

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
TRANSITIONAL HOUSING  
AND WORK RELEASE PROGRAM**

**PERFORMANCE AUDIT REPORT  
NOVEMBER 2013**

*To The Fiscal Committee Of The General Court:*

We conducted a performance audit of the transitional housing and inmate Work Release Program operated by the Department of Corrections, Division of Community Corrections (DCC), to address the recommendation made to you by the joint Legislative Performance Audit and Oversight Committee. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. The evidence we obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The purpose of the audit was to determine if the DCC effectively utilizes its transitional housing facilities and Work Release Program to promote inmates' successful re-entry into society. The audit period was State fiscal years 2012 and 2013.



Office Of Legislative Budget Assistant

November 2013

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DEPARTMENT OF CORRECTIONS  
TRANSITIONAL HOUSING AND WORK RELEASE PROGRAM**

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**ABBREVIATIONS**

CC/CM	Corrections Counselor/Case Manager
CO	Corrections Officer
CORIS	Correctional Information System
DCC	Division Of Community Corrections
DOC	Department Of Corrections
LADC	Licensed Alcohol And Drug Counselor
LBA	Office Of Legislative Budget Assistant
SFY	State Fiscal Year
THU	Transitional Housing Unit
TWC	Transitional Work Center

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**EXECUTIVE SUMMARY**

The Department of Corrections (DOC) should reevaluate how it utilizes and manages its transitional housing facilities and Work Release Program in support of the successful re-entry of inmates into society. In State fiscal year 2010, the Legislature created the Division of Community Corrections (DCC), which is responsible for managing inmates in transitional housing and has a goal of instituting a science-based continuum of services to increase the rate of successful re-entry by offenders into society and to promote public safety. However, the DCC has not implemented evidence-based practices and does not collect data or measure the outcomes of the transitional housing facilities or the Work Release Program. Therefore, the DCC cannot provide evidence it is efficiently and effectively using Department resources.

The DOC lacks policies for different uses of its three transitional housing units (THU) in Concord (2) and Manchester, and how certain services should be provided to their residents. Policies are needed for admittance to and removal from the THUs, Corrections Counselor/Case Manager duties, the provision of health care, drug and alcohol abuse treatment, and sexual offender treatment. In addition, the inmate handbook should be updated. We also found the DOC did not provide ongoing sexual offender maintenance treatment services for males, and provides them intermittently for female inmates. This also affects male inmates at the Transitional Work Center (TWC), who may require ongoing sexual offender maintenance treatment after completing the program offered inside the prison.

The DOC should improve how it prioritizes access to transitional housing beds in the THUs and the TWC. Assignment to transitional housing is not prioritized on which inmates may benefit the most from the TWC, the THU living environment, or the Work Release Program. The TWC does not allow inmates unsupervised access to the greater community, but provides them more privileges than inside the prison walls. These inmates work in various capacities outside of the prison walls. The three THUs provide living quarters for inmates with the lowest security classification. Once assigned to a THU and in the Work Release Program, inmates are required to seek and obtain community-based private employment. THU beds are also utilized for parolees, parole violators, and inmates applying for Social Security benefits. The limited number of transitional facilities and bed spaces, competing bed uses, and the DOC's prioritization practices for inmate placements, contribute to inmates who may benefit the most waiting longer than necessary for transitional housing and work release.

One of the Department's goals is to operationalize evidence-based practices, which are a collection of principles and methods that have been empirically proven to reduce inmate recidivism. The DCC has not yet incorporated these practices to any significant degree and may be inefficiently using its limited resources to reduce inmate recidivism. Evidence-based practices suggest inmate services are most effective when provided closer to their release dates and to those most likely to recidivate. The DOC has not provided inmates programmatic services at the DCC facilities, regardless of the fact they could be there for up to two years before release due to population pressures and other issues. Instituting evidence-based practices at the transitional housing facilities may require a redesign of DCC programs, as well as when services are delivered, and which inmates participate.

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**RECOMMENDATION SUMMARY**

<b>Observation Number</b>	<b>Page</b>	<b>Legislative Action Required?</b>	<b>Recommendation</b>	<b>Agency Response</b>
1	15	No	Define goals for transitional housing units and focus resources on inmates who would most benefit from transitional housing and the Work Release Program.	Concur
2	18	No	Develop measurements and collect data to ensure the Work Release Program is efficient and effective.	Concur
3	20	No	Promulgate operational policies and procedures and update the inmate handbook	Concur
4	22	No	Clarify health care policies for inmates and parolees at the transitional housing units.	Concur
5	23	No	Consider providing sexual offender maintenance treatment that follows best practices and is provided equally to male and female inmates under Division of Community Corrections care.	Concur
6	24	No	Continue implementing evidence-based practices.	Concur

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**BACKGROUND**

The Department of Corrections (DOC) was created in 1983 when the Legislature combined the Probation Department, Parole Department, and State Prison into one organization to increase the efficiency and effectiveness of administering corrections programs. The DOC is headed by a Commissioner who is appointed by the Governor and approved by the Executive Council. The Commissioner is responsible for managing all DOC operations. One of the DOC's statutory functions is to maintain and administer correctional facilities and programs for the custody, safekeeping, control, correctional treatment, and rehabilitation of inmates. The DOC operates three prisons, four transitional housing facilities, and 11 district offices. According to DOC officials, the Department's facilities are no longer accredited by the American Correctional Association because of budget cuts. While the DOC has crafted its policies and procedures to align with these standards, they acknowledge some standards are not being met due to staffing limitations.

In State fiscal year (SFY) 2010, the Division of Community Corrections (DCC) was established to manage the four transitional housing facilities that allow inmates, with appropriately low security classifications and who are close to their earliest release dates, to live outside the prison walls and either work on prison grounds or participate in a work release program. Approximately one year after the Division's inception, it became responsible for the former Bureau of Programs, which provides services inside the prisons such as substance abuse, education, religious, as well as criminal thinking interventions, and offender case management. Prior to the creation of the DCC, various DOC entities oversaw the transitional housing facility operations. For example, since 2000, the men's prison in Concord, the Division of Field Services' Bureau of Community Corrections, the Lakes Region Facility in Laconia, and women's prison in Goffstown, have all played some role in managing the operations of the transitional housing facilities. The DOC's other community corrections functions (i.e., probation and parole) are operated by the Division of Field Services.

*Overview Of Transitional Housing Facilities*

The DCC operates four transitional housing facilities, located in Concord and Manchester, designed to prepare inmates for re-entry into society: the Transitional Work Center (TWC), as well as the Shea Farm, Calumet, and North End Transitional Housing Units (THU). These facilities are primarily reserved for inmates with low security classifications who work on prison grounds or in the community. The DOC employs a classification system based on the risk an inmate poses to both the community and DOC operations and staff. The system ranks inmates on a scale of C-5, which represents the highest risk, through C-1, which represents the lowest risk.

