

FEBRUARY 2009/SPECIAL EDITION

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INSIDE

CORRECTIONS

What Works in Criminal Justice • The Right Questions to Ask



EVALUATION
&
ANALYSIS



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Inside Corrections is an Oklahoma Department of Corrections monthly publication distributed to employees, retirees and friends of criminal justice, to enhance communications and provide information on the development and achievements of this agency.

Justin Jones, Director

Editor

Joyce Jackson
Executive Communications
Administrator

Senior Editor

Jerry Massie
Public Information Officer

Copy Editor

Marcella Reed

Graphic Designer

Courtney Hunnicutt
Kim Rotelli

Photographer

Bill Broiles

Contact:

Email marcella.reed@doc.state.ok.us
Call: (405) 425-2513

Send all material to:
Inside Corrections
Oklahoma Department of Corrections
3400 Martin Luther King Avenue
Oklahoma City, OK, 73111-4298

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Evaluation and Analysis

INSIDE CORRECTIONS

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OKLAHOMA DEPARTMENT OF CORRECTIONS
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All readers are encouraged to submit articles, letters, comments and ideas for future issues. Copy should be submitted to marcella.reed@doc.state.ok.us by e-mail or CD. All articles are subject to editing, with every effort made to preserve the integrity of the submission.

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Welcome to *Inside Corrections*



Welcome to a special edition of *Inside Corrections*. Hopefully you will find the time to read all the articles related to research, analysis, evaluation, data collection and how that information is used in our profession. During this time of a deepening recession, data driven decision making becomes more critical.

I am obviously bias when it comes to bragging on our DOC employees. Accolades go out to Dr. Mike Connelly, Courtney Charish, Chris Hyde, Renee Phillip and Bud Clark for being one of the finest evaluation and analysis units in the country. The quality of work and responsivity to requests are unsurpassed.

The DOC has always strived for transparency and with increased demands to quantify utilization of resources and every dollar appropriated the need to maintain a quality unit of evaluation and analysis is paramount. Directly and/or indirectly every employee in the DOC is impacted by this unit's work. Resources are garnered through the utilization of data analysis whether it is justifying additional employees through workload data or decisions on expanding or eliminating programs through survival analysis or a gamut of other assignments.

The demand for data driven decision making was virtually nonexistent when I started in corrections 32 years ago. Now data drives our business. Everyone has data to prove their points and/or arguments. This is especially true in corrections where data is utilized to demonstrate what works or doesn't work or to justify resources. Many times there is competing data where an entity is subjectively providing or interpreting data to drive a political agenda or to direct resources in an indefensible direction. In such cases, it is critical to have a unit that itself uses best practices in the collection, evaluation and interpretation of data. Also, as often stated, there are two sides to every story. Such is also the case with data as many times only providing a limited data set cannot represent the whole story. Again, this is another example to have a scientifically and statistically correct unit such as what we currently have.

A handwritten signature in black ink that reads "Justin Jones". The signature is written in a cursive, flowing style.

Justin Jones
Director
Oklahoma Department of Corrections

In Other Words

Warden Melton,
This is to acknowledge that the trainees at the Bill Johnson Correctional Center has donated a total of \$280.00 to the Woods County Department of Human Services to be used for purchase of Senior Citizens' Golden Angels and to assist in the Foster Children's Christmas Party.

Again, we wish to express our appreciation for this donation. The trainees have made this Christmas a merry one for several individuals in our community.

Thank you again for your assistance during this Christmas season.

Janice Wardrop
ADMINISTRATIVE ASSISTANT
WOODS COUNTY
DEPT. OF HUMAN SERVICES

Warden Workman,
My name is Jean Graham. My husband is Wayne Graham, #934966. He was moved from Arizona to Oklahoma back in 2000. Since he has been incarcerated there, I have had dealings with 3 wardens.

I have dealt with prison systems, both State and Federal for 33 years now from CA to NY and all points in between. I have told all the wardens at McAlester that your prison is the best prison I have ever had to work with. I help prisoners with problems that arise inside and also with legal work when they cannot.

Recently, my husband and I

have had problems with the phone system there. I have been on his list since 2000 and for some reason the computer kicked my number out. So I called on the one person I knew could help, even though he is no longer on the C-Unit. His name is Darrell Wilson. He was able to get the problem solved as of last night. It was great hearing my husband once again.

I am on disability and a very limited income. So I have only been able to visit my husband four or five times since he has been there. We knew in 2007 that that would be the last time I saw him in person until his release date on June 27, 2010. So the phone calls and letters are very important to us.

Other great staff members were once again very helpful to me during this past week. Marian Black who mans the phones and Mr. Taylor in C-Unit were also very helpful.

My husband has been experiencing some medical problems that have me very concerned for his well being and I had to talk to medical to find out some more information. Nurse Phillips was extremely helpful and polite as all the above mentioned. And for that I am very thankful.

You have a great staff and it is always a pleasure to be treated with such kindness.

Jean Graham
Jean Graham

Terry Crenshaw,
Thank you for your role in making Leadership Oklahoma Class XXII's orientation to the Criminal Justice System in Oklahoma such a wonderful and enlightening experience. What a tragedy that we have so many Oklahomans incarcerated and that so few Oklahomans fully understand the consequences and cost for our state.

I was very impressed with the presentations made regarding options to incarceration. It is wonderful to know that we have professionals within the justice system that are reaching out to form partnerships with mental health professionals, substance abuse counselors, educators and others to look for ways to modify behavior and make incarceration a last, rather than first, option. The presentations from both professionals working with the system and previous offenders made a huge impact.

While the tour of "Big Mac" was certainly interesting, it was also disheartening. It is hard to fathom the hopeless feeling that many of those offenders must have knowing that, even if released, the stigma of having been incarcerated will limit their abilities for future employment and productive lifestyles. It only reinforces the need

for alternative options to incarceration and for better ways to work with employers to assist those who have served their sentences and are available for the workforce.

My "take away" from this session was that the criminal justice system in Oklahoma is a "big business," but it is not one that we can afford to allow continued growth. Instead, we need to invest time and effort in developing ways to modify habits and attitudes that lead individuals away from criminal behaviors. This will not be easy and, unfortunately, is not something that is understood by most Oklahomans.

As a result of your efforts, the members of our leadership class are now better equipped to be advocates for these types of changes in Oklahoma. I thank you for providing us with access to this information and allowing us the opportunity to learn about the Criminal Justice System in Oklahoma.

Douglas R. Major
MERIDIAN TECH. CENTER

Inside Corrections welcomes your comments. Letters must include name and contact information. We reserve the right to edit all submissions. Send letters to Inside Corrections, Attn: Editor, 3400 Martin Luther King Avenue, Oklahoma City, OK 73111, or fax to (405) 425-2502. Address electronic mail to marcella.reed@doc.state.ok.us.

Data and Evaluation *in Evidence-Based Corrections*

by Dr. Mike Connelly

As state revenues get tighter and more demands are placed on them, it becomes even more vital that state agencies show effectiveness and efficiency in their operations. The 2007 independent audit of the Oklahoma Department of Corrections (DOC) demonstrated the importance of information transparency and reliable data provision to ensure state taxpayers that they get their dollars' worth from the department. Oklahoma will have both more demands for services and greater prison populations well into the foreseeable future, and therefore it is essential that DOC continue to build its data and evaluation capacity to further inform coming decisions.

In recent years DOC introduced Evidence-Based Practice (EBP) and data-driven decision-making into its daily operations. One of the key components of that move to EBP was the re-creation of the department's statistical and analytical unit, now known as the Evaluation & Analysis Unit (E&A), in July 2006. E&A was designed specifically to provide to all elements of DOC and to policymakers the resources and support to integrate data, evidence, and research into their planning and decisions. It was also formed to promote partnerships with other agencies, with outside researchers, and with the public to discover and to disseminate Best Practices where available and the best new ideas where Best Practices had not yet been identified. In other words, E&A was created to provide a bridge between performance and proof, between doing well and showing it.

For example, one highly important concern to both DOC and the public is successful offender reentry. As part of its demonstrated commitment, the department annually holds its Reentry Conference specifically to

expose staff to the latest ideas, research, and practice regarding the topic. But, as the conference emphasizes, any new awareness gained of what works and what does not, what we should try and what we should avoid, is far less constructive if it is not combined with awareness of what is necessary to analyze and report and how to collect the data and information for the analysis and reporting. DOC must demonstrate to policymakers and the public that it is successfully returning offenders to society, "correcting" them, by linking the goals and objectives of its reentry programs to measurements, data, and evaluations. If we or external, independent analysts cannot make that linkage, then why should elected officials believe unsupported guarantees when tough spending decisions are being made? Carefully documented progress in what we do may not always win budget battles, but they become easier to lose without that careful documentation. Again, that is why this unit was re-formed.

It is very important, therefore, for E&A to connect with you effectively to build our

resources and capacity to demonstrate our successes and to resolve and improve on any inadequacies. As part of that effort, this issue of Inside Corrections will focus on what can be done to maximize DOC operations using data, research, and evaluation. You will find several sections here—one will tell you about "what works" in corrections, according to research and Best Practice, some which you probably already know and some which you may not. Another will introduce you to some of the people at your service in E&A when you need statistics, evidence, and evaluation, or maybe just questions answered. Another will let you know about how E&A has already worked with your colleagues to improve the integration of data and analysis into our understanding and demonstration of what we do. And finally, the last section will look into the future with at least as much accuracy as a meteorologist to try to point out what is on DOC's horizon and how we might deal with it most effectively. We hope this issue is one you will consult regularly. If it turns out not to be, then we need to measure that and why not, don't we? ■



Employees from the Evaluation and Analysis Unit pictured above: Front Row (L-R): Courtney Charish and Renee Philipp, Back Row (L-R) Dr. Mike Connelly, Administrator, Chris Hyde, and Bud Clark.

Evaluation and Analysis Unit

by Courtney Hunnicutt

Dr. Mike Connelly was directing the Wisconsin Sentencing Commission when the director asked him to come create an Evaluation and Analysis (E&A) unit. Director Jones saw a need for Evidence Based Practices (EBP), to make the agency more data driven. The purpose of the E&A unit is to help management with the development of evidence based practice, and encourage more data driven decision making.

Dr. Connelly has been promoting his evaluation and analysis unit throughout the department. He wants the department to know the purpose of the E&A unit, its capabilities, and its successful project history involving every division and unit in the agency. In addition, he wants to get people to start thinking beyond the day to day, and start looking toward the future of the department. Finally, he feels there has been a steady increase in their use

over the past two and a half years. The role of the E&A unit is evolving to meet these increasing needs; the value they bring to the table will increase with the future.

Dr. Connelly returned to the agency in 2006 when Director Jones appointed him to create the E&A unit. He had previously worked for the agency in the 1990's when the Criminal Justice Resource Center (CJRC) was part of DOC. Currently, he's working on

EBP and whitepapers dealing with correctional issues. Whitepapers are specific research on a particular topic. One day to day job responsibility is managing the assignment of new requests to analyze so one analyst doesn't have a more intense workload than the others. He wants people to know the unit is there and can be helpful to other units. He loves the challenges his job provides, and he is trying to bring the Oklahoma Department of Corrections to the forefront of research.

Bud Clark has been with the Department of Corrections for 33 years and his current job title is Data Analyst. Bud is in charge of responding to requests from other divisions and fulfilling these requests by providing the information. Currently he is trying to build a survival analysis model. Survival analysis is very much like recidivism except it takes into consideration the amount of time the individual was out. One of his accomplishments is he helped write the Personal Computer side of the Consolidated Record Card (CRC). The CRC was the former information system program that was used for over 12 years by the Oklahoma Department of Corrections. Within a few years Bud plans on retiring, he then plans to work for Barnes and Noble Bookstore.

Christopher Hyde has been with the department for four years and currently serves as the Data Management Coordinator. He graduated from Oklahoma State University with a Bachelor's degree

in Management Science Information Systems. He recently graduated in December with his Master's degree in Business Management Administration. His background in education and extensive training make him an asset to the department. His main job responsibility is to manage and coordinate offender data for requests from media, legislators, and federal agencies. The information for these requests is frequently used to monitor and evaluate the conditions of the offender population. Chris is currently finishing up transferring the data collection for the Probation and Parole (P&P) Diversion Program management to COMIT. This program is a last resort for P&P offenders who are headed to prison. One of his accomplishments is the implementation of a system to track all E&A's requests. It's very common for someone to come in with a chart and ask questions about it (e.g. what it is, where did it come from, etc.). The system allows the analysts to pull the data and information on the request for that chart. This enables them to explain differences between that chart and another, and provide the requestor with detailed information about the request. Chris enjoys his position because he values his co-workers, likes networking with other DOC employees, and the day to day challenges.

