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Criminal Justice and Behavior 2014 41: 41 originally published online 12 October 2013
DOI: 10.1177/0093854813504406

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What is This?
THE TRANSITION FROM PRISON TO COMMUNITY INITIATIVE

An Examination of Gender Responsiveness for Female Offender Reentry

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This review examines female offender reentry within the context of the Transition from Prison to Community Initiative (TPCI). Specifically, we consider each stage of the TPCI, noting the extent to which current reentry policies and practices can be informed by gender responsiveness. To illustrate further, we compare reentry approaches and correctional outcomes in two states. Directions for further research on female offender reentry and TPCI evaluations are discussed.

Keywords: gender responsiveness; female offenders; reentry; risk/needs

As of 2011, nearly 1.6 million adults were incarcerated in state and federal prisons (Carson & Sabol, 2012). From 1980 to 2010, the number of women under correctional supervision increased dramatically, and female rates of incarceration greatly exceeded those of males (Guerino, Harrison, & Sabol, 2011; Javdani, Sadeh, & Verona, 2011). After several decades of exponential growth, state prison populations have only recently begun to decline. The federal prison population, however, continues to rise. With few exceptions, the majority of incarcerated Americans will eventually reenter society. Unfortunately, more than 4 in 10 state inmates return to prison within 3 years of their release (Pew Center on the States, 2011). Definitions of what constitutes “successful reentry” vary, but there is consensus that reentry is best conceptualized as a process, rather than a discrete outcome (e.g., remaining arrest-free in the community). Declining economic conditions suggest that the allocation of scarce resources is critical in institutional and community corrections, necessitating a careful consideration of “what works” in reentry (Knollenberg & Martin, 2008;
Petersilia, 2004). The question of “what works for whom” in reentry is also salient: Should policies and practices be applied uniformly, or take into account offender variation?

Scholars have acknowledged that reintegration experiences vary according to individual differences (e.g., gender, race, ethnicity), community characteristics (e.g., economic disadvantage), and other contextual circumstances (e.g., state polices; Herrschaft, Veysey, Tubman-Carbone, & Christian, 2009; Visher & Travis, 2003). To be sure, all former inmates face a number of reentry challenges, such as deficits in the areas of employment, education, and housing options (Makarios, Steiner, & Travis, 2010; Petersilia, 2003). In addition to these gender neutral concerns, female offenders have unique, gender specific needs in such areas as prior victimization/abuse, mental health, relationships, and parental issues, that, if left untreated, significantly increase their odds of recidivism (Scroggins & Malley, 2010; Van Voorhis, Wright, Salisbury, & Bauman, 2010; Wright, Van Voorhis, Salisbury, & Bauman, 2012). Although “one-size fits all” correctional programs may represent efficient and cost-effective approaches to reentry in terms of implementation, failure to attend to gender responsive factors may prove more economically and socially costly in the long run. Women’s sentences are, on average, shorter than males, indicating that they will reenter society much sooner (Durose & Langan, 2007); this fact alone establishes the importance of a gender responsive approach to reentry within prison (Bloom, Owen, & Covington, 2003).

An impressive body of scholarship highlights the gendered context of offending and demonstrates that women follow distinct pathways into crime (Belknap & Holsinger, 2006; Brennan, Breitenbach, Dieterich, Salisbury, & Van Voorhis, 2012; Daly, 1992; Reisig, Holtfreter, & Morash, 2006; Ritchie, 2001; Salisbury & Van Voorhis, 2009; Simpson, Yahner, & Dugan, 2008). For example, compared with their male counterparts, women offenders are less violent, socially and economically marginalized, more likely to be primary caregivers to young children, have histories of victimization, and experience many co-occurring substance abuse and mental health problems (Burgess-Proctor, 2012; Coid, Petruckevitch, Feder, Chung, Richardson, & Moorey, 2001; Mullings, Pollock, & Crouch, 2002; Pollock, 2002; Pollock, Mullings, & Crouch, 2006; Ritchie, 1996; Reisig, Holtfreter, & Morash, 2002; Salisbury, Van Voorhis, & Spiropoulos, 2008; Siegel & Williams, 2003; Van Voorhis et al., 2010; Veysey, 1997; Whitfield, Anda, Dube, & Felitti, 2003; Wyatt, Axelrod, Chin, & Vargas, 2000). To address these important issues, feminist scholars have focused on determining whether gender-specific risks and needs influence a variety of crime-related outcomes, including institutional misconduct, rearrest, and technical violations while on community supervision (Holtfreter & Morash, 2003; Holtfreter, Reisig, & Morash, 2004; Reisig et al., 2006; Van Voorhis et al., 2010; Wright et al., 2012). To date, however, most studies of female recidivism have relied on cross-sectional data. A critical examination of multiple stages within the correctional process (i.e., before, during, and after incarceration) would enhance understanding of reentry.

