



# **STATE OF TENNESSEE**

## **COMPTROLLER OF THE TREASURY**

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# **TENNESSEE DEPARTMENT OF CORRECTION**

## **FOLLOW-UP REPORT**

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### **Performance Audit Report**

September 2014

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**Justin P. Wilson**  
**Comptroller of the Treasury**



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**Division of State Audit**

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September 5, 2014

The Honorable Ron Ramsey  
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The Honorable Beth Harwell  
Speaker of the House of Representatives  
The Honorable Mike Bell, Chair  
Senate Committee on Government Operations  
The Honorable Judd Matheny, Chair  
House Committee on Government Operations  
and  
Members of the General Assembly  
State Capitol  
Nashville, Tennessee 37243  
and  
The Honorable Derrick D. Schofield, Commissioner  
Department of Correction  
Rachel Jackson Building, Sixth Floor  
320 Sixth Avenue North  
Nashville, TN 37243-0465

Ladies and Gentlemen:

Transmitted herewith is the follow-up performance audit of the Department of Correction. This audit was conducted pursuant to the requirements of Section 3 of Chapter 334, and Section 3 of Chapter 86, Public Acts of 2013.

This report is intended to review actions taken by the department to address the issues raised in the September 2012 performance audit reports of the department and the Board of Probation and Parole.

Sincerely,

Deborah V. Loveless, CPA  
Director

[14-023]

State of Tennessee

# Audit Highlights

Comptroller of the Treasury

Division of State Audit

Performance Audit  
**Tennessee Department of Correction**  
**Follow-up Report**  
September 2014

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## **FOLLOW-UP REPORT OBJECTIVES**

The audit objective is to review actions taken to address the issues that were raised in the September 2012 performance audits of the Tennessee Department of Correction (the department) and the Board of Probation and Parole (the board). The General Assembly transferred supervision of felony offenders on probation and parole from the board to the department on July 1, 2012, with full implementation required by January 1, 2013. Because of this, six findings from the September 2012 Board of Probation and Parole audit now pertain to the department. We addressed those findings in this audit.

## **CONCLUSIONS**

Overall, we found that the department has taken at least some action to address most, but not all, of the findings in the September 2012 performance audits that are now applicable to the Department of Correction. We found that the department fully resolved five findings and partially resolved four of the findings. Two of the findings are not resolved and are considered repeat findings. The table on the following page summarizes the status of all the follow-up items.

**Tennessee Department of Correction Follow-Up  
Status of Follow-up Items**

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3 – TOMIS risks 2012 Department of Correction Audit, Finding 3	Not Resolved	10
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5 – Incident reporting 2012 Department of Correction Audit, Finding 5	Partially Resolved	13
6 – Comparison of offender information with appropriate death records 2012 Board of Probation and Parole Audit, Finding 1	Resolved	16
7 – Probation/parole officer supervision of offenders 2012 Board of Probation and Parole Audit, Finding 2	Partially Resolved	17
8 – Disaster recovery plans 2012 Board of Probation and Parole Audit, Finding 3	Resolved	20
9 – Weaknesses in TOMIS information concerning offender programs 2012 Board of Probation and Parole Audit, Finding 6	Resolved	22
10 – Supervisors' review of offender case files 2012 Board of Probation and Parole Audit, Finding 7	Not Resolved	23
11 – Administrative Case Review Committee actions 2012 Board of Probation and Parole Audit, Finding 8	Partially Resolved	26

**Follow-up Item 1 – Mental Health contract monitoring; Resolved with new concern detected**

The department implemented Follow-Up Item No. 1 regarding mental health contracting, but we detected a new concern. Specifically, the department needs to update its official policies because its current written policies and management's verbal expectations differ concerning the frequency of contractor monitoring (page 6).

**Follow-up Item 2 – State-issued property; Partially resolved**

The department developed a uniform procedure for ensuring that exiting employees either return state property or have the cost of the property withheld from their final paychecks. However, the department could only provide documentation that two of eight employees tested who did not return property with monetary value when they left department employment between October 1, 2012, and September 30, 2013, had the value of that property deducted from their last paycheck (page 8).

**Follow-up Item 3 – Tennessee Offender Management Information System risks; Not resolved**

Management has again not mitigated the risks associated with information systems security, which increases the risk of fraudulent activity. Our testwork revealed that the department's staff did not always follow the *Information Systems Procedures Manual*, resulting in an increased risk of fraudulent activity. Because of the risk of publicly exposing a vulnerability that could be exploited, we provided the department with detailed, confidential information regarding the specific vulnerabilities we identified as well as our specific recommendations for improvement (page 10).

**Follow-up Item 5 – Incident reporting; Partially resolved**

The department records incidents (e.g., confiscation of contraband, violent activities) in department facilities and reports those incidents to the public and General Assembly to aid in making decisions. The department revised its incident reporting policy to clarify how incidents should be reported and, based on a sample of 138 incident reports tested, department staff have significantly improved their adherence to reporting policy. However, department management did not consistently or meaningfully provide even basic information to public report readers about how incident reports are reported and should be interpreted (page 13).

**Follow-up Item 7 – Probation/parole officers' supervision of offenders; Partially resolved**

While probation and parole officers reported, and therefore likely conducted, more required monitoring activities than at the time of the 2012 audit, some officers' TOMIS records indicate they did not meet all monitoring and recordkeeping requirements. For example, one offender out of 10 required to be subjected to the Vermont Assessment of Sex Offender Risk did not have the assessment conducted within the required time frame (page 17).

**Follow-up Item 10 – Supervisors' review of offender case files; Not resolved**

Overall, supervisors do not consistently monitor whether the probation and parole officers conduct oversight checks on offenders as required. For example, four of the eight initial files we tested that were required to be reviewed by a supervisor within 60 days of case initiation were not reviewed by a supervisor within that time frame. Additionally, the department does not effectively monitor whether supervisors of probation and parole officers conduct these required oversight checks (page 23).

**Follow-up Item 11 – Administrative Case Review Committee actions; Partially resolved**

Administrative Case Review Committees (ACRC) can impose sanctions for specific probation and parole violations. While the department improved how it tracks ACRC actions, testwork revealed that the probation/parole officers do not always impose the ACRC sanctions from the ACRC hearing and there is sometimes a discrepancy between the ACRC report and the ACRC decision indicated in the contact notes and signed by the offender. For example, in two of the 10 cases tested, the probation/parole officer did not implement the ACRC's sanctions (page 26).

# Performance Audit Tennessee Department of Correction Follow-up Report

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# **Performance Audit Tennessee Department of Correction Follow-up Report**

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## **INTRODUCTION**

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### **PURPOSE AND AUTHORITY FOR THE AUDIT**

This follow-up performance audit of the Department of Correction was conducted pursuant to Section 3, Chapter 334, of the Public Acts of 2013, which requires the Comptroller of the Treasury's Division of State Audit to conduct a limited audit to review actions taken to address the issues raised in the findings of the September 2012 performance audit report of the Department of Correction. Additionally, Section 3, Chapter 86, Public Acts of 2013 requires the Comptroller of the Treasury to conduct a limited audit to review actions taken to address the issues raised in the findings of the September 2012 performance audit report of the Board of Probation and Parole, some of which are now the department's responsibility and thus are also covered in this report.

### **HISTORY AND STATUTORY RESPONSIBILITIES**

The Tennessee Department of Correction was established in 1923 under Title 4, Chapter 3, Part 6, *Tennessee Code Annotated*. The department's mission is "to operate safe and secure prisons and provide effective community supervision in order to enhance public safety."

The department is supervised by a commissioner, chief of staff, and three deputy commissioners (see organization chart on page 4). The department consists of 14 state prisons located as shown on the map on page 3. The department manages 11 of the facilities, while Corrections Corporation of America (CCA) operates the other 3 facilities under contract with the department. Tennessee Prison for Women and Mark Luttrell Correctional Center exclusively house female offenders, and Bledsoe County Correctional Complex houses both male and female offenders. The other 11 facilities house only male offenders.

Staff from the department and from 19 contracted community corrections agencies supervise adults on probation and parole. As of August 2014, department employees providing community supervision are organized into 17 districts, although there were only 8 districts during the audit's fieldwork (Johnson City, Knoxville, Chattanooga, Nashville, Murfreesboro, Jackson, Memphis, and Clarksville).

Table 1 illustrates the offender population under the department's jurisdiction as of March 2014.

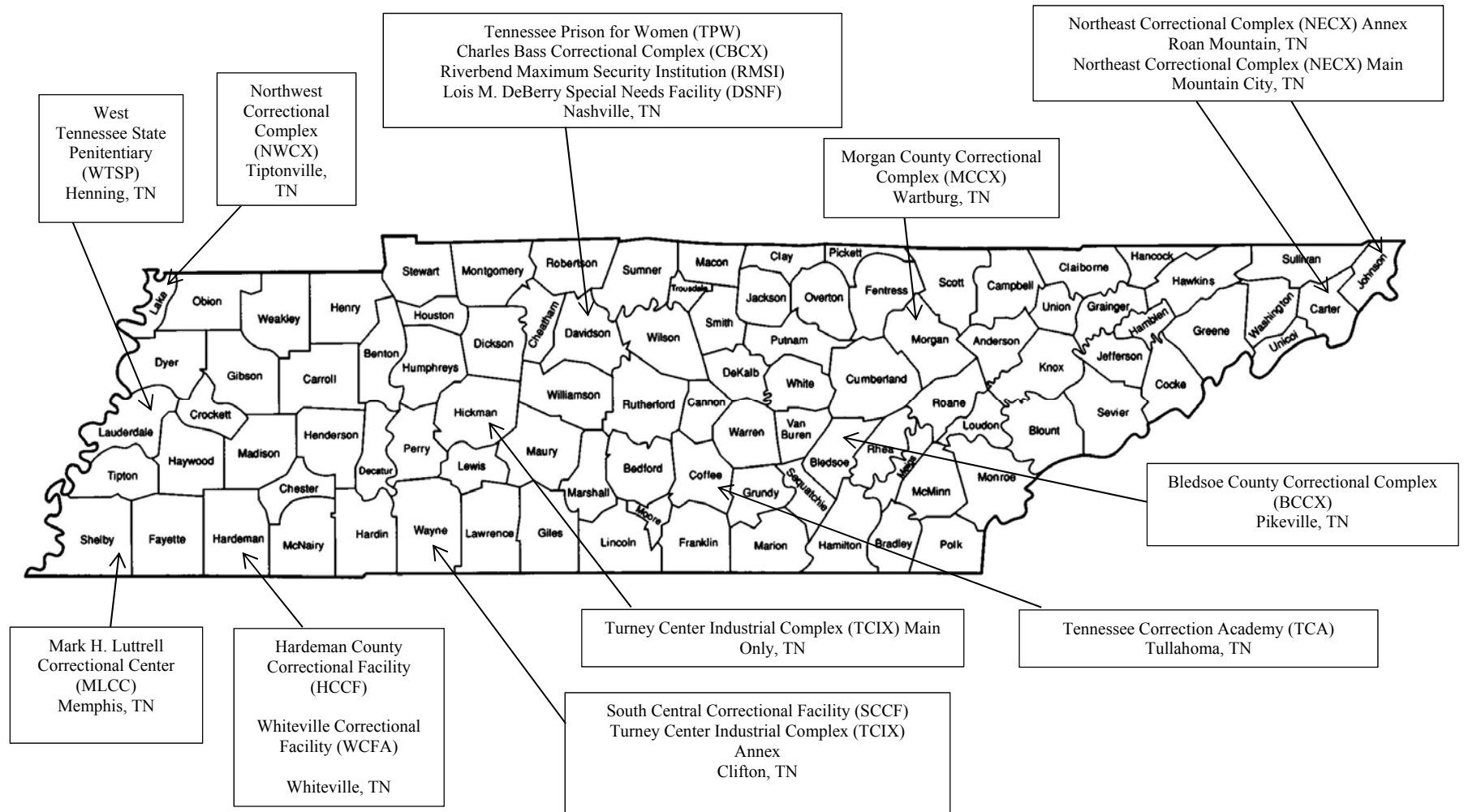
**Table 1**  
**Number of Offenders Under Department of Correction's Oversight**  
**March 2014**