Courtney Charish has been with the Department of Corrections for two years and serves as Statistical Analyst. She is currently working on her Ph.D. in Sociology with an emphasis

in Criminology. She specializes in data related to female offenders and mental health issues. These requests normally come from the Female Offender Management group and the Department of Mental Health. Currently she's working on Labor Force Analysis for each facility to determine whether the population will be large enough in certain areas of Oklahoma to staff the prisons within the next 10 to 20 years. The data collected on this project will determine whether certain

(continued on page 39)

EVALUATION & ANALYSIS UNIT CONTACT NUMBERS

MIKE CONNELLY

Administrator

(405)962-6199

mike.connelly@doc.state.ok.us

The people who do the real work:

BUD CLARK

(405)962-6164

bud.clark@doc.state.ok.us

CHRIS HYDE

(405)962-6197

chris.hyde@doc.state.ok.us

COURTNEY CHARISH

(405)962-6194

courtney.charish@doc.state.ok.us

RENEE PHILIPP

(405)962-6088

renee.philipp@doc.state.ok.us

How long will you need to collect and measure before you have enough information and data to reach defensible conclusions about what you have accomplished?

THE RIGHT QUESTIONS TO ASK

by Dr. Mike Connelly

The process of determining and showing whether your programs, existing or new, are accomplishing what you want from them can seem overwhelming. Public policy courses and professional evaluators can make everything so formal, general, and abstract that it may not seem like it is worth it to go to the trouble, even assuming you have the time and resources. But the process is not as bad as “experts” can make it sound. Actually, there are only a few simple questions for you to answer to get yourself in position to do and provide a very good analysis of those programs and activities. Negative, ambivalent, or confused answers do not mean you have to give up, just that they need more work. Your first question, of course, is, well, what are those questions?

Here you go.

What outcome(s) do you want to see from what you do or want to do?

What will the world look like if you get done or are doing right what you want to get done? What does the world look like right now? Can you get a picture of it (baseline data, testimonials, surveys of participants, whatever) for comparison later? If someone asked you what you do, why you do it, and what difference it makes, could you answer them intelligently and convincingly?

What are your ideas, theories, assumptions, guesses about what it takes to get from the outcome(s) you have now to the ones you want to see?

What are they based on (academic research, Best Practice, agency reports, anecdotes, intelligent conversation, drunken conversation, worst of all, talk radio conversation, no, sports talk radio conversation, what)? Why do you think they will work? Have they been tried elsewhere? If so, how different is “elsewhere” from your situation? If not, what is it about

them that will convince others that they will be effective? Who/what else impacts the outcome(s), and can they/it be controlled enough for what you want to do to be the only major influence? If the outcome(s) change(s) as you want, how will you be able to show that your activities are the ones that caused it/them, at least partially, especially if you were not able to control everything else?

Does anything have to happen (change, increase, decrease, bend, break, etc.) to put your ideas, theories, assumptions, guesses into effect, and, if so, what?

Who else is involved? Are they only in your unit/division/department, or will you have to work with external actors? Do you have the resources (people, time, money, equipment, etc.) to do the minimal necessary to cause the desired outcome at least to some extent? If not, can you get them? Does your organizational structure and communications help or hinder you, and, if either or both are “hinder,” can you change that with enough ease

WHAT outcome(s) do you want to see from what you do or want to do? DO YOU NEED to survey responses or analyze collected data or do focus groups and one-on-one interviewing?

to make it worth it? How do you deal with those who like the situation as it is, even if they cannot really block you but especially if they can?

How well can you monitor any operational changes that might need to occur?

Are you getting the data and information you need right now? If not, what else do you need? Are your supervisory and reporting systems up to the task, and do data and information get reported in an accurate and timely way? If they are not, what can be changed? Are there carrots or sticks for those who are supposed to report? Can they be mobilized by the outcome(s) you are seeking? Can they be removed if too much of a problem? Are there enough performing well who can be rewarded and lauded to show what good performance will bring? Do you have the right and enough equipment (tractors to software, mops to tasers) to get the minimal necessary

done to cause the desired outcome at least to some extent (and the tasers cannot be for those not reporting correctly)?

How will you measure what you do—before and after any new activities or ending or changing any old activities?

Can you demonstrate what the outcomes you are producing are now, and then during and after any implementation of new programs, activities, etc., if you are changing them? What specific data do you still need, and do you collect it already or get it easily? If not, how will you, with all the same subsequent questions listed in the previous two questions above? Will the data come from offenders or staff or others or all of the above?

Do you need to survey responses or analyze collected data or do focus groups and one-on-one interviewing?

Will you want it broken down by age or gender, race/ethnicity or geography, LSI-R

or other assessment scores, or other categories specific to what you do? Will the respondents have to be personally identified, making some collection more unlikely or unreliable and perhaps even in violation of laws and regulations? Is it possible (and ethical) to make any desired changes to outcomes in a way that will allow comparison of one group receiving the changes to another comparable group not receiving them so you can point to the change as the reason for any later differences?

How long will you need to collect and measure before you have enough information and data to reach defensible conclusions about what you have accomplished?

Are your activities uniform throughout the year or seasonal (do more of them happen at some time of the year than others?) so that any period is roughly the same as another or all differing periods will need to be ex-

amined? Are there generally accepted definitions of what you do that include time frames and requirements, such as the usual practice that recidivism be measured over 36 months from prison release or case closure? Are there reasons to believe most of what you are trying to affect will be accomplished within a given time period so that analysis can begin sooner rather than later? If there are better time frames than others, but your boss wants the analysis in a shorter period than is maximal, what do you do?

Can you identify changes outside your control that might affect the outcome(s)?

Once you have identified, collected, and measured, what feedback mechanisms do you need to tell if you have been effective? Something other than continuing the data and information that you have been getting? What threshold for success (and thus also failure) have you set—100% change? 10%? Smiles and good feelings?

Will that threshold fly with
(continued on page 38)

WHAT are your ideas, theories, assumptions, guesses about what it takes to get from the outcome(s) you have now to the ones you want to see?



What Works *in Criminal Justice?*

by Dr. Mike Connelly

Any organization wanting to base its practices on actual evidence obviously needs to know what the research and data say about those practices. Professional associations such as the American Correctional Association, the American Probation and Parole Association, and the Association of State Correctional Administrators have websites with tons of information. In the last decade, academic journals in criminal justice began to apply theory more to practice, and journals such as *Criminology & Public Policy* and *Justice Research and Policy* specifically oriented their work to policy and practice. The National Institute of Justice strongly supported applied research and analysis at the federal level as well. In addition, researchers and media outside criminal justice but in related fields such as mental health, health, public policy, education, psychology, and juvenile development contributed to the quickly growing literature.

Most of that literature, however, focused on cases or programs specific to one or just a few jurisdictions that might be significantly different from what you face daily. So, while interesting, it might not fit what you are interested in doing or accomplishing. Fortunately, while the problem of relating what you do to the published studies may never go away, some research and reporting has been done pulling the respectable studies together into “meta-analyses” that combine the data and findings into much more useable results that apply across more boards. From this, within the last dozen years or so, we have been able to say with much more certainty “what works” and what does not. The following four reports pinpoint what works in corrections and criminal justice more definitively along with their major conclusions along with their websites for you to read more if you choose (and find their bibliographies of the individual studies).

This first really full-scale meta-analysis report, funded by the National Institute of Justice in 1996, investigated evaluations across virtually every major area of possible criminal justice practice, including corrections. Some of its findings have been challenged but most have been affirmed. Here are their conclusions regarding what the research at that time showed about what worked, what did not, and what still appeared to have promise across most criminal justice areas (you might even find the non-corrections related conclusions interesting!!).

What Works in Criminal Justice?

REPORT ONE

The University of Maryland's ***PREVENTING CRIME: WHAT WORKS, WHAT DOESN'T, WHAT'S PROMISING***

SCHOOLS

CRIME AND DELINQUENCY:

- (1) Programs aimed at building school capacity to initiate and sustain innovation.
- (2) Programs aimed at clarifying and communicating norms about behaviors--by establishing school rules, improving the consistency of their enforcement (particularly when they emphasize positive reinforcement of appropriate behavior), or communicating norms through school-wide campaigns (e.g., anti-bullying campaigns) or ceremonies; and
- (3) Comprehensive instructional programs that focus on a range of social competency skills (e.g. developing self-control, stress-management, responsible decision-making, social problem-solving, and

communication skills) and that are delivered over a long period of time to continually reinforce skills.

SUBSTANCE USE:

- (1) Programs aimed at clarifying and communicating norms about behaviors;
- (2) Comprehensive instructional programs that focus on a range of social competency skills (e.g., developing self-control, stress-management, responsible decision-making, social problem-solving, and communication skills) and that are delivered over a long period of time to continually reinforce skills; and
- (3) Behavior modification programs and programs that teach "thinking skills" to high-risk youths. *(continued on page 14)*



EMPLOYMENT

WHAT WORKS?

1) Short-term vocational training programs for older male ex-offenders no longer involved in the criminal justice system.

WHAT DOES NOT WORK?

- 1) Summer job or subsidized work programs for at-risk youth
- 2) Short-term, non-residential training programs for at-risk youth
- 3) Pre-trial diversions for adult offenders which make employment training a condition of case dismissal

WHAT IS PROMISING?

- 1) Intensive, residential training programs for at-risk youth (Job Corps)
- 2) Prison-based vocational education programs for adults
- 3) Housing dispersion programs
- 4) Enterprise Zones

WHAT DO WE NOT KNOW ENOUGH ABOUT?

- 1) CJS-based programs for juvenile offenders
- 2) Post-release transitional assistance for offenders
- 3) Reverse commuting
- 4) Wage subsidies
- 5) Bonding programs
- 6) Community development as done through the Community Development Block Grant Program
- 7) School-to-Work programs funded by the School-to-Work Opportunities Act

(What Works, Report One, cont. from page 13)

What does not work? Strategies for which at least two different studies have found no positive effects on measures of problem behavior and for which the preponderance of evidence is not positive are:

- (1) Counseling students, particularly in a peer-group context, does not reduce delinquency or substance use.
- (2) Offering youths alternative activities such as recreation and community service activities in the absence of more potent prevention programming does not reduce substance use. This conclusion is based on reviews of broadly-defined alternative activities in school and community settings. Effects of these programs on other forms of delinquency are not known.
- (3) Instructional programs focusing on information dissemination, fear arousal, moral appeal, and affective education are ineffective for reducing substance use.

WHAT'S PROMISING?

Several strategies have been shown in only one rigorous study to reduce delinquency or substance use. If the preponderance

of evidence for these strategies is positive, they are regarded as "promising" until replication confirms the effect. These strategies are:

CRIME AND DELINQUENCY:

- (1) Programs that group youths into smaller "schools-within-schools" to create smaller units, more supportive interactions, or greater flexibility in instruction; and
- (2) Behavior modification programs and programs that teach "thinking skills" to high-risk youths.

SUBSTANCE USE:

- (1) Programs aimed at building school capacity to initiate and sustain innovation;
- (2) Programs that group youths into smaller "schools-within-schools" to create smaller units, more supportive interactions, or greater flexibility in instruction; and
- (3) Programs that improve classroom management and that use effective instructional techniques.

POLICING

WHAT WORKS:

- increased directed

patrols in street-corner hot spots of crime

- proactive arrests of serious repeat offenders
- proactive drunk driving arrests
- arrests of employed suspects for domestic assault

WHAT DOESN'T WORK:

- neighborhood block watch
- arrests of some juveniles for minor offenses
- arrests of unemployed suspects for domestic assault
- drug market arrests
- community policing with no clear crime-risk factor focus

Several other strategies fail to meet the test of strong evidence for generalizable effectiveness, but merit much more research and development because of encouraging findings in the initial research.

WHAT'S PROMISING:

- police traffic enforcement patrols against illegally carried handguns
- community policing with community participation in priority setting

COMMUNITIES

WHAT'S PROMISING

- Gang violence prevention focused on reducing gang cohesion, but not increasing it
- Volunteer mentoring of 10 to 14 year-olds by Big Brothers/Big Sisters is promising for the reduction of substance abuse, but not delinquency

WHAT'S DOESN'T WORK

- Community mobilization against crime in high-crime inner-city poverty areas
- Gun buyback programs operated without geographic limitations on gun sources

- community policing focused on improving police legitimacy
- zero tolerance of disorder, if legitimacy issues can be addressed
- problem-oriented policing generally
- adding extra police to cities, regardless of assignments
- warrants for arrest of suspect absent when police respond to domestic violence

CRIME REDUCTION

What works? The research examined herein provides evidence that the following strategies are effective in reducing crime in the community:

- Rehabilitation programs with particular characteristics;
- Prison-based therapeutic community treatment of drug-involved offenders;
- Incapacitating offenders who continue to commit crimes at high rates.

There is now substantial evidence that rehabilitation programs work. There is a body of research supporting the conclusion that some treatment programs work with at least some offenders in some situations. Effective rehabilitation programs:

- Are structured and focused, use multiple treatment components, focus on developing skills (social skills, academic and employment

skills), and use behavioral (including cognitive-behavioral) methods (with reinforcements for clearly identified, overt behaviors as opposed to non-directive counseling focusing on insight, self esteem, or disclosure); and,

- Provide for substantial, meaningful contact between the treatment personnel and the participant.

The best treatment programs reduced recidivism by as much as 10 to 20 percentage points. More recently, three other reports have updated “what works” analyses, primarily dealing with adult incarceration and community corrections.

