MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT

Thomas H. McTavish, C.P.A.
AUDITOR GENERAL

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

– Article IV, Section 53 of the Michigan Constitution

Michigan
Office of the Auditor General
REPORT SUMMARY

Performance Audit

Michigan Prisoner ReEntry Initiative (MPRI)

Department of Corrections

Report Number:
471-0400-11

Released:
February 2012

The mission of the Michigan Prisoner ReEntry Initiative (MPRI) is to significantly reduce crime and enhance public safety by implementing a seamless system of services for prisoners from the time of their entry to prison through their transition, community reintegration, and aftercare in their communities. MPRI goals include promoting public safety and increasing offender success rates.

Audit Objective:
To assess the effectiveness of the Department of Corrections' (DOC's) efforts to oversee MPRI services.

Audit Conclusion:
We concluded that DOC's efforts to oversee MPRI services were moderately effective. We noted two reportable conditions (Findings 1 and 2).

Reportable Conditions:
DOC had not established a comprehensive process to monitor and evaluate the effectiveness of MPRI services (Finding 1).

DOC did not have sufficient internal control to effectively implement MPRI (Finding 2).

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Agency Response:
Our audit report includes 2 findings and 2 corresponding recommendations. DOC's preliminary response indicates that it agrees with both of the recommendations.

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THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

February 7, 2012

Mr. Daniel H. Heyns, Director
Department of Corrections
Grandview Plaza Building
Lansing, Michigan

Dear Mr. Heyns:

This is our report on the performance audit of the Michigan Prisoner ReEntry Initiative (MPRI), Department of Corrections.

This report contains our report summary; description of services; audit objective, scope, and methodology and agency responses; comment, findings, recommendations, and agency preliminary responses; three exhibits, presented as supplemental information; and a glossary of acronyms and terms.

The agency preliminary responses were taken from the agency's response subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to comply with the audit recommendations and submit it within 60 days of the release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

Thomas H. McTavish, C.P.A.
Auditor General

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MICHIGAN PRISONER REENTRY INITIATIVE
DEPARTMENT OF CORRECTIONS

The Department of Corrections (DOC) started implementing the Michigan Prisoner ReEntry Initiative (MPRI) in 2005. The mission* of MPRI is to significantly reduce crime and enhance public safety by implementing a seamless system of services for prisoners* from the time of their entry to prison through their transition, community reintegration, and aftercare in their communities. MPRI goals* include promoting public safety and increasing offender success rates.

The MPRI model is broken down into three phases:

a. Phase 1 (Getting Ready) begins during in-take and consists of assessment, classification, and prisoner programming. During in-take, all prisoners receive a Correctional Offender Management Profiling for Alternative Sanctions* (COMPAS) core assessment* that measures their risks, needs, and strengths. During this phase, an initial Transition Accountability Plan* (TAP) is developed for each prisoner, which describes the prisoner's needs and goals. Prisoners who are within 12 months of their earliest release date are referred to, are enrolled in, and complete programming that is intended to align with the prisoners' needs and goals. Phase 1 programming includes Thinking for Change, Cage Your Rage, Moving On, Substance Abuse, Assaultive Offender Program, and Sex Offender Program. DOC has carried out primarily Phase 1 services within its learning site*; however, it is expanding to other prison facilities within its Correctional Facilities Administration* (CFA).

b. Phase 2 (Going Home) begins approximately 2 months before the prisoner's target release date and consists of preparing the prisoner for release. At the beginning of this phase, the prisoner is given a COMPAS reentry assessment* that is used by the Michigan Parole Board, in conjunction with other tools, to make a parole decision. If the Michigan Parole Board chooses a prisoner for MPRI services, a reentry TAP is created that describes a reentry plan of appropriate parole services that align with the prisoner's risks and needs.