The Transition from Prison to the Community Initiative (TPCI), launched in 2001 by the National Institute of Corrections (NIC), represents perhaps the most extensive effort to date to facilitate successful reentry. The TPCI is not a “new” approach per se but a model that emphasizes the importance of stakeholder collaboration and information sharing in the management of offenders. NIC worked with 35 academicians and practitioners to develop and implement the TPCI, with the overlying goal of increasing public safety through reducing recidivism (Burke, 2008; Mitchell & Solomon, 2002; Parent & Barnett, 2004). The TPCI was designed to provide states’ institutions and community correction agencies with
an evidence-based framework to develop their own systematic reform of existing practices and promote successful reintegration (Parent & Barnett, 2004; Salisbury et al., 2008). From 2001 to 2009, the TPCI was implemented in Georgia, Indiana, Michigan, Missouri, North Dakota, New York, Oregon, and Rhode Island. In 2009, a second stage of implementation began in Iowa, Kentucky, Minnesota, Tennessee, Texas, and Wyoming (Jannetta, Neusterer, Davies, & Horvath, 2012). Although the TPCI framework is gender-neutral, its distinct but overlapping stages in the reentry process can provide flexibility for correctional agencies and systems to address gender-specific issues during and after incarceration. Gender responsiveness takes into account male and female differences in offending, pathways, and experiences in modifying correctional policies and practices in ways that effectively address these differences (Bloom et al., 2003; Van Voorhis et al., 2010). Along these lines, we argue that current TPCI efforts can be further informed by the integration of key findings from the NIC’s gender-responsive project, a parallel research initiative focused on identifying gender-specific risks and needs for improved correctional classification and treatment (Bloom et al., 2003; Wright et al., 2012).

Consistent with the aforementioned societal goals of reintegration generally, and the TPCI in particular, the current study considers the importance of gender-responsive issues throughout the reentry process. Drawing on feminist scholarship as well as mainstream approaches, our assessment concentrates on the extent to which gender-neutral and gender-specific issues can be addressed within the graduated stages of reentry identified by the TPCI. After providing an overview of the TPCI framework, we advance this dialogue by comparing policies, practices, and reentry outcomes for a TPCI state (Michigan) and a non-TPCI state (Arkansas). Toward this end, our preliminary effort provides a blueprint for future evaluation research and simultaneously suggests important avenues for correctional administrators relying on the TPCI.

THE TPCI FRAMEWORK

Unlike prior approaches to reentry, the TPCI considers an offender’s entire set of experiences within the criminal justice system. This process ranges from initial sentencing to release and aftercare (Burke, 2008; Mitchell & Solomon, 2002; Parent & Barnett, 2002, 2004). Within the TPCI framework, the process of transition includes seven stages: assessment and classification, transitional accountability plan, release decision making, community supervision and services, response to violations and achievements, discharge from supervision, and aftercare. These stages fall under four phases of the correctional process: (a) institutional, (b) reentry, (c) community, and (d) discharge (Burke, 2008; Mitchell & Solomon, 2002; Parent & Barnett, 2002, 2004). Below, we examine each step in detail, noting the extent to which gender responsive issues may be incorporated within the evidence-based practices established by the TPCI.

ASSESSMENT AND CLASSIFICATION

On entering prison, the first stage of the TPCI, each offender is given an assessment to identify risks and needs that contribute to criminal propensities, corresponding to programming to address those issues. The assessments are also used to determine custody levels (Parent & Barnett, 2002; Taxman, Cropsey, Young, & Wexler, 2007). Specifically, risks are broken up into static and dynamic risks. Static risks include factors that do not change
over time or with interventions (e.g., age at first arrest). Dynamic risks refer to traits that may be changed over time or with programming and/or interventions, such as substance abuse (Hannah-Moffat, 2013; Taxman et al., 2007; Van Voorhis, Salisbury, Wright, & Bauman, 2008). This is referred to as the risk/need/responsivity principle or RNR (Andrews & Bonta, 2010; Andrews, Bonta, & Wormith, 2006, 2011; Clements, 1996; Lovins, Lowenkamp, Latessa, & Smith, 2007; Salisbury et al., 2008; Smith, Cullen, & Latessa, 2009; Van Voorhis et al., 2008; Vitopoulos, Peterson-Badali, & Skilling, 2012). The responsivity component includes treatment derived from the dynamic risks identified (Parent & Barnett, 2002). Within the context of gender-neutral risk assessment, the “big 4” refers to factors that increase the likelihood of recidivating (Bonta, 2002). These include criminal history, antisocial attitudes, antisocial behaviors, and criminal social support (Holtfreter & Cupp, 2007; Van Voorhis et al., 2010; Salisbury et al., 2008).