Generally, only inmates classified as C-2s and C-1s are assigned beds in the DCC's transitional housing facilities. Table 1 provides an overview of the four facilities and the types of inmates housed at each one.

**Table 1**

**Transitional Housing Facilities Overview**

<b>Transitional Housing Facility &amp; Location</b>	<b>Number Of Beds</b>	<b>Gender</b>	<b>Required Inmate Classification Level</b>	<b>Unsupervised Access To Community Permitted</b>	<b>Description Of Inmate Work Activities</b>
TWC (Concord)	160	Male	C-2	No	Primarily maintenance, farm, and warehouse labor at men's prison.
North End (Concord)	48	Male	C-1	Yes	Work for private businesses in the community.
Calumet (Manchester)	72 <sup>a</sup>	Male	C-1	Yes	
Shea Farm (Concord)	42	Female	C-1 & C-2	C-1, Yes C-2, No	There is no formal work program for C-2s. C-1s work for private businesses in the community.

Notes: <sup>a</sup> Does not include six beds reserved for parole violators.

Source: LBA analysis of DOC staff interviews and documentation.

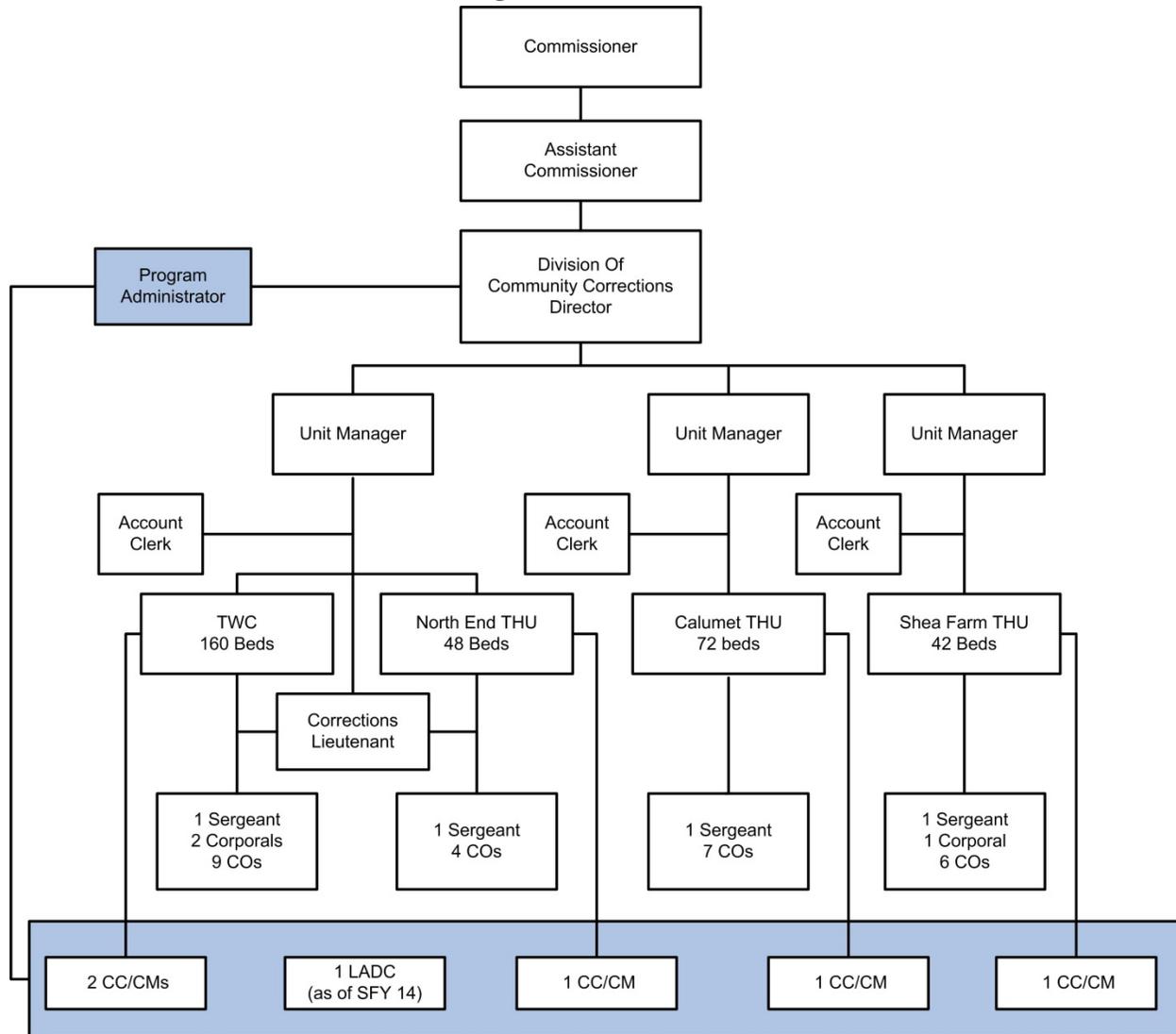
*Organizational Structure*

The DCC Director, who reports directly to the Assistant Commissioner, is responsible for overseeing the TWC and THUs. Corrections Counselor/Case Managers (CC/CM) and a Licensed Alcohol and Drug Counselor (LADC) are primarily overseen by a Program Administrator, while Corrections Officers (CO) are supervised by the TWC and THU Unit Managers. The Unit Managers oversee the operations of the facilities and CC/CMs are responsible for managing inmate case files, assisting inmates with re-entry planning, and maintaining a safe and secure environment. The Corrections Officers are primarily responsible for security at the transitional housing facilities and monitoring inmate movements. As shown in Figure 1, CC/CMs are stationed at each facility. According to the Commissioner, beginning in November 2013, inmates will be assigned to a single CC/CM for their entire sentences. This change is expected to help ensure CC/CMs better prepare inmates for re-entry into society and hold CC/CMs accountable

for handling cases. In contrast, during the audit period, inmates could be assigned to many different CC/CMs during the course of their sentences. The DOC reports it also intends to have a preliminary re-entry plan for every inmate in place within 90 to 120 days of intake into prison.

**Figure 1**

**Transitional Housing Facilities  
Organizational Chart**



Note: The DOC has undertaken a process to transition the Unit Manager position into a Program Coordinator position both within the prisons and the transitional housing units.

Source: LBA analysis of DOC documents and interviews with DOC personnel.

*Use Of DCC Facilities*

The TWC is typically the first DCC facility C-2 male inmates are placed in outside the prison as they transition back into the community; females are assigned to Shea Farm THU. C-2 inmates are permitted to work under supervision outside the walls for the DOC, while awaiting assignment to a THU or preparing for parole. The TWC has 160 beds and houses both C-1 and C-2 inmates.