(continued on page 18)

FAMILIES

WHAT WORKS

- Long-term frequent home visitation combined with preschool prevents later delinquency
- Infant weekly home visitation reduces child abuse and injuries
- Family Therapy by clinical staff for delinquent and pre-delinquent youth

WHAT DOESN'T WORK

- Home visits by police after domestic violence incidents fails to reduce repeat violence

WHAT'S PROMISING

- Battered women's shelters for women who take other steps to change their lives
- Orders of Protection for battered women

<http://www.ncjrs.gov/works/>

**February 14th
Valentine's Day**



LINKS YOU MAY FIND USEFUL

Obviously you may have times when you need to search for data and research on your own. While following your own path in a search engine may have its value, below we provide you with some links to websites that contain statistics, reports, and forums for you to facilitate and speed your search.

OKLAHOMA DATA AND INFORMATION

The logical place to start a search for Oklahoma data and information is the state's official website. It will get you to all the major departments and their materials.

<http://www.ok.gov/>

However, if you just need some quick state data, the Census Bureau provides this page with statistics across a wide range of items. The data are rarely current, but not usually more than a year or two behind, which may be enough for some of your purposes.

<http://quickfacts.census.gov/qfd/states/40000.html>

Of course, for more Oklahoma data and/or other state information, you can always go to the full Census site

<http://www.census.gov/>

and its annual Statistical Abstract.

<http://www.census.gov/compendia/statab/>

OTHER FEDERAL RESOURCES

The best source for national statistics and research, including Oklahoma data, is the Office of Justice Programs in the U.S. Department of Justice. Below are links to the main page and to three of its more relevant agencies, but you should check its other agencies for specific information or grant possibilities. Their data reports may be a year or more behind, but you are unlikely to find a better source of comparative statistics for the states.

Office of Justice Programs--<http://www.ojp.usdoj.gov/>

Bureau of Justice Assistance--<http://www.ojp.usdoj.gov/BJA/>

Bureau of Justice Statistics--<http://www.ojp.usdoj.gov/bjs/>

National Institute of Justice--<http://www.ojp.usdoj.gov/nij/>

In addition, here are links to two of the more important related federal agencies and their resources and reports:

Substance Abuse and Mental Health Services Administration--<http://www.samhsa.gov/>

National Institute on Drug Abuse--<http://www.nida.nih.gov/>

LOCATING OTHER RELATED AGENCIES

You may need to identify other corrections or related agencies for data or information requests at some point. E&A will be glad to work with you on that, but here are a few sites that might help you in a pinch. The sites may not always be completely up to date (i.e., some sentencing commissions or statistical analysis centers may have bitten the dust), but they will give you a start.

Corrections Connection--<http://www.corrections.com/links/show?Cat=30>
(with lists of DOC and official state websites)

Sentencing Commissions--<http://www.ussc.gov/states/nascaddr.htm>

State Statistical Analysis Centers--<http://www.jrsa.org/sac/index.html>

RELATED POLICY AND RESEARCH ORGANIZATIONS

The organizations below provide some of the best and most timely research reports on issues related to corrections and its programs. Those of you who are members of the American Correctional Association and/or the American Probation and Parole Association also have access to those organizations frequent publications and reports.

Association of State Correctional Administrators--<http://www.asca.net/>

Correctional Services of Canada--<http://www.csc-scc.gc.ca/text/index-eng.shtml>

Justice Research and Statistics Association--<http://www.jrsa.org/>

National Criminal Justice Reference Service--<http://www.ncjrs.gov/index.html>

National Institute of Corrections--<http://www.nicic.org/>

See also its helpful Corrections Community page-- <http://community.nicic.org/>

Pew Trusts Center on the States Corrections

and Public Safety--http://www.pewtrusts.org/our_work_detail.aspx?id=74

Reentry Policy Council--<http://reentrypolicy.org/>

Vera Institute of Justice Center on Sentencing and Corrections--<http://www.vera.org/csc/csc.html>

Washington State Institute for Public Policy--<http://www.wsipp.wa.gov/intro.asp>

The Evaluation and Analysis Unit would be interested in any feedback you may have after you have used one or more of these resources and especially in any other good sites that you discover in your own web travels.

What Works in Criminal Justice?

More recently, three other reports have updated “what works” analyses, primarily dealing with adult incarceration and community corrections. For example, in 2006, the **Washington State Institute for Public Policy** looked at existing research with an eye on “return on investment” of public dollars spent on public safety. The Institute was able to detail how much money was saved or lost for every dollar invested in the program questioned. Report Two lists their findings for a variety of crime prevention programs, including corrections, with the difference in change in recidivism rates associated with the same investment in both the treatment group and a control group in parentheses following the program title. For example, as italicized and underlined in Report Two, cognitive-behavioral drug treatment in prison saw a 14.9% reduction in recidivism compared to matched offenders not receiving the treatment while the same treatment for low-risk offenders on probation had a 31.2% reduction.

REPORT TWO

PROGRAMS FOR DRUG-INVOLVED OFFENDERS

Adult drug courts	10.7%
In-prison “therapeutic communities” with community aftercare	6.9%
In-prison “therapeutic communities” without community aftercare	5.3%
Cognitive-behavioral drug treatment in prison	6.8%
Drug treatment in the community	12.4%
Drug treatment in jail	6.0%

PROGRAMS FOR OFFENDERS WITH CO-OCCURRING DISORDERS

Jail diversion (pre- and post-booking programs)	0.0%
---	------

PROGRAMS FOR THE GENERAL OFFENDER POPULATION

General and specific cognitive-behavioral treatment programs	8.2%
--	------

PROGRAMS FOR DOMESTIC VIOLENCE OFFENDERS

Education/cognitive-behavioral treatment	0.0%
--	------

PROGRAMS FOR SEX OFFENDERS

Psychotherapy for sex offenders	0.0%
<i><u>Cognitive-behavioral treatment in prison</u></i>	<i><u>14.9%</u></i>
<i><u>Cognitive-behavioral treatment for low-risk offenders on probation</u></i>	<i><u>31.2%</u></i>
Behavioral therapy for sex offenders	0.0%



<http://www.wsipp.wa.gov/pub.asp?docid=06-10-1201>



WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

Who We Are

The Washington Legislature created the Washington State Institute for Public Policy in 1983. The Institute is governed by a Board of Directors that represents the legislature, governor, and public universities. The Board guides the development of all Institute activities.

What We Do

The Institute's mission is to carry out practical, non-partisan research—at legislative direction—on issues of importance to Washington State. The Institute conducts research using its own policy analysts and economists, specialists from universities, and consultants. Institute staff work closely with legislators, legislative and state agency staff, and experts in the field to ensure that studies answer relevant policy questions. Fiscal and administrative services for the Institute are provided by The Evergreen State College.

Research Focus

Current areas of staff expertise include: education, criminal justice, welfare, children and adult services, health, utilities, and general government. The Institute also collaborates with faculty in public and private universities and contracts with other experts to extend our capacity for studies on diverse topics. For several projects, we have successfully merged administrative data from two or more agencies, significantly reducing the cost of outcome research.

INTERMEDIATE SANCTIONS

Intensive supervision: surveillance-oriented programs	0.0%
Intensive supervision: treatment-oriented programs	21.9%
Adult boot camps	0.0%
Electronic monitoring	0.0%
Restorative justice programs for lower-risk adult offenders	0.0%

WORK AND EDUCATION PROGRAMS FOR THE GENERAL OFFENDER POPULATION

Correctional industries programs in prison	7.8%
Basic adult education programs in prison	5.1%
Employment training and job assistance in the community	4.8%
Vocational education in prison	12.6%

PROGRAM AREAS IN NEED OF ADDITIONAL RESEARCH & DEVELOPMENT

(The following types of programs require additional research before it can be concluded that they do or do not reduce adult recidivism rates)

Case management in the community for drug offenders	0.0%
“Therapeutic community” programs for mentally ill offenders	27.4%
Faith-based programs	0.0%
Domestic violence courts	0.0%
Intensive supervision of sex offenders in the community	0.0%
Mixed treatment of sex offenders in the community	0.0%
Medical treatment of sex offenders	0.0%
COSA (Faith-based supervision of sex offenders)	31.6%
Regular parole supervision vs. no parole supervision	0.0%
Day fines (compared to standard probation)	0.0%
Work release programs	5.6%

(continued on page 20)

What Works in Criminal Justice?

Regarding community corrections specifically, in 2007, nationally known researcher Joan Petersilia discussed what works in community corrections for the Pew Center on the States' Public Safety Performance Project as part of an interview in Report Three.



REPORT THREE

Q: Would you describe a few of the most effective community corrections programs and the results they deliver?

A: First, it is important to note that probably 99 percent of all community corrections programs in the U.S. today have not been scientifically evaluated. So, identifying which ones are most effective is impossible. I suspect there are many excellent programs operating today (such as faith-based mentoring, etc.), which if subject to evaluation, might be effective. But the corrections literature includes evaluations mostly of large federally-funded programs, and most of those are services for drug-addicted felons. From that literature, we know that intensive community supervision combined with rehabilitation services can reduce recidivism between 10 and

20 percent. Some drug courts have also had similarly encouraging results.

Q: And what does the research say about ineffective programs?

A: We know more about what doesn't work than what does. Research has shown that boot camps, house arrest, and routine probation and parole supervision do not reduce recidivism. But again, the majority of community corrections programs have never been scientifically tested so you have to view these results cautiously as well.

Q: In your view, what are the principles or themes that run through effective community corrections programs?

A: At the core of any good community corrections program is the use of an objective risk and needs assessment. Assessments allow correctional agencies

to assign offenders to the programs that will most likely benefit them. The "risk" part of the assessment instrument assesses risk to reoffend, and that information is critical to assigning probationers or parolees to levels of surveillance and supervision, such as specialized caseloads, frequent drug testing or electronic monitoring. The "need" portion of the assessment instrument identifies the subset of the offender population that research has shown will benefit from being in rehabilitation treatment programs. Research has shown that for high and moderate risk offenders, participation in treatment programs and services has high payoff, but for those with a low risk to reoffend, life skills programs are more appropriate. This is the most efficient use of scarce correctional resources as well

as the best way to increase public safety. Of course, the next core principle is to make certain that the rehabilitation programs are of sufficient quality to make a difference. There are now several scoring methods that rate the quality of rehabilitation programs along such dimensions as staff qualifications and training, use of a tested curriculum or program

model, and use of cognitive-behavioral or social learning methods. These and other program characteristics have been shown to increase success. In short, effective corrections programs must get the right offender in the right program. And then of course, we must continually evaluate costs and program outcomes and revise accordingly. Research over

the last several decades also reinforces the importance of the community and familial supports as sources of informal social control. Effective programs involve family and community members in a very real and proactive way. Effective programs recognize that government programs ultimately end, and the hand-off between the formal

and informal systems is ultimately what determines success. In my opinion, community corrections agencies that collaborate closely with non-profits and other community organizations, who in turn work to integrate the offender's family and social support system, will have the most success.

What Works in Criminal Justice?

In 2008, as part of its preparation for its analysis of public safety issues in Colorado, that state's Commission on Adult and Juvenile Justice had a massive report done on "what works." Part of the executive summary of that report is provided as Report Four, along with the website for the report and its extensive bibliography of individual studies.

REPORT FOUR

INCARCERATION AND CRIME

Given the increased use of incarceration as a crime control strategy, the review begins with a summary of recent research on the impact of incarceration on crime. The studies reviewed and findings presented are not Colorado specific.

- Incarceration clearly prevents crimes by removing offenders from the community. Estimates of the number of crimes prevented vary, but an annual average of about 15 crimes per offender has been cited by two rigorous studies.
- Most crimes prevented through incapacitation are property crimes.

• The preventive effect of incapacitation on drug crimes is likely offset by a replacement effect in the community. That is, other offenders quickly replace incarcerated drug offenders.

• Research examining the impact of incarceration on crime rates has produced disparate results. Nevertheless, the following conclusions can be drawn from the most rigorous studies.

• The relationship between incarceration and crime rates is quite complex. The fact that crime rates have declined in recent years while incarceration rates have increased is not conclusive evidence that the increased use of imprisonment caused the drop in crime

or that incarceration is cost-effective relative to other crime control strategies. In fact, the relationship between higher rates of imprisonment and crime rates is quite uneven across time and jurisdictions.

