular communication between the AP&P agent and treatment provider(s) (UCJC, 2009).

An outcome evaluation of the DORA Statewide program is currently underway and will include a matched comparison group to determine if the adoption of these supervision best practices by DORA resulted in differentially better outcomes (rearrests, return to prison) for DORA participants. This report will be completed and made available at the end of 2013.[1]

Survey and Methods

Survey questions were developed from the preceding literature review and based largely on the Crime and Justice Institute's (2009) eight principles of evidence-based practice (for facility-based respondents) and the Urban Institute's (Solomon et al., 2008) 13 strategies of effective supervision (for AP&P respondents). Approval for the questions was obtained from the Associate Director of the Department of Corrections. The survey was converted to an online format to facilitate distribution. A link to the survey, along with an email explaining the purpose of the survey, was sent to prison wardens and regional administrators for AP&P for distribution to the appropriate staff. Wardens and AP&P administrators were asked to send the survey to "staff working in reentry or treatment services or case management." Because the decision of which staff should receive the survey was left up to those individuals, the authors do not know how many people were asked to fill out the survey and therefore cannot calculate a response rate.

Results

Two-hundred and nineteen (N=219) surveys were completed. Of the respondents who identified a primary work setting, 46% (n=95) of respondents worked in a prison, 47% (n=97) worked for Adult Probation & Parole (AP&P), and 7% (n=14) worked with prison inmates in a jail.

As shown in Table 8, the majority of respondents who worked in a facility were primarily based at the Gunnison prison (69%). The work position of facility-based respondents was fairly evenly distributed between Supervisors, Correctional Officers, and Caseworkers. When looking at the facilities separately, the majority of Draper respondents were Caseworkers (n=7) followed by Supervisors (n=4). At the Gunnison facility, the majority of respondents were Correctional Officers (n=27) and Supervisors (n=24). All of the jail-based respondents who answered this question were either Caseworkers or Supervisors. One-third (31%, 33) of the facility-based respondents indicated that they were involved in reentry planning and services: 40% (n=6) of the Draper sample, 21% (n=18) of the Gunnison sample, and 50% (n=5) of the jail sample.

Table 8. Prison/Jail Facility Respondents

	n	%
Facility Respondents	*108*	*52*
Primary Work Setting [a]		
Gunnison Prison	75	69
Draper Prison	15	14
Jails	10	9
Multiple facilities	3	3
Administrative Offices	5	5

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[1] www.ucjc.utah.edu

	n	%
Work Position		
Administrator	8	8
Supervisor	31	29
Correctional Officer	31	29
Caseworker	28	26
Transition/Reentry Specialist	0	0
Other	8	8
[a]13 respondents did not identify a primary work setting		

Of the AP&P respondents, Region 3, which is the biggest region, comprised the largest group (50%) (see Table 9). The majority of AP&P respondents were Agents (57%) and one-fifth (20%) were Supervisors. Agents from all five Regions responded to the survey; Supervisors responded from all Regions except Region 6; and only Administrators from the Northern Region and Region 3 responded to the survey. Nearly two-thirds (61%, 53) of the AP&P respondents indicated that they were involved in planning for reentry: 58% of the Northern Region sample, 64% of the Region 3 sample, 57% of the Region 4 sample, 60% of the Region 5 sample, and none of the Region 6 sample indicated that they were involved in reentry planning.

Table 9. AP&P Respondents

	n	%
AP&P Respondents	*97*	*47*
AP&P Regions - Counties [a]		
Northern Region - *Box Elder, Cache, Rich, Weber, Morgan, Davis, Tooele*	25	27
Region 3 - *Salt Lake, Summit*	47	50
Region 4 - *Utah, Wasatch, Juab, Millard*	8	9
Region 5 - *Washington, Iron, Beaver*	5	5
Region 6 - *Daggett, Uintah, Duchesne, Carbon, Emery, Grand, San Juan, Sanpete, Sevier, Piute, Wayne*	2	2
Work Position		
Agent	54	57
Supervisor	19	20
Administrator	7	7
Other	16	16
[a] Seven respondents answered "Other" to this question, most frequently because they were administrators, whose role transcended regional boundaries, or because they worked in a specialized unit (e.g., CUCF Medical, Interstate Compact Office, Sex Offender Registry).		

The remainder of the survey results is organized into the following categories: organizational characteristics, reentry planning, assessments and services, and supervision strategies. For some questions, only respondents who identified that they were involved in providing services as part of a reentry plan were asked to respond. One-third (31%) of facility-based respondents (Draper, n=6; Gunnison, n=18; Jail-based, n=5; Other, n=4) identified themselves as individuals involved in facilitating inmates' reentry plans. Results based on this sub-sample will be noted in the following tables. Additionally, the tables report results for the total sample of respondents as well as the two largest sub-samples (Draper and Gunnison for facility-based and Northern Region (NR) and Region 3 (R3) for AP&P). The total results are inclusive of those two sub-samples, as

well as the rest of the respondents (jail-based, multi-facility, and other facility for prison-based; and regions 4, 5, 6, and "other" for AP&P).