The primary purpose of the THUs has been to support the Department’s Work Release Program. The THUs are also being used to house parolees and parole violators who are temporarily returned to DOC custody for violating the terms of their parole. Calumet, Shea Farm, and North End THUs have reserved bed space for parole violators. On occasion, other parolees have been housed at a THU. Table 2 provides the number and classification of inmates housed in the four facilities on the first day of each quarter of SFY 2013.

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**Table 2**

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**Transitional Housing Facility Inmate Count  
By Type On First Day Of Quarter<sup>a</sup>  
SFY 2013**

<b>Inmate Classification</b>	<b>July 1, 2012</b>	<b>October 1, 2012</b>	<b>January 1, 2013</b>	<b>April 1, 2013</b>
C-1	223	227	202	211
C-2	86	81	98	87
C-3	2	1	1	1
Parole Violator	3	0	2	1
Parolee	1	1	0	0

Notes: <sup>a</sup> Totals from the TWC and THUs.

Source: LBA analysis of DOC documentation.

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During the audit period, the DCC facilities were used to house approximately 13 percent of the State’s male inmate population and almost one-third of the female inmate population. DOC officials reported the DCC facilities present potential operational cost savings because it is less expensive to house inmates at the transitional housing facilities than in one of the State’s three prisons. During SFY 2013, inmates moved out of the transitional housing units through a variety of avenues that are detailed in Table 3.

Table 3

**Inmate Exit From DCC Facilities  
SFY 2013**

<b>Reason Inmate Moved Out Of Facility</b>	<b>TWC</b>	<b>North End</b>	<b>Calumet</b>	<b>Shea Farm</b>	<b>Totals</b>
Parole	114	66	109	50	339
Administrative Home Confinement	26	data unavailable	2	13	41
Completed Sentence	4	1	1	1	7
Disciplinary Action Resulting in Removal	94	43	73	37	247
Parole Violators Serving 7-Day Sanctions	n/a	106	data unavailable	34	140
Transfer to THU for Work Release Program	225	n/a	n/a	n/a	225

Source: LBA analysis of unaudited and incomplete transitional housing facility data provided by the DCC.

### *Work Release Program*

C-1 inmates housed at the THUs are eligible for the DOC's Work Release Program. According to Administrative Rule Cor 307:

The work release program shall provide a structured community-based opportunity for eligible inmates to reintegrate into the community by obtaining employment and other approved rehabilitative activity while residing in a residential setting under control of corrections department personnel.... Inmates participating in the program shall be assisted in a graduated program of lessening restrictions as they demonstrate increasing social responsibility.... Inmates in the program shall be assigned to a departmental transitional housing unit, taking into consideration availability of employment, educational opportunities, public safety, public acceptance and the desires of the inmate.

Inmates normally must obtain C-1 status before entering both the Work Release Program and a THU. Upon entering Calumet or North End THU,<sup>1</sup> inmates are required to search for, obtain, and maintain employment in the surrounding community. Before leaving the THUs, inmates must submit a daily itinerary to DCC unit personnel. Further, once in the community, they are required to make scheduled calls from pay phones to the on-duty CO at the THU to confirm their location and status. They are not allowed to possess cell phones or pagers, and collect calls and prepaid calling cards may not be used for phone checks. If inmates fail to return to the facility on time, do not search for work, violate DCC rules, or neglect to make the required phone calls, then DCC officials may remove the inmate from the Work Release Program. As Table 3 shows, the DCC regularly removes inmates from the THUs for disciplinary reasons. However, inmates removed from the program often return several months later to the program after spending time in C-2 status or in the TWC.

#### *Programmatic Services Provided At DCC Facilities*

The DCC is responsible to provide programmatic services to inmates both in the DOC's prisons and in the transitional housing facilities. We reviewed the services, treatments and interventions provided to inmates in the DCC facilities during the audit period. Table 4 shows the DCC provided some limited services to inmates. Additionally, it details the services volunteer groups provided. Our interviews with inmates indicated a majority of THU residents reported receiving no services. According to DOC personnel, the Department does not offer the same number or kinds of services to inmates once assigned to the TWC and THUs as available inside the prisons. Male inmates living at Calumet and North End THUs and female C-1 inmates at Shea Farm are expected to seek out, obtain, and pay for services from private providers in the community.

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<sup>1</sup> Female inmates remain at the Shea Farm THU when they obtain C-1 status, so there is no waiting to move to a separate facility.

Table 4

**Services Provided At DCC Facilities  
SFYs 2012 And 2013**

<b>Services Provided To Inmates</b>	<b>TWC</b>	<b>North End</b>	<b>Calumet</b>	<b>Shea Farm</b>
Sex Offender Maintenance Treatment	No	No	No	Yes
Alcohol And Substance Abuse Treatment	No	Yes (Temporarily provided during audit period.)	No	No
Cognitive Thinking Interventions	No	No	No	Yes
GED Instruction	Yes	No	No	Yes
Other DOC Services Provided <sup>a</sup>	* Mental Health Visit (1 time per week) * Social Worker Visit (1 time per month)	No	No	* Mental Health Counselor (1 time per week) * Psychiatry * Parenting Class (2 to 3 times per week) * Chaplain visits (Intermittently)
Services Provided By Community-Based Or Volunteer Groups	* Alcoholics Anonymous (1 time per week) * Bible Study (1 time per week) * Jehovah's Witness Visit	* Bible Study (1 time per week)	No	* Alcoholics anonymous (2 times per week) * Bible study classes (2 to 3 times per week) * Mentoring Program * Bicycle Repair Program * Scouting Behind Bars

Note: <sup>a</sup> Healthcare services are available at all facilities.

Source: LBA analysis of DOC documentation and interviews with DOC personnel.

*Evidence-Based Practices*

DOC leadership reported the Department recently started a multi-year plan to incorporate evidence-based practices into the DCC’s operations to better obtain the goals of promoting successful inmate re-entry into society and reducing recidivism. The concept of evidence-based practices represents a collection of principles and practices that have been empirically proven to reduce recidivism rates among offenders when applied properly. This concept, also referred to as “what works,” is supported by decades of research conducted to determine the most effective means of treating inmates in an effort to keep them from reoffending and returning to prison. We reviewed available literature and identified the following four overarching principles that guide evidence-based practices and serve as the basis for effective rehabilitation programs.

- Risk** Target offenders who are at the highest risk of recidivating as determined by a valid research-based assessment instrument.
  
- Need** Identify and treat criminogenic needs that predict the likelihood of an inmate returning to prison. Criminogenic needs are criminal thinking and anti-social peer associations, substance abuse problems, self-control skills, poor values, or anti-social personality traits. Lack of education and employment have not been shown to be criminogenic.
  