* *See glossary at end of report for definition.*

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In-reach* is a crucial part of MPRI and occurs approximately 30 days before the prisoner's release. The in-reach session connects the prisoner with his/her transition team, consisting of the parole agent and others in the community. The transition team reviews the prisoner's reentry TAP and works with the prisoner to find housing, employment, services to address his/her addiction and mental illness, and other necessary services. Phase 2 services are carried out by CFA with collaboration from DOC's Field Operations Administration* (FOA).

c.   Phase 3 (Staying Home) consists of parolee* supervision, services, discharge, and aftercare. This phase begins when the prisoner is released from prison and continues until discharge from community parole supervision. The parolee, service providers, and community mentors together are responsible for facilitating the success of the parolee. Services are provided based on the parolee's TAP, which is to be reviewed and updated every 90 days to ensure the continued progress toward reducing risk and addressing needs. Phase 3 services are carried out by FOA, contracted administrative agencies, and subcontracted service providers.

DOC implemented MPRI beginning with Phase 3 in 2005 to help communities build relationships between agencies and service providers to provide parolees with a smoother transition back into the community. Also in 2005, DOC implemented Phase 2 and, in June 2009, DOC began to implement Phase 1 at a learning site.

DOC has contracted with 18 administrative agencies whose combined jurisdictions cover the State's 83 counties. Each administrative agency is required to develop a comprehensive plan that is used to support local strategies by procuring services to address gaps and barriers that exist in the areas of health and behavioral health, social support, residential stability, employment readiness, and operations support. These services, combined with effective parole supervision strategies, were implemented to help reduce a parolee's risk of committing new crimes and form the basis for the local MPRI crime-fighting strategies.

DOC considers MPRI a success when parolees complete parole without being resentenced to prison for a new conviction or a technical rule violation.

For fiscal years 2007-08, 2008-09, and 2009-10, DOC expended $26.9 million, $43.5 million, and $52.7 million, respectively, on MPRI. The appropriation amount for fiscal year 2010-11 was $52.1 million.

* See glossary at end of report for definition.

Audit Objective

The objective of our performance audit* of the Michigan Prisoner ReEntry Initiative (MPRI), Department of Corrections (DOC), was to assess the effectiveness* of DOC's efforts to oversee MPRI services.

Audit Scope

Our audit scope was to examine the program and other records related to the Michigan Prisoner ReEntry Initiative. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that 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 objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. Our audit procedures, performed from April 2011 through July 2011, generally covered the period October 1, 2006 through June 30, 2011.

We judgmentally selected and performed on-site visits of 5 of the 18 MPRI administrative agencies (Genesee County, Kent County, Oakland [Oakland and Livingston Counties], Wayne County, and Muskegon [Muskegon, Oceana, and Ottawa Counties]) to review MPRI-related parolee activity.

As part of our audit, we compiled supplemental information about parolee recidivism and MPRI services utilized. Our audit was not directed toward expressing a conclusion on this information and, accordingly, we express no conclusion on it.

Audit Methodology

To establish our audit objective and gain an understanding of MPRI's activities, we conducted a preliminary review of 5 administrative agencies' operations. This review included discussions with various DOC staff and administrative agency staff regarding their functions and responsibilities; observation of MPRI activities; examination of records, policy directives, and operating procedures; and a review of DOC's annual and legislative reports.

* See glossary at end of report for definition.

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To assess the effectiveness of DOC's efforts to oversee MPRI services, we reviewed records related to MPRI programming within prison facilities and MPRI related parolee activity, including case management for services related to housing, employment, community transition, and parolee recidivism*. In addition, we obtained parolee record data from DOC's Corrections Management Information System* (CMIS), Offender Management Network Information* (OMNI), and Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) databases. We randomly selected and reviewed program data related to a sample of 297 of the 24,117 parolees who were chosen to participate in MPRI during our audit period to determine if they were assessed for services, if they utilized those services, and whether they recidivated. We also reviewed DOC's efforts to evaluate administrative agency performance and performed our own analysis of parole data regarding recidivism.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis.