<b>Type of Oversight</b>	<b>Number of Offenders</b>
Incarcerated Felons	26,658
Probation	66,259
Parole	<u>13,796</u>
TOTAL POPULATION	106,713

Source: Tennessee Felon Population Update, April 2014.

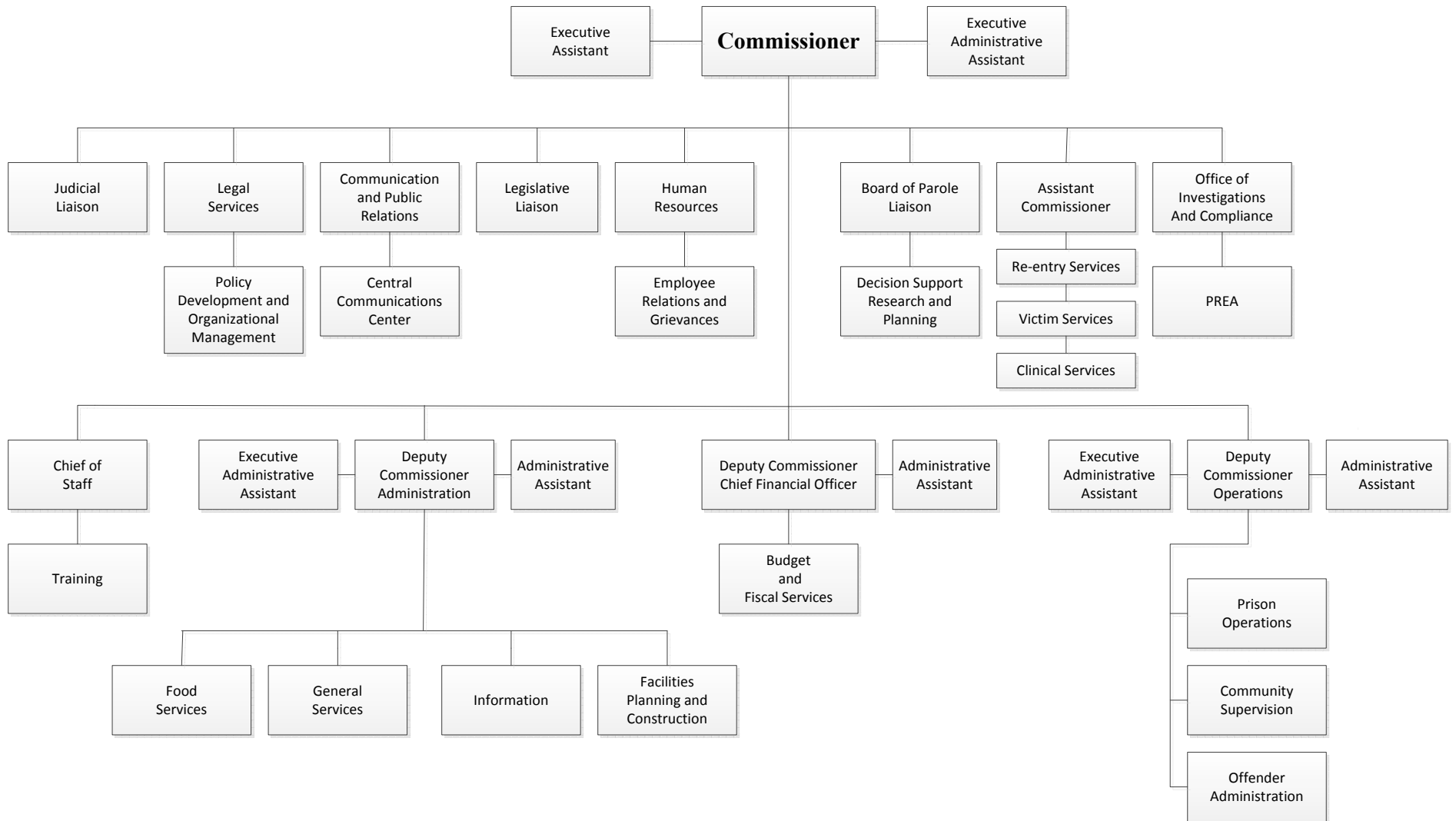
The department also operates the Tennessee Correction Academy for training the department's staff and correction professionals, as well as criminal justice professionals from other government agencies.

## Tennessee Department of Correction Facility Locations



Source: Information provided by the Department of Correction.

Tennessee Department Of Correction  
Organizational Chart  
June 2014



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## AUDIT SCOPE

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We reviewed the department's activities for the period September 2012 to July 2014. Our audit scope included a review of internal controls and compliance with laws, regulations, and provisions of contracts that are significant within the context of the audit objectives. Management of the Department of Correction is responsible for establishing and maintaining effective internal control and for complying with applicable laws, regulations, and provisions of contracts.

For our sample design, we used nonstatistical audit sampling, which was the most appropriate and cost-effective method for concluding on our audit objectives. Based on our professional judgment, review of authoritative sampling guidance, and careful consideration of underlying statistical concepts, we believe that nonstatistical sampling provides sufficient, appropriate audit evidence to support the conclusions in our report. We present more detailed information about our methodologies in the individual report sections.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## OBJECTIVES, METHODOLOGIES, AND CONCLUSIONS

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The audit objective was to review actions taken to address the issues that were raised in the September 2012 performance audits of the Tennessee Department of Correction (the department) and the Board of Probation and Parole (the board). The General Assembly transferred supervision of felony offenders on probation and parole from the board to the department on July 1, 2012, with full implementation required by January 1, 2013. Because of this, six findings from the September 2012 Board of Probation and Parole audit now pertain to the department. We addressed those findings in this audit.

Overall, we found that the department has taken at least some action to address most, but not all, of the findings in the September 2012 performance audits that are now applicable to the Department of Correction. We found that the department fully resolved five findings and partially resolved four of the findings. Two of the findings are not resolved and are considered repeat findings.

## **Follow-up Item 1 – Mental health contract monitoring**

### **2012 Department of Correction Audit, Finding 1:**

*“Numerous weaknesses were identified in the department’s mental health contract monitoring process, increasing the risk that inmates may not receive adequate mental health services and that the state vendor may not provide all of the services it is obligated to perform.”*

The audit recommended that

- the department should consider some modification to the assessment of liquidated damages, including increasing the penalty;
- the department should reevaluate the practice of lowering the level of penalty when a contractor is consistently noncompliant for a given contract requirement; and
- the Director of Clinical Services should track the “Summary and Recommendations” of prior contract monitoring to ensure that repeated finding liquidated damage penalties are not lowered in error.

To determine if any changes were made in liquidated damage amounts, we reviewed the department’s contract with Corizon to provide mental health services at department-operated facilities. To determine if liquidated damage amounts were assessed and/or reduced, we reviewed all liquidated damages assessed by the department between October 2012 and October 2013 at the 11 department-operated facilities.<sup>1</sup> Finally, we interviewed department managers to determine if prior contract monitoring is tracked to ensure that repeated finding liquidated damage penalties are not lowered in error.

Based on procedures performed, we determined the following:

- Compared to the prior contract in place during the 2012 audit, the current Corizon contract provides for increased and escalating liquidated damage amounts when the contractor repeatedly fails to meet the contract terms. Specified liquidated damages range between a Level IV \$50 per day for staffing vacancies and Level I \$800 per infraction depending on the severity, type, and length of time that an infraction continues.
- We found no instances when liquidated damages were lowered when the contractor repeatedly committed the same or a closely related violation. Rather, the department issues increasing and escalating liquidated damages when warranted as violations are repeated. For example, auditors found instances when the department assessed

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<sup>1</sup>Auditors received monitoring reports but did not focus on facilities operated by the Corrections Corporation of American (CCA) because during the time frame of this audit, the three CCA-operated facilities were under their own contracts, distinct from the Corizon contract. Additionally, the CCA facilities were monitored by a different department contract-monitoring group within the Office of Investigation and Compliance. However, the department reports that it will be transferring the CCA mental health contract-monitoring responsibilities from the department’s Office of Investigations and Compliance to the mental health staff currently responsible for the Corizon contract. Therefore, auditors did not test the current CCA monitoring process because any findings would not be relevant to future monitoring efforts.

Corizon an escalated maximum penalty of \$800 in addition to the normal lower-cost penalty for failing to fully staff a position for an extended period.

- The department developed a monthly report to track areas of contractor noncompliance and the liquidated damages assessed against each facility.

New Concern Detected:

**While the department implemented the 2012 audit recommendations, it needs to update mental health contract monitoring policies because its written policies and informal practices differ regarding monitoring frequency.**

Although the department's policies require mental health contractor performance to be monitored annually, management's expectation is for department staff to monitor mental health contractor staffing on a monthly basis, and conduct an overall on-site review of mental health contractor performance quarterly. These expectations are more prudent than the official policy, given the critical nature of mental health services in a correctional environment. Without ongoing, frequent monitoring, substantial contract violations could continue over the course of the year, seriously jeopardizing inmates' mental health.

