

Community, Counseling and Correctional Services, Inc.



**\$aving Lives, \$aving
Taxpayer Dollar\$**

Paying attention to what things cost is more prevalent today in knowing what the real price of our choices, be those of education, healthcare or criminal justice policies. Determining the greatest opportunity for budget savings, over the long run, while maintaining and enhancing public safety, is paramount.

Exacerbating taxpayer costs, when a person is in prison, are the additional or indirect costs, such as the cost of social services, child welfare and education, for example. For the most part, these indirect costs are borne by government agencies, other than the Montana Department of Corrections and are not included in most calculations that arrive at what the cost-per-day really is for housing an offender.

Additionally, incarceration impacts the lives of families in several important ways: It strains them financially, disrupts parental bonds, separates spouses, places severe stress on the remaining caregivers, leads to loss of discipline in the household and produces feelings of shame, stigma and anger. Again, these costs are generally referred to as collateral costs. In quoting a study from the Pew Center, the states' Public Performance Project "*Per Inmate Cost – Does Not Measure How Effective Spending Is, but Merely Measures Spending Itself*". The following factors may result in collateral costs to the taxpayers and/or other jurisdictions:

Overcrowding –Per inmate cost is likely lower where there is crowding, as the inmate population exceeds the facility's rated capacity.

Greater Incarceration of Low-Level Offenders –Obviously costs are lower as there are fewer staff required in minimum-medium security facilities that house low-level offenders and therefore costs can be lower in jurisdictions that incarcerate a larger portion of these individuals.

Use of Local Jails – Relying heavily on jails can be problematic as often times there are not any levels of programming and/or services delivered by the respective jails.

The START Facility is an excellent example of a facility which uses intermediate sanctions that make sense for those offenders who have not been convicted of new crimes and/or have been charged with technical violations or have broken the rules of their probation, pre-release or parole. Offenders who are sentenced to START are held accountable, as a sanction, as well as placed in this sanction to reduce the long-term cost of imprisonment. These offenders are assessed and an appropriate plan is developed to return them to their community placement timely. Responding to the aforementioned violations with meaningful, but less expensive consequences, that are swift, certain and proportional to the severity of the violation, has provided incredible cost-saving results at the START Facility. This facility reduces recidivism, by offering alternatives that have historically were used that resulted in probation, parole and pre-release revocations becoming prison terms. Additionally, the START Facility provides mental healthcare for a challenging population that addresses the safety of the offenders and prison staff, as well as public safety.

Remember: A growing body of research suggests and corrections officials acknowledge that beyond a certain point, further increases of incarceration have significant diminishing returns, as a means of making communities safer.

In summary, this means that for many systems, like Montana, putting lower-risk offenders, who can be placed in WATCH, Nexus, pre-release and prison is yielding increasingly smaller improvements in public safety and in fact may cost more to the taxpayers that the value of the crime it prevents.

Saving money, Saving lives and being able to measure outcomes from the programs that are delivered is essential in determining which programs to fund and what the benefits are, as well as what the costs of continued incarceration are. CCCS believes this summary provides a tool to capture a more accurate picture of these costs and benefits to taxpayers.

CCCS, Inc. (Community, Counseling and Correctional Services, Inc.)
MDOC Contracts Over-Served

Program	FY 2011		FY 2012		Total	
	Amount	ADP	Amount	ADP	Amount	ADP
BPRC/WTC	248,419.68	13.30	64,655.12	3.45	313,074.80	16.76
Mental Health	4,869.39	-	3,433.58	-	8,302.97	-
Gallatin	11,463.39	0.47	27,744.87	1.14	39,208.26	1.62
Connections (Butte)	-	-	8,961.30	0.31	8,961.30	0.31
WATCH East	384.88	0.01	118,385.48	3.36	118,770.36	3.37
Nexus	71,001.60	1.63	28,972.05	0.66	99,973.65	2.30
START	-	-	125,252.00	3.63	125,252.00	3.63
WATCH	-	-	13,008.06	0.60	13,008.06	0.60
Total	336,138.94		390,412.46		726,551.40	

- * CCCS generated tremendous cost savings to Montana Department of Corrections (MDOC) and Montana taxpayers by over serving the listed contracts.
- * CCCS Mission is to place offenders in treatment and programming timely, and the above clearly demonstrates CCCS's ability to accomplish this goal and to take additional offenders into its programs.
- * Concern: CCCS's over serving these additional beds over contract generates cost savings to the MDOC and Montana taxpayers but CCCS has to absorb the associated variable costs (Food, Clothing, Utilities, Medical, Offender Supplies, Transportations, etc.)
- * CCCS provided "free" beds (over served contract beds) in the amount of \$726,551 for FY 2011 and FY 2012, however financial performance for CCCS showed operational losses for both years in the amounts of FY 2011 (\$138,913) and FY 2012 (\$217,379).
- * START offender beds make better fiscal sense than offender stays in jail beds because of the comprehensive array of services that offenders receive at START and offender stay at START averages 56 days. Currently there is an extensive list of offenders waiting to enter START who are currently in local jails (14 beds available).

CCCS, Inc. (Community, Counseling and Correctional Services, Inc.)

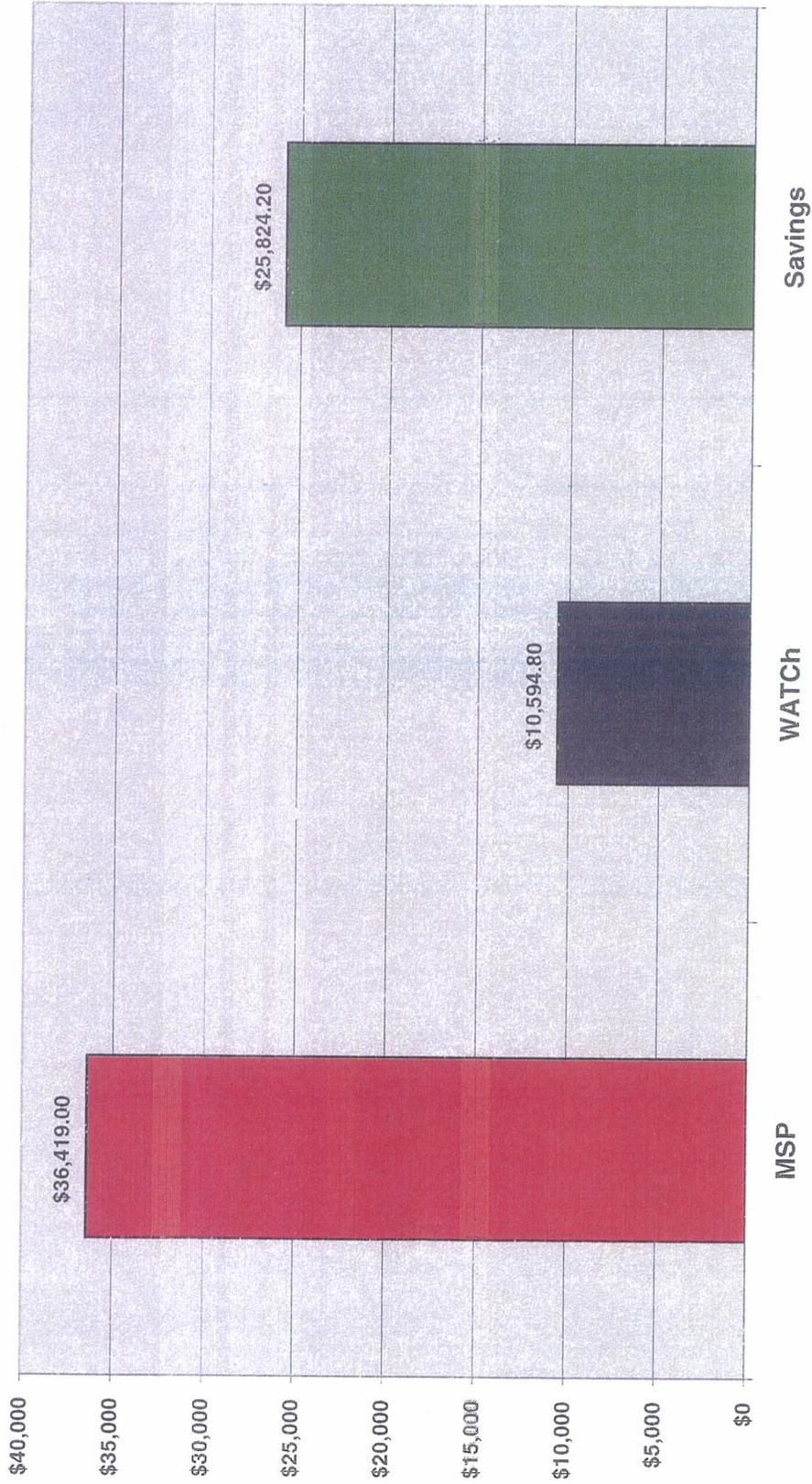
FY 2013 (6 months)

July through December

	Year-to-Date ADP	Contract ADP	Year-to-Date Over Served ADP
Butte Prerelease	127.00	120.00	(7.00)
BPRC/WTC TLP	26.30	16.00	(10.30)
BPRC/WTC ESP	26.40	12.00	(14.40)
Gallatin County (DOC portion)	37.60	34.00	(3.60)
Gallatin ESP	13.10	12.00	(1.10)
Connections (Butte)	56.10	52.00	(4.10)
Connections West (Warm Springs)	54.70	52.00	(2.70)
WATCH East (Glendive)	52.20	49.00	(3.20)
Nexus	83.60	82.00	(1.60)
START	143.90	138.00	(5.90)
WATCH (Warm Springs)	113.50	115.00	1.50

*** All programs have extensive waiting lists**

Cost Savings Analysis for One (1) Offender



-MSP cost based on 1 offender at \$92.20 for 13 months

-WATCH cost based on MDOC reimbursed per diem rate of \$58.86 for 1 offender for 180 days