Agency Responses and Prior Audit Follow-Up
Our audit report includes 2 findings and 2 corresponding recommendations. DOC's preliminary response indicates that it agrees with both of the recommendations.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require DOC to develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

* *See glossary at end of report for definition.*

COMMENT, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

EFFECTIVENESS OF OVERSIGHT

COMMENT

Background: The programming and services made available through the Michigan Prisoner ReEntry Initiative (MPRI) are intended for parolees who have a higher risk of recidivism due to the criminogenic* factors that the services are designed to address. As a result, comparing MPRI parolees with non-MPRI parolees does not account for differences inherent to each population and would not provide a valid or reliable measurement of the actual impact that MPRI had on the recidivism outcomes of MPRI participants. Also, overall recidivism may be impacted by other services, including community in-reach into the prisons prior to parole, collaborative case management after parole, offender mentoring, family reunification, specialized case supervision strategies, and new technologies such as Global Positioning System (GPS) monitoring and automated substance abuse relapse detection.

Audit Objective: To assess the effectiveness of the Department of Corrections' (DOC's) efforts to oversee MPRI services.

Audit Conclusion: We concluded that DOC's efforts to oversee MPRI services were moderately effective. Our assessment disclosed two reportable conditions* related to the MPRI evaluation process and MPRI internal control* (Findings 1 and 2).

FINDING

1. MPRI Evaluation Process
    DOC had not established a comprehensive process to monitor and evaluate the effectiveness of MPRI services. As a result, DOC could not assess the strengths, weaknesses, needs, and overall effectiveness of MPRI. DOC expended $26.9 million, $43.5 million, and $52.7 million in fiscal years 2007-08, 2008-09, and 2009-10, respectively, and budgeted $52.1 million in fiscal year 2010-11 for MPRI services. Therefore, it is imperative that DOC be able to determine the true value of MPRI services.

    Program effectiveness can often be evaluated and improved by having a comprehensive evaluation process. Such a process should include performance indicators that measure outcomes* related to a program's goals and objectives*;

See glossary at end of report for definition.

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performance standards* or goals that describe the desired level of outcomes based on management expectations; peer group performance; a management information system to accurately gather relevant outcome data on a timely basis; a reporting of the comparison results to management; and recommendations to improve effectiveness and efficiency* or change desired performance standards or goals.

Our review of DOC's monitoring and evaluation of MPRI disclosed:

a. DOC's contract with its 18 administrative agencies did not include a reporting requirement. As a result, the program data received from the administrative agencies was not complete, consistent, or comparable.

   DOC requested its 18 administrative agencies to submit monthly program data related to the services they provided to MPRI parolees and had provided a data collection sheet template and reporting instructions for reporting purposes. However, our review of data submitted by the administrative agencies disclosed that some administrative agencies did not use DOC's data collection sheet, but submitted program data using their own unique forms of reporting; other administrative agencies did not submit all requested program data; and still other administrative agencies did not report any of the requested program data.

b. DOC did not perform a complete analysis of MPRI outcomes.

   DOC compiled and reported recidivism rate data for all MPRI parolees and for all other parolees on a Statewide basis and by MPRI site. Our review of DOC's analyses disclosed that DOC did not analyze recidivism rate data based on whether or not the parolees utilized any of the MPRI services.

   We performed the following analyses that may be useful tools in identifying MPRI program outcomes (similar to the data compiled by DOC, the MPRI parolees in our analyses included all of the parolees who were chosen by the

Michigan Parole Board to participate in MPRI, whether or not they utilized any of the MPRI services):

(1) We performed an analysis of recidivism rate data for all parolees who were paroled during calendar year 2007, subsequent to the implementation of MPRI, and for all parolees who were paroled during calendar year 1998, prior to the implementation of MPRI (see Exhibit 1). This data indicated that the recidivism rates of the 14,142 parolees who were paroled subsequent to the implementation of MPRI were notably lower than the recidivism rates of the 10,055 parolees who were paroled prior to the implementation of MPRI.

(2) We performed an analysis of recidivism rate data for all parolees who had a history of parole failure* and who were paroled during calendar year 2007, subsequent to the implementation of MPRI, and for all parolees who had a history of parole failure and who were paroled during calendar year 1998, prior to the implementation of MPRI (see Exhibit 2). This data indicated that the recidivism rates of the 5,853 parolees who had a history of parole failure and who were paroled subsequent to the implementation of MPRI were notably lower than the recidivism rates of the 3,466 parolees who had a history of parole failure and who were paroled prior to the implementation of MPRI.