We reviewed monitoring reports from October 2012 to October 2013 for the 11 department-operated facilities and found that all facilities' mental health services were monitored at least annually as required by policy. However, four facilities were not subject to at least one quarterly on-site review. The department reports that mental health contract monitors did not conduct these four reviews because they were temporarily assigned other contract management duties. However, to enforce management expectations, the expectations need to be incorporated into policy and/or procedures.

In conclusion, although the prior recommendations were implemented, the department needs to update mental health contract monitoring policies.

### **Management's Comment**

**We concur:** The follow-up report correctly identified that our contract monitoring policy and practices were not consistent with one another. However, this meant that we were actually doing more monitoring than the policy required.

A policy change notice (PCN) is currently being drafted. The revision of this policy will ensure that the frequency of the mental health contract monitoring is congruent with current practices as required by the contract.



## **Follow-up Item 2 – State-issued property**

### **2012 Department of Correction Audit, Finding 2**

*“Because Department of Correction facilities and the Tennessee Correction Academy fail to properly document the return of state-issued property, including uniforms, badges, IDs, and keys, when employees leave department employment, neither the facilities nor the academy could provide adequate proof that exiting employees returned state-issued property, increasing the security risk of abuse of the item.”*

The audit recommended the following:

- The department should develop a standard uniform procedure for receiving state-issued property from exiting department employees from state-run facilities and the Tennessee Correctional Academy. The procedure should have a consistent location for keeping key documents and supporting documentation during the individual's employment at the facility, specific individuals responsible for receiving property from the exiting employee, and uniform documentation of the property received from the exiting employee.
- The department should consider using Form CR-3578 and the Receipt of Issued Provisions form as the documentation that the exiting employee has returned all state property assigned during employment with the department. The Receipt of Issued Provisions form, attached to Form CR-3578, could serve as a listing of items issued and also document the items that are returned.

Management concurred with the 2012 audit recommendation and stated that the department would develop and mandate the use of a standardized checklist.

To identify employee exit procedures related to state property recovery, we reviewed department policy and forms, and interviewed facility staff responsible for processing exiting department employees. We also obtained the list of all former employees who left the department between October 1, 2012, and September 30, 2013. From the population of 1,645 exited employees, we examined records of a random sample of 51 employees to determine if there was sufficient documentation of the property they received during their employment, whether all department property was returned, and, when property was not returned, if the department appropriately requested withholding the property's costs from the employee's remaining paychecks.

Based on the audit work performed, we concluded the following:

- The department has developed a uniform procedure for ensuring that exiting employees either return state property or the cost of the property is withheld from their final paychecks. However, the policy and associated protocols were not consistently followed by department staff, as noted below.
- Department staff reliably create a property file for each employee; have each employee sign the Payroll Deduction Authorization form, FA-0973, for all property

issued; and utilize an exit checklist. However, checklists are not always completed properly, as explained below.

Partially Resolved Issue:

**While the department created a uniform policy and procedure to collect state-issued property from employees leaving department employment, some exiting employees were not charged for unreturned property, and exit checklists were not always signed or properly completed.**

Although a uniform policy was developed, the department could only provide documentation that two of eight employees tested (25%) who did not return state property with monetary value had the value of that property deducted from their last paycheck. Additionally, while all of the files tested included the exit checklist when required, only 48% of the checklists were signed by all of the required personnel. Finally, auditors identified four completed checklists which state all issued property was returned to the department, while supplemental documentation provided by the facilities for those same exiting personnel indicated that some property was not returned. Department staff indicated that this was due to human error.

Under department policy, some property, such as substantially used boots that effectively have no value to the department, are not required to be returned, nor is any associated payment deducted from the employee's final paycheck. In these cases, department staff responsible for applying those policies need to document that the specific unreturned property does not require repayment.

### **Recommendation**

We recommend department management ensure the uniform exit procedures are consistently implemented by all facilities, including recouping the cost of property not returned when an employee leaves the department, having all required individuals sign the exit checklist, and ensuring checklists correctly indicate whether property has been returned or not.

### **Management's Comment**

**We concur:** As noted in the report, the department successfully developed and implemented a uniform procedure to ensure exiting employees return state property, the potential for recouping the cost of unreturned items, and a reliable property file for each employee. While the majority of employee exits have been properly handled in accordance with the new procedure, there is still room for improvement.

Human Resources staff has been advised to ensure that each signature on the exit checklist should be obtained from the applicable party, and all blanks should be signed. They will also ensure that every checklist is correctly completed to indicate whether each piece of property was actually returned or not.

Human Resources staff was reminded to document notification of the payroll in those cases where property was not returned and funds should have been deducted from the final check.

This item has been added to the internal audit program, and the Central Office Human Resources Manager is performing random checks on this while in the field.

### **Follow-up Item 3 – Tennessee Offender Management Information System risks**

#### **2012 Department of Correction Audit, Finding 3**

*“Management has again not mitigated the risks associated with information systems security, which increases the risk of fraudulent activity.”*

The audit recommended that the department should

- ensure that departmental staff are informed of the requirements of the department’s *Information Systems Procedures Manual*;
- identify staff to be responsible for ongoing monitoring for compliance with the *Management Information Services Procedure Manual* to ensure the manual is followed by department staff; and
- include the risks noted in this finding in management’s documented risk assessment.

Management concurred with the 2012 audit recommendation and stated that the department would develop and mandate procedures to address those risks.

The wording of neither the prior finding, nor this current finding, identifies the specific vulnerability that could allow someone to exploit the department’s systems. Disclosing this vulnerability could present a potential security risk by providing readers with information that might be confidential pursuant to Section 10-7-504(i), *Tennessee Code Annotated*. We provided the department with detailed information regarding the specific vulnerability we identified as well as our recommendation for improvement.

#### Unresolved Issue:

**As with the prior audit, our testwork revealed that the department’s staff did not always follow the *Information Systems Procedures Manual*, resulting in an increased risk of fraudulent activity.**

### **Recommendation**

As recommended previously, the Commissioner should ensure that department staff is informed of the requirements of the department’s *Information Systems Procedures Manual*. The Commissioner also needs to identify staff to be responsible for ongoing monitoring for

compliance with the *Information Systems Procedures Manual* to ensure the manual is followed by department staff.

### **Management's Comment**

**We concur:** The department has vigorously addressed these risks, and the efforts have yielded significant improvements in comparison to the prior audit findings; however, staff did not always follow the *Information Systems Procedures Manual*.

We are continuing to implement more procedures to further enhance monitoring of staff compliance with the *Information Systems Procedures Manual*.

### **Follow-up Item 4 – Inmate Trust Fund Accounts**

#### **2012 Department of Correction Audit, Finding 4**

*“The department and its contractors do not always follow Inmate Trust Fund Account policies, increasing the risk that these trust funds will be subject to fraud, waste, and abuse.”*

The auditors recommended the following:

- The department should take steps to correct issues noted in the finding. For example, the department should provide institutional training concerning compliance with the policy that requires an inmate to sign Personal Withdrawal Requests and the Commissary Pick Form. If an inmate refuses to sign for the commissary items delivered, the inmate should not receive the order.
- The department should ensure supervisors regularly review inmate trust fund account forms to ensure compliance with department policy.
- The department should track inmate savings/investment accounts and require that all wardens submit the Inmate Financial Status Report in accordance with Policy 208.1 “Inmate Trust Fund Account.”
- The department should ensure the Director of Budget and Fiscal Services submit an annual report to the Commissioner listing the amount of money recovered from inmates to cover their room and board costs.
- The department should require Corrections Corporation of America (CCA) management to follow the requirements in Policy 208.1 relating to the quarterly Inmate Trust Fund Account interest statement.

The purpose of inmate trust fund accounts is to establish a cashless inmate economy. For example, rather than paying cash for purchases in the prison commissary, inmates sign a form authorizing the withdrawal of the purchase amount from their inmate trust fund account. The prior audit found inmates did not always sign withdrawal requests and commissary order forms,

some institutions were not reporting all inmate savings accounts to the director of budget and fiscal services, and the department did not consistently track inmates' assets.

For this audit, we reviewed statute as well as department Policy 208.01, "Inmate Trust Fund Accounts," to identify current regulations over inmate trust funds and department requirements to recoup room and board costs from inmates with sufficient assets. We also reviewed department policies and related forms such as CR-2727, Personal Withdrawal Request, and, interviewed central office personnel to understand department policies and procedures and determine whether departmental training was provided as recommended. Other internal monitoring reports, such as Inmate Financial Status Reports and memos from facility wardens indicating that appropriate staff reviewed documents and processes that relate to the prior finding weaknesses were reviewed. Similarly, we also reviewed the quarterly Inmate Trust Fund Interest statements at departmental and CCA facilities to determine whether they were in compliance with Policy 208.01. Finally, we reviewed 39 inmates' trust funds and other asset records for May 2013 from four institutions—Northeast Correctional Complex, Riverbend Maximum Security Institution, Northwest Correctional Complex, and South Central Correctional Facility managed by CCA—to determine whether inmates signed Personal Withdrawal Requests and Commissary Pick Forms and whether the amounts on the documents agreed with the amounts deducted from their Inmate Trust Fund Account in the Tennessee Offender Management Information System (TOMIS). Specifically, the Inmate Financial Status Reports were reviewed to determine the inmates' potential to contribute toward the cost of their care in accordance with Sections 41-21-901 through 911, *Tennessee Code Annotated*.

Based on the audit work performed, we concluded the following:

- The department required inmates to sign Personal Withdrawal Requests and the Commissary Pick Form. Five of 39 inmate records tested (13%) were not properly signed by the inmate, all from the same institution. Interviews with the institution's management revealed that this problem had already been detected by staff in December 2013 and a new directive had been issued to that institution's staff clarifying that signatures would be required going forward. The department also provided training regarding Inmate Trust Fund Accounts.
- The department regularly reviewed Inmate Trust Fund Account forms to ensure compliance with department policy.
- The department tracked inmate savings/investment accounts and required that all wardens submit the Inmate Financial Status Report in accordance with Policy 208.1, "Inmate Trust Fund Account." We found reports we tested were reviewed and signed by the appropriate fiscal officer within 10 days of the end of the quarter, as required by department policy.
- The department ensured the director of budget and fiscal services submits an annual report to the commissioner listing the amount of money recovered from inmates. We confirmed that during calendar year 2013, the wardens submitted a quarterly listing of inmates with savings or investment account balances of \$2,000 or greater to the

department director of budget and fiscal services. The department also reported to the Attorney General inmates believed able to support at least 10% of the cost of care for at least two years as required by Sections 41-21-901 through 911, *Tennessee Code Annotated*.