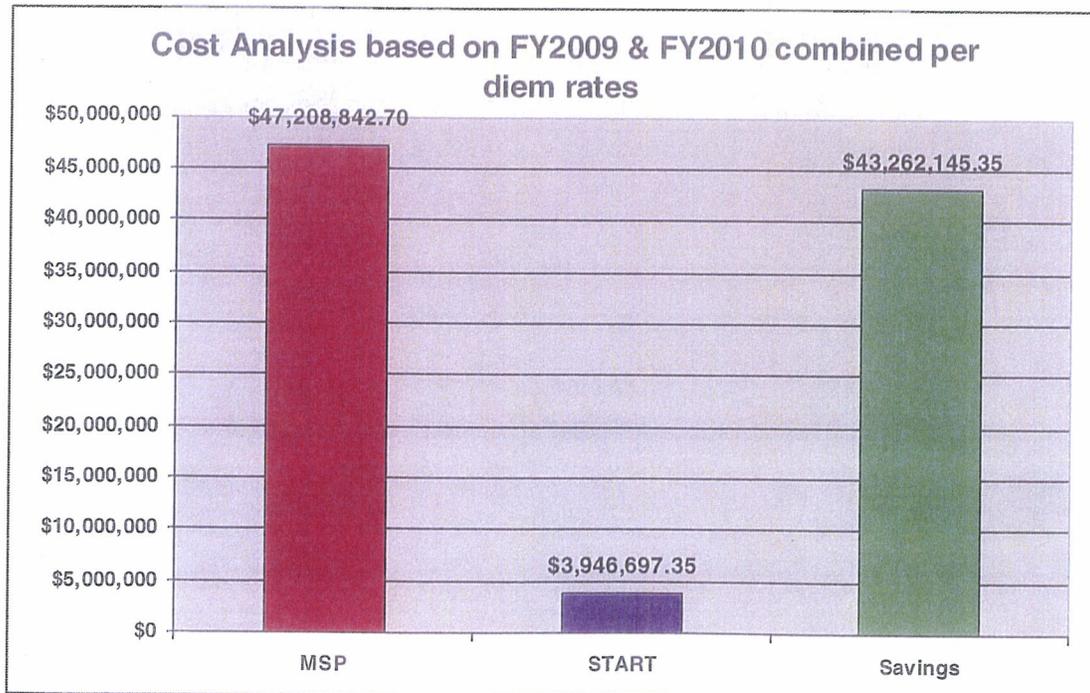
Cost Comparison 2008-2010

Average Length of Stay Cost Analysis

As of July 1, 2008 the START program per diem was \$70.08 per offender per day. Conversely, the DOC cost estimate for offenders confined at MSP was \$96.66 per offender per day in 2009 and \$99.02 per offender per day in 2010. The shortest average stay at MSP (16 months) is for nonviolent and nonsexual offenders who have their community placement revoked due to a violation of conditions imposed on them while living in the community. The average length of stay for a revoked offender placed in START and diverted to community placement for FY 2009 and FY 2010 was 56.6 days. We have elected to show a cost analysis of offenders placed at MSP for an average stay of 16 months compared to START community diversion placements for an average stay of 56.6 days.

Average Length of Stay Cost Analysis for Revocations Based on FY2009 Per Diem			
	MSP	START	Savings
Average Stay (days)	485	56.6	
Cost Per Offender	\$ 46,880.10	\$ 3,966.53	\$ 42,913.57
Total Cost Per 503 revocations based on average length of stay	\$ 23,580,690.30	\$ 1,995,164.59	\$ 21,585,525.71

Average Length of Stay Cost Analysis for Revocations Based on FY2010 Per Diem			
	MSP	START	Savings
Average Stay(days)	485	56.6	
Cost Per Offender	\$ 48,024.70	\$ 3,966.53	\$ 44,058.17
Total Cost Per 492 revocations based on average length of stay	\$ 23,628,152.40	\$1,951,532.76	\$ 21,676,619.64



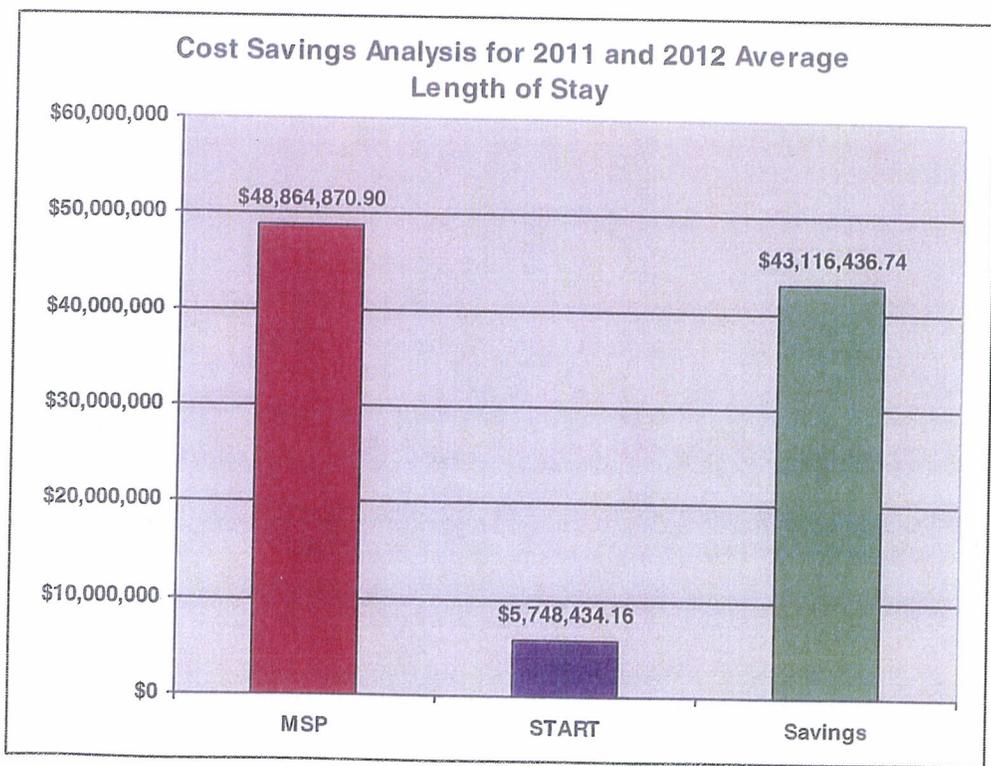
Cost Comparison 2008-2010

Average Length of Stay Cost Analysis

The START program per diem is \$95.98 per offender per day for up to 118 offenders. The rate for 118 up to 133 offenders is \$74.00 per offender per day. Conversely, the DOC cost estimate for offenders confined at MSP was \$88.42 per offender per day in 2011. The shortest average stay at MSP for nonviolent and nonsexual offenders was 17.3 months in 2011 and 18 months in 2012. The average length of stay for a revoked offender placed in START and diverted to community placement was 56 days in 2011 and 58.8 days in 2012. We have elected to show a cost analysis of offenders placed at MSP for \$88.42 per day compared to START community diversion placements at \$95.98 per day based on average length of stays for 2011 and 2012.

Average Length of Stay Cost Analysis for Revocations Based on FY 2010-2011 Diversions			
	MSP	START	Savings
Average Stay (days)	519	56 Days	
Cost Per Offender	\$45,889.98	\$5374.88	\$40,515.10
Total Cost Per 555 revocations based on average length of stay	\$25,468,938.90	\$2,983,058.40	\$22,485,880.50

Average Length of Stay Cost Analysis for Revocations Based on FY 2011-2012 Diversions			
	MSP	START	Savings
Average Stay(days)	540	58.8 Days	
Cost Per Offender	\$47,746.80	\$5,643.62	\$42,103.18
Total Cost Per 490 revocations based on average length of stay	\$23,395,932.00	\$2,765,375.76	\$20,630,556.24



SANCTION TREATMENT ASSESSMENT REVOCACTION & TRANSITION (START)



George Strutzel
Administrator
801 Highway 48, Anaconda, MT 59711
Ph. (406) 563-7002
Fax (406) 563-5069
gstrutzel@cccscorp.com



PROGRAM HISTORY

The Sanction Treatment Assessment Revocation & Transition (START) facility was initially located on the campus of the Montana State Hospital in Warm Springs in what was formerly the Butte Silver Bow Jail.

The original START facility had a capacity for 80 offenders. With minor renovations, the facility was opened in December 2005 to address the DOC's concerns regarding lack of bed space and offer an alternative to prison for offenders violating conditions of their community placement.

Over the next five years the START program proved to be a highly successful option to prison and eight beds were added. A new 40,000 square-foot, 142-bed, state-of-the-art facility was constructed near Anaconda, and START opened in the new location on July 29, 2010, with the transfer of all offenders from the old facility to the new. Due to increased demand, the program increased capacity from 88 beds to 118 when it moved to the new facility in 2010 and increased once again from 118 to 133 in 2011. The state currently contracts for 138 beds.

GOALS, MISSION, PURPOSE

START is a highly structured, intensive treatment program designed to encourage thinking and behavior changes. The goal is to provide a safe environment in which offenders can begin to experience positive change, a never-ending process that will be utilized throughout their life.

The original goal of the program was to reduce admissions to MSP by half. The emphasis is placed on offenders participating in community programs and/or under community supervision who violated the conditions of their supervision warranting placement in a secure facility. START's program incorporates comprehensive assessment tools and intensive treatment in an effort to return these offenders to their original community status, thereby eliminating costly, lengthy prison stays.

Statistics from December 2005 through December 2012 demonstrate START's success far exceeded the 50 percent diversion rate by placing 89.2% of eligible offenders into community placement.

ELIGIBILITY REQUIREMENTS

Typically, offenders assigned to the facility are designated as either a revocation or a sanction placement.

Revocation Placement: Revocation referral includes offenders whose community placement has been modified due to violations of conditions of supervision.

Sanction Placement: A sanction referral includes offenders whose community placement has not been revoked, but who have received a placement to the START facility for a pre-determined period of time as a result of a formal type of disciplinary hearing.

Recent additional placements have included offenders who quit pre-release or other treatment programs, MASC Diversions, and Holds including offenders awaiting a bed date in treatment and/or pre-release centers.

COST OF SUPERVISION

The current START program daily rate is \$95.98 per offender up to 118 offenders and \$74.00 per offender over 118 through 138.

CAPACITY

The new 152 bed facility utilizes a podular design for offender housing units and provides services for 142 offenders. In addition, a ten bed housing unit provides specialized services for offenders with mental health needs. Program delivery is accomplished through the direct supervision model of offender supervision and incorporates a highly structured intensive treatment modality designed to encourage cognitive and behavioral change.

The average daily population for December 2012 was 144 and the total average daily population from December 2005 to December 2012 was 96.86.

FUNCTIONS OF PROGRAM

Community, Counseling and Correctional Services, Inc. (CCCS), in partnership with the DOC, identified a concern of overcrowding in prisons and jails. However, because of the desire to avoid transferring Montana inmates to other states, the DOC began exploring cost-effective, in-state placements.

In addition to the immediate cost savings, additional benefits are generated by requiring these offenders to secure gainful employment, pay family support, and be self-sustaining once they re-enter the community, generating tremendous additional savings.

The START facility provides physical, mental, educational, criminal behavior and substance abuse assessments; educational programming; rehabilitative, group, and individual counseling; spiritual development; culturally relevant programs; and additional support and programming services that will assist offenders with the skill development necessary for their eventual successful return to their community.

SERVICES

REVOCAION PLACEMENT

Revocations may be confined to the START facility for 10-120 days. During this time, offenders are expected to maintain clear conduct and participate in program and work assignments. Case managers will attempt to salvage a community placement for eligible offenders. Failure to follow program recommendations and/or excessive or major disciplinary violations may result in termination and the transfer of the offender to prison.

SANCTION PLACEMENT

Sanctions of 20 days or less may be imposed and could be considered a "wake-up" call for an offender. However, sanctions in excess of 20 days may be approved by the division administrator. A hearings officer warns an offender that his freedom is in jeopardy.

Sanctioned offenders are also expected to maintain clear conduct and participate in program and work assignments. Sanctioned offenders will be returned to their previous status or program assignment upon successful completion of the sanction. Failure to follow START program recommendations and/or excessive or major disciplinary violations may result in additional formal disciplinary action, which may include program termination, revocation and the transfer of the offender to prison. Special conditions and/or limitations concerning sanction length may apply to certain offenders, such as probationers.

ASSESSMENT

Offenders serving more than 10 days typically are assessed during the first week of their confinement for treatment, program and aftercare needs. Intake assessment tools determine the level of service needed, medical and mental health screenings, alcohol screenings and a treatment plan.