Organizational characteristics. Questions in this portion of the survey are centered on: agency mission; staff training; and whether the agency has designated staff working on reentry, participates in a formal reentry team, and tracks recidivism as a measure of performance.

Agency mission. Respondents were asked to rank the primary mission of their agency based on four concepts: public safety, offender accountability, rehabilitating offenders, and victim restitution. Of the 107 facility-based respondents who answered this question, the majority (91%) ranked public safety as their agency's first priority, followed by offender accountability (52% ranked second), rehabilitating offenders (50% ranked third), and victim restitution (65% ranked fourth). These rankings were similar when broken down by facility, although respondents in the Draper facility ranked rehabilitating offenders (Mn=2.1, SD=.74) slightly above offender accountability (Mn=2.6, SD=.63) as the primary agency mission.

AP&P respondents were also asked to rank the primary mission of their agency based on these four concepts: public safety, offender monitoring and supervision, rehabilitating offenders, and victim restitution. Of the 96 respondents who answered this question, the majority (91%) again ranked public safety as their agency's first priority, followed by offender monitoring and supervision (67% ranked second), rehabilitating offenders (43% ranked third), and victim restitution (56% ranked fourth). These results differ somewhat from a national study of parole administrators, which found that 96% of respondents also endorsed public safety as their primary mission but identified surveillance of offenders as their primary mission less frequently (67%) than rehabilitation (84%) and victim restitution (70%) (Solomon et al., 2008).

AP&P respondents were also asked to rank their agency's balance between surveillance- and treatment-oriented activities (see Table 10). Respondents were fairly evenly divided between surveillance-oriented, balanced, and treatment-oriented, and one-fifth (19%) indicating that they were unsure. In comparison, a national survey of parole administrators indicated that almost half (46%) of agencies always balance supervision with treatment while 40% achieve that balance most of the time (Solomon et al., 2008).

Table 10. Balancing Surveillance and Treatment (AP&P)

	AP&P		
	NR	R3	Total
Total Sample (N)			*89*
Percent of respondents who agree (%)			
More resources devoted to surveillance	21	21	24
Resources evenly divided between supervision and treatment	30	39	33
More resources devoted to treatment	25	32	25
Unsure	25	9	19

In the qualitative results, several AP&P respondents felt that reinstating a transition parole team would allow agents to devote more resources to treatment activities, as demonstrated in the comment below:

We need to go back to having a transition parole team. It seemed to be more successful because caseloads were lower and more focus on getting offenders set up with treatment, employment, and getting a plan together to be successful.

Performance monitoring. Overwhelmingly, both prison (92%) and AP&P (91%) respondents reported that preventing recidivism is a goal of their agency (see Table 11). These results mirror the national survey, which found that 93% of parole agencies identified recidivism as a specific agency goal (Solomon et al., 2008).

Table 11. Preventing Recidivism is Agency Goal

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total[a]*
Total Sample (N)	*12*	*57*	*85*	*21*	*37*	*76*
Percent of respondents who agree (%)						
Yes	92	90	92	95	89	91
No	0	2	2	0	0	8
Unsure	8	9	7	0	0	1

[a] For AP&P, the "yes" category includes: all of the time (27%), most of the time (26%), and some of the time (31%)

Respondents in the Utah survey also indicated that re-incarceration was the most commonly used definition of recidivism (see Table 12), although respondents indicated using multiple definitions. One-fourth of the facility-based respondents indicated that they were unsure how their agency defined recidivism. Re-incarceration is the most commonly used definition of recidivism among parole agencies nationally as well (Solomon et al., 2008).

Table 12. Agency Definition of Recidivism (check all that apply)

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	*14*	*74*	*106*	*25*	*47*	*94*
Percent of respondents who agree (%)						
Technical violation	43	28	29	28	19	20
New arrest	43	34	34	48	36	38
Reconviction	36	26	26	48	34	38
Re-incarceration	50	47	46	52	55	57
Unsure	21	23	24	0	0	0

While most respondents identified reduced recidivism as a goal, many indicated that their agency does not track outcomes for former supervisees (see Table 13 on the following page). Almost half of both facility-based and AP&P respondents reported that they were unsure whether their agency tracked recidivism rates of former supervisees. Nationally, relatively few respondents indicated that their agency tracks the recidivism of former parolees (13%, although 48% of respondents indicated that they were unsure).