- The department required CCA management to follow the requirements in Policy 208.1 relating to the quarterly Inmate Trust Fund Account interest statement.

The department fully implemented the recommendation, and the issue is resolved.<sup>2</sup>

### **Follow-up Item 5 – Incident reporting**

#### **2012 Department of Correction Audit, Finding 5**

*“The department needs to clarify its policy on how it reports incidents occurring in the state’s prisons, and should ensure the incident statistics provided to the public and policy makers are sufficiently explained.”*

The audit recommended the department should

- revise and clarify department Policy 103.2 (which articulates how incidents are to be reported) to ensure that all department staff, the general public, and legislators understand the intent of the policy and that correctional officers consistently identify and report all incidents;
- ensure all incidents are recorded in the Tennessee Offender Management Information System (TOMIS), regardless of whether a disciplinary offense is assigned or warranted, to provide a complete and clear picture of institutional conditions; and
- include an explanation of how numbers are calculated (e.g., informing readers that an incident may include several infractions) in its statistical and performance reports used by the public and by policy makers.

Management concurred with the 2012 audit recommendation and indicated it would revise department policy concerning incident reporting.

The department records certain incidents (e.g., confiscation of contraband, violent activities) in department facilities and reports those incidents to the public and General Assembly to aid in making decisions. Auditors reviewed department policy and interviewed department management to assess departmental policy about incident reporting. Auditors also reviewed statistical and performance reports available to the public via the department’s website, as of July 2014, to assess the adequacy of information provided. For example, auditors reviewed the *FY 2013 Statistical Abstract* prepared October 2013. Finally, auditors reviewed a sample of 138

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<sup>2</sup> The Comptroller of the Treasury also issued an investigation, “Special Investigation of Selected Records of Tennessee Prison for Women – Inmate Trust Fund,” which identified case-specific and procedural problems regarding inmate trust funds going back to January 1, 2010. The investigated case predates the procedures in place at the time of this audit.

incident reports entered into TOMIS. We randomly selected 10 days from the time period April 1, 2013, to September 30, 2013, and requested incident report data from TOMIS for those 10 days. We also randomly selected 10 of the 14 correctional facilities (11 operated by the department and 3 operated by CCA) and reviewed one of the selected days from each selected facility. We reviewed the incident report data provided and compared it to the department's Policy 103.02, "Incident Reporting," to determine if correctional officers entered incident reports in TOMIS in compliance with department policies.

Based on the audit work performed, we concluded department management revised and clarified incident reporting policy by issuing Policy Change Notice 13-60, effective March 21, 2013. The updated policy states that multiple disciplinary infractions generated from a single event must be entered into TOMIS as a single incident with each infraction (including multiple infractions, if committed) listed in the body of the report to correctly reflect both the incident and the related infractions. For example, if a fight breaks out between inmates, the new policy dictates that it be entered in TOMIS as one incident, with information about each involved inmate's specific infractions entered within that one TOMIS record (on specified screens). There are exceptions, such as when an individual violation and resulting infraction are so serious (such as the use of violence) that the policy requires the infractions are reported as separate incidents, even if this results in multiple incident records for a single event.

We also concluded that departmental and CCA staffs generally ensured all incidents were recorded in TOMIS. Of the 138 TOMIS incident reports reviewed, 9 (7%) were not recorded according to the clarified department policy. For example, one incident report indicated that two inmates were written up for failing to submit to a drug test, which is one of the special circumstances under which separate incident reports for each inmate should have been submitted. Similarly, three reports included out-of-date coding no longer used by the department. Finally, auditors identified five cases where two instances could have been combined into one incident. On the whole, while not perfect, an error rate of less than 10% for a relatively sophisticated data collection process supports that department staff generally understand and follow the clarified department policy.

Partially Resolved Issue:

**While the department clarified its policy on how incidents are to be recorded in TOMIS and staff implemented these policies, the department does not include sufficient information about incident reporting in statistical reports available to the general public and the General Assembly for readers to be able to properly and accurately analyze the information.**

Department management has not significantly improved explaining to readers of its statistical and performance reports how it counts and reports incidents. Without explanations included in statistical and performance reports to the public, this portion of the issue is not resolved.

## **Recommendation**

To resolve this issue, we recommend the department include in all its statistical and performance reports an explanation of how incident and infraction statistics are collected and reported to ensure readers understand the reported numbers. One option may be to explain on publicly available statistical reports that a single incident report may contain multiple infractions and some serious infractions require a separate incident report. Along with this brief disclosure, the report may include a reference to incident reporting policies available on the department's website.

## **Management's Comment**

**We do not concur:** The original finding from 2012 recommended "the department clarify its policy on how it reports incidents occurring in the state's prisons and should ensure the incident statistics provided to the public and policy makers are sufficiently explained."

The department acknowledges that incident reporting may be difficult to understand for the individual not familiar with the incident process. However, management would argue that the issue is resolved because the revised policy accurately and sufficiently describes the incident-reporting process, includes a list of all incident types, and defines the levels of seriousness of incidents.

The follow-up report substantiates that the department has clarified its policy on how incidents are to be recorded in TOMIS in a manner that is more easily understood and that staff have been successful in their implementation of policy.

However, the follow-up report alleges that sufficient information to allow the reader to properly understand incident reporting is not currently contained in statistical reports that are available to the public and the General Assembly and recommends paraphrasing portions of policy in all statistical and performance reports.

We do not concur. Statistical and performance reports providing quantitative data related to incident occurrences within the department are predicted upon the above described policy and such is noted in the reports. It would be misleading to suggest to the reader of these reports that sufficient understanding of incident reporting can be gained by reading a paraphrased portion of the policy.

The department has provided the public and the General Assembly full disclosure and complete access to the revised policy and believes this fully satisfies the 2012 recommendation.



## **Follow-up Item 6 – Comparison of offender information with appropriate death records**

### **2012 Board of Probation and Parole Audit, Finding 1**

*“Comparison of offender social security numbers to Department of Health death records found that 82 offenders were still actively monitored after their death.”*

The 2012 audit recommended the Board of Probation and Parole (whose applicable functions have transferred to the Department of Correction) should consider regularly comparing offender information to either state or U.S. Social Security Administration death records.

Management concurred and stated a more thorough review of death records including state and national would be added to the annual review of offender files. The department also reported it would retrain staff on how to search for deceased offenders.

We interviewed department managers who are now responsible for oversight of probation and parole offenders to understand newly developed department processes for identifying potentially deceased offenders and to determine if the department developed related policies and procedures. We also repeated the 2012 analysis by comparing the list of probationers and parolees supervised by the department as of February 2014 to Department of Health death records.

We found the department has developed a process of comparing probationer and parolee data with various sources of death records to identify offenders who have potentially passed away. The department’s information systems division staff submits quarterly all TOMIS active offender information to the Tennessee Bureau of Investigation (TBI). The TBI forwards the data to three death index databases: the Social Security Death Index, Tennessee Vital Records, and Lexis Nexis. Each database returns a list of potential matches to the TBI, which forwards the lists to the department. A match does not necessarily indicate that an offender has passed away. A match may simply identify two people with similar identification information. As a result, the department distributes the potential matches to local monitoring district offices, which have 10 working days to investigate the potential matches. The local offices submit the results to an assigned district contact who verifies the reported information is correct.

The department has completed two death index comparisons since the 2012 audit, one in August 2013 and one in December 2013. The August 2013 comparison identified 105 potential deaths. Of the 105, the department confirmed 79 offenders had died, 13 continue under investigation, 7 offenders were confirmed to be alive, and 6 are listed as unknown. In December 2013,<sup>3</sup> the comparison identified 470 potential deaths. Of these cases, the department confirmed 107 deaths, 183 continue under investigation, 169 were confirmed alive, and 11 offenders had died after being discharged from department supervision. The department reports that the number of positive “hits” likely increased due to an increased department emphasis on record keeping and because of an improvement in how the comparison was conducted.

We repeated testwork conducted for the 2012 report and found no instances of offenders reported as seen or otherwise verified by a probation or parole officer after external death records

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<sup>3</sup> The increase in potential dead offenders was due to an improvement in how the department compares the death records and to better record keeping as a result of staff training.

had identified the offender as being potentially deceased. We compared the probationers and parolees monitored by the department as of February 2014 to Tennessee Department of Health death records and found 23 probationers potentially deceased. One of the 23 offenders was subsequently removed from audit consideration because the department provided additional evidence suggesting the inmate was mistakenly identified as deceased by the death records. Of the 22 remaining potentially deceased offenders, there were no TOMIS record entries showing that department personnel had either seen or otherwise conducted an activity which would have been impossible if the offender had passed away.

Based on the information obtained and testwork performed, this recommendation has been implemented and the issue is resolved.

**Follow-up Item 7 – Probation/parole officers’ supervision of offenders**  
**2012 Board of Probation and Parole Audit, Finding 2**

*“As noted in the May 2006 audit, the board’s probation and parole officers are still not completing all supervision requirements, resulting in an increased risk that the board will not achieve its mission of minimizing public risk and maximizing lawful behavior.”*

The 2012 audit recommended the board (whose applicable functions have transferred to the Department of Correction) develop a formal corrective action plan to ensure all supervision is being conducted as required and is completely and accurately reported in TOMIS.

Management concurred with the 2012 audit recommendation and indicated that the department would ensure that probation and parole officers follow offender supervision guidelines and enter all information appropriately in TOMIS.

The department establishes the standards for offender supervision. The current standards require officers to complete the following activities at regular, specified intervals:

- face-to-face contacts,
- home visits,
- drug tests,
- arrest/continued incarceration/placement checks,
- monitoring of special conditions established by the board or courts,
- employment verification,
- monitoring of fee payments, and
- risk assessments.

The frequency of these activities depends on an offender's supervision level as presented in Appendix 1.

In addition to these requirements, risk assessments must be documented after an initial intake period and a minimum of every two years thereafter for offenders on specified supervision levels. Additionally, all sex offenders must receive a Vermont Assessment of Sex Offender Risk (VASOR) annually.

