

PERSPECTIVES

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O R G
WINTER 2018



A
PERSPECTIVES
SPOTLIGHT

INNOVATIONS
IN
SUPERVISION
INITIATIVE



Her **opioid dependence** got her here.

Indications and Important Safety Information¹:

VIVITROL is indicated for:

- Prevention of relapse to opioid dependence, following opioid detoxification.
- Treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to the initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration.
- VIVITROL should be part of a comprehensive management program that includes psychosocial support.

For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent pages.



Now help her get on a path to treatment.

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Vivitrol[®]
(naltrexone for extended-release injectable suspension)

Contraindications

VIVITROL is contraindicated in patients:

- Receiving opioid analgesics
- With current physiologic opioid dependence
- In acute opioid withdrawal
- Who have failed the naloxone challenge test or have a positive urine screen for opioids
- Who have exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent

Prior to the initiation of VIVITROL, patients should be opioid-free for a minimum of 7-10 days to avoid precipitation of opioid withdrawal that may be severe enough to require hospitalization.

Reference: 1. VIVITROL [prescribing information]. Waltham, MA: Alkermes, Inc; 2015.

VIVITROL® (naltrexone for extended-release injectable suspension) Intramuscular

BRIEF SUMMARY See package insert for full prescribing information (rev. Dec. 2015).

INDICATIONS AND USAGE: VIVITROL is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration. In addition, VIVITROL is indicated for the prevention of relapse to opioid dependence, following opioid detoxification. VIVITROL should be part of a comprehensive management program that includes psychosocial support.

CONTRAINDICATIONS: VIVITROL is contraindicated in: patients receiving opioid analgesics, patients with current physiologic opioid dependence, patients in acute opioid withdrawal, any individual who has failed the naloxone challenge test or has a positive urine screen for opioids, and patients who have previously exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent.

WARNINGS AND PRECAUTIONS: Vulnerability to Opioid Overdose: After opioid detoxification, patients are likely to have reduced tolerance to opioids. VIVITROL blocks the effects of exogenous opioids for approximately 28 days after administration. However, as the blockade wanes and eventually dissipates completely, patients who have been treated with VIVITROL may respond to lower doses of opioids than previously used, just as they would have shortly after completing detoxification. This could result in potentially life threatening opioid intoxication (respiratory compromise or arrest, circulatory collapse, etc.) if the patient uses previously tolerated doses of opioids. Cases of opioid overdose with fatal outcomes have been reported in patients who used opioids at the end of a dosing interval, after missing a scheduled dose, or after discontinuing treatment. Patients should be alerted that they may be more sensitive to opioids, even at lower doses, after VIVITROL treatment is discontinued, especially at the end of a dosing interval (i.e., near the end of the month that VIVITROL was administered), or after a dose of VIVITROL is missed. It is important that patients inform family members and the people closest to the patient of this increased sensitivity to opioids and the risk of overdose. There is also the possibility that a patient who is treated with VIVITROL could overcome the opioid blockade effect of VIVITROL. Although VIVITROL is a potent antagonist with a prolonged pharmacological effect, the blockade produced by VIVITROL is surmountable. The plasma concentration of exogenous opioids attained immediately following their acute administration may be sufficient to overcome the competitive receptor blockade. This poses a potential risk to individuals who attempt, on their own, to overcome the blockade by administering large amounts of exogenous opioids. Any attempt by a patient to overcome the antagonism by taking opioids is especially dangerous and may lead to life-threatening opioid intoxication or fatal overdose. Patients should be told of the serious consequences of trying to overcome the opioid blockade. **Injection Site Reactions:** VIVITROL injections may be followed by pain, tenderness, induration, swelling, erythema, bruising, or pruritus; however, in some cases injection site reactions may be very severe. In the clinical trials, one patient developed an area of induration that continued to enlarge after 4 weeks, with subsequent development of necrotic tissue that required surgical excision. In the post marketing period, additional cases of injection site reaction with features including induration, cellulitis, hematoma, abscess, sterile abscess, and necrosis, have been reported. Some cases required surgical intervention, including debridement of necrotic tissue. Some cases resulted in significant scarring. The reported cases occurred primarily in female patients. VIVITROL is administered as an intramuscular gluteal injection, and inadvertent subcutaneous injection of VIVITROL may increase the likelihood of severe injection site reactions. The needles provided in the carton are customized needles. VIVITROL must not be injected using any other needle. The needle lengths (either 1 1/2 inches or 2 inches) may not be adequate in every patient because of body habitus. Body habitus should be assessed prior to each injection for each patient to assure that the proper needle is selected and that the needle length is adequate for intramuscular administration. Healthcare professionals should ensure that the VIVITROL injection is given correctly, and should consider alternate treatment for those patients whose body habitus precludes an intramuscular gluteal injection with one of the provided needles. Patients should be informed that any concerning injection site reactions should be brought to the attention of the healthcare professional. Patients exhibiting signs of abscess, cellulitis, necrosis, or extensive swelling should be evaluated by a physician to determine if referral to a surgeon is warranted.

Precipitation of Opioid Withdrawal: The symptoms of spontaneous opioid withdrawal (which are associated with the discontinuation of opioid in a dependent individual) are uncomfortable, but they are not generally believed to be severe or necessitate hospitalization. However, when withdrawal is precipitated abruptly by the administration of an opioid antagonist to an opioid-dependent patient, the resulting withdrawal syndrome can be severe enough to require hospitalization. Review of postmarketing cases of precipitated opioid withdrawal in association with naltrexone treatment has identified cases with symptoms of withdrawal severe enough to require hospital admission, and in some cases, management in the intensive care unit. To prevent occurrence of precipitated withdrawal in patients dependent on opioids, or exacerbation of a pre-existing subclinical withdrawal syndrome, opioid-dependent patients, including those being treated for alcohol dependence, should be opioid-free (including tramadol) before starting VIVITROL treatment. An opioid-free interval of a minimum of 7–10 days is recommended for patients previously dependent on short-acting opioids. Patients transitioning from buprenorphine or methadone may be vulnerable to precipitation of withdrawal symptoms for as long as two weeks. If a more rapid transition from agonist to antagonist therapy is deemed necessary and appropriate by the healthcare provider, monitor the patient closely in an appropriate medical setting where precipitated withdrawal can be managed. In every case, healthcare providers should always be prepared to manage withdrawal symptomatically with non-opioid medications because there is no completely reliable method for determining whether a patient has had an adequate opioid-free period. A naloxone challenge test may be helpful; however, a few case reports have indicated that patients may experience precipitated withdrawal despite having a negative urine toxicology screen or tolerating a naloxone challenge test (usually in the setting of transitioning from buprenorphine treatment). Patients should be made aware of the risks associated with precipitated withdrawal and encouraged to give an accurate account of last opioid use. Patients treated for alcohol dependence with VIVITROL should also be assessed for underlying opioid dependence and for any recent use of opioids prior to initiation of treatment with VIVITROL. Precipitated opioid withdrawal has been observed in alcohol-dependent patients in circumstances where the prescriber had been unaware of the additional use of opioids or co-dependence on opioids. **Hepatotoxicity:** Cases of hepatitis and clinically significant liver dysfunction were observed in association with VIVITROL exposure during the clinical development program and in the postmarketing period. Transient, asymptomatic hepatic transaminase elevations were also observed in the clinical trials and postmarketing period. Although patients with clinically significant liver disease were not systematically studied, clinical trials did include patients with asymptomatic viral hepatitis infections. When patients presented with elevated transaminases, there were often other potential causative or contributory etiologies identified, including pre-existing alcoholic liver disease, hepatitis B and/or C infection, and concomitant usage of other potentially hepatotoxic drugs. Although clinically significant liver dysfunction is not typically recognized as a manifestation of opioid withdrawal, opioid withdrawal that is precipitated abruptly may lead to systemic sequelae including acute liver injury. Patients should be warned of the risk of hepatic injury and advised to seek medical attention if they experience symptoms of acute hepatitis. Use of VIVITROL should be discontinued in the event of symptoms and/or signs of acute hepatitis. **Depression and Suicidality:** Alcohol- and opioid-dependent patients, including those taking VIVITROL, should be monitored for the development of depression or suicidal thinking. Families and caregivers of patients being treated with VIVITROL should be alerted to the need to monitor patients for the emergence of symptoms of depression or suicidality, and to report such symptoms to the patient's healthcare provider. **Alcohol Dependence:** In controlled clinical trials of VIVITROL administered to adults with alcohol dependence, adverse events of a suicidal nature (suicidal ideation, suicide attempts, completed suicides) were infrequent overall, but were more common in patients treated with VIVITROL than in patients treated with placebo (1% vs 0). In some cases, the suicidal thoughts or behavior occurred after study discontinuation, but were in the context of an episode of depression that began while the patient was on study drug. Two completed suicides occurred, both involving patients treated with VIVITROL. Depression-related events associated with premature discontinuation of study drug were also more common in patients treated with VIVITROL (~1%) than in placebo-treated patients (0). In the 24-week, placebo-controlled pivotal trial in 624 alcohol-dependent patients, adverse events involving depressed mood were reported by 10% of patients treated with VIVITROL 380 mg, as compared to 5% of patients treated with placebo injections. **Opioid Dependence:** In an open-label, long-term safety study conducted in the US, adverse events of a suicidal nature (depressed mood, suicidal ideation, suicide attempt) were reported by 5% of opioid-dependent patients treated

Vivitrol®

(naltrexone for extended-release injectable suspension)

with VIVITROL 380 mg (n=101) and 10% of opioid-dependent patients treated with oral naltrexone (n=20). In the 24-week, placebo-controlled pivotal trial that was conducted in Russia in 250 opioid-dependent patients, adverse events involving depressed mood or suicidal thinking were not reported by any patient in either treatment group (VIVITROL 380 mg or placebo).

When Reversal of VIVITROL Blockade Is Required for Pain Management:

In an emergency situation in patients receiving VIVITROL, suggestions for pain management include regional analgesia or use of non-opioid analgesics. If opioid therapy is required as part of anesthesia or analgesia, patients should be continuously monitored in an anesthesia care setting by persons not involved in the conduct of the surgical or diagnostic procedure. The opioid therapy must be provided by individuals specifically trained in the use of anesthetic drugs and the management of the respiratory effects of potent opioids, specifically the establishment and maintenance of a patent airway and assisted ventilation. Irrespective of the drug chosen to reverse VIVITROL blockade, the patient should be monitored closely by appropriately trained personnel in a setting equipped and staffed for cardiopulmonary resuscitation.

Eosinophilic Pneumonia: In clinical trials with VIVITROL, there was one diagnosed case and one suspected case of eosinophilic pneumonia. Both cases required hospitalization, and resolved after treatment with antibiotics and corticosteroids. Similar cases have been reported in postmarketing use. Should a person receiving VIVITROL develop progressive dyspnea and hypoxemia, the diagnosis of eosinophilic pneumonia should be considered. Patients should be warned of the risk of eosinophilic pneumonia, and advised to seek medical attention should they develop symptoms of pneumonia. Clinicians should consider the possibility of eosinophilic pneumonia in patients who do not respond to antibiotics. **Hypersensitivity Reactions Including Anaphylaxis:** Cases of urticaria, angioedema, and anaphylaxis have been observed with use of VIVITROL in the clinical trial setting and in postmarketing use. Patients should be warned of the risk of hypersensitivity reactions, including anaphylaxis. In the event of a hypersensitivity reaction, patients should be advised to seek immediate medical attention in a healthcare setting prepared to treat anaphylaxis. The patient should not receive any further treatment with VIVITROL. **Intramuscular Injections:** As with any intramuscular injection, VIVITROL should be administered with caution to patients with thrombocytopenia or any coagulation disorder (eg, hemophilia and severe hepatic failure). **Alcohol Withdrawal:** Use of VIVITROL does not eliminate nor diminish alcohol withdrawal symptoms. **Interference with Laboratory Tests:** VIVITROL may be cross-reactive with certain immunoassay methods for the detection of drugs of abuse (specifically opioids) in urine. For further information, reference to the specific immunoassay instructions is recommended.

