



New Mexico's Transition from Prison to Community Initiative: A Gaps Analysis

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Preface

In March 2008, Governor Richardson convened a Task Force to review current practices and make recommendations for prison reform in New Mexico, with the goal of improving reentry success among those released from correctional supervision and thereby ensuring community safety. In June 2008, Governor Richardson's Task Force on Prison Reform produced the first of two reports identifying the needs of the State's prisons and offering recommendations to improve reentry success among the State's prisoners. As a result of the recommendations, The New Mexico Corrections Department (NMCD) created a Reentry and Prison Reform Division, tasked with carrying out reform efforts within the NMCD. The Task Force and the Reentry and Prison Reform Division modeled its prison reform efforts after the national Transition from Prisons to Community Initiative (TPCI).

The primary purpose of the current report is to highlight the strengths and gaps in NMCD's progress towards the implementation of TPCI in the institutional setting. The gaps analysis is not meant to be an indictment of the system, but rather a useful guide for where the system is currently and where it can improve as it moves towards full implementation of an evidence-based reentry model. While we touch on issues related to community supervision, the primary focus in this report is on the prison system.

We introduce the project in the first chapter and describe the methods we used to assess progress and gaps in the TPCI implementation. The second and third chapters describe the key process goals (Chapter 2) and infrastructure goals (Chapter 3) defined in the TPCI model and identify the gaps in the implementation of these goals. At the end of each section within Chapters 2 and 3, we provide a summary table, which highlights the goals of the TPCI model and New Mexico Task Force recommendations (the ideal), describes current progress towards implementation of these goals, and summarizes the significant gaps in implementation. These summary tables are meant to provide the reader with a snapshot of the key points for each section. However, we encourage the reader to also read the accompanying text since this provides much richer detail and information beyond the table summaries. We present a basic logic model for TPCI implementation and evaluation within NM Correctional facilities in Chapter 4. This logic model is not meant as a complete guide for implementation and evaluation of the model, but rather as a baseline from which NMCD can build a full-scale logic model for the implementation and evaluation of the TPCI program for New Mexico. In the final chapter, we summarize the results of the gaps analysis, and offer some suggestions for moving the reentry initiative forward.

Chapter I: Introduction

The New Mexico Corrections Department (NMCD) received money through federal Byrne grant funds, administered by the New Mexico Department of Public Safety (DPS), to evaluate the status of New Mexico's reentry initiative. This initiative is built on the national Transition from Prisons to Community Initiative (TPCI) model and aims to improve reentry success among prisoners. The need for better, more successful reentry efforts is imperative. Nearly all prisoners are eventually released; at the national level, around 95% of inmates housed in state prisons are eventually released (Hughes and Wilson, 2003). Each year, roughly 600,000 prisoners return to society (Lynch and Sabol, 2001). As inmate populations grow, so too do the populations of inmates being released to communities. As a result, the issue of reentry and the related issue of recidivism have gained political, media, and scholarly attention. This attention is warranted, as most inmates seem to fare poorly at reentry. A Bureau of Justice Statistics study reported that 67.5% of inmates are rearrested within 3 years of being released (Langan and Levin, 2002). As Kubrin and Stewart note (2006: 166), the question of "how many of these ex-offenders will reoffend and which factors influence recidivism" are at the "forefront of domestic public policy." These issues are also true in New Mexico, as virtually all incarcerated offenders will return to the community, and, though much lower than national recidivism rates, nearly half of those released in New Mexico recidivate within three years of release (New Mexico Corrections Department, 2009). In order to reduce recidivism, the TPCI model aims to address offender needs such as employment and education, substance abuse and mental health as well as improve successful family relations and foster offender accountability. Community participation is an important component of the initiative. The goal of improved reentry success among offenders contributes to the broader goal of improved community and public safety.

The TPCI model differs from other national reentry initiatives in a number of ways. This model stresses the importance of engaging offenders in a process of change beginning at admission to prison throughout discharge from community supervision and beyond in a "coherent and integrated process" requiring collaboration, leadership and regular review of performance (Burke, 2008: 58). Reentry in this model does not begin at the time an inmate is released or shortly before; rather, reentry begins at admission into prison or even before that time. It requires appropriate evidence-based practices, resources and programming, which are delivered to offenders based on their assessed risk and criminogenic needs. A case management model is used to help offenders prioritize their own goals and ensure that offenders receive the services they need. This information is maintained and continually updated in a Transition Accountability Plan (TAP). Routine assessments and updates are critical as the risks and needs most salient for offenders can and do change over time. The TAP is dynamic, reflecting progress and changes in the offender's risks and needs. It is available to all relevant stakeholders and follows the offender throughout the reentry process.

The TPCI model challenges routine classification and security protocols that focus on risk management. The TPCI model instead focuses on risk *reduction*, which means that both risk and needs are considered when making classification and placement decisions. Moreover, the model requires that facilities be structured to address risk reduction. This likely means a significant shift in the roles of correctional staff from a security based role focused on custody, supervision

and monitoring to an offender based approach that engages offenders, holding them accountable for their actions and at the same time, working closely with them to alter the course of their lives.

The model calls for collaboration and integration of correctional institutions, noncriminal justice partners and community partners. It addresses the disconnect that often exists between the process of intake, incarceration and post-release supervision (Burke, 2008). Addressing this disconnect requires the involvement of correctional and non-correctional stakeholders. Community stakeholders are important because they can contribute services, support, resources, knowledge, and experience to a transitioning offender thereby increasing the likelihood of success. These stakeholders are those who serve offenders or those who are impacted by them such as family, victims and other identified community members.

Though the TPCI model requires a significant shift in correctional orientations, it is designed so as not to require a significant infusion of material or financial resources. Instead, the TPCI model relies on existing resources to accomplish desired outcomes. It may require, however, a restructuring of current operations. The model assumes that successful reentry comes through efficient and effective risk and needs assessment and targeting of scarce resources. This results in greater long term containment of correctional operating costs and also reduced crime and reduced victimization in communities. However, in order to implement the model, leadership commitment is imperative, and is required at multiple levels: state government, all corrections authorities (facilities, community supervision and parole board) as well as community partners. Interdisciplinary leadership teams guide reentry efforts at various levels.

Thus, the TPCI model differs from other reentry models. The primary differences are the emphasis on risk reduction rather than risk management, collaboration within and across multiple agencies at many levels, and commitment of state government and leadership within the corrections agencies. It changes the view of offenders and the role of corrections departments to one that sees offenders as capable of change and departments as agents of that change. It requires evidence based practices, solid risk and needs assessment, planning and transition activities and delivery of programming matched to the offenders' needs. All aspects require performance measurement. The ability to be flexible, changing when warranted, is necessary. It emphasizes reentry as a process that begins at intake. TPCI is not a program or collection of programs but a framework to encourage systematic reentry reform to reduce recidivism and increase community safety.

The current report represents the beginning steps of an evaluation of New Mexico's efforts to implement a reentry model that mirrors and adapts TPCI to the local environment. We summarize the goals of the national TPCI model and Task Force recommendations made to implement reentry reform in New Mexico as well as NMCD policies related to these goals. We then discuss what is currently occurring within New Mexico's prisons, as relayed to us through interviews conducted with various NMCD staff members and written documents, highlighting any differences found between the goals, policies and practices. Our primary goal here is to outline where New Mexico Corrections is on track with its reentry efforts, and where there are significant gaps in progress towards the implementation of a TPCI type reentry model. The gaps analysis is not meant to be an indictment of the system, but rather a useful guide for where the system is on track and where it can improve as it moves towards full implementation of an

evidence-based reentry model. While we touch on issues related to community supervision, our primary focus in this report is on the prison system. We have chosen to focus on prisons for a number of reasons. First, what happens at intake into prison and during incarceration is critical in determining an offender's reentry success. If appropriate measures are taken at intake and during incarceration, it will pave the way for successful reentry. It is important to understand that TPCI emphasizes that reentry begins at *intake* into prison. Second, this is probably the most difficult part of the reentry process in terms of both a paradigm shift by corrections staff and implementation of the initiative. Corrections departments typically focus on risk management, security and surveillance. This initiative requires corrections staff to focus instead on risk reduction and to recognize that an important part of their job is to help align offenders with the kinds of programming and resources that will help change their behavior. It also requires that facilities look closely at their operations and change them if they focus solely or primarily on risk management. Finally, it is sensible to start here because this is the point at which NMCD's responsibility for the TPCI reentry roadmap begins. This report focuses on the gaps between where New Mexico proposes to be and where they are in terms of reentry reform. We offer suggestions to begin to bridge that gap. We understand reentry reform is a tremendous undertaking, requiring the full commitment of staff at every level of the Corrections Department and support from the state government. We hope that this document will assist those who are working towards these efforts.

Methods

We began by outlining each component of the TPCI model. We utilized the National TPC Reentry Handbook (Burke, 2008) and the Transition from Prison to Community Initiative (Parent and Barnett, 2002) as references for the TPCI model. In order to determine what a successful evidence based reentry model would look like in New Mexico, we used multiple sources: the goals/objectives listed by NMCD Reentry Bureau on the NMCD website (http://corrections.state.nm.us/reentry_reform/goals.html), and the two reports published by Governor Richardson's Task Force on Prison Reform, one in 2008 and one in 2009 (http://corrections.state.nm.us/reentry_reform/statistics.html). We then examined the written policies available on the NMCD website (<http://corrections.state.nm.us/policies/intro.html>). Together, these comprise the ideal with which to compare current efforts occurring within NMCD. Finally, we analyzed meeting minutes, PowerPoint presentations prepared for NMCD staff, newsletters, planning documents, annual reports, strategic plans and an annotated reentry roadmap checklist, focusing on reentry efforts documented in these sources. This provided us with the background from which we could begin to ask questions of staff.

In order to understand reentry efforts occurring within the NMCD currently, we conducted semi-structured interviews with a variety of individuals currently and formerly working within the Corrections Department. We began interviewing in November 2010 and completed the interviews in February 2011. The goal of these qualitative interviews was to get a broad picture of the current status of reentry efforts within NMCD by talking to a range of NMCD staff. Participants included staff members from different divisions, at various prisons and in various positions in order to get a wide range of perspectives. We used a purposive sampling technique to select interviewees. The selection process for the interviewees was largely by referral (often called snowball or chain sampling). We asked various people in key positions within the NMCD

to provide us with the names of people within each division who had broad knowledge of reentry efforts within the NMCD and within their particular divisions. In some cases, during the course of our interviews, interviewees suggested we speak with other individuals who would be knowledgeable about specific areas. We followed up with their recommendations. While most people agreed to be interviewed, a few did not or simply did not respond to our efforts to contact them. The extent to which those few who did not participate would have yielded a different perspective is unknown, though we have no reason to believe that it would have resulted in significantly different findings. In addition, when we had reason to suspect that particular individuals may have a different perspective from those we had interviewed, we actively sought those individuals out. Importantly, these interviews did not result in significantly different perspectives. In addition, during the course of interviewing and analyzing data, when we felt that we needed more information from particular divisions or about particular subjects, we requested additional names. In the end, the sample of key informants is not a representative sample of corrections staff, but is broad enough and knowledgeable enough to give us a representative sense of the broad themes that confront NMCD with respect to the implementation of reentry efforts.

Purposive sampling is common in qualitative research (Patton, 1990). Given the large number of people employed by the NMCD, it is reasonable to utilize this strategy for a qualitative study like this. A random sample, required for quantitative research, would likely not yield the results that a purposive sampling frame provides for this qualitative study. This is because with a random sample, those who are selected may or may not have knowledge of the subject matter, in this case, reentry efforts. Given the labor intensive nature of qualitative research, purposive sampling techniques are used to maximize useful results.

Interviews were transcribed and coded as they were completed, and interviews continued until the key themes identified in the interviews reached saturation. This is the point at which the information gleaned from interviews becomes largely repetitive, with few to no new themes or ideas becoming illuminated in the process. In total, we conducted 24 interviews with staff members from both private and State run facilities across the State. Facilities ranged in size, represented all security levels and included both rural and urban locales. Several disciplines were represented (education, mental health, addictions, classification and others) as well as several levels of staff from line staff to bureau chiefs and wardens. Some interviews were conducted by a single interviewer, and some by a pair of interviewers. A total of five staff members from the Institute for Social Research conducted interviews.

As noted above, the goal of in-depth qualitative interview methodology is not to establish a representative sample and related statistical summaries reflective of a broad population. Rather, the goal is to identify a broad sample with varied subject specific knowledge (in this case, knowledge of re-entry efforts within NMCD) and to identify a range of themes that characterize the subject. As noted above, the ideal sample size in this type of research is driven not by population representativeness, but by the novel information each subsequent interview provides. In this case, we began to see saturation after about 15 interviews, but completed 24 interviews in case respondents from divisions, levels, or facilities not yet interviewed introduced new themes to the analysis. Interview questions focused on reentry efforts broadly, but were tailored to the interviewee's work responsibilities. We constructed ten interview guides for respondents from

the following departments: education, classification, probation/parole, addictions, mental health, reentry bureau, family services, corrections industries, health services, and wardens. Sample questions from the interview guides are provided in Appendix A. In addition to job specific questions, we included broad questions that we asked all interviewees. These questions were meant to assess the interviewee's perceptions of current reentry efforts, successes of and barriers to reentry efforts and views about reentry reform. While the core questions we asked of each interviewee remained the same, new questions emerged as we gained new insights from previous interviews.

The information we gathered from interviews reflects the perspective of individual interviewees regarding what they see occurring within NMCD. However, when analyzing the data, the researcher looks for themes to emerge. With the current research, we had broad categories of information we were looking for; for example, how risk needs assessments occur within NMCD. Within these broad categories, we looked for information common to most or all of the interviews. When information is conflicting, commonly referred to as "negative cases," we note that. Otherwise, the information we present are the general themes that emerged from the interview data. To the extent possible, we verified themes and supplemented interview data with data collected through document analysis.

Throughout the report we include direct quotes from the interviews that exemplified the general themes that emerge from the interviews. We do this for illustration, as is common in qualitative work. The reader should not infer from this that a single interviewee generated the theme. Indeed, themes were only included if multiple interviews reiterated the same idea. Quotes are provided to enhance understanding and either reflect the general theme or exemplify a negative case.

In addition to analyzing the data from the individual interviews described above, we revisit the findings of a 2009 report assessing the Career Pathways Program. These findings were based on focus group data collected from staff responsible for implementing this program in various correctional facilities across the State. The CP program uses educational and vocational services available within the corrections system and a variety of other state resources to assist inmates in the identification of barriers to employment and the steps required to overcome those barriers (CNMCF 2007). The primary program goal is to promote offender reentry success. The program is meant to assist offenders in identifying goals and barriers to goals, enroll offenders in programs and review progress at least monthly. Given its focus on reentry, it is worthwhile to re-examine the findings from this report as they pertain to reentry.

The interview methodology provided us with valuable information. Qualitative research of this type allows us to explore issues in depth, often providing a much richer understanding of a problem than would be possible with quantitative research. With any qualitative study, certain criteria should be met in order to ensure that the research is sound. We have paid careful attention to these criteria and have used appropriate methods to ensure the trustworthiness of our analysis. One method used to ensure accuracy and credibility in qualitative research is to use triangulation (Lincoln and Guba, 1985). Thus, we purposefully consulted multiple sources of data (written works including newsletters, available meeting minutes, written policies, strategic plans and annual reports) to verify and supplement the results found in the interviews. In order

to ensure that we correctly interpreted the information provided to us, we used corroboration. After compiling the results, we verified the results with select representatives. This is a common method used to ensure credibility of the analysis.

In addition, by using multiple researchers to conduct interviews, we attempted to limit the effects of researcher induced bias into the interviews themselves. The data was analyzed with careful attention paid to checking the results and looking for “negative cases” as noted above- those where the results differed on a particular topic. By using these techniques, we improve the soundness of the research results.

There are some limitations to the data, however. In large part, we focus on the operations at the men’s facilities. This occurred for two reasons. First, we interviewed more people who work in the men’s prisons and second, the men’s facilities make up the majority of the prisons in New Mexico. Only one facility, a private facility, is dedicated to female prisoners. We note when the results of our interviews indicate that the women’s facility operates differently from men’s facilities. A second limitation is that we do not have representatives from every facility. We did, however, talk to people in facilities across the State. We recognize that the operations within facilities vary. For example, some of the smaller facilities may be able to coordinate efforts better since there is an intimacy that does not happen in larger facilities. However, they may also have fewer resources. Third, while we made efforts to talk with people in key positions, some people were not available during the study period. A representative of one department who was not available for an in-person interview did provide us with written information about how that office addresses reentry, and answered follow up questions via e-mail. However, some departments were not represented at all, such as health services and volunteer services. Finally, the timing of our interviews could have impacted staff perceptions. We interviewed people in the midst of much change in the Department and in the Reentry and Prison Reform Bureau. We began interviewing at the end of one gubernatorial term and the beginning of another. A change in the Secretary of Corrections typically comes with a change in governor, which was the case with the new administration. Additionally, during this time the Reentry Czar position was unfilled and remained so throughout the majority of the time we were interviewing. The position was filled only nearing the end of our interview cycle. Some staff expressed concern and uncertainty about which direction the Department might be going, knowing that leadership at many levels was changing, but not knowing who would be in charge or what changes might come as a result of new leadership. It is unknown how this may have impacted the information we were provided.

Structure of the New Mexico Corrections Department

The Department includes both State-operated and privately-operated prisons. There are ten prisons total; four of these are privately-operated, one of which houses only women. The prisons offer various services and programming to prisoners including addictions services, vocational services, education, family services, health services, mental health services, faith-based programming and other volunteer services. Procedures for intake and incarceration are similar at both the men’s facilities and women’s facility. Once a male offender is incarcerated, he goes to the Reception and Diagnostic Center for intake. There, his risks and needs are assessed and he is classified according to his risk. He is then sent to a facility that is consistent with his assessed

risk level. Women also go through the classification process, are assigned a risk level and are housed accordingly. The only difference is that because there is only one women's facility, women remain at the same facility where the intake process occurs and are housed in different units (as opposed to different facilities) based on their assessed risk level.

The Probation and Parole Department is a part of the Corrections Department. In addition to standard probation and parole programs, alternative programs are set up to target particular offenders. These programs include community corrections, which serves offenders deemed to be at higher risk for recidivating, and drug court for those with substance abuse problems.

An organizational chart is provided in NMCD policy CD-010101, which defines the structure of the Department. The Secretary of Corrections oversees the entire NMCD. The Secretary is a Governor-appointed position, and therefore the person in this position typically changes with each new administration. Beneath the Secretary is the Deputy Secretary. This position is appointed by the Secretary with consent of the Governor. The organizational chart has changed at least four times, since 2008 when reentry efforts were formally initiated. These charts are provided in Appendix B. The most current schematic (January, 2011) illustrating the Department divisions indicates that there are six Divisions within the Department including the Adult Prisons, Adult Probation and Parole Division, the Training Academy Division, the Office of General Counsel, Administrative Services Division and Reentry and Prison Reform. Each is led by a Director, Deputy Director or Deputy Secretary. Each division except the Training Academy has a bureau beneath it.

Changes in the organizational charts provide documentation regarding the history of the Reentry and Prison Reform Division within the NMCD. The initial schematic of June 30, 2008 included a separate Reentry and Prison Reform Division led by a Deputy Secretary. The schematic shows that the Deputy Secretary oversaw an Administrative Assistant and Special Projects, Workforce Development (which combined the Education Bureau and Corrections Industries), Addiction Services and the Reentry Bureau. At this time, the Reentry Bureau included Family Services, Victim Services and Volunteer Services.

In the January 2010 chart, the Reentry and Prison Reform Division was led by a Reentry Czar, which followed the resignation of the Deputy Secretary. The Czar oversaw Workforce Development, Family Services, Victim Services, Volunteer Services, Addiction Services and Special Projects. The Czar resigned in July, 2010. A subsequent chart shows the Reentry Department placed with Education, which was subsumed by the Adults Prison Division (see the organizational chart dated July, 2010). Another distinction between the July 2010 chart and previous charts was that the Education Bureau and Corrections Industries were listed as separate entities. Other departments listed under the old Reentry and Prison Reform Bureau included Family Services, Victim Services and Special Projects, all of which reported directly to the Secretary of Corrections under the July 2010 organizational structure. Additionally, in the July 2010 organizational chart, Volunteer and Addiction Services, previously under the Reentry and Prison Reform Bureau, were listed under the Adult Prisons Division. The most recent version (January 2011) includes three bureaus under the Reentry and Prison Reform: Education, Addiction Services and Volunteer Services.

Examining these organizational charts provides a snapshot of what has happened over the last few years in the Reentry and Prison Reform Division. Likely, these alterations reflect not only changes in personnel, but also goals of the Department as well as funding changes. In reviewing the organizational charts that are available online in annual reports from Fiscal Year 2000 to Fiscal Year 2009, it seems that these sorts of changes are not unusual. These frequent changes suggest that reentry reform exists in a climate of nearly continual organizational change. This lack of stability might be detrimental to both the planning and implementation of specific reentry initiatives.

Brief History of Reentry Reform in New Mexico

At the request of Governor Richardson, a Task Force was formed in March 2008, to examine potential prison reform efforts. The Governor was quoted as saying that “I want some new ideas... We’ve not been as innovative as we should on prison reform” (Baker, 2008). In June 2008, Governor Richardson’s Task Force on Prison Reform produced the first of two reports identifying the needs of the State’s prisons and offering recommendations to improve reentry success among the State’s prisoners. In April 2009, a Reentry Council was appointed by Governor Richardson to carry out work of the 2008 Task Force. Multiple meetings were held between March and August of 2009 for the purpose of planning reentry efforts. The second Task Force report was published a little more than a year after the first, in September, 2009. This report summarized the efforts that had been made towards reentry to that date, and efforts they planned to undertake in the future.

The current project originated in response to the reform efforts initiated in 2008. However, reentry reform efforts were occurring prior to this date. Corrections staff told us about two reentry reform oriented programs that were initiated prior to 2008. The first is Project SOAR (Success for Offenders After Release) which was initiated around the year 2000. Project SOAR, a program offered within the prisons, focuses on job training, education, addiction services and life skills to facilitate job placement and help prisoners successfully reenter the community. SOAR staff work cooperatively with divisions and bureaus within the NMCD and outside corrections including the Department of Workforce Solutions as well as others. During interviews, corrections staff noted the success of the program, citing a 30% recidivism rate among those who complete the SOAR program as compared to the 48% recidivism rate among the general population. One interviewee indicated that the TPCI program was initiated in New Mexico as a result of the success of Project SOAR.

The second program, the Serious Violent Offenders Reentry Initiative (SVORI), was initiated in 2003. SVORI was a federal program intended to improve reentry success among those at high risk for recidivism through coordination of services and the establishment of connections between the prisons and the Probation and Parole Department (PPD). One of the important results of SVORI funding was that reentry coordinator positions (or institution probation and parole officers-IPPOs) were established in New Mexico’s prisons. These coordinators help inmates who will soon be released to community supervision to develop reentry plans and serve as a liaison between the prisons and the Probation and Parole Department. Although SVORI grant funds have run out, the program continues.

It is important to understand the economic environment during this time as well. Since the outset of the reentry initiative, there has been a drastic decrease in funding for the Corrections Department. This has impacted reentry efforts, and indeed, the Corrections Department at large. NMCD has experienced mid-fiscal year budget cuts authorized by the legislature to deal with the State's revenue shortfall every year since 2009. In addition, since 2009, the Corrections Department has been decreasing their operating budget. In fiscal year 2009, the initial operating budget (before cuts) was \$320,515,100; the final operating budget (after cuts) in 2011 is \$287,438,800, representing a \$23,043,000 difference in the operating budget.

Assessing Progress towards Meeting the Key Goals of Reentry Efforts in New Mexico

This report aims to assess the state of reentry efforts in New Mexico by outlining NMCD reentry goals and assessing current progress towards those goals. The goals of reentry reform in New Mexico are gleaned from various sources, as noted above. The 2008 Task Force Report lists seven goals specific to incarceration, as well as various resource goals. The 2009 Task Force Report lists an additional ten goals. The New Mexico Reentry and Reform Bureau website lists twenty goals and objectives; most of these reflect the goals listed in the two Task Force reports, but some are listed in addition to those goals or differ slightly from the Task Force goals. In addition, the national TPCI model notes key components that can be considered goals. Combined, this is the ideal from which we begin our analysis of progress and gaps.

The goals of reentry reform can be grouped into two broad areas: process goals and infrastructure goals. Process goals are those that directly impact day to day operations within facilities, while infrastructure goals are those that reflect the support needed in order to implement process goals. Within these two broad groupings, target areas are specified. In each area, we review the TPCI model recommendations, examine New Mexico's goals, summarize any applicable NMCD policies and describe the current practice, as articulated by the staff that we interviewed and the documents we reviewed. We conclude each section by highlighting any gaps. While the primary purpose of this document is to highlight gaps found, where evident, we also provide information regarding why these gaps occur based on the results of our analyses.

The next two chapters examine these process and infrastructure goals. Each section concludes with a table summarizing the goals of the national and local models, the current operations and gaps. We recognize that this report is lengthy, thus, we have included these tables to provide the reader an option for quick reference. We suggest reading the text, however, as this provides much richer detail than the snapshot that the tables offer. We then present a logic model in Chapter IV that describes the activities that should occur within the facilities to meet the goals of the TPCI model in New Mexico. This includes a summary of the underlying assumptions, inputs, activities, outputs, and intended outcomes. The concluding chapter provides a summary and recommendations to further the initiative in New Mexico.

A Note about Language

We recognized through the course of our interviews that staff members and others use different terms to refer to inmates and former inmates. The literature often refers to these individuals as

“offenders.” We often use the term “offender” in this report unless we are relaying a direct quote that uses other terminology. We have chosen to use this word to facilitate writing and for consistency with the literature. It is not intended as an ideological statement and should not be interpreted as such.

In addition, we use various words to describe the groups that comprise the NMCD (Education Bureau, addictions services, classification, mental health, security, etc.). We refer to these groups as divisions, bureaus, and departments. When talking specifically about addictions services, education, mental health and health, we use the term “disciplines.” We recognize that we may be using these terms in a different way than the NMCD uses the terms, and therefore want to be clear about what we mean by them. When we talk about the Department as a whole, we capitalize the word “department” or use the abbreviation “NMCD.”

Chapter II: Process Goals

The TPCI model emphasizes several key decision points, beginning at intake and ending at post community supervision release. Within the prisons, there are several crucial activities: thorough risk/needs assessment, case management, programming and release planning activities. Together, these constitute the process goals. Here, we examine each of these key components, assessing the gaps in each. In reality, these are all intended to be part of a well-integrated process. The risk/needs assessment should inform case management. Programming decisions should be made through effective case management based on assessed needs. Reentry planning is a component of case management, risk/needs assessment and programming. Therefore, there is overlap between these although we separate them as though they are distinct.

Intake and Assessment Process

The TPCI Assessment Ideal

The TPCI model requires adequate assessment of each inmate for correct classification and targeting of resources. The model suggests that an empirically based, valid for population risk needs assessment (RNA) instrument be administered to all offenders at intake, and that inmates be reassessed periodically throughout their stay in prison (typically every 6 to 12 months), prior to reentry and upon release to assess both recidivism risk and programming needs. Those who have been flagged as having particular needs (e.g., substance abuse or mental health) should be further assessed with empirically based instruments to determine the extent and nature of their needs. According to the model, additional assessment tools that determine receptivity to treatment (cognitive abilities, motivation to change, personality types, and interpersonal skills) and learning abilities should be administered as needed. Thus, a good assessment looks not only at risk, but also needs and responsiveness to treatment.

Certain assumptions must be met for the TPCI model to work as designed. These include that the RNA be administered at the appropriate designated intervals, that the RNA tool, corresponding software and results are freely available to those needing to access them, that the staff knows how to administer the RNA, and that the results are valid and reliable (including assuming the offender is giving true information or that staff are flagging questionable responses). The RNA is meant to identify both risks and criminogenic needs- those needs that have been found to be highly related to recidivism such as substance abuse, criminal attitudes, etc. Evidence based practices suggest that in order to get the most benefit from limited resources, most programming should be targeted to those who are medium to high risk (Burke, Herman, Stroker and Giguere, 2010). The theory behind this assumes that those who are low risk are unlikely to recidivate, and therefore are not in need of as much programming (Burke et al., 2010; Joplin et al., 2004). Similarly, those whose RNA scores reflect extremely high risk may be so enmeshed in a criminal culture that change is unlikely, making it less cost-effective to target this group for extensive programming (ibid). At the same time, all offenders must be given access to basic survival skills programming and links to all benefits and services that they are eligible for or need (Burke et al., 2010). Therefore, the results of the RNA should be used to

target medium to high risk offenders in order to provide them with appropriate programming. The idea is to use existing resources wisely by determining who is most likely to benefit from programming. However, this requires that adequate assessments determining risk, needs and receptivity are utilized. Some inmates may be described as having both extreme risk and receptivity to change, in which case that offender should be considered for programming. Conversely, a medium risk, low need, low receptivity inmate may be a less appropriate target for programming. One reason a good RNA is necessary is because programming based on security levels makes assumptions about risk and needs that overlook the wide range of risk/needs profiles among inmates at each security level.

New Mexico Ideal for Assessment

The Task Force (2008) recommends the use of a single programmatic RNA from pre-sentencing through reentry. The Task Force suggests this tool be used to identify low risk, non-violent offenders so they can be diverted from prison into treatment and probation as well as to identify high risk and needs offenders and direct services accordingly. In order to use a RNA instrument to divert offenders, the initial RNA assessment would need to happen at pre-sentencing. In their 2009 report, the Task Force recommends that the Reentry Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) be administered when inmates are preparing to release to the community. This recommendation took into account the piloting of the COMPAS at intake that was occurring at the time the report was written. The 2008 report also notes that staff should continue to be trained in motivational interviewing, which should be used as part of the assessment process.

Policy Regarding Assessment

According to NMCD (CD-080100) policy, risk and needs assessment is incorporated into inmate intake procedures. The initial intake occurs after sentencing, at one of the two Reception and Diagnostic Centers (RDC): Los Lunas (males) or Grants (females). All offenders go through mental health, medical, dental, security threat, and classification screenings. A classification officer is responsible for completing an Admission Summary report and an Initial Custody Scoring Form (or Reclassification scoring form for parole violators and recently returning inmates), which helps determine the inmate's assigned custody level based on security risk. An Initial Needs Assessment Scoring Form is completed with input from other departments (education, mental health, medical) based on departmental assessments completed at intake. All data is entered into CMIS. Documentation and data are then used to provide recommendations to the Classification Supervisor/Unit Manager regarding custody level, program and treatment needs, and facility assignment for offenders.

Policy CD-080100 also indicates that RDC staff will use COMPAS to assess inmates following their arrival. Information is gathered and entered by security staff (demographics), records staff (current offense), classification officers (criminal history), education staff (criminogenic needs profile), and addictions services (substance abuse history). COMPAS assesses both risk of violence and risk of recidivism along with an assessment of criminogenic needs. The RDC unit manager/classification supervisor oversees COMPAS.

This policy stipulates that reclassification reviews be completed every 6 or 12 months (depending on the custody level of the inmate) by classification officers. At this time, the classification officer is to complete a reclassification scoring form (risk assessment based primarily on static risk and institutional behavior) and a reclassification needs assessment scoring form (which is based on the Educational Chrono, the Mental Health Chrono and Medical Chrono). Twelve months prior to discharge, an IPPO should complete the NMCD Community Risk Form along with a review of inmate treatment needs for inmates being released with supervision (CD-083000). The form must be reviewed and adjusted 180 days prior to release.

The Initial Custody Scoring Form, Reclassification Scoring Form, and Community Risk Form differ. The Reclassification Scoring and Community Risk forms ask similar questions and have similar response categories to the Initial Custody Scoring Form. However, new questions relevant to determining classification levels while incarcerated are added to the Reclassification Scoring Form while two questions are removed (alcohol/drug abuse and severity of prior convictions). The Community Risk Form includes some static and dynamic risk factors that differ from those in earlier assessments. A glaring omission from the Initial Needs Assessment scoring form and the Reclassification Needs Assessment Scoring form is the absence of codes defining mental health needs outside of substance abuse. While the codes are labeled “mental health severity code,” there is no mental health category listed. However, the reentry committee form does record mental health needs. Clearly, these are addressed, but there is not a box to record this information on the classification/reclassification scoring forms.

Practice Regarding Assessment and Placement

At the men’s facility, the COMPAS is not being used to determine classification level or programming. As one staff member explained to us, while the Compas is being “done,” it is not being “used.” This theme was reiterated through numerous interviews. As such, its effectiveness for use in placement and programming decisions remains an open question. Current policy indicates only that the COMPAS be administered, but does not specify how the related risk/needs information be used. So, while the COMPAS is being administered at intake, consistent with policy, placement decisions are still based on offense and risk profiles. We were told that the instrument currently being used to assess risk (the Initial Classification Scoring Form or Reclassification Scoring if a re-admit) has not been validated for the NM prison population. While it measures security risk it does not take into account an offender’s needs or receptivity to treatment. COMPAS takes into account risk of violence and recidivism as well as inmate needs. One of the reasons it continues to be administered is to collect data to validate the instrument for the New Mexico prison population. This suggests that the instrument may be utilized in the future. In addition, interviewees indicate that the information currently being collected on the COMPAS can be used for future correctional planning purposes.