For purposes of our review, we identified three types of supervision: regular, interactive offender tracking (IOT), and global positioning system (GPS). A regular offender is any offender not on IOT or GPS monitoring and is classified as enhanced, maximum, medium, or minimum supervision level. IOT is intended for low-risk offenders who according to the IOT manual do not require traditional face-to-face reporting and closer supervision. GPS offenders are deemed high-risk and need GPS monitoring.

We reviewed department policies and procedures to identify required supervisory activities of officers to monitor offenders based on type of supervision. We tested a sample of 50 probation and parole offenders, including 10 IOT offenders (5 on parole and 5 on probation), 10 GPS offenders (5 on parole and 5 on probation), and 30 regular offenders (15 on parole and 15 on probation). We reviewed both TOMIS records and paper files, if available, over a six-month period, July-December 2013, to determine if supervision requirements were met.

Partially Resolved Issue:

**Although supervision rates have increased since the 2012 audit, probation and parole officers are not completing all supervision requirements.**

Based on the audit work performed, we found that TOMIS and other records indicate officers conducted substantially more required reviews than noted in the prior audit. However, officers do not meet all supervision and documentation requirements. Our review of 50 offender files and other records indicated that while officers reported, and therefore likely conducted, more required monitoring activities than at the time of the 2012 audit, some officers' TOMIS records suggest the officers did not meet all monitoring requirements. We noted the following problems during the review:

- Two offenders out of 47 (4%) were missing mandated arrest checks. In comparison, in the 2012 audit, 21 of 190 offenders (11%) were missing mandated arrest checks.
- One drug test out of 15 required (7%) was not completed within the required time frame. In comparison, in the 2012 audit, 40 of 87 drug tests (46%) were not completed as required.
- One offender out of 10 (10%) did not have the Vermont Assessment of Sex Offender Risk (VASOR) conducted within the required time frame. In comparison, in the 2012 audit, 22 of 43 (51%) did not have a VASOR conducted within the required time frame.

We also noted some recordkeeping concerns, which may not directly impact whether or not an offender is properly supervised, but raise questions about the quality of documentation:

- Nine of 50 offenders tested (18%) did not have matching addresses in TOMIS and the paper file. In comparison, in the 2012 audit, 37 out of 230 offenders (16%) did not have matching addresses. This inaccurate information may make it more difficult to conduct face-to-face visits and other placement verifications.
- Four of 10 IOT offenders (40%) were missing required IOT monitoring codes in TOMIS. Officers are supposed to enter TOMIS codes for IOT offenders to indicate the date the offender was referred and the date the offender was accepted to IOT.

We conclude that Field Services Division supervision has improved since the prior audit. However, some officers continue to not meet documentation and monitoring requirements, so we consider this finding partially resolved.

### **Recommendation**

We recommend the department ensure officers conduct all mandated activities to monitor offenders and enter all mandated information into TOMIS. Specifically, the department should ensure that officers

- conduct all mandated arrest checks;
- perform all mandated drug tests;
- ensure all mandated VASOR assessments occur;
- maintain and update current offender addresses in TOMIS; and
- enter all IOT monitoring and acceptance codes in TOMIS.

### **Management's Comment**

**We concur:** As evidenced by the follow-up report findings, the department has made significant improvements in how offenders are being supervised in the community, having assumed the responsibility to do so beginning in July 2012, with the expectation of full implementation of supervision by January 1, 2013.

As noted in the findings, a review of the 50 offenders sampled revealed that all but 4 of the cases sampled met the monitoring requirements. While some officers did not meet the monitoring and documentation requirements to sufficiently resolve this finding, the department has already demonstrated a commitment to improving probation and parole officer supervision of offenders in the community and will continue to do so.

Since the months reviewed for the follow-up audit (October 2013 and February 2014), specific reports have been developed to address compliance standards. All managers have received training to better sort and analyze the data provided in reports. Managers are now required to report out monthly to their district director about compliance standard performance.

The case file review audit form has also been revised to include officer, manager, and district director signatures to indicate compliance review and follow-up.

Implementation of the new Standards of Supervision is requiring at least one arrest check per month for each level of supervision, except Administrative. Also, the Arrest Event System has been made a more effective tool for notification of arrest by ensuring that offender State Identification numbers are consistently being entered into TOMIS.

### **Follow-up Item 8 – Disaster Recovery Plans**

#### **2012 Board of Probation and Parole Audit, Finding 3**

*“The board’s disaster recovery plan lacks the elements necessary to ensure resumption of functioning and performing essential duties in the event of an emergency.”*

The audit recommended that the Board of Probation and Parole (whose applicable functions have transferred to the Department of Correction) should

- thoroughly document specific disaster recovery procedures and actions to be taken, from declaration of a disaster until the time that normal business operations are resumed so the plan contains adequately detailed information to permit staff to use it as a stand-alone field manual;
- review, update, test, and reapprove the plan as processes change and, at a minimum, on an annual basis;
- submit the plan to TEMA; and
- make the plan readily available to board employees.

Management concurred with the 2012 audit recommendation and indicated that the department would develop disaster recovery plans that ensure continuance of services in an emergency.

The 2012 audit report did not specify vulnerabilities that could allow someone to exploit plan weaknesses. Likewise, this report does not contain information which might be used to exploit any specific vulnerability. Rather, we believe the nature of the weaknesses we detected regarding the department’s emergency planning process are general in nature so that disclosing the weaknesses through this public report does not compromise the public interest.

We interviewed department personnel and obtained department reports to determine how the department plans for facility-specific disasters and emergencies, as well as steps it has taken

to secure department-wide information technology resources. We obtained and reviewed department policies concerning the development and mandated contents of facility-specific emergency operation plans. Finally, in spring 2014, we compared the plans for 11 departmental correctional facilities and the Tennessee Correction Academy, to department requirements in Policy 506.20, "Emergency Operations Plan," to determine whether the plans contained all elements required by departmental policy and updated by July 1, 2013. We also requested training documentation from three facilities (Northeast Correctional Complex, Riverbend Maximum Security Institution, and Northwest Correctional Complex) to determine whether employees receive the required emergency plan training in compliance with Policy 506.20.

We also compared the emergency plan for facilities managed by Corrections Corporation of America (CCA) to CCA Policy, Chapter 8, Policy Number 8-1, "Emergency Response" and requested training documentation from South Central Correctional Facility. We reviewed documentation that CCA facilities submitted an annual review of the emergency operation plan for the CCA managed facilities and employees received appropriate training.

Based on our review, we concluded the following:

- All reviewed departmental and CCA facility plans contain all elements required by applicable department and CCA policy. For example, we determined that all facility plans included major elements required by department Policy 506.20 and CCA Policy, Chapter 8, Number 8-1, including definitions of key terms, concerns common in most emergency situations, site-specific plans for response to specific emergencies, and emergency checklists.
- Department policy and CCA policy require that appropriate elements of the emergency plans be updated annually and submitted to the deputy commissioner of operations by July 1 or more frequently as necessary, and the CCA annual inspection instrument requires CCA to submit the plan annually by July 1.
- The departmental policy does not require submission of plans to TEMA.
- All sampled and tested facilities provided training on the emergency plan(s) to their staff, which makes the contents available to employees.

We determined that the recommendation, originally made to the board, to submit site-specific emergency plans to TEMA no longer applies because the department is governed by its own department-specific policies regarding sharing of information and coordination with other agencies during emergencies. These department-specific policies do not require emergency plans to be submitted to TEMA.

The department implemented this recommendation, and the issue is resolved.

**Follow-up Item 9 – Weaknesses in Tennessee Offender Management Information System information concerning offender programs**

**2012 Board of Probation and Parole Audit, Finding 6**

*“Weaknesses in the Tennessee Offender Management Information System (TOMIS) could result in inaccurate analysis of some programs.”*

In the September 2012 performance audit of the Board of Probation and Parole, auditors found that testwork results of two department programs, Victim Impact and Courage to Change, suggested that the Tennessee Offender Management Information System (TOMIS) lacked appropriate edit checks to help probation and parole officers ensure they are completing all required steps to getting offenders into programs. The lack of edit checks also negatively affected the ability to analyze and rely on the information in TOMIS. The audit recommended that the board and the Department of Correction (where the programs now reside) should work together to ensure that appropriate edit checks and data validation tools are developed and implemented for TOMIS, especially as related to these two programs.

The department initially reported to auditors that it elected to meet the intent of the recommendation through employee training rather than making technical adjustments to TOMIS. In the six-month follow-up report submitted to the Comptroller of the Treasury on April 3, 2013, the department stated that TOMIS was not designed to prevent human error or correct inadequate documentation and strengthening the accuracy of information in TOMIS relies upon correct entries made by operators and business procedures that are followed. The department's corrective action plan included training to ensure that accurate and timely information related to the programs is entered into TOMIS.

We reviewed the department's response and supporting documentation. We also requested training documentation to determine whether probation and parole officers received the training mentioned in the department's six-month follow-up report.

Based on documentation submitted, the department developed a workable plan to improve Victim Impact and Courage to Change TOMIS data. In accordance with this plan, the department provided appropriate training to probation and parole officers.

After fieldwork was completed, department management notified auditors that, as of July 2014, department staff adjusted TOMIS to preclude entry of a code denoting participation in or completion of a program if a code denoting referral to the program had not been entered by the probation/parole officer.

This recommendation has been implemented, and the issue is resolved.

### **Follow-up Item 10 – Supervisors’ review of offender case files**

#### **2012 Board of Probation and Parole Audit, Finding 7**

*“Approximately half of the cases in our sample were not reviewed by probation and parole officer supervisors during calendar year 2011.”*

The auditors recommended that the Board of Probation and Parole (whose applicable functions have transferred to the Department of Correction) should

- use all available tools for monitoring to determine if supervisory reviews are being completed; and
- ensure that the supervisory reviews are discussed with probation and parole officers as required by board directive.

Management concurred with the 2012 audit recommendation and indicated it would use all tools available for monitoring to determine if supervisory reviews were completed and discussed with probation and parole officers as required by directives.

To understand department policies on frequency of supervisory review of probation and parole officers’ files, we obtained and reviewed policies and related policy changes issued since the 2012 audit, and we interviewed department management about monitoring mechanisms. We also tested the same sample of 50 offenders on both probation and parole as selected in Follow-up Item No. 7 (see page 17) to determine whether supervisors completed required initial and closing reviews and whether supervisory reviews were discussed with probation and parole officers. To determine whether probation and parole supervisors were completing annual reviews, we randomly selected a sample of 65 files from the 1,454 case files randomly selected by TOMIS for review in October 2013.