(3) We sampled 297 of the 24,117 MPRI parolees who were paroled during the period from October 2006 through December 2010. We then obtained parole data from the Corrections Management Information System (CMIS), MPRI program services data from the Offender Management Network Information (OMNI) and hard copy case files, and violence and recidivism risk assessments from the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS).

We summarized recidivism data, by COMPAS risk*, for our sample of MPRI parolees who utilized all, some, or none of the recommended MPRI services identified on the parolees' Transition Accountability Plans (TAPs) (see Exhibit 3).

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* *See glossary at end of report for definition.*

This data indicated that the parolees who utilized all of the recommended MPRI services identified on their TAPs had a lower recidivism rate than those parolees who utilized only some of the recommended MPRI services and that the parolees who utilized some of the recommended MPRI services identified on their TAPs had a lower recidivism rate than those parolees who did not utilize any of the recommended MPRI services.

c.   DOC did not have a process to identify and provide management with reports regarding the overall MPRI activity within a prison facility or on a Statewide basis.

DOC utilizes CMIS, OMNI, and COMPAS for various aspects of MPRI. CMIS contains parole, commitment, and parole violation data that DOC uses to compute overall recidivism rates. OMNI contains case management information, including day-to-day parolee case management and referral information. COMPAS contains TAPs and prisoner and parolee violence and recidivism risk information.

DOC can look up individual prisoners and parolees in the OMNI database and identify programming and services offered and utilized. However, because the three systems do not have the ability to electronically communicate with each other, DOC cannot, on a Statewide basis, efficiently identify what, when, where, and to whom programming and services were offered. In addition, Statewide analyses, similar to the analyses performed for our sample of 297 MPRI parolees described in part b.(3) of this finding and presented in Exhibit 3, could be performed efficiently for all MPRI parolees if DOC's data systems were integrated.

RECOMMENDATION

We recommend that DOC establish a comprehensive process to monitor and evaluate the effectiveness of MPRI services.

AGENCY PRELIMINARY RESPONSE

DOC agrees with the recommendation and informed us that it has taken steps to monitor, evaluate, and improve the effectiveness of prisoner reentry services.

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DOC informed us that it amended the administrative contracts to require agencies to complete and submit monthly data collection spreadsheets to DOC. DOC also informed us that it is currently engaged in the first year of a 5-year contract with the Michigan Public Health Institute for an independent evaluation of prisoner reentry at the learning site.

DOC indicated that it plans to leverage local colleges and universities near each site to conduct site-by-site analyses using a "research consortium" approach, with a consistent methodology across the sites to ensure comparable findings. DOC informed us that in early 2011, it approved funding via the prisoner reentry appropriation line to hire an information technology programmer to work within the Department of Technology, Management, and Budget exclusively on data coding to advance the OMNI/COMPAS integration design project.

FINDING

2. <u>MPRI Internal Control</u>
   DOC did not have sufficient internal control to effectively implement MPRI. As a result, DOC could not determine that MPRI parolees received and completed appropriate services, that the services received were properly approved, or that DOC staff could efficiently perform their MPRI duties.

   MPRI Phase 1 begins during in-take and continues throughout a prisoner's term of incarceration. During Phase 1, a prisoner's risks, needs, and strengths are assessed; an initial TAP is developed; programming needs are identified; and prisoners who are within 12 months of their earliest release date are referred to, are enrolled in, and complete necessary programming.

   MPRI Phase 2 begins approximately 2 months before the prisoner's target release date with a COMPAS reentry assessment that is reviewed by the Michigan Parole Board. Each prisoner chosen by the Michigan Parole Board for MPRI participates in an in-reach session during which the prisoner connects with his/her transition team and a reentry TAP is developed to identify the support and other services needed to help the parolee transition smoothly back into society.

   Phase 3 begins upon release from prison, when the parolee begins to receive the services identified on the reentry TAP.

We reviewed the procedures involved in each of the three MPRI phases:

a. Our review of DOC's process of identifying and providing Phase 1 programming disclosed:

    (1) DOC did not ensure that the initial TAPs identified the available programming that DOC offers to meet the prisoners' specific needs.