The use of actuarial risk assessments during the initial phase of the TPCI is based on decades of sound, empirical research on the predictors of recidivism (Gendreau, Little, & Goggin, 1996). The gender neutrality of this approach has been questioned theoretically (see, for example, Daly, 1992; Steffensmeier & Allan, 1996) and empirically (Holtfreter & Cupp, 2007; Holtfreter & Morash, 2003; Manchak, Skeen, Douglas, & Siranosian, 2009; Reisig et al., 2006). The available evidence consists of research conducted by two camps: gender-neutral theorists, primarily Canadian psychologists, who contend that instruments such as the LSI-R, derived from social learning theory, predict recidivism for all offenders (Andrews, Bonta, Wormith, Guzzo, et al., 2011; Andrews et al., 2012; Andrews & Bonta, 2010; Smith et al., 2009), and feminist criminologists, who question the gender neutrality of theory and risk assessment (Hannah-Moffat, 2009, 2013; Holtfreter & Cupp, 2007; Holtfreter & Morash, 2003; Holtfreter & C upp, 2007; Holtfreter & Morash, 2003; Holtfreter et al., 2004; Reisig et al., 2006; Simpson et al., 2008). Of particular concern to the latter group is the issue of overclassification, which may result in increased social control of women who pose little actual risk to society (Reisig et al., 2006). In addition, critical is whether the questions asked during the assessment and classification phase provide enough necessary information on needs most germane to females, such as abuse and victimization histories, PTSD, comorbid substance abuse, and mental health needs (Covington, 2008; Salisbury & Van Voorhis, 2009).

As a result of the NIC’s gender responsive project, the gap between the two camps has narrowed (Hardyman & Van Voorhis, 2004; Van Voorhis et al., 2010; Wright et al., 2012). After widespread research conducted in multiple sites, NIC researchers developed and subsequently validated the Women’s Risk Needs Assessment (Van Voorhis et al., 2010). This instrument is not a standalone assessment; rather, it was designed to serve as a “trailer” to gender-neutral instruments such as the LSI-R. Van Voorhis et al. (2010) found that the inclusion of gender-responsive variables added incremental validity to gender-neutral risk assessments. Other evaluations have been less supportive, however (Andrews, Bonta, Wormith, Guzzo, et al., 2011; Andrews et al., 2012). Van Voorhis et al.’s (2010) work highlights the importance of considering different risk/needs throughout the offender’s time in the system. For example, while mental health needs may present greater risks to prison adjustment, needs related to parenting practices may prove more salient once an offender reenters society (Arditti & Few, 2006).

To be sure, assessment tools act as the basis for individualizing the TPCI for each offender. The NIC, however, does not advocate for a particular instrument, but instead leaves the choice to individual institutions.1 By not imposing a standardized assessment
instrument, the TPCI allows for differences to be addressed using a variety of assessments for diverse offenders. Discretion permits more flexibility between institutions and can reduce the amount of change and financial costs (e.g., training on a new instrument) to fully implement the initiative. This critical part of the TPCI therefore presents some important questions with regard to gender responsiveness. Correctional administrators should ask whether the risk/needs assessment instruments currently in use in their jurisdictions have been empirically validated on female offender populations (Berman, 2005). In subsequent steps of the TPCI, information drawn from the assessment and classification phase is used to determine terms of confinement, supervision, and discharge.

**TRANSITIONAL ACCOUNTABILITY PLAN**

Included in the TPCI model is a Transitional Accountability Plan (TAP) for each offender. The TAP is a comprehensive contract that depicts several aspects including terms of confinement, community supervision, discharge, and aftercare. The TAP also incorporates offenders’ goals for themselves. Specifically, the TAP includes four main components: (a) treatments and actions intended to prepare an offender for release, (b) terms and conditions of confinement and release, (c) conditions of release and services needed on release, and (d) target date and conditions of discharge to aftercare (Parent & Barnett, 2002). On entry to prison, an offender’s TAP is constructed using the information gleaned from the initial classification and assessment phase. Risk levels help determine release dates and terms, while needs influence treatments and services during supervision (Burke, 2008; Mitchell & Solomon, 2002; Parent & Barnett, 2002).

Once created, the TAP follows an offender through incarceration, release, and subsequent community supervision. Throughout this process, the TAP is reassessed to adjust to any changing risks and needs of an offender. This evidence-based practice is particularly important because it takes into account positive and negative behaviors (Burke, 2008; Parent & Barnett, 2002). The TAP is beneficial not only to management and administrators but also to offenders. Target release dates are included in the initial TAP and are adjusted based on the offender’s completion of treatment. Using a TAP to regulate an offender’s time in prison, under supervision, and aftercare reduces uncertainty in behavioral expectations, release dates and terms, and service/treatment requirements. Inmates are more likely to cooperate with administrators if there is a TAP with terms and conditions known and agreed on by management and the offender (Parent & Barnett, 2002).

The risk category established in the initial assessment determines the level of social control and types of services the offender receives while under supervision. Along with classifying the offender, the assessment is used to create the inmate’s TAP, which responds to their specific risks and needs. This plan includes any services, interventions, or treatments needed, and unique risks and needs that should be addressed (Burke, 2008; Mitchell & Solomon, 2002; Parent & Barnett, 2002, 2004). Reassessments of the offender’s dynamic risks are conducted to identify any necessary changes to be included in the TAP. While in prison, the offender’s TAP is used to design interventions, treatments, and programs to meet the unique needs of the individual. The TAP also sets behavioral expectations to be met by the offender (e.g., program completion). In sum, the TAP is evidence-based, consistent with the broader goals of the TPCI.