Table 13. Agency Tracks Recidivism for Offenders Released from Supervision

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	*12*	*57*	*85*	*21*	*37*	*76*
Percent of respondents who agree (%)						
Yes	75	47	46	24	32	32
No	8	7	11	29	22	20
Unsure	17	46	44	47	46	49

Training. Respondents were asked to identify training on evidence-based principles that they had received in the past two years (see Table 14). The majority of respondents in both groups had recent training in motivational interviewing and evidence-based practices. When compared to prison-based respondents, a substantially higher percentage of AP&P respondents had recent training on offender risk assessments, the RNR model, and evidence-based practices.

Table 14. Training Received in the Past Two Years (check all that apply)

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	*15*	*77*	*108*	*25*	*47*	*94*
Type of training (%)						
Offender risk assessment	40	43	45	96	60	76
RNR model	0	6	7	44	30	35
Cognitive-behavioral techniques	40	34	40	56	34	48
Motivational interviewing	87	62	71	100	94	69
Behavioral management techniques	47	36	43	48	19	49
Social learning theory	0	9	9	24	13	15
Evidence-based practice with offenders	67	53	61	100	87	96

Designated reentry planners. The majority (72%) of facility-based respondents indicated that their agency has designated staff that provide reentry planning and services. When broken down by facility, 83% of the respondents from Draper, 72% of Gunnison respondents, and 60% of jail-based respondents indicated that specific employees in their facility were designated to provide reentry planning and services. These responses may provide some explanation for the relatively small number of respondents from the Draper facility: administrators were asked to distribute the survey to staff who worked in reentry and the number of respondents from each facility may reflect a more concentrated reentry process in Draper compared to a relatively diffuse process in Gunnison.

Interdisciplinary teams. Respondents were asked whether their agency participated in a multi-disciplinary team to plan, implement, or monitor reentry efforts. Less than one-quarter (23%) of prison-based and AP&P (21%) respondents indicated that their agency was part of a reentry team (see Table 15 on the following page). More than half of prison-based respondents (60%) were unsure whether their agency participated in a reentry team.

Table 15. Agency Participates in a Multi-disciplinary Reentry Team

	Prison	AP&P
Total Sample (N)	*88*	*75*
Percent of respondents who agree (%)		
Yes	23	21
No	17	41
Unsure	60	37

Respondents who identified that their agency did participate in a reentry team were asked to identify other team members (see Table 16). Nearly all of prison-based respondents identified AP&P as team members; however, less than half of AP&P respondents identified UDC institutional staff as team members. When compared to the prison-based respondents, the AP&P respondents more frequently identified Child and Family Services, Division of Workforce Services, faith-based organizations, law enforcement, mental health providers, and substance abuse providers as team participants.

Table 16. Agencies Participating in the Multi-disciplinary Team (check all that apply)

	Prison	AP&P
Total Sample (N)	*20*	*16*
Percent of respondents who agree (%)		
Adult Probation & Parole	80	--
Child & Family Services	25	50
Courts	30	44
UDC, Institutional Programs	--	44
Division of Motor Vehicles	15	6
Veteran's Affairs (state or federal)	35	25
Department of Workforce Services	35	69
Vocational Rehabilitation	35	44
Faith-based organizations	30	63
Health care provider	0	6
Homeland Security/Immigration	15	0
Housing Authority	20	31
Law Enforcement	25	75
Mental Health Provider	25	81
Public Assistance Programs	8	13
Social Security Administration	20	13
Substance Abuse Treatment Provider	35	63

In order to identify whether reentry teams were based on formal or informal arrangements, respondents were asked questions regarding the frequency and type of communication that characterized information-sharing processes. AP&P respondents indicated that they shared information with reentry team members: by phone (88%), email (94%), meetings (81%), and meeting minutes (44%). More than half (56%) of respondents said that the team communicated "as necessary," while none reported daily communication. One-third (27%) of the respondents indicated that their agency had written agreements with reentry partners, while 12% said they did not have written agreements and more than half (61%) said they did not know.

When compared to AP&P, facility-based participants indicated that they communicated more frequently with team members; one-third (27%) said they had daily communication and 36% said the team communicated "as necessary." Respondents indicated that they shared information with team members by email (63%), meeting (53%), meeting minutes (47%), and phone (53%). In comparison to the AP&P respondents, more of the prison-based respondents said there were formal partnerships with reentry team members (39%), 11% said there were no partnerships, and half (50%) said they were unsure.

These results suggest that communication between reentry stakeholders is common but that comprehensive collaboration is not happening. In the qualitative responses, one-third of respondents who answered those questions felt that current efforts would be enhanced with the addition of resources devoted to coordination and planning. The comment below is representative of respondents' suggestions for improving offender outcomes:

> A cabinet-level oversight team to connect agencies to the need and realities of transition to promote continued, stronger collaboration on these issues previously listed.