    (2) DOC did not ensure that it could efficiently rank prisoners by release date and program priority or allow prison staff to efficiently schedule prisoners for participation in MPRI programming.

    On a monthly basis, DOC uses prisoner and release date data from CMIS, prisoner programming referral information from OMNI, risk information from COMPAS, and prisoner programming enrollment and completion data from an internal database to manually update a spreadsheet that ranks prisoners and their remaining programming needs. The spreadsheet is sent to each of the 32 prison facilities that use the information to enter Phase 1 programming referrals into OMNI.

b. Our review of DOC's processes for implementing Phases 2 and 3 included a review of the reentry COMPAS risks, in-reach sessions, completed reentry TAPs, service referrals, and service documentation. Our review of 297 case files disclosed:

    (1) DOC did not ensure that MPRI parolee reentry TAPs were completely prepared.

    Of the 297 reentry TAPs sampled, 66 (22%) were incomplete. We identified reentry TAPs that did not include identified provider services, specific service tasks, service start dates, and/or referral dates. As a result, some MPRI parolees may not receive all necessary services.

    (2) DOC did not ensure that MPRI activity identified in OMNI, the referrals, and hard copy case files were in agreement.

To initiate an appropriate service for an MPRI parolee, the parole agent manages the OMNI case files, prepares the referrals, and sends the referrals to the subcontractors. Hard copy case files are prepared by the subcontractors that are responsible for providing MPRI services to parolees. Our review disclosed:

(a) In 38 (13%) of 297 instances, the MPRI parolees' OMNI records did not agree with the parolees' hard copy case files.

(b) In 46 (15%) of 297 instances, OMNI records and hard copy case files did not identify the outcome of service for which a referral was created.

(c) In 70 (24%) of 297 instances, OMNI records and the parolees' reentry TAPs identified services that should have been provided; however, there was no referral on file. Without a documented referral, DOC could not ensure that services provided were properly approved.

(3) DOC did not document the parolees' MPRI discharge status.

We determined that a parolee's MPRI discharge status, including whether the parolee utilized, completed, or rejected the MPRI services, is never documented. A parolee's discharge status may be a factor that DOC could consider when evaluating the effectiveness of programming and services offered by the administrative agencies and subcontractors and the effective implementation of MPRI.

RECOMMENDATION

We recommend that DOC implement sufficient internal control to effectively implement MPRI.

AGENCY PRELIMINARY RESPONSE

DOC concurs with the recommendation and informed us that it is taking steps to improve the controls to ensure effective implementation of prisoner reentry. DOC indicated that it plans to integrate OMNI and COMPAS to allow each case manager

to create a personalized case plan/TAP for each prisoner in an automated manner to maintain consistency Statewide. The case plan/TAP will systemically match the prisoner with the appropriate Phase 1 programs/interventions to reduce risk and address needs and prioritize and schedule program placements.

In addition, DOC informed us that it is taking steps to improve the completeness of TAPs, is developing a process to ensure consistent documentation at all locations, and will require administrative agencies to report discharges using a prescribed spreadsheet. DOC will also require parole agents to close referrals in OMNI contract management in addition to documenting them in case notes. DOC will consider integrating OMNI and COMPAS to prevent closure of jurisdiction if an active referral remains in OMNI contract management.

SUPPLEMENTAL INFORMATION

MICHIGAN PRISONER REENTRY INITIATIVE (MPRI)
Department of Corrections (DOC)

Recidivism Analysis for
Parolees Who Were Paroled Subsequent to and Prior to MPRI Implementation

The following table presents the recidivism rates of all parolees (MPRI parolees and non-MPRI parolees) who were paroled during calendar year 2007 (after MPRI had been substantially implemented) and the recidivism rates of DOC's baseline data of all parolees who were paroled during calendar year 1998 (prior to the implementation of MPRI).

This data indicates that for all periods presented, the recidivism rates of the 14,142 parolees who were paroled subsequent to the implementation of MPRI were lower than the recidivism rates of the 10,055 parolees who were paroled prior to the implementation of MPRI.