ADVERSE REACTIONS: Serious adverse reactions that may be associated with VIVITROL therapy in clinical use include: severe injection site reactions, eosinophilic pneumonia, serious allergic reactions, unintended precipitation of opioid withdrawal, accidental opioid overdose and depression and suicidality. The adverse events seen most frequently in association with VIVITROL therapy for alcohol dependence (ie, those occurring in $\geq 5\%$ and at least twice as frequently with VIVITROL than placebo) include nausea, vomiting, injection site reactions (including induration, pruritus, nodules and swelling), muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders. The adverse events seen most frequently in association with VIVITROL therapy in opioid dependent patients (ie, those occurring in $\geq 2\%$ and at least twice as frequently with VIVITROL than placebo) were hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, and toothache. **Clinical Studies Experience:** Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In all controlled and uncontrolled trials during the premarketing development of VIVITROL, more than 1100 patients with alcohol and/or opioid dependence have been treated with VIVITROL. Approximately 700 patients have been treated for 6 months or more, and more than 400 for 1 year or longer. **Adverse Events Leading to Discontinuation of Treatment:** **Alcohol Dependence:** In controlled trials of 6 months or less in alcohol-dependent patients, 9% of alcohol-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 7% of the alcohol-dependent patients treated with placebo. Adverse events in the VIVITROL 380-mg group that led to more dropouts than in the placebo-treated group were injection site reactions (3%), nausea (2%), pregnancy (1%), headache (1%), and suicide-related events (0.3%). In the placebo group, 1% of patients withdrew due to injection site reactions, and 0% of patients withdrew due to the other adverse events. **Opioid Dependence:** In a controlled trial of 6 months, 2% of opioid-dependent patients treated with VIVITROL discontinued treatment due to an adverse event, as compared to 2% of the opioid-dependent patients treated with placebo.

DRUG INTERACTIONS: Patients taking VIVITROL may not benefit from opioid-containing medicines. Naltrexone antagonizes the effects of opioid-containing medicines, such as cough and cold remedies, antidiarrheal preparations and opioid analgesics.

USE IN SPECIFIC POPULATIONS: Pregnancy: There are no adequate and well-controlled studies of either naltrexone or VIVITROL in pregnant women. VIVITROL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Pregnancy Category C:** Reproduction and developmental studies have not been conducted for VIVITROL. Studies with naltrexone administered via the oral route have been conducted in pregnant rats and rabbits. **Teratogenic Effects:** Naltrexone has been shown to increase the incidence of early fetal loss when given to rats at doses ≥ 30 mg/kg/day (11 times the human exposure based on an AUC(0-28d) comparison) and to rabbits at oral doses ≥ 60 mg/kg/day (2 times the human exposure based on an AUC(0-28d) comparison). There was no evidence of teratogenicity when naltrexone was administered orally to rats and rabbits during the period of major organogenesis at doses up to 200 mg/kg/day (175- and 14-times the human exposure based on an AUC(0-28d) comparison, respectively). **Labor and Delivery:** The potential effect of VIVITROL on duration of labor and delivery in humans is unknown. **Nursing Mothers:** Transfer of naltrexone and 6-naltrexol into human milk has been reported with oral naltrexone. Because of the potential for tumorigenicity shown for naltrexone in animal studies, and because of the potential for serious adverse reactions in nursing infants from VIVITROL, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** The safety and efficacy of VIVITROL have not been established in the pediatric population. The pharmacokinetics of VIVITROL have not been evaluated in a pediatric population. **Geriatric Use:** In trials of alcohol-dependent subjects, 2.6% (n=26) of subjects were >65 years of age, and one patient was >75 years of age. Clinical studies of VIVITROL did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects. No subjects over age 65 were included in studies of opioid-dependent subjects. The pharmacokinetics of VIVITROL have not been evaluated in the geriatric population. **Renal Impairment:** Pharmacokinetics of VIVITROL are not altered in subjects with mild renal insufficiency (creatinine clearance of 50-80 mL/min). Dose adjustment is not required in patients with mild renal impairment. VIVITROL pharmacokinetics have not been evaluated in subjects with moderate and severe renal insufficiency. Because naltrexone and its primary metabolite are excreted primarily in the urine, caution is recommended in administering VIVITROL to patients with moderate to severe renal impairment. **Hepatic Impairment:** The pharmacokinetics of VIVITROL are not altered in subjects with mild to moderate hepatic impairment (Groups A and B of the Child-Pugh classification). Dose adjustment is not required in subjects with mild or moderate hepatic impairment. VIVITROL pharmacokinetics were not evaluated in subjects with severe hepatic impairment.

OVERDOSAGE: There is limited experience with overdose of VIVITROL. Single doses up to 784 mg were administered to 5 healthy subjects. There were no serious or severe adverse events. The most common effects were injection site reactions, nausea, abdominal pain, somnolence, and dizziness. There were no significant increases in hepatic enzymes. In the event of an overdose, appropriate supportive treatment should be initiated.

This brief summary is based on VIVITROL Full Prescribing Information.



Information (rev. December 2015)
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INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY



ERIKA PREUITT
PRESIDENT

When my older children were growing up, we watched the “Transformers” animated show, with cars morphing into heroic robotic space aliens. Watching this show with my younger children, I saw it had changed to incorporate technological advances. “Transformers” had transformed! This is a reminder of how transformation is a complex word that reflects a powerful and complex process—a process involving risk, courage, prioritization, culture, collaboration, accountability, efficiency, effectiveness, innovation, and measurement. We should keep this in mind as APPA embraces transformation as one goal of its strategic plan. Our objectives are: 1) transform to become responsive to our members’ current and future needs; 2) increase APPA’s value for all members and stakeholders; and 3) create an organization that is inclusive and representative of the diverse makeup of our organization and industry.

In carrying out strategic planning, the Board of Directors, Executive Committee, and other stakeholders have touched on all the above factors. We look forward to taking the needed risks to change our organizational culture and structure, recognizing that our transformation means leaving behind the uninformed, subjective, and outdated methods of the past. We must shift paradigms, utilize data, and understand the research that can guide us to the future. In keeping with this approach, APPA recently endorsed the *Statement on the Future of Community Corrections*, which includes the following recommendations:

- Reserving the use of community corrections for only those who truly require supervision.
- Reducing lengths of stay under community supervision to only as long as necessary to accomplish the goals of sentencing.

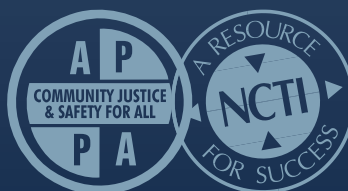
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president's message

- Exercising parsimony in the use of supervision conditions to no more conditions than required to achieve the objectives of supervision.
- Incentivizing progress on probation and parole by granting early discharge for those who exhibit significant progress.
- Eliminating or significantly curtailing charging supervision fees and instead preserving most or all the savings from reducing probation and parole populations and focusing those resources on improving community-based services and supports for people under supervision.

I am so proud of the work we have done—and will continue to do—in changing lives, restoring families, and building safe communities.

These recommendations may seem counterintuitive. What will be the impact of reducing the length of probation? What does this say about our profession? To me it says that our future is about doing the right things for the right reasons, viewing probation as a bridge to help people change their behavior. Once they have done so, we must give them the space to restore their families and build their communities. I am so proud of the work we have done—and will continue to do—in changing lives, restoring families, and building safe communities. In this continuing effort, APPA will spearhead the transformation of our profession, determining the core values that guide us regardless of jurisdictional differences.

One cannot discuss transformation without also discussing innovation, which plays such a big role in our ability to advance. Transformation challenges culture and practice, while innovation challenges exploration and creativity, but both are necessary components of our push to make a better future.

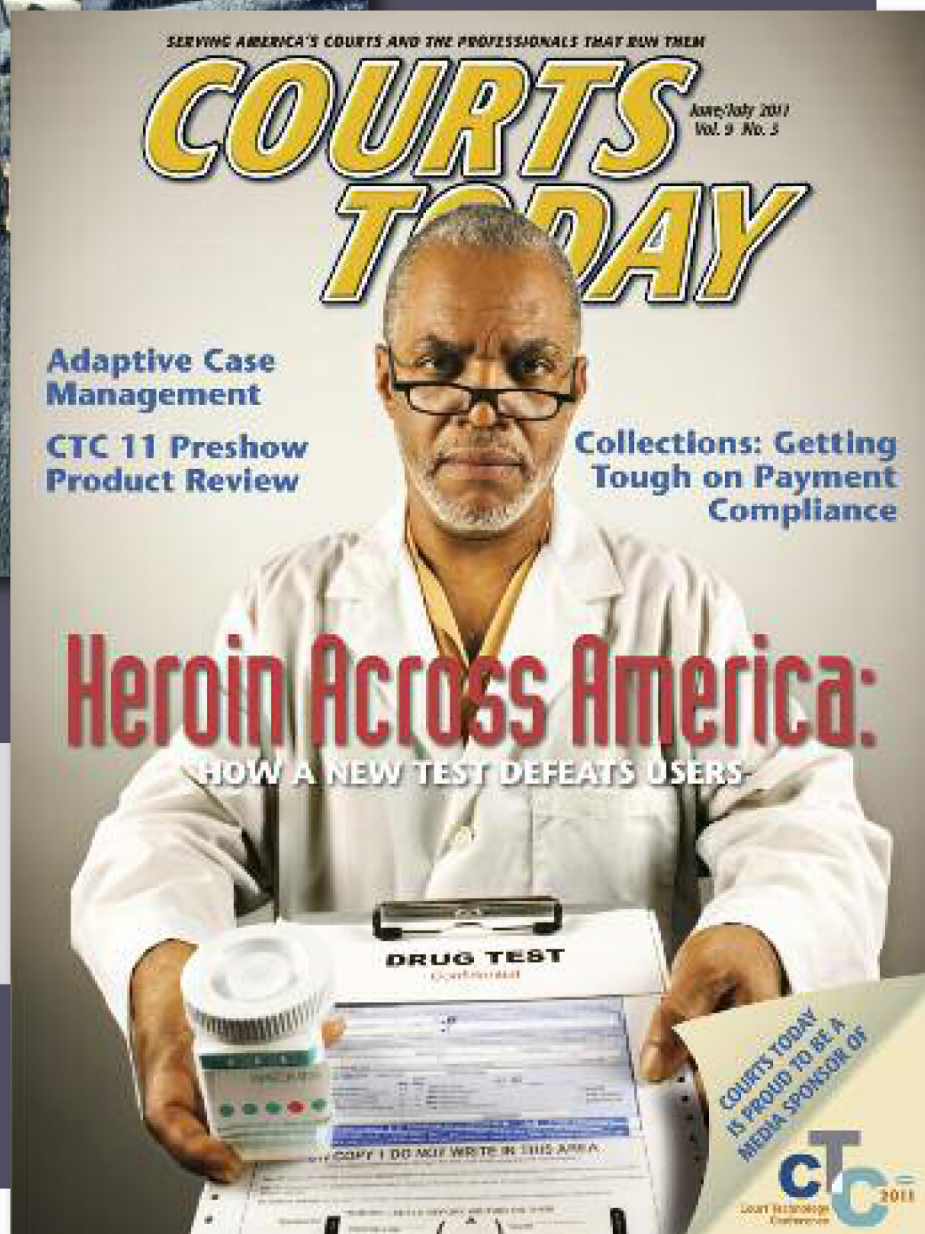
It goes without saying that innovation in our field tends to require resources, which includes funds to implement and test new approaches. I thank our federal partners for making grants available to support these endeavors. The Bureau of Justice Assistance has provided funding via its *Innovations in Supervision Initiative* (formerly, Smart Supervision). The result has been access to much needed resources for



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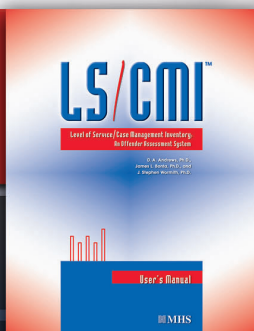


president's message

agencies working to innovate. In my own jurisdiction, the funding has enabled us to engage in supervision models that we might not otherwise be able to implement. We were able to provide training, coaching, and support to our officers as well as measure effectiveness.

I am inspired by the accounts in this issue of *Perspectives* that highlight numerous efforts to transform and innovate. Each speaks of culture change and its challenges. Jurisdictions are successfully engaging staff, streamlining, and using technology to become more efficient and effective.

We should all keep in mind that transformation is a perpetual journey with no end, so as a profession we must continue to grow by embracing and applying new knowledge. I hope you are motivated to seek change within your organization, and that you understand the important roles research and technical assistance play in evidence-based practices. And, finally, I hope this issue provides you with some level of resources in your own transformative work!