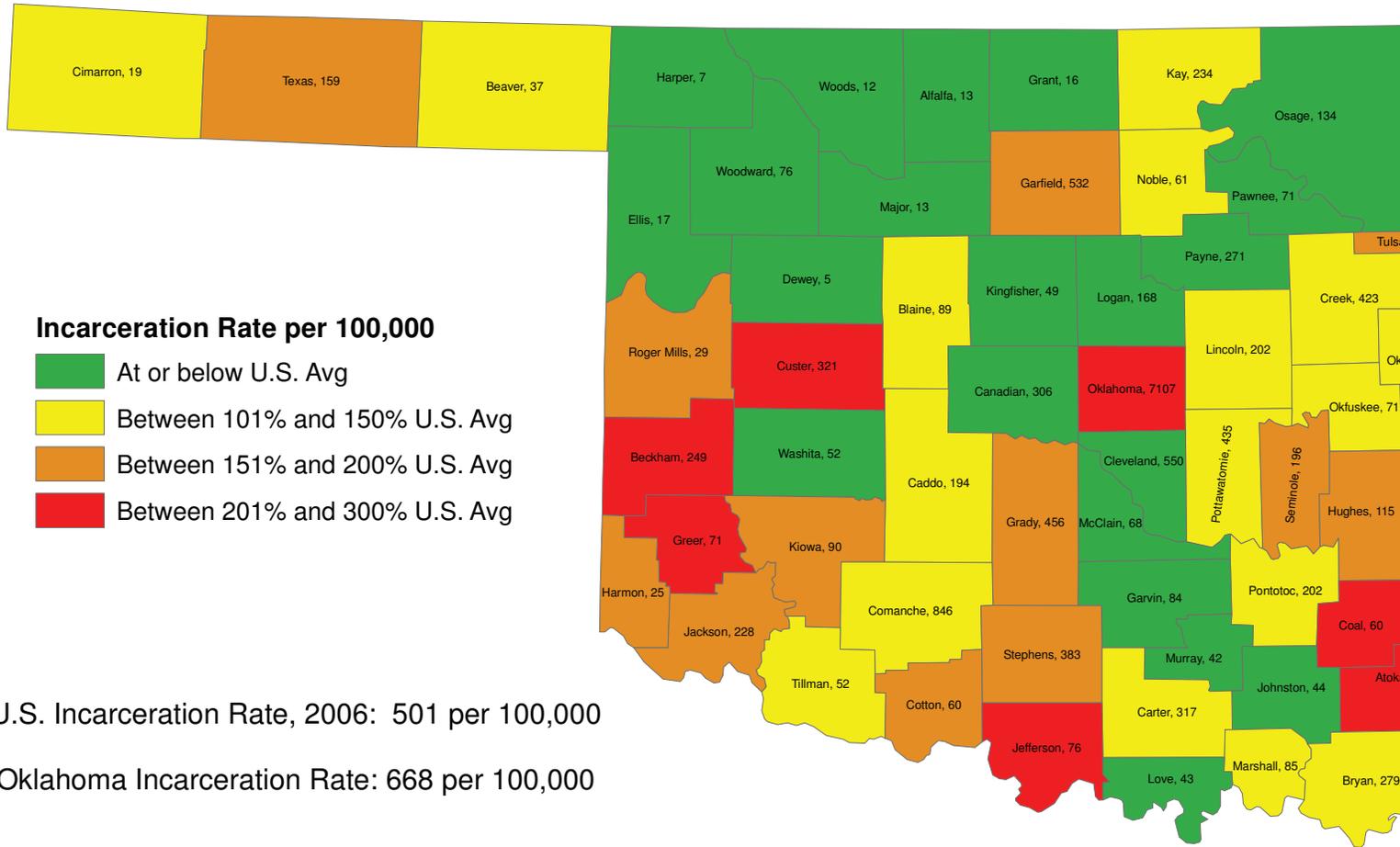
• The conclusions reached by several recent, highly rigorous studies are remarkably consistent in finding that a 10% higher incarceration rate was associated with a 2% to 4% reduction in the crime rate.

• The drop in crime that most jurisdictions experienced in the 1990's is primarily due to factors other than incarceration. Studies that have focused on explaining the drop in

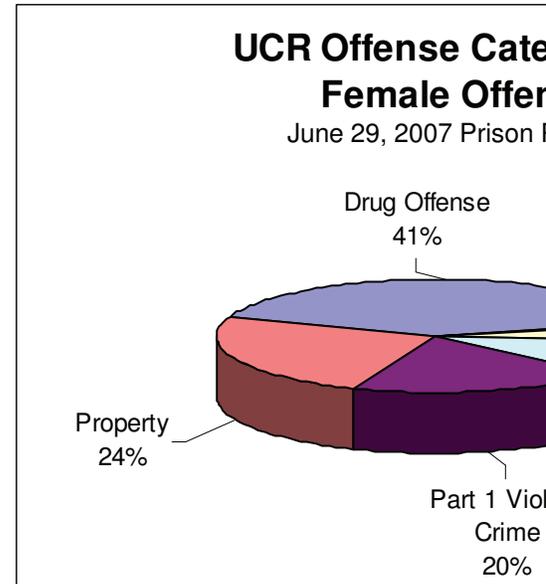
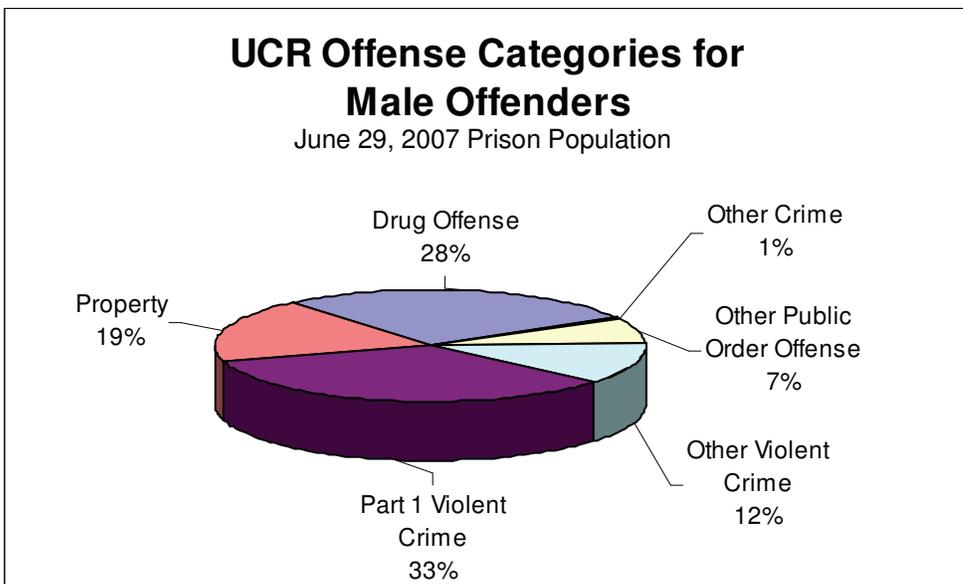
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Oklahoma Incarceration Rate per 100,000 P

Based on county of c
for the June 29, 2007 p

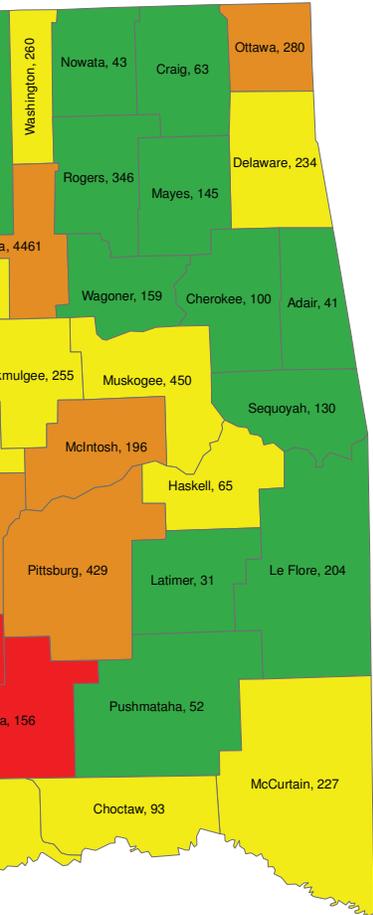


The number listed after the county name reflects the number of c
that county, based on controlling offense, as of the June 29, 2007



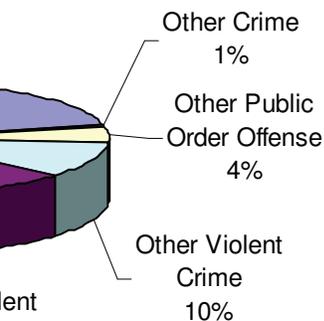
by County of Conviction Population

controlling offense
prison population.*

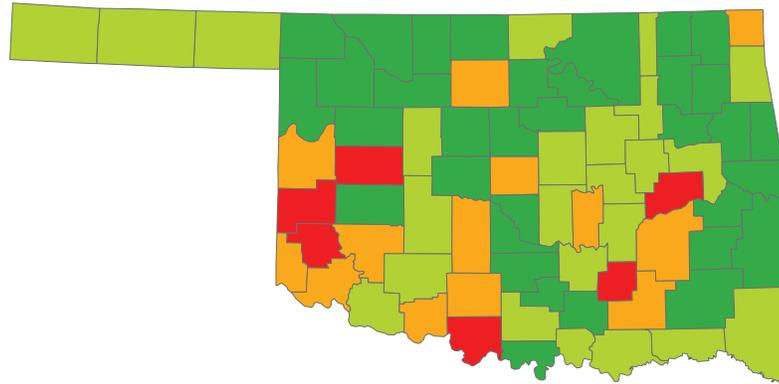


offenders incarcerated from
7 prison population.

Categories for Prisoners Population



Male Incarceration Rate by County of Conviction per 100,000 Male Population

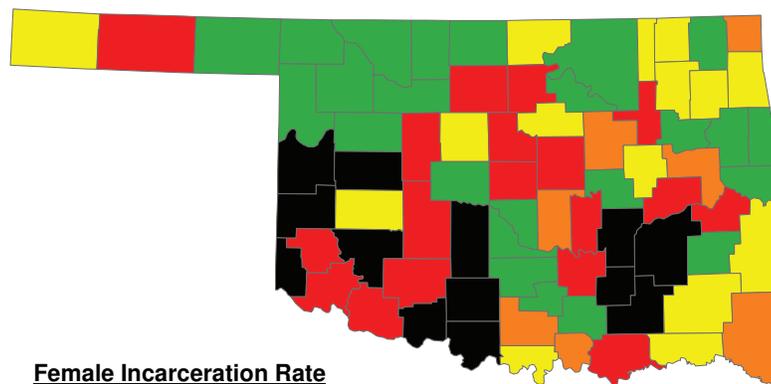


Male Incarceration Rate

- At or below U.S. Avg
- Between 101% and 150% U.S. Avg
- Between 151% and 200% U.S. Avg
- Between 201% and 300% U.S. Avg

U.S. Male Incarceration Rate, 2006: 943 per 100,000
Oklahoma Male Incarceration Rate: 1,218 per 100,000

Female Incarceration Rate by County of Conviction per 100,000 Female Population



Female Incarceration Rate

- At or below U.S. Avg
- Between 101% and 150% U.S. Avg
- Between 151% and 200% U.S. Avg
- Between 201% and 300% U.S. Avg
- Above 300% U.S. Avg

U.S. Female Incarceration Rate, 2006: 68 per 100,000
Oklahoma Female Incarceration Rate: 130 per 100,000

*Does not include Interstate compact IN (N=64), GPS (N=397) and inmates with a total prison term of one year or less (N=424). An additional 76 offenders were removed from the sample due to incomplete data. The total prison population on June 29, 2007 was 25,125. Census Data from Federal 2007 Population Estimates. U.S. incarceration rates from the Bureau of Justice Statistics Bulletin "Prisoners in 2006", published December 2007, NCJ 219416.



(What Works, Report Four, cont. from page 21)

crime have consistently concluded that incarceration has played a role in the crime drop but that social, policing and other factors together are responsible for at least two-thirds and arguably much more of the overall crime decline.

- Research shows little evidence that incarceration has a positive effect on later reoffending.
- Rigorous studies have shown that incarceration is associated with higher rates of recidivism when compared with community-based sanctions.
- Longer prison sentences are also linked to higher rates of recidivism.
- Recent research has begun to examine the collateral costs of incarceration on children of prisoners, and the longer-term costs to disadvantaged communities.
- Community-level studies have found that the social fabric of neighborhoods can be negatively affected by the incarceration of large numbers of young adult men, thereby increasing rather than preventing crime at the neighborhood level.
- Employment, aging, and marriage contribute to the termination of criminal activity, and these play a more important role in recidivism reduction than incarceration and surveillance-oriented supervision.
- Research shows that when supervision is service-oriented and focuses on the individual offender's deficits that are related to criminal behavior (such as addiction, employment problems, unstable living arrangements, pro-criminal attitudes and associates), recidivism can be significantly reduced.

WHAT WORKS IN REDUCING RECIDIVISM

More than 30 years of research has produced a body of evidence that clearly demonstrates that rehabilitation programs work. A variety of programs, properly targeted and well-implemented, can reduce recidivism and enhance public safety.

- Education and vocational programming. Based on the scientific evidence, education and vocational training programs work. Meaningful work is an important contributor to reductions in offending.

These programs

- Increase the rate of employment for ex-offenders.
- Reduce recidivism.
- Provide a positive return on investment.
- Substance abuse treatment. Substance abuse treatment works. Treatment programs:
 - Reduce alcohol and drug use and crime.
 - Produce a significant return on taxpayer investment.

In addition, research confirms the following:

- The longer an offender stays in treatment, the better the chance of post-treatment success.
- Therapeutic communities are particularly effective.
- Aftercare is important for long-term success.
- Drug courts. Drug courts operate in nearly every state. They help keep offenders in treatment longer and they effectively reduce recidivism.

Research shows that when supervision is service-oriented and focuses on the individual offender's deficits that are related to criminal behavior (such as addiction, employment problems, unstable living arrangements, pro-criminal attitudes and associates), recidivism can be significantly reduced.