#### **Unresolved Issue:**

**The department did not use all available tools for monitoring to determine if supervisory reviews are being completed, and did not ensure that the supervisory reviews are discussed with probation and parole officers as required.**

Overall, we found that supervisors did not meet oversight requirements. In addition to reinforcing the importance and expectation that these reviews occur, the department may be able to improve compliance with additional monitoring to ensure supervisors conduct required oversight checks.

The department issued Policy Change Notice 13-36 (effective September 15, 2013) to revise board Policy 706.02, “Supervisory Review of Caseloads.” The revised policy requires supervisors of probation/parole officers to review 100% of initial and closed cases, and 36% of active case files annually (3% per month average). Initial reviews are required within 60 days of an offender’s placement under department supervision for the first time, and closing case file reviews are required 90 days prior to the sentence expiration date. If a case is closed because of revocation or death, the supervisor must complete the closing case review within 10 working days of closure. The policy does not specify the number of days allowed for supervisors to



review discharged case files, but department management indicated that it would be the same as for revocations (within 10 days).

The 36% annual (3% per month) case files to be reviewed are randomly selected each month by the department's central office from all active probation and parole cases in TOMIS. Based on the policy and expectations stated by the Commissioner, the "3%" case files should be reviewed within the month selected. However, when we found several case files not reviewed within the month selected, department managers indicated that supervisors were allowed to conduct these reviews anytime during the fiscal year. Not only does this contradict the Commissioner's expectations, it does not ensure a percentage of cases are reviewed throughout the year. The department needs to clarify supervisory review policies for selected 3% case files.

We tested the same sample of 50 probation and parole files used in Follow-up Item 7 (see page 17) to determine if supervisors reviewed the files within required time frames. Within the sample of 50 files, we identified 8 case files initiated after January 1, 2013 (when full implementation of field services was transferred to the department), thus requiring review by the officer's supervisor within 60 days of initiation. Four of the eight initial case files were not reviewed by a supervisor within 60 days. One of these files was never reviewed, and the remaining three files were reviewed from 97 to 181 days after the initiation date.

Within the same sample of 50 offender files reviewed, we identified 8 cases closed after January 1, 2013, that should have been reviewed by a supervisor 90 days prior to the sentence expiration date (unless the case is closed due to revocation or death, in which case the supervisor is required to complete the review within 10 working days of closure). Six of these eight case files were not reviewed within the required time frames. Of these six case files,

- one case file should have been reviewed prior to closure but was not;
- one case file was reviewed 24 days after supervision expired rather than 90 days prior to the supervision expiration date;
- two case files were instances of revocation and were not reviewed within 10 days; and
- two case files were instances of discharge from supervision and were not reviewed within 10 days.

For our sample of active case files selected by TOMIS in October 2013 for the 3% review, we found 15 of 65 case files did not have the annual review contact code (ZZZA) in TOMIS as of July 1, 2014. Upon further investigation, we noted that 4 of the 15 noncompliant cases were actually errors in TOMIS' generated random sample. Three of the 4 case files had an annual review within the previous 12 months, and the fourth case file had a closing review on October 3, 2013. Management indicated that these case files should not have been selected in the random sample because the case file selection algorithm should exclude cases reviewed within the previous 12 months. However, the algorithm was not working as intended.

Since the time of audit fieldwork, department management has developed additional monitoring methods at the district level, rather than at the central office, to monitor whether supervisors conduct required reviews. These should improve monitoring at the district level whether supervisors are conducting required reviews and discussing the results with officers. In addition, in any one case an individual manager may review individual TOMIS records for appropriate supervision. However, taken as a whole, the mechanisms in place during the audit did not provide an adequate level of assurance that supervisors are conducting and discussing supervisory reviews.

### **Recommendation**

The Department of Correction should use all available tools for monitoring to determine if supervisory reviews are being completed, and should ensure that the supervisory reviews are discussed with probation and parole officers as required. The department should also

- clarify policies to specify that probation and parole supervisors are required to review discharge case files within 10 days of the offender's discharge;
- clarify policies to require supervisors to review the cases selected for the monthly 3% review within the case month and discuss the case file deficiencies with the probation/parole officer; and
- modify the algorithm used to select case files for the 3% reviewed to exclude any reviewed within the previous 12 months.

### **Management's Comment**

**We do not concur:** The department does not concur that the findings presented in the follow-up report substantiate the designation of unresolved, but rather partial resolution.

The findings identified 8 cases (out of 50) closed after January 1, 2013, that did not receive supervisory review within the appropriate timeframe. While this was relatively early in our process of the transfer of supervision of offenders in the community to our department, it is still a major improvement over the "approximately half of the cases" sampled that failed to receive appropriate review found during the prior audit of the Board of Parole.

The follow-up report findings clearly demonstrate that the department was actually using all available tools for monitoring at hand and has continued to devise new monitoring tools to ensure further improvements in supervisory review of offender case files.

We do concur in part regarding the algorithm which has been modified for the ZZZA report to reflect a rolling twelve-month period rather than the fiscal year twelve-month period it reflected at the time of the follow-up audit.

The 3 percent report now reflects only those case file reviews that are due. The monthly manager report outs include supervisory review metrics for the 3 percent case file reviews. Additionally, the district directors will maintain a copy of all audits completed along with the list of names from the 3 percent report to have on file for any future audits. The 3 percent list will also allow them to verify all audits were completed. A policy will be initiated to clarify the requirement of the 3 percent review, including the timeframe for review of discharged cases.

#### **Follow-up Item 11 – Administrative Case Review Committee actions**

##### **2012 Board of Probation and Parole Audit, Finding 8**

*“The board Field Services Division does not adequately document and monitor Administrative Case Review Committee actions for offenders who commit technical violations and, in some instances, fails to administer proper sanctions.”*

The audit recommended that Field Services Division management should

- ensure that probation and parole officers and supervisors who are reviewing Administrative Case Review Committee (ACRC) cases impose sanctions for all violations;
- ensure that probation and parole officers and supervisors enter OPHC<sup>4</sup> case notes and thoroughly document the sanctions that have been imposed;
- consider incorporating a review of OPHC case notes and the sanctions imposed into the supervisory reviews of case files;
- take the necessary steps to ensure that the ACRC chairpersons in each district are maintaining adequate records of ACRC activities; and
- document the requirements for the monthly ACRC reports and take whatever other steps are necessary to ensure that these reports are properly submitted.

Management concurred with the 2012 audit recommendation and indicated it would ensure that probation and parole officers who review ACRC cases impose sanctions for all violations, per policy and directive.

In the six-month follow-up report submitted on April 3, 2013, the Department of Correction concurred and probation and parole officers and their supervisors who review ACRC cases have been reminded of the requirements to impose sanctions for all violations, with the process monitored by the assistant director of Field Services. OPHC case notes that thoroughly document the sanctions that have been imposed are being entered and will be reviewed by probation and parole managers to monitor compliance. Also, steps have been taken to ensure

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<sup>4</sup> OPHC is the TOMIS code to note that a “Parole Appeared for Intervention Hearing,” in this case an ACRC hearing.

that each district maintains adequate records of ACRC activities and that documentation of the monthly ACRC reports exists.

To test whether officers and their supervisors have been monitoring all actions taken by the ACRC and imposing the resulting sanctions, we requested the October 2013 ACRC reports from the eight probation and parole districts. We examined a random sample of 10 offender records from the total list of 201 offenders to determine if ACRC sanctions were adequately documented in eTOMIS using the OPHC code. We also reviewed the case notes in eTOMIS to determine whether the ACRC sanctions were imposed by the probation/parole officer. In addition, we reviewed department policy and procedures manuals to determine whether the department incorporated a review of OPHC case notes and the sanctions imposed into the supervisory reviews of case files. Finally, we interviewed Field Services Division management to determine how they monitor whether ACRC chairpersons in each district are maintaining adequate records of ACRC activities and how they ensure that the monthly ACRC reports are properly submitted.

Partially Resolved Issue:

**The department did not always impose or adequately record ACRC ordered sanctions.**

Testwork revealed that in 2 of the 10 cases (20%), the probation/parole officer did not implement the ACRC sanctions imposed at the ACRC hearing. For example, in one case, the ACRC required that the offender take an increased number of drug tests. However, the probation/parole officer did not increase testing. Additionally, one of the ten case files (10%) had a discrepancy between the ACRC report and the ACRC decision indicated in the contact notes and signed by the offender. However, the officer did implement the original ACRC report ordered sanctions.

The review of department policy and procedures indicates that the department incorporated a review of OPHC case notes and the sanctions into the supervisory reviews of case files. However, as noted in Follow-up Item 10, the audit reports that these supervisory case file reviews are not always conducted according to policy.

Finally, Field Services Division management indicates that it is developing new mechanisms at the district level, which were not in place during the audit, to ensure or monitor whether ACRC chairpersons in each district are maintaining adequate records of ACRC activities or that reports are properly submitted.

Based on the audit work performed, we found that this finding is partially resolved.

### **Recommendation**

We recommend that the Field Services Division should

- ensure that probation and parole officers and supervisors who are reviewing ACRC cases impose sanctions for all violations;

- ensure that probation and parole officers and supervisors enter OPHC case notes and thoroughly document the sanctions that have been imposed;
- take the necessary steps to ensure that the ACRC chairpersons in each district are maintaining adequate records of ACRC activities; and
- document the requirements for the monthly ACRC reports and take whatever other steps necessary to ensure that these reports are properly submitted.

### **Management's Comment**

**We concur:** We agree that the ACRC process that was transferred to us has required continual review and revision to ensure the capacity to impose appropriate sanctions while incorporating the new Standards of Supervision.

The meaningful transformation of the process and the inclusion of quality control assurances are being implemented by the department. Evidence of that has been presented in the follow-up report findings. District management will continue to closely monitor ACRC compliance to ensure that offender progress is being tracked and appropriate documentation is maintained.