- Treatment** Employ cognitive behavioral interventions designed to change the way inmates think. Treatment should be consistently provided throughout an inmate’s full sentence. Interventions are most effective if administered within 18 to 24 months of release and continued in the community.
  
- Fidelity** Ensure programs are monitored and delivered as designed using a quality assurance system. Additionally, staff must be well-trained, motivated, and supervised. Failure to competently and effectively deliver programs, and delivering programming to inmates who are not assessed as high risk, has been shown to actually increase recidivism.

Available literature on evidence-based practices provides additional guidance on how to effectively implement programs designed to reduce recidivism. Table 5 includes the key supplemental concepts we identified relevant to both the DCC and the audit.

Table 5

## Key Concepts For Evidence-Based Practices

Concept	Description
Continuum Of Care Should Be Maintained	Interventions should be delivered throughout an offender's entire prison sentence and continue when integrated back into the community. Studies show that consistent delivery of services reduces recidivism. Gaps in services can negatively affect treatment outcomes.
Treatment More Effective Outside Of Prison	Treatments for drug and mental health problems, job skills training, and behavioral interventions are more effective at reducing recidivism when they are delivered in the community rather than in prison.
Low Risk Offenders Should Not Receive Intensive Programming	Low risk offenders placed in intensive programming increases the likelihood they will recidivate.
Community-Based Facilities Should Be Strategically Located	Halfway houses should be located in the communities that offenders plan to parole to and live in.
Substance Abuse Problems Should Be Addressed	Studies have found that more than three-quarters of inmates have histories of drug use which is a criminogenic factor. Treatments provided to inmates in prison and with continuing care in the community have been shown to reduce recidivism.

Source: LBA analysis of evidence-based practice literature.

Programs that utilize evidence-based practices should maintain strong management controls to ensure they are functioning properly and achieving intended outcomes. Evidence-based practice literature recommends, and the American Correctional Association standards for Adult Community Residential Services require, facilities establish measurable goals and objectives.<sup>2</sup> Measuring program performance is crucial to the goal of reducing recidivism. For example, measurements are one tool that can help management ensure staff apply evidence-based practices consistently and effectively. Examples of potential performance measures include the number of:

- offenders employed upon release,
- offenders who had permanent housing upon release,
- positive or negative substance abuse tests,
- offenders released who were later convicted of a felony crime, and
- offender grievances filed.

<sup>2</sup> Even if evidence-based practices are not implemented, measuring a program's performance to help ensure program goals are achieved is an important internal control.

*Comparison With Other States*

States across the country use their transitional housing facilities and programs in different ways to help offenders successfully re-enter society. The DOC uses its transitional housing facilities to primarily house inmates, whereas states such as Pennsylvania and Vermont use their re-entry programs exclusively for parolees. Moreover, these states pay private parties to operate and maintain transitional housing units and programs on behalf of the states (Pennsylvania operates 14 THUs in addition to the facilities operated by private parties). The Federal Bureau of Prisons, responsible for housing inmates sentenced under federal law, also contracts with private parties to run transitional housing facilities for inmates. However, there is no parole system at the federal level. The aforementioned variations make comparisons in transitional housing programs difficult.

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**TRANSITIONAL HOUSING AND WORK RELEASE**

The stated mission of the Division for Community Corrections (DCC) is managing the provision of a continuum of evidence-based services that increase the rate of successful re-entry by offenders and promote public safety by 2015. The DCC, however, cannot demonstrate whether its utilization of transitional housing and the Work Release Program is supporting, hindering, or having no effect on the attainment of this mission. Measuring effectiveness would provide the DCC with a mechanism to indicate whether its policies, procedures, and program offerings need modifications to achieve desired outcomes. We found the DCC's policies and procedures were lacking in some areas of its operations. We also found male and female sexual offenders are not receiving consistent treatment during their stays in transitional housing. The Department of Corrections (DOC) should establish objectives for transitional housing. Finally, while the DOC has a goal of implementing evidence-based practices, much needs to be done to incorporate them into transitional housing and the Work Release Program.

**Observation No. 1**

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***Establish Clear Goals And Objectives For Transitional Housing***

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The DOC has not clearly defined the goals for transitional housing. Further, the DOC does not have a system that prioritizes use of the limited bed space available in DCC housing units and Work Release Program beyond its inmate classification system. We identified several key factors related to these issues. First, the DOC's classification system for placing inmates in transitional housing or the work program does not prioritize inmate needs. Second, the DCC's bed space is an important resource for the DOC in managing its prison population, but we found long wait times for inmates to transition from prison to transitional housing. Third, we identified a discrepancy between the amount of time inmates spend in the Work Release Program and the Program's designed length of stay. Finally, we found disparate, but legitimately competing, demands for the facilities' limited bed space.

*Use Of Inmate Classification System Alone May Compromise Transitional Housing Effectiveness*

The DCC does not have a system designed to identify inmates with the greatest need to be in the transitional housing units or Work Release Program. Inmates move into DCC transitional housing facilities based on a system created and administered by the DOC Classification Bureau. The classification system assigns a classification level (C-1 through C-5) to all inmates that is

primarily driven by two key factors: public and institutional risk.<sup>3</sup> Reclassifying inmates below C-3 is fundamentally based on earliest release from prison date and behavior. Consequently, inmates who are within 24 months of their earliest parole date and have no disciplinary report for 60 days would most likely be reclassified to C-2, and their names would be put on a list of inmates waiting to be moved to the Transitional Work Center (TWC) or the Shea Farm. To be reclassified as C-1, inmates must be within 12 months of their earliest parole date, have no disciplinary report for 60 days, and the original sentencing judge and prosecutor do not object. C-1 inmates are eligible to be moved to a transitional housing unit (THU) and are generally eligible to participate in the Work Release Program.

The classification system used to move inmates into transitional housing and the Work Release Program is not designed to identify and prioritize inmates who may have a more compelling need to be there. While we found no best practice in this area, the DOC should attempt to identify inmates who may benefit more from the living environment offered by the DCC facilities. Some DOC personnel question whether inmates with short sentences, strong family support, or a job waiting for them benefit from the work program because these inmates may already have a reduced likelihood of returning to prison. The DCC's goal of promoting successful inmate re-entry into society may be impeded because the DOC has not established a placement system that incorporates inmate selection criteria consistent with this goal.

#### *Limited Bed Space Contributes To Long Wait Times*

The Division's transitional housing units often operate at or near capacity. As shown in Table 6, our review of DOC electronic records found inmates reclassified to C-2 and C-1 often had long wait times either in prison or at the TWC. The longest wait times we identified were for male inmates in prison to move to the TWC after being reclassified to C-2. Of 71 male inmates who were in transitional housing on July 1, 2011, and who successfully progressed straight through the DCC transitional housing facilities, 29 (41 percent) had to wait more than 100 days. DOC staff described this as a "bottleneck" and reported it prevents C-2 male inmates from being able to move out from behind the walls. Long wait times for the Calumet and North End THUs also increase the time inmates remain at the TWC before moving forward through the system. These wait times are compounded by the inmate selection criteria discussed above; presumably, some inmates should not be selected to move to transitional housing. To reduce these wait times, the DOC has submitted Capital Budget requests for additional bed space.