- Drug courts are often initially more expensive than traditional drug offender processing, but they provide a substantial return on taxpayer investment.
- Sex offender treatment. Studies examining the effectiveness of sex offender treatment in the 1990's produced mixed or inconsistent results, but systematic reviews conducted more recently indicate that certain sex offender treatment approaches can and do work.
- Cognitive-behavioral therapy and modified therapeutic communities have been shown to achieve at least modest reductions in sexual and general recidivism.
- Containment approaches to sex offender management also appear to be effective.
- Mental health. Offenders with mental illness present significant challenges for the criminal justice system.

- Mental health treatment is highly effective with early intervention success rates of 60-80%.

- Diversion, institutional and transition programs are all needed, and many of these can work.

Research indicates that crisis intervention teams (CIT), assertive community treatment (ACT) and modified therapeutic communities for offenders with co-occurring mental illness and substance abuse disorders work.

- Cognitive-behavioral programs. Studies consistently show that cognitive-behavioral therapy (CBT) is effective at reducing recidivism. Several programs employing cognitive-behavioral approaches are widely used in the criminal justice system.

- Moral Reconation Therapy®, Aggression Replacement Training®, Reasoning and Rehabilitation, and Relapse Prevention Therapy are cognitive-behavioral programs that have been rigorously evaluated and found to reduce recidivism.

- Programs for juvenile offenders. While some effective programs are designed for use with juveniles and adults, programs specifically targeting juvenile offenders have generally been found to be effective. Family-based programs that address multiple causes of delinquency have been shown to reduce recidivism and other problem behaviors in juvenile offenders.

- Functional Family Therapy, Multidimensional-Treatment Foster Care and Multi-Systemic Therapy are

family-based programs demonstrated to be effective and cost-beneficial through rigorous scientific research.

WHAT WORKS AT PREVENTING THE ONSET OF CRIMINAL BEHAVIOR

More than forty years of research on conduct disorder has identified many of the risk factors associated with problem behavior, including those for crime and violence. Many of these risk factors are present early in life, and they help explain why young people differ in their long-term criminal potential. Risk focused prevention programs employ various strategies to reduce the influence of risk factors that are associated with criminal conduct. These risk-focused prevention programs are delivered early in life before law-breaking behavior begins.

Studies consistently show that cognitive-behavioral therapy (CBT) is effective at reducing recidivism.

- Nurse home visits during infancy. Home visitation programs conducted by nurses and delivered during the pre- and post-natal periods have been shown to be highly effective.

- The Nurse-Family Partnership program that is being implemented

(continued on page 26)

(What Works, Report Four, continued from page 25)

in Colorado has long-term crime prevention benefits for both children and their mothers.

- **Preschool programs.** Pre-school intellectual enrichment programs prevent delinquency from occurring later in life.
- **The Chicago Child-Parent Center program and the High Scope/Perry Preschool project** are examples of programs that provide a variety of long-term benefits to participants, including the prevention of criminal conduct.
- **Parent management training.** Several reviews of parent management training programs have concluded that they are effective at preventing juvenile delinquency. These programs focus on interactions between parents and their children.
- **The Oregon Parent Management Training model, the Incredible Years Training Series and the Preparing for the Drug Free Years program** are examples of parent management training programs that have been shown to work.
- **Child social skills training.** Research suggests that programs delivered to very young children for the purpose of improving their social and emotional

competencies are effective at preventing delinquency.

- **School-based programs.** Programs that focus on the school environment or self-control and social competency using cognitive-behavioral methods have been found to prevent delinquency and other problem behaviors.
- **The Olweus Bullying Prevention Program, Responding in Peaceful and Positive Ways (RiPP), and Life Skills Training** are examples of programs that work.

Pre-school intellectual enrichment programs prevent delinquency from occurring later in life.

- **CASASTART** is an effective school-centered program that involves the entire community.
- **Community-based programs.** Community-based programs have proven to be difficult to evaluate and little is known about their long-term effectiveness overall. However, after-

school and mentoring programs that promote positive youth development have been shown to work.

- **The Boys and Girls Clubs of America and Big Brothers/Big Sisters** are examples of high quality after-school and mentoring programs that work.

IMPLEMENTATION ISSUES

Evidence-based programs have to be implemented properly in order to be effective. Research has consistently shown that programs that have been implemented with a high degree of fidelity are far more likely to produce positive outcomes than those that have not.

- **Delivering a program with a high degree of fidelity is difficult, even in the best situations.**
- **A variety of factors can undermine proper implementation and service delivery, critically weakening a program's intended effect.**
- **Ongoing monitoring of program implementation and delivery is critical.**
- **Evaluation feedback should be used to guide program development and operations, resolve problems and make mid-course program corrections when necessary.**

BOTTOM LINE

There are effective prevention programs to counteract risk factors at every stage of a child's development. There also are effective programs for addressing the wide range of criminogenic needs that are found among offenders already in contact with the criminal and juvenile justice systems. Investing in these evidence-based programs is the key to reducing victimization and increasing public safety while simultaneously managing correctional costs. ■

SPECIAL DISCHARGE PLANNING

*for Individuals
With Mental
Illness in Three
Oklahoma
Prisons is
Increasing
Medicaid
Enrollment
Rates*

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OPEN MINDS
On-Line News

After new discharge planning processes were implemented by the Oklahoma Department of Corrections (DOC), individuals with serious mental illnesses were significantly more likely to be enrolled in Medicaid at discharge from three Oklahoma prisons. The discharge planning processes are part of an initiative called the “Mental Health Reentry Program” that relies on collaboration among state agencies and federal partners to help ensure that inmates with serious, disabling mental illness receive services and disability support upon discharge from prison. DOC estimates that about 1,000 individuals, of the 8,000 offenders discharged each year, have some form of mental illness. All offenders identified as having mental illness receive some form

of mental health reentry planning; the new program is targeted to help those individuals with the highest risk of disability and recidivism. About 200 individuals each year receive the intensive reentry planning services provided by the Mental Health Reentry Program.

These are preliminary results of a study by Mathematica Policy Research Inc., to be released in April 2009 by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

*DOC estimates
that about 1,000
individuals,
of the 8,000
offenders
discharged each
year, have some
form of mental
illness.*

The results were presented at the 2008 SAMHSA/ Center for Medicaid Services Conference on Medicaid and Mental Health Services/Substance Abuse Treatment, which took place September 23-24, 2008. The research started in 2004.

Mathematica researchers worked with Oklahoma to design, implement, and evaluate a program to ensure that adults with serious mental illness had health insurance coverage upon discharge from correctional facilities. Mathematica’s evaluation was supported by SAMHSA. Ongoing program activities continue to be supported by the state of Oklahoma. With support from Mathematica, the program was collaboratively designed and administered by DOC, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Department of Human Services (DHS), and the Oklahoma Health Care Authority (OHCA). Three discharge managers were located in three DOC facilities with mental health units. The discharge managers identify potential Medicaid enrollees at least six months prior to release. About four months before release, the discharge managers begin to work with the inmates to submit Social Security disability applications. Medicaid applications are submitted about two months before release.

About 60 days before an
(continued on page 37)

The **FUTURE** *of Oklahoma Corrections*

by Dr. Mike Connelly



Predicting where Oklahoma corrections will go in the future may be harder than predicting Oklahoma weather. Who in 1970 saw all the prisons and offenders under DOC supervision that we have today? Who could have predicted that the state would not build a new prison for 30 years? With all the demands on state revenue from infrastructure, medical care, education, mental health, pensions, and other concerns, you wanna bet what DOC's share of that revenue will be 20, 30 years from now? Or how we will be supervising offenders? Or where? More electronic (satellite?) monitoring and fewer cells? Taser from space if a bracelet breaks its zone? Will extension of DNA testing to frequent non-violent offenses like Burglary II, as is now occurring in some states, bump our populations even higher? Will the advancements being made in pharmaceuticals

and bioengineering allow us to break addictions or stop them from ever occurring, with the dramatic impact on crime and corrections that would have? Or something no one has even thought of yet? This is why most prediction is left to bookmakers.

Like the weather, though, the closer to the present we keep our predictions, the closer to the data whose trends we are using to predict, the closer we will likely be in foreseeing what the next few years hold for the department and for the state. With that in mind, let's close this issue with a quick look at what near-term projections seem to tell us about special populations that may pose particular issues for us—specifically, aging offenders, female offenders, and Hispanic/Latino offenders.

AGING OFFENDERS

Here are some numbers for you to consider:

INMATE POPULATION 50 YEARS OF AGE AND OLDER OKLAHOMA DEPARTMENT OF CORRECTIONS, 1980, 1994, 2008			
Year	50 and Older	DOC Total Population	% of Total Inmate Population
1980	85	1,746	4.9%
1994	879	13,689	6.4%
2008	3,627	25,306	14.3%

Does not include "outcount" population.

PROJECTED INMATE POPULATION 50 YEARS OF AGE AND OLDER OKLAHOMA DEPARTMENT OF CORRECTIONS, FY 2008-FY 2013					
FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
3,627	3,921	4,238	4,582	4,953	5,354

Now consider this. Corrections Today in August 2008 published a report on a national survey including older prisoner health (Sterns et al., 2008). Among the authors' findings:

- "Older prisoners compound resource challenges for states because this population is more likely to have health problems. In 2006, 41 percent of noninstitutionalized Americans older than the age of 65 reported at least one disability, compared with 67 percent in adult correctional

facilities. Offenders are more likely to have health and mental health problems because they often come from poor backgrounds; have less education; have a greater likelihood of drug and alcohol abuse; and have had restricted access to health care, particularly when they were young."

- "... of prisoners 50 years of age and older in the survey, nearly 45 percent were reported as having a chronic physical problem. More alarming is that 82 percent of prisoners 65 and

older have a chronic physical problem. That is statistically identical to the reported 83 percent of 75 year olds with chronic physical problems in the survey. Women are slightly less dramatic, with an increase in reported chronic problems from 42 percent to 74 percent from age 50 to age 65, respectively."

- "From this, it can be concluded that not only will the number of older prisoners increase by as much as tenfold, the medical resources to maintain current services will need

to increase by double that. Consequentially, a potential twentyfold increase in medical resources will be required within the next 10 years [emphasis added]."

- Approximately 15 percent of males 50 and over and one-third of females had mental health problems which will also require attention, according to the authors.
- "... The authors propose targeting training in support of early identification of age-related disease; extensive programming modifications

(continued on page 30)

(Future of OK Corrections, cont. from page 29)
targeted at older prisoners;

and eventual moderate facility modifications. . . .”

These included preventative care, web-based training on older prisoner management and programming, program modifications such as older adult activity programs, counseling programs and reentry and early release programs, and special housing units and facilities.

Formal analysis of the aging offender population in Oklahoma extends to the mid-1990s. In 1995, Southwestern Oklahoma State University researchers examined DOC offender data from 1980 to 1994, breaking down increases in the 50 years of age and older population by race, gender, offense type, and percentage of total offender population. The authors concluded that Oklahoma and its DOC needed to pay greater attention to the growth of

that age group:

- As Oklahoma's older offender population increases, corrections officials should consider dedicating a facility specifically for older offenders. The facility would be equipped to meet the special needs of an aging population. One centrally located facility dedicated to older offenders would reduce the cost created by multiple facilities duplicating services. Additionally, the facility should be centrally located to minimize transfer cost to the state and also minimize the negative impact of distance on older offender's support networks with family and community. Such "special needs" facilities that can show long-term cost savings may also be more politically palatable to legislators and taxpayers as well.

- Programs should be created that are directed specifically

toward the reintroduction of older offenders into society. The support networks of older offenders, particularly those who age in prison, if they exist at all, are minimal. Without knowledge of community support and social agency programs, it is likely that many older offenders will not be able to function independently within society. The result could be a high rate of recidivism for older offenders.

- Programs such as woodworking, basketry, other forms of arts and crafts, and horticulture are examples of recreational and leisure activities that can be profitable and at the same time replace work programs for older offenders. These types of activities could also allow them an opportunity to earn money and "good time" credits.

- A comprehensive educational program for all corrections personnel should be required. Training should include the knowledge and skills that are required to meet the specialized needs of older offenders as well as an increased sensitivity to their needs and limitations, and the patience to deal with them. Implementation problems can be enormous without staff "buy-in," and management planning and processes should be carefully directed to this concern.

- Some individuals may view many of the issues associated with the elderly, such as chronic illnesses, total dependency, frailty, and death in a negative light. Therefore, consideration should be given to assigning personnel to work with older offenders on a voluntary basis.

- In an effort to minimize



costs while meeting the special needs of older offenders, consideration should be given to utilizing resources that exist within the community. Hospitals, mental facilities, geriatric, and nursing homes are just a few of the facilities that may exist within the community that older offenders judged to be low security risks might be able to utilize.

More recently, in 2005, the Oklahoma Criminal Justice Resource Center produced a report on “The Aging of the Oklahoma Prison Population: Implications for Health Care Costs.”

That report used 45 as the threshold age for “aging” offenders, making it less comparable to other research on the topic which generally uses the 50 and over threshold. However, its detail of the increase in the 45 and over population and projections of future growth paralleled that of national and other state research.