Also, although the data indicates that the recidivism rates of the 4,496 MPRI parolees were higher than the recidivism rates of the 9,646 non-MPRI parolees, it must be noted that MPRI parolees have a higher risk of recidivism due to the criminogenic factors that the MPRI services are designed to address. As a result, comparing the MPRI parolees with non-MPRI parolees does not account for the differences inherent to each population and would not provide a valid or reliable measurement of the actual impact that MPRI had on the recidivism outcomes of MPRI participants. In addition, overall recidivism may be impacted by other services, including community in-reach into the prisons prior to parole, collaborative case management after parole, offender mentoring, family reunification, specialized case supervision strategies, and new technologies such as Global Positioning System (GPS) monitoring and automated substance abuse relapse detection.

| Months From Date of Parole to Return to Prison (1) | Paroled During Calendar Year 2007 - Subsequent to MPRI Implementation (1) | | | | | | Paroled During Calendar Year 1998 - Prior to MPRI Implementation (2) | |
| | 4,496 MPRI Parolees | | 9,646 Non-MPRI Parolees | | 14,142 Total Parolees | | 10,055 Total Parolees | |
	Total Recidivated	Recidivism Rate	Total Recidivated	Recidivism Rate	Total Recidivated	Recidivism Rate	Total Recidivated	Recidivism Rate
0 - 6 months	268	6%	403	4%	671	5%	857	9%
0 - 12 months	690	15%	1,046	11%	1,736	12%	2,132	21%
0 - 24 months	1,273	28%	2,041	21%	3,314	23%	3,896	39%
0 - 36 months	1,484	33%	2,345	24%	3,829	27%	4,599	46%
0 - 39 months	1,633	36%	2,590	27%	4,223	30%	4,698	47%

Notes:

 (1) Each prisoner's individual parole is counted separately.

 (2) DOC uses this data as its control group for comparative purposes.

Source: The Office of the Auditor General prepared this exhibit based on unaudited prisoner records obtained from DOC.

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MICHIGAN PRISONER REENTRY INITIATIVE (MPRI)
Department of Corrections (DOC)

Recidivism Analysis for
Parolees Who Had a History of Parole Failure and Who Were
Paroled Subsequent to and Prior to MPRI Implementation

The following table presents the recidivism rates of all parolees (MPRI parolees and non-MPRI parolees) who had a history of parole failure and who were paroled during calendar year 2007 (after MPRI had been substantially implemented) and the recidivism rates of parolees who had a history of parole failure and who were paroled during calendar year 1998 (prior to the implementation of MPRI).

This data indicates that for all periods presented, the recidivism rates of the 5,853 parolees who had a history of parole failure and who were paroled subsequent to the implementation of MPRI were lower than the recidivism rates of the 3,466 parolees who had a history of parole failure and who were paroled prior to the implementation of MPRI.

Also, although the data indicates that the recidivism rates of the 2,542 MPRI parolees were higher than the recidivism rates of the 3,311 non-MPRI parolees, it must be noted that MPRI parolees have a higher risk of recidivism due to the criminogenic factors that the MPRI services are designed to address. As a result, comparing the MPRI parolees with non-MPRI parolees does not account for the differences inherent to each population and would not provide a valid or reliable measurement of the actual impact that MPRI had on the recidivism outcomes of MPRI participants. In addition, overall recidivism may be impacted by other services, including community in-reach into the prisons prior to parole, collaborative case management after parole, offender mentoring, family reunification, specialized case supervision strategies, and new technologies such as Global Positioning System (GPS) monitoring and automated substance abuse relapse detection.