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<sup>3</sup> The DOC's *Classification Manual* defines these concepts as: *public* risk includes factors related to escape potential and, if inmates do escape, what danger they would present to the public, while *institutional* risk includes factors related to the management concerns an inmate may present while confined.

**Table 6**

**Length Of Time Inmate Waited To Transfer  
Into The Facility After Reclassification<sup>a</sup>**

Transitional Housing Facility & Inmate Classifications	Less Than 30 Days		30 to 100 Days		More Than 100 Days		Total Count
	Count	Percent	Count	Percent	Count	Percent	
TWC (Male C-2)	17	24	25	35	29	41	71
Shea Farm (Female C-2)	7	50	4	29	3	21	14
Calumet & North End (Male C-1)	16	31	23	44	13	25	52

Notes: <sup>a</sup>The inmates included in this table represent only those inmates who progressed through the DCC without any disciplinary actions or other setbacks.

Source: LBA analysis of a sample of unaudited DOC inmate records.

*Inconsistency Between Work Program Design And Inmate Length Of Stay*

We identified a discrepancy between the Work Release Program’s design and the amount of time inmates spend in the program. While we found no best practice in this area, some THU staff reported an ideal time for inmates to be in the program at the THUs is three to six months. Our analysis of DOC policies and procedures confirmed the Work Release Program is designed for a half-year or less. In our file review of the 60 male inmates who progressed seamlessly through the THUs, 34 (57 percent) stayed for less than six months, while 26 (43 percent) spent an average of nine months in the program. Further, staff said inmates recently had been staying for eight to 12 months.

*Competing Demands Increase Wait Times For Transitional Housing Units*

The DCC uses THU beds often for competing demands. While the overwhelming majority of the beds are for inmates waiting for release while in the work program, other users include:

- parolees with no housing or job,
- parole violators, and
- inmates applying for Social Security benefits.

Each THU reserves beds for parole violators, reducing the number of beds available for C-1 inmates. According to DOC data for State fiscal year 2013, only 22 percent of the available bed space for parole violators at the Calumet THU was in use on the first day of each month. Designating THU beds for populations other than inmates preparing to reintegrate back into the community reduces the DCC's ability to serve those still in prison. As a result, some inmates may serve time past their earliest parole dates, whereas others may not have the same opportunities to find work and housing before they are released to parole.

### **Recommendations:**

**We recommend the DOC:**

- **clearly define the goals for transitional housing;**
- **utilize other measures, in addition to the inmate classification system, to identify inmates who would most benefit from transitional housing and the Work Release Program;**
- **reconsider the practice of moving all C-2 inmates onto the wait list for transitional housing;**
- **closely monitor the length of time inmates remain in the Work Release Program to help ensure its availability for inmates who could most benefit from it; and**
- **determine if using the THUs for different populations is consistent with DOC goals.**

*Auditee Response:*

*We concur with this recommendation.*

### **Observation No. 2**

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#### ***Measure The Effectiveness Of The Work Release Program***

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DOC officials and DCC staff report the Work Release Program at the THUs can help inmates successfully integrate back into society. The THUs provide a structured living environment and the program requires inmates to become gainfully employed. However, the DCC cannot demonstrate what effects, if any, its work program has had on the short-term success of integrating inmates back into society, or on the long-term goals to reduce crime and the likelihood of former program participants returning to prison.

In its 2012-2013 Agency Budget Submission, the DOC reported one of its program measure outputs for its THUs was the percent of inmates who recidivate. However, the Department does not collect data specific to transitional housing. While the DOC does measure and report on recidivism, it does not track the recidivism rate for inmates in the Work Release Program.

Consequently, the DOC cannot differentiate recidivism rates between inmates who went through the Work Release Program and inmates released into society without going through the program. Additionally, the DOC does not track other potential success factors such as whether work release inmates are more likely to become employed, obtain housing, receive treatment in the community, or be approved for parole.

The DCC does not track other program efficiency or output measures that could be useful in improving the efficiency and effectiveness of the Work Release Program. Possible measurements include:

- length of time spent at the THUs;
- length of time to becoming employed;
- length of time to get full-time employment;
- type of job;
- number of jobs;
- hours worked;
- wages;
- knowledge, skills, and abilities inmate possessed;
- training received from employer; and
- methods the inmate used to find a job (e.g., newspaper, internet, networking, THU staff recommendation).

The lack of data hampers the DOC's ability to ensure the Work Release Program supports its overall mission to effectively rehabilitate offenders at the least cost to the State.

### **Recommendations:**

**We recommend the DCC demonstrate whether its Work Release Program is having a positive effect on inmates who participate in it by:**

- **developing research-based output, efficiency, and outcome measures related to program goals; and**
- **collecting data and reporting on the program.**

### *Auditee Response:*

*We concur with the recommendation to develop output, efficiency, and outcome measures, collect data and report on the program and use the information to determine if the program is having a positive effect on the inmates. The costs associated with this recommendation will be determined and will be presented in the next budget proposal.*

### **Observation No. 3**

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#### ***Strengthen Operations Policies And Procedures***

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The DOC does not have comprehensive policies and procedures addressing the operations of its THUs. Specifically, we found: 1) there were no policies for non-work release THU residents, 2) Corrections Counselor/Case Manager (CC/CM) procedures were not formalized in writing, and 3) the DCC inmate handbook, which describes rules and regulations, is outdated.

American Correctional Association standards, which are generally accepted as best practice, recommend specifying procedures that describe operating and maintaining facilities in a manual that is accessible to all employees. Policies and procedures are an important management control that can help ensure management directives are carried out and address possible risks. Further, formalized systems of control help reinforce evidence-based practice principles that suggest programs should be monitored and delivered as designed. Management directives, whether agency-wide or Division-specific, help to ensure the mission and goals of the DCC are carried out.

#### *Policies Needed For Non-Work Release THU Residents*

THU bed space was intended to be occupied by C-1 inmates in the Work Release who are close to being eligible for parole. Most of the beds are occupied by C-1 inmates. However, the DOC also uses some of the limited THU beds for a variety of other reasons.

The DCC did not have any finalized policies or procedures addressing: when transitional housing may be used for a non-working disabled inmate, or for homeless or high risk parolees; criteria for admittance; or reasons for removing inmates from THUs, including appeal procedures. Further, there were minimal Division-wide procedures for placing parole violators in THUs and no specific rules governing parole violators in DCC custody.