The report reviewed literature that indicated high continuing rates of increase in health care costs and thus overall correctional budgets due to the aging offender population. It also detailed statistics showing that “the health care expenses for persons age 55 to 64 are more than twice as much as

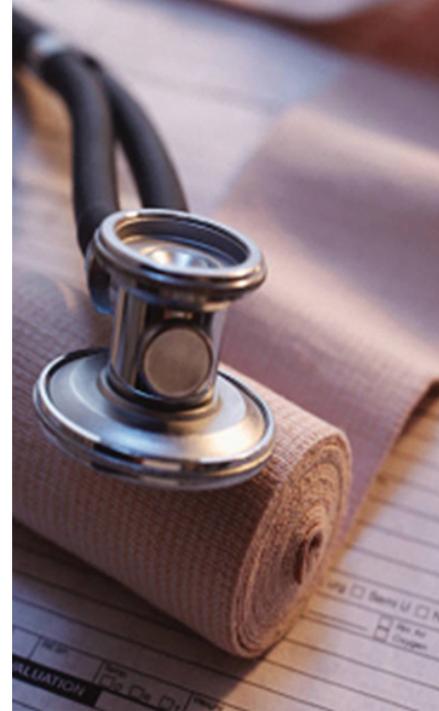
those for the 19 to 44 age group” in Oklahoma’s DOC. It further demonstrated that the increase in aging offender population was due both to increased receptions within the age category and to longer time served for offenders, particularly violent offenders. The average age of prison receptions in Oklahoma had increased from 30.0 in 1990 to 32.9 in 2004. Finally, the report projected an increase in the 45+ population from 5,651 in FY 2005 to 9,147 in FY 2015.

Finally, consider that an even faster growing offender population is those convicted of crimes for which they must serve 85% of sentence before receiving earned credits. 85% offenders have increased 114% over the last five years and project out to another 87% increase in the next five years if their numbers continue at past rates. This may not be realistic, given a possible plateauing effect on their intake which is often seen in these situations, but their extended time served before release will pile them up and keep their numbers a large percentage of the offender population. They have increased from 9% of the total offender population in FY 2004 to 17% in FY

2008. Given the length and public popularity of their sentences, these offenders will very likely maintain the high levels of aging offenders in DOC facilities for years to come.

Clearly, the offender population 50 years of age and older will concern correctional officials and government policymakers in Oklahoma for the foreseeable future. This will require greater attention to training, programs, materials, facilities, and care oriented specifically to this population and to its subgroups, such as female offenders, noted on the next page. This in turn means greater costs, perhaps 2-3 times those of the general offender population. Thus, even if general population growth plateaus or decreases in coming years, the costs of the “aging” offender population will keep necessary overall expenditures at current or higher levels. Oklahoma correctional officials and government policymakers need to continue planning for this future with the blueprints laid out by the research and analysis put forward in this paper. Failure to adjust appropriately will likely mean even higher eventual costs.

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(Future of OK Corrections, cont. from page 31)

FEMALE OFFENDERS

Oklahoma is known widely for its large per capita female offender population. Projections for its female offender population through FY 2013 indicate that ranking will remain high, if past rates remain the same:

PRISON POPULATION OKLAHOMA DEPT. OF CORRECTIONS FY 2005 -FY 2013

Fiscal Year	Female Inmates
FY2005	2,557
FY2006	2,608
FY2007	2,701
FY2008	2,721
FY2009	2,780
FY2010	2,840
FY2011	2,901
FY2012	2,924
FY2013	3,028

Data for FY2005-FY2008 from Oklahoma Department of Corrections, Offender Management System.

PROJECTED FEMALE

The 3,028 projection for FY 2013 represents an expected 11% increase from FY 2008, compared to a 10% increase expected for the total inmate population in the same time period at current rates. In response, the Oklahoma Department of Corrections (DOC) has created a Deputy Director position dedicated to managing female institutions, facilities, and programs.

Research has shown that, as Oklahoma and other states attempt to deal effectively with their incarcerated females and reduce their numbers and rate of increase, they will have to face and overcome obstacles regarding “(1) treatment for substance abuse problems; (2) health care; (3) mental health issues; (4) violence prevention and post-traumatic stress disorder; (5) educational and employment services; (6) safe, secure, affordable housing; and (7) child advocacy and family reunification.” Fortunately, research and practice can provide examples for possibly successful reentry in the face

of the specific needs of those offenders. Consider these examples:

- At the Maryland Correctional Institution for Women, officials created a Female Offender Management Work Group. That workgroup led to “a new risk assessment form specifically for female offenders, increased staff training on trauma and gender responsive programming, an enhanced facility design that fosters social and mental rehabilitation, and new visitation rules that allow children to sit on their mothers’ laps. Other improvements include[d] the banishment of partitions for family visits and transition services following incarceration, including education services, substance abuse treatment, and housing assistance.”
- New Mexico’s “woman-centered approach for female offenders” featured “intensive gender-specific case management programming, a family literacy program designed to help mothers read to their children, a

therapeutic residential program that focuses on a variety of female-specific issues, and Dolls Against Domestic Abuse in which female inmates make dolls for children who were present at a domestic violence scene and now live in a safe house. Other programs include regular therapeutic visits with children, overnight visitation for incarcerated mothers, creative writing and poetry for female classes, community work release, reentry planning, and televisitation. . . . Staff for the New Mexico Department of Corrections complete a 3-day training session on ‘Working with Female Offenders’ in order to raise awareness of women’s unique needs and issues.”

- Analysis of the Cameron neighborhood in Chicago, a poor but recently proactive community developing initiatives including an employment and case management program for female offenders, recommended the following for female reentry: “(1) a comprehensive and multidimensional assessment

of psychological, social, and educational needs prior to release; (2) assistance with identifying family issues for family conferencing and negotiation; and (3) closer attention to job placement that enables women to gain income and gradual experience in the job market.”

- Several states, including Connecticut, Iowa, Maryland, New York, and Ohio, have considered development and use of “certificates of employability.” These official certificates are issued upon release from correctional custody to offenders who, through their performance in prison (treatment, training, and behavior), can be certified as ready to perform productively in the workplace. These certificates can be used to defer or eliminate application of laws prohibiting felons from entering licensed or other credentialed professions. Since they are most likely given to low risk and/or non-violent offenders, a description that also applies to many female inmates, this

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(Future of OK Corrections, cont. from page 33)

policy option might prove most suitable for the female population, especially if piloted for testing prior to larger scale implementation.

- Research in 2008 indicated that outcomes for women in a prison therapeutic community (TC) or in an Intensive Outpatient Program (IOP) “improved significantly on all variables in each of the outcome domains (mental health, substance use, criminal behavior, and HIV risk).” However, TC participants, with less exposure to sexual violence and with fewer prior criminal arrests, did better after six months on depression and posttraumatic symptom severity and in trading sex for money or drugs.

- Other 2008 research found that counseling programs such as Trauma Affect Regulation: Guide for Education and Therapy (TARGET) and Present Centered Therapy (PCT), which “enhance women’s abilities to deal effectively with current challenges and relationships,” successfully reduced drop-out rates and levels of post-traumatic stress disorder for incarcerated females similarly to long-term therapies.

- Finally, in 2006 the former director of the National Institute of Justice called for a specific research agenda on these concerns “that is woman-centered, not offender-centered, and not even woman-offender-



centered. As important as it is to understand the consequences of the increase in women in prison, and the intersection of drug abuse and the war on drugs on women, the ripple effects of this social experiment are far reaching and the research agenda must be just as far reaching.” In other words, the development and application of a top-flight research capability and Evidence-Based Practice for issues concerning incarcerated females could pay substantial dividends. In addition, as mentioned above, consider the impact of combining the aging of offenders with the growing

female population. One in 2004 noted the tendency of correctional officials to ignore gender differences, accusing them of “a pattern of benign neglect” of their needs and “the unique living environment, health care

and programming needs of aging female inmates.” Likewise, others discovered that *as the numbers of women in prison have increased, so have the number of older women behind bars. These older women present unique problems for institutions trying to meet their health care needs. We report findings from our*

national pilot study of federal and state prisons for women. Prisons report basic services for physical and mental health care, and most report having hospice services. However, those that house larger percentages or that expect to house larger percentages of older prisoners do not significantly differ in their approaches to assessing and providing health care from their counterparts. By failing to anticipate the increase in older women, prisons may be failing to provide for many of the health needs of this vulnerable population.

Thus, although the female inmate population may not be growing at the same rates as some of the other specific populations within DOC custody, they will clearly continue to present needs and issues that will require acute awareness and careful programming in the future.



HISPANIC/LATINO OFFENDERS

The Sentencing Project in August 2003 published a report on a national survey of Hispanics/Latinos in U.S. criminal justice, including their status as offenders. Among the authors' findings:

LIKELIHOOD OF INCARCERATION

- Hispanic men are almost four times as likely to go to prison at some point in their lives as non-Hispanic white males, but less likely than African American males.
- In some regions Hispanic male arrestees are the least likely to have their cases dismissed, followed by black males, Anglo males, and females of all ethnic groups.

COMPARING HISPANIC WITH WHITE AND BLACK INCARCERATION

- Nationally, in state prisons and local jails, Hispanics are incarcerated at nearly twice the rate of whites, while in some states the rate is much higher, e.g., seven times higher in Connecticut and Pennsylvania, and six times higher in Massachusetts and North Dakota.
- In New York, where the state's adult minority population is less than 31.7%, nine out of ten new prisoners are from an ethnic or racial minority. In 1997, the state-wide population of Maryland, Illinois, North Carolina,

Louisiana and South Carolina was two-thirds or more white, but for each, prison growth since 1985 was 80% non-white.

DRUGS

- Despite equal rates of drug use proportionate to their populations, Hispanics are twice as likely as whites, and equally as likely as blacks, to be admitted to state prison for a drug offense.
- Of all federal prisoners, Hispanics are half as likely as whites to have ever received treatment for substance abuse and also less likely than blacks (H19%, B25.7%, W39.5%). The numbers are also disproportionate for state prisoners (H33.8%, B36.6%, W51.8%). . . .

HISPANIC WOMEN OFFENDERS

- In state prisons and jails Hispanic females are incarcerated at almost twice the rate of white females (117 persons to 63 persons per 100,000 population).
- Hispanic women are three times as likely to go to prison in their lifetime as compared to white women (1.5% vs. 0.5%).

(continued on page 36)

HISPANICS IN PRISONS AND JAILS

- There are 283,000 Hispanics in federal and state prisons and local jails, making up slightly over 15% of the offender population.
- Nearly 1 in 3 (32%) persons held in federal prisons is Hispanic.
- As of 2001, 4% of Hispanic males in their twenties and early thirties were in prison or jail - as compared to 1.8% of white males.
- Hispanics are the fastest growing group being imprisoned, increasing from 10.9% of all State and Federal offenders in 1985 to 15.6% in 2001.
- From 1985 to 1995, the number of Hispanics in federal and state prisons rose by 219%, with an average annual increase of 12.3%.
- There is a fair amount of inconsistency in measuring Hispanic jail and prison populations, as they are frequently counted in conflicting or contradictory methods; e.g., Hispanics measured racially as black or white and not as a distinct group. It is commonly suspected that the actual number of Hispanics incarcerated is higher than what is accounted for by reporting agencies.

As shown below, Hispanic/Latino offenders in the Oklahoma Department of Corrections (DOC) have increased 45% since FY 2005 and project out to another 86% increase in the next five years if their numbers continue to increase at past average rates. This will take DOC from 1,721 in FY 2008 to 3,199 in 2013. No other racial or ethnic group of offenders is growing at this pace in DOC institutions. It is reasonable, therefore, to ask what, if any, special considerations and actions DOC might need to take to manage that population growth effectively.

Projected Hispanic/Latino Prison Population Oklahoma Dept. of Corrections FY 2005-FY 2013	
Fiscal Year	Hispanic/Latino Offenders
FY2005	1,185
FY2006	1,357
FY2007	1,511
FY2008	1,721
FY2009	1,948
FY2010	2,205
FY2011	2,496
FY2012	2,826
FY2013	3,199
Data for FY2005-FY2008 from Oklahoma Department of Corrections Offender Management System	

(Future of OK Corrections, cont. from page 35)

- In the U.S. general population, 9.7% of women are Hispanic. In the U.S. prison population, 15% of women state prisoners and 32% of women Federal prisoners are Hispanic.
- Between 1990 and 1996, the number of Hispanic female prisoners rose 71%.
- In New York, Hispanic women are 14% of the state's prison population but constitute 44% of women sentenced to prison for drug offenses.

Hispanic women are three times as likely to go to prison in their lifetime as compared to white women.

From the available research and recommendations, we can identify two basic sets of needs for effective management and treatment of the Hispanic/Latino offender population in Oklahoma corrections. First, because Hispanic/Latino offenders may be identified as “white” or “black,” it is clear that greater sensitivity must be paid to data collection and reporting. Two chief means exist to denote Hispanics and Latinos: self-report and intake officer determination. Neither is completely reliable. As a result, some Hispanics and Latinos may end up classified as White or Black. Further, categories of Mixed Race may not carefully enough distinguish those with Hispanic/Latino heritage from others without that heritage. Special procedures and sensitivity to this data problem should be developed if evidence-based practice is to target this

special population most effectively. Second, along the same line, greater emphasis on bilingualism and on cultural awareness may be required in the future. This would certainly apply to correctional officers and case managers in institutions but could also involve counselors and treatment providers, educators, health care (physical and mental), and even top executive staff in the facilities. Reentry staff and probation and parole officers may also be included.