Staff members indicated that there has been a great deal of resistance to using the COMPAS. Training regarding the use and scoring of the COMPAS has been limited, perhaps increasing the resistance to its use. The length of the instrument is considered burdensome by some. In addition, some expressed concern that the needs assessment information may not be reliable since it is collected immediately at intake (among other things, some offenders may be detoxing, others may be psychologically stressed, still others may not be ready to tell the truth this early on

in the process). While the COMPAS assessment is placed in the inmate's file and sent on to the facility, the information is not made available to the facilities in electronic format. Interviews suggest that this information is not being used at the facilities in a systematic way.

The use of COMPAS or a similar tool would require a shift in current classification practices. There is some indication that the Department may not be fully prepared for that at this juncture. At the least, it requires a lot of planning to determine how this can be implemented effectively. More practical impediments like lack of funding, lack of personnel resources, lack of training, and general lack of support for implementation also affect its limited use at intake and beyond. As such, current placement decisions continue to be guided by a relatively simple security risk based tool, and the more extensive inmate profiles the COMPAS could generate for this purpose remain an untapped resource for placement and programming. Despite the constraints that complicate COMPAS implementation, many of those we interviewed recognize the utility and value of a needs based assessment tool, which encourages its continued use.

Since neither the COMPAS nor any comparable assessment are utilized for placement and programming decisions, placement decisions generally do not take into account criminogenic needs and as such, offenders may be placed in facilities that do not offer the programming specific to their needs. Staff members explained that current placement decisions are made as quickly as possible:

"...first it's get them out of RDC because we've got just as many coming back in behind them."

Classification officers try to take into account concerns such as medical and mental health issues, special education needs and other considerations. However, as many respondents noted, needs may not be the driving force. One person, for example suggested that practical concerns can override other considerations:

"...bed space has a lot to do with where they go..."

This illustrates the complexity of the factors that must be taken into account when making decisions regarding placement. Criminogenic needs must be balanced with other structural and organizational concerns. The TPCI model highlights the relative importance of criminogenic need in placement decisions, despite these other considerations and priorities.

At the women's facility, however, the individuals we spoke with indicated that the COMPAS is currently being administered and is being used to assist in classification and to determine programming needs. It was clearly articulated that the purpose of administering COMPAS is to identify the inmate's needs. However, we received conflicting reports of how successful this effort has been and to what extent the instrument has been fully implemented and utilized. For example, one official told us that "they don't really do it" implying that while they administer it, they do not actually use it for placement decisions.

Further, one interviewee suggested that a different risk/needs instrument is being examined as a possible replacement for the COMPAS. Thus, it is possible that the COMPAS is being used at the women's facility to drive classification and programming, but there were conflicting reports.

It would be beneficial to observe the intake process at the women's facility to ascertain how the COMPAS is used, if they are considering the use of a different instrument, and if so, why. Moreover, in depth discussion with the staff at the women's facility could yield information regarding overall perception of COMPAS, including such things as whether they find the COMPAS useful, whether there are any issues regarding training (given that the training provided by Northpointe occurred two years ago), how the results are scored, whether they feel it is too cumbersome, etc.

It does not appear that COMPAS is being used after intake in either the women's or men's facilities. At the men's facilities, a reclassification scoring form is administered every 6 to 12 months to determine whether an inmate's classification level should change, as per policy. Our interviews indicate that practice follows policy in terms of use and timing. At reentry, the NMCD Community Risk Form is being administered, consistent with policy. This assessment differs from earlier assessments given to inmates in both scoring and questions. We would expect some questions to differ, as this assessment is intended to measure community risk as opposed to security risk. We were informed, though, that the Probation and Parole Department would be using a different risk assessment tool as this one was found to be inadequate based on the number of classification overrides made. The recommendation made by the Task Force to administer Reentry COMPAS (a version of the COMPAS that focuses on reentry risk and needs) has not been implemented.

Gap Summary Regarding Assessment

Both the national and local models suggest using a validated RNA instrument that takes into account not only risk of recidivism and violence, but also objectively assesses the offender's criminogenic needs. The Task Force suggested the use of the COMPAS, which has been implemented as a pilot project at the men's RDC and has been implemented at the women's facility. However, this instrument is not yet being used to determine classification level or programming needs for men. Moreover, neither the COMPAS nor the current Classification Scoring Form, which is currently being used to classify inmates, have been validated for this population. Further, different risk assessment instruments are used over time across the system, in particular, between the correctional facilities and the Probation and Parole Division. Various departments conduct needs assessments at intake. However, there is no indication that assessment information, particularly that which identifies programming needs as opposed to security risks, is being used in a systematic way to determine appropriate intervention and program placement. In addition, it is not clear whether receptivity to treatment is being measured, though it may be examined by individual departments when they conduct their needs assessments at intake.

Table 2.1 Summary Assessment/Classification Gaps

TPCI suggestions	<ul style="list-style-type: none"> • An empirically based, valid for population RNA should be administered by case managers to all offenders at intake and reassessed periodically, prior to reentry and upon release. • Those who have been flagged as having particular needs (e.g., substance abuse or mental health) should be further assessed with empirically based instruments to determine the extent of their needs. • Additional assessment tools that determine receptivity (cognitive abilities, motivation to change, personality types, interpersonal skills, and learning abilities) should be administered as needed. • Offenders should be reassessed with the same RNA instrument throughout their supervision (in the facility and the community) to determine both programming/treatment needs and appropriate supervision levels. • All software/hardware needs should be addressed and all necessary training should be completed.
New Mexico suggestions	<ul style="list-style-type: none"> • The same RNA should be used from presentence to reentry (Task Force, 2008). • NM Task Force recommends use of comprehensive assessment tools such as COMPAS or LSI-R (Task Force, 2008) and recommends the use of Reentry COMPAS (Task Force, 2009).
Current efforts	<ul style="list-style-type: none"> • COMPAS RNA pilot project begun at RDC for men and women in Jan. 2009 and continues now. • The current classification tool assesses security risk. • Individual departments complete a needs assessment and summarize it on the Initial Needs Assessment Scoring Form. • Offenders are reassessed every six to twelve months to determine classification level.
Identified gaps	<ul style="list-style-type: none"> • The classification tool does not adequately address dynamic risks nor does it take into account risk of recidivism. • Classification is based on security risk; programming needs are mostly not considered with the exception of mandates such as mental health/medical/special education, etc. • Different risk/needs assessment tools are used throughout the system. • The current risk assessment tool does not appear to have been validated for this population. • There does not appear to be an instrument that assesses inmate responsiveness to treatment.

Case Management

TPCI Model Ideal Regarding Case Management

In the TPCI model, case management activities begin at intake, continue throughout the offender's incarceration and end once the offender completes any mandated community supervision. At intake, a case management plan referred to as a Transition Accountability Plan (TAP) begins. The TAP relies on RNA results to identify the programs and interventions needed to address an offender's criminogenic needs while taking into account the offender's projected release date. Those who are medium to high risk are thought to benefit the most from risk reduction intervention strategies. Those who are extreme risk or low risk are not targeted for risk reduction strategies, but for other interventions that would help ensure their success in the community by meeting needs like employment, housing, medical assistance, etc. Monitoring levels, though, should differ between the groups- those who are deemed extreme risk should be monitored closest while those at lower levels should be supervised at some lower level.

The TAP is designed to involve multiple stakeholders and should explain the responsibilities of all parties and hold them accountable. Case managers responsible for implementing the TAP will change over time, depending on where the offender is in the system. At intake and during incarceration, prison staff will serve as case managers, at release from prison responsibility for this role changes to probation/parole staff, then perhaps to human services personnel at discharge. However, the TAP should follow the offender (so the same TAP will be used throughout the process and be changed as needed), and the transfer of data should be seamless. The TAP should include specific, measurable, attainable goals that are revised as needed. The offender, corrections staff, reentry, probation/parole, service providers, offender's families, victims, and other relevant entities should all participate in the development of the TAP. The TAP should address offender's needs (dynamic risk factors), hold the offender accountable for his/her actions and help the offender to become self-sufficient while maintaining public safety.

The TPC Reentry Handbook indicates that effective, evidence based interventions should be available to the offenders, targeted by risk and need in adequate dosage with attention to responsivity. Ideally, the offender will be engaged and motivated to change. Techniques such as motivational interviewing may be used by the staff to encourage the offender to both desire and see the need for change. The national model suggests the use of motivational interviewing as a tool to help the offender in day to day interactions.

New Mexico Ideal for Case Management

The NMCD website lists two goals directly related to case management. One is to "provide evidence-based intensive case management for all offenders." A second goal is to "decrease re-incarceration rates" with the objective being to "ensure evidence-based programming and services while incarcerated and ensure a seamless transition to ongoing services and programs in their home communities." The 2008 Task Force report also encourages the use of motivational interviewing and recommends that staff continue to be trained in its use.

Policy Regarding Case Management

Staff reported that the case management of inmates was originally envisioned to be the responsibility of reentry specialists with a background in case management. Reentry specialists were to be hired by the Department (through grant funds) to fill this role. However, an administrative decision was made to have classification officers fill this role instead. Policy CD-080100 describing the TAP procedure reflects this decision, which places the responsibility of case management on the shoulders of classification officers. Interviews revealed that the writers of this policy took into account what they thought was feasible given the duties and qualifications of the staff. The idea was to model the iTAP (initial Transition Accountability Plan) after the Reentry Committee meetings. Interviewees reported that not only had the policy been developed, a schedule for training the classification officers to implement the TAP had been created. We describe the policy more fully below.

New Mexico's policy regarding case management and the TAP is outlined in CD-080104. This policy specifies that every prisoner is to be assigned a classification officer and receives a Facility Specific Orientation. Staff members from Addictions Services, Mental Health and the Education Bureau are to review the assessments completed at the RDC and prepare recommendations for goals and program assignments to be presented at the iTAP. The iTAP is to occur after orientation is completed. The assigned classification officer oversees the process and acts as a case manager. The iTAP committee meets with the offender and prioritizes goals, assigns the offender to programming that will allow the inmate to work towards goals, and also gives work assignments to meet the needs of the institutions. While the policy does not specify which departments comprise the committee, the form used specifies needs/recommendations for medical, mental health, addiction, education/employment, and security. The goals and program assignments are to be entered into the Offender Management Program/Criminal Management Information System (OMP/CMIS) within 24 hours of the iTAP meeting. Program providers (addictions, mental health and education) are to keep track of participation and attendance in OMP for each inmate in their programs.

The classification officer is to meet with each inmate monthly to conduct a review of the inmate's progress in programming and other classification matters. The results of the meeting are to be documented in the OMP and the officer is to note progress/lack of progress as well as the schedule for the next meeting. The classification supervisor/unit manager/program coordinator is to ensure that classification officers are conducting monthly TAPs. Every 6 months to 1 year (depending on the inmate's classification level), a reclassification review is to occur as specified in Policy CD-080102. Based on this review, the classification officer is responsible for making program recommendations, including any suggested revisions to the TAP. The classification officer then makes recommendations to the Classification Supervisor/Unit Manager regarding the inmate's custody level and program assignments.

Classification reviews can occur more frequently if there is cause, such as, if the inmate is having behavioral problems, exhibiting medical or mental health needs, or if changes need to be made to work or program assignments. Classification supervisors or unit managers, who lead the classification committee, provide information to medical, mental health, education and Security Threat Intelligence Unit (STIU) Coordinator about upcoming reviews. Inmates are allowed to

attend the meeting. In addition to the Classification Supervisor/Program Coordinator, the committee must include a security representative, and for Levels V and VI, a representative from the Mental Health Department.

Practice Regarding Case Management

Initial Transitional Accountability Plan (iTAP)

While the policy was written and has been in place for at least two years, the iTAP and TAP do not occur. Moreover, classification officers have not been fully trained in TAP administration/development. There are a number of reasons cited for the lack of implementation of this policy and related trainings, including resistance to the change, budget shortfalls and staff turnover. Resistance to implementing the policy reportedly came from employees at all levels. Upper management expressed concerns that the plan would not be implemented properly, and in particular that there was no evaluation component for either the training or the implementation of the plan, which would measure effectiveness and determine any difficulties. In addition to resistance from administration, interviews indicated that there was a mixed reception by classification officers who would be directly impacted. Interviewees reported that some classification officers already felt overburdened with their job responsibilities and did not feel that they were prepared to take on this additional role. Others though, reportedly embraced the idea and still others felt that they already do this as part of their regular job duties. Finally, we were told that in many ways, the culture of the prison environment makes it difficult to implement the TAP. In order to conduct the TAP, employees must believe that the inmate has strengths to build on, but the prison culture tends to focus on their deficits as opposed to their strengths.

In addition to resistance to change, the budget impacted training efforts. According to respondents, training efforts ceased when the budget crisis occurred. There was no money budgeted for travel to and from training sessions, but the case management training requires in person training- televised training is not considered appropriate for this training. The final barrier cited to implementing the TAP was staff turnover. Personnel who had the skills necessary to train others did not have the opportunity to conduct trainings due to other job responsibilities. Further, we were told that people who could have taken on the task of implementing the TAP left their positions.

Some staff members questioned whether classification officers are qualified to take on this case management role. They noted that case management envisioned in the TPCI is essentially social work and is not what the classification officers were originally trained or recruited to do. Further, the current educational requirements for classification officers do not include the background needed to complete this type of work. One interviewee provided a different perspective about the impact of not having a background in social work for classification officers, explaining that they may not even be given essential information from other disciplines. For instance, mental health care providers may be reluctant to share their assessments of inmates with classification officers, citing privacy concerns:

"They don't want to share that information or those assessments because (classification officers are) not true case managers. And the first thing.. that they will say is I can't tell you, it's against HIPAA."

Meeting minutes (OMP-TAP Policy Development Team, February 11, 2009) indicate that HIPAA concerns have been noted in reference to the OMP; specifically, that certain goals, such as medication management, may be considered an electronic medical record. Clearly, there are legitimate concerns about HIPAA violations and who may have access to certain information.

One of the reasons classification officers were thought to be in the best position to act as case managers is that they are responsible for verifying programming. However, this is not done in the way that is conceived by TPCI, which would require case managers to recommend programming to inmates based on their needs, and to encourage inmates to participate in programming that would be helpful to them using techniques like motivational interviewing. Rather, classification officers ensure that inmates receive appropriate credit for the programming that they participate in and document when it is forfeited. They also schedule inmates for parole board hearings; they audit inmates' files, verifying commitment, sentence, and good time; they help with the parole plan; they act as a liaison between inmate and administration as well as between the inmate and outside; they are required to go to committee meetings where they review custody and transfer, forfeiture of good time, misconduct reports, lump sum awards, etc. It is important to emphasize that while the case manager/classification officer is required to verify programming, according to respondents they do not recommend programming based on any sort of need, rather, it is only based on legal mandates. They ask inmates about the programming they have completed to ensure that they will be released on time- in other words, they are responsible for population control. This question comes when the inmate is close to release rather than at intake:

"That's your job, at 210, at 180 days when you're sitting in that reentry committee that's one of the first questions you ask. What programs are you involved in that you're going to get an LSA for? Because that needs to come out so that things can be done more quickly."

Since this issue was raised during interviews, we asked respondents to tell us who they thought should be responsible for case management. Some suggested that education staff would be better suited to fulfill this role, particularly SOAR coordinators, or perhaps those in mental health. Others, however, argued that classification is indeed the best place for it, but noted that it is impossible for them to implement this currently due to budget cuts and limited staff. Staff further explained that the current job responsibilities of classification officers is oriented towards classification, that is, ensuring that prisoners are housed appropriately based on security risk, participating in programming, receiving earned good time credit, etc., and less about case management in the way it is envisioned by TPCI, which is to be an agent for change in the lives of inmates. While classification officers may suggest to inmates programming that may be appropriate, this often does not involve the type of intervention envisioned in the TPCI model (e.g., motivational interviewing) and is not based on targeting assessed criminogenic needs. Thus, one interviewee aptly summed it up by explaining:

"...many times people hear the word case manager and they think of a case manager in maybe like the social work sense. Okay, that's really not their role. Their role is classification..."

Although the iTAP/TAP policy is not being followed, there are some case management type activities that occur, though not in a systematic way. Interviewees reported that inmates may be encouraged to participate in particular programming based on their characteristics (if it is thought that they may be a good fit for a particular program) or if the inmate happens to seek out someone in the Department who is willing to assist them in planning for goals. In addition, the unit management process of meeting with inmates when they are off track or being disruptive in programming can be a type of case management, in that they will try to get an inmate back on track. Moreover, classification officers act as liaisons, helping inmates access what they need by interfacing with the courts, parole officers, families, attorneys, etc. However, this is not the far-reaching, proactive type of case management envisioned in the TPCI model. Respondents from the Probation and Parole Department indicated that they do case management as an intrinsic part of their job. The extent to which they are systematically examining risks and needs, making goals, and encouraging appropriate programming, though, is unknown. It is clear that there are Parole Officers who are very cognizant of the import of programming/treatment and work with the parolee to access appropriate services. However, it was reported that they also fill a law enforcement type role; the extent to which these roles are balanced is unclear. Since we focus here primarily on prisons, we did not interview members of the Probation and Parole Department extensively, and so are unable to address this issue.

Finally, it is important to understand that TPCI expects that planning for release will begin at intake. The iTAP is an important component that would ensure that a long-term plan for release involving appropriate programming and placement while in prison. However, our interviews indicated that reentry planning is limited to the activities that occur during the Reentry Committee meetings two months prior to release. This idea is exemplified by one staff member's comment, who explained:

"And the plan for release should start right at the beginning. Instead of letting them just sit there and worry about their release two months before they hit the gate..."

Referral to Programming

On the basis of the results of the Risk Needs Assessment and related assessments, the iTAP would be developed, targeting the inmate's most serious criminogenic needs. Thus, a large part of the goal of solid assessment and case management is to provide program assignments and recommendations for inmates. However, this is not how referral to programming generally occurs. This is largely due to the way inmates are assigned to facilities and the failure to implement the TAP. The primary variables considered when making placement decisions are security risk and bed space. Programming needs are considered to a limited extent, and mostly with regard to mandates, such as special education requirements.

Since the majority of referral to programming is not needs based, we asked how programming placement does occur. First, inmates should be told about available programming at orientation.

In addition, staff relayed that some recruitment occurs. Facilitators of some programs actively seek individuals who match program requirements. Inmates can also find out about programming from inmate handbooks that list the programs available at the facility. However, this seems to vary by facility. One participant noted that it sometimes takes inmates a few months to figure out what programming is available at the facility. Staff at one facility that currently does not have a document describing available programming are creating such a document, which if made available to inmates at intake, would help address this problem. Thus, while there are some methods for informing the inmates about programming, in large part, it is up to the inmate to seek out available programming.

Motivation to Participate in Programming

The primary motive to participate in programming should be that the program meets the needs of the inmates. However, we were told that this is not the primary motivation for participation in most programs. Instead, many staff members relayed that inmates primarily seek programming in order to earn lump sum awards so they will be released from prison earlier. Interviewees noted, however, that while this may initially bring them into the program, many later buy into programming and find it beneficial. Of course, this is both offender and program specific. For some, a given program may not be effective, and indeed some prisoners end up being removed from programming for being disruptive or otherwise non-compliant. In order to prevent problems like this, some program facilitators interview potential participants prior to allowing them into the program to ensure that there is a good fit. Staff members also noted that some inmates come into a given program with the goal of wanting to change, regardless of the lump sum benefit, and therefore will likely benefit from participation. The relationship between programming and good time are clearly tied to policy and operations: the reclassification scoring form measures program/work performance by whether the inmate received their maximum good time in six months preceding the evaluation.

A second reason cited for participating in programming is eligibility for work release. That is, participation in particular programming is required in order for the inmate to be eligible to participate in work release. There are some programs, though, that do not offer any sort of extrinsic motivator. Thus, for these programs the inmates are presumably interested in the programs themselves. Finally, some inmates are mandated to receive particular types of programming. For example, some are required to get ABE/GED based on the Inmate Literacy Program mandate or their Judgment and Sentence, and sex offenders are required to participate in the Community Reintegration Unit Sex Offender Treatment Program. While these programs are required, inmates can choose not to program, though this would then make them ineligible for good time.

Practice Regarding Use of Motivational Interviewing

TPCI recommends the use of motivational interviewing or similar techniques to engage the inmate in behavioral and cognitive change. The approach began in counseling situations, growing from addictions interventions to behavior change and has been expanded and adapted for use in the criminal justice system (Miller and Rollnick, 2002). It is described as a collaborative approach between the inmate and interviewer. The person using motivational

interviewing does not tell the offender what to do, rather, the offender is encouraged to change through a two-way process of communication. It is guided by the assumption that the offender wants to change (Miller and Rollnick, 2002). Some staff members we interviewed felt motivational interviewing is a “proactive” and “positive” approach to encouraging offenders to succeed. However, this technique has not been uniformly embraced by all corrections staff. Interviewees provided various reasons for the limited use of the technique. First, the training for motivational interviewing is limited. In order to use the technique properly, there must be multiple trainings. Most staff were only trained once, which consisted of an introduction to the technique. Some staff indicated that they were never provided the training at all, though other staff told us that they receive it as part of the 40 hour block taught once per year. Second, until recently, the training guides were geared towards medical or addictions staff as opposed to criminal justice workers. Current training guides have been adjusted to make the technique more relevant to criminal justice, which may increase buy-in and use by staff. A third limitation to implementing the technique is the nature of the work that some staff have and how they view their job responsibilities. For example, to ensure security, inmates are required to comply with what they are told to do, so the staff may not typically encourage the offender to change, rather, they expect the offender to do as they are told. However, staff offered some suggestions regarding how the technique could be used. For example, one interviewee explained:

“...you’re dealing with a person who has issues, they’re in prison, they don’t get to go home and see mama and the kids and stuff, so those issues come up and instead of being flash anger, using motivational interviewing techniques can be a lot easier to get things done.”

In other words, motivational interviewing can be a non-confrontational technique for gaining compliance. Our interviews indicated that specific disciplines (such as education and addictions) use motivational interviewing more frequently than other disciplines. Some people use their own version of MI to engage the inmate in a way that will encourage him/her to change. While some do not see MI as relevant to their jobs because they require compliance, other staff members noted that it is not necessary for their jobs because the inmates whom they see are already motivated to change. Despite this, they can use motivational interviewing to encourage those who want to drop out or quit to stay the course.

On a final note, we were told from many staff members that there are often programs introduced into the Corrections Department that are short-lived and ultimately forgotten. This was one of the problems some staff had with embracing MI. However, this problem is not limited to MI but to other programs as well. Ultimately, it impacts the reentry initiative overall. Generally, the sentiment relayed was that if the staff does not like the program, they just have to wait a little while and it will go away and eventually things will be back to business as usual. Though this is likely the case with some programs, it is not the case with others. For a program to garner broad buy in, upper administration will have to repeatedly endorse and push a program (or in this case, an initiative) and make it clear that the program is not simply the “flavor of the month” but rather a new way of doing things that NMCD is standing behind.

Gap Summary Regarding Case Management

A policy is in place that provides for a TAP and it is clearly in line with the TPCI goals. In practice, however, there is not an operational case management system in the way envisioned by TPCI. In order for a workable case management system to be implemented, there must be support from all levels, and a mandate from the administration that would require that the TAP be completed. However, prior to attempting to implement this, an assessment of current staff responsibilities, qualifications, assignment and number of staff needs to be completed to determine if duties could be reassigned. It may be that current staff could, with adequate training, implement the TAP. It may mean looking outside of classification or perhaps a combination of classification and other staff, such as education, addictions or mental health. Conversely, it may be that the Department needs to consider the possibility of hiring individuals with social work case management experience, perhaps through grant funds initially.

With limited exceptions, prisoners are not being matched with programs according to needs. Instead, once prisoners are assigned to a facility, they can access correctional programs if there are openings in the program, if they demonstrate interest in the program, and fit the program's participation criteria. Consistent with the TPCI model, this places the onus on offenders, allowing them to take responsibility for their lives. However, as it currently stands, offenders receive little guidance as to how to make programming decisions that would best serve their needs. Staff across the board said that prisoners are not matched to programs and some describe the process instead as "lump sum shopping." That is, prisoners look for programs that will give them some time off of their sentences. This method of filling programming slots does not fit a case management approach, in which prisoners are offered programs according to needs. There are some exceptions, for example, those programs that focus on recruiting prisoners who fit the criteria for the program.

Finally, though recommended by both the national model and the New Mexico Task Force, MI is not used extensively by all departments. For the most part, classification officers do not appear to use it at all. Given that this is a tool that can help in the assessment process, and of course with case management, it should be utilized by classification officers as well as other staff members.

Table 2.2 Summary Case Management Gaps

TPCI suggestions	<ul style="list-style-type: none">• Utilize the Transition Accountability Plan (TAP)• Initiate TAP upon admission to prison or at time of presentence report.• Update and revise TAP as the offender completes programs, acquires strengths, and prepares for release, and during community supervision.• Include RNA results in TAP and match effective interventions with offenders' risks and needs.• Share TAP across institutions, departments and agencies.• Case managers should oversee the TAP process.
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Table 2.2 Summary Case Management Gaps

New Mexico suggestions	<ul style="list-style-type: none"> • Provide evidence-based intensive case management for all offenders (NMCD Website). • Continue training in MI techniques (Task Force, 2008). • Use MI in conjunction with RNA (Task Force, 2008).
Current efforts	<ul style="list-style-type: none"> • A policy detailing the iTAP and TAP procedure has been produced. • Some training for TAP has occurred. • OMP, a component of the CMIS, has begun. This allows staff to document inmate goals and participation in programming. • Limited case management type activities occur.
Identified gaps	<ul style="list-style-type: none"> • An operational case management system is not in place. • TAPs do not occur. • Case management positions have not been created. • Programming is not targeted by RNA. • Attention is not paid to responsivity, except in limited circumstances which is program specific.

Programming

Programming is intimately tied to case management and the TAP. Ideally, the case manager should oversee programming choices of inmates based on the risks and needs identified in the RNA. Previously we discussed how programming choices and assignments are made; here we explore program availability, offerings and access.

TPCI Model Ideal Regarding Programming

TPCI does not recommend the use of any particular program or group of interventions. Rather, the authors suggest that corrections systems should review existing programs to assess whether they are effective and ensure that they are evidence based. Evidence based programs are those that “sound research” has shown to be effective in reducing recidivism (Burke, 2008: 15). Evidence based programming must be implemented to ensure program fidelity with respect to the evidence based model on which it is built. This includes consistency in implementation, training, and adherence to program design. Many evidence based programs also promote the use of MI or other cognitive tools to encourage program compliance and behavior change. Inmates should be better equipped to reenter the community when they have completed effective prison programming. Once an offender is released, programming/services should continue in the community based on the offender’s current RNA defined needs. Strong partnerships with providers are an important component of the TPCI programming model since these partnerships help to ensure that offenders receive the services they need from intake to the completion of their supervision.

New Mexico Ideal Regarding Programming

The Task Force made multiple programming recommendations in their reports including expanding current programs and adding new programs in 2008. First, the Task Force suggests expanding treatment options for those with substance abuse or mental health issues at the Women's Facility, as well as implementing a medication assisted treatment pilot program. The Reentry and Reform Bureau website describes a broader goal, which is to expand the substance abuse and mental health treatment capacity in all of the prisons as well as in the community. The Task Force also recommends expanding existing domestic violence prevention programs and education for inmates, implementing policies to increase participation in these programs, and creating programs, counseling and support for victims. A third Task Force recommendation involves the expansion of existing educational, employment, life/social skills, and faith based programs that are successful. In addition, the Task Force suggests partnering with various entities (such as businesses, government and education) to create training and employment opportunities within facilities and to establish an inmate entrepreneurial pilot project. The Task Force also proposes merging the Education Bureau and Corrections industries. Finally, the Task Force (2009) recommends examining the possibility of re-establishing work release programs for low custody prisoners.

Policy Regarding Programming

Policy CD-080100 outlines available program assignments. The policy describes the following as program assignments (page 6): vocational, ABE, college; therapeutic communities; group therapy, anger management, sex offender treatment; and Level V or VI.¹ It also specifies that the Corrections Department will consider gender-responsive principles when developing and designing program assignments and classification plans for women, taking into account that gender makes a difference.

Various policies describe the programming available. For example, CD-120100 establishes guidelines for academic and vocational instruction. It describes a "comprehensive program" that includes "communication skills, general education, basic academic skills, special education, GED preparation, vocational and postsecondary education." The Educational Bureau is tasked with setting the standards for existing educational programs. Another policy, CD-120800, discusses vocational education. It describes the purpose of the program, and notes eligibility requirements. These include the supervision level (Levels I-IV), minimum educational requirements (High School diploma or GED and an 8th grade reading level or higher), concurrent enrollment in other programs (SOAR or Career Pathways and also must demonstrate an interest in the career field) and length of time left on sentence (enough time left on sentence to complete the program but no more than five years at the program's start).

Other policies related to the establishment of various programs include CD-120900 Adult Basic Education, CD-121100 Postsecondary Education Policy, CD-121400 SOAR, and CD-121500 Special Education.

¹ While Levels V and VI are described in the policy as programs, they are considered statuses according to NMCD officials.

There are at least two programs that are required for certain inmates. First, some inmates are required to obtain their GED while they are incarcerated. Statute 33-11-3 describes the Inmate Literacy Program. It requires mandatory education for inmates who meet certain conditions (committed crime after July 1, 1988, has more than 18 months to serve, not exempt due to medical, developmental or learning disability, does not have GED or high school diploma). Some inmates are excluded from these requirements. Those who are in minimum custody or are incarcerated for less than 90 days are not required to work toward their GED. If an inmate has a sentence longer than 10 years, they can defer the requirement. Inmates can withdraw from the program after 90 days. If inmates who are required to participate refuse to do so, they are subject to disciplinary action.

Second, sex offenders are required to participate in a cognitive-behavioral treatment program through the Community Reintegration Units. Offenders must be within 12 to 24 months of their projected release date and be housed at Level II or III. They must be psychologically stable (in order to benefit from the program) and show a willingness to participate. If they refuse to participate in treatment, they forfeit their eligibility to earn “good time.” Inmates who are assigned to Levels IV, V, and VI can be offered sex offender treatment, which is primarily workbook-based.

Practice Regarding Programming

The TPCI model suggests a thorough review of each program offered at each facility, assessing its effectiveness and ensuring that it is evidence based, which is beyond the scope of this report. We did, however, ask staff about the effectiveness of the programs currently offered at the facilities and whether the programs offered are evidence based. Here, we summarize the perceptions of the staff. In addition, we address the Task Force recommendation to expand existing programs as well as the implement new programs to the extent that our interviews or other documentation reviewed provides information about these issues. In the 2008-2009 Annual Report, Addictions Services reported that they established a gender responsive Therapeutic Community in the women’s facility during that period. The Women’s Facility also reports that they implemented “gender responsive programming” during that fiscal year. Upon further communication with NMCD, we were informed that the Corrections Corporation of America, the entity responsible for operating the Women’s Facility, adopted the Residential Drug Abuse Program (RDAP) into their existing Therapeutic Community. RDAP includes a gender sensitive component. We were also told that staff members were trained by an outside group about domestic violence stalking to ensure that staff better understands the women, and are cognizant of domestic violence issues that exist among the population within the women’s facility. Thus, there have been proactive efforts to ensure that programs are meeting the needs of inmates.

Despite the fact that referral to programming is not generally based on the inmates’ needs, staff described the programming currently offered at the prisons as very beneficial. Inmates, the Department itself, and the community stand to gain from programming. Some benefits to the inmate are very concrete and practical, such as obtaining a GED or learning a skill like barbering or writing a resume. Others are more internal to the inmate and harder to measure. Examples include increases in self-esteem, feeling empowered, learning to take responsibility for a job,

increases in motivation to continue education, etc. Staff explained that successful programming can even have multigenerational effects. For example, the prisoner actively engaged in education begins to value education, articulates that to their children, and the children try harder in school. The Corrections Department can directly benefit from programming as well, in terms of improving prisoner behavior and management of the population as well as long term cost containment. Ultimately, the community benefits if the inmate does not reoffend. There are other benefits to the community, though. For example, through partnerships, businesses can utilize the labor of inmates at a cost lower than what they would pay those who are not incarcerated.

Certain programs were often cited as particularly effective. Inmates who participate in SOAR and the Therapeutic Communities were noted to have lower recidivism rates than the general population. Staff identified programs that teach inmates real world skills, such as resume writing, financial literacy, job search skills and how to apply for college as particularly beneficial. One program that recently lost funding- the PB&J program iMPACT- encouraged positive bonding between inmates and their children, and was cited by respondents as a worthy program for inmates. Cognitive behavioral programs and vocational programs were also cited as imperative for this population.