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INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY



FAYE S. TAXMAN

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In 2012, the Bureau of Justice Assistance (BJA) began providing community corrections agencies with funding to advance efforts at innovations. Innovative Supervision (formerly known as Smart Supervision) “provides grants and assistance to states, units of local government, and federally recognized Indian tribes to develop, implement, and test innovative and evidence-based probation and parole practices.” (Office of Justice Programs, https://www.bja.gov/ProgramDetails.aspx?Program_ID=122). Each agency can identify an innovative approach to uptake of evidence-based practices in probation and parole supervision. For the most part, the innovations fall into four categories: improving services, improving treatment programs, organizational development, and decision-making tools. Grant programs vary widely but reflect local efforts to enhance improvements in their own organization.

In this issue, we feature grantees of the Innovation in Supervision Initiative. A survey was conducted in the winter of 2017 with each grantee about its project. Each respondent identified the purpose and goals of the grant, the major features and

components, facilitators and barriers to implementation of the grant, nature of the research partnership, and expected outcomes. We encourage others to contact these organizations to learn about their grant and the efforts undertaken in their grant opportunity. The articles reflect short overviews to help others learn about the efforts undertaken to enhance supervision.

A key feature of the most recent BJA grants is a research-practitioner partnership. Each grantee must have a research partner to assist with program design, implementation, process evaluation, and outcome evaluation. The purpose of having an evaluation partner is to build infrastructure and support for bringing science into recidivism reduction practices. BJA is committed to helping grantees to “use data, evidence, and interventions that are effective and economical” (doi: <https://www.bja.gov/Programs/CRPPE/innovationssuite.html>). That is, the partnerships are designed to build capacity and help jurisdictions develop and use data as a resource to assess design, process, and implementation progress towards sustainable practices and programs. The expected benefits from these partnerships involves developing data sources, defining goals and objectives, developing performance measures including measuring new concepts such as program/process fidelity, assessing progress with implementation efforts, and building long-term partnerships to implement science-based efforts to improve supervision practices. These partnerships are viewed as an investment in organizational capacity.

Probation and parole agencies are the center of attention on how best to use evidence-based practices and treatment programs. Each agency pursues local efforts to enhance their own organization. The story of 10 agencies are provided in this issue of *Perspectives*. Let’s congratulate our colleagues for their efforts to be on the forefront of enhanced policies and practices in supervision.



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instructions to authors

Perspectives disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole, and community corrections agencies throughout the United States and abroad. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation, or research methodology. *Perspectives* does not reflect unsupported personal opinions. Submissions are encouraged following these procedures: Articles can be emailed to perspectives@csg.org in accordance with the following deadlines:

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Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English and in American Psychological Association (APA) Style. Authors should provide a one paragraph biography, along with contact information. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., to (Mattson, 2015, p. 73). Alphabetize each reference at the end of the text using the following format:

Mattson, B. (2015). Technology supports decision making in health and justice. *Perspectives*, 39(4), 70-79.

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*where community partnerships are
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ALLEGHENY COUNTY, PA

GRANT FUNDED: 2015

OVERVIEW

Allegheny County Probation and Parole (ACAPP) received a Smart Supervision grant in 2015 for its Smart Accountability project, an ongoing endeavor for which funding ends in 2018. The impetus for this project, at least in part, was that probation officers with caseloads comprised of medium and high-risk offenders (risk level being determined by a proxy screening tool and full risk/needs assessment) supervise an average of 84 people each. The Smart Accountability project will allow these officers to utilize dosage-based supervision practices and metrics to better allocate their time and resources, thereby supervising their large caseloads more effectively. This is accomplished by expanding staff training to include Motivational Interviewing and the Risk-Need-Responsivity model. The grant has also funded the design and implementation of an interactive dashboard that supports both the client and the probation officer. Decision-making and agency goals will be monitored and measured based on the agency's adherence to evidence-based practices, with emphasis on project fidelity. In total, the grant will affect 6,075 clients served by 57 officers and five members of the management team.

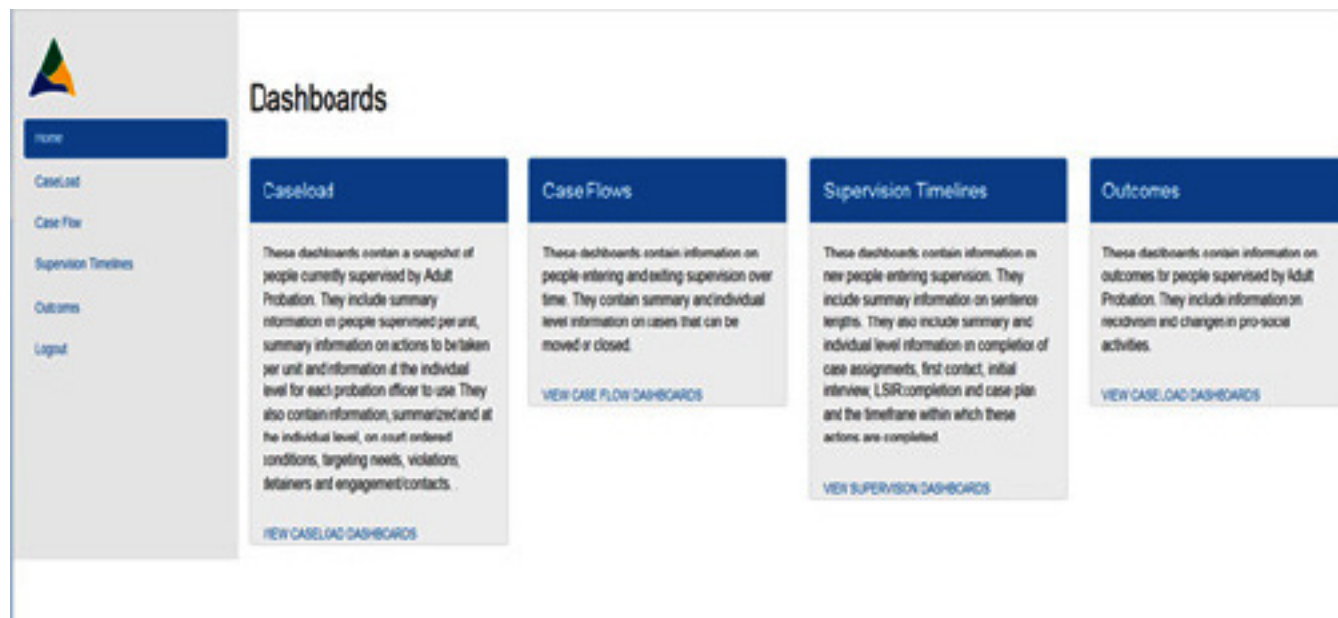


INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

EVALUATION, PARTNER, AND DESIGN

ACAPP's research partner for this project is the Urban Institute (UI), whose responsibilities are to collect and analyze data to assess agency efforts to implement a data-driven, dosage-based supervision model. Assessments are done using a participatory action research framework that will concurrently generate actionable information during the duration of the project. The data sources used to generate these assessments include semi-structured interviews with management; probation/parole officer focus groups; and case file reviews that document staff experiences, perceptions, and use of the dosage-based model and tools (training and dashboard) provided under it.

UI has been producing interim process reports regarding staff fidelity to the dosage-based probation model, including the extent to which the dashboard is utilized. This includes a baseline analysis of dosage in the county utilizing data from treatment providers and supervision. At the end of the project, UI will produce a comprehensive final report on model implementation and performance, including process and outcome findings and lessons learned. This report structure will allow for easy dissemination.



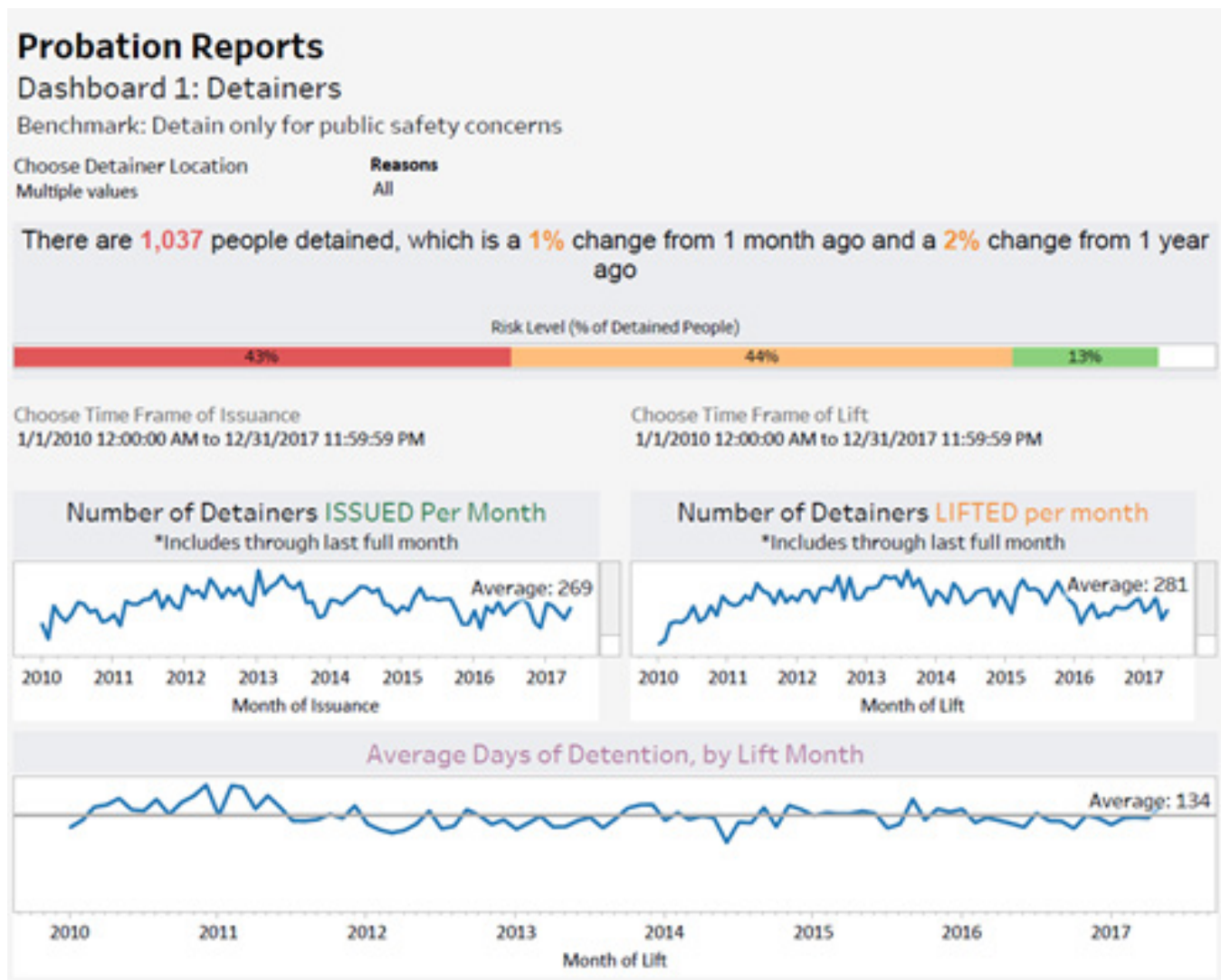


INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

DETAILS

The project is working with UI to implement dosage probation and develop metrics. With their assistance, dashboards displaying these metrics are being developed and utilized to give

officers real-time information pertaining to their interventions and casework benchmarks. The online dashboard being created through the grant also augments a supervisor's ability to monitor mobile probation officers using real-time data summaries. Indeed, the dashboard will





INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

serve all levels of the agency, although with some differences. Probation officers can use the information to identify who should be contacted, what work needs to be completed on their various cases, and who is eligible for early termination. Supervisors can view information at a probation officer level as well as unit-wide, so they can better understand what their mobile workforce is doing and the

outcomes they are achieving. Upper level management can use the dashboards to better allocate resources and to identify agency-wide trends and areas for improvement.