PROGRAMS

After the initial screening and assessment has been completed, an offender may be assigned to one or more of the following programs (see Appendix for descriptions):

- ❖ Cognitive programs and restructuring
- ❖ Criminal thinking errors
- ❖ Anger management
- ❖ Relapse prevention
- ❖ Life skills
- ❖ Changes program
- ❖ Alcoholics Anonymous, Narcotics Anonymous, or Secular Recovery
- ❖ Medicine Wheel
- ❖ Orientation and Prison Rape Elimination Act (PREA) Training
- ❖ Stress Management
- ❖ S.O.B.E.R. project
- ❖ Recovery Anonymous
- ❖ Literacy Tutoring
- ❖ Mental Health Program
- ❖ Dialectical Behavior Therapy (DBT)

In addition, a chaplain visits the facility on a weekly basis. Also, offenders not precluded from manual labor due to medical or other reasons are assigned to a work program, placed on a work roster, and rotated through various facility work assignments.

Dayroom, yard and gym recreation are permitted during scheduled times when offenders are not attending groups or work assignments. These activities are directly supervised by staff.

MENTAL HEALTH

The START Mental Health Unit was developed in recognition of the growing need for mental health interventions for community corrections clients and as a unique alternative solution to address and reduce the high cost and long-term placements often associated with placing community corrections offenders in need of mental health services in either prison or a long-term mental health facility. The START Program, having already established a history as a successful and effective diversion program for community correction offenders, now provides specialized counseling, medication management, and stabilization services for mentally ill community correction offenders. These services are primarily provided by the START mental health staff of one full time and one part time mental health professional, a mental health case manager, and two mental health technicians. Two nurses and a contracted physician provide additional medical support services.

The mission of the START Mental Health Program is to provide a safe, secure, treatment environment on a short- term basis in order to evaluate the mental health and treatment needs of Community Corrections participants and facilitate their return to the community.

The START Program provides mental health assessments as needed to assist in stabilization and facilitate the needs of community corrections screening requirements. The Mental Health Unit is a 10-bed pod intended to monitor offenders whose mental health condition warrants close supervision. During this period of supervision, mental health participants receive assessments, medication consultation and management, 1:1 counseling, group counseling, and case management in accordance with individual needs in order to help stabilize the offender for transition back into the community. Mental Health Unit referrals for offenders currently assigned to a community corrections program are typically provided through an Administrative Transfer in which the offender is transferred to the START Mental Health Program for assessment and stabilization and subsequently returned to the referring community program once he has reached an acceptable level of stabilization.

Mental Health Unit Participation July 1, 2011 to December 31, 2012

Mental Health Unit Admissions: 101

MSP Placement: 19

WATCH Placement: 7

TSCTC: 7

NEXUS Placement: 7

CCP Placement: 15

P&P Placement: 13

Pre-release Placement: 13

Jail: 3

START General Population: 9

MCDC: 2

D-Pod Count as of 1-18-2012: 6

In addition to offenders housed on the Mental Health Unit, the Mental Health Professionals have provided counseling services for approximately 196 offenders and mental health assessments for approximately 181 offenders.

The average length of stay at START for D-Pod Mental Health Unit participants was 41 days and we placed 79% of D-Pod Mental Health participants back into community supervision.

SECURITY

Security staffing provides direct supervision around the clock. Offender pat searches, cell searches, area searches and inspections are conducted on a routine and random basis. All offenders are required to submit drug test samples at intake and on a random basis during their stay. A minimum of seven counts are conducted daily. Offenders are returned to their cells and the facility is placed on lockdown status for official and emergency counts from 10:00 p.m. to 6:00 a.m. Census checks are conducted on a random basis as needed. Offenders are confined to the facility, and escorts outside of the facility typically require direct staff supervision and full restraints.

STATISTICS FROM 12-0-05 TO 12-31-12

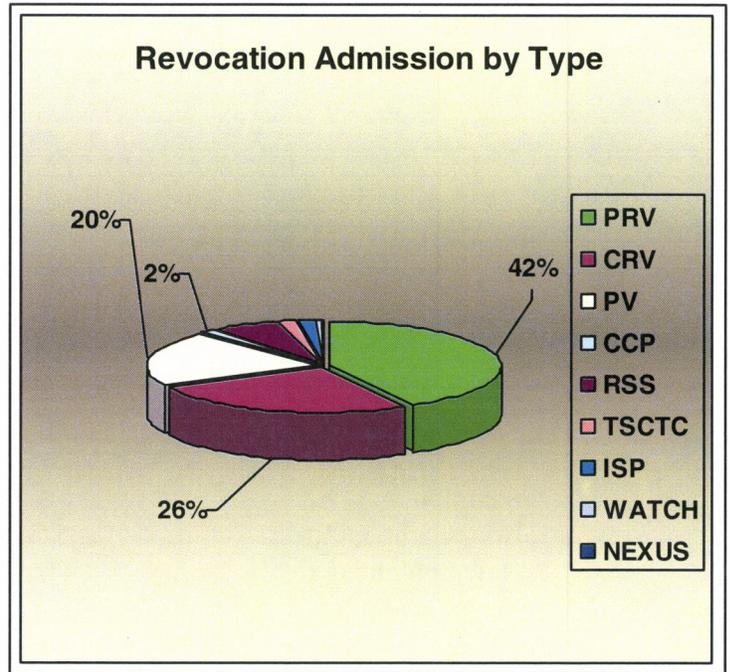
TOTAL ADMISSIONS:

Total Admissions: 5434

Admin Transfer	64
Hold	24
Inmate Workers	15
Masc D/MH	3
Masc Diversion	354
Masc Hold	58
MH	2
MH Admin Transfer	68
MH/Masc D	1
MHR	28
MHS	8
MSP Hold	3
Revocation	3,461
Sanction	1,345
<i>TOTAL:</i>	<i>5,434</i>

Revocation Admissions by Type:

PRV	1,452
CRV	894
PV	694
CCP	59
RSS	220
TSCTC	54
ISP	59
WATCH	16
NEXUS	13
TOTAL:	3,461

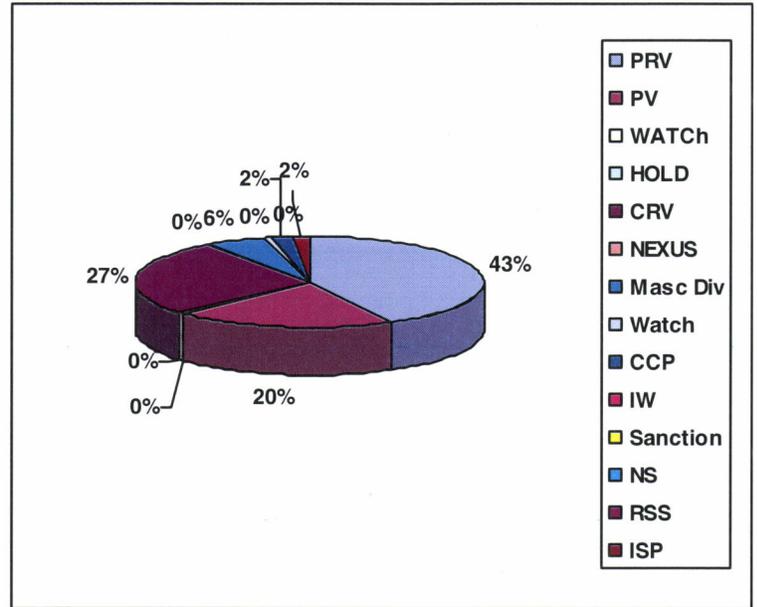


TOTAL DISCHARGES:

Total Discharges:	5,290
Sanctions:	1,339
Revocations:	3,347
Holds:	24
Admin. Trans	63
Masc Hold	58
MHR	27
Inmate Worker:	13
Masc Diversion:	339
MH	2
MH Ad. Trans	63
MHS	8
MSP Hold	3
MH/Masc D	4
	5,290

Revocation Discharges by Type:

Conditional Release Violator:	879
PreRelease Violator:	1401
Parole Violator:	678
Probation Violator:	0
RSS	1
Sanction	0
Boot Camp Quitter:	54
New Sentence	0
Masc Diversion	187
Watch:	16
CCP	60
ISP	57
HOLD	1
NEXUS REVOCATIONS	13
INMATE WORKER	0
TOTAL:	3347



Revocation Placement: 3347

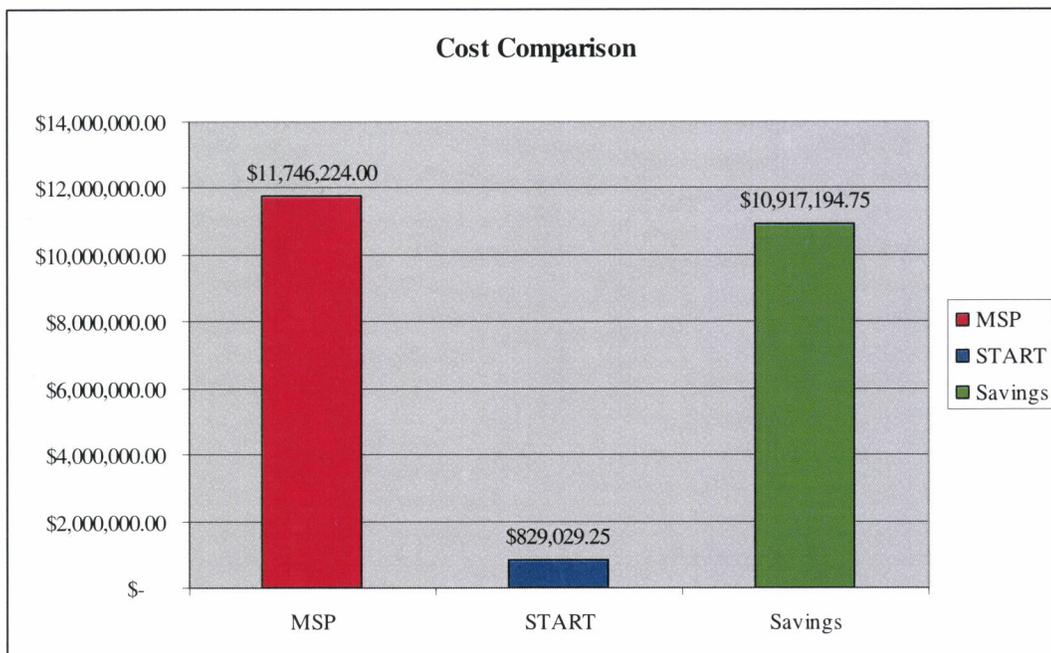
Anaconda P & P	4
Billings PRC	208
Billings P & P	77
Bozeman P & P	15
Bozeman PRC	40
Butte P & P	31
Butte PRC	417
Cascade County	3
CCP Butte	411
CCP West	294
Deer Lodge P & P	2
Discharged	194
Glendive P & P	1
Great Falls PRC	187
Great Falls P & P	27
Hamilton P & P	2
Hardin P & P	4
Havre P & P	3
Helena P & P	29
Helena PRC	241
Jail	22
Kalispell P & P	10
Lewis & Clark P&P	1
Lewistown P & P	1
Libby P & P	2
MCDF	2
Miles City P & P	2
Missoula P & P	28
Missoula PRC	66
Missoula Co. Jail	2
Nexus	92
Polson P & P	3
MSP (Disciplinary, Placement failures – Total all reasons)	709
Sidney P & P	1
TSCTS	161
Polson P & P	0
Watch East	6
Watch West	35
County Jail (Warrants)	0
YCDF	7
Out of State	5
Other	2
Total	3347

December 2005 through December 2012 Cost Comparison Review

Cost Comparison 2005-2006

The START program is reimbursed \$66.70 per offender per day under its current contract. The DOC estimates the cost per day per offender with added administrative and medical costs at \$75.88 for offenders in MSP and \$67.06 for offenders in the START program. Montana tax payers should realize a significant monetary savings if the average length of stay for an offender revoked and sent directly to MSP is 24 months, and the average length of stay for revocations placed in the START program is 57.5 days,. The following statistical information is based on these averages.