#### *CC/CM Responsibilities Not Formalized*

The DCC did not maintain codified policies and procedures governing many of the activities that CC/CMs were responsible for during the audit period. CC/CMs manage inmate case files and play a key role in helping inmates transition back into society. CC/CMs at the transitional housing units reported they are responsible for a variety of duties that include but are not limited to:

- assisting inmates write parole plans;
- helping inmates with re-entry planning, which can include arranging mental health services or batterers intervention programming in the community, and identifying suitable housing;
- completing parole synopses and submitting them to the Parole Board;
- assisting inmates applying for Social Security benefits, administrative home confinement release, grant-funded substance abuse services, and identification cards;

- conducting risk assessments to determine whether an inmate poses a low, moderate, or high risk of recidivating;
- reviewing and approving outing slips;
- occasionally aiding inmates find and acquire employment; and
- scheduling appointments and meeting with inmates on an ad-hoc basis to deal with crises such as the death of a family member.

We reviewed available DCC policies and procedures governing CC/CM activities. However, we found no procedures formally addressing any of the activities listed above and 50 percent of men interviewed at the THUs reported getting no help or assistance from the CC/CMs. The DOC Commissioner said CC/CMs are being reorganized to provide improved continuity of case management and increased accountability for inmate re-entry into society.

#### *Outdated Inmate Handbook*

The DCC *Handbook of Rules and Regulations*, which is provided to all inmates entering THUs, is out of date. The *Handbook* explains the operations, staff expectations of inmates, general rules, privileges, and other pertinent information necessary for an inmate to successfully move through the DCC and on to parole. Staff estimated the current version has not been updated for ten years. We were unable to verify the last time it was updated but did find references to outmoded technology such as VHS tapes with no mention of modern technologies such as DVDs or MP3 players.

#### **Recommendations:**

**We recommend the DOC strengthen existing, and develop new, policies and procedures that address the daily operations of DCC transitional housing units and its Work Release Program by:**

- **ensuring they provide adequate management directives concerning the use of THUs for different resident populations;**
- **formalizing CC/CM duties, functions, and job descriptions as needed; and**
- **updating the Division's transitional housing *Handbook of Rules and Regulations*.**

#### *Auditee Response:*

*We concur with this recommendation.*

#### **Observation No. 4**

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#### ***Develop Health Care Policies For Transitional Housing Unit Inmate And Parolee Residents***

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Existing DOC health care policies do not adequately define the DOC's responsibilities and obligations for providing health care to inmate and parolee residents housed at THUs. Issues needing clarification include:

- seeking treatment from a non-DOC medical provider,
- receiving medications that are not dispensed or monitored by the DOC,
- receiving employer-based health coverage, and
- determining health care responsibilities of parolees and parole violators required to stay at a THU.

According to the *DCC Handbook* for THU residents, when ill, they have the option to go to the prison doctor or to a doctor of their choice at their own expense. However, DOC policies do not specifically address how the DOC should document and manage THU residents who accept responsibility for their own medical care. The Director of the Division of Medical and Forensic Services identified the need to update health care policies for inmates housed outside of the prison walls. For example, C-1 inmates at the THUs can receive uncoordinated medical care from both the DOC and outside medical providers. As a result, there is increased risk that THU inmate and parolee residents could abuse certain medications or be prescribed incompatible medications.

It is also possible for C-1 inmates to receive health care benefits as part of their community-based employment. According to the Director, they may want the freedom and control over their own health care even if they have to pay for it. The DOC does not know how many, or if any, inmates have employer coverage or have it available to them.

The DOC is responsible for providing adequate levels of medical and mental health care to all inmates under its control, which includes inmates housed at THUs. Parole violators housed at the THUs pose unique challenges for the DOC. They are still on parole and therefore responsible for their own health care; however, while confined to a THU, they are under the control of the DCC. According to the *National Commission on Correctional Health Care*, a non-profit organization recognized for establishing standards for health services in correctional facilities, inmates require, at minimum, a constitutional standard of care guaranteeing the availability of medical services and the treatment of serious conditions. Once inmates are released, either by completing their sentences or through parole, the DOC is no longer responsible for providing health care. Policies and procedures are an important management control to help ensure the health and safety of inmates and parolees under the DOC's responsibility.

**Recommendation:**

**We recommend the DOC clarify Department health care policies for inmates, parolees, and parole violators assigned to THUs.**

*Auditee Response:*

*We concur with this recommendation.*

**Observation No. 5**

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***Follow Best Practice For Sexual Offender Maintenance Treatment***

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The DOC does not consistently offer sexual offender maintenance treatment to inmates in transitional housing. Under certain conditions, the DOC offers sexual offender maintenance treatment for female inmates at Shea Farm, but not to male inmates at the Calumet and North End THUs, or the TWC.

*No Treatment For Extended Periods Of Time*

Multiple DCC staff reported concerns over sexual offenders being housed at the TWC for extended periods because no sexual offender maintenance treatment is offered at the facility. In our review of 170 inmate files, we identified 19 male inmates as sexual offenders who moved without interruption from the TWC and then into a THU who potentially could have benefited from continuous treatments:

- Ten of the 19 (53 percent) inmates spent more than three months at the TWC.
- Three of the 19 (16 percent) inmates, two of whom were previously convicted of sexual assault on a victim under the age of thirteen and one for child pornography where the victim was under 16, spent about nine months at the TWC.

The Director of the Division of Medical and Forensic Services reported there is a need for sexual offender maintenance treatment at the TWC. Further, a *Center for Sex Offender Management* study shows if prison-based treatment is provided well in advance of release, offenders should be offered maintenance interventions in order to prevent losses in treatment gains.

*Different Levels Of Services Available For Male And Female Inmates*

The DOC did not provide comparable levels of sexual offender maintenance treatment to male and female populations. When DOC staff are available, female C-1 and C-2 inmates at Shea

Farm are offered sexual offender maintenance treatment, but male inmates at the TWC or a THU do not receive similar services. DOC policies state the Department is to provide all sexual offenders with access to appropriate sexual offender maintenance treatment, but the policies are silent on services for inmates or parolees assigned to transitional housing outside of the prisons. It is DOC practice not to provide sexual offender maintenance treatment services at the TWC or the male THUs. The DOC requires sexual offenders housed at THUs to participate in and pay for private treatment offered by providers in the community.

### **Recommendations:**

**We recommend the DOC:**

- **consider providing sexual offender maintenance treatment to inmates in its transitional housing facilities consistent with best practice;**
- **update its policies to identify how Shea Farm, TWC, North End, and Calumet residents should receive needed sexual offender maintenance treatment; and**
- **provide a comparable level of sexual offender maintenance treatment to both males and females at these facilities.**

*Auditee Response:*

*We concur with the recommendation. However, sex offender maintenance treatment decisions are made on an individual clinical basis. This will require additional resources to successfully manage. The costs associated with this recommendation will be determined and will be presented in the next budget proposal.*

### **Observation No. 6**

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#### ***Continue Implementing Evidence-Based Practices***

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The DCC has begun to implement evidence-based practices to ensure its Work Release Program and use of transitional housing units effectively reduce inmate recidivism. The DOC is currently undertaking a multi-year effort designed to implement evidence-based practices at the DCC to achieve the goals of successful inmate re-entry and reduce recidivism. The Division Director reported the Department has just begun the organizational change process towards evidence-based practices under “excruciatingly difficult” resource conditions.