One component of the project is an increased commitment to evidence-based practices, and it will be evaluated for implementation fidelity, process indicators,

Engagement Report

Dashboard 2: Time spent with people

Benchmark: Substantive meetings should be 20 minutes

Choose Manager
Multiple values

Choose Office
MCKEESPORT

Choose PO
All

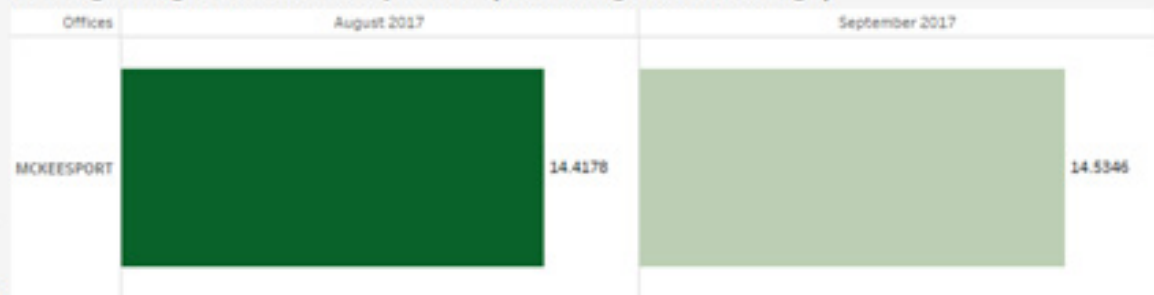
Choose Time Frame
8/1/2017 12:00:00 AM t...

Filter:
Choose Detainer Status
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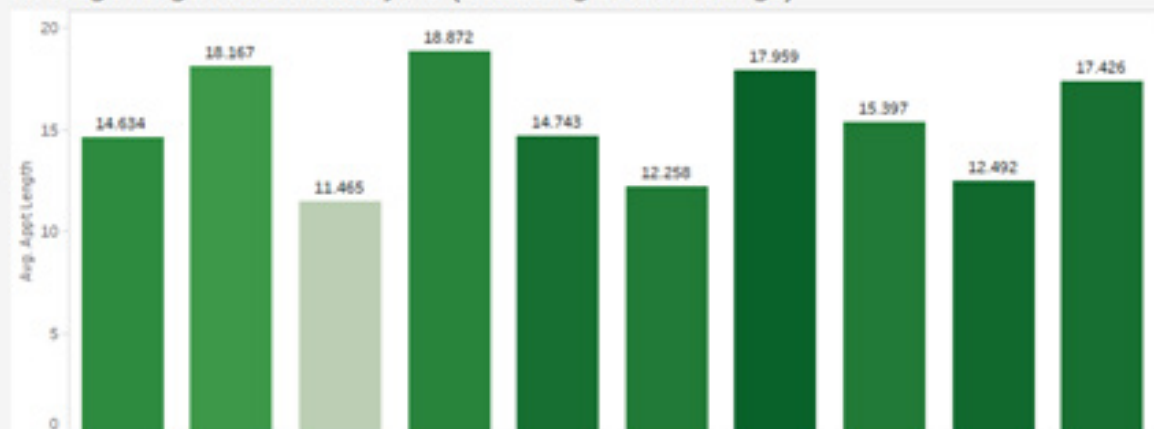
Filter:
Choose Risk Level
All

Filter:
Choose Nature of Cont...
All

Average length of contact by office (excluding DRC meetings)



Average length of contact by PO (excluding DRC meetings)





To address these challenges, all supervisors were trained on how to best coach staff in this new environment. All units are now hosting monthly evidence-based practices meetings that follow a set curriculum matching their original training.

and outcome indicators. Officers are being trained on RNR, motivational interviewing, risk/need assessments, case planning, behavioral change techniques, and using appropriate rewards and responses to noncompliance. To support these efforts, supervisors have been trained on these concepts and on how to coach staff.

BARRIERS

The largest barrier was in the implementation of evidence-based practices in day-to-day interactions between the staff and clients. Staff have found it difficult to turn training into actual practice due to the overwhelming amount of new information. A similar problem surfaced with regard to applying information from the reports and feedback provided by UI. Most staff members were unsure of the new vision for the agency, which made it difficult for the reports to be used and understood.

To address these challenges, all supervisors were trained on how to best coach staff in this new environment. All units are now hosting monthly evidence-based practices meetings that follow a set curriculum matching their original training. To obtain more understanding and buy-in of the overall agency vision, administrative staff created a communication plan that included a monthly newsletter; clear expectations about manager, supervisor, and staff meetings; creation of clear policies and expectations for staff; and a structure for raising concerns.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

RESULTS

UI and Adult Probation conducted a baseline evaluation of the supervision and treatment dosage for offenders near the start of this project. The findings showed that the jurisdiction was not meeting internally generated standards of dosage by risk in Allegheny County, both in supervision and in treatment. In addition, it showed the lack of available resources to meet treatment needs. As a result, new policies were created to provide standards of supervision by risk.

Over time, the Smart Accountability project has been facilitating a shift in ACAPP towards being more data-driven, accountable, and transparent. Examples of this include the creation of a CompStat process to examine outcomes, the creation and use of a real-time dashboard to monitor offender outcomes and officer performance metrics, and the creation of a continuous quality improvement process that provides more agency to line-staff and mid-level management.

RECOMMENDATIONS

Ongoing coaching and communication is vitally important when attempting to create major organizational change. Focus on explaining your vision and goals well to all members of the staff.

ABOUT THE AUTHOR

DR. KATHRYN COLLINS is responsible for managing the research, evaluation and quality assurance processes within Adult Probation and Pretrial Services and supports research throughout criminal court. In this role, she has worked to create data driven decision-making through the creation of real-time dashboards for leadership and line staff, ad hoc analysis and evaluations, and research partnerships with national experts. Dr. Collins received a PhD in Public Policy from University of Pittsburgh and has held research and evaluation positions within the Allegheny County Department of Human Services, University of Pittsburgh and Carnegie Mellon University. She can be reached at kcollins@alleghencourts.us.



WISCONSIN DEPARTMENT OF CORRECTIONS GRANT FUNDED: 2012

OVERVIEW

The Wisconsin Department of Corrections (DOC) received a Smart Supervision grant in 2012 to fund its “dosage probation” project, which was active through 2017. This project attempted to improve probationers’ outcomes related to recidivism by allowing them to achieve early discharge upon receiving a dose of treatment/intervention hours commensurate with their risk level. The grant had three main goals: (a) improve outcomes of probationers with regards to recidivism; (b) enhance the ability of the community supervision agents to deliver and track cognitive behavioral interventions to probationers; and (c) improve coordination between treatment providers related to documenting and delivering cognitive behavioral focused interventions. The project served 120 clients with 40 officers and two managers.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

EVALUATION, PARTNER, AND DESIGN

The project's research partner was Dr. Christopher Lowenkamp from the University of Cincinnati, and he was responsible for completing a process evaluation. A randomized controlled trial or experimental design was used for the process evaluation, with random assignment of officers into one of two groups, a treatment group and a control group. Thirteen officers were placed in the treatment group and trained on the dosage probation model, while 12 officers were placed in the control group and maintained all the old policies and practices.

The evaluation focused on several key data elements: offender demographics (sex, race, age, criminal history, current offense information, and quantitative risk information); audio recordings of the officer's interactions with the clients; and program completion rates. Univariate and bivariate statistical analyses were then used to describe the treatment and control groups, after which model training, t-tests, and multivariate analyses were done to see whether the dosage probation model had a statistically significant effect on outcomes, controlling for any differences between groups of officers and offenders.

PROJECT DETAILS

The project trained community supervision agents and system partners in the dosage probation model. The training, done by the Carey Group, was called "10 Steps to Risk Reduction" and lasted four days. It included defining dosage hours (including cognitive behavioral interventions) and impact on behavior in the context of an offender's risk. Officers were also trained to employ four competencies as a part of the dosage probation model—specifically, skill practice, case planning/management, use of rewards and sanctions, and professional alliance.

Under the dosage guidelines, moderate-risk individuals received 100 hours of treatment over 12 months; moderate/high-risk individuals received 200 hours over 18 months of supervision, with 15 months of services; and high-risk individuals received 300 hours over 24 months of supervision with 18 of those months being dedicated to services.

BARRIERS

The grant had two major barriers to implementation: (a) staff turnover and (b) keeping all system partners informed and engaged in the project. To address staff turnover, the Wisconsin DOC implemented a more selective hiring process for all new officers to ensure



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

dedication to the project. To maintain the commitment of all system partners, the Wisconsin DOC committed to better outreach and invested in additional training.

RESULTS

It was planned for this grant-funded program to help to move the entire agency towards a dosage probation model. Significant changes were indeed made by retraining all agents in this new methodology and systematically structuring their interactions with offenders around delivering units of cognitive interventions keyed towards behavior drivers. The measured outcomes verified that the training provided to the community supervision agents was effective in helping agents deliver more cognitive interventions at office visits.

RECOMMENDATIONS

It is important to bring in system partners early and to keep them engaged through constant outreach and interaction. The Wisconsin DOC hopes that future funding will be available to enable it to receive technical assistance to cultivate and develop evidence-based decision-making champions within the organization so that it can continue

embracing this approach to offender supervision.

ABOUT THE AUTHOR

NIEL L. THORESON obtained a B.S. in Criminal Justice (Spanish minor) from the University of Wisconsin – Milwaukee. He began his career with the Department of Corrections in 2002 as a bilingual probation and parole agent in Milwaukee. He was named Regional Chief for Milwaukee County in March of 2013. In addition to his employment with the Department of Corrections, Mr. Thoreson has served as a batterer's intervention program facilitator and an executive committee member for the Milwaukee Commission on Sexual Assault and Domestic Violence and the Milwaukee Homicide Review Commission. He can be reached at niel.thoreson@wisconsin.gov.



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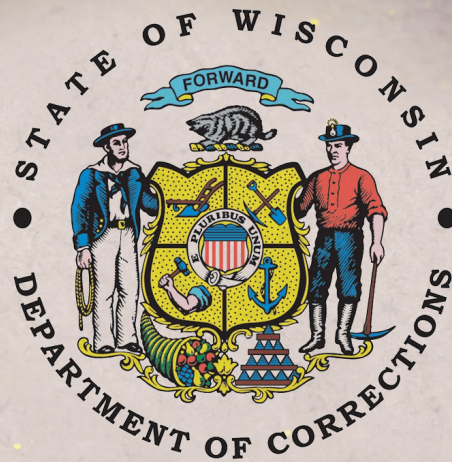
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WISCONSIN DEPARTMENT OF CORRECTIONS SCA GRANT FUNDED: 2016

OVERVIEW

The Wisconsin Department of Corrections (DOC) obtained a SMART Supervision grant in 2016 to fund its Quality Assurance and Coaching for Fidelity project. This grant enabled the DOC to provide technical assistance to develop processes and procedures for determining whether staff training related to evidence-based practices (EBP) resulted in knowledge transfer, and application with fidelity.

This grant-funded project had three main goals: (a) provide training to 122 field supervisors statewide to effectively support agent interactions with offenders through coaching, modeling of appropriate behavior, targeting criminogenic needs, applying appropriate dosage, objectively measuring performance, and providing feedback; (b) hire two fidelity coaches to support field staff, develop methods to assess agent interactions, observe interactions and provide measurable feedback to staff through random quality assurance checks; and (c) improve adherence to EBP to achieve the goals of decreasing recidivism. This effort would reinforce training already received by agents concerning these interventions.

The project featured a quasi-experimental design with both pilot and non-pilot sites that had outcomes measured by pre- and post-tests. In total, 15,840 clients will be served by this project, 124 staff members will be trained, and two members of the management staff will become fidelity coaches.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

EVALUATION, PARTNER, AND DESIGN

Wisconsin DOC's research partner is the University of Cincinnati Corrections Institute (UCCI), which is responsible for collecting baseline and subsequent data, providing ongoing analysis, and monitoring/assessing the project's impact. UCCI has the responsibility to develop a logic model to finalize the performance measures, the process, and the intended impact of the interventions in this project. Finally, as part of the initial technical assistance, UCCI trained staff in the theory and rationale of continuous quality improvement methods and other related strategies.

Success measures regarding the use of EBP will be collected pre- and post- implementation across 32 units. UCCI will use the rating and coaching forms to determine whether there has been an increase in the use of EBP over time. UCCI will examine the inter-rater reliability of the fidelity coaches to assess agent and supervisor use of EBP. UCCI will also analyze data to determine changes in practices pre- and post-training.

Data on baseline recidivism rates, days in custody, and number of violations will be collected, followed by a comparison of the pre- and post-measures among the 32 targeted and non-targeted coaching units. The client level measures will also

include the number of jail hold days and number of violations. The study will help demonstrate the use and efficacy of EBP to improve the delivery of supervision strategies and practices.

DETAILS

The project had three phases: (a) the planning phase, (b) the first year of implementation, and (c) the second year of implementation, which is taking place in 2018. Phase 1 started with the DOC working with UCCI to complete the design of the project and evaluation methods. The next step was to define coaching roles, the coaching process, and data collection methods. After that, DOC and UCCI identified pilot locations and hired fidelity coaches.