In any case, the Hispanic/Latino offender population in Oklahoma prisons is the fastest growing racial/ethnic population in DOC. While the numbers are not a large proportion of the total offender population at this time, their growth and rate of increase pose definite questions for effective and efficient planning and management of department institutions. Among the questions are (1) accurate and complete collection of data on their actual numbers and (2) sufficient awareness and application of necessary language and cultural needs to prevent inappropriate planning for and responses to the day-to-day operations of facilities with growing numbers of Hispanics and Latinos. DOC might address these concerns by assigning investigation and recommendations of future concerns and needs to a committee with a timetable for a report on the best ways to meet the challenges of this increasing population. DOC's current Diversity Committee could be the platform from which this specific need could be addressed.

SUMMING UP

We hope it is clear from this issue of *Inside Corrections* that much has been and can be done to promote the use and success of data, research, evaluation, and analysis in DOC operations and programming. It should also be clear that we know a great deal about what works and how to do it, given the proper support and resources from policymakers and the public. With these efforts, we can and will not only be more effective in administration but also more successful in meeting our public safety goals as well.

We also hope that you have had numerous lightbulbs go off over your head as you have read this issue, with ideas and concerns about how the Evaluation & Analysis unit might be able to help you answer questions you have been having about how well you are doing, how well you can show it, and what else might still be done. And, as you document successes or run across practices that look promising, please let us know as well so we can help you spread the word within the department and around the country. Together, we can make the Oklahoma Department of Corrections the premier corrections department in the U.S. on every positive measure that any of us can create.

Thanks for taking the time to read this issue. We will look forward to working with you. ■

Mental Health, continued from page 27)

inmate is released, a collaborative community-based Recovery Intensive Care Coordination Team (RICCT) starts working with the offender. Each RICCT is composed of a certified case manager and a recovery support peer specialist affiliated with a community mental health center (CMHC). There are four RICCTs; two are based in Tulsa and two are in Oklahoma City. RICCTs work with ex-offenders with serious mental illness to help them transition to community living and receiving mental health services from the CMHC.

The program is co-managed by Bob Mann, RN, LSW, coordinator of clinical social work services for DOC and Randy May, LPC, director of community-based services for ODMHSAS. In an interview with Bob Mann, OPEN MINDS On-Line News learned that the Mental Health Reentry program operates in the Joseph Harp medium security men's prison; the Mabel Bassett women's prison, and the Oklahoma State Penitentiary, a maximum security facility. Offenders identified during intake assessments who are eligible for the program, but in other facilities can be transferred to one of the three participating facilities. Mr. Mann said that when the project started in 2004, it built on the state's growing interest in providing better transition services for offenders with mental illness. In 2004, at the project kick-off, the executive leadership of DOC, ODMHSAS, DHS, and OHCA met to support the project

and agree on goals for the project outcomes. This consensus at the executive level translated into regular meetings among agency staff to build trust and share information to implement the program. The information sharing has continued and in July 2008, DOC and ODMHSAS signed a robust information-sharing agreement that will allow both DOC and ODMHSAS unprecedented access to clinical information from records of state-funded treatment provided to mental health services consumers involved with DOC. The system will go live in December 2008.

The first step to implementing the program was developing understanding among the agency executives, so that policies would be congruent when implemented. Mr. Mann said the benefits of congruent policies and information-sharing has become especially evident in securing Social Security disability benefits for the participants. Nationally, about 39.7% Social Security disability applications are accepted without need for further information or revision. As of September 2008, about 89.6% of the Oklahoma program participants' Social Security disability applications are accepted on the first submission. The end result is that inmates with mental illness leave prison and are immediately eligible to receive treatment and disability benefits. If the approvals are delayed, the community-based RICCT's have access to flexible funding to help the ex-offender meet basic needs as a stop-gap measure while waiting for final approval.

(The Right Questions to Ask, continued from page 11)

the people you have to justify your actions with and to? If the threshold is not met, if your theories, assumptions, etc., are not working out the way you thought, is it because they are wrong or overestimated, because they did not have enough time to go into effect, because resources were not provided as needed (not to say, promised), or because other factors outside your control changed during the study period that took the outcome(s) in another direction? Once you answer this last question, how will you prove it?

What outside assistance might be helpful in your development of collection of data and measures?

What if you cannot answer any or all of the questions above or put those answers into effect? Where should you look for help? Consultants? Okay, but have you got what you can answer and what you cannot firm enough to make sure they stay on the track that you want, to build into their deliverables and everything else that goes into their contracting? Grants? After you have reviewed the federal, non-profit, and/or private availability and requirements, does what you want to do meet their interested topic areas enough to make it worth the time to apply (and you don't worry so much about their formal process because, if you've answered the questions above, you will generally

also answer anything they need to review your proposal seriously)? What if there are enough other factors and actors at work in what you are doing or want to re-do that they have to be brought into the process? Can they help with resource shortages or ideas for implementation? Do they have pull with others who might otherwise not be crazy about working with you? Or will they want to run off in directions that you do not want to go (that sports radio talk again)? If so, can you get around them to other partners without too much damage? Can you find other measures or ideas that will get at your concern that do not involve them?

Okay, so it really was not just a few simple questions. Depending on what you are doing or want to do, they can be pretty daunting, even crippling or terminating. But these questions can all serve as a kind of checklist for your thoughts and planning. If/when you are required to justify what you do or want to change, if you have already answered these questions to yourself, you should be prepared for just about anything the folks you are working with may want to know. And keep in mind that, in the Oklahoma Department of Corrections, you do not have to answer all these things by yourself. You have colleagues across the department on the same team, you have Quality Assurance to help with the process questions, and, of course, you have us, the Evaluation & Analysis unit. We're from the government and we're here to help. Seriously.



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AMERICAN HEART MONTH

Cardiovascular diseases, including stroke, are our nation's No. 1 killer. American Heart Month urges Americans to join the battle against these diseases.

More than 70 million Americans live with some form of heart disease, and this disease remains the leading cause of death in the United States.

Many of the factors that lead to heart disease, such as high blood pressure, high blood cholesterol, and obesity, can be controlled with commonsense steps and healthy lifestyles. Four simple goals which can lead to a healthy heart are exercise daily, develop good eating habits avoid tobacco, drugs and excessive alcohol; and take advantage of preventive screenings to detect problems early.

Cardiovascular disease is the single greatest cause of death in the United States each year.

(Evaluation & Analysis Unit, cont. from page 9)

facilities will remain open, or if we will need to open a new facility and where? A recent accomplishment is her involvement in the Mathematica Project with the Department of Mental Health. This project was a major accomplishment for the E&A unit. Mathematica even received national news coverage. The Mathematica Project goal was to get Social Security benefits to inmates before they left the prison if they needed disability because of mental illness. Another accomplishment of Courtney's was the employee survey project. This project was a challenge that used complicated, in depth analysis. The goal of this

project was a way to look into each facility that would be an unbiased analysis to see where they needed assistance and also to see which areas they were excelling in. She takes pride in her job and chose to work for the DOC because she feels analysts who work for the state can have a larger impact on policies and change.

Renee Philips is the most recent addition to the E&A unit and serves as Statistical Analyst. She graduated in May with her Master's degree from the University of Oklahoma. Renee is a Statistical Analyst specializing in probation and parole. The correctional field is nothing new to Renee. She formerly worked

with Drug Courts and drug offenders before pursuing her Master's degree. Renee has been working on data requests dealing with probation and parole. She has been evaluating their supervision practices for EBP programs. She has also been working on program evaluations for training and staff development. Renee is currently excited about getting her feet wet in the statistical research world. She loves learning something new every day. Renee looks forward to taking on a new project of her own and being able to analyze it herself.

Some future goals of the E&A unit are that it would become second nature for the department as a whole to

understand the importance of EBP and data driven decisions through documentation and data collection. Then use it within their division to measure success and make improvements when needed. The E&A unit wants this analytical process to become ingrained in the culture of the Department of Corrections. Dr. Connelly also wants the Oklahoma Department of Corrections to be at the forefront of research on a national level. The E&A unit's research can prepare us for the future. It can provide an environment for our workers so they will enjoy coming to work and will allow us to provide for public safety better. ■

AMERICAN HEART MONTH

PREVENTION

Good News: Heart attacks are almost entirely preventable. 75% of American adults already show traces of dangerous fat in their arteries that contribute to cardiac arrest. To protect yourself from heart disease follow these guidelines:

- Maintain a healthy and balanced diet
- Exercise regularly for at least 20 minutes, 3 times a week
- Avoid preventable risk factors such as stress, smoking and high blood pressure

**EVERY SECOND COUNTS,
IMMEDIATE RESPONSE IS CRITICAL**

EDUCATION

Learn the warning signs – early detection saves lives. Half of all heart attack victims wait more than two hours before seeking help. If symptoms are recognized and treated sooner, fatality rates drop drastically. If you or someone you know has chest discomfort for more than two minutes, call emergency medical services immediately. The following symptoms or warning signs of cardiac arrest:

- Pain or discomfort centered in the chest area, which may radiate to left arm, neck, back or jaw
- Sweating or shortness of breath
- Nausea or vomiting
- Dizziness or fainting
- Palpitations or rapid heart beats

CELEBRATE BLACK HISTORY MONTH

BLACK FACTS*

Black residents make up 13.5 percent of the U.S. population.

The largest U.S. populations of Blacks are in Mississippi (38 percent) and in Louisiana (32 percent)

Blacks are the largest minority group in 23 states and also the largest in the District of Columbia.

In 2007, 2.4 million Blacks were military veterans in the United States, making them the largest traditionally underrepresented group among military veterans.

In the fall of 2006, 2.3 million college students were Black

Black-owned businesses totaled 1.2 million in 2002 and grossed \$88.6 billion in revenue in 2002

*U.S. Census Bureau

DECEMBER

36 Years	Sonya Hall	Medical/JEHCC	19 Years	Chiquita Overstreet	JHCC	Jerry Leighton	JBCC
				Joe McDonald	Medical/Admin	Karylen Hickerson	CDCC
34 Years	Sidney Young	JBCC		Timothy Dunn	JLCC	Joe Hankins	SEDCC
	William McCollum	Departmental Svcs		Carolyn Cheek	LARC	James Gibson	HMCC
	Regina Bowser	WSKCC	18 Years			Mary Cristelli	NWDCC
32 Years				Larry Sunderland	WSKCC	Derek Cave	HMCC
	Kenneth Barton	MACC		Steven Schrock	BJCC	Barry Cauthron	DCCC
31 Years				Arnold Nelson	CDCC	George Carothers	NWDCC
	Stephen Frazier	Info Tech		Jane Ensley	LCCC	Vickie Caesar	HMCC
	Bobby Boone	Institutions		Karen Crampton	JHCC	Leslie Bradfield	MBCC
				Karen Brooks	Medical/OSR	Karen Bowling	ECCC
				Janet Bolton	MBCC		
				Frank Bert	Info Tech		
30 Years			17 Years			12 Years	
	Peggy McConathy	SEDCC		Priscilla Toyer	Community Corrections	Dale Weaver	JHCC
				Verle Stewart	WSKCC	Hubert G. Motte	Info Tech
29 Years				Leedeane Smith	Medical/DCCC	Laura Gorman	TCDC
	Angela Earls	OSR		Sherri Rivas	SWDCC	Jesse Bartlebaugh	CDCC
				Tim Peters	Personnel		
28 Years				Joyce Perry	Director's Office		
	Gregory Province	DCCC		Alden Jones	NEOCC		
	Jerry Jones	DCCC		Joyce Jackson	Communications		
27 Years			16 Years				
	Patricia Loyd	Medical/Admin		Norma Tilley	DCCC		
	Karen Lindsey	JBCC		Beatrice Sands	SWDCC		
	Shirlee Deaton	MACC		Dewey Holdeman	WSKCC		
	Marilyn Byington	MACC					
25 Years			15 Years				
	Timothy Posvic	LARC		Anna Waggoner	WSKCC		
	Cynthia Durfey	Sent. Admin.		Robin Steelman	JEHCC		
				Dewayne Lewis	JEHCC		
				John Latimer	HMCC		
				Harley Johnson	JEHCC		
				Larry Donathan	JEHCC		
24 Years			14 Years				
	Cheryl Sexton	JBCC		Eddie Webb	NEOCC		
	Peggy Roe	NEOCC		John Short	Education/MBCC		
	Paul Daughtery	Mental Health/JHCC		Dennis SeEVERS	BJCC		
				Mary Rolison	Mental Health/JHCC		
23 Years				Joseph McDougal	LARC		
	James Hardy	DCCC		Louis Harrison	NEOCC		
	Leatha Brannon	Education/JBCC		David Fields	OSP		
				Russell Eulitt	NEOCC		
22 Years				Rebecca Densmore	Finance & Acctg.		
	Cathy Sasnett	JDCC		Brian Davis	LARC		
				Kimberly Bruce	EWCC		
21 Years				Melanie Brenton	NEOCC		
	John Slater	Education/OSR		David Ashpaugh	LARC		
	Suzie Salinas	JCCC					
	Toi Clymer	NEOCC					
	Charles Berreth	Finance & Acctg.					
	Cleta Anderson	HMCC					
20 Years			13 Years				
	Gary Williams	JBCC		Johnny Woody	Facility Classification		
	Gladys Welch	JDCC		Ronald Wiser	Finance & Acctg.		
	Terry Fry	Agri-Services/JDCC		Sheryn Warnken	Education/WSKCC		
	Mikolyn Franks	LARC		Robin Thomas	Medical/JHCC		
	Patricia Montgomery	Training		Hazel Shaver	Medical/OSR		
	Velma Adams	Medical/MBCC		Collin Nelson	MACC		
				Jules Myers	LARC		
				Arvin McGowin	JDCC		