In addition, respondents identified the need to include community partners in reentry planning, in order to enhance support during the transition from prison to the community:

> Have a coalition of community treatment providers and others like Department of Workforce Services, and Vocational Rehabilitation involved with AP&P to help offender succeed.

Reentry planning. Questions in this section were focused on how agencies organize planning for reentry, including responsibility for planning, types of inmates who have a reentry plan, topics covered in the reentry plan, and timing of services.

Responsibility for the reentry plan. Both facility-based and community-based respondents were asked to identify which agencies were primarily responsible for reentry planning (see Table 17). Approximately half of both groups indicated that AP&P and prison-based staff were involved in reentry planning. In the national survey, 43% of respondents indicated that AP&P was responsible for reentry planning, 23% said the Department of Corrections, and 15% said the paroling authority (Solomon et al., 2008).

Table 17. Agencies Responsible for Developing Reentry Plans (check all that apply)

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	6	18	33	25	47	94
Percent of respondents who agree (%)						
Adult Probation & Parole	83	44	52	60	60	56
Division of Institutional Operations	50	44	55	56	36	46
Division of Programming	50	39	37	12	15	16
Utah Board of Pardons	50	39	37	24	17	22
Community treatment provider	33	33	27	8	19	14
Unsure	17	44	33	4	15	12

Several respondents expressed concern that there was insufficient planning around reentry and that offenders merely received an array of services that were not targeting a single goal:

> Seems to have too many independent activities. Needs to be consolidated and evidence-based.

Types of offenders with reentry plans. Prison-based respondents were asked to identify which types of offenders have reentry plans (see Table 18 on the following page). For the Draper facility, respondents identified parolees (50%) and sex offenders (50%) as the inmates who were most likely to have a transition plan, while most Gunnison respondents (72%) indicated that all inmates had reentry plans.

Table 18. Types of Offenders with Reentry Plans (check all that apply)

	Prison		
	Draper	*Gunnison*	*Total*
% of respondents who agree	%	%	%
All inmates	33	72	52
Inmates being released to parole	50	22	39
Inmates with mental health disorders	33	22	21
Sex offenders	50	17	27
Violent offenders	17	22	21
Inmates with a history of substance abuse	3	10	30

Timing of reentry plan. Respondents were asked to identify when reentry planning begins (see Table 19). The results below demonstrate some differences in perception between the two groups. The prison-based respondents most frequently identified admission to prison (39%) as the beginning of transition planning. In contrast, AP&P respondents most frequently identified six months prior to release (49%) or at release (32%) as the beginning of reentry planning. The results lend further support to aforementioned concerns over a lack of coordination between the prison institutions and AP&P in terms of developing and implementing reentry plans.

Table 19. Reentry Planning Begins

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	*6*	*18*	*33*	*25*	*47*	*94*
Percent of respondents who agree (%)						
At sentencing	20	22	21	0	0	0
At admission	20	44	39	0	0	0
Within 6 months of admission	20	17	12	0	0	0
6 months prior to release	33	6	12	45	46	49
At release	0	0	0	36	34	32
After release	0	0	3	5	9	5
Other	0	0	0	14	11	13

Results from the qualitative questions indicate that both facility- and AP&P respondents were concerned that reentry planning was not started early enough to allow sufficient time for behavioral change and to address threats to stability:

> Have more done as far as a year before release, including community support, employment, and other needs being met.

Assessment and case plan. Questions in this section asked about assessment processes, including instruments used, who conducts assessments, how assessments results are shared, and how assessment results are incorporated into reentry planning.

Assessment instrument. As shown in Table 20, a majority of agencies use the LSI-R to conduct assessments, with the Gunnison respondents indicating the most variety in what instruments are used. The national survey identified that half of the states used the LSI-R or an associated instrument, 27% used locally-developed instruments, and 18% used multiple instruments (Solomon et al., 2008).

Table 20. Assessment Tools (check all that apply)

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	15	77	109	25	47	98
Percent of respondents who agree (%)						
LSI-R	79	58	61	84	81	81
LS/CMI	14	23	21	8	4	4
CAIS	14	18	16	0	0	0
COMPAS	--	14	9	0	0	0
OIA	21	28	25	0	2	1
Other	7	3	5	0	4	3

The majority of prison-based respondents indicated that offenders are assessed at admission to prison, which is in line with earlier responses from this group that report that reentry planning starts at admission (see Tables 21 & 22). The concentration of responses at admission suggests that inmates are not reassessed regularly. Similarly, AP&P respondents indicated that the majority of assessments are administered in the first meeting with AP&P, which is in line with earlier responses indicating that reentry planning starts near release.