	Parolees Who Had a History of Parole Failure							
	Paroled During Calendar Year 2007 - Subsequent to MPRI Implementation (1)						Paroled During Calendar Year 1998 - Prior to MPRI Implementation (2)	
Months From Date of Parole to Return to Prison (1)	2,542 MPRI Parolees		3,311 Non-MPRI Parolees		5,853 Total Parolees		3,466 Total Parolees	
	Total Recidivated	Recidivism Rate	Total Recidivated	Recidivism Rate	Total Recidivated	Recidivism Rate	Total Recidivated	Recidivism Rate
0 - 6 months	182	7%	215	6%	397	7%	446	13%
0 - 12 months	458	18%	500	15%	958	16%	1,067	31%
0 - 24 months	815	32%	938	28%	1,753	30%	1,825	53%
0 - 36 months	959	38%	1,067	32%	2,026	35%	2,132	62%
0 - 39 months	1,053	41%	1,175	35%	2,228	38%	2,178	63%

Notes:

(1) Each prisoner's individual parole is counted separately.

(2) DOC uses this data as its control group for comparative purposes.

Source: The Office of the Auditor General prepared this exhibit based on unaudited prisoner records obtained from DOC.

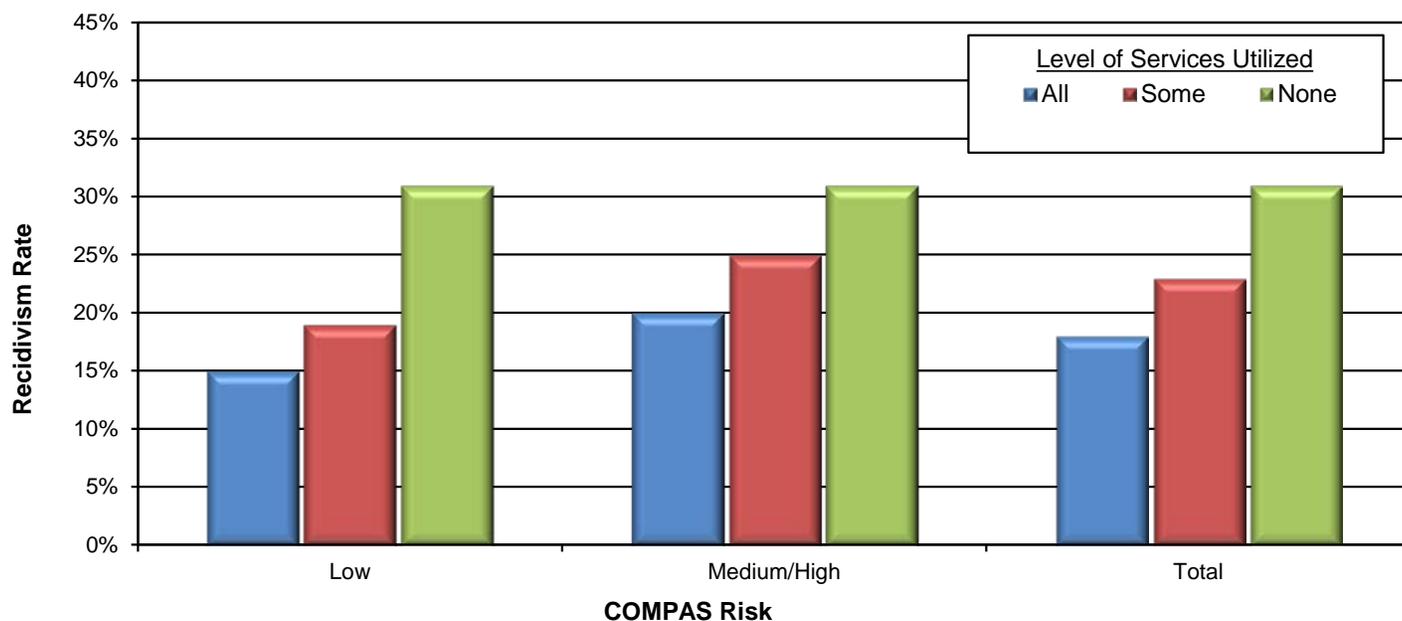MICHIGAN PRISONER REENTRY INITIATIVE (MPRI)
Department of Corrections (DOC)

Recidivism Analysis by COMPAS Risk and Level of Services Utilized
Sample of Parolees Paroled From October 2006 Through December 2010

The following chart shows the recidivism rates of the 297 sampled parolees who utilized all, some, or none of the recommended MPRI services identified on their Transition Accountability Plans (TAPs), categorized by the parolees' Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk and for all parolees sampled.