When asked whether programs offered are evidence based, staff generally agreed that the programs offered through education are evidence based as are Therapeutic Communities programming offerings. Staff members noted that they conduct a lot of research prior to adopting any programs, and they consult with national partners about programming. Staff members also stated that they collect data on all of the programs to ensure their effectiveness. This can include things beyond recidivism rates, such as pre- and post-tests that measure changes in perceptions or attitudes. Those that are not effective are aborted and new programs are implemented to fill the void. For example, a new program was developed to address the needs of inmates at Levels V and VI when evaluation efforts indicated that the program being offered was not effective. Facilitators are currently gathering data to determine if the new program is effective. While staff generally reported that programs were evidence based and effective, they seem to base this on the fact that some are modeled after other effective interventions and that they collect data to evaluate the programs. It is important to note that for a program to be “evidence based,” it must meet multiple standards. Programs should be modeled after other effective interventions, they must be delivered with fidelity such that they adhere to the key program elements of the model on which they are built, staff must be sufficiently and routinely trained to implement the program, and data collection should support focused evaluation of key program elements. Our interviews suggest that this does not always occur. For example, in our evaluation of the Career Pathways Initiative, we found that facilitators who participated in focus groups did not feel that they were adequately trained to implement the program (Willits, Albright, Broidy & Lyons, 2009). The national model also makes note of the use of motivational interviewing as a component of evidence based programming. While most staff members indicated that they use motivational interviewing to some degree, others are resistant to using it or find it less effective than other methods. Moreover, the use of in-house research can be problematic. Regular audits of research should be conducted, with careful attention paid to methodology used, data collected and analyses used. Further, while staff assured us that programming is evidence-based, we have no way of knowing whether programs are truly

evidence-based since we have no documentation to support this. More importantly, how “evidence based” is being measured, whether programs are appropriate for this group of offenders, how strong the evidence is that is cited, etc. is something that should be considered before determining that all programs within the NMCD are evidence-based. This should not be construed as an accusation that the programs are not evidence-based, simply that we do not have the information to evaluate this and want to ensure that all dimensions of what an evidence-based program is comprised of are clear so this assessment can be completed in the future.

While staff members reported many successes with respect to current programming, providing programming/services to inmates is not a simple endeavor. Interviewees identified a number of challenges that hamper effective program delivery and implementation. While there are a range of challenges, most, at some level, relate to issues of accessibility. Interviewees noted that access to programs can be impeded due to security level, length of incarceration, capacity of programs, standard operating procedures, and program offerings. We describe these issues in more detail.

Interviewees noted that inmates housed in Levels IV through VI have less access to programming than others but are no less in need of it. Indeed, in some ways, they may be more in need of it, particularly those who are releasing directly from these levels to the community. In particular, those we spoke with identified anger management and cognitive-behavioral therapy as interventions that are particularly relevant for this population. While there is some programming for inmates in these levels, it requires negotiating the security requirements of the facility and is delivered differently, and in some cases perhaps less effectively, than programs delivered at lower security levels. For example, instruction may be televised to individuals within their cells as opposed to in a group. While this may be necessary to meet security demands and resource limitations, it was not always the case. Some of the individuals we talked to recalled that many years ago, instructors were able to walk among the pods to deliver programming. Staff members also noted that there are now more logistical barriers to providing programming at more restricted levels than was the case in the past. For example, some mentioned that it is difficult to get computers into Level IV due to security requirements. At the same time, there have been some recent efforts to improve programming for inmates at these levels. For example, a multimodal cognitive educational program was recently developed to better meet the needs of inmates in the most restricted levels.

In addition to security level hindering programming, standard prison operations can impact programming. Respondents noted that inmates are often in lockdown, prohibiting them from participating in programming. This is an important point as the TPCI model suggests that not only should inmates participate in programming; they should do so in adequate dosage. For high-risk offenders, they provide a guideline of 40-70% of their time for 3-9 months. Inmates who choose to work while serving their time may find that their work schedule interferes with programming options, making it more difficult to take advantage of educational or other programs. Still, some inmates choose work over other programming in order to earn money. Staff, aware of the barriers work commitments pose, may choose to work around the inmates’ work schedules to provide programming at times when they are not working.

The reclassification of offenders to other levels can interfere with programming as well. Sometimes inmates are moved to another level (which may mean an entirely different facility) prior to completing programming or vocational training. One staff member noted that in order to work around that issue, classification officers sometimes agree to postpone inmate reclassification until an inmate completes a given set of program elements. Indeed, policy states that “best efforts will be made not to transfer inmates who are successfully participating in major programs (e.g. Therapeutic Communities, Crossings, Corrective Thinking, and SOAR) until program completion” (CD-080102, p. 11). However, another staff member explained that sometimes the reason inmates are moved is because classification is unaware that the inmate is currently involved in programming. This speaks to issues regarding documentation and tracking of inmate programming.

Another impediment to programming is the length of time inmates serve. For many programs, the ideal time to begin programming is when the inmate is “short” so that it occurs just prior to release. The problem for inmates with longer sentences, then, is that they are not engaged in programming until the end. It seems likely that they could be doing other things (besides facility work), like engaging in academic work (working towards GEDs, engaging in post-secondary education, etc.). Compounding this problem is that the capacity of some programs is limited- participants noted some programs have waiting lists, such as some of the GED programs, Therapeutic Communities, Moral Recognition Therapy and the barber program. This is exemplified by one participant who summed up the problem this way:

“They’re here for years, and years, and years and still can’t get a GED and it’s like just saying just go sit and wait somewhere and you know, someday we’ll get to you...”

Conversely, those who enter the system with a very short sentence may not have enough time to enter and complete programming that would be beneficial for them. For example, the SOAR program typically takes about 18-20 months to complete and Therapeutic Communities is about 15 months minimum. This seems to be an especially acute problem for women, many of whom are serving relatively short prison terms; respondents indicated that sometimes women come in with as little as six months to serve.

The use of lump sum awards to entice inmates to participate in programming is both positive and negative. For some inmates, the lure of a lump sum entices the inmate into the program, and, after participating the inmate truly buys into the program and gains something from it. For these inmates, lump sum awards may serve to improve the odds of reentry success, since they serve as an impetus for program participation. For others, the lump sum is the only reason they participate and they never commit to the programming. These inmates generally do not benefit from the program, and indeed, can disrupt the program. For these inmates, the benefit of associating lump sum awards with programming is likely minimal. Though some respondents note that, at a minimum, it keeps potentially disruptive inmates busy, thereby helping to manage the prison population. While inmates may be told about programs/treatment, no one typically recommends that they complete a specific type of programming or helps them decide which program might be most beneficial for them given their risks and needs. There is limited access to programming, barriers to program completion, and no clear mechanisms for matching inmates

to appropriate treatment. At the same time, if an inmate fails to program while incarcerated, it impacts their community supervision as well. One participant noted that:

"The limited treatment and programming in the facilities impacts (probation and parole) because (they have) to start fresh with these inmates that didn't get that services inside, so (they're) asked to start pretty much from ground zero with these inmates."

Other interviewees reinforce this concern, noting that offenders will be much better prepared for release if at least some programming is completed while incarcerated. This can range from substance abuse programming to education related, such as obtaining a GED.

We asked participants whether they felt there was a need for any particular type of programming. Many noted that more vocational programs were needed as well as additional substance abuse treatment. Several participants noted that vocational programming that would assist in self-sustaining activities (such as growing food that is provided to the prisons and other activities) would be useful. In addition, participants suggested that vocational programs that more directly translate into job skills in the community, such as building homes, could be beneficial. In terms of mental health, an increase in Axis II disorders has been observed, and one interviewee suggested dialectical behavioral therapy would be useful. These perceptions align with Task Force recommendations, which include expanding treatment options for substance abuse and mental illness. Instead, due to budget cuts and staffing shortages, what has happened is a decrease in these areas, particularly substance abuse treatment. This is especially important because it is estimated that 85% of prisoners have some sort of substance abuse problem (Task Force, 2008). It is also important to note that substance abuse issues can worsen during incarceration, with some inmates being introduced to substances like heroin for the first time while they are incarcerated, further exacerbating the need for treatment provision.

Gap Summary Regarding Programming

TPCI requires effective, evidence based programming. While staff reported that programming is evidence based and most believe that it is effective, there is evidence to suggest that there is room for improvement here. For example, respondents indicated that training in program implementation is often limited, which can compromise program implementation and fidelity to the ideal program model. Also, while some interviewees mentioned that they collect program data, it is less clear what kind of data they collect and how they use these data to evaluate and refine their programs. Evidence based programming requires extensive data collection and rigorous analytic evaluation techniques to assess program efficacy.

The Task Force recommended expanding many programs. While there have been some new programs implemented, such as a new cognitive educational program for inmates housed in Levels V and VI and Project Echo, and the inclusion of a gender-sensitive component to the existing TC program at the Women's Facility, we heard from many interviewees about program cuts in response to limited funds and staff. Further, programming may not be available to every inmate who needs it. Since programming assignment is often not based on needs, it is unlikely that those who need programming are always able to access it. Sometimes this is due to conflicting needs that the inmate has. For example, A DWI offender may have mental health

needs that would put him at a facility that does not offer DWI specific programming. Other reasons include the length of incarceration (too long or too short), security level, capacity of programs (some have waiting lists), and standard operating procedures.

Table 2.3 Summary of Programming Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Ensure that effective interventions are available. <ul style="list-style-type: none"> ○ Interventions should be targeted by risk and need in adequate dosage with attention to responsivity. • Utilize evidence based programming. <ul style="list-style-type: none"> ○ Review programs to assess whether they are effective ○ Review policies to ensure that they target interventions on the basis of risk, needs, and responsivity. ○ NIC's resources may be used to assess effectiveness including their implementation checklist, quality assurance manual and others.
New Mexico suggestions	<ul style="list-style-type: none"> • Decrease reincarceration rates by ensuring evidence-based programming and services for inmates while incarcerated. Ensure a seamless transition to ongoing services and programs in offenders' home communities. (NMCD Website) • Expand substance abuse and mental health treatment capacities in prisons and in the community (NMCD Website). • Expand treatment options during incarceration for substance abusers and those with mental health issues and implement a medication assisted treatment pilot at Women's Correctional Facility (Task Force, 2008). • Expand domestic violence prevention programs and education for inmates; implement policies to increase participation; create programs, counseling and support for inmate victims (Task Force, 2008). • Expand existing educational, employment, life/social skills, and faith based programs that are successful (Task Force, 2008). • Partner with government agencies, community colleges, universities and businesses to create training and employment opportunities (Task Force, 2008). • Create inmate entrepreneurial pilot project (Task Force, 2008).
Current efforts	<p>Some programs have been developed, for example:</p> <ul style="list-style-type: none"> • At the Level VI a psychosocial program has been developed. • Project ECHO was introduced into facilities. <p>Other programs have been expanded, for example, the Therapeutic Communities program at the women's facility has adopted RDAP, and training has occurred to better address the needs of female inmates.</p>

Table 2.3 Summary of Programming Gaps

Identified gaps	<ul style="list-style-type: none"> • Some improvements can be made to programming to ensure evidence-based practices. • Due to staffing and budgetary cutbacks, rather than expansion of existing programming, programming has mostly decreased and access to programs may be limited for inmates.
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Release Preparation

TPCI Model Ideal Regarding Release Preparation

Release preparation is one of the key decision points in the case management process. Release preparation includes ensuring that soon to be released inmates have the things they need, such as identification cards, housing, medication, support and links to community services. At this stage, the TAP should be used to help create a parole plan that would address the needs of the returning inmate. The national model notes that successful reentry efforts include a resource inventory of interventions available within facilities and in the community. The inventory should document programs and services, specialized expertise by certain individuals, services available to support staff, and services to support offenders (Burke, 2008: 147-8).

New Mexico Ideal Regarding Release Preparation

In addition to the goal of creating a case management system that begins at intake and follows the offender to discharge from community supervision, there are other goals outlined in New Mexico reentry documents that reflect this point in the process.

In their 2008 report, the Task Force encourages the NMCD to improve the transition of health care services to connect inmates with appropriate primary care medical services in their home communities, evaluate eligibility for existing public health insurance options, and facilitate continued access to prescriptions. They also specify that reentry centers should be established in appropriate existing facilities statewide. Reentry centers should serve inmates nearing release in order to focus resources and ensure that these inmates are involved in appropriate programming (Task Force, 2008).

Policy Regarding Release Preparation

The release planning procedures to be followed are explained in Policy CD-083000. This policy specifies that a file audit should be completed 180 days prior to the inmate's projected release. All inmates to be released from incarceration will be scheduled to participate in a Reentry Committee meeting (to the greatest extent possible). The Classification officer is to accelerate the reentry planning process for inmates with fewer than 180 days to release to ensure that the case is reviewed. Medical Services should be notified 30 days prior to release to ensure provision of medication upon release. Mental Health, Addictions Services and Medical Services should attempt to ensure follow-up/aftercare services are scheduled in the community to the extent

possible. Information regarding any appointments should be provided to the Classification Officer and IPPO so information can be reinforced prior to release. Inmates released with no supervision to follow will have their case reviewed by the Reentry Committee at least 60 days prior to release. The Reentry Committee should review the Reentry Committee meeting Form with inmates to assist them in understanding their needs, and how to meet those needs in the community.

For inmates being released to community supervision, a classification officer along with an Institutional Probation Parole Officer (IPPO) initiate a progress report/reentry plan. The Progress plan should address treatment, education, job development, financial needs, family support, life maintenance, victim notification, and institutional program participation. Ninety days prior to projected release, the Reentry Committee reviews the case. The Committee is comprised of the classification officer, the IPPO, probation and parole officer, Mental Health Bureau, Addiction Services Bureau, Medical Services, STIU personnel and a chaplain at inmate's request. They interview the offender to determine his or her needs and develop a comprehensive reentry plan. Medical Services should attempt to schedule follow up appointments in the community as needed and to the extent possible. Inmates are to be seen two weeks prior to release to update medical information. Inmates on medications should be given a 30-day supply. Staff should also identify and note which inmates need to continue mental health care after release. Mental health providers should make mental health recommendation for those inmates who are being considered for parole. One hundred eighty days before release, a mental health professional should meet with the inmate. The mental health professional will help the inmate to make a community provider appointment before release. A treatment guardian may be assigned to an inmate who experiences serious mental illness and refuses to take medication and is scheduled for parole or discharge.

The inmate must have a stable residence to be released to; to that end, the inmate provides two addresses to the classification officer (a primary and alternate). Approximately 210 days prior to release, the classification officer will contact the residents of the address provided by the inmate to ensure they're willing to accept him/her. A medical discharge summary must be completed 30 days prior to release. Inmates may be required to submit to electronic monitoring.

There are established guidelines to be followed at the 180, 150, 120, 90 day prior to release mark. The transition coordinator must maintain contact with PPOs, facilitate communication between PPOs and public agencies, coordinate provision of financial assistance available to offenders, report difficulties to their Region Manager, etc.

The responsibilities of the IPPO are outlined in CD-083001. We briefly summarize the responsibilities here. An IPPO is to be assigned to each of the prison facilities to coordinate and develop a reentry plan with the Reentry Committee. The IPPO will share the plan with the PPO assigned in the community and with the Regional Transitional Coordinators. The IPPO and/or Classification Officer will assist inmates in applying for or reinstatement of disability and other benefits. Inmates should participate in available pre-release programming. The IPPO completes the Reentry Committee meeting Form, reviews the finalized Progress Report/Reentry Plan with the inmate (and family if possible) prior to release and answers any questions. The IPPO shall contact family members to encourage their participation in family counseling or

provide referral to counseling; IPPO and Classification Officer will present a parole plan to parole board. IPPO makes contacts with PPO and contracted service providers to assist Classification Officer in meeting inmate's parole plan, and meets with inmate to determine potential eligibility of EMD while on parole (good time on parole). They also complete a Community Risk Form to help determine the inmate supervision level in the community. The IPPO will also help facilitate video conferencing for designated inmates.

Regional Transitional Coordinators are integral to the reentry process. Their responsibilities are also outlined in CD-083001. Here we highlight a few of their responsibilities as they are directly related to the facilities. TCs are required to assist IPPOs with the placement of high needs inmates, assist in facilitating video conferencing session for inmates releasing to supervision, review all Progress Report/Reentry Plans for their region, coordinate family involvement in treatment and reunification prior to release, and coordinate financial assistance available to offenders. An important component of their job is to identify available community resources, provide this information to IPPOs and to "report difficulties/gaps in resources/services within their region to their Region Manager and the Community Corrections Administrator, or designee." They are also required to monitor the quality of existing community resources, maintain a directory of resources within their region, and act as a liaison between the PPO and public agencies.

Practice Regarding Release Preparation

Release planning with Reentry Committees is a relatively recent activity, which began with the SVORI grant in 2004. The grant helped establish Institutional Probation and Parole Officers and created Reentry Committees to facilitate prisoner reentry. In many ways, the practice of release planning reflects the policy. For example, we were informed that release preparation typically begins at 210 days prior to release, at which time the case manager begins to get paperwork together, determining whether an inmate will be released to community supervision or discharged. However, there is also some deviation from the policy.

Reentry Committee meetings are typically held at most facilities, though there is some variation from facility to facility regarding the extent of participation. First, while policy requires that an IPPO be assigned to each facility, we were told that some facilities do not have IPPOs because one has not been assigned or because there is a vacancy. Some facilities share IPPOs and they are therefore not as available as they would be if they were dedicated to a single facility. Besides facilitating the Reentry Committees, facilities have found that IPPOs can be a valuable asset and their absence makes an impact. This is exemplified by one person who explained that the IPPO assigned to their facility was only available once per week or less and is now available more often:

"It was having an impact because they (inmates) would have a lot of questions, concerns, stressors; we weren't necessarily able to answer it. But having the accessibility to have her at the facility more frequently, she is a big help. Definitely a big help for the inmates."

A second area of concern is that in many cases, the person representing a given department (health, mental health, education, etc.) has never met the inmate, and so only knows about them

through their file. Recommendations, then, are based on documentation in the file rather than on personal knowledge of the inmate; some indicate that the process is just “paper whipping.” This theme is exemplified by the following interviewee comment:

“I don’t honestly feel that those recommendations go very far or that there’s much follow up with it. So a lot of people don’t feel like it’s the most valuable use of their time and particularly because a lot of the inmates we don’t know, so the great majority of them we’re just looking at a file, seeing what’s been said about them and then going from there versus the ones who are in our programs, we do more with and we provide them more information and then individual providers may help them get in touch with programs on the streets and things like that.”

In some cases, committee members do not attend the meetings, and in some facilities, it appears that the Reentry Committee meetings do not occur at all. In addition to the problem that not knowing the inmate poses in terms of making recommendations, at this point, it is also too late to engage the inmate in programming. This theme is reflected in the comment of one interviewee who explained that when they attend Reentry Committee meetings, they find out then that the inmate could have used their services:

“Gosh we could have done this and this and this for this guy months and months ago and we would have been happy to do that had we known...so...”

This suggests that the iTAP/TAP would be very useful for inmates and staff if it could be implemented. If inmates’ needs are known at the outset, a plan can be established to help inmates get the services they need. Additionally, the OMP could likely be used to flag inmates for services, within HIPAA (Health Insurance Portability and Accountability Act) restrictions.

Turnover and subsequent lack of training among IPPO staff and case managers has weakened the process as well. In some facilities, case managers, rather than IPPOs or a combination of both, are responsible for the majority of parole planning activities. Interviewees suggested that this may be how the job has evolved over time, in part due to misunderstanding about roles and in other cases, because there is no IPPO assigned to the facility. This impacts both the facilities and community supervision. We were told that in at least one facility, “90%” of the parole plan is already completed before the IPPO even sees it, which means the classification officer/case manager is constructing the parole plan. We were also told that in some cases, although there is an IPPO, the IPPO never has an opportunity to review the parole plan prior to the inmate’s release, which impacts the job of the PO. Current management is aware that IPPOs are not trained in the way they ought to be, and this is one of the “key things” they will be working on reinstituting correctly.

Lump sum awards impact the timing of release for inmates. It was reported that this can cause problems with reentry planning. In some cases, it appears that classification officers/case managers are unaware of the lump sum awards to which an inmate is entitled, and therefore are scrambling to plan for release once it is discovered. We were told that inmates may have to tell the case manager what programs they are enrolled in. In part, this could be resolved with consistent and careful detailing of program participation in OMP. Additionally, if the TAP were in place, the case manager would be aware of an inmate’s programming on an ongoing basis.

Sometimes, though, the inmate may have a lump sum reinstated after losing it due to disciplinary action, in which case the case manager may not be able to anticipate the change. This impacts parole planning as well, as the parole plan may not yet be prepared and will have to be expedited.

As noted above, the transitional coordinators are responsible for creating and maintaining the resource directory in each region. Policy CD-083000 states that IPPOs will be provided with the resource information by the Regional Transition Coordinator. However, the policy does not specify whether other staff should be provided with this information. Thus, it is unclear what occurs if the IPPO is unavailable, or there is a discharge as opposed to a release to community supervision. Some staff members who are neither case workers nor IPPOs noted that they did have a copy of the resource directory, but others noted that they did not. These staff would like to be able to access the resource directories in order to provide information to inmates who need it. The result of this failure to make the resource directory widely available is that people have begun creating their own resource directories. One suggestion was to put an updated resource directory on the NMCD website so caseworkers can access it and assist in making placement plans for upcoming parolees. This would be a huge benefit to the Department. We would also suggest that the NMCD consider allowing other employees to access the resource directory as sometimes inmates will ask someone other than caseworkers about resources. This could be especially helpful for those inmates who are discharging. It does seem that some departments have a copy of the resource directory (or some version of one) from which information is provided to inmates who are ready to release.

A second concern expressed about the resource directory was that it needs to be updated more frequently. Transitional coordinators are tasked with creating and maintaining the resource directory including assuring that the resources listed are acceptable for meeting the needs of the returning inmate (along with the Probation and Parole Region Manager). Respondents acknowledged that part of the reason the resource directory is out of date is due to the rapid change in facilities (closing and changing practices). Making a web-based directory would allow users to provide feedback to the transitional coordinators so they can check more quickly on potentially out of date listings.

There is an additional concern regarding those inmates who are released without community supervision. While policy states that discharged inmates will also attend Reentry Committee meetings, this does not always occur. This is problematic as they may not be given the sort of information that parolees are given, such as what resources are available in the community and how to access them. For instance, one interviewee expressed concern for a discharging inmate who did not have any place to go, no information about what was available in the community, and no jacket when being released during the middle of winter. However, at another facility there appeared to be more assistance available for those discharging. For example, one person explained that the IPPO in their facility does try to offer assistance for things like how to apply for SSI to those who are discharging. It would be beneficial to examine this population closely, especially as in-house paroles are more likely to be utilized as funding for transitional housing decreases.

The New Mexico Task Force also recommends the creation of reentry centers in appropriate facilities statewide. This has not occurred. Various barriers including budgetary, political, logistical and staffing issues have curtailed these efforts.

Barriers Offenders Face upon Reentry

We asked interviewees to tell us about the barriers to implementing successful reentry reform. Many of these are discussed in the sections above. Besides systemic barriers, many relayed barriers that they see offenders facing upon reentering the community that impede successful reentry. These are issues that must be addressed in order for successful reentry to occur. Although the range of barriers noted by interviewees is not an exhaustive list, many of the same barriers were repeated by multiple individuals, making them important to note here. This is an important discussion and ties directly to the TPCI model, which asserts that states should closely examine the needs of the reentering inmate population.

Many people raised concerns about the dearth of housing available in the community for reentering offenders. When transitional housing is available, it costs money that many reentering offenders do not have. Our understanding is that the Probation and Parole Department has provided funding for transitional housing in the past, but given the budget shortfalls, may not be able to do so in the future. Indeed, in the 2010 legislative session, funding for community supervision was cut in half. As one interviewee explained, it costs less to provide housing for an individual on the outside than it does to house them in prison. Thus, it makes fiscal sense to provide individuals with some amount of assistance to prevent in-house paroles. This is something that needs to be examined more closely through the lens of long-range fiscal implications of current practices.

Numerous interviewees noted that not only is housing limited, but that sex offenders are especially difficult to place. Sex offenders may serve in-house parole and are then released without supervision at the end of their sentence, provided that the parole board grants their release. In addition, we were told that if mental health treatment is required according to the J&S and there is no available service in NM, offenders will not receive treatment. In addition to sex offenders, other offenders can be hard to place because they do not meet the requirements of the community based programs. For example, some programs will not accept violent offenders. Some faith-based programs require faith-programming that could exclude an offender if unable or unwilling to participate in faith-programming.

Interviewees also cited employment and related educational needs as a serious concern for many returning offenders. As noted above, some inmates are required to participate in literacy programming. However, not all offenders will have their educational needs met while incarcerated. There are a number of vocational training programs and job opportunities for inmates while they are incarcerated. However, there is some concern that for those who do have limited skills, there are not enough opportunities to learn skills that can directly translate into jobs on the outside. Some vocational programs offered currently, such as the automotive program, the barber program, data entry and others, can translate into jobs. It may be worthwhile to consider offering more of these types of vocational programs in lieu of more obsolete programs. In addition to vocational programming, there are also important education programs

offered in the prisons, such as SOAR. Expanding programs that are known to assist in reentry would be worthwhile.

Inmates releasing to community supervision parole back to the same community they came from unless they have an acceptable parole plan that allows them to parole to a different location. Many participants cited the return to the same locale as a barrier to success. There are a number of reasons this can be detrimental. Those returning to rural areas may have fewer job opportunities, less access to treatment and less support overall. Additionally, returning to the same environment with the same friends and family can be harmful. Some staff raised concerns about whether inmates will have the moral support and guidance they need when they return. One participant articulated this concept as follows:

"They're supposed to parole back home, to relatives and usually... a lot of times that just simply doesn't work no matter how much they've changed in here. It's just a recipe for disaster. Because again, the families haven't changed."

Directly related to this concern is that there are not enough services for the family of the returning inmate. Family members may have substance abuse issues that need to be addressed. They may not know how to support their loved one when they return or know what to expect. Participants expressed specific concerns about inmates with children, noting that it is difficult to strengthen ties with children while incarcerated. Once released, it is unclear whether inmates are adequately prepared to go back and interact appropriately with their children. How does a parent go back and try to provide for their children after having been incarcerated?

Other barriers noted include a lack of continuum of services from prison to community. In particular, there were concerns raised about a lack of coordination between the prisons and community behavioral health specialists. One suggestion to facilitate this was to have community providers participate in reentry planning, either as participants in the Reentry Committee or by coming into the facility and interviewing inmates to determine the services and treatments that an inmate will require when released. More broadly, the lack of community services available to meet the needs of returning inmates was routinely noted as a problem.

Many of the barriers expressed by staff members who were interviewed are also noted in the Task Force recommendations. Clearly, administrators and policymakers are cognizant of these barriers. However, a systematic examination of the extent of these barriers would be beneficial to the Corrections Department so they can plan accordingly.

Gap Summary Regarding Release Preparation

The TPCI model emphasizes reentry planning as an important point in case management. The NMCD has policy and procedures in place to ensure that inmates releasing to supervision participate in reentry planning. Reentry Committee meetings occur and result in a plan that the Probation and Parole officer can use to plan for services in the community as well as helping to ensure that inmates have access to the essentials they need prior to release. However, staff indicated that participation in the meetings and recommendations could be improved. Reentry planning should occur for every inmate, regardless of whether they are being released to

community supervision. While policy indicates that this should occur, this does not appear to be the standard practice across all facilities. Instead, reentry planning is geared primarily towards those who are releasing to community supervision.

Consistent with the model and policy, a resource inventory is maintained by transitional coordinators in each region. However, it would be beneficial to make reentry inventories more widely available to the broad range of staff from whom inmates might learn about resources in the community. Further, some staff indicated that the resource inventory was quickly outdated. There needs to be a system in place for continual updating of these resource lists. A website that lists resources and has an interactive component that would allow staff and providers to report changes to resources (closures, new facilities/programs, etc.) would be helpful. A web-based directory would also allow for wider access among a range of staff.

Besides the TPCI recommendations, the New Mexico Task Force recommended that reentry centers be established in facilities statewide. This has not occurred.

While mostly outside of the purview of facilities, staff articulated many of the barriers inmates face when they return to their home communities. These largely reflect recommendations made by the Task Force to help inmates once they return to the community. While interviewees consistently noted these barriers, we do not have data outlining the true extent of the problem. Once data are gathered in a consistent and reliable way, they should be examined to assess the extent of each problem and to prioritize which problems to address. Clearly, legislative and financial assistance is needed, as are strong community partnerships and services in the community.

Table 2.4 Summary of Release Preparation Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Supervision conditions should be directly related to TAP. • Links to essential services and resources should occur as part of release preparation. • Create a resource directory.
New Mexico suggestions	<ul style="list-style-type: none"> • Provide evidence based case management that begins at intake and ends at release (NMCD Website). • Improve the health care transition in order to connect inmates with appropriate primary care medical services in their home communities (Task Force, 2008). • Assist inmates in evaluating eligibility for existing public health insurance options, and facilitate continued access to prescriptions (Task Force, 2008). • Establish reentry centers in appropriate facilities statewide to help with reentry process (NMCD Website).

Table 2.4 Summary of Release Preparation Gaps

Current efforts	<ul style="list-style-type: none"> • Medical services are assisting inmates with making appointments. • Inmates are given a 30 dosage medication supply. • Efforts are being made to ensure that inmates have the essentials they need prior to release, such as identification cards, housing, links to community services, etc. at least for those releasing to community supervision. • Reentry Committees identify inmates' needs that should be examined in the parole plan.
Identified gaps	<ul style="list-style-type: none"> • Reentry centers have not been established. • Reentry Committees are not functioning as well as they can be. In part, this reflects the failure to implement the TAP process.

Chapter III: Infrastructure Goals

The TPCI model requires strong infrastructure to support the reentry focused procedures and programs that are central to the initiative. Resources including effective leadership, adequate staffing and appropriate training, strong inter and intra departmental communication and collaboration, collaboration and partnerships with community organizations and providers, family involvement, community buy-in, and victim participation are all required. Ideally, there will be a clear message of support for the initiative from the top administration and buy in at all staffing levels.

This chapter explores these issues, highlighting the efforts made in each of these areas and the barriers encountered thus far. As with the chapter above, we have compartmentalized concepts in order to enhance clarity; in reality, these pieces are overlapping and influence one another. For example, we discuss staffing and training as two distinct concepts, but clearly these are interrelated. Thus, to some extent there is some redundancy/overlap across sections. This chapter differs from the previous chapter in that we do not include a separate policy discussion with each section, but rather discuss policies where relevant. Unlike the program issues discussed in the previous chapter, many infrastructure arrangements are not dictated by policy, but are simply a matter of practice.

We would like to remind the reader that the information we provide here primarily describes the efforts that have occurred during a particular time frame. It begins with the inception of the Reentry and Prison Reform Bureau and ends at the point that our data collection was completed (in February 2011). At the time of the data collection was nearly complete, a new governor was elected and a new Cabinet Secretary appointed. Thus, what we describe here primarily reflects what has happened historically, as relayed to us in interviews and, in some cases, written materials.

Leadership and Support

TPCI Model Ideal Regarding Leadership and Support

The TPCI model requires leadership at many levels. It requires the participation of prisons, the parole board, and Probation and Parole as well as chief executives from state agencies involved in provision of mental health, substance abuse, employment and educational services. The TPCI model emphasizes the need to construct teams with strong leaders: “Key correctional leaders must commit to active participation, to a willingness to revisit basic assumptions, and to engagement with other, nontraditional stakeholders in the implementation effort” (Burke, 2008: 23). Staff at different levels within the Corrections Department should be assigned to support and coordinate efforts. While leadership in this initiative obviously begins at the top, leaders at all levels are required- middle management, line staff, etc. A commitment to reentry must come from the highest levels of state government in order to impact policy and to ensure adequate resources and funding.

New Mexico Ideal Regarding Leadership and Support

The Task Force (2008) recommends that the Governor create a New Mexico Council on Prison Reentry and Reform by executive order. This Council would be tasked with ensuring the implementation of Task Force recommendations. It would act as an advisory group and would assist in coordinating multidisciplinary efforts. The Task Force report clearly states that this group would not serve any oversight functions, except to monitor its own progress. The Task Force also recommends the creation of a Reentry Division in the NMCD. Finally, they suggest that the NMCD should “promulgate and adopt policies, procedures, and programming commensurate with the philosophy that ‘reentry begins at arrest’ ” (p. 52). They note that strong leadership is required, and that formal policies and directives should reflect this idea.

Practice Regarding Leadership and Support

When NMCD began to implement reentry efforts there was support from the State government. A Task Force, organized at the request of Governor Richardson, initially examined the state of reentry and prison reform in New Mexico and developed recommendations for a New Mexico reentry initiative modeled on the National TPCI. The work of the Task Force, which included representatives from the Governor’s office, various state agencies, law enforcement, etc., laid the foundation for reentry focused policy and practice at the state level. By executive order, a Reentry Council was created; the purpose was to work towards implementing the Task Force recommendations. The Council formed two subcommittees, one focusing on employment and another on substance abuse issues. Meeting minutes indicate that each of these subcommittees met at least once, though we have no record of subsequent meetings for either group. Beyond these initial efforts, support at the state level seems to have waned. Legislative support in the form of funding has not been forthcoming and the Reentry Council appears to have ceased operations.

Besides support from state government, there should be support within the Corrections Department itself. As recommended by the Task Force, the Reentry and Prison Reform Bureau was created within NMCD to facilitate reentry efforts. However, as noted previously, the position title, responsibilities, and structure of the Reentry and Prison Reform Bureau have changed over time. This instability has been problematic, stalling reform efforts and causing confusion regarding the direction of reentry as well as uncertainty about who is leading the efforts. One interviewee expressed this concern, saying:

“Who’s driving the ship? I mean, for most initiatives there’s kind of... an entity that’s driving it. I don’t know who it is. I don’t know if it’s probation and parole or classification or education, I don’t know. I don’t know who... who the go to person is.”²

It is absolutely necessary that whoever leads the Reentry and Prison Reform Bureau have the support of those in higher positions. Many of those we talked with felt there has historically been a lack of support for reentry efforts among higher administration and those charged with

² NMCD filled the Reentry Director position after this interview was completed; this quote represents the uncertainty that surrounded the Reentry and Prison Reform Bureau when the position was vacant.

shepherding these efforts. Some suggested that the turnover among those tasked with leading reentry efforts is at least in part a function of this perceived lack of support.