#### **Selection Process For Inmates Entering The Work Release Program**

The current system used to determine which inmates move into the Work Release Program is not grounded in evidence-based practices. As discussed in Observation No. 1, the DCC does not

select which inmates move into DCC facilities. Instead, inmates are moved into DCC facilities based on their earliest possible release dates and behavior, which appears to have no relationship to the goals and objectives of the DCC or evidence-based practices. Consequently, there may or may not be an evidence-based need for some inmates to be assigned to the work program.

#### Effectiveness Of Work Release Program

We conducted a review of the electronic records of a random sample of the inmates who were at a transitional housing facility at the start of our audit period to determine how they cycled through the DCC facilities, and whether they subsequently recidivated. We reviewed the records of 170 out of the 313 inmates (54 percent) who were in DCC facilities on July 1, 2011. We removed 12 inmates from the sample because they were never released from DOC custody, already on parole, or for some other reason excluded them from the pool of inmates released to the community. Our review had two key limitations. First, it was not a statistical sample that could be extrapolated to the entire DCC population over our two-year audit period. Second, recidivism rates are normally based on data from three years and the inmates in our file review spent no more than two years and two months or as little as two months in the community.

Table 7 shows inmates who progressed through the DCC without any disciplinary setbacks were most likely to recidivate. However, inmates that entered the DCC, were returned to prison for disciplinary reasons, and paroled to the community directly from prison, were 9 percent less likely to recidivate. While these numbers are not conclusive due to the limitations discussed in the preceding paragraph, they do call into question the effectiveness of the DCC's Work Release Program and its ability to reduce recidivism rates. Specifically, we anticipated finding inmates who progressed through the program without disciplinary actions to have the lowest recidivism rate and not the highest. Consequently, we believe there is a strong need for the DCC to continue its efforts to implement evidence-based practices.

**Table 7**

**File Review Of Inmate Recidivism Rates<sup>a</sup>**

<b>Description Of Inmate Progression</b>	<b>Number Of Inmates</b>	<b>Inmates That Recidivated</b>	<b>Recidivism Rate (Percent)</b>
Prison to DCC facility(ies), exited DCC to community.	101	37	37
Prison to DCC facility(ies), returned to prison or TWC for disciplinary reasons, eventually returned to DCC facility(ies), and exited DCC to community.	25	7	28
Prison to DCC facility(ies), returned to prison for disciplinary reasons, exited prison directly to community.	32	9	28
<b>Totals</b>	<b>158</b>	<b>53</b>	<b>34</b>

Note: <sup>a</sup> These rates are for inmates who were released into the community for no more than two years and two months, or as little as two months. The DOC calculates recidivism rates using a generally accepted three-year look back period.

Source: LBA analysis of unaudited inmate records.

Aligning The DCC With Evidence-Based Practices

We identified multiple areas of DCC operations that are not consistent with evidence-based practices. The DOC mission statement is “to develop and manage inmate case plans from intake through re-entry using evidence-based services and promising best practices by providing educational and cognitive-behavioral programming based on individualized risk/needs assessments.” However, the DCC has not developed a formal written plan operationalizing how or which evidence-based practices will be used in the Work Release Program. The areas of potential weaknesses where the current DCC operations are not consistent with the principles and key concepts of evidence-based practices are described below.

*Continuum Of Care*

The DCC does not provide continuous programmatic services or interventions to male inmates moving through the TWC. Evidence-based practices suggest interventions should be provided through an offender’s entire sentence. The DCC does not provide sexual offender maintenance treatment, drug or alcohol treatment services, or cognitive-based interventions that address criminal thinking to male inmates at the TWC. The male inmates in our file review who

progressed through the system without any disciplinary actions or setbacks spent an average of 5.8 months at the TWC.

### *Targeted Programmatic Service Interventions*

During the audit period, the DCC did not have a formalized system in place to deliver programmatic services or interventions to inmates at the THUs who represent a moderate to high risk for recidivating. Evidence-based principles indicate the DCC should be providing targeted programmatic services or interventions to offenders determined to pose high and moderate risk. The Division's CC/CMs conduct risk assessments using the Ohio Risk Assessment Model to determine the risks an inmate poses. However, there is not a systematic method in place to ensure that inmates assessed as representing the highest risk of recidivating after release receive targeted interventions. This is further complicated by the fact CC/CMs do not appear to have time to conduct targeted interventions with inmates because of their case management duties.

### *Monitoring Program Performance*

The Division did not have a system in place to monitor staff delivery of interventions to inmates during the audit period. Evidence-based practices indicate programs should be monitored to ensure they are designed to be effective and working as intended. Failure to proficiently and effectively deliver programs has been shown to actually increase recidivism.

### *Mixing Populations*

The DCC does not separate inmates living in transitional housing facilities who represent a high or moderate risk of recidivating from inmates who pose a low risk. Staff reported the DCC is currently mixing these populations. Evidence-based practice literature suggests that when these populations are mixed the likelihood that the low risk inmates will recidivate increases. It is believed this occurs because low risk inmates acquire many of the anti-social behaviors often demonstrated by the other inmate populations.

### **Recommendations:**

**We recommend the DOC continue to implement evidence-based practices and consider the need for:**

- **identifying the evidence-based practices the DCC should be actively researching and planning to implement immediately and over a longer term,**
- **instituting measurements to assess program performance,**
- **providing interventions to inmates nearing their release into the community and ensuring a continuum of care is maintained,**

- **establishing a system to deliver targeted interventions to inmates and consider separating low risk offenders from medium and high risk offenders, and**
- **creating a mechanism to monitor staff delivery of programmatic services or interventions to inmates.**

*Auditee Response:*

*We concur with this recommendation.*

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
TRANSITIONAL HOUSING AND WORK RELEASE PROGRAM**

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**OTHER ISSUES AND CONCERNS**

In this section, we present issues and concerns we consider noteworthy but not developed into formal observations. The Department of Corrections (DOC) and the Legislature may wish to consider whether these issues and concerns deserve further study or action.