During phase 2, the fidelity coaches were trained on the best coaching practices, which were in turn used to train corrections field supervisors in the pilot units. During the first six months, baseline assessments took place at each of the 16 pilot sites, and then the coaches returned during the second six-month period to reassess.

During the third and final phase, the fidelity coaches will begin assessing the second set of 16 pilot units following the same process from phase 2. There will also be booster sessions provided for the supervisors on the coaching process. A



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

sustainability plan will be developed to maintain the process after the completion of the grant.

BARRIERS

The project faced two barriers to implementation: (a) A process needed to be developed in which supervisors, coaches, and the technical assistance provider would all be able to review an agent's interactions separately; and (b) the question of how to optimally measure successful fidelity needed to be addressed.

Working with the technical assistance provider, a process (audio recordings) was developed that allowed supervisors and coaches to review sessions at different times and which also allowed the technical assistance provider to assess the inter-rater reliability of the coaches upon review of the recordings and completed coding sheets.

RESULTS

It is anticipated that the program will increase the fidelity of probation and parole agents in applying interventions, which will then decrease recidivism. Thus far, both supervisors and agents within the Wisconsin DOC have expressed a positive response to the training and follow-up, and they perceive that resources are being devoted to building on the transfer of knowledge.

ABOUT THE AUTHOR

DUSTIN TRICKLE currently is the Program and Policy Chief for Wisconsin Department of Corrections, Division of Community Corrections. He has more than 10 years of experience in the corrections field. He has a MPA from the University of Wisconsin-Milwaukee. He began his service with the Wisconsin Department of Corrections in 2007, where he served as a Budget and Policy Analyst for the Wisconsin Department of Corrections Budget Office for seven years and for the Division of Community Corrections for three years until he was promoted to Program and Policy Chief in 2017. He can be reached at Dustin.Trickle@wisconsin.gov.

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**SOUTH CAROLINA DEPARTMENT OF PROBATION,
PAROLE AND PARDON SERVICES
GRANT FUNDED: 2012**

OVERVIEW

The South Carolina Department of Probation, Parole and Pardon Services (SCDPPPS) received a SMART Supervision grant in 2012 for the South Carolina SMART Program, which was funded until 2017. The program's goal was to reduce revocations among all case closers by 12% and to increase the number of successful closers by 12%. The grant was used to assist with the implementation of a community-based treatment continuum for moderate to high risk individuals with substance abuse disorders, a Supervisory Leadership Academy (SLA), EPICS-II, and Correctional Management Profiling for Alternative Sanctions (COMPAS). In total this project served 600 clients, with 113 staff members and 48 managers trained statewide to support the program.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

EVALUATION, PARTNER, AND DESIGN

The research partner for the program was the Research and Evaluation Group, which was responsible for evaluating the key components of the SMART Program using a mixed-methods approach to data collection. Quantitative and qualitative data were analyzed for project fidelity for the overall SMART program. Data collection methods included retrospective pre/post surveys, telephone interviews with key informants, and review of administrative records.

The Research and Evaluation Group designed and implemented an online questionnaire for the retrospective evaluation of the SLA, EPICS-II, and the COMPAS/RRS program components. The purpose of this questionnaire was to measure graduated agents self-reported changes in knowledge, awareness, skills, confidence, attitudes, or behaviors in regard to their interactions with their assigned offenders and caseloads.

DETAILS

Through the SMART supervision grant, SCDPPPS partnered with the Crime and Justice Institute at Community Resources for Justice to train a group of front-line supervisors and mid-managers in the Supervisory Leadership Academy (SLA). The purpose of the SLA was to develop

the leadership knowledge and skills needed for Agents-in-Charge and Team Leaders to support the implementation of evidence-based practices across our agency. The SLA involves 12 days of classroom training on topics related to organizational change/culture, effective communication to develop positive relationships, conflict management, and performance monitoring and measurements.

The course is offered annually via an application process in which potential candidates must write an essay and receive endorsement/support from their supervisor to attend the 6-month program. SCDPPPS also expanded the program to accept candidates who are aspiring to be leaders within the agency. Due to expanding the applicant pool, the name of the training was changed to the Strategic Leadership Academy, and the curriculum was adapted for informal leaders. The program was implemented initially in four counties.

Eighty-eight officers were also trained in Effective Practices in Community Supervision (EPICS-II) using grant funding. During this training, six core correctional practices were taught: Effective Reinforcement, Effective Disapproval, Problem Solving, Effective Modeling, Effective Authority, and Targeting Needs.



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To better assist the clients, the sites would refer them to other resources, explain the importance of the treatment, and adjust the service provided to improve offenders' overall adherence to treatment plans.

To reduce financial barriers to treatment, the grant paid a portion—or all—of the treatment costs for those referred to contracted treatment providers. In most cases, the provider accepted the payment of \$500 per referral (which included an assessment and group sessions) and did not charge program participants for treatment.

BARRIERS

SCDPPPS found that many participants did not complete the required 12-week treatment program successfully due to the client's ability to remain on supervision, administrative closer or non-compliance. An evaluation from the Research and Evaluation Group also found that there were common barriers to treatment, such as reincarceration of the offender/patient/client; transportation (lack of, or distance); perception that treatment is further punishment; fear of lifestyle change; experienced shame/stigma of receiving treatment; financial concerns (i.e., child support, family obligations, job requirements, restitution); history of failure; sense of hopelessness; and a culturally supported belief that treatment is for "weak people."

During the program, SCDPPPS made efforts to meet with the sites to encourage better engagement with the clients and vendors to alleviate these barriers. To better assist the clients, sites would refer



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them to other resources, explain the importance of the treatment, and adjust the service provided to improve offenders' overall adherence to treatment plans.

RESULTS

The most significant change made in SCDPPPS because of this grant was the success and popularity of the Supervisory Leadership Academy, which transformed the training for front-line supervisors and mid-managers in the agency. The grant also ensured that treatment was accessible for all clients by reducing the financial barriers with contracted treatment providers.

The evaluation done by the Research and Evaluation Group showed that as a result of these changes, between FY 2010 and FY 2015 the number of successful case closures increased by 1%, and the number of revocations decreased by 15%. The report also found that the Supervisory Leadership Academy significantly increased officers' leadership abilities (including communication and how often they monitor their teams) and that the EPICS-II training significantly increased officers' use of targeted correctional practices (effective reinforcement, effective disapproval, problem solving, and targeting needs).

RECOMMENDATIONS

Focus on components relative to organizational development. For example, is the organization ready to implement such an initiative? Does the agency have the capacity and infrastructure to support the program from start to finish and then to continue on beyond the funding provided by the BJA?

The SCDPPPS also recommends limiting the number of sites during the initial implementation, as it would be helpful to work with agents, leadership, and vendors in that one area more intensively to address some of the barriers that may occur.

ABOUT THE AUTHOR

SHAUNITA GRASE, a certified public manager, provides senior-level technical assistance to the adult probation and parole agency in South Carolina. She is a native South Carolinian and has worked in community corrections as a probation/parole officer, program coordinator, training coordinator, and program manager for 17 years. She received a M.S. in Criminology and Criminal Justice from the University of Cincinnati and has completed doctoral coursework in Public Policy and Public Administration at Walden University. Her research interests are organizational-capacity building, public policy and the impacts on the criminal justice system. She can be reached at shaunita.grase@ppp.sc.gov.



COLORADO

Division of Criminal Justice

Department of Public Safety

COLORADO DEPARTMENT OF CRIMINAL JUSTICE GRANT FUNDED: 2013

OVERVIEW

The Colorado Department of Criminal Justice received a SMART Supervision grant in 2013 for its BSMART (Behavioral Shaping Model and Reinforcement Tool in Community Corrections) Program. Over the past 10 years, Colorado's community-based offender supervision system has measured an increase in the technical violation rate among diversion offenders (offenders under the legal jurisdiction of Probation) and a decrease in successful program completions, while transitional offenders have seen a decrease by less than 1% in technical violation rates. Since 2000, risk levels among community corrections offenders in Colorado have increased, which is demonstrated by two actuarial and standardized risk measures used throughout Colorado, the Level of Supervision Inventory (LSI) and Criminal History Scores.

The grant focused on three main goals: (a) install the BSMART model in 18 of the 32 existing community corrections facilities in Colorado, (b) impact more than 2,500 diversion offenders annually, and (c) publish a written report with research partners based on process and outcome evaluations conducted throughout the grant period. In total the grant will serve over 2,500 who are on supervision, with 1,611 staff members and 22 members of management. Over 22 facilities participated.



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EVALUATION, PARTNER. AND DESIGN

The research partner is Harman, Hogan and Shelley, LLC (HHS), which is responsible for producing a process-and-outcome evaluation that includes pre/post surveys as well as quantitative and qualitative measures of BSMART implementation and outcomes. HHS has also participated in many of the development activities of the grant project, including meetings and focus groups with key stakeholders and implementation sites throughout the early stages of project initiation.

To produce a process-and-outcome evaluation for the project, HHS utilized many mixed method research activities, such as pre/post-test surveys, data collection, focus groups, and qualitative analysis of project activities.

The participating sites are split into three different cohorts, all of which will have three phases evaluated. To ensure fidelity, the cohorts will complete baseline training and surveys, and HHS will receive data on the baseline relevant program outcomes (e.g., technical violations and successful program completions/terminations). For the next phase, the cohorts will provide HHS with new surveys and data on relevant program data, as well as the first-year program fidelity outcome data for staff (i.e., adherence to

incentives and sanctions checklists). For the third phase, the cohorts will provide HHS with new surveys, data on relevant program data, and second-year program fidelity outcome data for staff (i.e., adherence to incentives and sanctions checklists). After these phases, HHS will aggregate data across all cohorts with the available pre- and post-test data and use these data to prepare a final report for the participating sites with available data from the first two program years.

DETAILS

The project is grounded on structuring contingent responses to targeted pro-social behavior based on the concept of contingency management and motivational incentives. Implementation initiatives in Colorado have been primarily through classroom training and regulatory audits, whereas the BSMART project applies formal Implementation Science (IS) strategies to project goals and objectives.

The grant has also focused on implementing evidence-based practices as part of the BSMART model. These include: (a) structured sanctions grids for violation behavior with graduated responses; (b) a formal behavioral intervention model for targeting criminogenic problem areas; (c) a structured decision-making tool for program terminations; (d) a Contingency Management point system (e.g., token economy model); (e) tiered rewards



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structure targeting a 4:1 ratio of rewards to sanctions; and (f) implementation science strategies such as coaching, implementation teams, IS education, systems interventions, Communities of Practice, and directed skill practice sessions with program staff.

BARRIERS

The BSMART project faced two major barriers to implementation, the first of which was a technical barrier. There were several different case management systems used throughout the implementation sites, all utilizing automated responses to violation behavior. That resulted in many glitches in the systems and required re-programming. Automating the sanctions responses to be consistent proved to be a more difficult task than anticipated due to many unforeseen technical issues. Software development significantly delayed the anticipated timelines for implementation and data collection for the research partners. To fix the technical barrier, the project used technical solutions such as software upgrades, re-programming, and manual data collection.

The second major barrier to the implementation was the reluctance of some program sites to adopt the new model. During this process it became clear that organizational culture can impact

implementation more than IS strategies can. As a result, there were setbacks, course corrections, leadership issues, and general organizational issues that had to be accounted for.

The adaptive issues were addressed by attempting to engage and re-engage organizational readiness and interest. The Colorado Department of Criminal Justice developed a new leadership model (10 Principles of Implementation Leadership) that has been used in the BSMART program and in many of the agency's other programs. It was created from the real-world applications of implementation science to relevant issues. The model promotes adaptive attitudes, mindset, and leadership approaches to dealing with the varying levels of organizational readiness and organizational cultural issues. The strategy addressed the barriers depending on the unique cultural and organizational issues present in each of the participating sites.

RESULTS

The Colorado Department of Criminal Justice has established a change in the statewide Standards for Community Corrections. The Implementation Science strategies that were created as a result of the grant have been codified statewide. Only 6% of the Standards for Community Corrections were evidence-based in 2010, but after implementing



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this grant, the number has increased to 43% in 2017. To measure this, the project developed an evidence-based program evaluation tool to measure ongoing fidelity and adherence to the Principles of Effective Intervention (National Institute of Corrections), including key attributes of the BSMART model. The Program Assessment for Correctional Excellence (PACE) is backed by 422 high quality published studies in criminology, behavioral health, and implementation science.