JANUARY ANNIVERSARIES

37 Years	Theodore Limke	Priv Pris/Jls/Sty Admin	Larry Sutton	JBCC	Terry Branch	Operational Services	14 Years	Sharron Shelton	JHCC
			Rodney Redman	JCCC	James Bowers	WKCC		Justin Reeves	DCCC
35 Years	Shirley Eastwood	JHCC	Gary Reading	Trans Unit/JBCC	Mark Bears	DCCC		Willa Newberry	Medical/JBCC
			Robert Oldham	Oklahoma City CCC			19 Years	Carla King	MBCC
			Shirley Newman	SEDCC	David Thomas	WKCC		Fawnie Jones	SEDCC
34 Years	Joe Johnson	JEHCC	James McNutt	SWDCC	Charles Shedd	DCCC		James Harris	Departmental Svcs
	Edra Carr	MACC	Warren McDoulett	SEDCC	Terry Sawyer	HMCC		Janet Cannaday	NOCC
			Rex Lasater	JCCC	Charles Reeves	DCCC			
33 Years	Leonard Wright	Agri-Svcs/JBCC	Stanley Klutts	JLCC	Chris Payne	JCCC			
			Terry Jantz	NWDCC	Leon Neal	JLCC	13 Years	Anita Roten	JHCC
			Kevin Hurlebusch	DCCC	Martha Jones	Hobart CWC		Kenneth Prigmore	JCCC
31 Years	Stormy Wilson	NEDCC	Randy Hicks	Enid CCC	Jearld Custar, Jr.	NWDCC		Kristi Olzawski	NEDCC
	Robert Howard	HMCC	Roger Guinn	JBCC	Ricky Cullins	WKCC		Jamie Means	JEHCC
			Donald Ford	JCCC	Rickey Caywood	JBCC		Mark Lester	Enid CCC
30 Years	Marty Sirmons	Institutions	John Davis	JCCC	David Carman	Elk City CWC		Phillis Hughes	NOCC
	Mary Leistner	Treat/Rehab Svcs	Arthur Cook	JBCC	Sandra Burks	JBCC		Frank Harback	OCI Mfg
			Gregory Bull	Mangum CWC	Wayne Bowers	JCCC		Buffy Guthrie	JDCC
			Ben Beede	NOCC				Harold Brown	JEHCC
			Avery Allen	Mental Health/JEHCC				Charles Brewer	Operational Services
29 Years	Eva Thomas	CDCC	Janet Standridge	SEDCC	David Wortham	OSR			
	Cynthia Pate	OSP	Leslie Robinson	Info Tech	Denise Welker	CDCC	12 Years	Gerald Wilson, Jr.	JBCC
	J'me Overstreet	Admin Svcs	William Robertson	JEHCC	Anthony Tribbey	JCCC		Owen Vanorden	JDCC
	Marian Calabretta	TCDC	Raymon Ranells	JHCC	Christina Jones	NEDCC		Barbara Reinbold	Personnel Unit
28 Years	Anthony Hunter	CDCC	Monty Magruder	SEDCC	James Shandy	Trans Unit/JBCC		Daniel Praytor	MACC
	Joe Harwick	Hillside CCC	Ronnie Judd	Training	Diana Pecha	JCCC		Kevin Nunnelee	TCDC
	Bessie Greenway	OSP	Pamela Humphrey	Education	Jeffrey Palmer, Sr.	JEHCC		Deveshia Natt	Idabel CWC
	Tony Burleson	OCI Mfg/MACC	Bobby Hedrick	Agri-Svcs/JBCC	Stacey Morey	CDCC		Stacy Lovins	Facility Class
	Harold Brown	NOCC	James Hearrell	SWDCC	Sherry Mooring	JLCC		Mary Hedrick	MCCC
	Eloise Brown	CDCC	Joseph Gilleland	JHCC	Gary McClary	DCCC		Patricia Ferrell	JDCC
	Clarence Bridgeford	JHCC	John Gallagher, Jr.	Priv Pris/Jls/Sty Adm	David Huffman	DCCC		Philip Densmore	Info Tech
			Darrell Cole	JHCC	Jimmy Harris, Jr.	JBCC		Sherry Clickner	DCCC
27 Years	Alice Turner	JLCC	Terry Brinkley	JBCC	Gil Gilbert	Enid CCC		Brian Carpenter	SWDCC
	Carl Sellers	DCCC			Sieglinde Elliott	Com Sent/Off Info Svcs		Brenda Camp	JBCC
	John Ferguson	Altus CWC	20 Years	Jacqueline Wooden	EWCC	Karen Calhoun	OSR		
	Edward Evans	Field Operations		Barbara Wilson	LARC	Randy Been	JLCC	11 Years	Carmelita Dela Cruz
	Ingrid Bennett	Personnel Unit		Maurice Warrior	EWCC	Leland Allison	OSR		Norma Wright
				Brian Thomas	JDCC				Jackie West
26 Years	Charles Rogez, Jr.	JHCC		Richard Tate	Info Tech	Bob Tomlinson	OCI Mfg/LARC		Danyal Weaver
				Paula Stamper	EWCC	John Rupert	DCCC		Bradley Thomas
				Jeff Spaulding	OCI Mfg	Richard McLain	OCI Mfg		Kristie Phillips
				Shellye Sourie	Priv Pris/Jls/Sfy Adm	Adam Hutchison	NWDCC		Daryl Morgan
25 Years	Delores Farmer	Institutions		Gregory Sheik	NEDCC	Shonda Benedict	Medical/MACC		Lewis Layton
				Angela Reagan	JBCC				Stephen Keeler
				Vaughn Rader	JDCC				Matthew Jarvis
24 Years	David Wiley	Info Tech		Marjorie Phillips	JBCC				Junika Hutchins
	Richard Waldon	DCCC		John Oldfield	DCCC				Robert Hackney
	Terry Martin	EWCC		Johnny Nixon	JDCC				Darren Guthrie
	Sharon Harrison	CWCCC		John Montgomery	OK Corr. Trng Academy				Alphons Efiom
	Jimmy Gray	Sent. Admin.		Rance McKee	MACC				Gerald David
	Doug Byrd	DCCC		Wayne McClure	JCCC				Cherie Collins
				Lealynne Martinez	NEDCC				Jack Boling, Jr.
23 Years	Randall Workman	OSP		Michael Lance	EWCC				Christopher Bartlett
	Danny Williams	Info Tech		Kazuko Kovarik	EWCC				
	Gretchen Samuels	CDCC		Gail Jackson	Info Tech				
	Mary Morris	BJCC		Nancy Howard	Com Sent/Off Info Svcs				
	Alan McDonald	Med. Admin./LARC		Jim Hoover	Proc/Accred.				
	Tommy Mariano	Muskogee CCC		William Honaker	JDCC				
	Jerry Johnson	HMCC		Haskell Higgins	LARC				
	Jill Hinkston	Community Corrections		James Haynes	JEHCC				
	Thelmita Davis	EWCC		Helen Greer	OSR				
	Gregory Brooks	OSR		Charles Enloe	EWCC				
				James Crafton	JLCC				
				Clifton Carter	NOCC				
22 Years	Jimmy Wilson	OSP		Michael Carpenter	NECC				
					LARC				

Retirements

MARCH

Avery Allen, Mental Health (Facility)

John Curry, Mack Alford CC

Timothy Dunn, John Lilley CC

Nola Gibson, Medical/John Lilley CC

James Hardy, Dick Conner CC

Doyle Hoose, Jess Dunn CC

JW McDaniel, Jackie Brannon CC

Andrew Mooring, John Lilley CC

Thomas Phillips, Dick Conner CC

Daniel Pickett, Central District CC

Layna Plummer, Dick Conner CC

APRIL

Thomas Champion, Jackie Brannon CC

Gussie Drain, Education

Patricia Foster, Medical/Oklahoma County CC

Linda Laney, Lexington Assessment/Reception Center

Sharon McCoy, Jackie Brannon CC

Chuck Osborne, Oklahoma State Penitentiary

James Spencer, William S. Key CC

Troy Workman, Agri-Services

Sidney Young, Jackie Brannon CC

MAY

Delbert Appleton, Information Technology

Karen Calhoun, Oklahoma State Reformatory

Howard Watkins, Oklahoma State Reformatory

NEXT ISSUE

2008 Reentry Conference

Career Choices - *One of a Kind*

Calendar

February

- 2 Groundhog Day
- 12 Board of Corrections Meeting
DOC Administration Building
- 14 Valentine's Day
- 16 Presidents' Day

March

- 8 Daylight Savings Time
- 12 Board of Corrections Meeting
Oklahoma State Capitol
- 17 St. Patrick's Day
- 24-27 Pardon & Parole Board Mtg.
Hillside CCC

April

- 16 Board of Corrections Meeting
OK Correctional Trng Academy
Norman, OK
- 14-17 Pardon & Parole Board Mtg.
Hillside CCC
- 22 Administrative Professional Day

Janitorial Liquids

OCI's extensive line of janitorial liquids are made to meet the exacting needs of your custodial maintenance personnel.



GERMICIDAL DETERGENT

Mix each pac with 1 gallon of water.

EPA Reg. No. 10024-100-4702 EPA Est. No. 6722-6-1

ACTIVE INGREDIENTS:

Sodium Dodecyl Sulfonate Chloride..... 3.87%

n-Alkyl (C₁₂, C₁₄, C₁₆, C₁₈)..... 3.33%

DIESTERYL benzyl ammonium chloride..... 91.33%

TOTAL..... 100.00%

Keep Out of Reach of Children

DANGER

See entire container for precautionary statements and use directions.

DISPOSAL: Do not reuse container. Wrap and put in trash collection.

CorrectPac® CP201

Contents each pac: 1 lb. 16.25 FL. OZ.

24-HOUR EMERGENCY RESPONSE: 1-800-522-3565

Sold by PerfolPac Chemical Corporation

Chicago, Illinois 60622 USA

www.perfolpac.com

Mix each pac with 1 gallon of water.

EPA Reg. No. 10024-100-4702 EPA Est. No. 6722-6-1

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Sold by PerfolPac Chemical Corporation

Chicago, Illinois 60622 USA

www.perfolpac.com

CorrectPac® CP940 Laundry Detergent

Use one pac per load in standard washer for general laundry.

CAUTION: Keep Out of Reach of Children.

Use 1 pac per 200 lbs of laundry in a top-loading washer.

Use 1 pac per 100 lbs of laundry in a front-loading washer.

Use 1 pac per 50 lbs of laundry in a high-efficiency washer.

Use 1 pac per 25 lbs of laundry in a compact washer.

Use 1 pac per 10 lbs of laundry in a portable washer.

Use 1 pac per 5 lbs of laundry in a travel washer.

Use 1 pac per 2 lbs of laundry in a hand-cranked washer.

Use 1 pac per 1 lb of laundry in a coin-operated washer.

Use 1 pac per 0.5 lbs of laundry in a public payphone washer.

Use 1 pac per 0.25 lbs of laundry in a public payphone washer.

Use 1 pac per 0.125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.0625 lbs of laundry in a public payphone washer.

Use 1 pac per 0.03125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.015625 lbs of laundry in a public payphone washer.

Use 1 pac per 0.0078125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.00390625 lbs of laundry in a public payphone washer.

Use 1 pac per 0.001953125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.0009765625 lbs of laundry in a public payphone washer.

Use 1 pac per 0.00048828125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.000244140625 lbs of laundry in a public payphone washer.

Use 1 pac per 0.0001220703125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.00006103515625 lbs of laundry in a public payphone washer.

Use 1 pac per 0.000030517578125 lbs of laundry in a public payphone washer.

Use 1 pac per 0.0000152587890625 lbs of laundry in a public payphone washer.

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Use 1 pac per

MORE THAN A JOB...
...IT'S A CAREER OPPORTUNITY!

Kimberely Owen, Secretary
Internal Affairs
DOC Administration Building



For further information about career opportunities with the Oklahoma Department of Corrections, please contact Personnel at **405-425-2861**; or call **1-877-276-JOBS**; view current job openings at **www.doc.state.ok.us**

OKLAHOMA DEPARTMENT OF
CORRECTIONS
"Standing Proud"