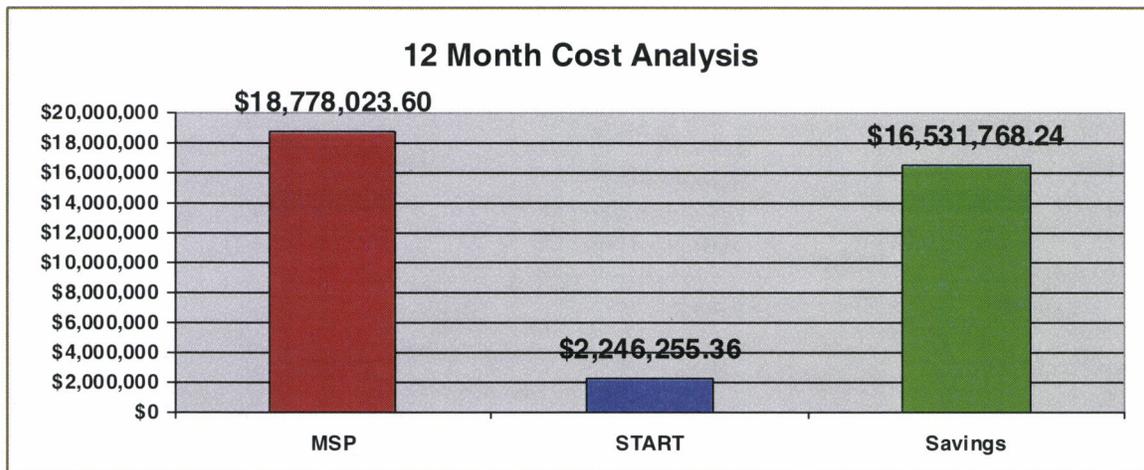
<i>Cost Comparison Revocations</i>			
	MSP	START	Savings
Average Stay (days)	720	57.5	
Cost Per Offender	\$ 54,633.60	\$ 3,855.95	\$ 50,777.65
Total Cost Per 215 revocations based on average length of stay	\$ 11,746,224.00	\$ 829,029.25	\$ 10,917,194.75



Cost Comparison 2006-2008

As of July 1, 2007 the START program per diem was \$68.03 per offender per day. The 2006 DOC cost estimate for offenders confined in MSP was \$75.88 per offender per day. The average length of stay at MSP for a sexual offender revocation is 32 months, a violent offender revocation is 25 months and a regular offender revocation is 17 months. The average length of stay for a revoked offender placed in the START program is 48.7 days. We have elected to show a cost analysis of an offender placed at MSP for an average stay of one year compared to a placement at START for an average stay of 48.7 days.

12 Month Cost Comparison Revocations			
	MSP	START	Savings
Average Stay (days)	365	48.7	
Cost Per Offender	\$ 27,696.20	\$ 3,313.06	\$ 24,383.14
Total Cost Per 678 revocations based on average length of stay	\$ 18,778,023.60	\$ 2,246,255.36	\$ 16,531,768.24



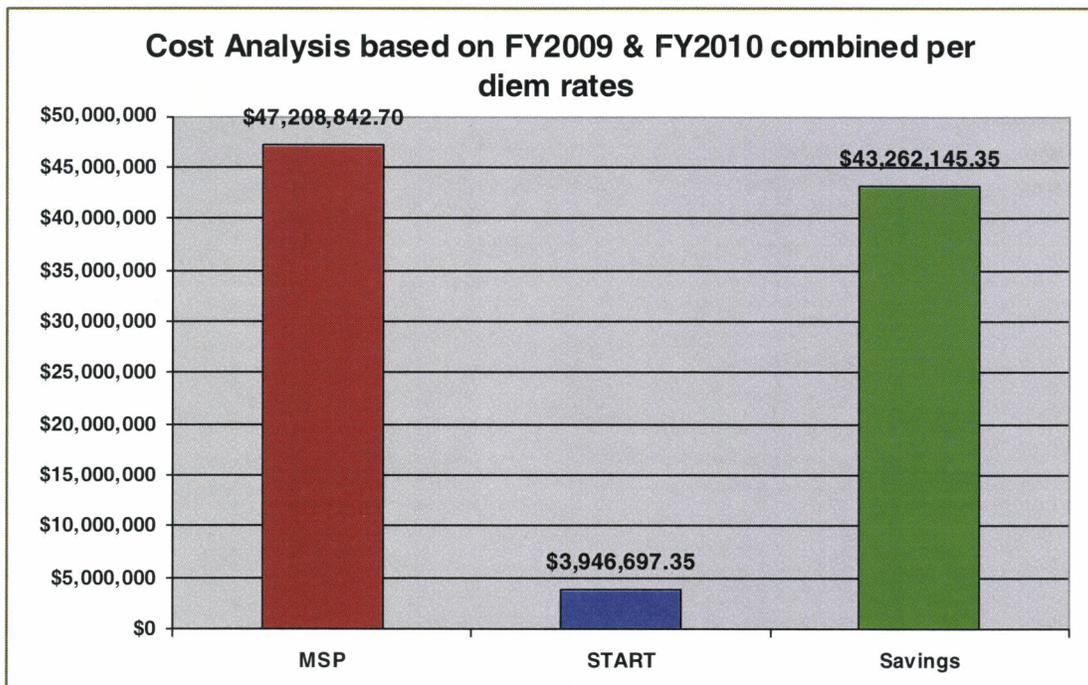
Cost Comparison 2008-2010

Average Length of Stay Cost Analysis

As of July 1, 2008 the START program per diem was \$70.08 per offender per day. Conversely, the DOC cost estimate for offenders confined at MSP was \$96.66 per offender per day in 2009 and \$99.02 per offender per day in 2010. The shortest average stay at MSP (16 months) is for nonviolent and nonsexual offenders who have their community placement revoked due to a violation of conditions imposed on them while living in the community. The average length of stay for a revoked offender placed in START and diverted to community placement for FY 2009 and FY 2010 was 56.6 days. We have elected to show a cost analysis of offenders placed at MSP for an average stay of 16 months compared to START community diversion placements for an average stay of 56.6 days.

Average Length of Stay Cost Analysis for Revocations Based on FY2009 Per Diem			
	MSP	START	Savings
Average Stay (days)	485	56.6	
Cost Per Offender	\$ 46,880.10	\$ 3,966.53	\$ 42,913.57
Total Cost Per 503 revocations based on average length of stay	\$ 23,580,690.30	\$ 1,995,164.59	\$ 21,585,525.71

Average Length of Stay Cost Analysis for Revocations Based on FY2010 Per Diem			
	MSP	START	Savings
Average Stay(days)	485	56.6	
Cost Per Offender	\$ 48,024.70	\$ 3,966.53	\$ 44,058.17
Total Cost Per 492 revocations based on average length of stay	\$ 23,628,152.40	\$1,951,532.76	\$ 21,676,619.64



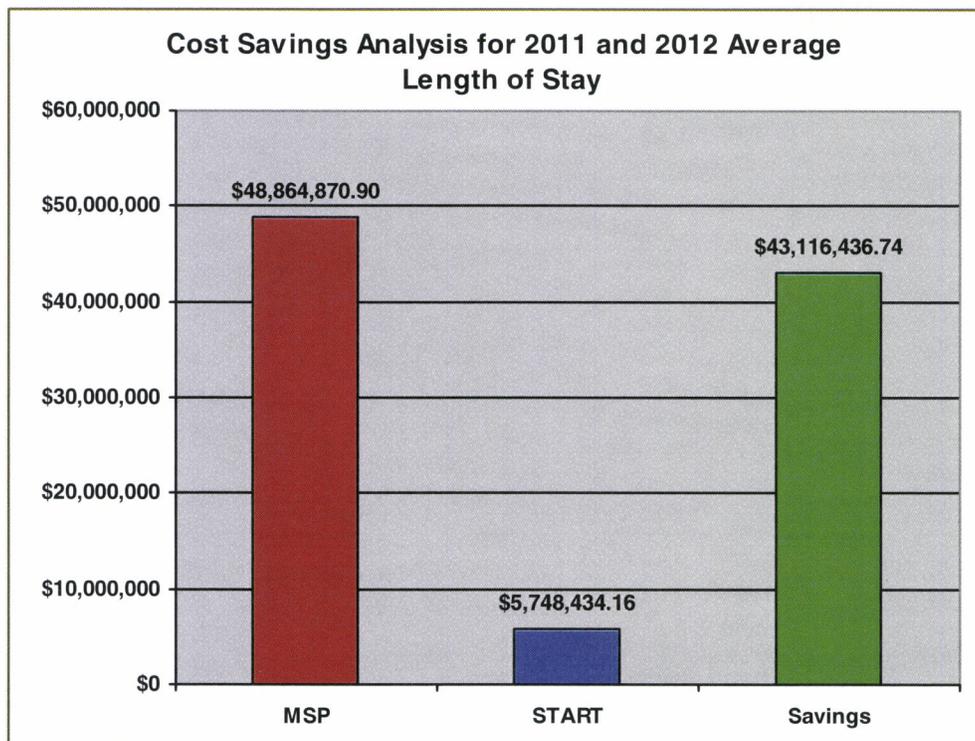
Cost Comparison 2008-2010

Average Length of Stay Cost Analysis

The START program per diem is \$95.98 per offender per day for up to 118 offenders. The rate for 118 up to 133 offenders is \$74.00 per offender per day. Conversely, the DOC cost estimate for offenders confined at MSP was \$88.42 per offender per day in 2011. The shortest average stay at MSP for nonviolent and nonsexual offenders was 17.3 months in 2011 and 18 months in 2012. The average length of stay for a revoked offender placed in START and diverted to community placement was 56 days in 2011 and 58.8 days in 2012. We have elected to show a cost analysis of offenders placed at MSP for \$88.42 per day compared to START community diversion placements at \$95.98 per day based on average length of stays for 2011 and 2012.