Table 21. Timing of Assessments (Prison) (check all that apply)

	Prison		
	Draper	*Gunnison*	*Total*
Total Sample (N)			109
Percent of respondents who agree (%)			
Before sentencing	57	15	23
At admission	53	50	52
Within 6 months of admission	21	22	22
Within 6 months of release	14	14	16
At release	14	7	9
Within 3 months of release	29	16	21
Other	13	7	10

Table 22. Timing of Assessments (AP&P) (check all that apply)

	Prison		
	NR	*R3*	*Total*
Total Sample (N)			*97*
Percent of respondents who agree (%)			
In prison, prior to release	32	23	23
At first meeting with AP&P	32	47	40
Within 2 weeks of release	12	17	18
Within 1 month of release	8	9	8
Within 3 months of release	4	6	5
Other[a]	20	6	12

[a] Other category includes: when a violation or significant event occurs (n=3), as part of a treatment evaluation (n=2), depends on the agent (n=4)

Who conducts assessments. Respondents were asked to identify what agency and/or staff member was responsible for conducting assessments. Prison-based staff was asked an open-ended question that was answered by 62 respondents. The most common answer was caseworkers (42%), followed by AP&P agents (16%), and Receiving and Orientation Unit staff (10%). One-fourth (26%) of respondents identified multiple individuals who conduct assessments, depending on availability, training, and type of assessment. A few respondents also identified that assessments were conducted by case action plan writers, CHS, CS-1, and OMR (all less than five respondents).

AP&P respondents were asked who conducts assessments, in part to determine whether parole agencies are receiving (and therefore building upon) reentry plans developed while the offender is in prison. The results indicated that less than one-fifth (17%) of AP&P respondents received copies of prison-based assessments (see Table 23).

Table 23. Who Conducts Assessments (AP&P)

	AP&P		
	NR	*R3*	*Total*
Total Sample (N)			*97*
Percent of respondents who agree (%)			
AP&P conducts assessment	80	70	72
AP&P receives copies from prison	16	17	17
AP&P receives copies from treatment provider	4	13	8

Results from the qualitative analysis confirm aforementioned gaps in coordination between prison-based and parole-based reentry efforts, as indicated in the comment below:

> It would be good if AP&P could read case notes of how the offender did while in prison. What goals release plans were set while they were still in prison so there is more of a seamless transition from prison to AP&P. Right now, there seems to be a disconnect between AP&P and the prison.

Targeting offender needs. Respondents were asked to identify whether assessments were used to develop offender reentry plans (see Tables 24 and 25 on the following page). Half (50%)

of prison-based respondents indicated that assessments form the basis of the reentry plan most or all of the time.

Table 24. Assessments Used to Develop the Reentry Plan (Prison)

	Prison		
	Draper	*Gunnison*	*Total*
Total Sample (N)	*14*	*57*	*86*
Percent of respondents who agree (%)			
All of the time	21	26	26
Most of the time	36	21	24
Some of the time	21	12	13
Never	7	--	2
Unsure	14	40	35

Half (50%) of AP&P respondents indicated that they used assessments to guide the case plan for all parolees (see Table 25).

Table 25. Assessments Used to Determine Services (AP&P)

	Prison		
	NR	*R3*	*Total[a]*
Total Sample (N)	*20*	*35*	*73*
Percent of respondents who agree (%)			
Yes, for all parolees	45	63	50
No	20	6	14
Only in certain circumstances	35	31	36

The results suggest that assessment results are not always tied to case planning, something that the Urban Institute identifies as a common barrier when implementing evidence-based correctional practices. The comment below exemplifies conceptual gaps that staff may have when thinking about the relationship between assessment and reentry, as well as which types of assessments can be used for case planning:

> Assessments determine housing level. Re-entry is more what plans the inmate has like employment/therapy/housing.

Because the Utah Board of Pardons and Parole (BOPP) is responsible for setting the conditions of parole, AP&P respondents were also asked whether they developed individualized case plans in addition to the BOPP conditions (see Table 26 on the following page). The majority of AP&P respondents indicated that they developed individualized case plans for parolees.

Table 26. Individualized Case Plans (in addition to conditions of supervision)

	AP&P		
	NR	*R3*	*Total*
Total Sample (N)			*75*
Percent of respondents who agree (%)			
Rarely	20	16	16
Half the time	10	5	8
Most of the time	55	62	60
Unsure	--	8	5
Other	15	8	11

Respondents were asked to identify what needs were addressed in offenders' reentry plans (see Table 27). The most frequently identified targets for prison-based respondents were: employment, family relationships, education, mental health, substance abuse, and pre-release planning. For AP&P respondents, the most common targets were employment, substance abuse, mental health, and housing. Comparatively fewer respondents in either group identified benefits enrollment, motivation to engage in treatment, and identification documents as regular components of the reentry plan. Prison-based respondents more frequently identified social support and pro-social attitudes, which are criminogenic needs, as treatment targets. This likely stems from the "crisis" that inmates experience at release, which requires parole-based agencies to allocate greater resources to stability needs such as housing.