## APPENDIX 1

### Field Service Supervision Standards

Field Service Supervision Standards – Regular Offenders							
Supervision Level/Description	Face-to-Face Contact	Home Visits	Drug Tests	Check of Arrest Records (or continued incarceration or placement)	Special Conditions Monitoring	Employment Monitoring	Fee Monitoring
Intake/Probation Parole	2 per month	1 per month	1 every 3 months	1 per month	2 per month	1 per month	1 per month
Enhanced Supervision	2 per month	2 per month	1 every 3 months	1 per month	2 per month	1 per month	1 per month
Maximum	2 per month	1 every 2 months	1 every 6 months	1 per month	2 per month	1 per month	1 per month
Medium	1 per month	1 per year	Random	1 every 2 months	1 every 2 months	1 per month	1 per month
Minimum	1 every 3 months	1 per year	Random	1 every 3 months	1 every 3 months	1 every 3 months	1 every 3 months
In Custody	n/a	n/a	n/a	Monthly verification of placement	n/a	n/a	n/a
Absconder	n/a	n/a	n/a	1 per month	n/a	n/a	n/a

## APPENDIX 1 (continued)

### Field Service Supervision Standards

Field Service Supervision Standards – Sex Offenders								
Supervision Level/Description	Face-to-Face Contact	Home Visits	Drug Tests	Arrest Record Checks	Verification of Sex Offender Treatment Participation	Employment Verification	Fee Monitoring	Special Conditions Monitoring
<b>Sex Offender on GPS:</b> Enhanced	4 per month	2 per month	1 every 3 months	1 per month	1 per month	1 per month	1 per month	1 per month
Maximum	2 per month	1 per month	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
Medium	1 per month	1 every 2 months	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
<b>Sex Offender NOT on GPS:</b> Enhanced	4 per month	2 per month	1 every 3 months	1 per month	1 per month	1 per month	1 per month	1 per month
Maximum	2 per month	1 per month	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
Medium	1 per month	1 every 2 months	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
<b>Violent sex offender on GPS:</b> Enhanced	4 per month	2 per month	1 every 3 months	1 per month	1 per month	1 per month	1 per month	1 per month
Maximum	2 per month	1 per month	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
Medium	1 per month	1 every 2 months	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
<b>Violent sex offender NOT on GPS:</b> Enhanced	4 per month	2 per month	1 every 3 months	1 per month	1 per month	1 per month	1 per month	1 per month
Maximum	2 per month	1 per month	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month
Medium	1 per month	1 every 2 months	1 every 6 months	1 per month	1 per month	1 per month	1 per month	1 per month

Source: Board of Probation and Parole performance audit released in September 2012.

## **APPENDIX 2**

### **Title VI**

The Tennessee Human Rights Commission (the Commission) issues a report, *Tennessee Title VI Compliance Program*, that details agencies' federal dollars received, Title VI and other human rights related complaints received whether the agency Title VI implementation plans were filed timely, and the Commission's findings taken on agencies. The most recent Tennessee Title VI Compliance Report for July 1, 2012, through June 30, 2013, did not contain any findings concerning the Department of Correction. Likewise, it reports that the department filed the annual report and implementation plan update on September 28, 2012, for fiscal year ending June 30, 2013.

The Department of Correction received \$732,009 in federal funding during fiscal year 2013 and was estimated to receive \$519,339 in federal funds during fiscal year 2014 (based upon the most Title IX Enforcement Program information).

The following table details department staff by job title, gender, and ethnicity as of June 18, 2014.



Title	Gender		Ethnicity						
	Male	Female	American Indian	Asian	Black	Hispanic	Other Ethnicity	White	Total
Account Clerk	7	45	0	0	10	1	3	38	52
Accountant 3	4	5	0	0	3	0	0	6	9
Accounting Manager	3	1	0	0	0	0	0	4	4
Accounting Technician 1	5	24	0	0	2	0	1	26	29
Accounting Technician 2	1	8	0	0	3	0	0	6	9
Administrative Assistant 1	4	13	0	0	7	0	0	10	17
Administrative Assistant 2	0	4	0	0	0	0	0	4	4
Administrative Secretary	0	32	1	0	8	1	0	22	32
Administrative Services Assistant 2	1	22	0	1	3	0	0	19	23
Administrative Services Assistant 3	1	6	0	0	5	0	0	2	7
Administrative Services Assistant 4	3	1	0	0	0	0	0	4	4
Administrative Services Assistant 5	0	3	0	0	1	0	0	2	3
Administrative Services Manager	1	2	0	0	1	0	0	2	3
Architect	1	0	0	0	0	0	0	1	1
Assistant Commissioner 2	2	0	0	0	1	0	0	1	2
Associate Warden	16	5	0	0	7	0	0	14	21
Attorney 3	3	2	0	0	0	0	0	5	5
Auditor 2	1	0	0	0	0	0	0	1	1
Auditor 3	1	1	0	0	0	0	0	2	2
Auditor 4	0	1	0	0	0	0	0	1	1
Boiler Operator 1	2	0	0	0	0	0	0	2	2
Boiler Operator 2	5	0	1	0	0	0	0	4	5
Boiler Operator Supervisor	1	0	0	0	0	0	0	1	1
Budget Analyst Coordinator	0	1	0	0	1	0	0	0	1
Building Maintenance Worker 2	49	1	0	0	2	1	0	47	50
Building Maintenance Worker 3	13	0	0	0	1	0	0	12	13
Chief Correctional Counselor	4	7	0	0	6	0	0	5	11
Chief Of Staff	1	0	0	0	1	0	0	0	1
Clerk 2	0	14	0	0	4	0	0	10	14
Clerk 3	6	26	0	0	7	0	0	25	32
Commissioner 2	1	0	0	0	1	0	0	0	1
Correction Decision Support Research Planning Director	0	1	0	0	0	0	0	1	1
Correction Facility Management & Maintenance Program Director	4	0	0	0	0	0	0	4	4
Correction Facility Safety Program Director	1	0	0	0	0	0	0	1	1
Correction Facility Management & Maintenance Program Administrator	1	0	0	0	0	0	0	1	1

Title	Gender		Ethnicity						
	Male	Female	American Indian	Asian	Black	Hispanic	Other Ethnicity	White	Total
Correction-Budget Analyst	0	1	0	0	1	0	0	0	1
Correction-Cost Accountant	1	1	0	0	0	0	0	2	2
Correctional Academy Instructor 1	14	4	0	0	2	0	0	16	18
Correctional Academy Instructor 2	4	0	0	0	0	0	0	4	4
Correctional Ad Service Class Coordinator	12	4	0	0	3	0	0	13	16
Correctional Administrator	4	3	0	0	2	0	0	5	7
Correctional Captain	59	6	0	0	15	0	0	50	65
Correctional Clerical Officer	31	103	0	1	34	1	1	97	134
Correctional Communications Officer	1	0	0	0	0	0	0	1	1
Correctional Compliance Manager	5	7	0	0	2	0	0	10	12
Correctional Contract Monitor	1	0	0	0	0	0	0	1	1
Correctional Corporal	362	87	1	0	101	7	0	340	449
Correctional Counselor 1	8	12	0	0	4	0	0	16	20
Correctional Counselor 2	30	34	0	0	11	0	1	52	64
Correctional Counselor 3	62	47	0	0	17	3	0	89	109
Correctional Facilities Construction Director	1	0	0	0	0	0	0	1	1
Correctional Farm Manager	1	0	0	0	0	0	0	1	1
Correctional Health Director	0	1	0	0	0	1	0	0	1
Correctional Health Deputy Director	0	1	0	0	1	0	0	0	1
Correctional Internal Affairs Investigator	15	6	0	0	5	1	0	15	21
Correctional Lieutenant	65	17	0	0	21	0	0	61	82
Correctional Officer	1877	698	10	7	621	31	10	1896	2575
Correctional Principal	3	2	0	0	1	0	0	4	5
Correctional Program Director 1	7	14	0	1	6	0	0	14	21
Correctional Program Director 2	4	2	0	0	2	0	0	4	6
Correctional Program Manager 1	4	3	0	0	4	0	0	3	7
Correctional Program Manager 2	2	3	0	0	2	0	0	3	5
Correctional Program Support Coordinator	5	4	1	0	3	0	0	5	9
Correctional Sergeant	148	37	1	0	40	1	0	143	185
Correctional Teacher	31	37	0	1	13	0	2	52	68
Correctional Teacher Supervisor	5	4	0	0	1	0	0	8	9
Correctional Unit Manager	30	11	0	0	10	0	0	31	41
Custodial Worker 1	0	4	0	0	1	0	0	3	4
Custodial Worker 2	1	2	0	0	0	0	0	3	3

Title	Gender		Ethnicity						
	Male	Female	American Indian	Asian	Black	Hispanic	Other Ethnicity	White	Total
Custodial Worker Supervisor 1	0	1	0	0	0	0	0	1	1
Dental Assistant 2	0	3	0	0	1	0	0	2	3
Deputy Commissioner 2	2	1	0	0	0	0	0	3	3
Dietitian	0	1	0	0	1	0	0	0	1
Director Of Organizational Development & Support	0	1	0	0	0	0	0	1	1
Education Consultant 3	0	1	0	0	0	0	0	1	1
Electronics Technician 2	4	2	0	0	0	0	0	6	6
Executive Administrative Assistant 1	0	1	0	0	1	0	0	0	1
Executive Administrative Assistant 2	3	0	0	0	0	0	0	3	3
Executive Administrative Assistant 3	7	1	0	0	4	0	0	4	8
Executive Secretary 1	0	15	0	0	2	0	0	13	15
Executive Secretary 2	0	1	0	0	0	0	0	1	1
Facilities Construction Assistant Director	2	0	0	0	0	0	0	2	2
Facilities Construction Specialist 3	1	0	0	0	0	0	0	1	1
Facilities Manager 1	1	0	0	0	0	0	0	1	1
Facilities Manager 2	3	0	0	0	0	0	0	3	3
Facilities Manager 3	8	0	0	0	1	0	0	7	8
Facilities Safety Officer 2	7	1	0	0	1	0	0	7	8
Facilities Safety Officer 3	4	1	0	0	0	0	0	5	5
Facilities Supervisor	12	0	1	0	1	0	0	10	12
Fiscal Director 1	10	2	0	0	1	0	0	11	12
Fiscal Director 2	2	0	0	0	0	0	0	2	2
Fiscal Director 3	1	1	0	0	0	0	0	2	2
Food Service Assistant	0	1	0	0	0	0	0	1	1
Food Service Assistant Manager 2	3	12	0	0	4	0	0	11	15
Food Service Director 3	0	1	0	0	0	0	0	1	1
Food Service Manager 2	2	5	0	0	2	0	0	5	7
Food Service Manager 3	6	4	0	0	3	0	0	7	10
Food Service Steward 1	16	46	0	0	21	0	0	41	62
Food Service Steward 2	30	47	0	0	18	1	2	56	77
Food Service Steward Associate	4	8	1	0	0	0	0	11	12
Food Service Worker	7	5	0	0	5	0	0	7	12
General Counsel 2	0	1	0	0	0	0	0	1	1
Grants Program Manager	0	1	0	0	1	0	0	0	1
Health Information Manager	0	1	0	0	1	0	0	0	1
Heating & Refrigeration Mechanic 2	8	0	0	0	0	0	0	8	8
Human Resources Analyst 1	2	0	0	0	0	0	0	2	2
Human Resources Analyst 2	0	2	0	0	0	0	0	2	2
Human Resources Analyst 3	0	13	0	1	5	0	0	7	13