Average Length of Stay Cost Analysis for Revocations Based on FY 2010-2011 Diversions			
	MSP	START	Savings
Average Stay (days)	519	56 Days	
Cost Per Offender	\$45,889.98	\$5374.88	\$40,515.10
Total Cost Per 555 revocations based on average length of stay	\$25,468,938.90	\$2,983,058.40	\$22,485,880.50

Average Length of Stay Cost Analysis for Revocations Based on FY 2011-2012 Diversions			
	MSP	START	Savings
Average Stay(days)	540	58.8 Days	
Cost Per Offender	\$47,746.80	\$5,643.62	\$42,103.18
Total Cost Per 490 revocations based on average length of stay	\$23,395,932.00	\$2,765,375.76	\$20,630,556.24



Overall Cost Comparison for December 2005 through December 2012:

<i>Total Cost Comparison 2005 - 2012</i>			
<i>Revocations</i>			
	MSP	START	Savings
Total Cost Per 3148 revocations based on 55.85 day length of stay	\$127,936,027.70	\$13,599,445.37	\$113,936,582.30

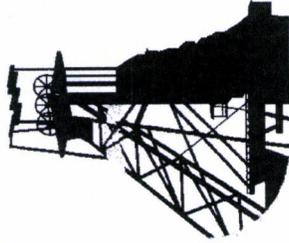
Security is Paramount

The WATCh Programs are treatment facilities, operating in a correctional setting. Those individuals receiving treatment are felony offenders; therefore, public safety is of the utmost importance. The following security and control procedures have been implemented for the WATCh Programs:

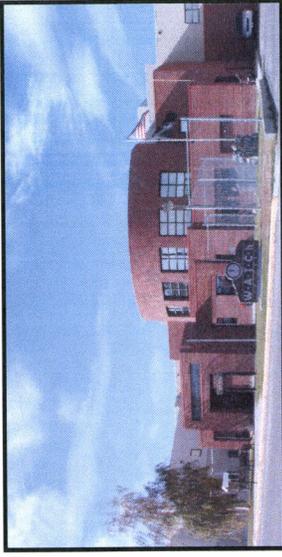
- 24/7 security staff on site as well as supplemental camera systems
- Regular and random counts
- Regular and random searches of offenders and their living areas as well as common and treatment spaces
- Frequent outdoor perimeter checks
- Alarmed doors

For more information and screening packets please log on to

www.cccscorp.com



The WATCh Programs



WATCh West— Warm Springs, Montana

A Partnership Between the Montana Department of Corrections and Community, Counseling, and Correctional Services, Inc.



WATCh East— Glendive, Montana

Warm Springs Addictions Treatment & Change Programs

WATCh West Tel: (406) 693-2272

WATCh East Tel: (406) 377-6001

Community, Counseling, and Correctional Services, Inc.

The WATCh West Program
(Warm Springs)
P.O. Box G
Warm Springs, MT 59756
(406) 693-2272-1004
avukovich@cccscorp.com

The WATCh East Program
(Glendive)
700 Little St.
Glendive MT, 59330
(406) 377-6001
ddion@cccscorp.com

What Are the WATCH Programs?

The WATCH Programs were developed in response to a growing problem in the state of Montana. The Montana Department of Corrections in conjunction with Community Counseling and Correctional Services, Inc. (CCCS) developed the Modified Therapeutic Community Treatment Programs to combat the soaring population of offenders entering the correctional system with 4 and subsequent DUI convictions. The WATCH Programs are six-months, intensive, cognitive, behavioral-based and modified therapeutic communities. Their primary goal is assisting family members (offenders) to develop those skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns, and the negative effects of chemical addictions while integrating into the society.

WATCH has had over 2000 successful completions to date:

- 92% of the offenders successfully complete the program – of that 92%70%+ continue to be in compliance with all aspects of their probation requirements
- 92% never receive another DUI

What is the Difference Between WATCH West and WATCH East?

The WATCH West Program was originally opened on February 1, 2002 at the Warm Springs Campus, and served both male and female offenders. On February 2005, CCCS opened the doors of the WATCH East Program in Glendive, Montana; transferring all of the females to this facility. The opening of this facility also provided the opportunity for males from the Eastern part of the State to receive treatment closer to home. Today, the WATCH West Program has 112 all male treatment beds and the WATCH East Program has 50 treatment beds with first priority going to females, and then males from Eastern Montana.

What Do Family Members (Offenders) Learn at WATCH?

While at the WATCH Program, Family Members are involved in classes, training, counseling, and other activities from 7:00 am to 9:00 pm at night. Treatment and programming include: Criminal Conduct and Substance Abuse Treatment; Strategies for Self Improvement and Change; Cognitive Principles and Restructuring; Criminal Thinking Errors; Anger Management; Family Relationships/Parenting; Life Skills; Twelve Step Study; AA/NA Meetings; Victim's Issues/Restorative Justice; Grief and Loss; Gender Issues; After-care Counseling; Individual Counseling; and Relapse Prevention.

How Does Someone Access the WATCH Programs?

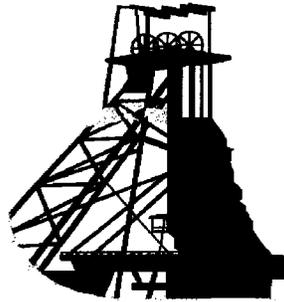
All beds at the WATCH Programs are contracted through the Montana Department of Corrections. Referrals to the program are accepted from all aspects of the Montana criminal justice system, including but not limited to: DOC officials, probation and parole officers, prosecutors, public defenders, and judicial authorities.

All offenders must complete an application that is submitted to the respective program. Applications are available via the DOC shared server or can be obtained from www.cccscorp.com. Once completed, the application package should be submitted to Deb Dion (WATCH East Administrator) or Alex Vukovich (WATCH West Administrator) for screening. The application will be screened for acceptance by the respective facility screening committee. The screening committee is comprised of law enforcement, P&P, community members, and representatives of the respective program. Almost 90% of applicants that are screened for WATCH are accepted and of that 92% successfully complete the program.

The WATCH Programs

The WATCH West Program
(Warm Springs)
P.O. Box G
Warm Springs, MT 59756
(406) 693-2272-1004
avukovich@cccscorp.com

The WATCH East Program
(Glendive)
700 Little St.
Glendive MT. 59330
(406) 377-6001
ddion@cccscorp.com



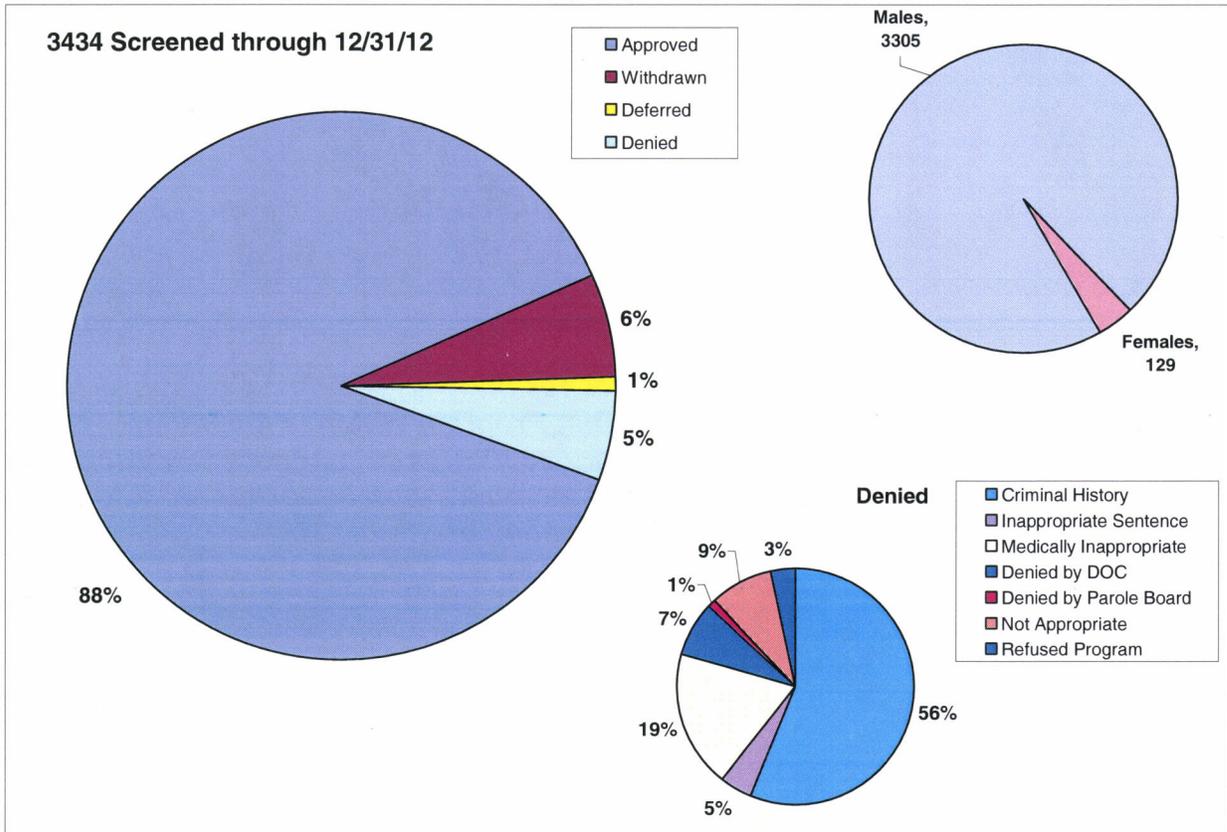
WATCH PROGRAM STATISTICS

The following is a compilation of statistics for the WATCH West Program – it does not include information for the WATCH East Program which is located in Glendive, Montana and opened in February 2005. These numbers were generated from information gathered from all Family Members who have entered into the program since February 1, 2002 through December 31, 2012.

AVERAGES

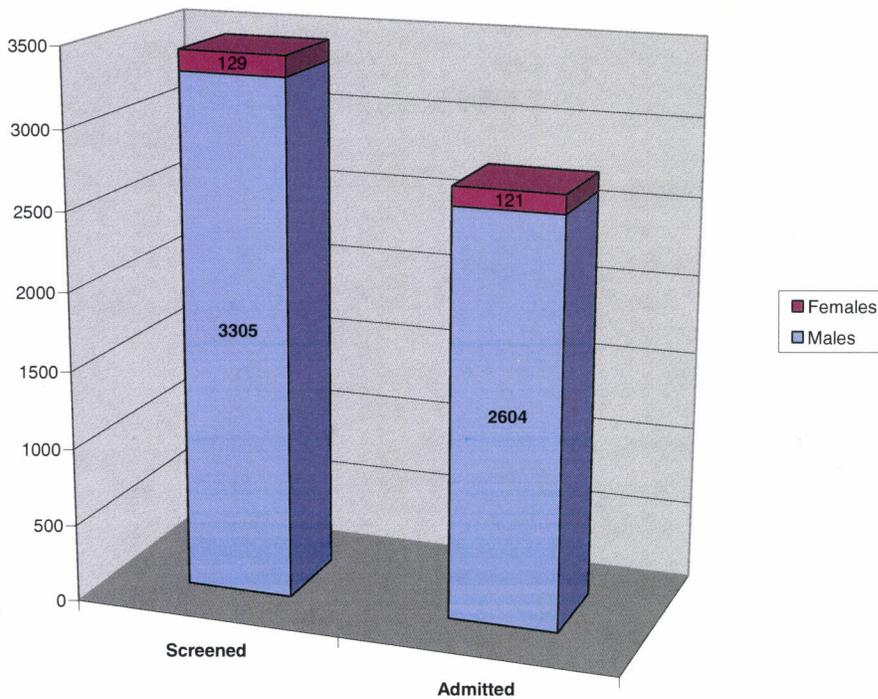
- Age at admission **43.17**
 - Minimum age **17**
 - Maximum age **78**
- BAC at time of arrest: **.202**
- Number of DU'IS: **5.5**
- Number of misdemeanors: **19.44**
- Number of felonies(includes current charge(s)): **2.74**
- Number of prior outpatient treatments: **.83**
- Number of prior inpatient treatments: **1.18**
- Age of first use: **14.27**
- Level of education: **11.89**
- Number of dependents: **1.5**
- Length of stay for treatment complete: **185.3 days**
- Average LSI Score upon admission: **24.45**
- Average LSI Score upon discharge: **23.66**
- Individuals with Psychiatric conditions: **19%**
- Primary Drug of Choice: **Alcohol**
- Secondary Drug of Choice: **Marijuana**
- Tertiary Drug of Choice: **Methamphetamine**