Overall, interviewees expressed a concern that the “higher ups” and “administration” either have not supported reentry efforts or have supported them only superficially. Respondents suggested that the upper administration may not have fully embraced the importance and feasibility of a change of this magnitude, which would require a revamping of the prison working culture and its related operations. While not barring efforts to implement change, many felt the administration simply “paid lip service” to reentry efforts. Many people noted that the inconsistency in Reentry and Prison Reform Bureau leadership and the lack of perceived support by administration have been barriers to reentry reform. This is illustrated with the following:

“Why should we be putting all this work in when it’s obviously not important to this department...if you don’t show the forces that your leader is important enough to keep, then neither is reentry.”

This sentiment was echoed in a significant number of interviews. Interviewees offered a range of structural reasons to explain the perception that administration has not supported reentry efforts. These include lack of funding, lack of personnel, and lack of policies related to the mission of the Reentry and Prison Reform Bureau to support a broad reentry model and its goals. Part of the reason staff hold this perception lies in the structure and resources of the Reentry Bureau itself. Many noted that the Reentry Bureau has been understaffed from the start. We were told that this effort initially began with a Deputy Secretary of Reentry and a Reentry and Prison Reform Bureau Chief. The Bureau Chief had a staff of “about five” people. The current Director of Reentry and Prison Reform has no dedicated staff. This was also the case when leadership of the Reentry efforts was moved under the direction of a Reentry Czar. While the Reentry Bureau currently has other departments beneath it, these departments have other responsibilities and have little time to devote specifically to reentry. Funding limitations compound the staffing problems as little to no money has been allocated to support specific reentry efforts. For example, the COMPAS initiative has not had Department funding to see it through.

While a number of people reported that there was no overt support for the initiative by administration, we sought evidence to the contrary. We consulted policy CD-012401, which delineates the methods of internal communication from the Secretary regarding vision, goals and activities to understand how communication should occur. Communication methods include the organizational chart, facility visits, the Secretary’s message in the quarterly staff newsletter “Corrections Quarterly,” and monthly (or more frequent) meeting with department heads and “key personnel.” We reviewed the “Corrections Quarterly” issues available online to determine whether reentry efforts and goals are routinely highlighted in this newsletter. In the May, 2008 issue, the Secretary explained that the Governor had created a Prison Reform Task Force and described what the Task Force entailed stating that it was “great news...not currently dealing with overcrowding and we are able to focus on ways to improve the system” (<http://www.corrections.state.nm.us/news/newsletters.html>). This was the only issue we could find where the Secretary himself addressed reentry efforts. However, there were a number of other issues where reentry efforts were documented and discussed. For example, in the September 2008 issue, there is an article describing Motivational Interviewing; subsequent issues

describe risk needs assessment and the importance of matching these to services, the TAP, RIT, OMP, and others. Staff in the Reentry and Prison Reform Bureau or those in the Education Bureau authored these articles for the newsletters. We did find other documents where the Secretary mentions reentry efforts. Specifically, in the introduction to the 2008 and 2009 Annual Reports, the Secretary notes the importance of reentry efforts within the prisons. Despite these various efforts on the part of the Secretary to highlight the importance of reentry, our interviews indicate that this message did not filter down to staff. Additional communication directly from administration could solidify the importance of the initiative for the staff and clarify the degree to which the administration supports these efforts. When we asked participants whether the Secretary had supported reentry efforts in meetings, we were told that he had, but generally as disconnected initiatives tied to a given person or bureau, rather than as a central Department-wide initiative or priority.

One important responsibility of the Reentry Bureau is to bring together diverse groups to produce change. This has been a difficult goal to meet thus far. Besides turnover and lack of perceived support, another barrier is in the lack of a shared understanding among various key players regarding what reentry efforts should entail. A clear working plan would provide a written blueprint from which everyone could work. This would likely facilitate efforts as well as serve as a reminder of what needs to be done and identify those who are responsible for different aspects of its implementation. The TPC Reentry Handbook can be a useful resource for creating the working plan. It is important that the individual in charge of reentry efforts be a strong voice for evidence-based practice and policy. This person must be able to explain why the Department is adopting specific policies and practices as well as be able to explain the evidence-based literature on which such policies and practices are modeled. At the same time, this individual must be able to listen and respond to staff concerns regarding implementation since ultimately it is the staff who are central to the success of any reentry model.

The TPCI model requires layers of leadership collaborating and being held accountable in order for reentry efforts to work. There were many reports that there are, indeed, leaders within the Department trying to push reentry efforts forward. Some of the staff have taken on informal leadership roles and have helped teach their colleagues in the Department what a reentry oriented vision looks like. However, respondents noted that people at various staff levels outside of the Reentry and Prison Reform Bureau who could have been helpful in reinforcing the Department wide importance of these reentry reform efforts, left their positions by either taking other jobs within Corrections or leaving the Department altogether. This has further slowed progress towards full implementation of TPCI in New Mexico.

Echoed throughout many interviews was the idea that the Department often pushes a program or initiative into the facilities, but does not collaborate with those in the field to get ideas about how it may actually work in practice. This is detrimental to the process, as support for these initiatives among line level staff is not likely to emerge without open discussion about the ways that these efforts can be reasonably and successfully implemented. This concept is embodied in the following interviewee comment:

"It's a matter of how and if somebody would say, here is a plan, this is why this is going to help this, this is going to help this, and it wasn't perceived as something, one more thing coming down the pike that was somebody's big idea without really being thought through and without everybody getting the chance to communicate and share information about what would work."

Finally, another important component of leadership is long term planning. Respondents noted that neither the State nor NMCD has engaged in systematic long term planning. Further, there has not been a thorough assessment of the resources available. Implementation began without a clear planning process that took into account existing resources:

"There was no infrastructure. It wasn't plotted out well. It wasn't thought through. It was reactive. It was kneejerk."

Thus, the Reentry and Reform Bureau has suffered much turmoil regarding leadership and support since its inception. The position of Director of Reentry and Reform Bureau was filled at the end of our interview cycle, and some staff members we spoke with indicated that this is a move in the right direction in order to propel reentry efforts forward again. However, it is important to understand the history of the Bureau in order to confront and overcome the challenges that it has faced.

Gap Summary Regarding Leadership and Support

Though reentry plans were initiated by the Governor who convened a Reentry Task Force, the general perception among Corrections staff at various levels is that State and Corrections Department leadership did not fully support the implementation of a full-scale reentry initiative. The necessary financial resources to support the initiative were never allocated by the legislature. Rather, in response to the State's current fiscal crisis, NMCD funding has been cut. Without funding and policy support from state government, reentry reform efforts have waned.

In addition to support, leadership has been an issue. While a Reentry Bureau was created within the Department as suggested by the Task Force, the Bureau has experienced much change in leadership and structure. This instability has clearly hindered reentry efforts. Strong stable leadership is required in order to inspire and promote change. One way to encourage stability within the division would be to create a policy governing the Reentry and Prison Reform Bureau. This would define both the mission of the Bureau and the responsibilities of its Director. Without this common ground from which the Department can work, it is likely that reentry efforts will continue to be localized and unevenly applied. Further, there has been no systematic planning for implementing reentry efforts. Strong and stable leadership that disseminates the tenets of the TPCI model including the idea that reentry begins at arrest would likely improve this situation.

In order to implement the initiative, leadership must be in place at all levels to support and coordinate reentry efforts. Besides support at the level of State government, support within the Corrections Department has not been as strong as it needs to be to implement a program of this breadth.

While there are clearly individuals and groups who strongly support and understand the initiative and have worked towards implementing it, this has been done in a piecemeal way. Comprehensive and structured change has not occurred.

Table 3.1 Summary of Leadership and Support Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Leadership is multi-faceted; commitment from state government, key correctional leaders, chief executives from state agencies, and other stakeholders is required. • Each state that has implemented the model has assigned staff at different levels to support and coordinate efforts.
New Mexico suggestions	<ul style="list-style-type: none"> • Create a New Mexico Council on Prison Reentry and Reform by executive order (Task Force, 2008). • Create a Reentry Division in the NMCD (Task Force, 2008). • Promulgate and adopt policies, procedures, and programming commensurate with the philosophy that “reentry begins at arrest” (Task Force, 2008).
Current efforts	<ul style="list-style-type: none"> • An executive order creating a New Mexico Council on Prison Reentry and Reform was issued. • Teams and committees were formed early on. • Reentry and Prison Reform Division was created. • Some planning occurred early on.
Identified gaps	<ul style="list-style-type: none"> • No policy governing the Reentry and Prison Reform Bureau defining mission of the Bureau and its leadership role. • Support for the initiative has been lacking and systematic efforts to promote the idea that “reentry begins at arrest” have not occurred. • Leadership at all levels to support and coordinate efforts does not exist in any formal way. • Systematic planning for implementing reentry efforts has not occurred.

Staffing

TPCI Model Ideal Regarding Staffing

The TPCI model suggests that reentry goals can be achieved without significant additional expenditures, but this requires redistributing the current workload in a way that will address the goals of the program. In order for this to work, departments cannot add duties without taking away others so that staff is not overburdened. The process of redistributing workloads to meet the goals of a reentry model like TPCI should begin with a needs assessment that focuses on personnel resources, skills, limitations, and current time demands, among other key elements. This would help to create a realistic assessment of current workload burdens that administrators and program directors could use to determine whether and how workloads can be shifted to meet reentry goals.

New Mexico Ideal Regarding Staffing

The 2009 Task Force report echoes the TPCI guidelines. As part of the sustainability plan, the report suggests that the Department monitor staff workload, paying attention to areas where the work burden is comparatively disproportionate. To complete this task, the report proposes that NMCD conduct a 12-month needs assessment, with the ultimate aim being to reassign existing staff to maximize reentry efforts. In addition, the Task Force proposes expanding pre-existing social work and criminal justice student intern programs to provide training and employment opportunities for students and the Department. The NMCD website lists an additional goal, which is to staff the Reentry Bureau with qualified professionals in order to fulfill its mission.

Practice Regarding Staffing

Overall, New Mexico has not yet been able to meet the staffing goals set forth by the Task Force or those suggested in the TPCI model. Early on, NMCD had plans to hire case managers who would work with offenders to create case plans including TAPs. In keeping with this goal, the Byrne Grant originally included a section to hire case managers. However, this changed when the Department of Public Safety asked for revisions to the budget and scope, which limited the amount available for hiring Corrections staff. Thus far, no case managers have been hired. Further, as noted previously, the Reentry Bureau has never been adequately staffed.

However, as a result of the Byrne Grant, a Transitional Programs Trainer was hired. The job responsibilities for the trainer position include conducting risk assessments; developing relationships with other divisions, agencies and community resources to assist in reentry needs; assist with cognitive education programs; and training for staff regarding reentry programming. While employed, the main task of the Transitional Programs Trainer was to complete intake interviewing and COMPAS data entry, clearly an important part of the reentry model. However, once the grant funding ended on March 31, 2011, the position was terminated.

Staff shortages have plagued the NMCD, hindering reentry efforts. Interviewees across the board talked about the impact of staff shortages to them personally or to their department. People discussed having to do the work of two or three people and “work smarter” is a mantra we heard, echoed in statements like the following:

“Four of us are doing (the job of) eight so we’re a little busy”

Hiring freezes imposed by the State to deal with the broad fiscal crisis prohibit positions from being filled; the extra work becomes burdensome and people quit, exacerbating the problem. Respondents explained that when positions are not filled the work burden is greater for those who remain, services are not provided to inmates, people cannot do the tasks they typically perform and instead have to do other jobs. Interviewees noted that currently, there are not enough staff members to complete required work, much less to try to fully implement reform efforts in a systematic and far-reaching way.

Staff shortages directly impact available programming. We were told about programs that, due to staff changes, moved from one facility to another. For example, the teacher of one popular vocational program moved to a different facility, taking the program with him. No one had the

technical knowledge necessary to continue the program at the original facility. Staffing shortages can also limit the breadth of operations. For example, the work release program operating out of Los Lunas does not have the resources to allow inmates to work in Albuquerque as there are just not enough staff members to provide transportation. This seriously limits the options available for inmates eligible for work release. Further, programs do not have the capacity to serve all the inmates they would like to or who could potentially participate in programming, leading to long waiting lists and the failure to provide programming for some inmates. Since staff members are under pressure to meet mandates, they find ways to do so, but it may take longer for inmates to complete the programming because facilitators have larger caseloads and inmates cannot be seen as frequently. Large caseloads are certainly not limited to staff who provide programming. All staff caseloads are high and many are well beyond best practices guidelines. Some programs within specific facilities, we were told, stopped operating altogether due to staff shortages. The frustration this causes is represented by the following statement:

"You know something's got to give, you have a half shoddy program or if you want a full-fledged one they've got to spend some money I mean that's just plain."

The effects are certainly not limited to programming. Limited staff means others pick up the slack, leading to overwork and burnout on the part of existing staff. Some of these staff members end up leaving and creating more vacancies that are not filled, or filled by people with less experience. In addition, given turnover, training resources are used to teach basic skills to new staff, leaving limited dollars for continued training of long term staff. This creates a cycle that exacerbates the problem. People are doing more work than they are able to do effectively, as well as performing duties that lie outside of what they are trained to do. Corrections work is in and of itself a high stress job, and the increased demands can exacerbate the stress level of staff. Research shows that higher stress levels may lead to inefficiency and discontent, which can be further detrimental to staff and inmate interactions, hindering effective programming and reentry efforts (Lambert, Hogan, and Allen, 2006).

It is line level staff who must implement the changes required by the reentry model. Adding the reentry effort tasks on top of existing work is likely overwhelming and not at all feasible in the current fiscal climate. We reported earlier that staff members sometimes do not attend Reentry Committee meetings. While some staff lack interest in meetings and choose not to attend, some staff members are not sent to the meetings because their supervisors need them to complete the more immediate demands of their assigned jobs. We also noted that classification officers are currently the ones assigned to take on the case management activities, but they currently do not have the resources to do it. Some key people who had the skills and desire to further reentry efforts have left.

One of recommendations by the Task Force (2009) is to expand social work and criminal justice student intern programs. Interviewees did not describe any expansion in these particular areas. However, there has been a program implemented in conjunction with AmeriCorps, which brings in AmeriCorps staff who help throughout the prison system. Their goal is to create change, and in some ways they are ideally situated to help move reentry efforts forward. Staff who reported

about this praised the program and its workers. Efforts such as this provide much needed relief to staff so they can continue with their usual duties while volunteers can take on extra tasks that benefit both the Department and inmates.

Another goal originating from both the TPCI model and the NM Task Force is that staff assessments be completed to determine workload, responsibilities, workload distribution. This would result in proposals for how the workload could be more efficiently and effectively redistributed. To date, this assessment has not occurred. This is something that should be done in order to understand the impact of the current staffing shortage and to think of ways to help staff to “work smarter” given existing resources.

Gap Summary Regarding Staffing

Lack of staff, as a result of budget cuts, is a notable gap hindering reentry efforts within the NMCD. An assessment of staff needs and workload has not been completed. Such an assessment would be helpful not only for reentry reform, but for operations in general. Additionally, no case managers have been hired and the Reentry Bureau has been chronically understaffed.

Table 3.2 Summary of Staffing Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Redistribute the current workload to ensure that the goals of the initiative can be met.
New Mexico suggestions	<ul style="list-style-type: none"> • Staff the Reentry Bureau with qualified professionals in order to fulfill its mission (NMCD Website). • Reassign existing staff as necessary and appropriate in order to maximize intellectual and experiential resources and to ensure the success of reentry efforts (Task Force, 2009). • Monitor staff workload with attention to areas where work burden is comparatively disproportionate (Task Force, 2009). • Conduct a 12-month needs assessment; expand pre-existing social work and CJ student intern programs to provide training and employment opportunities for students and the Department (Task Force, 2009).
Current efforts	<ul style="list-style-type: none"> • Volunteers from AmeriCorps helping in the facilities. • A Transitional Programs Trainer was hired for one year.
Identified gaps	<ul style="list-style-type: none"> • An assessment of staff needs and workload has not been completed. • Staff has not been reassigned to facilitate reentry efforts. • The Reentry Bureau is understaffed- only one person is dedicated to reentry efforts.

Training

TPCI Model Ideal Regarding Training

The authors of the TPCI recognize that, in order to implement the model, staff will be required to learn new skills that are not typically provided by corrections departments. Staff should be trained in the administration of appropriate, empirically based risk needs assessments, motivational interviewing, and responsivity assessment protocols. Booster sessions should be offered to keep staff skills current. They also note that in order to continue and expand training, in-house experts should be established to provide both introductory and ongoing staff training.

New Mexico Ideal Regarding Training

New Mexico includes both broad and specific goals and recommendations regarding training. The Reentry Bureau website lists the broad goal of creating “organizational change within the department to foster new ideas and behaviors that support reentry and reform efforts” by engaging with all NMCD staff, including providing training as needed. The 2009 Task Force notes the importance of developing a continuing education program for all Department staff to evolve best-practice standards and a theoretical understanding of crime, criminogenic needs, recidivism, and principles regarding reentry initiatives.

More specific goals are also offered in the Task Force reports. The 2008 Task Force report includes a recommendation to continue to train Department staff in Motivational Interviewing techniques. The 2009 Task Force recommends developing a continuing education program to train all Department staff in the principles guiding reentry and theoretical understanding of crime, criminogenic needs and recidivism; providing COMPAS training for existing staff and building the capacity to provide COMPAS training to new hires; and training identified PPOs to provide Reentry COMPAS. Note that COMPAS and Reentry COMPAS are not the same: Reentry COMPAS is the instrument that would be used upon release to the community; COMPAS would be used at the prison facility from intake until reentry. Reentry COMPAS includes all the features of COMPAS plus items relevant to reentry (<http://www.northpointeinc.com/compas-re-entry.aspx>).

Practice Regarding Training

Like all operating areas of NMCD, training took a hit when the budget was cut. This certainly hindered plans to move reentry efforts forward. When case management training was being considered, travel for training was reportedly limited. This proved to be a huge barrier to the planned training as these trainings required face to face contact. However, there are efforts being made to provide trainings despite the budget shortfall:

"...they held training courses for classification officers as well to... to usher in the reentry process. Like I said, this was years ago. I don't think there's been a follow-up with it or anything like that. I mean, we've basically just taken it at the local level and now we train our classification officers, you know, to maintain, you know, continue on with the reentry process."

Other staff note that trainings still occur regularly, but they are provided in a different format:

"We hold periodic trainings and largely because of the travel and budget restrictions we've had to do them on video conference but they happen several times a year."

In addition, other training is being made available. For example, additional Motivational Interviewing training, made possible by grant funds, is being planned as a follow up to the introductory training that has been provided. A number of staff we interviewed had expressed concern that the training they received was not sufficient to use the technique, and clearly this is something that is being addressed. Further, the Education Bureau offers a number of trainings to staff throughout the Department (and the community). For example, the Bureau provided Motivational Interviewing training to Probation and Parole staff at their request. They also provided an Offender Employment Specialist Training, which NMCD staff attended along with representatives from community agencies.

Other trainings that would be required to implement this initiative either have not occurred or have been minimal. Northpointe, the company that developed the COMPAS Risk Needs Assessment, provided training to classification officers and others in November, 2008. However, we were told that no other trainings have occurred with regard to COMPAS. Since Reentry COMPAS was not adopted, training to use it has not occurred either. Other training provided to the NMCD staff includes an introduction to the iTAP/TAP process. However, there was no follow up beyond the initial training. Staff have not received any specific training in case management, which is an integral part of the reentry model. We were told that no one currently employed by NMCD has the skills to provide case management training.

The Task Force also recommended that the capacity for in house trainers be increased. We were told that there was an effort to begin training trainers to teach Motivational Interviewing, but some of those who were to receive the in depth training never received it. This was apparently due to a funding issue, but there has reportedly been no communication to let people know whether this has been terminated altogether or just placed on hold.

Staff we interviewed felt training was valuable for the work they do and most expressed a desire for more of it. In particular, they noted how important it is for facilitating reentry efforts. They believe that in order to change attitudes and create an environment that is conducive to reentry reform, training is needed. Training regarding correctional philosophy and psychology as well as theoretical criminology (as they relate to reentry goals and programs) would ideally be offered to employees at every level from administration to line staff. The same is true for specific training on key reentry programming elements, which, especially given staff turnover rates, should be offered on a routine and ongoing basis. Without training, staff members are unlikely to truly understand the importance of each of the components of the TPCI model, such as the pivotal role that a valid risk needs assessment plays in evidence based programming.

However, some staff members expressed frustration with the trainings they have attended. The sentiment was that training typically is not thorough enough and lacks follow up. This theme is illustrated by one interviewee how explained:

"I would like to see more follow-up, I would like to see training, I would like to see, you know, I would like to see the state move forward with what it's going to do, 'cause like I said, they wrap their heads around something, they throw it out in the field and they forget it."

There are many examples of training related to reentry efforts that staff perceived "went nowhere," including COMPAS, iTAP, etc. According to some staff, even programs that are currently implemented at the facilities have not had sufficient follow-up trainings to ensure appropriate implementation. In the results from the Career Pathways focus groups, for example, participants indicated that they needed additional training. In addition to the lack of follow up training, staff also made comments that suggest that some training need adjustment in order to increase their effectiveness.

Further, some staff felt that the Department does not emphasize training enough, and expressed concern that they and others could use more training to optimize their knowledge of best practices:

"I have never had any formal training (regarding the reentry initiative), nor has any of my staff, which is a shame because if you really want people to buy in an initiative, the more training and the more they understand it then the more there is buy in and they can see a result."

This sentiment was echoed by others. As mentioned above, many staff members note that one of the barriers to sufficient training is lack of funding. In addition, some staff perceived resistance to training by other staff. However, we were told that many are beginning to see the utility training that focus on such things as Motivational Interviewing. Further, some staff reported that certain departments receive training that they themselves do not receive, but would like to have as well.

Trainings should be regularly evaluated for their effectiveness and if warranted, fine-tuned. Further, if the training is found to be less effective than desired, the staff should be retrained to ensure that procedures are being followed. Clearly there are staff members who are concerned about the effectiveness of training, though. One reason that the iTAP/TAP did not get off the ground was because there was no evaluation component to the training to ensure its effectiveness. Ideally, the evaluation component would be built in to the training so that the initiative can proceed. This should not be such a burden as to stop reentry efforts.

Gap Summary Regarding Training

While staff members have been provided with some training related to reentry efforts, such as Motivational Interviewing, COMPAS, and Offender Employment Specialist Training, more training is required in order to move reentry reform forward. In order to learn the skills required for this initiative, a single training is not sufficient. The staff is clearly cognizant of this. The staff needs more in-depth training to develop the skills they have been introduced to, as well as training regarding fundamental criminological theories, principles/philosophies surrounding corrections, and psychological outlooks to equip them with the tools they need to buy into and successfully carry out reentry reform. The Task Force recommended creating a continuing education program to address these issues, which has not yet occurred.

Many of the trainings suggested by the Task Force did not occur because they are not relevant at this time. For example, the NMCD has not adopted the Reentry COMPAS, and therefore there has been no training regarding its use. Further, while the Department is administering the COMPAS, this has not been validated or normed, and is not being used as the risk needs instrument that defines classification level or programming needs. Thus, there is no reason to train a large number of staff in COMPAS at this point.

Case management is another area of training that has been recommended but has not occurred. While an introductory training to the iTAP process was provided, no further training has been offered. Part of the reason this has not occurred is because there has been turnover among staff that could provide the training.

Table 3.3 Summary of Training Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Train staff in the administration of appropriate, empirically based risk needs assessments, motivational interviewing, and responsivity assessment protocols. • Offer booster sessions to keep staff skills current. • Develop in-house experts to conduct ongoing staff training.
New Mexico suggestions	<ul style="list-style-type: none"> • Train staff in the following: <ul style="list-style-type: none"> ○ New ideas and behaviors that support reentry and reform efforts including reentry and reform vision, reentry programs, policies and procedures (NMCD Website). ○ Motivational Interviewing (Task Force, 2008) ○ Correctional Offender Management Profile for Alternative Sanctions (COMPAS) (Task Force, 2009). ○ Reentry COMPAS for Probation and Parole Officers (Task Force, 2009). • Develop continuing education program for all Department staff to evolve best-practice standards and a theoretical understanding of crime, criminogenic needs, recidivism, and principles regarding reentry initiatives (Task Force, 2009).
Current efforts	<ul style="list-style-type: none"> • Many staff members have received an introduction to Motivational Interviewing. • Training on COMPAS to classification officers has been provided. • NMCD provided initial training on iTAP/TAP. • Offender Employment Specialist Training was provided to NMCD by the Education Bureau.

Table 3.3 Summary of Training Gaps

Identified gaps	<ul style="list-style-type: none"> • The staff has not been trained in Reentry COMPAS because it has not been adopted. • No Follow-up training has been provided regarding iTAP/TAP or COMPAS. • Most staff members have received only limited training in Motivational Interviewing. • In house trainers have not been fully developed. • No professional case management training has occurred. • Continuing education program has not been developed.
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Partnerships/Collaboration

TPCI Model Ideal Regarding Partnerships and Collaboration

Collaborative relationships, both within corrections departments and between corrections and community agencies, are imperative to successful implementation of the TPCI model. These partnerships are required to ensure that inmates and former inmates are receiving the programming and services they need. However, corrections systems typically have an excessive amount of fragmentation complicating collaboration (Burke, 2008). One common problem is that facilities and community supervision authorities often do not share information or adequately plan for releasing inmates (Burke, 2008). This can be diminished through the use of electronic transfer of case information.

In addition to strengthening collaboration within corrections departments, it is essential to have partnerships with non-correctional stakeholders. These collaborations improve the transition of services and support for inmates returning to the community. Corrections staff working on reentry programming can develop collaborations by identifying potential partners and reaching out to them. Once community partners are identified and agree to help, these relationships can be formalized through the creation of MOUs that outline partners' roles and responsibilities.

It is important to understand the definition of collaboration according to the TPCI model. It goes beyond informal relationships and describes instead more formal agreements about the type of work that will be achieved together. It also describes structured teams. Thus, leadership takes a crucial role in developing and maintaining these collaborations. However, collaboration efforts are executed at all levels. For example, within corrections, teams involve members from senior, middle and line staff levels and include corrections officers and program staff (Burke et al., 2010).

New Mexico Ideal Regarding Partnerships and Collaboration

New Mexico also recognizes the importance of these strong partnerships to reentry efforts. The two Task Force reports and the NMCD website all list goals that relate to partnerships and collaboration, both within and outside of the NMCD. Related to the development of internal partnerships, the Task Force (2008) recommends that Corrections Industries (which provides and

oversees vocational opportunities for inmates) and the Education Bureau merge into one department. The purpose of this collaboration would be to improve work skills and employment outcomes for offenders and develop stronger linkages between in prison work and education programming.

Besides collaboration within NMCD, some of New Mexico's goals indicate that collaboration or partnerships should be developed with particular groups outside of NMCD. The Task Force specifically notes increasing partnerships with health and social service providers, social service agencies responsible for benefits and entitlement programs, and expand capacity for halfway houses in the community. They also suggest partnering with various entities (such as businesses, government and education) to create training and employment opportunities and creating an inmate entrepreneurial pilot project. Other goals include creating a Reentry and Reintegration Advisory group to facilitate collaboration within and outside of NMCD and obtain legislative support for reentry and reform efforts (NMCD website).

Practice Regarding Partnerships and Collaboration

Formal Collaborations and Informal Partnerships within NMCD

We asked staff members to tell us about the collaboration and partnerships they see occurring within the NMCD. Staff members mostly described cooperative relationships, many of which have improved over time, rather than an increase in formal collaborations. Partnership skills, though, are needed to develop good working relationships both within corrections agencies and outside corrections. Staff talked about partnerships they see occurring and some of the barriers to these partnerships. We begin by discussing the more formal collaborations that occur and move on to describe the informal relationships, which are important in the development of collaborative groups. In addition to talking with staff, we examined meeting minutes and annual reports to identify references to any collaborations not noted by interviewees.

The establishment of the IPPO within facilities represents a formal collaboration between the facilities and the Probation and Parole Department. Staff members explained that this has improved communication between the prisons and the Probation and Parole Department, facilitating inmate transitions into the community. This is an important connection to have as this (facilities to community supervision) is one of the key transition points, but a point at which collaboration is often missing (Burke, 2008). Importantly, staff reported a congenial working relationship between facilities and PPD as exemplified by the following:

"you... send out the parole plan and it's kind of nice because I know probation and parole's just as swamped as we, and short, you know, short staffed, too, so we don't take the approach of, oh, you better do it now. You know, it's like, be friendly, be on a friendly basis and it gets done...And I think that's why it actually gets done so fast here, is 'cause they do work with us and they do understand."

While IPPOs have led to improved communication between prisons and PPD, there is still some room for improvement. For instance, there is some murkiness surrounding the responsibilities of

IPPOs. Staff members indicated that the role of the IPPO has informally changed over time, so the IPPOs' tasks are less clear. Some case managers have assumed some of the work responsibilities typically done by IPPOs in part because of this evolution of the role of IPPOs, but also because some facilities are operating without IPPOs. This is reportedly something the Department is aware of and is working to improve.

Reentry Committee meetings represent another formal collaboration. According to policy (CD-083000), the Reentry Committee consists of the IPPO (or classification supervisor or unit manager if an IPPO is not available) and representatives from the Education Bureau, Mental Health Bureau, Addiction Services Bureau, Medical Services, Security (sergeant or above) and Security Threat Intelligence Unit (when required). Thus, the committee represents many levels of staff across multiple disciplines. These meetings provide the structure for formal collaborations and developing partnerships. However, departmental participation in these meetings varies as noted in Chapter II, limiting their utility as a forum for collaboration.

Participation in interdepartmental meetings for specific purposes, such as the one formed to develop OMP-TAP policy, is another formal, though transient, type of collaboration. The purpose of the OMP-TAP meetings was to develop policy regarding TAP, and involved representatives from several disciplines. The group did accomplish its purpose of developing the TAP policy, though the TAP never came to fruition.

If the TAP had been implemented, it would have taken the classification committee meetings that already occur, and expanded them to include representatives from other disciplines. Interdepartmental communication about inmates could also occur at classification committee meetings being held currently. The types of things that are discussed here include custody and transfer reviews, misconduct reports, forfeitures of lump sum awards, etc. Currently, the only people required by policy to attend these meetings are the classification supervisor, security representative and the inmate (if the inmate chooses to attend), limiting its utility as a forum for interdepartmental collaboration.

The Task Force recommended merging the Education Department and Corrections Industries (CI). The July 2008 organizational chart shows these as a single bureau (Workforce Development). However, in practice, these remain separate. Both Education and CI representatives indicated that a more integrated and collaborative relationship would be beneficial. Specifically, the Education Bureau could provide information about the programming inmates receive to improve inmate vocational placements made by CI. At the same time, CI could provide information to the Education Bureau about vocational opportunities that might help Education tailor some of its programming accordingly. Education might also be able to provide training to CI staff and help them develop innovative ideas to ensure program offerings are current. However, rather than continue to push this kind of collaboration, the most recent organizational chart (July 2010) indicates that these two departments are no longer operating under a single umbrella but rather are again separate divisions.

Besides these formal collaborations, staff members described positive informal partnerships across departments. These informal, congenial and helpful relationships both benefit inmates and help staff complete their work. For example, informal referrals across departments occur:

"On a day-to-day front we've pretty much got referral series...In other words, if TC says, this guy really needs to get in GED classes, then they'll give us a call and we'll gladly work with them to get a guy in GED classes. Same thing vice versa, and...and you know, medical, if a guy needs glasses."

Other cooperative measures include such things as corrections officers assisting the education staff get educational services to inmates in higher security levels. This can be complicated, we were told, as the inmate has to be checked by the Security Threat Intelligence Unit, laptops have to be checked, etc. However, staff members indicated that good working relationships have been or are being established.

Despite these positive relationships, the interviews indicated there are some barriers that limit the amount of collaboration that has occurred. Staff explained that some of the reentry efforts were slowed due to differences of opinion regarding how efforts should occur, adversarial work styles or personality conflicts, and lack of cooperation when trying to implement plans/policies. Some staff members note that there are sometimes conflicts between department heads that can impact the entire Department, leading to strained work relationships across departments and making collaboration challenging.

Another barrier is that partnerships and collaboration are simply not prioritized. People get so busy doing their work that they do not have time to collaborate with others or reach out to other departments. Especially in tight economic times, when resources are strained and staffing levels are reduced, departments are focusing on the work they do with little time or energy to take into consideration the bigger picture. One staff member described it as people running like hamsters in a wheel, trying to get their jobs done, and unable to get off. This impedes strong collaborative work, and the failure to look ahead impacts all areas of reentry reform.

One goal of collaboration is to ensure that the full range of case materials is available to those who need them. Staff members gave mixed reports regarding their access to case information, in both hard copy and electronic versions. One staff member indicated that hard copy case files are accessible and available for review, and that there is plenty of information provided in them. The results of the COMPAS assessment are printed out and placed in the file, as are the results from other assessments. We were told that, while not seamless, the transfer of case materials from facilities to PPD is generally good. On occasion, PPD has to ask the facilities to forward information from inmate case files, but generally this does not occur. However, not all staff can easily access case records. Some staff, such as case managers, may never see the assessments completed at RDC. Other staff, like those from Education, may access the records only if the inmate is referred to them or approaches them for programming.