The logic behind the TAP is by design gender-specific—that is, each TAP is an individualized roadmap that incorporates unique needs of the offender, whether male or female. In
addition to providing direction for institutional programming to treat risks and needs, the TAP considers the extent to which potential community agencies will continue to address said risks and needs on reentry. This longitudinal, forward-thinking approach certainly is advantageous for all offenders, especially with regard to gender-neutral needs such as employment, transportation, and housing (Visher & Travis, 2003). However, feminist scholars point out that it is not just programming and services per se that make a difference in the lives of women but rather the delivery of these services, especially during incarceration (Bloom et al., 2003). For example, for women who have histories of trauma and abuse, a safe and secure treatment environment is critical (Covington, 2002; Covington & Bloom, 2007). To ensure gender responsiveness, the availability and content of programs should address interrelationships of gender-specific issues (e.g., comorbidity of substance abuse and PTSD for women; externalization of anger for men). Relevant to both sexes, vocational programs should not be based on gender stereotypes but rather on developing meaningful skills that will be marketable on reentry. This is especially important given that felony convictions may prevent ex-offenders from obtaining the necessary licenses often required for employment in stereotypical vocations (e.g., cosmetology; Mendes, 2013).

RELEASE DECISION MAKING

Within the TPCI framework, prerelease builds on the strong foundations established in the previous stages. A target release date is set in the original TAP based on preliminary need and risk assessments. Throughout the duration of confinement, the TAP is updated with any possible changes in release dates and conditions based on the offender’s behavior while incarcerated. Release dates are set by mandatory sentencing practices; however, jurisdictions without mandatory minimums use their own discretion when setting target release dates and conditions (Parent & Barnett, 2002). Preparation for release begins up to six months prior to the inmate’s release date. During this time, a release version of the entrance assessment is used to assess the criminogenic needs of the offender on reentry. The reassessment of the offender is used to contribute to his or her TAP, which includes the dictation of the behaviors, interventions/treatments, and programs during community supervision (Burke, 2008). Setting manageable and reasonable release dates and release conditions is consistent with the greater goals of the TPCI.

The release decision-making phase also includes the critical task of identifying community agencies and services that will help facilitate successful reentry. For some offenders, the transition process may require more gradual steps. For example, those who have served longer sentences, regardless of gender, might be better served by first transitioning to a halfway house or prerelease center. A number of gender responsive issues are also relevant to release decisions, however. As feminist scholars have pointed out, any post-incarceration plan should make sure to anticipate gender-specific challenges in the community, such as health care and parenting following reunification with children (Arditti & Few, 2006; Ritchie, 2001). Effectively responding to these needs is also a crucial part of the TPCI’s community supervision and services phase.

COMMUNITY SUPERVISION AND SERVICES

To further express the importance of reducing recidivism within a longitudinal framework, the TPCI advocates for strong partnerships between correctional institutions and the
community (Jannetta et al., 2012). Specifically, correctional institutions are encouraged to create partnerships with community-based treatment services. By forming this relationship at the administrative level, the offender is ushered through a virtually seamless transaction between prison and community programs and services. Close collaborations also allow for beneficial communication regarding needs on reentry. Needs identified within the TAP are relayed to community-based services to identify resources for an offender’s successful reentry. At this stage of the TPCI, a supervision risk assessment is performed on each released inmate to reassess dynamic risk predictors. Consistent with practices during incarceration, the assessment guides programs, services, and treatment for the offender while on community supervision. During this time, human service agencies coordinate services for offenders, while supervision agencies ensure completion of the programs and monitor behavior and accomplishments. The importance of noncriminal justice, community support networks and services cannot be understated during this phase (Parent & Barnett, 2002). Although programming decisions are initiated at the discretion of individual jurisdictions, they follow the framework set by the TPCI (Parent & Barnett, 2004). Communication between agencies begins in prison, becomes part of the TAP, and continues outside through integrated case management.

Community supervision is broken up into four different components: (a) monitoring, (b) interventions, (c) advocacy, and (d) referrals. Similar to supervision while confined, monitoring during community supervision includes observing compliance with conditions set in the TAP. Consistent with previous steps of the TPCI, reassessment of risks and needs determines updates to any services and conditions of release. Other roles of supervising officers include advocacy and referrals. Specifically, supervising officers should act as advocates for the offender, victim, and the community, while also referring offenders to services that respond to assessed needs (Parent & Barnett, 2002). Through a gender-neutral lens, then, it is important for community corrections officers to rely more heavily on the “social worker” role, as opposed to law-enforcement functions (Clear & Gallagher, 1985; Klockars, 1972). Assistance with locating a sponsor and/or support group for offenders with substance-abuse needs, as well as identifying prosocial, nonoffending friends and family, may be important for all offenders, particularly if remaining drug free and/or not associating with felons are conditions of release.