SCREENING and WAITING LIST



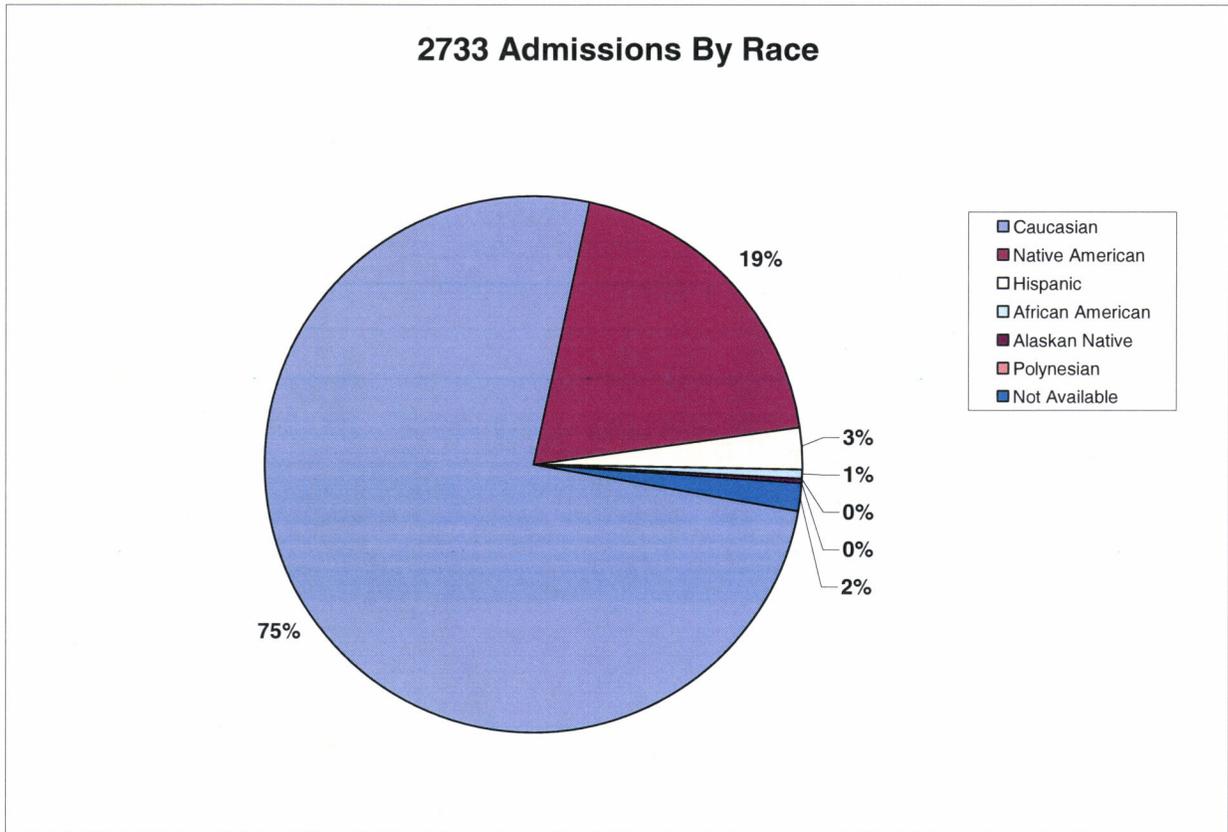
- Total number screened: **3434**
 Males screened: **3305**(96%) Females screened: **129** (4%)
- Total Approved: **3024**
 Number withdrawn: **207**
 Number deferred: **28**
 Number denied: **175**
 - Due to criminal history: 98
 - Due to inappropriate sentence: 8
 - Medically inappropriate: 33
 - Denied by DOC: 13
 - Denied by Parole Board: 2
 - Not Appropriate: 15
 - Refused Program: 6

3434 Screened vs. 2733 Admitted



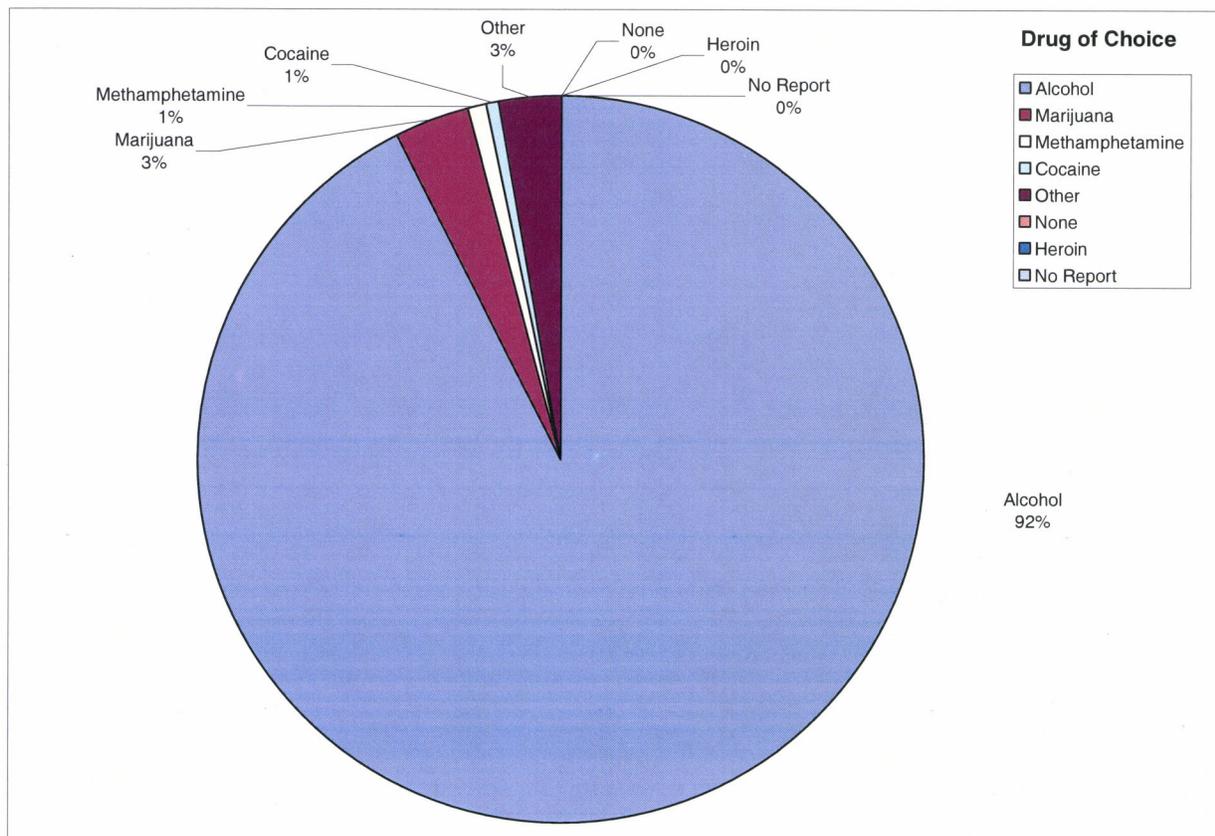
Males: 78% of all the males screened were admitted
Females: 94% of all the females screened were admitted

TOTAL # OF ADMISSIONS TO THE PROGRAM: 2733



- Caucasian, 2063
- Native Americans, 531
- Hispanic, 71
- African American, 16
- Alaskan Native, 4
- Polynesian, 2
- Not Available, 46

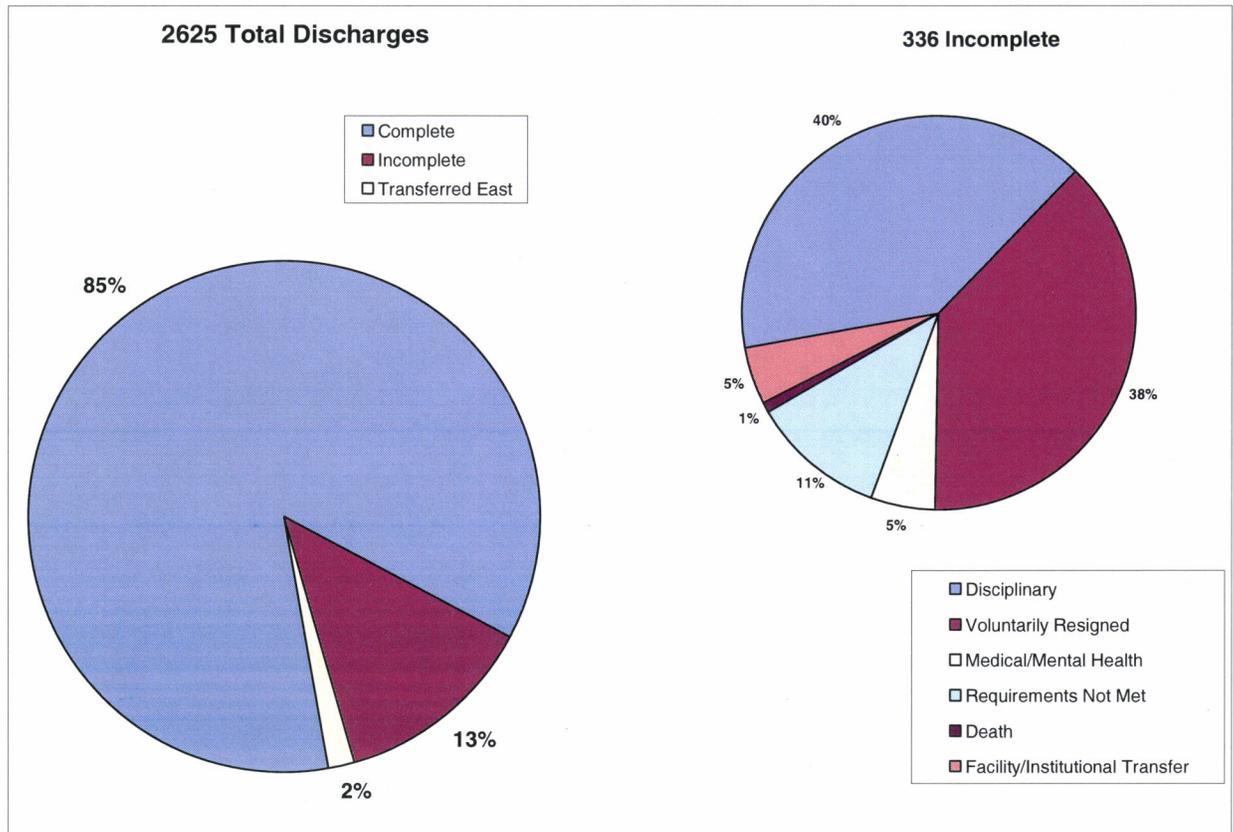
DRUG OF CHOICE



Primary Drug of Choice

- Alcohol, 92%
- Marijuana, 3%
- Other, 3%
- Meth, 1%
- Cocaine, 1%
- Heroin, 0%
- None, 0%