Access to electronic records is also limited. Not all staff can access OMP, we were told. Further, the information that is available is limited. The initial needs assessment information conducted by the various disciplines at RDC does not appear to be maintained in an electronic format. One reason may be due to HIPAA restrictions: some departments will not enter information into the OMP so as not to create an automated health record. Further, sometimes programming information is not entered in a timely way.

Collaboration/Partnerships Outside of NMCD

Like relationships within NMCD, both formal collaborations and informal partnerships exist between NMCD and community agencies. The most formal collaborations are those that are documented with contracts or MOUs. The 2008-2009 Annual Report states that “21 inter-governmental agreements, joint powers agreements and memorandums of understanding” were processed during that year (p. 9).

Staff described formal relationships with community organizations that facilitate reentry efforts. For example, NMCD works with the NM Department of Workforce Solutions who offers employment services to inmates who participate in SOAR programming. Similarly, there is an agreement in place with the Child Support Enforcement Division that offers inmates who participate in Inside Out Dads an unencumbered driver’s license. This frees them up to get their license, but still makes them accountable for child support. As part of their collaboration with agencies, the Education Bureau has provided training to partners. For example, they have offered Offender Workforce Development Specialist training to members of organizations from Central New Mexico Community College (CNM), the Department of Workforce Solutions, New Mexico Works, Eagles Unlimited, and U.S. probation in addition to staff from NMCD. They also offer training for faith-based organizations like Wings for Life. This is an important outreach initiative to strengthen partnerships and potential collaboration with organizations outside of NMCD as well as different departments within NMCD.

Corrections Industries also has a number of established partnerships. They have contracts with various entities, which allow them to provide work for inmates, translating into skills that potentially could help them get jobs once released. For example, inmates participate in telemarketing, data entry and mail fulfillment through collaborations with groups such as New Mexico Tourism and the Department of Transportation. CI also has partnerships with vendors, from whom they purchase kits (such as for making furniture). Inmates receive training on constructing kits as part of the deal.

Other formal collaborations include contracts for services. For example, the Probation and Parole Department contracts with treatment providers in communities. Among other things, these contracts establish communication protocols, requiring providers to tell POs how parolees are doing. The Department also works with PB&J to provide various programs within the prisons. One program that staff told us was very helpful, the ImPACT program, has been eliminated due to budget cuts. This program offered visitation between inmates and their children and continued services after release, clearly a reentry type program. Several staff noted that the relationship between NMCD and the University of New Mexico (UNM) is positive. Project ECHO was developed in conjunction with UNM, which provided peer training about Hepatitis C. Further, the current project was noted as a positive collaboration, providing an opportunity to review reentry efforts and move them forward. Finally, the Department currently has a grant in conjunction with AmeriCorps. This project provides AmeriCorps interns who are helping to provide programming to inmates as well as performing other work within facilities. This has been a very positive program, according to interviews.

We were also told that some groups, such as NA and AA and representatives from transitional facilities, come in to speak with inmates. NA and AA also hold regularly scheduled meetings for inmates who want to participate in 12-step programming while in prison. This appears to be an ongoing effort. Faith-based organizations and other volunteer groups were also noted as important to the operation of NMCD. Not only do they come into the facilities to provide services, they also partner with the Department on reentry grants.

In addition to the collaborations that currently exist, meeting minutes from the Reentry Steering Committee subgroups indicate that the NMCD made efforts to include agencies outside of NMCD in reentry planning efforts, such as PB&J, Department of Workforce Solutions, U.S. Probation, and Wings Ministry among others. The minutes from each meeting type show representatives from a number of different departments and agencies. These groups were transitory (as would be expected) but did not fully accomplish their tasks, as noted earlier. We were also told that there were some meetings held to try to get outside agencies on board with reentry efforts, but people representing outside agencies stopped attending the meetings. This may have been in part due to funding issues hitting all agencies. In addition, we were told that the coordinator had to focus on different activities and did not have the time to try to encourage continued participation. The authors of the 2009 Task Force note that the NMCD participated in two health related collaborations: the House Memorial 9 Medication Assisted Task Force and the NM DOH Strategic Planning Conference. While there have been efforts made to encourage outside partnerships and many are in place, this is an area that needs to be strengthened.

During interviews, we asked if there were partnerships that staff would like to see established. Staff suggested increased collaboration with postsecondary institutions, health service providers, and business people. Collaborations with postsecondary institutions would facilitate prisoner education and entry into colleges and universities post incarceration. In addition, it was suggested that postsecondary institutions could provide training for Department staff, including specialized courses on criminological theory and recidivism. Staff members felt that increased collaboration with health service providers could promote in-reach efforts. Providers could come into prisons and interview inmates prior to release to establish intake appointments, medication, etc., which would improve the continuation of services on the outside. Finally, by collaborating with the business community, contacts with potential employers could be made. The goal would be to help improve inmates' work options post prison as well as provide opportunities for work release while incarcerated. Interview results also suggested that there needs to be more outreach to organizations in the community who may be amenable to partnering with the NMCD, but may not know about facility needs and what they could do to help.

In addition to formal collaborations, staff described informal partnerships and working relationships. For example, one staff member noted that CNM is a great partner. They are always friendly and willing to answer questions about inmates who are releasing soon and want to enroll in school.

Gap Summary Regarding Partnerships and Collaboration

The Task Force recommended that the Education Bureau and Corrections Industries merge into a single entity. This occurred on paper, but not in practice. Moreover, they are now two distinct groups on paper and in practice. While representatives from both Bureaus indicated that it would be a beneficial arrangement, this has not occurred.

The structure for formal collaborations within the NMCD is in place, such as Reentry Committee meetings. However, these are not attended with the fidelity needed to ensure collaboration. Many of the partnerships within the NMCD are informal, which can be a good step towards formal collaborative relationships.

While there are a number of collaborative relationships between NMCD and community organizations currently, some of these were in existence prior to the initiation of reentry efforts, such as the collaboration between NMCD and PB&J. A thorough review of existing MOUs is required to determine whether collaboration goals with community organizations have been met. However, we were told that in large part, these goals have not been met.

One important result of collaboration is the transfer of case materials. This process is not yet working ideally. While some staff members indicated that they are able to access case materials, others are not. Further, not all data is automated. HIPAA restrictions may play a role in this and should be considered when planning for the future.

Table 3.4 Summary of Collaboration Gaps

TPCI suggestions	<ul style="list-style-type: none">• Emphasize the importance of collaborative relationships both within corrections and between corrections departments and outside agencies.• Use electronic transfer of case information to help reduce fragmentation by sharing information.• Identify and reach out to non-correctional stakeholders in order to improve the transition of services and support.
New Mexico suggestions	<ul style="list-style-type: none">• Increase NMCD collaboration with community health and social service providers (NMCD Website).• Create a multidisciplinary Reentry & Reintegration Advisory Group to ensure collaboration in implementation of reentry and prison reform efforts as well as information sharing between NMCD, other state government entities, community-based organizations, and other stakeholders. (NMCD Website)

Table 3.4 Summary of Collaboration Gaps

New Mexico suggestions	<ul style="list-style-type: none"> • Obtain legislative support for NMCD reentry and reform efforts to build long-term state government support and sustainability for prison reentry and reform (NMCD Website). • Increase opportunities for newly released individuals to access health and social service benefits and entitlements by enhancing collaborative relationships with the gate-keeping health and social service agencies responsible for benefits and entitlements programs (NMCD Website). • Increase collaboration between the Education Bureau and Corrections Industries, in order to evolve inmate job training programs designed to increase the likelihood of successful employment and to provide ex-offenders with the skills to obtain a living-wage job upon release from prison (NMCD Website). • Expand volunteer restorative justice panels throughout the state (Task Force, 2008). • Enhance faith-based services for the formerly incarcerated including Adopt-a-Citizen program (One church- one citizen) (Task Force, 2009). • Increase number of community mentoring programs (Task Force, 2009). • Increase access to medication assisted treatment for opiate addicts through NM DOH, Health and Human services, UNM ECHO and Alb healthcare for the homeless (Task Force, 2009). • Implement ECHO in multiple prisons statewide (Task Force, 2009).
Current efforts	<ul style="list-style-type: none"> • Reentry committee provides structure for collaboration across divisions within the Department. • Various collaborations have occurred between the NMCD and outside partners: <ul style="list-style-type: none"> ○ Collaborated with UNM project ECHO to conduct hepatitis C peer education training within facilities. ○ Participated in House Memorial 9 Medication Assisted Task Force. Participated in NM DOH Strategic Planning conference. ○ Collaborating with ISR for gaps analysis. ○ Provided training to various partners. ○ Volunteers from the community provide services within the facilities. ○ Partnered with Americorp to provide interns to work in the facilities to promote change.

Table 3.4 Summary of Collaboration Gaps

Identified gaps	<ul style="list-style-type: none"> • Transfer of case information is not seamless. • Corrections Industries and the Education Bureau have not merged. • A Reentry & Reintegration Advisory Group has not been created • Legislative support has been lacking • More collaboration within NMCD and with community agencies is needed
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Community Outreach and Family Support

TPCI Model Ideal Regarding Community Outreach and Family Support

Community and family support are important components of the reentry model. Much of what is written in the TPC Reentry Handbook regarding the community focuses on creating partnerships (discussed above); however, another important factor is ensuring public support for reentry efforts. Lack of public support and corresponding negative views of returning offenders can be a major barrier to reentry. Conversely, a supportive community can break down the stigma and alienation experienced by offenders returning to the community (Young, Faye and Byrne, 2002).

The TPC Reentry Handbook recommends that the community be engaged in reentry efforts. Other states that have adopted the TPCI model's recommendations have made goals to educate the community, including providing forums for public education on reentry, developing specific campaigns or strategies to educate the community, and organizing and conducting events to disseminate information about transition and reentry efforts.

Familial support is another significant component of reentry efforts. The national recommendation is to ensure family involvement in the reentry process in order to work with the incarcerated individual towards achieving goals in preparation for release. This recommendation builds on the recognition that inmates and their families often have issues that need to be addressed, and that it is important to begin the process of mending family relationships while the offender is incarcerated. An additional recommendation is that suspension or revocation of visitation privileges should not be used as a standard disciplinary technique.

New Mexico Ideal Regarding Community Outreach and Family Support

The New Mexico Task Force recognizes the importance of community support. They propose beginning an education campaign to inform the public about reentry and prison reform (Task Force, 2009). They also make recommendations to improve familial support and strengthen ties: they suggest implementing the Relational Inquiry Tool at the RDC to supplement the risk and needs assessments (Task Force, 2008). This tool is described as having a strengths-based orientation that helps inmates think about their strengths and those of their family. In addition,

the 2009 Task Force suggests expanding the Reentry is Relational Project, which involves family and social networks in reentry planning (<http://www.vera.org/project/reentry-is-relational>).

Practice Regarding Community Outreach

Staff members described ways that the prisons and inmates are involved in the community, which helps to improve the public's view and acceptance of the prisons. One described holding a Halloween carnival in the parking lot of the prison and inviting the community to participate. They were able to obtain donated supplies from a supermarket to provide items at the event. Inmates at facilities also give back to the communities where they are housed. For example, inmates have crocheted scarves to donate to local schools, made afghans for the elderly, made "da-da dolls" (dolls against domestic abuse) which are sold in local stores, and have donated money to Toys for Tots. Other positive relationships involve volunteers who come into the prisons to help, and a program for at youth risk who come in to talk with the inmates.

Despite these positive interactions between the facilities and the community, some interviewees expressed the desire to engage with the community more widely. Primarily, they see a need to educate the community. This would include telling the public about the positive impact facilities make in the community, explaining the importance of in-prison programming, as well as educating the public about returning inmates. Some of the ways that the facilities positively impact the community are through the forestry program and work with other agencies like the Department of Tourism. Other endeavors, such as donating to community organizations, are also positive. Staff indicated that the positive things that are occurring are not being communicated:

"We do not share with the community the positive things that we do, and there are a lot of positive things that take place that nobody hears about..."

Staff also indicated that the community does not understand the importance of prison programming. For example, some noted that educating the public about the benefits of work release programs would be beneficial. Staff members indicated that it would be helpful for the community to understand that providing programs like this may assist inmates in successful reentry, thus improving public safety.

Generally staff members relayed that one of the reasons for the lack of support from the community is that society tends to have a punitive view of prison rather than rehabilitative. This makes it difficult to promote programming and to convince the public at large that it is ultimately beneficial to society:

"It's not a very popular choice to spend money on these individuals, but quite frankly, there's no other way. I don't know how. You can't just, you know, warehouse people. You have to provide these things that would hopefully make a difference when they leave."

In order to change these perceptions, the public needs to be educated about inmates. Staff pointed to two issues in particular. First, there is a perception that once someone is incarcerated, the person will not be released at all or at least not for a very long time. However, the vast majority of inmates are released and sooner than the public would likely anticipate. Second, there is a stigma that follows former inmates. The public is largely fearful of those returning to

society, in part because of the media coverage of atypical events. Further, staff members noted that while there are some people who are incarcerated who are not likely to change, many people just made a mistake and are capable of change and rehabilitation:

"Some of these individuals made a mistake and are no different than you and I but you know, when they leave here there's that stigma and there's that... that lack of... of awareness by people to accept them back... to be neighbors with them, in some cases rightfully so, but there's a lot of them here that just simply made a mistake and I don't know how you get that message across that... that they paid their price, their dues, and now they're... they're ready to go back out there."

Reaching out to the community and educating them about ex-prisoners may help to reduce the fear and disdain held for former inmates. This has the potential to assist in the facilitation of successful reentry.

Practice Regarding Family Support

The TPCI model and the New Mexico Task Force documents both highlight the importance of family and social support to successful reentry efforts. Both staff interviews and written documents suggest that the NMCD attempts to include families in the lives of inmates and in reentry efforts. By encouraging visitation through technology, providing programming and services to keep families involved and helping families plan for reentry, the Department promotes familial involvement.

Staff members told us that the Department makes it possible for families to visit with inmates through videoconferencing. Since inmates are sometimes housed in a different area of the State than their families, these videoconferencing options are particularly important. TPCI also recommends that the suspension of visitation privileges be used judiciously in order to encourage visitation. In order to get a sense of how frequently suspension of visitation privileges is used as a sanction, we examined data from 2005 and 2006 disciplinary actions. These data were obtained for another project and were generated from CMIS. These data indicate that among those whose sanctions were documented in the automated data, the most common discipline action was to give inmates a warning. The data also indicate that while the suspension of visitation privileges is one punishment used for disciplinary infractions, other actions, such as the loss of good time and especially segregation, are used more frequently. We do not have current data to assess whether the use of suspension of visitation privileges has changed, but there is no reason to expect that it has as no one mentioned this as problematic. The frequent use of lockdowns and segregation, however, was noted as hindering reentry efforts, particularly in terms of the disruption to facility programming.

The NMCD provides several programs focused on maintaining family ties, such as Inside Out Dads and Fathers as Readers. In addition to these programs, there is also an office established within the NMCD that specifically assists families. NMCD's Constituent Services & Correspondence Office provides assistance to family members of inmates. This office operates as a liaison between the prison facilities and the families. Staff field questions about offender location, medical inquiries, projected release dates, visitation related inquiries, inmate safety

concerns, requests for funeral furloughs and questions about credit for money sent in. They track client satisfaction through an online survey. A staff member relayed that the Department recognizes the importance of family, and expressed the role of the family as follows:

"The family is probably this country's most valuable weapon in fighting crime. Inmates who receive visitors, maintain family ties, and are released to a stable home environment are more likely to succeed in leading productive crime-free lives. Inmates clearly benefit from family efforts to stay in touch. Families can provide an incentive for inmates to grow, learn, and change. Families can help residents stay in touch with what's going on in the world, easing their transition back to society. Some parole authorities see strong family ties as an indicator that an incarcerated person is better prepared for release."

The Task Force (2008) recommended that the NMCD begin to use the Relational Inquiry Tool (RIT). We were informed that the RIT is used, but in a limited way. Not all inmates are assessed with it, but at least one mental health program is testing it to see if it can yield helpful information. However, only about five people per month are assessed with the tool. It does not appear to be used at intake, as was recommended. However, a report by the Vera Institute indicates that the Reentry is Relational project, which provided training and technical assistance to implement RIT was piloted within the NMCD. Rather than using the tool at intake, the RIT was administered three to six months prior to a prisoner's release at specific facilities. The report explains that their survey of inmates indicates that the longer an inmate is incarcerated, the more comfortable they feel discussing personal information, including families, with staff. This suggests that using the tool at release may be more beneficial than at intake unless methods to improve rapport are developed early on. Their report also indicates that AmeriCorp volunteers will continue to implement the RIT. At this point, though, it does not appear that this tool is being used throughout facilities across the State, as is recommended by the Task Force (2009).

As a result of a meeting about the RIT with the Vera Institute, members of the work-group determined that there was a need to develop a handbook to assist families. This handbook (Guide for Families and Friends of Justice Involved New Mexicans) was developed and is available online. This handbook provides basic information that families need to know, such as where the prisons are located, information about visitation, basic information about probation and parole and tips for self care as well as a directory of resources.

Other efforts are being made to help prepare families for reentry. For example, we were told about a program that is being piloted that allows family members to attend Reentry Committee meetings. The purpose is to help family members know what to expect, and to help both inmates and their families with the transition. The program targets family members with whom the inmate will live. Additionally, the Probation and Parole Department involves families in reentry:

"You know, part of our parole planning process is to contact them, give them information of what's going on, you know, their loved one's coming out of prison, these are the services he's going to need, so we're basically notifying them upfront that this is going to happen. That's one thing that's nice."

Sometimes families will meet with the Parole Officer prior to release so they will know what to expect when the inmate returns, and what will be expected in terms of community supervision requirements. This can include videoconferencing with the family, PO and the inmate. Finally, one interviewee told us that they are working on creating a manual specifically for families with returning inmates.

While there are clearly some efforts being made to include families in the lives of inmates, those we interviewed provided specific suggestions to help strengthen the role of the family. First, staff noted that it would be helpful for families to get more information about how they can help transitioning inmates and more direct services to assist the inmate and his or her family with the adjustment. Other suggestions include creating a collaborative program where inmate and family could go through the same program concurrently- inmate on the inside, family on the outside. Similarly, others suggested ongoing counseling and the use of motivational interviewing with the family to help them be more open to changing their own lifestyles, as negative family influences can impede the returning offender's reentry success.

Gap Summary Regarding Community Outreach and Family Support

While officials report efforts to engage the community and include families in inmates' lives, the goals proposed by TPCI and the Task Force have not been met. The main goal regarding community outreach is creating a public education campaign. This has not occurred. While events are held at some facilities, these forums are not used to educate the public; rather, they appear to build goodwill between the prison and the community. This is an important outreach effort. However, more could be done to educate the public more broadly about returning inmates.

The NMCD clearly understands the role of family and social support in the success of returning inmates. Programs that provide an opportunity for familial involvement and activities such as piloting the RIT have been supported within the NMCD. However, these are limited. Funding cuts have eliminated some programs. The RIT is only being used in a limited way and is not being administered at intake or early on in the inmate's incarceration. Future use of the tool should be developed in conjunction with guidance from the Vera Institute.

Table 3.5 Summary of Family and Community Outreach Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Make efforts to educate the public about reentry. • Encourage family involvement in inmate's life while incarcerated and afterwards. • Eliminate the use of suspension or revocation of visitation privileges as a standard disciplinary technique.
New Mexico suggestions	<ul style="list-style-type: none"> • Facilitate greater involvement of families in the reentry and reintegration process and implement the <i>Relational Inquiry Tool</i> (NMCD Website). • Develop the Reentry is Relational Project (utilize RIT) in other facilities. (Task Force, 2009). • NMCD should begin public education campaigns regarding reentry and prison reform (Task Force, 2009).

Table 3.5 Summary of Family and Community Outreach Gaps

Current efforts	<ul style="list-style-type: none"> • There are efforts at some facilities to raise community awareness and involvement as well as programs designed to give back to the community • There are efforts being made to support families by: <ul style="list-style-type: none"> ○ Families attend Reentry Committee and meet with PO in some cases. ○ Online handbook available for families. ○ Programs such as Inside Out Dads and Fathers as Readers used to maintain family bonds. ○ NMCD's Constituent Services & Correspondence Office used to answer questions and address the needs of family members. ○ Probation and Parole Department meet with families prior to prisoner release to inform them of the offender's expectations. ○ Visitation privileges do not appear to be used as frequently as some other discipline measures (based on 2005/2006 data). ○ The RIT is used in a limited way.
Identified gaps	<p>Community:</p> <ul style="list-style-type: none"> • Overall lack of community outreach programs. • Public education and information campaign has not been initiated. <p>Family:</p> <ul style="list-style-type: none"> • RIT is not used throughout NMCD • RIT is not used at intake as recommended by the Task Force, though this should be explored with the guidance of the Vera Institute. • Staff indicates that family members need more information on how to help inmates transition and support to ensure successful reentry.

Research

TPCI Model Ideal Regarding Research

Research is an important component of the TPCI model. Research plays two primary roles in the TPCI model. First, research is used to discover the needs of the current population. The Department must be aware of the needs of the population in order to plan for appropriate housing assignment and programming within the facilities. In addition, knowledge of the population is important for all phases of reentry to ensure that offenders' needs are met in the community upon reentry, during supervision and beyond. This will help drive decisions about which partners to

seek out in the community, where resources should be focused, etc. Second, research is required to ensure that both practice and programming are evidence-based. Evidence-based is a term that is often used to refer only to programming success; however, it is more than that. Evidence-based practice means that people adhere to protocols when implementing program design, that training is effective, and that staff members use the most up-to-date and reliable techniques available when interacting with inmates and former inmates. It also means that there should be ongoing research measuring the outcomes and effectiveness of programs and procedures. The results of this research should be used to guide practice; the organization should be flexible enough to change when warranted.

New Mexico Ideal Regarding Research

In their 2009 report, the Task Force writes about the importance of research to reentry efforts, and indicates that a Research and Planning Bureau will be established to monitor the outcomes of reentry projects and guide reentry efforts. The Bureau would allow for increased partnerships with entities such as the Consortium for Behavioral Health Training and Research (CBHTR) at UNM, the National Institute of Corrections and the Institute for Social Research at UNM. The website echoes this goal by indicating that the NMCD will engage in ongoing research and program evaluation by developing the infrastructure needed within the Department.

Practice Regarding Research

Our discussions with staff indicate that individuals within departments gather data about their programs to assess their effectiveness. There is, however, no clear protocol for gathering, reporting, or using these data. While the results of any assessment data collection efforts are provided to supervisors, the information is rarely disseminated beyond the individual departments, unless requested by someone or examined for other purposes, such as writing grants. In addition to the research conducted by individual departments, outside research partners are sometimes contracted to evaluate programs. These research activities are typically grant specific, and therefore are limited to a particular program or set of programs.

We were told about other data gathering/reporting activities that occur within the Department. Daily reports generated with the OMP data provide information about such things as the number of students enrolled or number of inmates on the waiting list for services from the Education Bureau. This information helps the Bureau to plan for programming. The Education Bureau routinely has inmates who participate in Education programming complete a satisfaction survey. Respondents indicated that these surveys are used to assess inmates' experiences with education programming and to help determine education programming needs at the various facilities. Health Services conducts similar surveys, which they also use for planning purposes. The Victim Services and Constituent Services Departments also conduct online surveys to track whether users of their services are satisfied. Questions assess whether the staff were helpful and courteous, whether concerns were resolved in a timely manner, whether users were satisfied with the service and provides a place for comments. This provides a method for these departments to assess whether the needs of the groups they serve are being met.

While there are efforts being made to assess the effectiveness of programming within the prison system, the research tends to be fragmented, completed by individual departments examining particular groups of inmates or programs, rather than examining the whole population:

"I would like to see the Department maybe do a system-wide recidivism where it doesn't count on Addictions to learn what happened with TC graduates or doesn't count on Education doing recidivism when people have gone through Education, but let's do recidivism studies on everybody who comes to prison and I'll tell you, after a period of time you'll see distinctly what are the pitfalls that's going to make a person come back to prison."

One of the roles of the Research Bureau would have been to direct the research activities within the NMCD. This Bureau has not been established. There is no central repository within NMCD for research conducted by internal staff or outside organizations. It does not appear that research results are used for system-wide planning purposes. A centralized Research Bureau staffed with knowledgeable personnel who have a background in program evaluation and research methods would help the NMCD to implement reentry efforts. For example, one of the barriers cited to beginning the iTAP was that there was no evaluation component to assess training effectiveness. A Research Bureau would be able to help address that problem.

While OMP and the other data housed in the CMIS may potentially be a good source for assessing outcomes, NMCD data is limited in some ways. First, important long term historical data are not automated. Information regarding programming, for example, largely became automated with OMP which began in 2009.³ Thus, the Department as a whole cannot complete research using pre-post methodology or conduct trend analyses. Second, data are not entered systematically. Some information is not updated in the system, which causes problems for not only research, but also impacts day to day operations, as noted in the section on case management.

Staff reported that they expect to use the results of the COMPAS data to determine the needs of their prison population, which is necessary for planning purposes. It is imperative, though, to ensure that the data collected is reliable and valid prior to using it for making decisions about operations. This is true of any data used for decision making- if the data are not accurate, decisions based on it will be fundamentally flawed.

While research is not always viewed as important, it is actually essential in many ways. It is through quality data gathering and research that assessments regarding programming effectiveness can be made and alterations suggested. Accurate data is critical to both planning and assessment activities as it can detail the composition and needs of the prison population. Though basic information can be garnered from the current system, this is not sufficient for the type of long term planning the TPCI would require. Another benefit of quality data collection and assessment activities is that the results of these efforts can help staff both improve their provision of services and see the ways they make a difference in terms of offender outcomes. This can potentially improve job performance and morale.

³ There was another automated program in place to track education services prior to OMP, but not long enough to provide historical trend data.

Gap Summary Regarding Research

Current research efforts are not as comprehensive as required by the TPCI model, and specific recommendations made by the Task Force that would improve research have not yet been implemented. A Research and Planning Bureau which would organize many of the research needs of the Department has not been established. Further, the Department has not undertaken a thorough examination of the needs of the current population. While individual departments conduct their own research, this is not comprehensive and does not appear to be used for long term planning. Staff report that data is not always entered when it should be, and there are no automated, comprehensive, historical data regarding programming, making long term assessment activities difficult.

Table 3.6 Summary of Research Gaps

TPCI suggestions	<ul style="list-style-type: none">• Use research to discover the needs of the current population in order to ensure programs within prison address the needs of inmates and the community.• Utilize evidence-based research to guide corrections practice.
New Mexico suggestions	<ul style="list-style-type: none">• Ensure reentry programming is effective through quality assurance and quality improvement by creating assessment tools to measure efficacy of comprehensive reentry programming within prisons and in the community. (NMCD Website).• Create a Research and Planning Bureau (Task Force, 2009).
Current Efforts	<ul style="list-style-type: none">• Intake COMPAS data is being gathered which will be used to learn about the inmate population.• Partnerships between external entities are being formed to help facilitate research.• Some quality assurance measures are in place, including the use of surveys.• Research is being used to find the needs of the current population in a limited way:<ul style="list-style-type: none">○ Research activities are being conducted by individual departments for individual needs.○ Reports gathered by OMP provide day-to-day statistics which help operations.○ Surveys are utilized to identify the needs of a facility (such as education needs, health services, etc.) that are then used in planning procedures.
Identified gaps	<ul style="list-style-type: none">• A thorough review of the needs of inmates has not yet been conducted.• A Research and Planning Bureau has not been created.• It does not appear that assessment tools to measure efficacy of comprehensive reentry programming have been developed.

Culture Change

TPCI Model Ideal Regarding Culture Change

The TPCI model requires corrections departments to change from focusing on security and surveillance to “a wider focus that engages offenders in a process of change” (Burke, 2008: 22) and from “risk management to risk reduction” (Burke, 2008: 23). Implementation of TPCI requires changes in multiple areas of corrections, including classification practices, staff roles, skills, and performance measurements (Burke, 2008). In addition, Burke et al. (2010) argue that leadership, staff and partners have to believe people can change and have to support evidence based practices, particularly those that focus on offender motivation to change.

New Mexico Ideal Regarding Culture Change

New Mexico’s goals regarding cultural change are found in three places: the two Task Force reports and on the NMCD website. The website lists the goal of creating “organizational change within the Department to foster new ideas and behaviors that support reentry and reform efforts.” The 2008 Task Force recommends the Department adopt “policies, procedures, and programming commensurate with the philosophy that reentry begins at arrest” (Task Force, 2008, p. 7). The authors explain that there will be some adjustment period necessary to instill the importance of emphasizing rehabilitation. Further, this report directly addresses cultural change, suggesting that this will be achieved through training that directly teaches about the “theoretical understanding of crime, criminogenic needs, recidivism, and the principles guiding Department reentry initiatives” (p. 9) in addition to specific methods like Motivational Interviewing.

Practice Regarding Culture Change

Much of what has been written in this report speaks to the culture of the organization. The TPCI model emphasizes a change in culture, from one that sees the primary role of the prisons as retributive and security minded to one that views prison as a place for potential for change while balancing security needs. Likewise, New Mexico recommends adopting the view that rehabilitation is a crucial part of incarceration and that reentry begins at intake. Organizational culture includes the vision/norms/values of the employees who work there, the day to day interactions between people, the general support individuals feel they get from their co-workers and from their supervisors, and their value within the organization. By talking with people and reviewing written material, we have a sense of the culture within NMCD.

The ways staff members discuss the inmate population, the role of the prison and their jobs reveal the culture of the organization. It is clear from the interviews that the culture is shifting away from one that is strictly security oriented to one that is more rehabilitative in orientation. The staff has become aware of the importance of providing programming and implementing different ways of interacting with inmates:

"These officers are well trained ... they know that the problem is these guys go out, reoffend, come back, go out, reoffend, you know, they know there's this issue. Their mindset has changed. You know... if these guys have education classes, substance abuse, relapse, the new ECHO program, those officers are there, man. They're pushing them to it, they're getting them to it, there's very little disruptions anymore, you know, and as far as officers working with the offenders within the programs, with the general populations, they've taught them how to communicate. I mean, they communicate a lot differently now with the inmates than they did, let's say, ten years ago. Because when I first came in it was all bark, you know, all bark, then you bite."

The way that the staff talks about inmates also speaks to the culture of the Department. This ranges from the subtle use of language to statements about them as a group. While conducting interviews, we became acutely aware of the language people use (and the words we as researchers use) to describe inmates. For example, the use of "offenders" is a more detached sort of word. Once an inmate is released, the continued use of the word offender suggests that one will not change, perhaps suggesting a more punitive view. On the other hand, the use of the word "men" or "women" is a much more personalized view of those incarcerated. One member of the research staff became aware of this during one particular interview. When the researcher used the word "offender," she could see the discomfort this caused for the staff member she was interviewing. She changed her language once she realized the problem. She purposely avoided the use of "offender" in subsequent interviews and noted that many people use words like "men" when referring to inmates. However, this is by no means universal throughout NMCD. Some staff used the word "offender" while others did not. One interview solidified the researcher's perceptions about the import of language:

"I think we need to use certain kind of nomenclature when we talk about human beings and talk about formerly incarcerated people...not call them offenders."

While this person was talking specifically about inmates who had been released, it was clear in talking with some people, that the use of the word "offender" to refer to incarcerated individuals was offensive. The language people use illustrates the culture of the organization, and our interviews suggest that it may speak to divisions within the Department. It appears that certain groups are more likely to use language like "men" as opposed to "offenders." However, without interviewing a greater number of people within each grouping, it is difficult to make any conclusions.

More overt views of inmates come from statements reflecting staff views for the reasons inmates offend. There is a dichotomy which views inmates as having issues that need to be addressed on one hand, or as being somehow fundamentally flawed on the other. The staff members we spoke with indicated that they held the former view:

"Here's a person coming out of prison that has been broken obviously or they wouldn't be in prison"

"...our population is, you know, kids out of the juvenile institutions, kids who've been abused, people who have had mental health and addiction problems, I mean we have a population of people with multiple problems and that's why I think it takes kind of a social work, wraparound services focus to really make the difference because it doesn't take much to get back to prison..."

However, staff members described alternative views held by others within the Department. Several people noted that there are staff members working within the facilities that “hate” inmates and because of this, some do not treat inmates with basic human dignity. One staff member explains that:

“I know they have good reason (for hating the inmates)...some of these inmates just, you know, they’re locked up and that’s where they need to stay...but...there needs to be a bigger picture...we don’t all fall from the same tree...there’s so many people (inmates) that just need to be trained differently.”

This staff member further explains that the view that all inmates are the same is too narrow. None of the people we interviewed expressed overt animosity towards inmates. Rather, staff reported to us that there were groups of staff that harbored ill feelings towards inmates and that this posed a barrier to implementing reentry reform efforts. Indeed, this is a common view of inmates in corrections departments. The emphasis the authors of the TPCI model place on viewing inmates as capable of change directly addresses this issue, challenging corrections agencies to alter commonly held perceptions of inmates as a whole.

Besides the views staff hold about prisoners, their perspective about the role of prisons also speaks to the culture of the organization. No one we spoke with held the view that prison should only be about locking people up and throwing away the key. Everyone noted the importance of providing programming to inmates in order to improve reentry success. However, practices within the facilities indicate where programming and services are in relation to security measures. The most extreme example is those who are held in solitary confinement. While this notably improves security of the facility and there is a reported decrease in incidents by isolating those that are high risk, it comes at a price:

“...inmates that are sitting there and are just mentally decompensating because they’re not working, they’re not socializing, they’re not programming. And then their time is up and we have to release them?”