There is ample research documenting the importance of gender-responsive approaches to community corrections supervision; much of this work is directly linked to earlier stages of the TPCI (Hardyman & Van Voorhis, 2004; Holtfreter & Morash, 2003; Holtfreter et al., 2004; Perez, 2009). For example, officers should avoid using excessive social control over female offenders, a potential negative outcome associated with overclassification due to reliance on gender-neutral assessments. Ritchie (2001) and others have called attention to the importance of wraparound services to address gender-specific needs, particularly women’s mental and physical health. Although economic disadvantage is likely a concern for most ex-felons, there is considerable evidence that women are disproportionately affected by poverty and related social policies (e.g., welfare restrictions; Bloom, Owen, & Covington, 2004; Daly, 1992; Miller, 1986; Reisig et al., 2002). Indeed, while poverty was the strongest predictor of recidivism in a female community corrections sample, providing access to state-sponsored resources to address short-term needs (e.g., housing and life skills programming) reduced the odds of recidivism by 83% for poor women offenders (Holtfreter et al., 2004). Consistent with the larger goals of the TPCI as well as gender-responsive scholars,
community corrections officers can improve the likelihood of successful reentry by identifying community-based sources of state capital.

RESPONSE TO VIOLATIONS AND ACHIEVEMENTS

The TPCI suggests setting expectations for behavior, achievements, and general conditions of release (Burke, 2008; Mitchell & Solomon, 2002; Parent & Barnett, 2004). Specific conditions of release, however, are set at the discretion of individual jurisdictions (Parent & Barnett, 2004). Violations of these expectations are governed on a risk-based policy. In other words, there are different consequences for violations based on the classified risks of the individual offenders (Parent & Barnett, 2004). The TPCI suggests that punishments be proportionate to the severity of the violation, with the goal of reducing the number of offenders who recidivate due to technical violations (Parent & Barnett, 2004).

Similar to previous stages, this stage of the TPCI begins in prison when the TAP is constructed and continues during community supervision. Included within the TAP are consequences of violating behavioral expectations. Responses to violations are proportionate to the severity of the act. For example, low-level violations (e.g., failing a drug test) that pose little public risk are handled with warnings, counseling, and the like. As the severity of the violations increase, so, too, do the subsequent repercussions. Graduated consequences range from tightening control and restructuring conditions of supervision to returning to prison. These responses to negative behaviors are by no means revolutionary in community corrections. However, unique to the TPCI is the emphasis on rewarding positive behavior. Along these lines, accomplishments such as completing an educational program or remaining substance-free for a period of 6 months may be recognized with certificates, ceremonies, or even early release from supervision (Berman, 2005).

For the most part, responses to violations and achievements should be approached from a gender-neutral standpoint. Consistent with the larger TPCI goals (e.g., successful reintegration), a concern for all offenders in the community at this stage is whether the expectations set in the TAP are reasonable. Ensuring that there are procedures in place to guard against arbitrary decisions (e.g., revocation and/or reincarceration) would be beneficial to male and female offenders. It is also important to note that, when women do reoffend, their violations tend to be less serious (Hardyman & Van Voorhis, 2004). Gender-responsive approaches to violations should not only be proportionate to behavior but also take into account potential unintended negative consequences of sanctions, such as separation from children due to additional jail time. Gender responsiveness can also be incorporated into this TPCI stage by collecting reliable data on all offenders and comparing the responses to males and females over time to ensure fair, equitable treatment (Berman, 2005).

DISCHARGE FROM SUPERVISION AND AFTERCARE

Phases 6 and 7 of the TPCI, Discharge and Aftercare, overlap significantly. The process of discharge from community supervision is similar to the process of release from prison. Conditions of discharge and a target discharge date are stated, and may be updated, in the TAP. Discharge is awarded to offenders who have (a) successfully completed supervision without major violations and (b) reduced any dynamic risk factors (specifically those related to recidivism). Consistent with the preceding steps of the TPCI, the duration of supervision, as noted in the TAP, is proportionate to the offense and level of risk posed by the offender (Parent & Barnett, 2002). The TPCI framework advocates celebrating all offenders who
successfully complete the terms of their supervision. Other issues considered at this stage include whether the jurisdiction provides for early discharge for offenders who make excellent progress on supervision (e.g., fines paid early, no recidivism, positive program achievements).

Although the discharge phase of the TPCI is designed to be gender-neutral, offenders’ perceptions of this process, and of reentry as a whole, may vary by sex (Benda, 2005; Herrschaft et al., 2009). Given that women offenders tend to be situated in networks deficient in emotional, social, and instrumental support, facilitating connections to community sources of social capital (e.g., support groups or employers who do not prohibit hiring felons) is especially important during the transition from supervision (Reisig et al., 2002). Following discharge from supervision, the aftercare phase is critical to continued reentry success.