DISCHARGE INFORMATION



TOTAL NUMBER OF DISCHARGES: 2625

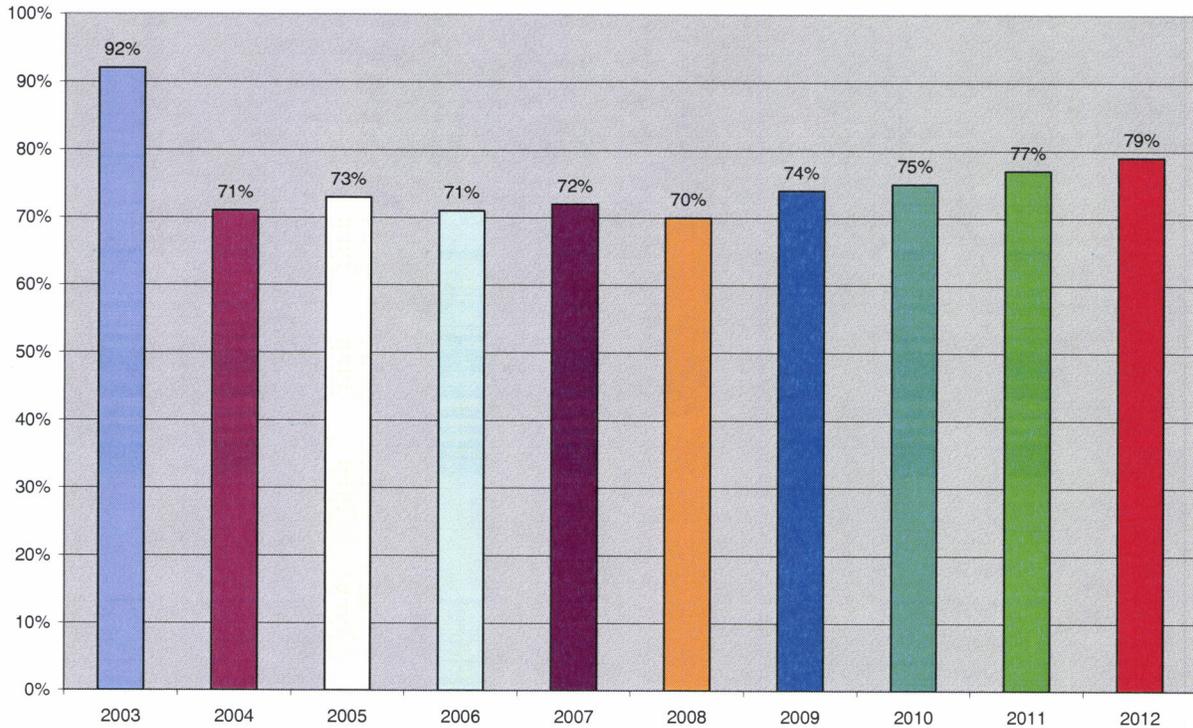
Of these 2625 discharges:

- **2245** of total discharged were treatment complete.
- **44** Transferred to WATCH East
- **3336** of total discharged were for the following reasons:
 - **128** Voluntarily resigned
 - **134** Discipline/Sanctions/Sentencing/Other
 - **18** Medical reasons
 - **3** Due to death
 - **37** Requirements not met
 - **16** Facility Transfers

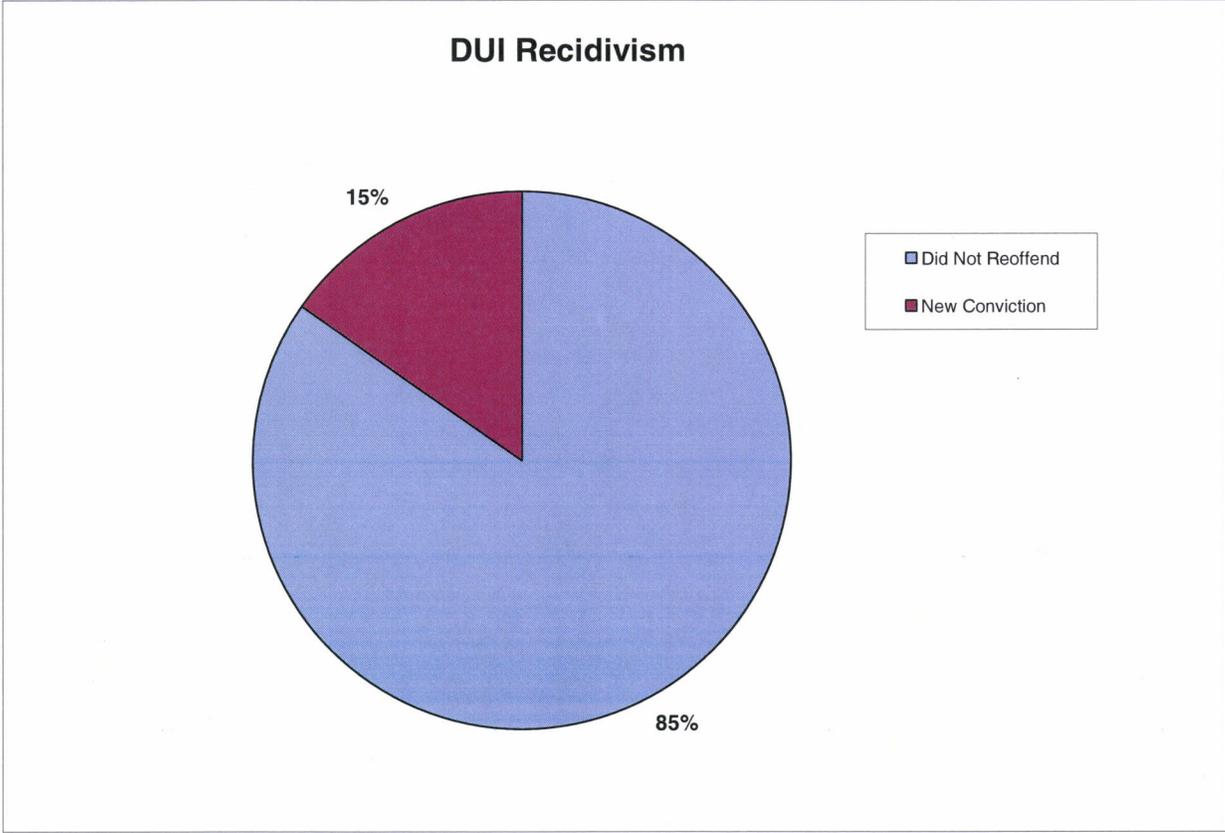
FY 11-12 DATA

Overall Program Compliance

Compliance in Follow Up Programs



Compliance rates are based on OMIS reporting.
Compliance means that there have been no sanctions, violations or interventions.