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***Felons Can Be Denied Licensure In Regulated Occupations***

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Convicted felons face obstacles to employment in certain occupations because of their criminal convictions; thereby limiting their employment prospects. We found State laws and administrative rules varied in their scope and detail in allowing felons to be denied licensure in various State-regulated occupations. Of the 43 occupations that we researched, 42 had the authority to deny licensure.<sup>4</sup> For example, some agencies could determine if the applicant was of “good character,” and others could deny if the criminal activities were related to the occupation. Thirty-seven of the licensed occupations required the applicants to allow a criminal record check or provide information about criminal convictions. Overall, licensing agencies were typically given the authority to seek information about convictions and to take into consideration the crime and circumstances when deciding whether to approve an application. Agencies can make judgments based on case-specific information. One Board reported it “has the right to take into account all facts before making a determination. Just because someone has a criminal record does not mean they will be denied.” For another agency, the law gives it discretion to impose sanctions or not to issue a license due to certain criminal convictions.

The licensing agencies for a few occupations have less flexibility. For example, the Board of Licensed Dietitians cannot approve applicants with a Class A felony, the Family Mediator Certification Board prohibits convicted felons from being certified, and the bodyworker applicants (i.e., reflexology, structural integration, and Asian bodywork therapy) cannot have been convicted of any crime involving violence, or threatening, or any sexually related crime.

Whether felons should be restricted from certain occupations is ultimately a policy question for the Legislature, which has given licensing agencies differing degrees of discretion to determine whether a felon can be licensed. While being a felon can hinder a person’s employment

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<sup>4</sup> Body art is the only occupation that we identified in which State law does not provide the authority to restrict licensure based on an applicant’s character or criminal history.

opportunities, this may not be the primary reason for felons ending back in prison. A study<sup>5</sup> of the causes and correlates of parole outcomes for the Pennsylvania Department of Corrections concluded “[t]he primary correlates of parole failure were found to be antisocial attitudes, poor problem-solving and coping skills, and unrealistic expectations about life after release from prison. Contrary to expectations, this study found little evidence that job acquisition or housing were significant parole challenges. The greatest problem for parolees was managing themselves in a prosocial manner while facing demands from their environment.”

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***Benefits Of Additional Transitional Housing Facilities Are Uncertain***

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A concern raised by DOC officials is the backup of inmates waiting to be placed in less restrictive housing after being reclassified. The DOC has reported the average daily cost of bed inside prison is twice as much as the \$43 for a transitional housing bed. In the past, the DOC has requested funding for additional THUs in other parts of the State, which would be consistent with the evidence-based concept that community-based facilities should be strategically located. Additional THU beds for work release inmates could be one way of addressing the wait time of reclassified inmates and expanding the locations of THUs to other cities or towns may help inmates integrate back to their former communities. However, the Legislature may want the DOC to demonstrate the benefits of how it uses transitional housing facilities and plans to use any additional facilities.

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<sup>5</sup> *But Some of Them Don't Come Back (to Prison!): Resource Deprivation and Thinking Errors as Determinants of Parole Success and Failure*, Bucklen, and Zajac. The Prison Journal 2009; 89; 239.

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
TRANSITIONAL HOUSING AND WORK RELEASE PROGRAM**

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**APPENDIX A**

**OBJECTIVE, SCOPE, AND METHODOLOGY**

**Objective And Scope**

In March 2013, the Fiscal Committee of the General Court approved a joint Legislative Performance Audit and Oversight Committee recommendation to conduct a performance audit of the Department of Corrections' (DOC) Division of Community Corrections (DCC). We held an entrance conference with the DOC on July 8, 2013 and the Fiscal Committee approved our scope statement in August 2013. Our audit sought to answer the following question:

*Did the DCC effectively utilize its transitional housing facilities and Work Release Program to promote inmates' successful re-entry into society during State fiscal years 2012 and 2013?*

**Methodology**

To gain an understanding of the requirements and practices of DCC transitional housing facilities, the DOC control environment, and the Division's structure, staffing, and activities, we performed the following audit steps:

- Reviewed relevant State laws, administrative rules, the consent decrees, mission statements, policy and procedure directives; organizational charts, job descriptions; agency reports; inmate classification directives, inmate handbook, website information, forms, prior audit findings; other states' audit reports; accreditation standards; and professional literature.
- Reviewed and assessed transitional housing facilities for potential risks of fraud.
- Toured the DCC's Transitional Work Center, Shea Farm, North End, and Calumet facilities.
- Interviewed DOC, DCC, and Parole Board officials, along with inmates at the facilities.

*Evidence-based Practices*

To understand evidence-based practices, we reviewed materials from other states, the National Institute of Corrections, and scholarly publications. We also interviewed DOC officials and personnel.

*File Review*

To determine whether transitional housing bed shortages exist, how long inmates wait for bed space in the transitional housing facilities, length of stay in the facilities, and recidivism, we examined the DOC Correctional Information System (CORIS) records for a sample of inmates.

We assessed the reliability of CORIS data related to classification and unit placement and determined we could rely on the information for audit purposes. We did not assess the reliability of the complete CORIS database nor did we review the general controls over CORIS.

We examined the electronic CORIS records for 170 randomly selected inmates out of the 313 residing in transitional housing facilities on July 1, 2011. We traced their progress through the transitional housing units, return back to prison for disciplinary reasons, or release to the community. We also used CORIS to determine whether those inmates recidivated after release through September 25, 2013.

#### *Inmate Interviews*

To identify inmate perceptions of the services they receive from the DCC, we conducted face-to-face interviews with 38 inmates residing in the Transitional Work Center and the three transitional housing units, to obtain their opinions on employment assistance, staffing, and other services. The inmates were judgmentally selected from those available at the time we visited the facilities during September 2013; therefore, the results cannot be generalized to the entire transitional work facility population.

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**APPENDIX B**

**STATUS OF PRIOR AUDIT FINDINGS**

The following is a summary of the status of observations applicable to this performance audit found in a prior LBA report, entitled Department of Corrections Financial Audit Report For The Nine Months Ended March 31, 2010. A copy of the prior report can be accessed on-line at our website: <http://www.gencourt.state.nh.us/LBA/default.aspx>.

**Status Key**

Fully Resolved	● ● ●	0
Substantially Resolved	● ● ○	0
Partially Resolved	● ○ ○	3
Unresolved	○ ○ ○	4

<i>Department Of Corrections Financial Audit Report For The Nine Months Ended March 31, 2010</i>				
<u>No.</u>	<u>Title</u>	<u>Status</u>		
5.	Policies And Procedures For Correctional Information System Account Maintenance Should Be Established	○	○	○
6.	Change And User Access Controls In The Correctional Information System Should Be Strengthened	●	○	○
12.	Financial Controls At Transitional Housing Units Should Be Improved	●	○	○
16.	Fraud Policies Should Be Established	○	○	○
17.	Disaster Recovery And Business Continuity Plans Should Be Established	○	○	○
21.	Expenditures Should Be Charged To Correct Accounting Units	●	○	○
29.	Rules Should Be Established For All Fees	○	○	○

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