While most reentry models stop with community stabilization and/or discharge from supervision, a unique aspect of the TPCI is the aftercare component (Berman, 2005). Following discharge from prison, the TPCI suggests a 6-month follow-up period for offenders, labeled the aftercare phase. Note that initial planning for aftercare occurs in prison. Expanding beyond the suggested 6-month follow-up period, human services are available to assist with continued case management and aim to remove barriers offenders might face that may increase the likelihood of recidivism (Parent & Barnett, 2002, 2004). Concerns relevant to successful reintegration include addressing forms of disenfranchisement faced by ex-felons (e.g., citizenship and the right to vote). Although these issues are not typically equated with criminogenic needs, there is evidence that they can influence successful reintegration (Mendes, 2013). For example, a recent study revealed that ex-felons whose civil rights were restored were 33% less likely to return to prison than their disenfranchised counterparts (Florida Parole Commission, 2011). Depending on state law, community corrections officers can assist offenders in documenting successful completion of supervision and, in other steps, in the process of getting rights restored.

TWO CONTRASTING APPROACHES TO REENTRY

As noted previously, implementation of the TPCI initially began in eight states in 2001: Georgia, Indiana, Michigan, Missouri, North Dakota, New York, Oregon, and Rhode Island. Six additional states (Iowa, Kentucky, Minnesota, Tennessee, Texas, and Wyoming) started implementing TPCI in 2009 (Jannetta et al., 2012). Today, however, a majority of states have yet to put a long-term reentry model into practice. Similarly, attention to gender responsiveness varies by state. Nonetheless, most state departments of corrections do provide information on the stages of reentry considered within the TPCI framework, as well as their approaches to gender-specific issues within the correctional system. Below, the approaches to reentry adopted in Michigan (a TPCI state) and Arkansas (a non-TPCI state) are discussed. Table 1 presents a comparison of the two states on gender responsiveness and correctional outcomes.

STATE EXAMPLE—MICHIGAN

The Michigan version of the TPCI is the Michigan Prisoner ReEntry Initiative (MPRI). The vision of the MPRI is to provide all prisoners reentering society with the necessary tools for success. Consistent with the greater mission and goals of the TPCI, Michigan seeks to reduce crime by successfully reintegrating offenders back into society with a main
focus on state and local cooperation throughout all steps of the TPCI (National Institute of Corrections [NIC], 2013; Pew Center on the States, 2011; Michigan Department of Corrections, 2007). Specifically, within the MPRI, the State Policy Team (SPT) is in charge of the offender’s experience throughout the program. The SPT is composed of five departments, all with different specialties to assist offenders. The five departments include the Department of Corrections, Department of Community Health, Department of Labor and Economic Growth, Department of Human Services, and Department of Education. Similar

TABLE 1: Contrasting Approaches to Reentry

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<th>TPCI State</th>
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<td></td>
<td>• Parole revocation: 22.1%</td>
<td>• Parole revocation: 5.4%</td>
</tr>
<tr>
<td>6 Discharge from supervision</td>
<td>Voting rights automatically restored on release for prison(^b)</td>
<td>Voting rights not restored until completion of full sentence, including probation or parole(^b)</td>
</tr>
<tr>
<td></td>
<td>• Discharge conditions set by TAP(^a)</td>
<td></td>
</tr>
<tr>
<td>7 Aftercare</td>
<td>Contracted with private employment service(^a)</td>
<td>Transitional housing grants for women on early release for reunification with children(^a)</td>
</tr>
<tr>
<td></td>
<td>• Contracted with state or county agencies(^a)</td>
<td></td>
</tr>
</tbody>
</table>

Correational outcomes, 2000-2010

<table>
<thead>
<tr>
<th></th>
<th>Michigan</th>
<th>Arkansas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall population</td>
<td>7.79% decrease</td>
<td>36.25% increase</td>
</tr>
<tr>
<td>Female population</td>
<td>12.29% decrease</td>
<td>51.22% increase</td>
</tr>
<tr>
<td>Male population</td>
<td>7.33% decrease</td>
<td>35.22% increase</td>
</tr>
<tr>
<td>Recidivism rates</td>
<td>25.6% in 2010</td>
<td>44.99% in 2008</td>
</tr>
</tbody>
</table>

Note. TPCI = Transition from prison to community initiative; COMPAS = Correctional offender management profiling for alternative sanctions; TAP = Transitional accountability plan.

\(^a\)Gender-responsive.

\(^b\)Gender-neutral.
to the TPCI, the MPRI operates under the “three-phases and seven-decision points” model. Phase one is the institutional phase and includes assessment/classification and prisoner programming. Phase 2 is the reentry phase including release prep and release decisions. Finally, Phase 3 is the community and discharge phase. This phase includes supervision and service, revocation, and discharge/aftercare (Michigan Department of Corrections, 2007).