This lack of long term vision inhibits reentry success. Others noted that the frequent use of lockdowns interferes with programming success. Similarly, we were told that jobs in prison often take priority over programming. While jobs are necessary and allow the prison to keep inmates busy and controlled and they offer an opportunity for prisoners to earn money, work should not be at the expense of necessary programming as guided by a good risk needs assessment and case management.

All of this reflects the perceived mission of prisons. Staff clearly articulated a dichotomy of views held by those working within the Corrections Department: retribution versus rehabilitation. One person explained that there is not a unified vision for the Department. Despite the mission statement that indicates a balance between security and rehabilitation, this has not yet been achieved. This dichotomy is not limited to the Department; it is reflected in the community as well. The Department is a political organization, and as such, will reflect the desire of the public to some degree. Change is more difficult when the community values punishment over rehabilitation.

It is important to understand that while we discuss these two principles (security and rehabilitation) as though they are opposing, they really work in tandem. Inmates whose needs are identified and addressed are an easier population to monitor. Providing inmates with appropriate programming not only ensures rehabilitative goals are met, it enhances security. Successful reentry efforts have a broad impact. Conversely, by failing to engage with inmates in a positive way, security is compromised:

"That's just kind of that hierarchical top down thing at a whole different level. And then that raises their resentment and their lack of ability to want to work with you and we can't afford that."

Through interviews, we were able to identify some of the barriers to culture change as expressed by staff. First, if those who are promoted into these leadership roles do not support a reentry vision, change is more difficult. Some groups within the Corrections Department tend to hold views that are risk management and security oriented. They carry this view with them throughout their careers, which makes the transformation towards a more rehabilitative, risk reduction, inmate change oriented model more difficult. A second issue that was brought up frequently was that for certain staff members, the level of education required for the job can be a barrier. Some staff may feel less able to implement things like motivational interviewing. Further, this may not be the role that they expected to perform when hired for the position. That sort of role change can be difficult.

A third barrier reflects the way programs are sometimes implemented in the Department. We were told that there is a pattern of implementing programs and then failing to continue with them, often because there has not been full attention paid to planning and implementation strategies. This is a difficulty that plagues corrections departments across the nation (Henderson and Hanley, 2006). Thus, many staff members view new initiatives as transitory. To counter this, the administration must issue repeated messages of clear buy-in to help staff see that reentry efforts are not fleeting, but are a permanent way of doing business. One interviewee's explanation summarizes this concept:

"It doesn't happen overnight, it is an ongoing process but, you need to generate some buy-in, you have to change the culture and every facility has a different culture and different belief system and this is why you have to bring the leadership to one page and then changes will occur."

Similarly, communication with staff regarding changes in plans is sometimes frustrating for them. For example, planned trainings may be cancelled due to lack of funding, but the staff reports that they do not get any other information, such as what they should do in the meantime, whether the training may occur in the future, etc. This is important because of the pattern of programs coming and going. If the plan is to continue reentry efforts and related training, the staff needs to know that it is still important to the Department and what the Department expects to do in the future to continue with these efforts. Another frustration repeated by several people was that they are told to implement programs without having any input regarding their feasibility. They suggest that programs are just thrown out into the facilities, and that some are expected to work in ways that are not realistic. Open communication between key staff and management would likely help in this regard. Considering staff perspectives and addressing them would help move the initiative forward.

Finally, funding is an issue that has been repeated throughout this report. Successful reentry efforts may require some expenditure of resources on the front end, but should yield significant savings on the back end. Understanding this requires long term vision and orientation. Such an orientation is often compromised when money and other resources are tight. So, while looking only at the short term, the cost of reentry initiatives may seem excessive and unreasonable. One interviewee clearly summarizes the dilemma:

"But in the long run if it means that these guys aren't coming back and our population goes down then yea we would be saving money. But right now they're just looking at the bottom line. They're not looking at how much would it cost us to make this investment and see what it's going to bring us in the long run. They're not looking at that."

The tendency to focus on short term goals reflects the culture of the NMCD (and most organizations). This is something that needs to be addressed in order to implement any real change.

Gap Summary Regarding Culture Change

Over the years it appears that there have been some changes in the culture of the NMCD such that the staff does see the value of rehabilitation. However, the Department has not yet collectively adopted a long-term view that emphasizes offender change beginning at intake. In order to change the culture of the Corrections Department, top administrative staff must clearly and consistently express a reentry reform vision in multiple forums. This has not been as thorough as is required to promote long term change. While there are staff members at many levels who truly believe in reentry efforts, there are some who do not. Strong support for these efforts at all levels has not yet been achieved. One barrier towards achieving substantial change is the tendency for the Department to implement new policies and initiatives without following through with them.

Table 3.7 Summary of Culture Change Gaps

TPCI suggestions	<ul style="list-style-type: none"> • Change from focusing on security and surveillance to "a wider focus that engages offenders in a process of change" (Burke, 2008: 22) and from "risk management to risk reduction" (ibid: 23).
New Mexico suggestions	<ul style="list-style-type: none"> • Create organizational change within the Department to foster new ideas and behaviors that support reentry and reform efforts (NMCD Website). • The Department should adopt "policies, procedures, and programming commensurate with the philosophy that 'reentry begins at arrest' through formal policies and directives" (Task Force, 2008).

Table 3.7 Summary of Culture Change Gaps

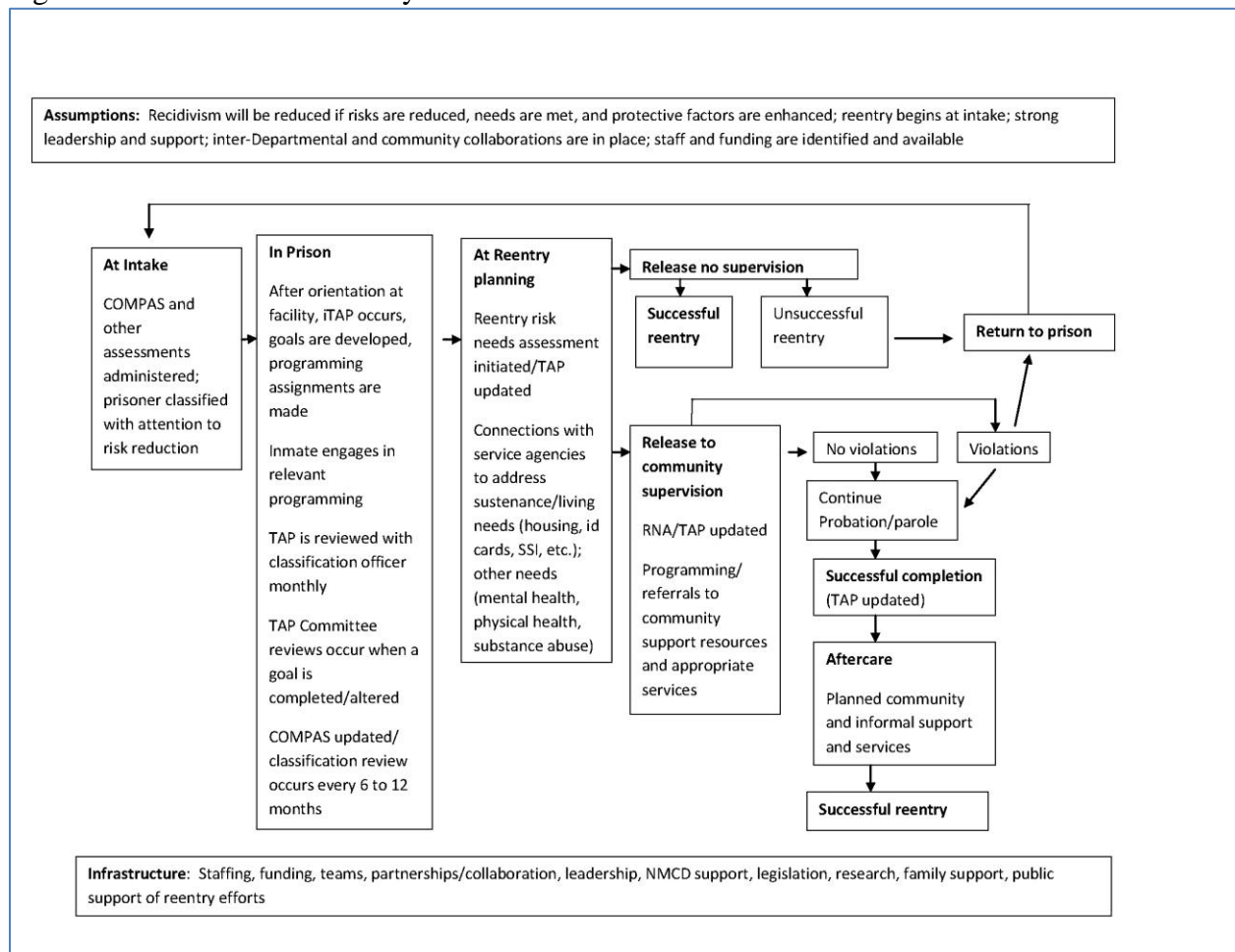
Current efforts	<ul style="list-style-type: none"> • Staff members have become more aware of the importance of providing programming and rehabilitation efforts to inmates. • Some staff members have changed with way they interact with inmates.
Identified gaps	<ul style="list-style-type: none"> • Ideologies about inmates and reform efforts are not shared universally which impedes the progress of reentry efforts. • Reentry efforts are viewed by some staff as transitory. • Strong support for reentry efforts at all levels is not fully developed.

Chapter IV: Logic Model

This chapter presents a logic model of the TPCI as it would be implemented in New Mexico. Consistent with the focus of this report, we examine in detail only those portions of the model that are most relevant to reentry activities within New Mexico's prison facilities. The purpose of a logic model is to provide a graphic representation of the way a program is intended to work. It is useful to construct a logic model to determine whether there are flawed assumptions in program design or implausible connections between elements that could compromise program implementation. Logic models also aid with program evaluation, since they detail the process and expected outcomes of the program as well as key outcome measures. The prior chapters of this report detail numerous gaps in the implementation of the TPCI model in New Mexico. As such, the logic model presented here describes the ideal TPCI model, not its current form. The elements included in the logic model are constructed from the sources we cited previously: the national TPCI model, the two Task Force reports, and the goals and objectives listed on the Reentry and Reform Bureau website.

We begin by providing an overview of how TPCI should work. As shown in the graphic below, the model begins at intake and ends after release from community supervision, or for those who are not subject to community supervision, upon successful reentry. In this model, we emphasize the assessment and TAP process that should occur to ensure that offenders' needs are identified and met through appropriate programming and services. Underlying the model are certain assumptions. Specifically, the model assumes that the likelihood of recidivism will decrease if the reentry process can reduce criminogenic needs, increase protective factors, and actively involve offenders in behaviors that promote investments in their own reentry success. We have described criminogenic needs throughout this report: anti-social attitudes and associations with anti-social peers, substance abuse issues, etc. Protective factors include such things as supportive family, employment and education, etc. We have not emphasized the role of the offender much in this report. However, successful reentry cannot occur without their participation and investment in their own behavioral and attitudinal change. Staff may assist them in this through the use of such tools as motivational interviewing, but ultimately, the offender must be ready and willing to change.

Figure 4.1 Overview of Reentry



As noted above, we focus here on the portion of the logic model that involves secure prison facilities. If New Mexico were to fully implement TPCI, a more detailed logic model that includes all aspects of corrections operations would be necessary. The TPCI is a comprehensive model with many parts. A corresponding logic model will necessarily be large and somewhat unwieldy. However, by breaking the model up into smaller pieces, such that each element of Corrections has a clear and well defined role and set of goals, the process becomes more manageable. Here, we focus on the key activities correctional facilities would need to develop to implement the TPCI model: risk/needs assessment, case management and reentry preparation. This model assumes that the output measures would be bound by time and perhaps other criteria like, but not limited to, risk assessment and programmatic needs. For example, the output measures may only examine inmates who entered the facility between January of 2010 and January of 2011, and could perhaps be limited to those who are high risk and high needs. Prior to conducting any analysis based on the logic model, these bounding decisions would need to be in place and clearly specified. Other assumptions underlie the model as well, including strong support from leadership, adequate staffing, and funding. The model works on the assumption that there has been an assessment of staff workload to determine who would be responsible for administering risk needs assessments, engaging in case management activities and reentry

preparation. Further, it assumes that funding is available to provide training and all costs associated with risk needs assessment tools (user fees, software and hardware costs, etc.), and that data is accurately recorded and available in an automated format to those who need it. Should the Department choose to conduct a process evaluation, these are all aspects of implementation that should be examined. If these elements are not in place, the program design will not be implemented correctly, which would likely compromise expected outcomes. Further, if these elements are not in place, a formal evaluation of the program will be increasingly vague and inaccurate, as it will be difficult to distinguish between outcome shortcomings related to issues of program design and those related to issues of program implementation.

The logic model presented here includes five primary components: inputs/resources, activities, outputs, short-term and intermediate outcomes. Inputs/resources are all of the things needed to conduct program activities. Activities refer to the actions or services required to achieve the goals of the program. Outputs are those things that measure process; these provide a count of the activities of the program. Outcomes are those things that the activities are expected to impact: what sort of change to the target population (here, inmates) should we expect based on the activities that occur? The outcomes presented in the logic model are short-term and intermediate outcomes. The long term outcomes of the TPCI program are behavior change, reduced recidivism and increased community safety.

Risk Needs Assessment

The initial risk needs assessment is a key point in the reentry process, and reassessments are crucial activities. Here we assume that COMPAS will be the risk needs assessment used, that the instrument will be validated, and that it would be used throughout the inmate's prison stay to conduct required reassessments. Should another instrument be adopted, the key assumptions would be the same: that it is validated for this population, that it measures risks (recidivism and security) and criminogenic needs, and that the same tool (or a comparable and appropriate version of the tool) would be used to reassess inmates' risks and needs throughout their incarceration. In addition to assumptions about the instrument, there are core assumptions about the implementation of risk needs assessment procedures that focus on risk reduction. These include strong support from all areas of corrections for implementation, strong leadership, staff that is adequately trained, and planning has occurred. This last item, planning, is key to the successful implementation of the TPCI model. The TPCI model indicates that there are particular offenders who are most likely to benefit from intensive services: these are inmates who are medium to high risk. New Mexico would need to define this population and closely examine current classification and housing procedures to determine whether these would require any adjustment. For instance, to meet the needs of this group, NMCD may need to shift programs from one facility to another or implement similar programs across multiple facilities.

The table below illustrates the portion of the logic model that focuses on the risk needs assessment process. Policy dictates that all offenders should be assessed within 30 days of admission with reassessments that occur every six to twelve months. The first row of the model below focuses on administering the COMPAS. The resources required to administer COMPAS are listed in the first column and include: staff (who have been identified and adequately trained), funding (for training, wages, COMPAS fees, etc.), COMPAS, any other software needed,

computers and related equipment, training, and collaboration between staff members from different disciplines. The key activity is the administration of the COMPAS, as shown in the second column. Three output measures (shown in column three) assess whether protocols are being followed: the percent of offenders receiving the COMPAS within 30 days of intake; the percent reviewed every six months or annually by classification level; and the average number of months between assessments by classification level.⁴ The immediate outcome is to ensure that inmates are classified appropriately according to both risks and needs with attention paid to risk reduction. This will ensure that classification officers have enough information to ensure that they place inmates in appropriate facility housing so that inmates' risks and needs can be addressed. The risk needs assessment is key in guiding goal development within the TAP and recommending programming, and through it, inmates should become more aware of their own strengths and needs. In the longer term, accurate assessment and related case management activities should lead to increased offender motivation to change and responsibility for actions, decreased criminogenic needs, and increased stability and resiliency. While not included in the model, supervisors would also need to ensure that techniques like motivational interviewing are being used in conjunction with assessments and should continually evaluate their effectiveness.

The second row addresses other assessments that may need to be administered. If the COMPAS screening indicates that there are problems such as substance abuse or mental health issues, further assessments should be conducted to explore these issues and provide appropriate programming recommendations. This activity is measured by the percent of offenders who receive education, mental health, substance abuse, health and other assessments among those whose COMPAS scores suggest these are problem areas that need further investigation. Outcomes are expected to be the same as those listed in the row above.

The Task Force (2008) recommended administering the Relational Inquiry Tool at intake to supplement the risk needs assessment. The intent is to help strengthen the relationships between the offender and positive family and other supportive social relations while incarcerated and beyond. The output would be the percent of inmates who are assessed with the tool. In the short term, administering the tool can help build rapport between the staff administering the tool and the inmate, and set the inmate on a course for change through increased awareness of their own strengths and needs. Classification officers or case managers can later use the results of this assessment in case management activities. Intermediate outcomes include all of those listed in the previous rows, in addition to identifying, enhancing and maintaining positive relationships in the offender's environment.

The next step in this process would be to detail indicators that measure the outcomes defined here. As noted at the beginning of this chapter, we have not spelled out each indicator. However, a thorough assessment would include these measures. Some of these outcomes require a qualitative approach to data collection. For example, measuring whether staff and inmates develop a rapport through the use of the RIT is not straightforward. A qualitative study would be useful here, where staff members could describe their perceptions regarding the effectiveness of the RIT. Other information could be culled from interviews with the staff which could provide

⁴ Current policy requires different assessment intervals for different classification levels, with those in higher classification levels assessed more frequently.

information about the instrument's utility at this point in the process. Likewise, a qualitative methodology could be used to assess whether inmates feel the tool helps them to become aware of their own strengths and those of their families. In assessing effectiveness of program elements, wherever possible a case/control design would be ideal. Here for instance, an ideal design to assess effectiveness would be to implement the RIT with a group of offenders and compare their outcomes to those of a matched control group who were not administered the RIT.

Other outcomes lend themselves to quantitative indicators. For example, staff could assess whether the top four needs identified through COMPAS at intake have decreased over time by comparing these initial COMPAS results to COMPAS results at time of release from prison or from community supervision. In order to assess whether inmates are housed appropriately, staff should compare inmates' risks and needs to their housing assignments. This would require that the NMCD have an inventory of prison housing, which would include both classification levels and programming. It also assumes that appropriate programming would be available and accessible to inmates according to their risks and criminogenic needs.

Table 4.1 Risk Needs Assessment Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
-Staff -Funding -COMPAS -Software -Computers -Collaboration -Target population/inmates	Administer COMPAS	-Percent of offenders receiving RNA within 30 days of intake -Percent receiving annual reviews -Percent receiving RNA 12 months prior to release -Percent receiving Reentry RNA -Average number of months between assessments	-Appropriate classification of inmates -Inmates will be housed in facilities that can address their risks and needs -Development and refinement of an appropriate case management plan/appropriate referral to programming -Inmates become more aware of their own strengths and needs	-Increased offender motivation and responsibility - Needs reduced over time -Stability and resiliency increased over time

Table 4.1 Risk Needs Assessment Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
-Staff -Funding -COMPAS -Software -Computers -Collaborations -Assessment tools -Inmates	Administer assessments to those flagged as having particular needs (e.g., substance abuse, health, etc.)	- Percent of offenders receiving education, health, mental health, substance abuse, and other assessments among those whose screening suggests these areas are a concern.	-Appropriate classification of inmates -Inmates will be housed in facilities that can address their risks and needs -Development and refinement of an appropriate case management plan/appropriate referral to programming -Inmates become more aware of their own strengths and needs	-Increased offender motivation and responsibility - Needs reduced over time -Stability and resiliency increased over time
-Staff -Funding - Relational Inquiry Tool -Inmates	Administer Relational Inquiry Tool	-Percent of offenders assessed with the Relational Inquiry Tool at RDC	-Development and refinement of an appropriate case management plan/appropriate referral to programming -Inmates become more aware of their own strengths and needs -Build rapport between staff and inmate	-Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Identify, enhance and maintain positive relationships in offender's environment
Core assumptions: COMPAS is validated and is the assessment tool used throughout inmate's incarceration; adequate training is provided; all software and hardware needs are met; there is strong leadership and support; plan has been developed to determine appropriate housing based on risk reduction efforts and any target population has been determined.				

Case Management

The next step in the process is case management. According to policy, New Mexico introduces case management activities when an inmate gets to their first assigned facility with the initial

Transitional Accountability Plan (iTAP). The Transitional Accountability Plan (TAP) is a written document that specifies the inmate's goals and plan for meeting those goals. It is a crucial component of case management in the TPCI model. A meeting to develop the iTAP is to occur at intake to the inmate's first facility (after RDC) following orientation. Staff members from multiple disciplines (Education, Addictions, Mental Health, etc.) along with inmates and their case manager develop the iTAP and attend subsequent TAP Committee meetings. The purpose is to develop goals based on COMPAS results and to provide recommendations regarding programming to meet those goals, taking into account the projected release date. Case managers should conduct monthly reviews to monitor progress towards goals following the iTAP and should document results in the OMP. Full TAP Committee Meetings (multidisciplinary team meetings) should occur when inmates complete goals or when they need to initiate new goals.

There are a number of core assumptions inherent in this portion of the model. These include that there is there are an adequate number of trained staff and appropriate funding levels available, to implement these activities. In addition, this portion of the model assumes strong leadership and support within the Department for TPCI, that programming is available where inmates are assigned, and that the goals in the TAP are well defined and measurable. The Department would likely target a particular population, as current research suggests that those with higher risks are more likely to benefit from intensive programming. Therefore, it makes fiscal sense to carefully define the target population. We assume here that NMCD would determine the most appropriate target population prior to implementing the case management activities.

The first activity, then, would be the construction of an iTAP for each inmate entering a facility. This is illustrated in the first row of the table below showing the logic model for the risk needs assessment portion. In order to accomplish this task, multiple resources must be available: staff; funding; COMPAS, RIT, and other relevant assessments; and software and hardware to create an automated record of the TAP. The results of all assessments completed at RDC (including COMPAS and any other assessments) should be available to the staff. Ideally, this would be in an automated format; if that is not possible (due to HIPAA restrictions or other barriers), then the results should at least be made available in hardcopy format. Collaborations across disciplines and departments would be required. Outputs measuring this activity could consist of determining the percentage of inmates who have an iTAP between particular dates, for example, those admitted between January 2012 and 2013. The second output examines the number and type of staff who attend iTAP meetings. This would assess whether each of the disciplines regularly attend iTAP meetings. Ideally, this would be examined in total and be compared across facilities as there would likely be some variation in attendance by facility.

The short term outcomes expected from the iTAP activities would be the development of an appropriate case management plan and referral to appropriate programming. It is expected that offenders would engage in appropriate programming based on their identified needs. In addition, as a direct result of the RIT, it is expected that positive social relationships in the offender's environment will be identified. The model identifies several longer term outcomes as well. These include increased offender motivation and responsibility, decreased criminogenic needs over time, increased offender resiliency and stability, and the enhancement and maintenance of

positive relationships in the offender's environment. These outcomes are shown in the fourth and fifth columns below.

The second row examines whether routine TAP reviews occur. Here, the output measures include the percent of inmates with a monthly TAP review and the average number of months between reviews. The national model suggests targeting programming to those who are most likely to benefit: those with higher risks and needs. The logic model here could be altered to include only those who are in the target population as this may be where the Department chooses to focus its programming resources. The same resources would be included here. The outcomes would be similar, but not entirely the same: rather than developing an appropriate case management plan, the plan would be refined. Offenders would still be expected to engage in appropriate programming, and intermediate outcomes would remain the same.

COMPAS results should guide the goals and assigned programming specified in the TAP. The third row in the model below addresses whether programming recommendations reflect the inmate's top four criminogenic needs as identified by COMPAS. The information from the TAP is meant to be recorded in the OMP. If that were to occur, automated data regarding programming recommendations could be compared to the top four criminogenic needs identified with COMPAS. Thus, this output measure assumes that all data will be automated in a format that can be easily analyzed. Examining the correlation between identified needs and programming recommendations should occur at multiple points in time since the needs can (and should) change with appropriate programming. For example, these could be compared at intake and reentry. Variables such as time incarcerated and facility assignment should also be considered in order to more fully understand the results. Short term and intermediate term outcomes are expected to be the same.

Not only should inmates be referred to and enroll in appropriate programming, they should complete it. Thus, the next output includes the percentage of inmates who enrolled in recommended programming and the percentage of inmates who completed the recommended programming. This is shown in the third row.

The purpose of identifying needs and engaging in programming is to reduce risk, as reflected in the intermediate outcomes. An indicator of whether risk has been reduced is to examine a change in the top four criminogenic needs over time (not shown in logic model below). It is expected that once the top need or needs are addressed, these would no longer be one of the main criminogenic needs. Others would take their place. Even if a need remains primary, we would expect a reduction in the severity of the need over time. The automated COMPAS would be the source of data for determining criminogenic needs. Ideally, this change in needs would be measured from intake to release from prison and beyond, such as release from community supervision. It would take into account program participation and length of incarceration. An analysis of this sort requires that the automated data be available in the proper format. According to policy, the OMP should contain information regarding program participation, but it is unknown whether this would be in a format that could be accessed easily. This should be considered when implementing the TPCI model. Other indicators of outcomes could be developed if the TPCI were implemented here.

Table 4.2 Case Management Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
<ul style="list-style-type: none"> -Staff -Funding -COMPAS -RIT -Other relevant assessments -Programming -Software (OMP) -Hardware -Collaboration -Inmates 	<ul style="list-style-type: none"> -Construct iTAP and TAP for each inmate (or target population) 	<ul style="list-style-type: none"> -Percent of all offenders who have iTAP -Number and type of staff present at iTAP meetings 	<ul style="list-style-type: none"> -Development of an appropriate case management plan/appropriate referral to programming -Identify positive relationships in offender's environment -Offenders will engage in appropriate programming 	<ul style="list-style-type: none"> -Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Enhance and maintain positive relationships in offender's environment
<ul style="list-style-type: none"> -Staff -Funding -COMPAS -RIT -Other relevant assessments -Documentation of previous iTAP and TAP -Programming -Software (OMP) -Hardware -Collaboration -Inmates 	<ul style="list-style-type: none"> -Routine TAP review to evaluate programming and address any changing needs 	<ul style="list-style-type: none"> - Percent of TP offenders admitted with monthly TAP review -Average number of months between reviews for TP 	<ul style="list-style-type: none"> -Refinement of an appropriate case management plan/appropriate referral to programming -Offenders will engage in appropriate programming 	<ul style="list-style-type: none"> -Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Identify, enhance and maintain positive relationships in offender's environment

Table 4.2 Case Management Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
<ul style="list-style-type: none"> -Staff -Funding -COMPAS -RIT -Other relevant assessments -Programming -Collaboration -Inmates 	Use COMPAS to recommend program interventions	<ul style="list-style-type: none"> -Percent match between program recommended/goal and need identified at intake (e.g., RNA with substance abuse need should result in some substance abuse program recommendation) -Percent match between program recommended and need identified at various points in time such as 12 months, 24 months, 36 months, reentry 	<ul style="list-style-type: none"> -Development and refinement of an appropriate case management plan/appropriate referral to programming 	<ul style="list-style-type: none"> -Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Identify, enhance and maintain positive relationships in offender's environment
<ul style="list-style-type: none"> -Staff -Funding -COMPAS -RIT -Other relevant assessments -Programming -Collaboration -Inmates 	Use COMPAS to recommend program interventions	<ul style="list-style-type: none"> -Percent match between program recommended and program enrolled in -Percent match between program recommended and program completed 	<ul style="list-style-type: none"> -Offenders will engage in appropriate programming -Offenders will complete programming 	<ul style="list-style-type: none"> -Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Enhance and maintain positive relationships in offender's environment
<p>Core assumptions: available and adequate staff, funding and training; strong leadership and support; programming is available at facilities where inmates are assigned; target population for programming has been determined; goals in TAP are well defined and measurable.</p>				

Reentry Planning

The table below shows the logic model at the point of reentry planning. This is a continuation of the case management process, and in that way is no different from case management. Case management activities include ongoing assessment of risks and needs and planning for meeting needs. However, reentry planning is unique in that the purpose is to ensure that the inmate's needs are addressed upon transfer to the community. This requires collaboration both within NMCD and with agencies outside of NMCD. Reentry planning is another key point in the reentry process.

According to policy, all inmates, whether they are to be released to supervision or discharged without community supervision, are to participate in a Reentry Committee meeting. The purpose of this meeting is to create a plan for those being released to supervision and for those being discharged, to provide information about services available in the community that will help them address any needs they may have.

The core assumptions at this point in the process are similar to those above regarding staffing, training, leadership and support. In addition, it assumes that ongoing COMPAS assessments have been completed and are available as is the TAP. This provides information for the Reentry Committee team members to work from. It assumes that the Department is aware of resources in the community and has forged collaborative partnerships with community agencies. It assumes that families are involved in the Reentry Committee meetings. While not currently included in policy, our interviews indicate that this is something that is being piloted. Likely, this would be helpful for both the returning inmate and his or her family. Importantly, it assumes that all data from the meetings would be available in an automated format for analysis, and that qualified staff are available to analyze the data.

The first part of a process evaluation at this juncture is to assess whether Reentry Committee meetings are occurring and who is participating, as listed in the first row of the logic model below. The first output is the percentage of inmates who have participated in or been the subject of a Reentry Committee meeting. This would be bound by time, for example, the number releasing in the year 2012 that have a meeting. Reentry Committee meetings are meant to be multidisciplinary team meetings; thus, the second process evaluation output assesses the number and type of staff attending each meeting. As noted in previous sections, it would be beneficial to examine this globally as well as to break it down by such variables as the facility, whether the inmate is being discharged with or without community supervision to follow, etc. The third output included here is the percent of meetings that involve active participation by inmate's family members. This could occur in person or through other means such as videoconference or teleconference. Presumably the data regarding the Reentry Committee meetings would be documented in an automated format, such as OMP.

These activities are expected to result in offender access to appropriate treatment, employment/education, social service and other resources on reentry. It is expected that referrals will result in the survival needs of offenders being addressed. The inclusion of family members in the meetings is expected to ensure that the inmate has appropriate social support upon reentry into the community. Longer term anticipated outcomes include increased offender motivation to

change and responsibility, reduced criminogenic needs, increased stability and resiliency and the enhancement and maintenance of positive social relationships.

The second row of the model focuses on the results of the meetings. Here, we look at referrals that were made. What percentage of offenders are referred to appropriate agencies?

Presumably, only those who need the services will be referred for the services. While it would be ideal to limit this by the total number eligible for services, this is unknown in some cases. For example, it would be difficult to determine who would be eligible for SSI unless all of the variables regarding SSI eligibility were recorded in the NMCD data (age, income, disability, and blindness). This output, then, simply measures what percentage receives referrals as a result of the Reentry Committee meetings.

Some possible indicators of the outcomes here include whether inmates received services based on referrals (which would require being able to access either agency case lists or perhaps the Probation and Parole Department would record that information for those who are under community supervision). Other indicators could be the types of benefits and documents (SSI benefits, Identification cards, etc.) applied for and received. Again, this would require collaboration with community agencies and access to their records (or an MOU that indicates the agency will provide this sort of information).

Table 4.3 Reentry Planning Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
-Staff -Funding -Collaboration -COMPAS results -TAP -Inmates -Collaboration within NMCD and with community partners -List of community resources -Inmate family members -Hardware -Software	Holding Reentry Committee Meetings	-Percent of releasing inmates who have Reentry Committee meeting -Number and type of staff present at Reentry Committee meetings -Percent of Reentry Committee meetings involving inmates' family members	-Offenders releasing to community supervision will have a parole plan that addresses their needs and includes appropriate supervision based on risk -Offenders will have appropriate social support on reentry	-Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Enhance and maintain positive relationships in offender's environment

Table 4.3 Reentry Planning Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
-Staff -Funding -Collaboration -COMPAS results -TAP -Inmates -Hardware -Software	Referrals to services in the community during Reentry Committee Meetings	-Percent of offenders referred to a social service benefits and entitlements agency, substance abuse providers, health providers, employment/education support or services, mental health counseling, family counseling/support services, transitional housing, etc.	-Offenders will have access to appropriate treatment, employment/education, and social service resources on reentry -Survival needs of offenders will be addressed including housing, benefits they are entitled to, etc.	-Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Enhance and maintain positive relationships in offender's environment
Core assumptions: Available and adequate staff, funding and training; strong leadership and support; ongoing COMPAS assessments have been completed and results are available to Committee members; TAP has been updated and is available to Committee members; knowledge of and collaboration with community agencies providing services/support; family members are invited to participate in Reentry Meetings in some way (in person, videoconferencing, etc.); automated documentation of the Reentry Committee meetings is available				

Infrastructure Goals

The table below shows the logic model at the point of reentry planning. This is a continuation of the case management process, and in that way is no different from case management. Case management activities include ongoing assessment of risks and needs and planning for meeting needs. However, reentry planning is unique in that the purpose is to ensure that the inmate's needs are addressed upon transfer to the community. This requires collaboration both within NMCD and with agencies outside of NMCD. Reentry planning is another key point in the reentry process.

According to policy, all inmates, whether they are to be released to supervision or discharged without community supervision, are to participate in a Reentry Committee meeting. The purpose of this meeting to create a plan for those being released to supervision and for those being discharged, to provide information about services available in the community that will help them address any needs they may have.