Table 27. Needs Addressed in the Reentry Plan (check all that apply):

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	6	18	33	25	47	94
Percent of respondents who agree (%)						
Pre-release planning	83	67	70	96	60	37
Employment/vocation	83	72	76	60	57	61
Education	83	67	73	52	40	50
Substance abuse	83	67	73	60	53	60
Mental health	83	72	73	56	49	53
Developing pro-social attitudes	83	61	64	28	30	33
Medical health	83	67	70	20	34	30
Eligibility for mainstream benefits	67	11	30	28	30	30
Identification documents	50	44	55	32	40	38
Developing positive social support	83	56	61	28	36	33
Family relationships	83	67	73	40	36	39
Housing	67	56	58	52	62	59
Transportation	83	39	52	20	21	26
Motivation/engagement in treatment	67	33	48	24	28	28
Other	0	0	0	12	13	12

AP&P respondents, in particular, noted problems accessing appropriate services for offenders. Of the 54 AP&P respondents who answered the question "what programs and practices are important for offenders as they transition out of prison," two-thirds (63%) expressed a need for more services.

Table 28 presents respondents' perceptions regarding the timing of services related to reentry. The results confirm earlier discrepancies between prison-based and AP&P respondents' perceptions regarding the inception of the reentry process. None of the AP&P respondents indicated that offenders receive reentry services more than six months prior to release; however, the majority of prison-based respondents indicated that reentry services start at admission to the prison.

Table 28. Offenders Start Receiving Services According to the Reentry Plan

	Prison	AP&P
Total Sample (N)	*28*	*94*
Percent of respondents who agree (%)		
At sentencing	21	0
At admission	43	0
Within 6 months of admission	14	0
6 months prior to release	7	49
Within 1 month after release	4	32
Unsure	11	5

Given the vulnerability of offenders during the period of release, respondents were asked to indicate what types of supports their agency provides to offenders as they exit correctional facilities. As shown in Table 29, the results suggest that inmates released from the Draper facility receive more services to address stability needs than inmates released from the Gunnison facility (or that Draper respondents are more aware of what stability issues are addressed). The right-hand column presents the findings from a national survey of correctional institutions on services provided to offenders at release (La Vigne et al., 2008).

Table 29. Resources Provided at Release (Prison) (check all that apply)

	Prison			National
	Draper	*Gunnison*	*Total*	
Total Sample (N)	*15*	*74*	*109*	
Percent of respondents who agree (%)				
Transportation	80	22	35	93
Identification documents	53	27	37	33
Cash	73	38	43	77
Clothing	73	22	37	81
Food	0	0	0	0
Prescriptions and/or medications	80	22	31	100
Information on community resources	79	31	43	54
Unsure	0	39	28	--
Other	13	0	5	--

AP&P respondents were also asked what services are provided to inmates during the transition from prison to the community (see Table 30 on the following page). Almost half (47%) indicated that they participated in pre-release planning and one-third (36%) indicated that they created a written reentry plan.

Table 30. Services Provided During Release (AP&P) (check all that apply)

	AP&P		
	NR	*R3*	*Total*
Total Sample (N)	*25*	*47*	*94*
Percent of respondents who agree (%)			
Pre-release planning	32	53	47
Assessment	72	70	68
Create a written reentry plan	24	38	36
Case management	68	70	68
Treatment services	56	64	56
Supervision	88	87	86
Monitor progress on reentry plan	32	49	43
Other	0	0	5

In the qualitative results, numerous respondents indicated that offenders need more support during their transition into the community, as evidenced in the following comment:

> We should not be sending offenders directly to the street but have a program where they slowly transition, i.e. from prison to a halfway house to the street.

Engaging offenders in the reentry plan. Almost half (48%) of prison-based respondents indicated that offenders participate in the development of reentry plans most or all of the time (see Table 31). Over one-third (38%) of AP&P respondents identified that offenders participated in reentry planning most or all of the time. When compared to prison-based respondents, a substantial number of AP&P respondents were unsure whether offenders participated in reentry planning. Nationally, 45% of parole field offices indicate that offenders are involved in reentry planning half or all of the time (Jannetta et al., 2008).

Table 31. Offenders Participate in Reentry Planning

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	*6*	*18*	*33*	*22*	*36*	*79*
Percent of respondents who agree (%)						
Some of the time	20	35	24			23
Most of the time	60	29	36			26
Always	20	12	12			12
Unsure	0	24	12			40

Prison-based respondents were asked to identify whether motivational interviewing is used to engage offenders in reentry (see Table 32 on the following page). Just over half (58%) said motivational interviewing is being used all or most of the time.