To develop the offender’s TAP, the Michigan Department of Corrections (MDOC) administers the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk-needs assessment instrument. As mentioned above, the TAP is used to coordinate any services and interventions needed by the offender throughout incarceration, release, supervision, discharge, and aftercare (NIC, 2013; MDOC, 2007). Many of the programs offered by the MDOC are gender-responsive and appeal to the unique needs of female offenders. A few female specific programs include domestic violence service, Matrix human services, and Matrix partnership for housing (NIC, 2013). The MPRI recognizes four phases of the TAP. Phase 1 involves setting expectations for behavior while incarcerated. Phase 2 dictates conditions of release. Phase 3 identifies conditions and services for offenders while under supervision. Phase 4 defines any elements for discharge from parole. Success of the MPRI is measured using three parameters: (a) reductions in recidivism, (b) increases in the duration between release and recidivism, and (c) reductions in the number of technical violations while on community supervision.

Michigan has addressed gender responsiveness through their implementation and improvement on the COMPAS assessment instrument. Considered a fourth-generation assessment instrument, COMPAS separates assessments of male and female offenders. Efforts are underway to improve the COMPAS by including additional gender-specific factors (Brennan, Dieterich, & Ehret, 2009). As Table 1 shows, recidivism rates have decreased considerably since Michigan’s implementation of the TPCI. Convictions of parolees for technical violations have continued to decrease since the 2003 inception of the MPRI (Michigan Department of Corrections [MDOC], 2010). Specifically, there has been a 38% decrease in ex-inmates returning to prison due to parole violations (Michigan Department of Corrections [MDOC], 2011). In 2000, 32.8% of parolees returned to prison compared with 25.6% in 2010 (MDOC, 2010). Similarly, using a follow-up period of 3 years, recidivism rates are at a record low, dropping by 18% (Michigan Department of Corrections [MDOC], 2012; Pew Center on the States, 2011). Additional improvements to the MDOC include a decrease in overall crime, prison populations, and annual spending (MDOC, 2010). One of the goals of the TPCI is to reduce prison populations by decreasing recidivism rates and decreasing the amount of parolees returning to prison for technical violations (Parent & Barnett, 2004). In 2007, approximately 40% of parolees returned to prison for technical violations. This compared with over 37% returning for new sentences and 22% returning for parole revocation (MDOC, 2007).

Michigan also drastically reduced their correctional population, for male and female offenders, since implementing the TPCI. This is especially notable when comparing the MDOC population with the greater American correctional population. Between 2000 and 2010, Michigan reduced its female-offender population by over 12%, while the U.S. female correctional population increased by approximately 21% (Guerino et al., 2011). Although the U.S. correctional population increased over the 10-year period, Michigan has been actively reducing the number of individuals under correctional supervision. In terms of gender responsiveness, Michigan is also ahead of the greater United States. Using the same 10-year period, Michigan’s male correctional population decreased by more than 7%. While
this is still a decrease in offenders, it is nearly half the total decrease of female offenders. Nationally, the male correctional population increased by over 15% (Guerino et al., 2011). This shows that, overall, the American correctional system is still disproportionately incarcerating female offenders. In contrast, Michigan has become a model state for implementing the TPCI, as evidenced by its decreasing offender population and recidivism rates.

STATE EXAMPLE—ARKANSAS

Table 1 also provides comparison data for the state of Arkansas. Arkansas has suffered from rising prison populations and increasing recidivism rates over the past decade. The Arkansas Department of Corrections (ADOC), however, was not included in either the 2001 or 2009 implementation phases of the TPCI. Contrary to the decreasing population and recidivism rates in Michigan, Arkansas experienced more than a 35% increase in their total correctional population between 2000 and 2010. Although increases in the male population were slightly less than the overall population change, Arkansas’s female correctional population grew by over 50% during this time (Guerino et al., 2011). While recidivism rates were at a 10-year low in 2006, increases soon followed, exceeding 40% in 2008 (Compton & Wilson, 2008). In 2012, Arkansas’s correctional population experienced a slight decrease, consistent with trends in the United States as a whole (Arkansas Department of Corrections, 2012). Nonetheless, Arkansas has not experienced drops comparable to states that have implemented the TPCI (e.g., Michigan).

Arkansas uses the Ohio Risk Assessment System (ORAS) to classify offenders (Latessa, Smith, Lemke, Makarios, & Lowenkamp, 2009). The greater goal of the ORAS is to focus on high-risk offenders. The ORAS consists of four unique assessment instruments to be used for pretrial, prison intake, reentry, and community supervision. In line with TPCI goals, all four ORAS tools have been validated on males and females (Latessa et al., 2009). While the ORAS predicts recidivism for both sexes, it does not include gender-specific elements to improve on the evaluation, classification, and gender-responsive treatment of female offenders.