Title	Gender		Ethnicity						
	Male	Female	American Indian	Asian	Black	Hispanic	Other Ethnicity	White	Total
Human Resources Director 4	1	1	0	0	0	0	0	2	2
Human Resources Manager 1	0	9	0	0	2	0	0	7	9
Human Resources Manager 2	0	1	0	0	0	0	0	1	1
Human Resources Technician 1	1	1	0	0	2	0	0	0	2
Human Resources Technician 2	1	13	0	0	3	1	0	10	14
Human Resources Technician 3	1	3	0	0	1	0	0	3	4
Human Resources Transactions Supervisor	0	1	0	0	0	0	0	1	1
Information Resource Support Specialist 3	26	1	0	1	2	0	0	24	27
Information Resource Support Specialist 4	3	1	0	0	1	0	0	3	4
Information Resource Support Specialist 5	3	2	0	0	2	0	0	3	5
Information Officer	0	2	0	0	2	0	0	0	2
Information Systems Analyst 2	1	1	0	0	1	0	0	1	2
Information Systems Analyst 3	2	0	0	0	1	0	0	1	2
Information Systems Analyst 4	1	0	0	0	0	0	0	1	1
Information Systems Analyst Supervisor	2	0	0	0	0	0	0	2	2
Information Systems Consultant	1	0	0	0	0	0	0	1	1
Information Systems Director 2	1	0	0	0	0	0	0	1	1
Information Systems Director 3	0	1	0	0	0	0	0	1	1
Information Systems Manager 2	2	0	0	0	0	0	0	2	2
Information Systems Manager 4	1	0	0	0	0	0	0	1	1
Inmate Jobs Coordinator	4	13	0	0	3	0	0	14	17
Inmate Relations Coordinator	50	38	1	1	18	2	0	66	88
Intelligence Analyst-Dept. of Correction	7	4	0	0	4	0	1	6	11
Laundry Manager 1	3	2	0	0	1	0	0	4	5
Laundry Worker 2	0	1	0	0	1	0	0	0	1
Law Enforcement Unit Director	1	0	0	0	1	0	0	0	1
Licensed Practical Nurse 2	10	71	0	1	34	0	1	45	81
Licensed Practical Nurse 3	0	2	0	0	0	0	0	2	2
Maintenance Carpenter 2	3	0	0	0	0	0	0	3	3
Maintenance Electrician 1	1	0	0	0	0	0	0	1	1
Maintenance Electrician 2	8	0	0	0	0	0	0	8	8
Maintenance Plumber 2	8	0	0	0	0	0	0	8	8
Medical Records Assistant	1	13	0	0	0	0	0	14	14

Title	Gender		Ethnicity						
	Male	Female	American Indian	Asian	Black	Hispanic	Other Ethnicity	White	Total
Medical Records Technician 1	0	3	0	0	2	0	0	1	3
Mental Health Program Specialist 2	4	8	0	0	8	0	0	4	12
Mental Health Program Specialist 3	0	1	0	0	0	0	0	1	1
Mental Health/Intellectual and Developmental Disabilities Institutional Program Director	3	0	0	1	2	0	0	0	3
Nurse Practitioner	2	3	0	0	2	0	1	2	5
Nurse's Assistant 2	0	8	0	0	6	0	0	2	8
Physical Therapy Technician	1	0	0	0	1	0	0	0	1
Physician	2	0	0	0	2	0	0	0	2
Physician Assistant	2	2	0	1	0	0	0	3	4
Probation/Parole District Director	8	9	0	0	5	0	0	12	17
Probation/Parole Field Director	1	0	0	0	1	0	0	0	1
Probation/Parole Field Services Administrator	0	1	0	0	0	0	0	1	1
Probation/Parole Graduate Associate	0	1	0	0	0	0	0	1	1
Probation/Parole Manager	34	48	0	0	30	0	0	52	82
Probation/Parole Officer 1	41	26	0	0	11	1	1	54	67
Probation/Parole Officer 2	224	329	1	1	171	4	0	376	553
Probation/Parole Officer 3	62	74	1	0	40	0	0	95	136
Probation/Parole Program Director	1	2	0	0	1	0	0	2	3
Probation/Parole Program Specialist	1	2	0	0	2	0	0	1	3
Probation/Parole Psychiatric Services Director	0	1	0	0	0	0	0	1	1
Probation/Parole Technical Services Director	0	1	0	0	0	0	0	1	1
Procurement Officer 1	2	6	0	0	1	0	0	7	8
Procurement Officer 2	2	11	0	1	3	0	0	9	13
Programmer/Analyst 2	0	1	0	0	0	0	0	1	1
Programmer/Analyst 3	3	1	0	0	1	0	0	3	4
Programmer/Analyst 4	4	0	0	0	0	0	0	4	4
Programmer/Analyst Supervisor	4	0	0	0	0	0	0	4	4
Property Officer 1	0	3	0	0	0	0	0	3	3
Property Officer 2	3	5	0	0	1	0	0	7	8
Psychiatric Chaplain 2	11	4	0	0	4	0	0	11	15
Psychiatric Social Worker 1	2	20	0	0	10	0	0	12	22
Psychiatric Social Worker 2	0	6	0	0	1	0	0	5	6
Psychological Examiner 2	8	2	0	0	0	0	0	10	10
Psychologist	0	1	0	0	0	0	0	1	1

Title	Gender		Ethnicity						
	Male	Female	American Indian	Asian	Black	Hispanic	Other Ethnicity	White	Total
Psychology Director	1	0	0	0	0	0	0	1	1
Radio Communications Technician 3	3	0	0	0	0	0	0	3	3
Recreation Assistant	1	1	0	0	1	0	0	1	2
Recreation Specialist 1	0	1	0	0	0	0	0	1	1
Recreation Specialist 2	11	1	0	0	5	0	0	7	12
Recreation Therapist 3	1	0	0	0	1	0	0	0	1
Registered Nurse 1	0	1	0	0	1	0	0	0	1
Registered Nurse 2	1	3	0	0	0	0	0	4	4
Registered Nurse 3	10	65	1	4	34	2	2	32	75
Registered Nurse 4	0	3	0	0	2	0	0	1	3
Registered Nurse 5	0	1	0	0	1	0	0	0	1
Secretary	3	88	0	0	21	0	1	69	91
Security Guard 1	2	1	0	0	1	0	0	2	3
Security Guard 2	1	0	0	0	0	0	0	1	1
Sentence/Docketing Analyst 2	0	8	0	0	3	0	0	5	8
Sentence/Docketing Management Supervisor	0	2	0	0	2	0	0	0	2
Sentence/Docketing Technician 1	0	2	0	0	2	0	0	0	2
Sentence/Docketing Technician 2	0	5	0	0	3	0	0	2	5
Sentence/Docketing Technician 3	2	9	0	1	10	0	0	0	11
Special Operations Unit Director	1	0	0	0	0	0	0	1	1
Statistical Analyst Supervisor	1	0	0	0	0	0	0	1	1
Storekeeper 1	12	20	0	0	8	0	0	24	32
Storekeeper 2	10	25	0	0	4	0	0	31	35
Stores Manager	8	8	0	0	1	0	0	15	16
Student Intern	3	1	0	0	1	0	0	3	4
Teacher's Assistant-Correction	0	1	0	0	1	0	0	0	1
Training & Curriculum Director 1	0	1	0	0	0	0	0	1	1
Training & Curriculum Director 2	1	0	0	0	0	0	0	1	1
Training Specialist 2	3	8	0	0	4	0	0	7	11
Treatment Plant Operator	8	2	0	0	0	0	0	10	10
Training Academy Superintendent	1	0	0	0	1	0	0	0	1
Vocational Instructor-Per Specialty	54	17	0	0	8	1	0	62	71
Warden 3	1	2	0	0	1	0	0	2	3
Warden 4	6	2	0	0	3	0	0	5	8
Website Developer 1	0	1	0	0	0	0	0	1	1
<b>Totals</b>	<b>3,793</b>	<b>2,599</b>	<b>21</b>	<b>24</b>	<b>1,573</b>	<b>60</b>	<b>27</b>	<b>4,687</b>	<b>6,392</b>

### **Appendix 3**

#### **Performance Measures Information**

As stated in the Tennessee Governmental Accountability Act of 2013, “accountability in program performance is vital to effective and efficient delivery of government services, and to maintain public confidence and trust in government.” In accordance with this act, all executive branch state agencies are required to submit annually to the Department of Finance and Administration a strategic plan and program performance measures. The Department of Correction priority goals, as reported as of June 2014 on the Governor’s Customer Focused Government Monthly Results website, are as follows:

#### **Performance Standards and Measures**

Performance Standard 1: By June 30, 2014, improve and increase offender programming by 5 percent to enhance offender success after prison.

Purpose of the Goal: Research shows that targeted treatment is more effective than treatment more randomly applied. It is particularly important that limited resources be allocated to those offenders that are most in need and closest to release. To accomplish this goal, accurate diagnosis, along with effective tracking or release dates and eligibility, must be coordinated in such a way as to have the right populations in the right programming at the right time. Adhering to these principals will maximize the utilization of scarce treatment resources while reducing disciplinary actions, treatment gaps or redundancies, and unnecessary offender movements.

Measuring the Goal: Month

	<b>Baseline</b>	<b>Current</b>	<b>Target</b>
Number of qualified offenders receiving programming each month	6,809	8,177	7,149

Performance Standard 2: By June 30, 2014, reduce significant incidents, repeat offenders, and threats to the community by 5 percent.

Purpose of the Goal: The purpose of this goal is to provide a progressive level of supervision for offenders that may pose a threat to offenders, staff, and the general public. By offering basic educational, vocational, cognitive behavior, and substance abuse programs, the department seeks to break the cycle of recidivism of those released from custody. By placing offenders in the right programs and assigning them to the appropriate level of field supervision, the department will provide them with the opportunity to make better choices while inside the facilities and to continue exercising these acquired skills upon release—thus improving overall safety.

Measuring the Goal: Month

	<b>Baseline</b>	<b>Current</b>	<b>Target</b>
Number of escapes	0.22	0	0
Number of probation/parole violator returns each month	471	381	447