This analysis indicates that:

• The parolees who utilized all of the recommended MPRI services identified on their TAPs had a lower recidivism rate than those parolees who utilized only some of the recommended MPRI services.

• The parolees who utilized some of the recommended MPRI services identified on their TAPs had a lower recidivism rate than those parolees who did not utilize any of the recommended MPRI services.

| | COMPAS Risk | | | | | | | | |
| | Low | | | Medium/High | | | Total | | |
Level of Services Utilized	Total	Total Recidivated	Recidivism Rate	Total	Total Recidivated	Recidivism Rate	Total	Total Recidivated	Recidivism Rate
All	65	10	15%	112	22	20%	177	32	18%
Some	31	6	19%	63	16	25%	94	22	23%
None	13	4	31%	13	4	31%	26	8	31%
Totals	109	20	18%	188	42	22%	297	62	21%

Source: The Office of the Auditor General prepared this exhibit based on unaudited prisoner records obtained from DOC.

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GLOSSARY

COMPAS core assessment	An assessment that evaluates the needs of prisoners entering the prison system.
COMPAS reentry assessment	An assessment that evaluates the needs of prisoners who are about to reenter society on parole.
COMPAS risk	The violence and recidivism risk identified as a result of the COMPAS core assessment or the COMPAS reentry assessment.
Correctional Facilities Administration (CFA)	The administration responsible for the State's correctional facilities, prisoner transportation, food service, and employment readiness programs. Also, CFA partners with FOA to accomplish the mission and goals of MPRI.
Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	A research-based, risk and needs assessment tool for criminal justice practitioners to assist them in the placement, supervision, and case management of offenders in community and secure settings.
Corrections Management Information System (CMIS)	An enterprise-wide electronic prisoner management system.
criminogenic	Producing or tending to produce crime or criminality.
DOC	Department of Corrections.
effectiveness	Success in achieving mission and goals.

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efficiency	Achieving the most outputs and outcomes practical with the minimum amount of resources.
Field Operations Administration (FOA)	The administration responsible for the State's probation and parole supervision, electronic monitoring of offenders, community residential programs, community corrections services, and substance abuse services. Also, FOA partners with CFA to accomplish the mission and goals of MPRI.
goal	An intended outcome of a program or an agency to accomplish its mission.
history of parole failure	A prisoner or parolee who had returned to prison as a result of a new conviction or technical rule violation.
in-reach	The time when a transition team meets with a prisoner to create a plan for parole.
internal control	The plan, policies, methods, and procedures adopted by management to meet its mission, goals, and objectives. Internal control includes the processes for planning, organizing, directing, and controlling program operations. It includes the systems for measuring, reporting, and monitoring program performance. Internal control serves as a defense in safeguarding assets and in preventing and detecting errors; fraud; violations of laws, regulations, and provisions of contracts and grant agreements; or abuse.
learning site	The site selected by DOC to begin implementing Phase 1 of the MPRI model.
mission	The main purpose of a program or an agency or the reason that the program or the agency was established.
MPRI	Michigan Prisoner ReEntry Initiative.

objective	A specific outcome that a program or an agency seeks to achieve its goals.
Offender Management Network Information (OMNI)	A prisoner management system responsible for parolee case management and referral of services.
outcome	An actual impact of a program or an agency.
parolee	A felon who is incarcerated for at least the minimum portion of his/her sentence and is placed on parole by vote of the Michigan Parole Board. With some exceptions, a typical offender is supervised on parole for a period of two years. While on parole, the offender is monitored by a parole agent employed by DOC.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve program operations, to facilitate decision making by parties responsible for overseeing or initiating corrective action, and to improve public accountability.
performance standard	A desired level of output or outcome.
prisoner	A person serving a term of incarceration under the jurisdiction of DOC.
recidivism	The return of a parolee to State custody.
reportable condition	A matter that, in the auditor's judgment, falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the objectives of the audit; all instances of fraud; illegal acts unless they are

inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.

Transition Accountability Plan (TAP)

A case management plan that describes a prisoner's or a parolee's needs and goals, tasks, and activities.