Table 32. Agency Uses Motivational Interviewing to Engage Offenders in Reentry

	Prison
Total Sample (N)	28
Percent of respondents who agree (%)	
Never	0
Some of the time	32
Most of the time	54
Always	4
Unsure	11

Role of informal social supports in the transition plan. The majority of respondents indicated that they included offenders' support system (family and friends), as a mechanism of informal social control, in the reentry process some or most of the time (see Table 33). In comparison to AP&P, more prison-based respondents were unsure whether family and friends were part of the reentry plan. Nationally, nearly all (93%) parole agencies indicate that they incorporate family and friends in the transition plan at least some of the time (Jannetta et al., 2008).

Table 33. Offenders' Family/Friends Included Reentry Process

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	6	18	33	25	47	75
Percent of respondents who agree (%)						
Never	0	6	3	5	5	7
Some of the time	60	41	42	43	38	40
Most of the time	20	12	15	29	30	31
Always	0	0	0	10	16	12
Unsure	20	41	27	10	5	7

Monitoring offender progress on the reentry plan. Table 34 indicates that less than half (47%) of prison-based respondents use assessments to monitor offenders' progress on the reentry plan, while the majority (86%) of the AP&P respondents indicated using re-assessment to monitor progress.

Table 34. Offenders Re-assessed to Monitor Progress on the Reentry Plan

	Prison			AP&P		
	Draper	*Gunnison*	*Total*	*NR*	*R3*	*Total*
Total Sample (N)	14	58	87	20	38	77
Percent of respondents who agree (%)						
Yes	50	47	47	95	79	86
No	7	7	9	0	0	1
Unsure	43	47	44	5	21	13

[a] For AP&P, the "yes" category includes: all of the time (27%), most of the time (26%) and some of the time (31%)

Supervision strategies. The following section reports on questions regarding the use of the remaining strategies that have been identified by the Urban Institute as effective supervision strategies (Solomon et al., 2008).

Sanctions. When compared to the national survey, fewer Utah AP&P respondents indicated that they use prison or jail as a response to program non-compliance (e.g., technical violations, new offenses) (see Table 35). The wide range of sanctions endorsed by respondents suggests that AP&P uses a wide range of sanctions—rather than relying on re-incarceration—to respond to non-compliance. According to a previous Utah study of AP&P, return to prison was the most common sanction used in response to a parole violation (42% of the time), while other sanctions were used less than 20% of this time (Peterson et al., 2008).

Table 35. Sanctions Used to Respond to Non-compliance (check all that apply)

	AP&P			National
	NR	*R3*	*Total*	
Total Sample (N)	25	47	94	
Percent of respondents who agree (%)				
Written essay	36	43	46	30
Community service	40	43	46	62
Curfew	64	62	63	87
Day Reporting Center (DRC)	44	55	51	53
Electronic monitoring	24	62	44	83
House arrest	16	19	19	60
Incarceration--jail	52	34	44	81
Incarceration--prison	56	51	53	82
Loss of privileges	12	30	22	52
Substance abuse treatment--community	64	68	68	94
Substance abuse treatment--residential	48	66	60	92
Mental health treatment	56	62	57	90
Other	12	21	14	0

Utah is unique, in comparison to most states, in its reliance on an indeterminate sentencing model and a parole board that makes decisions regarding sanctions for technical violations. This system creates flexibility, relative to mandatory sentencing models, but may also increase the time between offenders' infractions and the system's response (for cases that have to be referred to BOPP). Table 36, on the following page, indicates that AP&P respondents feel that they have some discretion when responding to infractions.[2] Utah parole agencies are similar to the rest of the nation in their reliance on the parole officer and supervisor to determine appropriate sanctions.

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[2] The term "infraction" was used here, rather than technical violations, which have to be reported to BOPP.

Table 36. Responsibility for Determining Appropriate Sanctions for Infractions (check all that apply)

	AP&P		
	NR	*R3*	*Total*
Total Sample (N)	*25*	*47*	*94*
Percent of respondents who agree (%)			
Parole officer, alone	12	6	10
Parole officer, with supervisor	68	77	65
Utah Board of Pardons and Parole	36	43	42
Higher-ranking supervisor	0	4	2
Other	4	0	1

Table 37 compares AP&P respondents to national parole agencies on the use of several effective supervision strategies (Jannetta et al., 2008; Solomon et al., 2008). These practices are designed to facilitate the allocation of more resources to higher-risk offenders at high-risk times. Additionally, the practices enhance agents' ability to use effective behavioral management strategies that are flexible and proportional. When compared to national results, fewer Utah respondents indicated that their agency uses these strategies.

Table 37. Supervision Strategies

	AP&P			National
	Yes	*Unsure*	*No*	*Yes*
Total Sample (N)				
Strategy (% responding)				
High-risk offenders receive more resources	79	9	12	93
Concentrate resources at time of release	58	21	17	80
Authority to modify conditions of supervision	36	36	4	88
Sanctioning grid to determine sanctions for non-compliance	28	21	51	60
Incentives to reward meeting case-specific objectives	59	13	28	71

In qualitative results, a number of prison-based and AP&P respondents indicated that they felt that transition programming should include the creation, or expansion, of facilities for easing offenders out of prison and also for responding to technical violations (e.g., keeping them from returning to prison, when possible).