There have been consistent reductions in the statewide technical violation rates, going from 25.5% in 2014, to 23.9% in 2015, to 21.2% in 2016 and 2017. There are also reductions in post-release new crime recidivism (new misdemeanor or felony filings), dropping from 22.8% in 2012 to 20.4% in 2014, which is a 10.5% drop in post-release recidivism at 12 months post program completion. Because HHS has not completed the final evaluation, it is not certain that the statewide outcome changes are attributable to BSMART implementation.

RECOMMENDATIONS

The Colorado Department of Criminal Justice recommends that program administrators prepare well. This includes planning for problems, failures, and difficult organizational structures. To be successful, the leadership must be

very intentional with all plans and must disseminate those plans well. It also became clear during implementation that it is vital to address technical problems with technical solutions and to address adaptive problems with adaptive solutions.

ABOUT THE AUTHOR

GLENN A. TAPIA is the Director of Community Corrections for the State of Colorado and has been a strong leader, advocate, and facilitator of scientific implementation of evidence based programs and recidivism reduction. He has 30 years of leadership and criminal justice experience in both community-based and institutional settings. His career includes 18 years in strategic advancement of the community corrections system with 7 years of upper management experience. Glenn is also experienced with academic instruction, professional consultation, and leadership development. He holds a MPA from the University of Colorado at Denver. He can be reached at glenn.tapia@state.co.us.



NEW YORK CITY DEPARTMENT OF PROBATION GRANT FUNDED: 2015

OVERVIEW

The New York City Department of Probation (DOP) received a SMART Supervision grant in 2015 for Project PACS (Positive Adolescent Community Supervision). In the DOP, adolescents and young adults aged 16-24 who were charged and sentenced as adults have been supervised under the same policies and practices as adults aged 25 and over. However, those in this age group who are under supervision are re-arrested at higher rates than those in other age groups.

Project PACS focused on a goal of reducing the disproportionately high rates of re-arrest for adolescents and young adults, aged 16-24. This goal had three components: (a) implement a new model of supervision for young adults, (b) provide relevant training and ongoing coaching to probation staff regarding adolescent brain development and Positive Youth Development, and (c) use cognitive-behavioral interventions on an individual and group basis. The grant enabled the DOP to serve 7,000 clients with 100 officers.



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EVALUATION, PARTNER, AND DESIGN

The research partner for Project PACS is Deborah Koetzle, Ph.D., associate professor in the Department of Public Management and Executive Officer of the Doctoral Program in Criminal Justice at John Jay College of Criminal Justice. Dr. Koetzle is responsible for conducting a process and impact evaluation involving the collection and analysis of quantitative data. Year one focused on tracking program fidelity, year two was devoted to process evaluation, and year three will culminate in the impact evaluation.

Under the program design, the process evaluation will assess and compare baseline measures (such as demographics, conviction charges, risk level, and an individual action plan) of individuals under probation supervision. This will be followed by an assessment of process measures such as supervision sessions, use of evidence-based practices, and reassessments. In addition, the Youth Development Institute (DOP's technical assistance partner for this grant-funded project) has been collecting qualitative data that will be used to inform the process evaluation. The impact evaluation will test the effects of the restructured supervision model on classic criminal justice outcomes (probation violations, formal probation revocations, and rearrests). It will use random assignment to explore the efficacy of the new

evidence-based model, Decision Points intervention, in two ways: (a) compare the outcomes of PACS with and without Decision Points and (b) compare the PACS groups with a retrospective group of probationers in the same 16 to 24-year age group who started probation in the two years prior to the PACS implementation.

DETAILS

Project PACS aims to reduce re-arrest rates among those in the young adult population by improving their ability to make better and less impulsive decisions and to help them develop a safer means of resolving conflicts through a new three-stage model of probation interventions.

In Stage One, the Adolescent/Young Adult Assessment Process staff will administer an age-appropriate validated risk-assessment instrument (the Youth Level of Service/Case Management Inventory for those who are 16 or 17 and the Level of Service Inventory-Revised for those aged 18-24). Caseloads will be determined according to risk and will be run under a team supervision model. In Stage Two, the Cognitive Behavioral Therapy (CBT) Intervention Phase, staff will be devoted to providing rigorous individual and group CBT interventions. Stage Three, Transitioning to Success, focuses on practicing the skills and thinking developed through CBT in a variety of community-based programs.



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As part of this new model of supervising adolescents and young adults, the New York City DOP is using the Carey Guides, which is a set of CBT materials developed in adherence to the Risk, Need, Responsivity (RNR) principle. These guides and their accompanying worksheets address criminogenic needs through skill-building techniques designed to enhance motivation. In addition, DOP is piloting and evaluating the Decision Points model, an innovative CBT program developed by the creators of the nationally renowned Thinking for a Change curriculum. Decision Points is an action-based, but not content-specific, program that is meant to be implemented as part of a robust continuum of services. By focusing on thinking and behavior, Decision Points is intended to provide participants with a consistent language, context, and method for engaging in services that address other criminogenic needs, such as drug use and family stressors.

BARRIERS

Two major barriers were discovered during the implementation of Project PACS: (a) staff turnover and (b) implementation of Decision Points. After officers were trained during the initial implementation of PACS, the DOP experienced abnormal amounts of staff turnover, which affected the implementation of the grant, and of Decision Points. This meant that DOP

was forced to provide additional training and booster programs to ensure program fidelity.

To resolve these issues, DOP hired additional staff. The in-house staff development unit was able to continue providing training, and the Youth Development provided ongoing coaching around group facilitation.

RESULTS

This new supervision model has been a significant change for the department, as it utilizes specially trained staff equipped with a host of CBT tools and techniques. No formal evaluations have been completed yet, but the New York City DOP anticipates that the evaluation of this supervision model will show that rearrests among those aged 16-24 have declined, that successful completions of probation terms have increased, and that young peoples' perceptions about their time spent under probation supervision will have changed as well—for the better.

ABOUT THE AUTHOR

LILY J. SHAPIRO is Senior Policy Advisor to the Commissioner of the New York City Department of Probation. Her diverse responsibilities include analyzing and developing opportunities for innovation aligned with best practices and reform efforts. She taught in the Lawyering Program at NYU School of Law, and served as a Research Fellow in the NYU Center for Research in Crime and Justice; a staff attorney at the Bronx Defenders; and an E. Barrett Prettyman Fellow at Georgetown Law Center. She graduated from NYU School of Law and Harvard College. She can be reached at lishapiro@probation.nyc.gov.



**IOWA EIGHTH JUDICIAL DISTRICT DEPARTMENT OF
CORRECTIONAL SERVICES
GRANT FUNDED: 2015**

OVERVIEW

The Iowa Eighth Judicial District Department of Correctional Services received a Smart Supervision grant in 2015 for its Youthful Sex Offender Treatment Program (YSOTP). This program was created in response to the high number of young adult sex offenders, ages 16-25, who were unsuccessful in completing treatment. The project has four goals: (a) increase the agency's capacity for delivering specialized treatment and supervision programming for youthful sex offenders, (b) improve training on working with youthful sex offenders, (c) increase the number of youthful sex offenders successfully completing treatment, and (d) reduce recidivism among youthful sex offenders. In total, the project has served 30 clients. The treatment team is comprised of three staff members, two members of the management team, and two local providers.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

EVALUATION, PARTNER, AND DESIGN

The research partner for this project is the Iowa Department of Human Rights, Criminal & Juvenile Justice Planning and Statistical Analysis Center (CJJP). CJJP is responsible for providing process and outcome evaluations. The process evaluation utilizes an empirical analysis to examine the extent to which the program was implemented with fidelity to the YSOTP model. The outcome evaluation will utilize a quasi-experimental design evaluating variations in recidivism between the treatment and comparison groups. CJJP will secure permission from its Institutional Review Board (IRB) to conduct this study and will be responsible for collecting, maintaining, securing, and reporting project-related data.

DETAILS

YSOPT has four phases of treatment for the young offenders: (a) referral and assessment, completed within 60 days of entering the program; (b) treatment and supervision, which is completed in 24 months; (c) maintenance and aftercare, completed in 12 months; and (d) long-term supervision, lasting up to 10 years or even a lifetime for those serving special sentences. During the intake program, staff utilize validated risk and needs assessments with clients. During treatment, the offenders are separated

into groups to account for developmental needs and risk levels.

BARRIERS

This project faced two barriers to implementation: (a) the challenge of delivering intensive supervision and treatment services in a rural setting; and (b) the need to address the needs of the emerging adult population considering their ongoing development and maturation processes that can negatively impact behaviors and lead to initial involvement, or further entrenchment, in the criminal justice system.

Mobility is a key factor in delivering services to a rural, somewhat isolated population covering seven counties in southeast Iowa. For this project, both the probation and parole officer and the high-risk unit officer maintain flexible schedules at different office locations on a rotating basis to provide offenders easier access to services. The same strategy has been employed in assigning treatment group locations.

This project is also designed to improve the delivery of intensive treatment and supervision services by identifying the unique needs of the population subset through the use of valid risk-and-needs assessments and then utilizing other evidence-based strategies such as age-appropriate specialized treatment and



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supervision tracks, seamless supervision, reduced fees, and collaboration with other state agencies and community partners. Community partners are critical in meeting the needs of the transitional-aged clients related to employment, education, housing, life skills, mental health services, and substance abuse treatment.

RESULTS

The program has shown that there is a need to provide specialized treatment and supervision tailored to meet the needs of special populations being served in the criminal justice system. Given the early stage of the program, however, no outcome or process evaluations have been completed.

RECOMMENDATIONS

Staff should remain flexible. Young adults are a challenging population, and unanticipated changes may need to be made along the way. For example, upon facing a perplexing and growing number of technical violations among clients, the staff turned to the clients for feedback. The clients expressed that they could benefit from clearly articulated—and stricter—supervision standards. In response, staff created a participant handbook that clearly stated both the rules of supervision and the sanctions for violating those rules and that also tracks the client's progress. In addition, clients can use the handbook to track their progress in the program as well as the payment of fees.

ABOUT THE AUTHOR

CHRIS BAKER is an executive officer with the Eighth Judicial District Department of Correctional Services in Iowa who, in addition to serving on the treatment team for the Youthful Sex Offender Treatment Program, specializes in crime victim services and restorative justice interventions. He can be reached at chris.baker@iowa.gov.

Community partners are critical in meeting the needs of the transitional-aged clients related to employment, education, housing, life skills, mental health services, and substance abuse treatment.



COCONINO COUNTY, AZ
GRANT FUNDED: 2015

OVERVIEW

Coconino County, Arizona, obtained a Smart Supervision grant in 2013 and used it to fund its Coconino Online Probation Education (COPE) project until 2018. Coconino County is geographically the second largest county in the country. In addition to being vast in size, it is largely rural in nature, with widely varied terrain. Access to transportation and services is a challenge for clients, historically causing problematic treatment and supervision gaps. The development of the COPE program has helped the Coconino County Adult Probation Department (CCAPD) bridge these gaps.

The project's objective is to improve probation success rates by continuing to evaluate individual risk and need levels via an independently-validated, third-generation risk/needs instrument and to target resources towards the rural clientele based on the results of that assessment. As part of the project, a distance learning component has been developed and incorporated into probation supervision, allowing a more efficient focus on mentoring, cognitive-behavioral interventions, increasing employability, addressing other criminogenic needs, and gender-responsive programming. The COPE program is serving 180 medium-high to high risk clients who primarily reside in remote areas.



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EVALUATION, PARTNER, AND DESIGN

CCAPD's research partner is the Statistical Analysis Center (SAC) of the Arizona Criminal Justice Commission, led by Catie Clark, Director. SAC has been responsible for guiding data collection and analyzing the data on a biannual basis. These evaluations are making it possible to compare program completion rates of probationers in the COPE program and probationers undergoing standard programming delivered in traditional settings, whereby recidivism rates of both groups can then be compared. The process for assessing the project's effectiveness through the collection and reporting of the required performance metrics is based upon an Evidence-Based Practices Strategic Plan.

An automated case management system has been used to describe the target population (demographics, risk level, and offense types) and establish a baseline recidivism rate. Revocation is being targeted. Success is defined as a 5% reduction in recidivism rate, with a plan to follow up annually for three years with clients. COPE program data have been and will continue to be submitted to SAC for compilation and analysis, along with data related to performance measures and current and historical recidivism statistics.