The core assumptions at this point in the process are similar to those above regarding staffing, training, leadership and support. In addition, it assumes that ongoing COMPAS assessments

have been completed and are available as is the TAP. This provides information for the Reentry Committee team members to work from. It assumes that the Department is aware of resources in the community and has forged collaborative partnerships with community agencies. It assumes that families are involved in the Reentry Committee meetings. While not currently included in policy, our interviews indicate that this is something that is being piloted. Likely, this would be helpful for both the returning inmate and his or her family. Importantly, it assumes that all data from the meetings would be available in an automated format for analysis, and that qualified staff are available to analyze the data.

The first part of a process evaluation at this juncture is to assess whether Reentry Committee meetings are occurring and who is participating, as listed in the first row of the logic model below. The first output is the percentage of inmates who have participated in or been the subject of a Reentry Committee meeting. This would be bound by time, for example, the number releasing in the year 2012 that have a meeting. Reentry Committee meetings are meant to be multidisciplinary team meetings; thus, the second process evaluation output assesses the number and type of staff attending each meeting. As noted in previous sections, it would be beneficial to examine this globally as well as to break it down by such variables as the facility, whether the inmate is being discharged with or without community supervision to follow, etc. The third output included here is the percent of meetings that involve active participation by inmate's family members. This could occur in person or through other means such as videoconference or teleconference. Presumably the data regarding the Reentry Committee meetings would be documented in an automated format, such as OMP.

These activities are expected to result in offender access to appropriate treatment, employment/education, social service and other resources on reentry. It is expected that referrals will result in the survival needs of offenders being addressed. The inclusion of family members in the meetings is expected to ensure that the inmate has appropriate social support upon reentry into the community. Longer term anticipated outcomes include increased offender motivation to change and responsibility, reduced criminogenic needs, increased stability and resiliency and the enhancement and maintenance of positive social relationships.

The second row of the model focuses on the results of the meetings. Here, we look at referrals that were made. What percentage of offenders are referred to appropriate agencies? Presumably, only those who need the services will be referred for the services. While it would be ideal to limit this by the total number eligible for services, this is unknown in some cases. For example, it would be difficult to determine who would be eligible for SSI unless all of the variables regarding SSI eligibility were recorded in the NMCD data (age, income, disability, and blindness). This output, then, simply measures what percentage receives referrals as a result of the Reentry Committee meetings.

Some possible indicators of the outcomes here include whether inmates received services based on referrals (which would require being able to access either agency case lists or perhaps the Probation and Parole Department would record that information for those who are under community supervision). Other indicators could be the types of benefits and documents (SSI benefits, Identification cards, etc.) applied for and received. Again, this would require

collaboration with community agencies and access to their records (or an MOU that indicates the agency will provide this sort of information).

Table 4.4 Reentry Planning Logic Model

Inputs/resources	Activities	Outputs	Outcomes (short term)	Outcomes (Intermediate)
<ul style="list-style-type: none"> -Staff -Funding -Collaboration -COMPAS results -TAP -Inmates -Collaboration within NMCD and with community partners -List of community resources -Inmate family members -Hardware -Software 	Holding Reentry Committee Meetings	<ul style="list-style-type: none"> -Percent of releasing inmates who have Reentry Committee meeting -Number and type of staff present at Reentry Committee meetings -Percent of Reentry Committee meetings involving inmates' family members 	<ul style="list-style-type: none"> -Offenders releasing to community supervision will have a parole plan that addresses their needs and includes appropriate supervision based on risk -Offenders will have appropriate social support on reentry 	<ul style="list-style-type: none"> -Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Enhance and maintain positive relationships in offender's environment
<ul style="list-style-type: none"> -Staff -Funding -Collaboration -COMPAS results -TAP -Inmates -Hardware -Software 	Referrals to services in the community during Reentry Committee Meetings	<ul style="list-style-type: none"> -Percent of offenders referred to a social service benefits and entitlements agency, substance abuse providers, health providers, employment/education support or services, mental health counseling, family counseling/support services, transitional housing, etc. 	<ul style="list-style-type: none"> -Offenders will have access to appropriate treatment, employment/education, and social service resources on reentry -Survival needs of offenders will be addressed including housing, benefits they are entitled to, etc. 	<ul style="list-style-type: none"> -Increased offender motivation and responsibility -Needs reduced over time -Stability and resiliency increased over time -Enhance and maintain positive relationships in offender's environment
<p>Core assumptions: Available and adequate staff, funding and training; strong leadership and support; ongoing COMPAS assessments have been completed and results are available to Committee members; TAP has been updated and is available to Committee members; knowledge of and collaboration with community agencies providing services/support; family members are invited to participate in Reentry Meetings in some way (in person, videoconferencing, etc.); automated documentation of the Reentry Committee meetings is available</p>				

Summary

We have focused here on activities within facilities, specifically addressing assessment, case management and reentry planning. We did not include a section on programming because each program would require its own model. An in-depth understanding of the resources, activities and expected outcomes of each program is required to construct an adequate logic model. This is beyond the scope of this project. However, there are basic measures that can be used for all programs, such as the percentage of offenders enrolled in and completing programming. Further, evaluations of at least some of the programs at some facilities have been completed. The reader is urged to review that research to assess whether future evaluations are required. Since program implementation can change over time, it is useful to consider whether an updated evaluation should be completed. Ongoing evaluation of all programs and procedures should occur regularly.

The logic model and related activities, though presented as separate pieces, are parts of an integrated whole. A fuller version of the logic model would include all components of the corrections process from intake to release from supervision. In addition, not only outputs (measures of activities completed) but indicators (measures of outcomes) would be included. Besides the indicators mentioned throughout this chapter, other indicators that should be included would measure changes in behavior. For example, indicators could include: the percentage of offenders who have clean UAs, at regular follow up intervals (such as 6 months, 12 months and 24 months post release); the percentage who are employed at regular follow up intervals; the percentage who have housing at regular intervals (upon release, at six months, 12 months, 24 months); the percentage rearrested at 1 month, 3 months, 6 months, 1 year, 2 years and 3 years post release; the percentage reconvicted at the same intervals. A thorough review of data available should be conducted to help determine what is available now and to provide feedback about data that should be automated for the future.

The logic model is an important component of the implementation and evaluation of reentry efforts. Input from key stakeholders would be required to refine the model to ensure that it is consistent with program goals and expectations as they evolve. It is anticipated that the model would go through several iterations until a final version is completed. Thus, this should be thought of as a first step in the process of creating a logic model from which TPCI can be evaluated. Once a solid plan for TPCI in New Mexico is in place, this model should be revisited and altered as needed. The logic model is also expected to impact planning; once the model is solid, the plan for implementing TPCI could change based on design flaws illuminated with the logic model.

Chapter V: Summary, Recommendations, and Conclusion

The purpose of this report is to identify the gaps between the reentry efforts that should be occurring according to the tenets of the National TPCI model compared to what is currently occurring within the NMCD. Throughout this report, we have summarized the TPCI model, discussing what it is and what it entails. It is also important to emphasize what it is not. The TPCI model is not a program or collection of programs/services delivered to inmates and former inmates. While programming is imperative, it does not comprise the entire model. Moreover, all programming must be evidence-based and carefully crafted to fit the local context, taking into account local resources, culture, goals, etc. The TPCI model is not something that can just be introduced into a corrections department and expected to work. It requires careful planning, long-term commitment of resources (though it may not require additional resources, rather a redistribution of existing resources), and often a change in the organizational culture with buy-in at every level. It will not work well in a fragmented system; collaborations across departments are essential. It does not operate independent of the broader community. Community partnerships and involvement must be an anchor. It is not a paternalistic program- it requires the offender's participation and desire to change. This can be encouraged through methods such as Motivational Interviewing, which helps offenders to see the importance of changing their patterns of behavior. It is not planning for reentry only a few months prior to release; it requires making a plan to address criminogenic needs beginning at intake targeted with an appropriate risk needs assessment tool.

New Mexico has begun the task of developing a comprehensive reentry plan. The two Task Force reports laid the groundwork, identifying the key goals of New Mexico's TPCI model and recommending related policy and programming. A review of policy and practice is currently underway at the Reentry and Reform Bureau.

In addition to planning efforts, the NMCD has made steps towards implementing reentry reform at every key decision making point. Although it is not yet being used for classification, the COMPAS is being completed at intake. The policy for case management procedures (iTAP and TAP) is in place. Programs that can address inmate needs exist, and some, like project SOAR, have reported success in reducing recidivism. Reentry planning procedures are in place, and Reentry Committee meetings occur. Through this, collaborations across divisions within corrections have been established. Efforts have been made to increase the support given to family members by providing them with the Guide for Families and Friends of Justice Involved New Mexicans, increasing visitation through videoconferencing and programs, and taking steps towards including families in Reentry Committee meetings. Staff members have been provided with some training in Motivational Interviewing and other reentry related education, such as Offender Employment Specialist training. Partnerships with agencies outside NMCD have been developed, with efforts made to increase memorandums of understanding and agreements with colleges and universities. Departments are applying for and receiving grant funding to improve and develop reentry related programs. Staff reported a shift in perspective of and interactions with inmates, with some staff utilizing methods of communication that are productive and encourage the inmates to access programming and work towards changing their behavior.

More subtle work has also occurred. For example, through the dedication of staff, education classes have been made available to inmates who may not otherwise receive them: staff members alter their own schedules to accommodate inmate schedules. Staff members have seen programs that were ineffective and have developed ones that are expected to reap better benefits for inmates in terms of behavior change. Staff members work in difficult conditions because they want to see the inmates succeed. Some consciously work to create positive relationships with other staff members and to lead by example.

Despite these positive efforts to implement reentry reform, we have found significant gaps in the key areas where reentry efforts should be focused. In particular, assessment and case management do not meet either national suggestions or local goals. In part, this is due to gaps in the current infrastructure. In order to take on this reform effort, staff, leadership, resources, partnerships and collaboration all need reinforcement before full reform can occur. In addition, funding limitations have played a large role in slowing the momentum of reform efforts.

The poor economic climate has affected a vast array of organizations, and the Corrections Department is no exception. Mandatory furloughs, unfilled positions and doing more with less has been a theme over the last several years that shows no signs of abating. Strained resources can pit departments against one another in the quest for funding. The programs that are running are dealing with the ramifications of budget cuts. We were told in some cases, funding for even small items, like pencils, papers and school books, is limited. Introducing reentry reform in the midst of a funding crisis is bound to meet with tremendous challenges, and indeed, it has.

In addition to the loss of staff and further strain on those who remain, there is an impact on programming. We noted above that programs run by NMCD must serve a greater number of inmates with fewer staff. Staff indicated that programming is often the first to go when the budget gets tight. This is disconcerting as this belies the attitude that programming is a luxury, rather than a fundamental component of corrections. Rather, programming, as envisioned by TPCI is seen as integral to corrections. Some staff, though, understand the dilemma this causes:

"we're kind of going backwards where all focus is on security and public safety and we're kind of putting aside rehabilitation and treatment aspect because of...when you lose the money you always have to look at protecting the society versus looking at the big picture of reducing recidivism and trying to provide successful programming so they don't pick up new charges or go back."

In addition to facility run programs, other programs affiliated with the NMCD have ceased operations. For example, PB&J ran a program that allowed supervised visitation between inmates and their children- this has been cut. Many note what a great loss this is to the Corrections Department.

Funding cuts impact the prison population. In the past, the Probation and Parole Department had funds to help parolees pay for first and last month's rent for transitional housing. Those funds are currently one-half of what they were last year. This translates into increases in in-house parole because inmates scheduled to be released cannot find adequate housing. Thus, while the State cost savings occur in one area, costs are not alleviated, but simply shifted to another area.

One way to ameliorate the funding issue is to increase grant funding. Thus, the staff works hard to apply for and receive grant funding to supplement state funding for programs. While grant funded projects are imperative in order to provide the best services possible to prisoners, there are limitations. For example, grant requirements typically limit who can participate in particular programs; thus, inmates who may benefit from a program given their needs may not be eligible for the program. One big issue with grant funds is that eventually the money goes away and the NMCD may not be able to sustain the program. Sometimes, though, the program is found to be so beneficial that the State will continue funding. Trainings can be funded with grant funds, but again, the sustainability of the program is questionable because of the possibility that grant funding may eventually run out. In addition, there is a sense among some corrections staff that the short-lived nature of grant funded programming means that they never fully support new initiatives because they know it is just the program de jour.

Another limitation of grant funds is that they tend to benefit a limited number of departments. Other departments see that funding, and wonder why they do not directly benefit. For example, one department may receive grant money for trainings, and another department that may also benefit from the training is ineligible for it under the grant, which could cause some animosity. This is important as one of the key components of TPCI is inter and intra departmental collaboration. Anything that impedes this goal is of concern. This requires that upper management and administration explain that grant funds must be used as specified in the grant proposal. Failure to do so could adversely impact funding from current grants as well as future grants. At the same time, in applying for grants, the Department should consider how to craft an application that would include the broadest range of departments collaborating towards a shared outcome.

While there is nothing that the NMCD can do to increase hard line funding, it is imperative to examine these issues. Reentry efforts may cost some money in the short run, but this must be balanced against the expected long-term gains and cost containment that comes with fewer revocations and returns to prison.

The next section provides suggestions for moving the New Mexico initiative forward. All recommendations require the commitment of the NMCD to achieving reentry reform through continually pursuing defined goals and revising them when needed.

Recommendations

The next step after completing the gaps analysis is to prioritize and target items for change. Clearly, enhancing reentry success is important for the NMCD, as evidenced by the piloting of the COMPAS, the programming available within facilities and the introduction of IPPOs into the prisons. However, it is unclear whether reform efforts, as specified in TPCI is among the Department's immediate goals, especially given current resource constraints. If TPCI implementation is indeed a central NMCD goal, then several things need to occur, though not necessarily in the order we discuss them here.

Recommendations for process goals

Recommendations for Intake

The importance of adequate risk assessment cannot be understated; indeed it is at the core of the TPCI model: “If jurisdictions assess offenders’ risk poorly, effective transition reform will be impossible” (Parent and Barnett, 2002: 11). For this reason, the TPCI model requires adequately identifying those who are at increased risk of recidivism and appropriately targeting treatment, programming and supervision in order to try to mitigate factors that increase risk during and beyond an offender’s incarceration. Factors that are most highly related to recidivism (i.e., criminogenic needs) should be considered when making facility placement decisions, as these factors should drive programming recommendations. Failure to adequately assess inmate risks and needs will significantly compromise reentry efforts.

In order to comply with the model, we reiterate the Task Force (2008) recommendation to implement a single Risk and Needs Assessment instrument to be utilized throughout NMCD. The Risk and Needs Assessment instrument should be validated for this population and measure risks of violence, recidivism and criminogenic needs that have been found to influence recidivism, such as criminal personality, antisocial attitudes, low self control, criminal peers, substance abuse and dysfunctional families (Joplin et al. 2004). NMCD is currently piloting the COMPAS, which is one instrument that may be able to meet this goal. When making the decision about whether this instrument should be adopted, the NMCD should consider whether it is feasible to use it at multiple assessment points. It may be useful to solicit an objective assessment of COMPAS to determine its usefulness in the Department’s efforts to move forward with reentry reform. One complaint that was voiced about the COMPAS is that it is too lengthy; the NMCD may want to consider something that is more comprehensive than the Intake Custody Scoring Form currently used but less time consuming than the COMPAS.

One option (though we are not endorsing this) is to use the LSI-R, which is used in correctional facilities across the nation. The LSI-R requires that the person using the assessment complete prior coursework in psychological testing and measurement; if staff members do not meet this requirement, NMCD should ensure they receive this education or assign staff who are appropriately trained to implement the instrument. The adoption of an existing tool, whether COMPAS, LSI-R, or something else, has a number of potential benefits. Many of the resources, such as trainers, a training curriculum, trainers, forms and software, have already been developed (Ferguson, 2002). In addition, most of these instruments have been validated so they have been proven to be effective (ibid). However, any instrument adopted should be validated for the New Mexico population prior to using it for classification purposes. The primary disadvantage of using existing instruments is cost (ibid). Alternatively, the NMCD may wish to contract with an entity such as the University of New Mexico or an independent researcher to develop a risk needs assessment tool that would be appropriate for use in New Mexico prisons and tailored to meet the needs of the Department, while taking into account important criteria to be used for classification under this model (again, we are not endorsing this, rather we are offering alternatives to consider). Here too, initial costs could be significant, though the ongoing costs would be less hefty. Another benefit to this approach is that staff could provide input, which can improve fidelity to administration (Ferguson, 2002). The disadvantages to such an approach are that the resources would have to be developed and this tool, like any existing tool, would need to

be validated (Ferguson, 2002). Further, the Department would have to ensure that the tool measures everything that it needs to measure to comply with evidence-based practices. This would clearly involve more upfront development time than would be involved in simply validating an existing tool for local implementation.

Regardless of whether NMCD chooses to continue with the COMPAS or some other tool, the instrument must be validated and it must identify criminogenic needs. It should also be standardized to allow for periodic reassessments. Ultimately, these assessments should be used to match offenders with appropriate programming and services during incarceration and beyond.

Although this is what needs to be done in order to comply with the TPCI model, we are cognizant of the fact that placement decisions focusing on risk reduction rather than risk management would be difficult. One staff member clearly explained the complexity of implementing such an initiative:

"...it would mean totally moving your populations around and changing the mission of all of your facilities."

To prepare for this change, we recommend comprehensively examining the current inmate population.

Questions should include the following:

- Who is being admitted (demographics, offense types, risk level and criminogenic needs, socio-cultural background, length of incarceration)?
- Within each facility, what is the character of the current population (demographics, offense types, risk level and criminogenic needs, socio-cultural background, length of incarceration)?
- What programs are available at each facility? Who is utilizing the programming? Are inmates completing programming? If not, why not (wrong population, not enough time, etc.)?
- Where are offenders being released (to which communities)?
- What proportion of inmates are parole violators and what types of violations are they returning to prison for?

Existing data gathered from the COMPAS supplemented with existing CMIS data can be used to inform this analysis.

One of the goals of this type of analysis would be to determine whether inmates within facilities are similar in terms of their risks and needs. If they are, the next question should be whether the programming available at those facilities reflects those needs? If not, can programming be brought in to address the needs of that population? If inmates housed at the same facility are diverse in terms of their risks and needs, is there a way to group people so that those with similar risk/need profiles are housed at the same facility (or a few facilities)? A clear picture of what the population looks like (specifically in terms of risk and need) might make it possible to

effectively distribute both inmates and programs to ensure those who would benefit the most from a given program or set of programs are able to access them. A resource directory that includes a list of each program, where it is located, its target population and the length of time it takes to complete each program would be helpful in placement decisions.

Recommendations for Case Management

Case management as outlined in the TPCI model is not being fully implemented by NMCD. However, there are pieces in place that NMCD can build on. NMCD has a policy for case management guided by the TAP. Though this policy may need some fine-tuning given current staff resources and expertise, it is a good place to begin. Refinement should start with a staff and resource needs assessment, which can be used to determine who should be responsible for implementing TAP; if not now, then who would do so in the future, and make a plan to prepare staff to take on this role along with a deadline for implementation. The OMP is a valuable tool that could be used to document the TAP, if it were implemented. Even if the TAP as currently envisioned is not implemented at this point, the OMP is a good communication tool. In order to use it effectively, it must be available to all staff that would need it: classification officers, providers, probation and parole officers, etc. One concern noted has been the potential violation of HIPAA; however, meeting minutes from the Reentry Steering Committee (April 22, 2009) indicate that HIPAA does not apply because OMP does not contain medical records or clinical assessments. This issue should be examined further to alleviate any concerns in this regard.

Recommendations for Programming

In the ideal, programs would be provided to inmates on the basis of a match between the inmates' needs and risk, and the purpose of the programming. All programming should be relevant and current. Issues regarding appropriate dosage required to reach the desired effect and responsivity would be taken into account before an inmate entered the program.⁵ The issue of inmates participating in programming to earn good time rather than participating based on criminogenic need can limit the utility of programming, even though some programs are indeed successful. One reason for the successes seen may be because facilitators/providers screen inmates beforehand to ensure that they are a good match for the program. However, inmates who could benefit from programming may never receive it if they do not seek it out or fail to seek the most appropriate programming to meet their criminogenic needs. Inmates could be even more successful if they engaged in programming based on their identified needs. Previous research indicates that participating in programming that focuses on non-criminogenic needs is not as effective in reducing recidivism; addressing multiple criminogenic needs is more beneficial than addressing three or less (Bumby, Carter, Gibel, Giguere, Gilligan & Stroker 2007). Further, the number of programs and dosage required vary by the risk and need level of the offender. Guidelines are available for appropriate dosage by risk level of the offender. Meeting adequate dosage requirements in the prison setting can be difficult, yet is essential to ensure that the program is effective. Interruptions to programming due to lockdowns, transfers and release can all impact program success (Brazzell et al., 2009). Unless these issues (risks and needs, responsivity and dosage) are taken into account, programming will be less effective, and

⁵ Responsivity includes measures such as learning style, temperament, culture, motivation, and gender (Carter et al., 2007).

in some cases, could actually be detrimental in terms of recidivism (Bumby et al., 2007). In order to ensure appropriate programming, a risk needs assessment that accurately determines risk of recidivism and criminogenic needs must be administered, and programming, with attention to responsivity, should be matched accordingly.

Recommendations for Release Preparation

Our interviews indicate that release preparation is one of the strongest points for reentry planning within NMCD. However, there are some limitations, as have been discussed previously. We offer three recommendations to improve this process. First, since the role of the IPPO has changed over time, we suggest that NMCD ensures that all IPPOs and other staff (such as case managers) are aware of what the IPPO's work should entail. We know this is an issue that the NMCD is aware of; we simply recommend that they pursue the solidification of this vital role. Perhaps this will lead to re-engaging staff members who have stopped attending, or minimally attend, Reentry Committee meetings and enhance collaboration among these groups. Second, it would be helpful to create an online community resource directory that staff could easily access, as suggested by one of the interviewees. This would allow staff to access information about resources in the community, which can be shared with inmates. In addition, it would create a forum for providing feedback to Transitional Coordinators regarding changes in the existence or quality of community resources. Finally, many staff noted barriers that inmates face upon reentry. It would be beneficial to further investigate barriers using existing data (such as COMPAS, CMIS, and the information from the Reentry Committee meetings), in order to gauge the extent of each problem. For example, both the Task Force report and our interviews indicate that adequate housing is a huge problem. Data should be collected to examine the extent of the problem, such as whether it impacts the entire population of returning inmates, or if it is limited to particular subgroups, such as women or sex offenders. If the data reflect that housing is indeed a problem, the next step may be to conduct a cost-benefit analysis to assess the utility of providing money for transitional housing, creating transitional housing or finding other alternatives.

Second, it would be beneficial to inventory existing programs. A number of items should be included. The staff member(s) tasked with this may choose to begin with taking the list of all available programs and their locations, and then ensuring that each program is evidence-based (and by what standard "evidence-based" is gauged). They should also determine who the target population is for the program and whether the target population is enrolled in each program. Staff should examine any follow up studies conducted on each program, paying close attention to the methods and the results, including looking for relevant outcome measures such as reductions of recidivism or improved employment, and these should be broken down by facility.

Recommendations for strengthening infrastructure

Recommendations for Staffing

As we have noted throughout this report, one of the most important things that the Department can do is to complete a staffing needs assessment. This assessment would include documenting

and critically evaluating the number and type of staff available, their level of training, and their job description compared to the type of work they engage in. Next would be to decide what staff, training and organizational support would be necessary to fully implement the TPCI model. This includes a close look at job descriptions: are they reflective of the job responsibilities demanded by the TPCI model? Third, determine the pros and cons of any proposed staffing changes as compared to current staffing arrangements. Fourth, the interviews suggested that many staff members are under a good deal of stress; indeed, simply working in a prison environment is stressful. However, that stress can be exacerbated by the organizational structure, including the uncertainty that comes when change is implemented. It would be beneficial if the Department could objectively assess the degree of stress staff members are experiencing. Likely, this would need to be completed by an independent researcher in order to get valid results. It should take into account major types of strain, including role conflict (roles for a given job are inconsistent), role ambiguity (uncertainty about how to accomplish the job and responsibilities), and role overload (too much is expected in terms of quality or quantity of work or both) (Lambert, Hogan & Allen, 2006). Other things that should be considered include the degree of trust between staff and supervisors, and level of participation in decision making, as these have been found to be inversely related to stress (ibid). The results of all of these activities will inform the NMCD about staffing changes that need to be made to facilitate reentry efforts.

The stress of working in a prison environment could also result in animosity towards inmates; this would also hinder reentry efforts, making it less likely that staff would use evidence-based techniques such as motivational interviewing. For example, Maahs and Pratt (2001) found that corrections employees experiencing role conflict (one measure of work stress) were less likely to hold favorable attitudes towards rehabilitation. Similarly, Farkas (1999) found that staff who participate in decision making hold a less punitive orientation than those who feel they have less influence.

One way this animosity can manifest is that staff members may become upset that inmates are provided with an education while incarcerated, while the guards must work hard to pay their own way to get what inmates get “for free.” An interesting suggestion from one of the interviewees was to offer the same type of education to staff that is offered to prisoners. The idea to provide post secondary education to staff is an intriguing idea. NMCD might consider offering education benefits to employees such as providing incentives for furthering education like allowing days off to go to school, paying for credits, etc. Not only would this lead to a more educated staff, it would send the employees the message that the organization considers them important enough to the organization to invest in their future. Perhaps NMCD could offer employees certain criminal justice courses or psychology courses that would directly benefit both the Department and NMCD employees. This would likely help staff better understand the link between reentry programming and long term institution and community security and safety, and it could help improve morale overall. Ultimately, if the staff see the value of programming for inmates while at the same time seeing that they are valued as employees, this would help reentry efforts as the staff would be more inclined to ensure that inmates receive the necessary programming.

Another interviewee proposed that upper management, wardens etc. make routine site visits to better understand the challenges faced by line staff. Site visits by management and administration could include shadowing employees in order to gain a more comprehensive

understanding of what takes place in each department and job. This would help to identify where problems lie and, importantly, to identify what is going well. This could be an opportunity to identify potential leaders within different levels of each department, and would also be a way for management to engage with employees in a way that would build positive relationships. This would likely require multiple visits as it requires that the staff feel comfortable with management.

Recommendations for Training

Staff members indicated that the training they receive is not sufficient to implement reentry reform. As noted previously, as a result of the Byrne Grant that is funding this project, a Transitional Programs Trainer was hired. The job description incorporates a number of responsibilities including facilitating staff development and training related to TPCI including case management training, providing education programming to staff, as well as a number of other tasks. However, this position was temporary. It may benefit the Department to consider hiring a training specialist, which it appears, is the direction the NMCD was going with by hiring the Transitional Programs Trainer. A permanent training specialist could focus on researching different training strategies for correctional initiatives, developing training plans, and visiting the facilities to provide the training. If travel were incorporated into this position, this could be more cost effective than providing travel funds for large groups of correctional staff to converge in a specific city.

Recommendations for Partnerships/Collaboration with Agencies Outside of NMCD

The TPCI model stresses the importance of partnership and collaboration with community agencies. Due to the nature of this project, the results do not provide enough information to determine with certainty whether there are any holes in existing partnerships or where those holes might be. We recommend that the NMCD carefully assess current MOUs and other formal collaborations to identify what is intact and what still needs to be pursued. In some cases, the NMCD may find that they could do more with existing relationships; in other cases, the NMCD may find that they need to find other organizations to fill needs that they have. It could be beneficial to look at the partnerships that are in existence in states that have implemented TPCI for innovative ideas about collaborations. For example, the Indiana Department of Corrections collaborated with a local bank, providing inmates access to ATM cards, which tap into inmate accounts and allow them to make purchases in the canteen. When inmates are released, they are able to open a bank account at a participating bank. In Missouri, the probation and parole staff are members of regional housing boards across the state. Through this work, they are able to identify additional housing resources for returning offenders. Partnering with multiple agencies in the community would increase available resources and opportunities for inmates. Additionally, collaborations involving interns or volunteers could result in reduced workload burden for staff.

An assessment of current community collaborations and those that would be desirable requires a commitment of time and resources. A determination of who is in the best position to accomplish such an assessment should likely occur after the staff needs assessment is complete.

Alternatively, NMCD could contract with an external agency (assuming availability of funds) to assess community resources and document both existing and potential collaborations.

Recommendations for Improving Community/Public/Family Support

In order to garner community support, we suggest embarking on a public education campaign as recommended in the 2009 Task Force Report. It is important that the public be better informed about the advantages of reentry reform, namely the reductions in recidivism and improvements in community safety that result from providing targeted offenders with successful programming. A public education campaign could also be useful for explaining long term cost savings associated with reentry reform efforts. For example, the literature suggests that it is more cost effective to provide programming within and outside of prisons than to house recidivating offenders in prison (McCollister, French, Prendergast, Hall and Sacks, 2004).

Moreover, it could be useful to inform the public about the importance of transitional housing—something that is often difficult to establish in resistant neighborhoods. Some states have established innovative ways to engage the community and improve reentry success. For example, in Washington, residents of a releasee’s neighborhood can participate as volunteer “guardians,” assisting the offender with housing or employment, transportation or even informally monitoring compliance with release conditions. In addition, these guardians make presentations to community organizations about offender reintegration (Young, Faye and Byrne 2002).

Ultimately, a public education campaign could lead to a more supportive environment for reentry efforts, thus enhancing the success of reentry in New Mexico. The Department has a media spokesperson who would likely be the perfect candidate to develop such a campaign (though it appears this position is currently vacant).

Recommendations for Research

Research is a key component of any model built on evidence-based practices, as TPCI is. Based on the results of our interviews and our review of existing documents, we have a number of recommendations to strengthen the research efforts at the NMCD. First, we suggest that the Department create a central repository for all of the research on NMCD policies, practices and programs, whether by staff members within the Department or by independent researchers outside of the agency. In addition to having a central location for the hardcopy reports, the NMCD could consider creating a website where reports would also be available electronically. At a minimum, the Department should create an electronic file listing the hard copy research reports that are on file which would summarize who conducted the research and when, the sample, the purpose of the research and key findings. The NMCD could also provide staff with electronic links to key pieces of research conducted at the national level. Creating a webpage with links to internal and external research related to reentry and other relevant correctional policies and programs would not be a significant time burden or financial burden and would be useful for both planning purposes and grant writing. In fact, this is a task that an intern could be charged with. For example, the Department of Sociology at the University of New Mexico has a thriving internship program. This may be a resource that the NMCD could tap into. In addition to the development of a designated webpage (perhaps password protected for internal use only),

the NMCD would simply need a place to store hard copy reports (a file cabinet or cabinets), a desk and computer for an intern, and some oversight of the intern by a designated person in the Department.

Second, in-house research can sometimes be less stringent than research conducted by independent researchers. We suggest consulting with outside agencies, such as the Vera Institute or a University to review the methodology used when conducting research- are the methods rigorous? Are the data reliable and valid? Then, really examine the research results- what does it say about programming? What does it suggest about classification procedures and how they relate (or not) to criminogenic needs? Use this and other data to make well informed, long term plans that will improve the safety of the community, of facilities and improve fiscal security.

Third, there should be more oversight of data quality and completeness. Accurate data is imperative for planning purposes. If data is not complete and accurate, program and practice effectiveness cannot be assessed. Poor data will lead to erroneous information about outcomes- if outcome measures are flawed, so is the research, which will in turn impact planning. It would be ideal if the NMCD created the Research Bureau as suggested by the Task Force, as this department could oversee all of the activities described in this brief section, as well as others.

Finally, as mentioned previously, there are research activities that should occur in order to provide planners with all of the information they need to move forward, such as gathering information about the prison population. In addition, once the NMCD prioritizes changes that need to be made to further pursue reentry reform, it should develop an evaluation plan for assessing whether the program elements meet defined objectives. It would be beneficial to designate a NMCD staff member or members to coordinate these efforts.

Recommendations for Culture Change

In order to implement TPCI, a change in the correctional culture is required as emphasized in the TPC Reentry Handbook (Burke, 2008). Culture change encompasses many aspects, including a shared vision, leadership, and collaboration. We begin this section by providing suggestions to improve the stated reform goals in New Mexico. We then discuss leadership, partnerships and collaboration within NMCD and methods to aid culture change. The goal of culture change should be a unified department, working together towards a shared vision of the future.

Recommendations for Goals

The vision and mission statements of the NMCD suggest that the Department aspires to attain a balance between punishment and rehabilitation, emphasizing opportunities to promote successful reentry among offenders. This mirrors the views of TPCI, reflecting the Department's desire for successful reentry practices, and provides a good overarching view of what corrections in New Mexico should be.

The two Task Force reports and the NMCD website offer numerous goals and objectives. In order to move forward, it would be beneficial to reexamine the needs of the State and prioritize goals based on the most pressing needs of the State as well as those that will lead to the long

term reentry goals. We suggest prioritizing the goals and focusing on a reasonable number of high priority goals to maximize progress and success. Once identified, goals should be time bound (i.e., short term goals to be accomplished within the next year, long term goals to be accomplished over the next ten years, and others in between). Further, we suggest refining the language of the goals such that they reference specific and measurable outcomes. Some of the Department's current goals and objectives are too broad to be measured. For example the goal to "obtain legislative support for NMCD reentry and reform efforts to build long term state government support" is a broad goal. It is difficult to measure because it does not outline what type of support is needed. In order to measure the goals, the objectives need to be SMART: specific, measurable, achievable, realistic and time bound. Further, when determining which goals to work on, it would be beneficial to consider who or which departments will be responsible for implementing them.