Discussion

Overall, the survey results indicate that UDC staff is employing many evidence-based practices within the reentry process. The majority of respondents indicated that: recidivism was an agency goal; they have been trained in evidence-based practices and Motivational Interviewing; and that their agency uses a validated instrument (LSI-R) to assess risk and need. The majority of prison-based respondents also indicated that reentry plans target a range of offenders' criminogenic and stability needs and that staff uses Motivational Interviewing to increase offender engagement in reentry. The majority of AP&P respondents: have been trained in offender risk assessments; are developing individualized case plans for offenders beyond the conditions of parole; and are using a range of sanctions to respond to non-compliance. In contrast, less than one-third of either group reported being trained in the RNR model or social learning theory, participating in inter-

disciplinary reentry teams, addressing offender engagement in the reentry plan, or targeting informal social supports in the reentry plan. Less than one-third of prison-based respondents indicated that assessments were used to develop or monitor progress on the reentry plan. Less than half of AP&P respondents indicated that reentry plans targeted pro-social attitudes or social support and only half said that assessments were consistently used to develop reentry plans.

In some instances, the responses suggest heterogeneous reentry practices both within agencies and between institutional and AP&P systems. Respondents provided multiple, and sometimes contradictory, answers in terms of the timing of reentry planning and assessments, performance measurement, and collaboration with criminal justice and community-based partners. Overall, the institutional and AP&P systems appear to operate independently for much of the reentry process. For example, both groups of respondents consistently indicated that the reentry process starts with (and is bounded by) their own organization; neither group expressed a strong sense of involvement with the others' assessment and programming activities. As a result, reentry planning—even when targeting the appropriate range of criminogenic needs—is operating as a fragmented set of interventions rather than a comprehensive reentry process.

Conclusion

Wilkinson (2001) argued that the central component of any reentry plan should be to prepare offenders to return to the community so that they are "better off at the time of release than at the time of their admission" (p. 46). Imprisonment, recidivism, and re-incarceration rates over the past three decades suggest that current correctional practices have not achieved this goal. More recently, however, researchers and practitioners have identified intervention principles that positively impact offenders' post-release behaviors. Adherence to these evidence-based principles is dependent upon a reentry "philosophy" rather than a reentry program. One implication of this approach is the necessity for jurisdictions to create reentry processes and practices that are not confined by organizational and geographic boundaries. Successful reentry initiatives are based on the "systemic integration of evidence-based principles in collaboration with community justice partners" (National Institute of Corrections, 2004, p. 1). The Reentry Policy Council (2005) identifies interagency collaboration as the cornerstone of effective reentry programs. The Collaborative Justice Resource Center (2013) notes that collaboration goes beyond sharing information and resources and requires that agencies join together to reach a common goal. Results of this survey of the Utah Department of Corrections (UDC) reentry processes suggests that facility- and community-based staff are incorporating evidence-based strategies into reentry programming, but the overall system remains fragmented in terms of comprehensive reentry planning. Quantitative and qualitative results indicate that both prison-based and AP&P staff believe that more collaboration is necessary at both the policy and practice level. Many of the building blocks of that comprehensive process are already in place.

Implications. The survey findings have a number of implications for correctional organizations interested in applying research- and practice-level expertise to reentry processes:

- Development of a policy council that includes executive-level policy makers to create statewide policies to guide reentry policies. This team should develop a statewide vision for reentry.

- Development of a reentry team, including supervisors, to translate policies into institutional practices. In particular, this team should develop institutional policies regarding reentry. This team should meet regularly to monitor implementation and performance of the reentry process.

- Develop formal relationships with community- and faith-based partners to enhance ownership of reentry and to enhance the capacity of the correctional system to provide treatment and facilitate the development of informal social controls. Community-based agencies should specifically articulate how their agency mission relates to reentry. Criminal justice partners should share information with community-based agencies and include them in decision-making processes.

- Train line staff on effective behavioral management skills and cognitive behavioral techniques, in order to ensure that all interactions between staff and offenders reinforce larger treatment goals.

- Include offender engagement into staff position descriptions, so that correctional staff and parole agents are encouraged—and have resources—to devote specific time to enhancing offenders' treatment readiness and engagement in the reentry process.

- Develop automated systems for sharing information between agencies, including assessments, case plans, and case notes. The use of the LSI-CM throughout UDC will facilitate the development of case plans that are based on actuarial assessments. All parties involved in release and sanction decisions should have access to assessments, case plans, and case plan notes documenting progress and barriers.

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