DETAILS

Probation officers refer probationers to COPE with specific program recommendations. A Release of Information is obtained by Probation Officers, Mentoring Specialists, and all other community treatment/education providers for COPE program elements. COPE staff subsequently provide the probationers information about where online resources can be accessed in their local communities, instruction on how to use the necessary technology, and positive, supportive growth opportunities. If the probation client is referred for mentoring, a Mentoring Specialist will assign a compatible mentor from the community. The Program Manager provides support to probationers as they embark on online moral reconnection therapy (MRT) coursework at the local project sites.

While probationers are utilizing the online services, probation officers need to maintain regular contact with the Program Manager, Mentoring Specialists, and probationers to follow up on progress. This program will affect outcomes at the agency by allowing this use of technology to reduce program costs while serving many individuals in our rural county who are otherwise difficult to serve.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

The virtual mentoring component of COPE has been another success of the program. To date, eight mentor/mentee pairs have been matched and have either completed mentoring successfully or remain currently active (an almost 50% success rate).

BARRIERS

A major barrier to implementation was a lack of referrals from probation officers immediately after the launch of the program. A second barrier involved the difficult logistics of partnering with the Navajo Nation, parts of which are included in Coconino County. A Memorandum of Understanding (MOU) between the two governments was required. In addition, differences in sentencing practices and internet connectivity issues on the Nation were challenges for COPE.

To address the lack of referrals, strategies were implemented that included incentives for referrals, a mandatory first meeting for mentoring assessment, identification by the Program Manager of eligible clients, and follow up with parole officers to encourage enrollment. Also required was a scope change Grant Adjustment Notice to lower referral targets to a reasonable amount and allow COPE programming to fulfill a portion of required community restitution for clients. To address the issues on the Navajo Nation, a relationship was developed with tribal personnel, and innovative technical solutions were pursued to boost the internet bandwidth in the more remote areas.

RESULTS

One of COPE's achievements is a signed MOU with the Navajo Nation, and as a result CCAPD was able to set up technological equipment within the Tuba City Judicial Complex to serve probation clients of both Coconino County and the Navajo Nation with MRT programming. Clients can now attend MRT classes virtually, via a video connection.



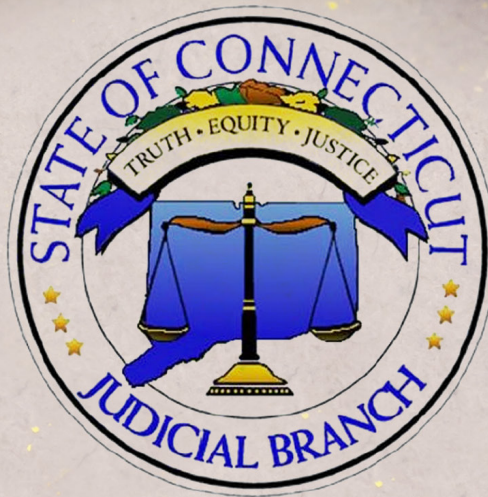
INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

The virtual mentoring component of COPE has been another success of the program. To date, eight mentor/mentee pairs have been matched and have either completed mentoring successfully or remain currently active (an almost 50% success rate). A challenging task in tracking program success, given the number of program participants, is appropriately accounting for risk level, given that high-risk offenders do not present with high success rates.

RECOMMENDATIONS

When implementing a new program that is full of challenges, it is important to remain flexible. Program administrators must be willing to adjust or make course corrections along the way and to utilize all the resources provided by the funder.

KARA MCALISTER is Program Manager for the Coconino Online Probation Education (COPE) program based in Flagstaff, AZ. COPE is a federally-funded initiative to bring cognitive-behavioral and mentoring services to probation clients within the rural areas of Coconino County via technology. Kara comes to this role with an extensive background in victim services, and now enjoys working with the offender population. Kara feels that assisting returning citizens with much-needed and often locally unavailable services fulfills an integral role in helping to heal individuals and communities from the impact of crime. She can be reached at kmcalister@coconino.az.gov.



CONNECTICUT JUDICIAL BRANCH SCA GRANT FUNDED: 2016

OVERVIEW

The Connecticut Judicial Branch State Court Administrator (SCA) received a Smart Supervision grant in 2016 for a project focused on developing and sustaining an agency culture that supports a forensic cognitive-behavioral therapy (FCBT) approach in community corrections officers. Effective use of FCBT can increase success in changing probationers' maladaptive thinking patterns related to criminal behavior. The grant is being used to build a sustainable infrastructure to support the FCBT model. The project has three goals: (a) develop and implement an FCBT information technology platform; (b) develop/assess an FCBT manual and conduct coach training to ensure their familiarity with FCBT and enhanced ability to evaluate the quality of supervision contacts (the coaching initiative); and (c) implement an office-specific training approach aimed at creating a culture that will sustain officers' FCBT skills. One major emphasis is on training, including having officers and supervisors undergo FCBT training and having supervisors getting instruction to enhance their ability to provide feedback and coaching to the officers. The project also involves the integration of a technology platform that was designed to serve as a database for tracking recorded work samples and officers' skills assessments, and it includes piloting of testing metrics that are aimed at capturing FCBT skills during supervision contacts. In total this project plans to train 23 officers, four supervisors, and the director.



INNOVATIONS IN SUPERVISION INITIATIVE: ADVANCING CAPACITY

EVALUATION, PARTNER, AND DESIGN

The research partner for the grant is the Institute for the Study of Crime and Justice at the Criminology Department of Central Connecticut State University (CCSU). CCSU is responsible for training and certifying new coaches in the FCBT model, developing and validating the FCBT coding skills manual, developing new procedures for supervisors to use in coaching probation officers, and creating new metrics that capture FCBT skills during sessions.

Program evaluation is conducted using a repeated measure research design, with data collected from surveys and work samples done before the first FCBT training, directly after the FCBT training, and six months after the completion of the training. The surveys are designed to evaluate each probation officer's time management skills, client supervision strategies, organizational and supervisory support, work environment, and understanding and use of FCBT concepts and techniques.

DETAILS

To be successful, the project needs to ensure successful adoption of evidence-based practices using the FCBT model, to include cognitive-behavioral therapy interventions aimed at addressing

clients' dynamic risk factors and the use of motivational interviewing as a key component of supervision. With an emphasis on the need to develop and sustain a sustainable shift in agency culture in adopting FCBT, five implementation phases were laid out, beginning with work on infrastructure--such as an FCBT manual and technology platform--and concluding with a plan for dissemination of the changes. Specifically:

- Phase One - Infrastructure Development: (a) Develop and validate the FCBT coding skills manual; (b) develop a technology platform; (c) certify new coaches; (d) identify the pilot site; (e) collect pre-training recorded work samples from officers and supervisors; and (f) develop and administer pre-training questionnaires for all officers and supervisors.
- Phase Two - Engagement: (a) Begin discussions with office supervisors about the training; and (b) set timelines and training schedules.
- Phase Three - Active Training: (a) Train all officers in the FCBT model; (b) train supervisors in coaching; (c) collaboratively develop office metrics that supervisors can use with their officers; and (d) begin to pilot the technology platform.



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- Phase Four - Data Analysis: (a) Examine pre- to post-training changes in officers' and supervisors' responses to questionnaires; (b) code and analyze recorded work samples for pre- to post-training changes in officers' skills and also supervisors' coaching skills; and (c) examine client re-arrest rates prior to and following training.
- Phase Five - Model Transfer: Plan on transferring this training model to another office or unit.

BARRIERS

The largest barrier to implementation that the project faced was receiving and maintaining probation officer support. Implementation took place while the agency was facing staff reductions due to layoffs and retirements, and this increased the difficulty in gaining buy-in from the probation officers. In addition, some officers were resistant to recording interactions with probationers to receive feedback.

The barrier was overcome by assembling a project management team that consisted of the Grant Project Manager, the Training Coordinator, and CSSD upper management, including Operations, Fiscal and Information Technology, and the Academic Partners at CCSU. This group meets on a regular

basis to develop strategies to ensure that the project stays on course. Discussions about the project also take place with field supervisors on a regular basis to better provide strategies for supporting FCBT-trained officers at the local level.

RESULTS

Given the agency's use of evidence-based practices, there has been a reduction in recidivism. The agency has also been successful in instituting the principles of effective classification and supervision. The Connecticut Judicial Branch SCA hopes to further reduce probationer recidivism by enhancing the ability of probation officers to focus on criminal risk domains and criminal thinking patterns when interacting with probationers.

The agency has seen enhanced compliance with quality assurance requirements and gradual increases in officer and field supervisor buy-in as a result of this grant. The quality assurance program requires trained officers to upload tapes on a monthly basis. The compliance rate for this requirement is around 90%, and scoring of tapes and booster sessions has shown continued proficiency on the part of trained officers.

RECOMMENDATIONS

The Connecticut Judicial Branch SCA recommends giving priority to the creation



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of an office culture that will support the agency-wide changes. While the agency was able to easily create a training model, sustaining the skills being learned required a level of officer support that was nonexistent. The emphasis now has shifted from the development of a CBT training model, to the creation of an office culture that will sustain FCBT skills among probation officers.

ABOUT THE AUTHORS

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MONROE COUNTY, NY GRANT FUNDED: 2013

OVERVIEW

Monroe County, New York, received a SMART Supervision grant in 2013 for a FOCUS (Female Offenders Can Ultimately Succeed) program. The grant funding was used to address the high rates of recidivism among high-risk females on probation with a history of violence and/or trauma. The project had three goals: (a) linkage of women on probation to primary care; (b) reduction of instances of re-arrest, re-incarceration, and violations of probation; and (c) increase in the autonomy and competency of justice-involved women. To do this, Monroe County worked with the University of Rochester Women's Initiative Supporting Health-Transitions Clinic (WISH-TC) to improve gender responsivity during probation supervision. In total, FOCUS served 138 clients with two officers.



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EVALUATION, PARTNER, AND DESIGN

The research partner for the project was Diane Morse, M.D., Director of Women's Initiative Supporting Health, the University of Rochester School of Medicine. Dr. Morse was responsible for developing and obtaining Institutional Review Board approval with consent forms, developing and overseeing recruitment and retention protocols, administering surveys and key informant interviews, analyzing results of surveys, and providing a summary that was finalized with input from the probation team.

The assessment consisted of a process outcome evaluation based on staff and client interviews as well as the process notes from the staff. The evaluation also used county level probation data, medical records, and review of records from community health workers.

DETAILS

FOCUS was developed to allow for the intensive supervision of adult females with a history of criminal justice involvement and trauma. It was tailored to address the specific needs of these women, with the goal of reducing revocation and incarceration. FOCUS partnered with WISH-TC to connect each woman with a peer community health worker who assisted her in accessing appropriate

medical care, mental health, and substance use disorder services.

FOCUS had five implementation phases: (a) department-wide training on the evidence-based Trauma Recovery and Empowerment Model approach for trauma-informed and trauma-specific strategies as well as on Self-Determination Theory as a motivational strategy; (b) identification of high-risk women with a history of violence and/or trauma; (c) development of gender-specific specialized supervision caseloads; (d) linkage with WISH-TC services; and (e) implementation of Thinking for a Change and Ready Set Work.

As part of the department-wide training in the first phase, FOCUS implemented evidence-based practices. Community health workers and probation officers offered Motivational Interviewing, Self-Determination Theory, Trauma Recovery and the Empowerment Model. Probation officers also offered Thinking for a Change and Ready Set Work.

BARRIERS

FOCUS faced three major barriers to implementation and assessment: (a) difficulty effectively connecting clients with WISH-TC services and to Thinking for a Change and Ready Set Work; (b) a lack of resources to meet each client's basic needs, including transportation



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to appointments and phones to use for contacts regarding medical appointments; and (c) a lack of grant resources specifically allocated for a research coordinator and lack of a unified data system that would have facilitated data collection and analysis.

To better connect clients to primary care providers, FOCUS assisted women on probation with scheduling appointments and contacting WISH-TC. FOCUS also improved system literacy in the project so that participants better understood the work being done by WISH-TC, and consistent contact between the project and the partner was facilitated. To better meet client needs, the project created linkages with community agencies to help provide clothing, food, shelter, and transportation.

RESULTS

The process measures showed that probation officers were successfully trained in evidence-based practices in relation to motivational and trauma-specific practices, and this in turn successfully improved interactions with clients. Probation officers also noticed that relationships with clients improved when caseloads were reduced and made gender specific. Furthermore, the evaluations showed that FOCUS did reduce revocations and re-incarceration in the targeted population.