Recommendations for Leadership and Interdepartmental Collaboration

Support to fully implement reentry reform must be in place, and, importantly, it must be clear to the staff that the support exists. When discussing the implementation of a new risk needs assessment in Maricopa County, Ferguson (2002) explains that organizational commitment is crucial: "if something is important to management, it will be viewed as important to staff" (477). The NMCD has relayed the importance of reentry reform in a number of ways: through the annual reports, the strategic plan and the inclusion of reentry related articles in the Corrections Quarterly newsletter. However, staff still question whether there is truly a top down commitment to reform efforts. One way to let the staff know that this is the direction the NMCD intends to continue pursuing is to communicate that message effectively and repeatedly. The message must come from the highest administrative levels. If it comes primarily from middle management within one or two departments, it will not be seen as a Department wide initiative. If it only comes from top administration a limited number of times, the staff will not believe that reentry reform efforts are important or have longevity. Given that there are some barriers to implementing aspects of the TPCI right now, such as the TAP, the staff should be informed as to what the plan is regarding follow through on the initiative. In general, staff who are informed of changes, and have some input, have better morale, which results in better work performance (Flaherty-Zonis, 2007).

In addition to strengthening the message that there is commitment by top administration, we suggest strengthening interdepartmental collaboration. By purposefully engaging in activities to strengthen relationships across departments, even informally, the NMCD will be in a better position to implement the goals decided upon by the Department.

In many ways, NMCD is no different than any other large bureaucratic organization. NMCD is structured so that individual departments are responsible for ensuring that particular jobs are accomplished in the most efficient way possible. However, this can create divisions that preclude the level of collaboration, communication and partnerships that are required for this initiative to work. Acknowledging that this resulting divisiveness is an issue and then working hard to forge and maintain partnerships within the NMCD will move this aspect of the TPCI model forward. One issue that allows for the proliferation of division is that many people are unaware of what their colleagues in other departments are doing. Even within departments,

management may have limited knowledge about the realities of the everyday working lives of their staff. Internal partnerships would therefore benefit from improved communication.

Communication is one thing that does not have to cost money, which makes it a good resource to capitalize on in a time of funding shortages and low-staffing. It is one of the most important things that can be done to improve staff working relations and cohesiveness amongst staff; it is critical to planning and the production of higher quality work, and is also crucial to better, more cooperative interactions between staff and inmates (Flaherty-Zonis, 2007).

While the Department already uses various methods of communication, these can be expanded. Research indicates that different people need different methods of communication (written, spoken, and visual) in order to receive the message that is being sent (Flaherty-Zonis, 2007). To foster communication, the NMCD can use a number of methods, including but not limited to newsletters, meetings, e-mails, bulletin boards providing easy to read information about current operations/messages the NMCD wants to get out to staff, messages provided during training, and a Department social networking site.⁶ A Department based social networking site is akin to Facebook, but would be limited to NMCD staff. It could include information such as staff profiles, current projects they are working on for the Department, goals within the NMCD, accomplishments, as well as links to resources. Besides using meetings as a forum for communication about particular work related topics, a planned meeting could even focus on building communication across departments (Boyd, 1965; Zorn, 2002).

One issue that can hamper communication is the use of jargon. Although all departments work within the NMCD, there can be department-specific jargon. Written communication should consider the audience, ensuring that any jargon is common to all departments and written in a way to engage the reader (Boyd, 1965). Some departments have different names for things-acronyms that other departments may not be familiar with. There could even be a link on a Department-wide social networking site, directing users to a page that defines different departmental terms/acronyms. It may even be beneficial to consider streamlining terminology (Flaherty-Zonis, 2007).

Efforts to strengthen informal networking across departments would also be beneficial. For example, NMCD sponsored clubs may be considered. These can range from sports related clubs to clubs that are directly related to the work being done at the facility (Boyd, 1965). For example, the NMCD could develop a club to study the most current research regarding evidence-based practices within corrections. This would likely be comprised of management level staff from different departments. The goal would be twofold: improving networking across departments and keeping staff current with developments within the field. Other ways to promote networking could include interdepartmental lunches, cross training opportunities, concerted efforts to communicate informally, etc.

Further, to bridge the divide between departments, it may be beneficial for middle/upper management to spend time in other departments so that they have an opportunity to see other

⁶ The NMCD website provides links to current newsletters. Ensuring that these are regularly published will indicate to the staff that this is an important method of communication.

parts of the system at work. For example, one interviewee thought that parole officers should visit Therapeutic Communities so that they would better understand where a parolee is coming from; this would also help both Therapeutic Communities and the Probation and Parole Division to understand each other and create personal contacts. Further, it could be useful if management at various levels could visit other departments and shadow those employees, a sort of cross-training so that they can really understand what is involved in a particular job. It would make the most sense to do this with departments where collaborations need to be strongest: for example, classification officers and education, education and addictions, or whichever the Department prioritizes.

Besides strengthening communication and networks across departments, the NMCD must address any resistance to reentry efforts. Anytime a new vision is introduced into an organization, there will be some difficulty in implementing it. It is important that the concerns of the staff are addressed; it is also important to remember that there will be varying degrees of resistance because people are naturally resistant to change. The literature (Flaherty-Zonis, 2007) provides suggestions with ways to confront this challenge, many of which we have already suggested, such as creating a clear plan and communicating in many ways to get the importance of the message across. In addition, there are measures that the Department can take to improve the working environment of staff, which in turn can reduce resistance. In particular, the administration can be clear about the roles and responsibilities of individuals within the change process. This includes introducing and responding to new ideas, clarifying how things work now, participating in ongoing planning, promoting positive facility culture, and strategic thinking (Flaherty-Zonis, 2007). The literature suggests that people who have a say in their work environment are better employees; thus, allowing staff members a voice in the planning and implementation is important. Moreover, they must feel that their work is important. By clarifying each person's role, the NMCD can illustrate how each person fits into the model and the importance of their work. Further, by explaining how the initiative will benefit the staff, resistance will be reduced because staff will be made aware of the positive outcomes of the process of change as well as be prepared for the difficulties that come with it (Flaherty-Zonis, 2007). If TPCI is implemented and what is expected happens, staff will be safer, prison operations more streamlined and workload burdens reduced.

Ways to combat employee resistance to organizational and policy/practice changes were addressed earlier in this chapter. Ultimately, though, it comes back to the degree that leadership prioritizes the efforts within the Department. Even if staff are initially resistant to change it is extremely important to reform efforts that the leadership maintain their stance and reiterate their commitment to reentry reform. As one interviewee explained, "if management had said, tough you have to do this" the staff would have done what they were told. However, making efforts to ameliorate the resistance by promoting buy-in at all levels is, in the long run, likely to be more effective than a forced mandate on the part of administration. Still such buy-in does require the administration to take a firm and clear stance supporting reentry reform and to communicate this stance repeatedly.

Conclusion and Discussion

Based on this analysis, there are a number of things that stand out to us as the most pressing issues that must be addressed in order for the State to move forward with reentry reform. First, reassess the reentry goals for the Department. These should be limited to those that are most crucial with consideration paid to whether they can be achieved within a reasonable time frame and given current resources. Both short and long-term goals need to be considered. One goal that we believe must be adopted in order to push this model forward is to adopt a risk needs assessment that will be used throughout each inmate's incarceration (ideally, throughout their entire time under supervision including community supervision). The RNA must be validated for this population, must take into account criminogenic needs and must take into account risk of recidivism.

Second, a system-wide needs assessment has to be completed. You cannot know where you should go if you do not know where you are. The NMCD is a complex organization, and an in-depth assessment of the current target population and related needs as well as Departmental resources, policies, and programs is necessary to determine the starting point for reentry efforts in the State's prison facilities and community supervision. The system-wide needs assessment would include an in-depth look at the inmate population, program availability, staffing needs, and other organizational operations. It would be beneficial to look at long-term data, to the extent that this is possible, to detect any changes in the composition of the inmate population as well as those under community supervision. This needs assessment should also include an inventory of all existing programs including a description of the target population, length of program and whether there are any constraints regarding the timing of the program. In other words, whether it is most beneficial for inmates to participate immediately prior to release, such as is the case for some addictions programming, or whether there is some other constraint. The resource assessment should also document all staffing needs related to organizational operation and sustainability. This data would inform any changes in classification procedures, housing assignments or program availability that may need to occur. Once these activities are completed, the State can move forward, comparing the ideal to what is currently available, taking into account the needs of the population.

Ultimately, what we are suggesting is that the State commit to a thorough planning process. This should include both short and long term vision for the State to implement reentry reform. Key stakeholders from within and outside of NMCD should be involved in the process, including government officials. These key stakeholders can be identified by examining existing MOUs and collaborations. The planning process should be guided by SMART objectives that facilitate ongoing assessment and refinement guided by clear, measurable outcomes. Concretely, the ideal would be an implementation plan that identifies measurable and time bound goals, and a proposal for the redistribution of staff, prison populations, and any other organizational changes, as needed.

Throughout this report we have emphasized reentry success as synonymous with recidivism. However, it is important to note that there are other ways to measure reentry success. Within the TPCI model, behavior change is a primary goal, which should lead to a crime-free life, but may not occur immediately. We mention this because it is important when constructing outcome

measures to consider variables besides recidivism in order to get a more complete picture of the ways in which reentry reform affects offenders and the community. Other indicators of successful reentry include securing employment or housing, pursuing educational opportunities, partaking in substance abuse treatment, caring for mental and physical health, and reduced involvement with pro-criminal associates (Burke, 2008). Another potential outcome is change in both correctional staff and community attitudes towards returning inmates. As noted earlier, the more acceptance and support returning inmates perceive, the better their chances for successful reentry. It is also important to point out that there is some bias in measures of recidivism. For example, recidivism measures only those offenders who were caught. Further, recidivism rates can be influenced by a number of factors, such as increased use of diversion programs or, conversely, increased use of prisons as punishment for lower risk offenders, changes in parole revocation practices, and other policy practices that are often driven by economic and social factors (Pew Center on the States, 2011).

Finally, due to the nature of the current project - pointing out gaps- much of this report describes what is not happening to promote reentry reform within NMCD. However, there is some important progress being made. Changes in operations and culture have occurred that are imperative for reentry success. We were impressed with the level of dedication each of the interviewees has to their job and to trying to help improve the lives of the individuals with whom they work. While realistic, everyone we spoke with supported reentry efforts. These are the staff members who are most likely to make a difference because of their commitment.

It is worth noting that many of the gaps in reform efforts found here in New Mexico are not unique to our State. Similar gaps have been found in other states attempting to implement TPCI. For example, in some ways New Mexico is very much like Georgia where offenders without acceptable housing end up doing in-house parole (<http://www.nicic.gov/TPCGeorgia>). In response, Georgia created a Reentry Partnership Housing Project. The Georgia Department of Corrections collaborated with other agencies to provide short-term housing intended to alleviate the in-house parole burden to the Department. This was funded with grant monies. Additionally Georgia's classification tool did not examine criminogenic needs, so they implemented the COMPAS at intake and reentry. Finally the Georgia prison system did not have a case management component; they report that the development of the TAP and an automated case plan is underway.

It is also important to remember that the TPCI model is one that expects change. The change is ongoing and requires that "Transition reform will always be a state of 'becoming,' not a state of being" (Parent and Barnett, 2002: 35). Thus, while this report emphasizes gaps, it should be understood that this is part of the process of implementation. Full implementation of the initiative requires long term commitment with an eye on the ultimate goal: safer communities.

References

- Baer, Demelza, Avinash Bhati, Lisa Brooks, Jennifer Castro, Nancy La Vigne, et al. 2006. *Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio*. Washington, D.C.: Urban Institute, Justice Policy Center.
- Baker, Deborah. March 8, 2008. *Richardson to Push Prison Reform*. Albuquerque Journal.
- Bonta, James. 1999. Approaches to Offender Risk Assessment: Static vs. Dynamic. Research Summary, 4(2). Retrieved from http://www.publicsafety.gc.ca/res/cor/sum/_fl/cprs199903-eng.pdf
- Boyd, Bradford B. 1965. An Analysis of Communication Between Departments—Roadblock and Bypasses. *Journal of Business Communication*, 3(2):27-35.
- Brazzell, Diana, Anna Crayton, Debbie A. Mukamal, Amy L. Solomon, and Nicole Lindahl. 2009. *From the Classroom to the Community: Exploring the Role of Education during Incarceration and Reentry*. Washington, DC: The Urban Institute.
- Bumby, Kurt, Madeline M. Carter, Susan Gibel, Rachelle Giguere, Leilah Gilligan, and Richard Stroker. 2007. *Increasing Public Safety through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections*. Silver Spring, MD: Center for Effective Public Policy. Retrieved from <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=244205>.
- Burke, Peggy B. 2008. *TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model*. Retrieved from <http://nicic.org/Downloads/PDF/Library/022669.pdf>.
- Burke, Peggy B., Paul Herman, Richard Stroker, Rachelle Giguere. 2010. *TPC Case Management Handbook: An Integrated Case Management Approach*. Retrieved from <http://nicic.gov/Downloads/PDF/Library/024393.pdf>.
- Engel, Len. 2008. *Promoting Public Safety Through Successful Community Transition: Toward an Evidence-Based System of Offender Reentry*. Boston, MA: Crime and Justice Institute.
- Flaherty-Zonis, Carol. 2007. *Building Culture Strategically: A Team Approach for Corrections*. U.S. Department of Justice, National Institute of Corrections: Washington D.C. NIC Accession Number 021749.
- Governor Richardson's Task Force on Prison Reform. 2008. *Increasing Public Safety in New Mexico Before, During and After Incarceration: New Directions for Reform in New Mexico Corrections*.
- Governor Richardson's Task Force on Prison Reform. 2009. *Increasing Local Involvement in New Mexico Prison Reform and Offender Reentry Initiatives: Key Elements in Enhanced Public Safety and Recidivism Reduction*.
- Henderson, Martha L. and Dena Hanley. 2006. Planning for Quality: A strategy for Reentry Initiatives. *Western Criminology Review*, 7(2):62-78.
- Hughes, Timothy and Doris J. Wilson. 2003. *Reentry Trends in the United States*. Washington, D.C.: Bureau of Justice Statistics.
- Joplin, Lore, Brad Bogue, Nancy Campbell, Mark Carey, Elyse Clawson, et al. 2004. *Using an Integrated Model to Implement Evidence-based Practices in Corrections*. Boston, MA: Crime and Justice Institute.
- Kubrin, Charis E. and Eric A. Stewart. 2006. Predicting who reoffends: The neglected role of neighborhood context in recidivism studies. *Criminology* 44(1): 165-197.

- Lambert, Eric G., Nancy L. Hogan, and Reva I. Allen. 2006. Correlates of Correctional Officer Job Stress: The Impact of Organizational Structure. *American Journal of Criminal Justice*, 30(2): 227-246.
- Langan, Patrick A. and David J. Levin. 2002. *Recidivism of Prisoners Released in 1994*. Washington, D.C.: Bureau of Justice Statistics.
- Lincoln Yvonna S. and Egon G. Guba. 1985. *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications, Inc.
- Lynch, James P. 2006. Prisoner Reentry: Beyond Program Evaluation. *Criminology & Public Policy*, 5(2):401-412.
- Lynch, James P. and William J. Sobal. 2001. *Prisoner Reentry in Perspective. Crime Policy Report, Volume 3*. Washington, D.C.: Urban Institute Justice Policy Center.
- McCollister, Kathryn E., Michael T. French, Michael L. Prendergast, Elizabeth Hall, and Stan Sacks. 2004. Long-term Cost Effectiveness of Addiction Treatment for Criminal Offenders. *Justice Quarterly*, 21(3): 659-679.
- Miller, William R., Stephen P. Rollnick. 2002. *Motivational Interviewing, Second Edition: Preparing People for Change*. New York, New York: The Guilford Press.
- National Institute of Corrections. 2004. *Implementing Effective Correctional Management of Offenders in the Community: An Integrated Model*. National Institute of Correction: Washington, DC. Retrieved from <http://nicic.gov/pubs/2004/019341.pdf>.
- New Mexico Corrections Department. 2008. *Annual Report 2007-2008*. Retrieved from <http://www.corrections.state.nm.us/news/2007-2008%20Annual%20Report.pdf>
- New Mexico Corrections Department. 2009. *Annual Report 2008-2009*. Retrieved from http://www.corrections.state.nm.us/news/2008-2009_Annual_Report.pdf
- New Mexico Corrections Department. 2009. Working Reentry Council Fact Sheet. Retrieved from http://corrections.state.nm.us/reentry_reform/pdf/Fact%20Sheet%20_Working%20Reentry%20Council_4_22_09.pdf.
- Parent, D.G. and Liz Barnett. 2002. *Transition from Prison to Community Initiative*. Cambridge, MA: Abt Associates, Inc.
- Patton, Michael Quinn. 1990. *Qualitative Evaluation Methods, 2nd Edition*. Newbury Park, CA: Sage Publications.
- Pew Center on the States. April 2011. *State of Recidivism: The Revolving Door of America's Prisons*. Washington D.C.: The Pew Charitable Trusts.
- Steiner, Benjamin, Lawrence F. Travis III, and Matthew D. Makarios. 2011. Understanding Parole Officers' Responses to Sanctioning Reform. *Crime & Delinquency*, 57(2):222-246.
- Willits, Dale, Danielle Albright, Lisa Broidy, and Christopher Lyons. 2009. *An Evaluation of Career Pathways Program Implementation in the New Mexico Department of Corrections*. Final Report to the New Mexico Department of Corrections Education Bureau. New Mexico Statistical Analysis Center, Institute for Social Research, University of New Mexico.
- Zorn, Theodore E. (2002). Converging within Divergence: Overcoming the Disciplinary Fragmentation in Business Communication, Organizational Communication, and Public Relations. *Business Communication Quarterly*, 65(2), pp 44-53.

Appendix A: Sample Questions from Interview Guides

TPCI Interview guide

Introduction:

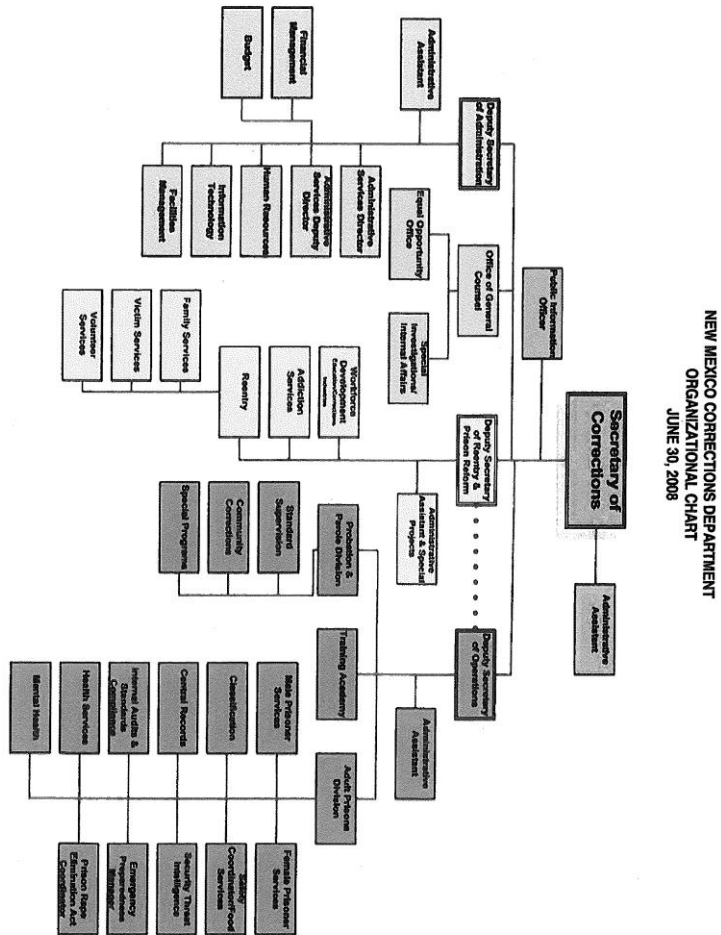
In 2008, New Mexico adopted a Reentry and Reform initiative meant to facilitate prisoner assimilation back into communities and reduce recidivism. One of the hallmarks of this initiative is the notion that reentry begins at intake. We are working with NMCD to assess the state of reentry initiatives for prisoners. Given your position, you likely have some important insights about reentry efforts within the prison system so we are hoping you would share some of those insights with us today. Our goal is to understand where NMCD is in regards to reentry reform and what is still needed within the prisons to facilitate the reentry reform effort. Our questions focus generally on reentry efforts within the prison system and specifically on how you envision the role of your department in the reentry process.

1. Could you please describe your job/tell us what you do?
2. Can you briefly describe how assessment and case management occur throughout an offender's time incarcerated and at reentry?
 - a. How are assessments being used?
 - b. How are offenders included in decision-making about the programming or services they receive?
 - c. NM proposes evidence-based case management for all offenders beginning at intake and terminating at discharge from probation and parole. How is case management occurring now? Are offenders meeting with case manager monthly? Are TAPS being reviewed and changes being entered into the OMP database?
 - d. Programs and services should be evidence-based and accessible to offenders. Do you feel that the programs and services available meet these criteria? Why or why not?
 - e. Can you describe how prisoners access programming?
 - f. One of New Mexico's goals is to create reentry centers in facilities throughout the state. Could you comment on this?
 - g. The model requires collaboration between departments within the prisons, within the NMCD and across agencies. What successes and limitations do you see occurring now?)
3. One of New Mexico's goals is to create reentry centers in correctional facilities throughout the state. Could you comment on this? (probe: is this occurring? Where? Would it be useful? Why or why not?)
4. What reentry reform efforts are occurring within New Mexico prisons? (probes: do you see changes being made to programming/services offered?)

Are staff being trained about reentry? Has staff use of motivational interviewing increased? Are families included in reentry efforts? In the past, there were Reentry Committee meetings- how did these impact reentry efforts? Are there Reentry Committee meetings now?)

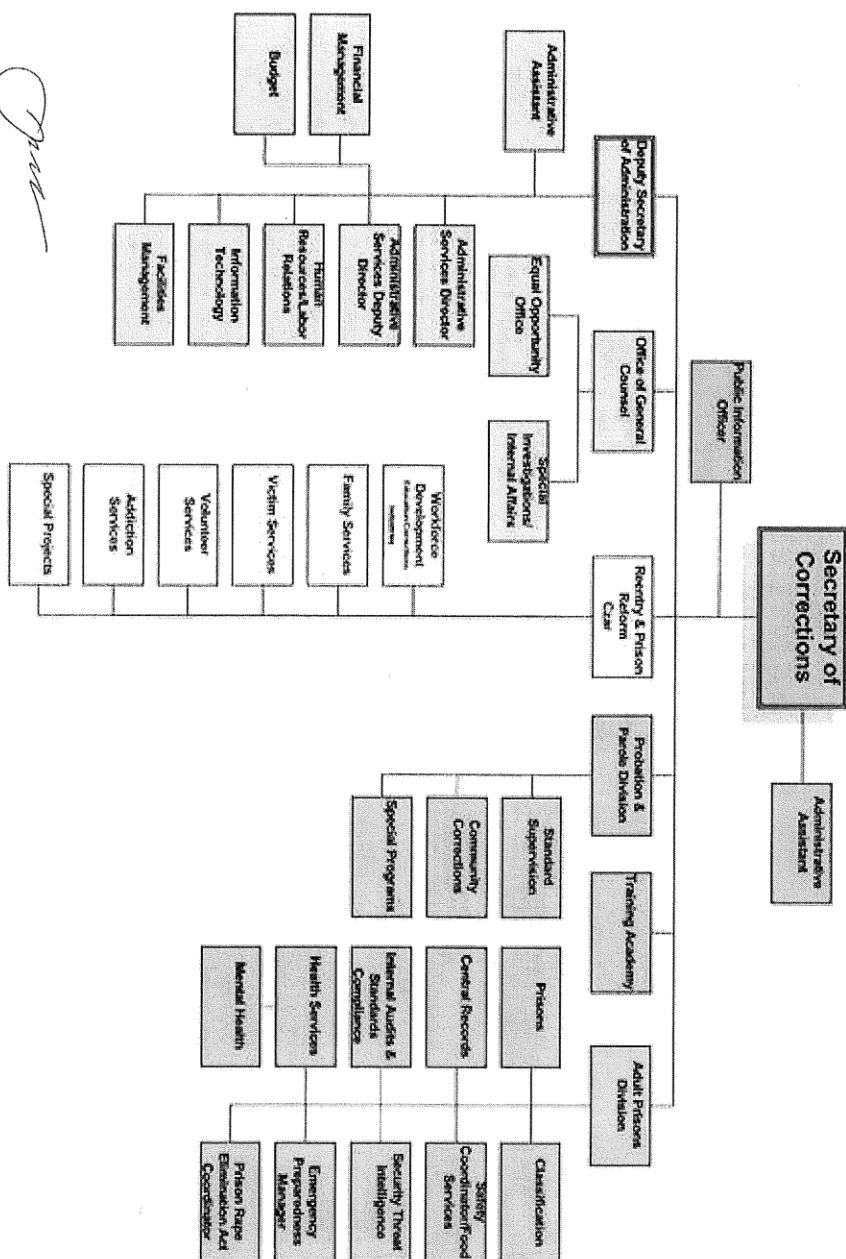
5. What do you think the Corrections Department is doing well in terms of reentry reform?
6. What are the barriers to reentry reform?
(probes: Do you have sufficient software/hardware for risk/needs assessments?
Are staff trainings sufficient?
Are programs sufficient- are they evidence based and available to the offenders who need them?
Are mental health, health and other services sufficient?
Do you have all of the information you need regarding the offender population (such as number of offenders, offense profiles, risk levels, needs, etc.) to plan for reentry?
Do you have the staff to implement reentry reforms? If not, what would you need? Has a needs assessment been completed to determine staff needs including hiring, assessment of current workload and redistribution of workload?)
7. Is there anything else you would like to share with us about reentry within the prisons that we have not discussed yet?

New Mexico Corrections Department, June 2008



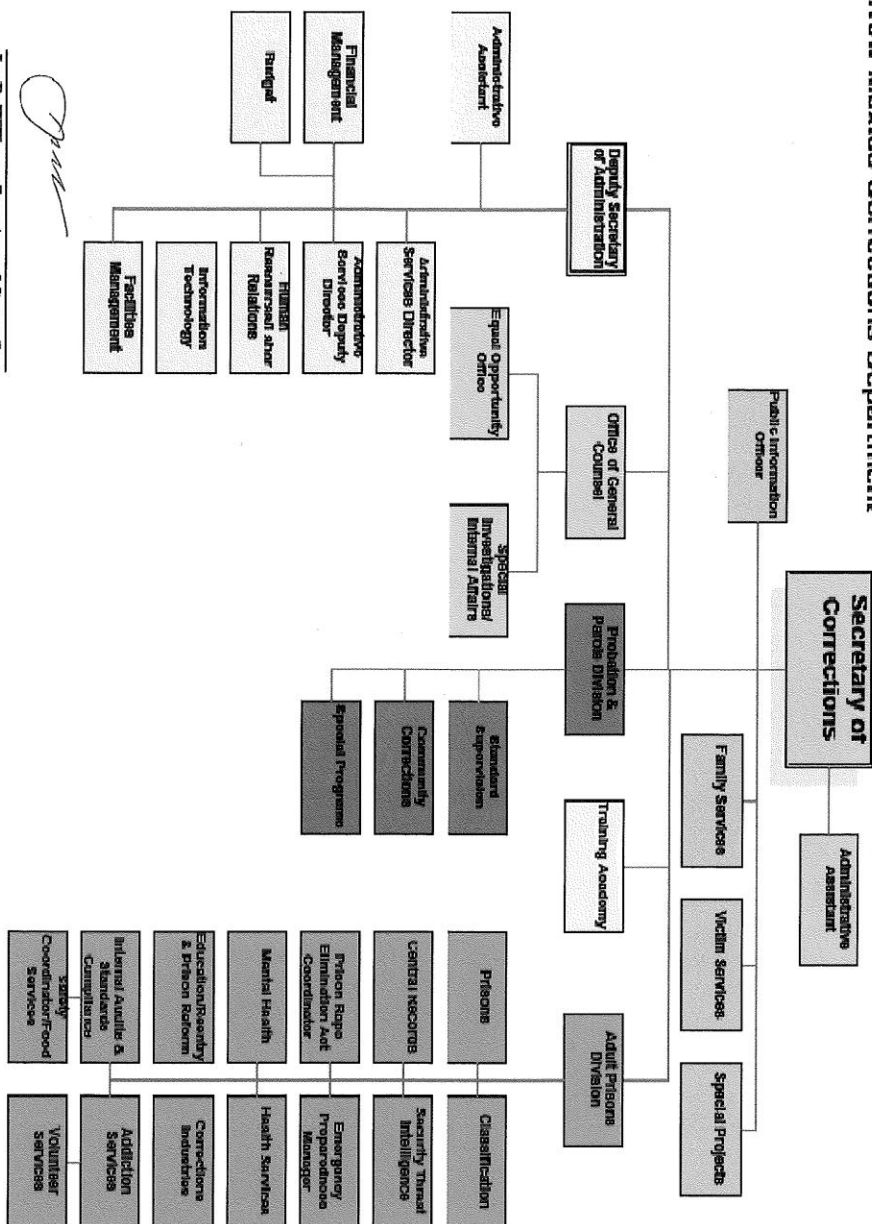
New Mexico Corrections Department

Attachment CD-010101.A



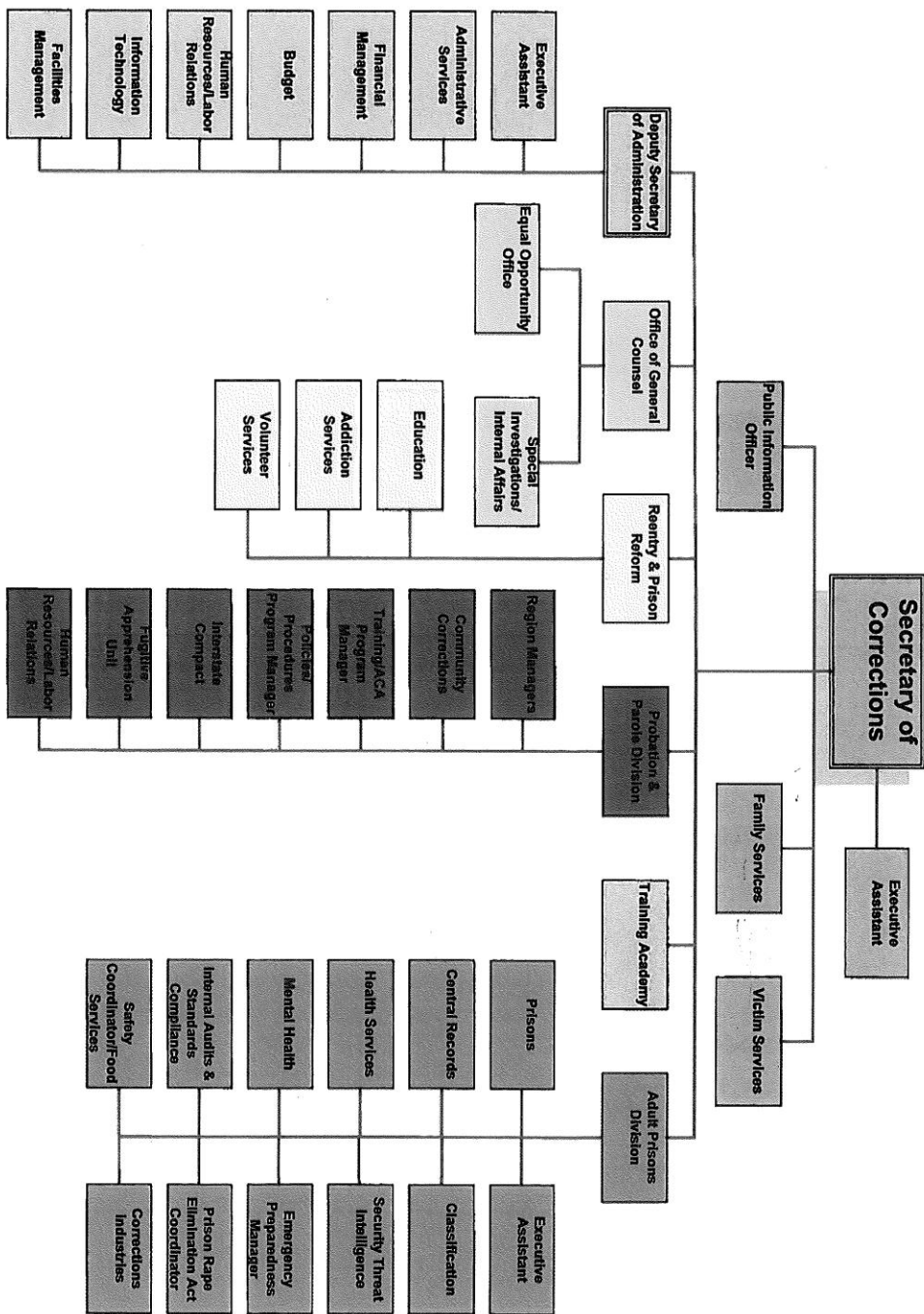
Joe R. Williams, Secretary of Corrections
January 2010

New Mexico Corrections Department



Joe R. Williams
 Joe R. Williams, Secretary of Corrections
 July 2010

New Mexico Corrections Department



Lupe Martinez
 Lupe Martinez, Secretary of Corrections
 January 2011