Contrary to the greater goals of the TPCI, Arkansas appears to place little emphasis on reentry. Specified in their 2012-2016 Strategic Plan, Arkansas notes objectives related to American Correctional Association accreditation, budgets, and inmate incidences. None of the greater objectives for the ADOC involve an emphasis on reentry, nor do they place a strong focus on gender responsiveness. The ADOC inmate handbook features just one paragraph dedicated to release preparation, stating that it is “available upon request” (Arkansas Department of Corrections, 2013, pp. 9-34). Currently, a majority of the inmate programs available are offered exclusively to the male population. Programs offered to women revolve around substance-abuse issues and vocational resources. Female-specific programming includes Center for Women in Transition, family literacy program, and parenting classes (NIC, 2013). Relevant to post-incarceration, Arkansas has relationships with housing agencies. What is more, they also provide transitional housing assistance grants for women on early release to assist them in reunification with their children; this approach is consistent with the TPCI and is also gender-responsive (Bonczar, 2008).

Despite Arkansas’s increasing recidivism rates, it is important to note that the percentage of parolees who return to prison for technical violations is considerably lower compared with Michigan. In 2007, 13% of parolees returned for technical violations, compared
with over 71% for new sentences and around 5% for parole revocation (Arkansas Department of Corrections, 2013). The large percentage of parolees returning to prison for new sentences may be an outcome of the lack of attention on reentry. Arkansas’s implementation of the TPCI could improve recidivism outcomes and decrease prison populations by emphasizing evidence-based, gender-responsive programming in institutional and community corrections.

SUMMARY

Our comparison of Michigan and Arkansas suggests that the TPCI is a superior reentry model for female offenders. At virtually every phase of the TPCI, Michigan allows for institutional and community corrections agencies, and their stakeholders, to incorporate gender responsiveness. Although Arkansas does address some female-specific needs (e.g., parenting), broader issues identified by the NIC’s gender-responsive project (e.g., victimization histories, mental health, marginalization, and relationships) remain notably absent. Before definitive conclusions can be drawn, more systematic evaluation research on the processes and outcomes associated with the TPCI model needs to be conducted. There are a number of ways in which future researchers might proceed.

CONCLUSION AND FUTURE DIRECTIONS

The current study examined gender responsiveness within the context of the TPCI. As demonstrated in prior research, risks and needs may be gender-neutral or gender-specific; as such, scholars have called for careful attention to gender responsiveness in the assessment of offender risk, correctional classification, level of supervision required, and related programming. The TPCI provides a unique design and focus that permits attention to gender responsiveness throughout the offender’s term of incarceration, and subsequently, on reentry.

The design of the TPCI makes it particularly conducive to longitudinal studies. The TPCI does not direct its efforts on one particular stage of an offender’s correctional experience; rather, it emphasizes the salience of continual focus and reassessment. Consistent with TPCI stages, recidivism studies that begin in prison and continue after release are warranted. Longitudinal research could enhance understanding of gender responsiveness by evaluating the extent to which various stages of the correctional system address the needs of female offenders. However, such efforts require time and patience to produce results. While evaluation researchers may be well aware of the struggles associated with conducting longitudinal studies, delayed gratification of witnessing a successful program may be detrimental to the morale of administrators (Jannetta et al., 2012). Given that collaboration between correctional institutions and community-based program providers is vital to the success of the TPCI, the availability of these programs is just as imperative. Along these lines, future research might examine the feasibility of TPCI implementation and success in rural areas with limited resources (Lund, Hyde, Kempson, & Clark, 2002).

The TPCI incorporates a 6-month follow-up period for offenders to assess reentry success following incarceration. However, further research could determine whether there is an “optimal” follow-up period based on empirical evidence. Time series analyses, as mentioned above, could contribute to this research by evaluating reentry success at subsequent
data points (e.g., 1 year, 2 years, and 3 years). When evaluating the success of any reentry effort, a uniform definition of recidivism is important. There are many ways to operationalize recidivism. Some have argued that return to prison is the most accurate way to measure recidivism, while others feel that rearrest rates are sufficient. Previous studies have incorporated multiple forms of recidivism, including technical violations (Reisig et al., 2006). Diverse operational definitions of recidivism may contribute to mixed results with regard to reentry success. Evaluations of the TPCI should measure not only negative outcomes (e.g., recidivism) but also positive changes, such as employment and education. These factors reflect components of successful reentry that commonly used measures of recidivism lack.

Future research should address not only the unique needs of female offenders but also the unique needs of males. Current gender responsiveness literature is strongly focused on female specific concerns; however, male-specific needs, particularly those related to successful reentry, should also be examined. Along these lines, it would also be beneficial to the gender responsiveness literature to evaluate the extent to which the needs of males are currently being met by the correctional system as a whole and the TPCI in particular.

NOTE

1. The TPCI’s lack of a standardized risk assessment might be perceived as a strength and a weakness. For example, there is flexibility in that a given jurisdiction may use the assessment of its choice. Along these lines, a jurisdiction may continue to use an instrument that is already in place, resulting in no new financial costs. On the other hand, the cross-jurisdictional use of varied instruments could be a limitation for evaluation researchers seeking to compare TPCI effectiveness across multiple locations. Future research might address this issue by matching jurisdictions on the assessment(s) used during classification, or on other TPCI elements, and/or control for this factor in multisite evaluations.

REFERENCES


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