RECOMMENDATIONS

It is recommended that there be clear understanding at the beginning of a project like this regarding the evaluation process and the expectations of all the partners. Planning and development of the project should be prioritized prior to implementation. Funding requests should include a budget for a research coordinator and data management system, and data that is collected should be analyzed by a separate team, not by the two intervention teams. Finally, consider seeking a follow-up grant that would include a randomized clinical trial with a control group.

ABOUT THE AUTHORS

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More and more community supervision agencies are taking proactive steps to refine and improve their procedures and to enhance their coordination and relationships with law enforcement. In doing so, they should not neglect to examine the way in which their staff members make arrests of parole and probation violators and transport those who have been arrested, as these are important components of our work that have implications for safety. Contact with many chiefs shows that a great deal of emphasis is being placed on firearms training and appropriate defensive tactics, which is a natural response, but we tend to be remiss in other areas such as assessing and improving our policies and providing task-oriented training.

Task-oriented training should include a focus on preventing a defendant from escape but also on ensuring that all arrested individuals remain secure and safe once in our custody and in subsequent transport in government vehicles to the local jail/facility where they will be held. Without trying to be all encompassing, here are a few simple rules that may help ensure tranquility for both your jurisdiction as well as the risk management folks.

First, remember that **NOBODY** wants to go to jail. Even those who have generally been the most respectful and compliant do not want to go to jail and may act to prevent their incarceration. Consequently, never cuff in the front. A handcuff can be a dangerous weapon, and I've experienced this firsthand, ending up in a local emergency room because a deputy attempted to cuff a defendant in front. Failing to follow this basic rule is totally unacceptable.

Second, prior to effecting an arrest, whether in the office, in a residence, or on the street, be sure to have a well-rehearsed plan in place. Always ensure that you have numerical superiority as well a viable plan “B” if something goes wrong, as it so often will. Familiarize yourself and your team with the arrest site. Are all possible exits for escape covered?

Third, if an arrest is to take place in your office, ensure that there is an appropriate location to carry out the actual warrant service, and do not fail to take safety into consideration. After an incident where a handcuffed defendant slipped off a chair prior to being transported, we designated one secure office for carrying out arrests—an office that had secure chair as well as closed circuit monitoring to ensure compliance from all parties.

Fourth, never, never transport in a vehicle not specifically designated to do so, and ensure that you establish communication with local dispatch to advise them of the defendant’s custody status and the time and mileage when leaving the site. If something goes wrong while you have custody, having communication with a dispatch site can be a wonderful asset.

Fifth, remember that many repeat defendants can—and will—manage to slip out of their handcuffs/restraints. It happens all the time, regardless of the years of service, position, and advanced

degrees of the individual carrying out the arrest. Make sure handcuffs are locked.

Sixth, avoid the embarrassment of standing at booking and seeing the correctional officer who has taken charge of your prisoner come up with contraband when doing an intake search. Constantly practice your searches on each other and give serious thought to establishment of a search/apprehension team, where applicable. When you have designated team members who know what their function is and perform it repeatedly, chances for error are significantly reduced.

Seventh, have your team review each arrest and transport. Don’t be remiss in reaching out to your local sheriff, Department of Corrections, or marshals. Your goal is to mitigate the negative and ensure a smooth and safe arrest and transport of the defendant from your custody to the appropriate receiving institution. Only through review, training, and outreach can you and your department prevent escapes and ensure there are no injuries to the defendant or probation/parole staff in this endeavor.

ABOUT THE AUTHOR

BOB ANDERSON is currently Co-Chair of the APPA Officer Safety Committee. He was formally Chief of the Madison County Department of Community Corrections, where he worked for 30 years. He has a MPA from Middle Tennessee State University, and he retired from the United States Marine Corps at the rank of Captain. He can be reached at bobanderson139@gmail.com.

TECHNOLOGY COMMITTEE: CURRENT PROJECTS

In this issue of *Perspectives*, I would like to make the readership aware of some of the important projects the Technology Committee has been working on over the past year.

As part of APPA's commitment to represent a strong, unified voice for the field of community corrections, our organization takes a stand on a variety of issues through the development of issue papers, position statements, and resolutions that provide information and guidance for professionals in the field, policy makers, news media, and the public. The Technology Committee is contributing to this effort by currently updating several existing papers to include electronic monitoring, managing sex offender computer use, and the use of social media in community supervision. As readers know, technology evolves rapidly, but changes also occur from the legal, policy, or implementation perspectives. It is important, therefore, that APPA updates its stand on these topics to maintain relevance.

The committee is also developing new issue papers on emerging topics. We have subgroups simultaneously working on three such papers. The first will address the increasing use of naloxone by first responders and laypersons to reverse the effects of opioid overdose, the second will tackle the use of body-worn cameras, and the third will discuss

smartphone applications as a community supervision tool. The goal is to describe each topic from the perspective of a community supervision agency, discuss the pros and cons involved, and identify the issues agencies should consider as they determine whether to deploy the technology.

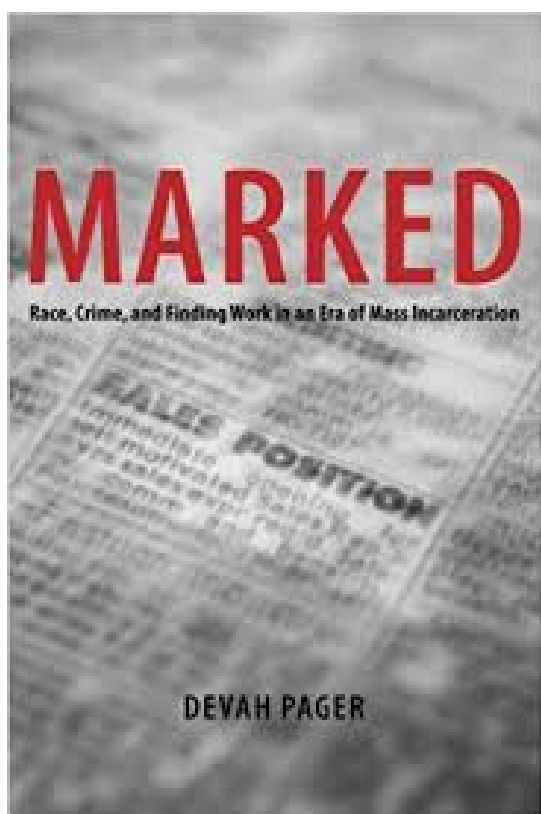
Finally, the committee has taken on the responsibility of making at least one nomination for APPA's annual University of Cincinnati award. This award is given to a non-practitioner who has made significant contributions to the field of probation, parole, or criminal justice technology. In 2017, the committee nominated Dr. Jim Tanner, who received the award for his significant efforts in leveraging technology to better manage sex offenders in the community.

The Technology Committee is always looking for new members. If you are excited about technology and how it can be applied to improve mission performance, please contact the committee chair, and we will get you involved.

For further information on the APPA Technology Committee, please contact Joe Russo at jrusso@du.edu.

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**MARKED: RACE, CRIME,
AND FINDING WORK
IN AN ERA OF MASS
INCARCERATION**

DEVAH PAGER
THE UNIVERSITY OF CHICAGO
PRESS, 2007 (PAPERBACK
EDITION 2009). 248 PAGES.

The importance of employment as a sign of stability for those being supervised in community settings cannot be underestimated, but we also should not underestimate the barriers these individuals face in finding and maintaining employment. Possessing a criminal record often results in significant collateral socioeconomic damage or, essentially, ongoing punishment for formerly incarcerated individuals. Labor Force Participation Rates (LFPR) indicate that individuals with a history of involvement with the criminal justice system are more likely than others to be absent from the workforce. Moreover, employment is not the only social good that offenders have trouble securing. Having a history of imprisonment can also lead to denial of housing opportunities, loans for education, welfare benefits, and—in some states—political participation. Compounding the offender’s situation is the increasing precariousness of low wage jobs due to workplace factors ranging from automation and other technological advances to a shift to use of temporary, part time, and seasonal employees—employment trends that undermine prospects of securing employment stability and income security.

In her research, Dr. Devah Pager has focused on the racial and economic consequences of mass incarceration with regard to American labor markets. Pager,

who is currently a Professor of Sociology and Public Policy at Harvard University, Director of the Harvard Kennedy School's Multidisciplinary Program in Inequality and Social Policy, and the Susan S. and Kenneth L. Wallach Professor at the Radcliffe Institute for Advanced Study, has provided the results of her research in *Marked: Race, Crime, and Finding Work in an Era of Mass Incarceration*.

Marked covers much of what has been learned about the impact of the rise of mass incarceration on a growing population of ex-offenders. The author grapples with what she describes as a complicated web of concerns characteristic of current discussions of American crime and social policy. She is concerned with finding answers to several core questions. For example, what happens to the thousands of young men who are released from prison every year? Does having a criminal record hinder their job prospects? How does race factor into their stories?

To present answers to these questions, Pager follows a logical progression over eight chapters. She gives the reader a useful grounding in the history and problems of re-entry and mass incarceration, goes on to present research findings, and then concludes with suggestions for ways of avoiding the stigmatizing mark of a criminal record and race. The book features an extensive section of notes and an excellent list of references.

In the first chapter, Pager provides a historical review covering the rise of incarceration in the United States and then discusses the consequences of this approach to crime control. Included in her summary is an overview of various policies that led to prison growth, such as the attack on rehabilitation, the crisis in indeterminate sentencing that led to containment-dominated reforms, and factors leading to implementation of harsher sentences for a broader range of offenses. The causes may have been complex, but the result was an increased number of prisoners, a concomitant increase in the number of releasees facing the re-entry process, and burgeoning problems associated with their absorption back into their communities.

Given the suggested connection between employment and recidivism, an important focus of investigation into re-entry problems would logically be to determine how well releasees are being reintegrated into the labor market. In chapters two and three, the author examines the consequences of incarceration when trying to obtain jobs, and she then presents the interesting research strategy that she developed to obtain pertinent empirical data. The goal here was to conduct an experimental field study to test employment opportunities of young men released from prison, but she wanted to examine not only the impact of having a criminal record but also whether race played a factor. The study was carried out in the Milwaukee

Indeed, the major finding of the study was confirmation that employers tended to exclude ex-offenders from consideration for entry-level, low-wage jobs, and the situation was even worse for young black men than for white men.

area, and its design consisted of sending pairs of young men with matched resumes on employment searches. The results should not be a surprise to probation or parole practitioners—and they present a strong challenge to the commonly voiced and rather taunting opinion that anyone who wants to work can get a job! Indeed, the major finding of the study was confirmation that employers tended to exclude ex-offenders from consideration for entry-level, low-wage jobs, and the situation was even worse for young black men than for white men.

In the next three chapters, Pager details the implications of her results, noting that two areas preventing progress for those striving for a successful re-entry are what she calls the “mark of a criminal record and the mark of race.” These “marks” are stigmatizing and result in applicants being ruled out because of perceived lack of trustworthiness. In practice, this negative credentialing acts as a short-hand screening device for those who are making employment decisions. When you link race with a criminal record, you get a “two strikes and you’re out” effect, greatly lessening the chance of a job offer and making it even more difficult for black offenders to get jobs and reintegrate into the community. The author offers a detailed analysis of her study that requires close reading, but the research findings certainly confirm the all too common experiences of parolees and probationers seeking work.

In chapter seven, Pager presents the results of an added telephone survey of employers regarding their hiring practices. What was learned is that employers are reluctant to hire individuals with criminal records, especially if the record is related to property or violent offenses. They appear more open to individuals who were convicted of drug offenses. This chapter will be helpful for researchers who may wish to replicate Pager's experiment in other jurisdictions, as they can benefit from her comments on variations in her experimental design.

In the concluding chapter, the author summarizes her findings and further discusses how the mark of having a criminal record and the mark of race can have multiple consequences across various social domains, causing a cycle of difficulties for releasees and a negative impact on communities and neighborhoods. She emphasizes the need to take steps to improve the transition from imprisonment to life in the community, such as finding ways to support employment for re-entry prisoners by supporting employers who hire ex-offenders as well as ways to tackle the issue of a criminal record's permanence.

Overall, Pager has done an excellent job of writing an informative, clear, and readable account of an interesting study that sheds light in an area of importance for those working in the re-entry field. I would recommend this book to community corrections practitioners and

administrators because, as the author notes, "finding steady, quality employment is one of the strongest predictors of desistance from crime."

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