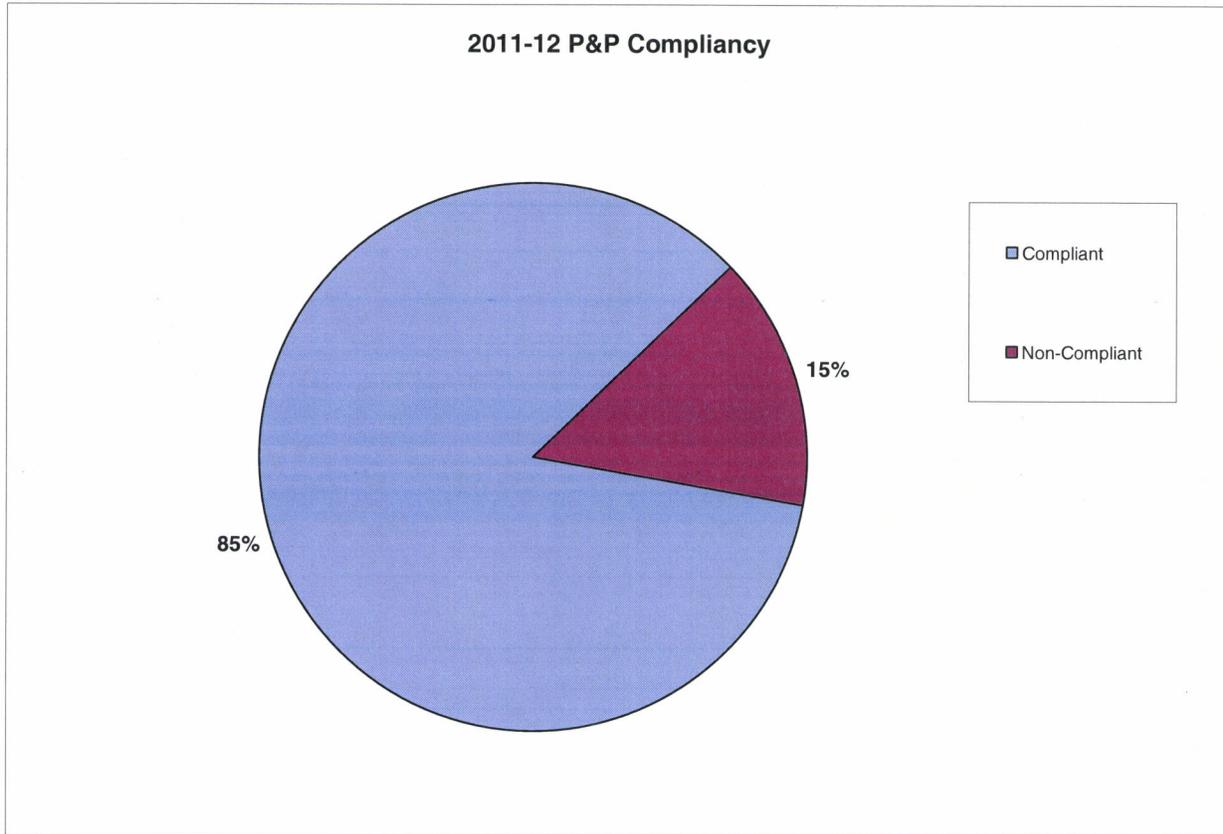


15% (337) of the total graduates have been arrested for a subsequent DUI

1,908 have not reoffended

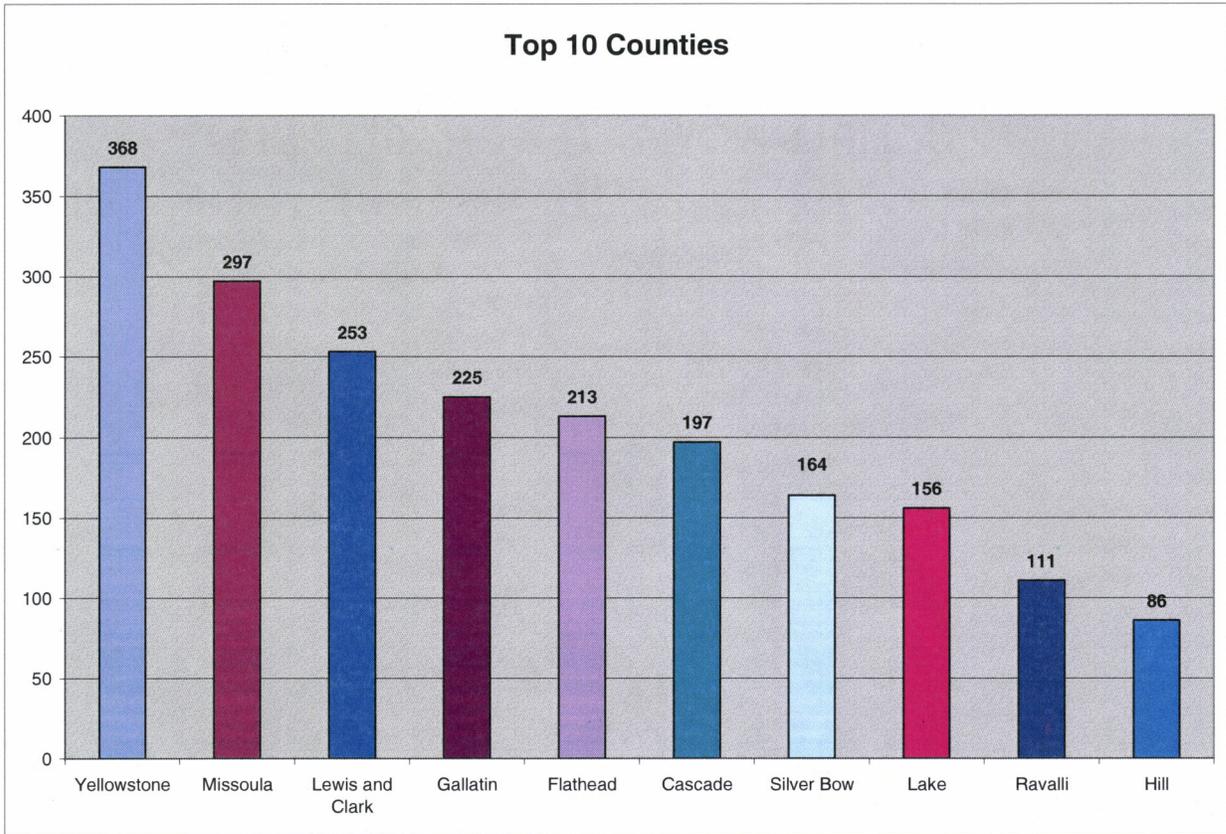
337 received a new conviction or are awaiting sentencing

**TOTAL PROBATION AND PAROLE/ AFTERCARE
COMPLIANCY RATE FOR 2011-2012
85%**



SENTENCING COUNTY INFORMATION:

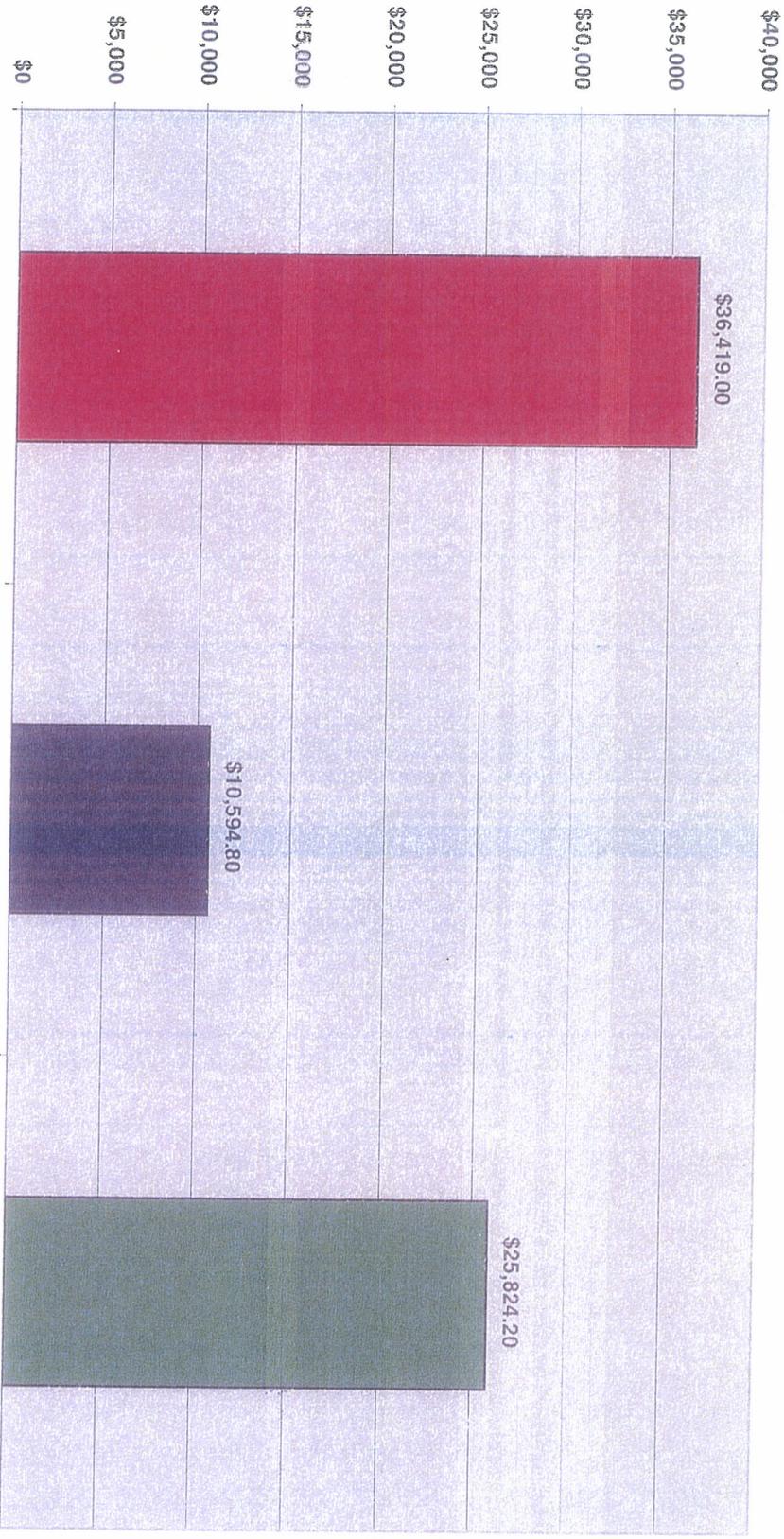
February 1, 2002 through May 31, 2012



County Referred From

County					
Beaverhead	27	Granite	18	Powell	41
Big Horn	42	Hill	86	Ravalli	111
Blaine	11	Jefferson	27	Richland	14
Broadwater	15	Judith Basin	4	Roosevelt	1
Carbon	11	Lake	156	Rosebud	32
Cascade	197	Lewis and Clark	253	Sanders	21
Choteau	6	Lincoln	63	Sheridan	4
Custer	10	Madison	12	Silver Bow	164
Dawson	24	Meagher	3	Stillwater	12
Deer Lodge	39	Mineral	25	Sweet Grass	7
Fergus	22	Missoula	297	Teton	13
Flathead	213	Musselshell	10	Toole	9
Gallatin	225	Park	28	Treasure	2
Garfield	1	Phillips	1	Valley	6
Glacier	28	Pondera	14	Wheatland	2
Golden Valley	2	Powder River	2	Yellowstone	368

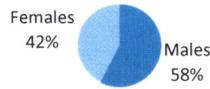
Cost Savings Analysis for One (1) Offender



-MSP cost based on 1 offender at \$92.20 for 13 months
-WATCH cost based on MDOC reimbursed per diem rate of \$58.86 for 1 offender for 180 days

Admissions	733
Males	422
Females	311

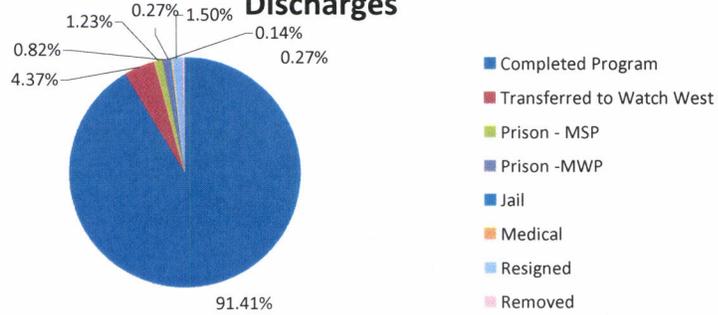
Discharges by Gender



Total Number of Family Members Discharged from the Program

Discharges	733
Completed Program	670
Transferred to Watch West	32
Prison - MSP	9
Prison -MWP	6
Jail	2
Medical	1
Resigned	11
Removed	2

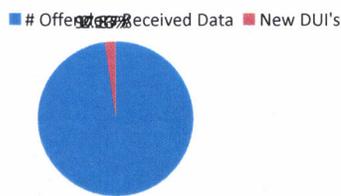
Discharges



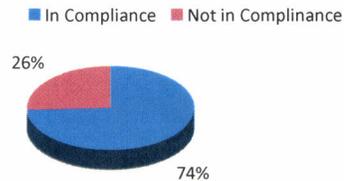
Compliance data

Completed Program	670
# Offenders Received Data	459
New DUI's	10
In Compliance	341
Not in Compliance	118
Unknown	0
Discharged Sentence	165
Deceased	16
Interstated	30
Pre-Release	9

New DUI's



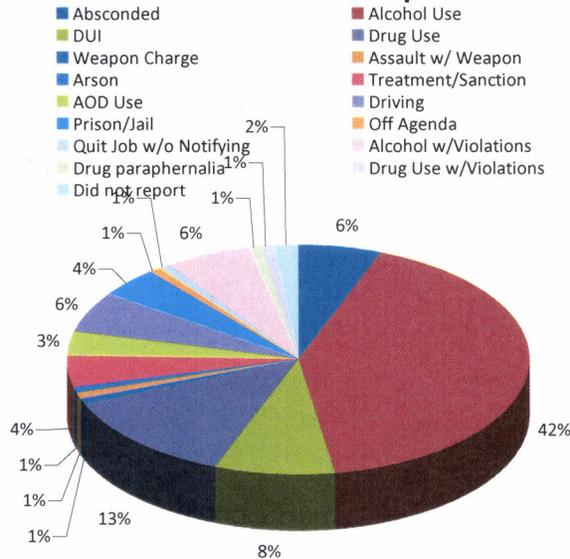
Compliance Data



Not In Compliance due to:

Absconded	7
Alcohol Use	49
DUI	10
Drug Use	15
Weapon Charge	1
Assault w/ Weapon	1
Arson	1
Treatment/Sanction	5
AOD Use	4
Driving	7
Prison/Jail	5
Off Agenda	1
Quit Job w/o Notifying	1
Alcohol w/Violations	7
Drug paraphernalia	1
Drug Use w/Violations	1
Did not report	2

Reasons for Non-Compliance

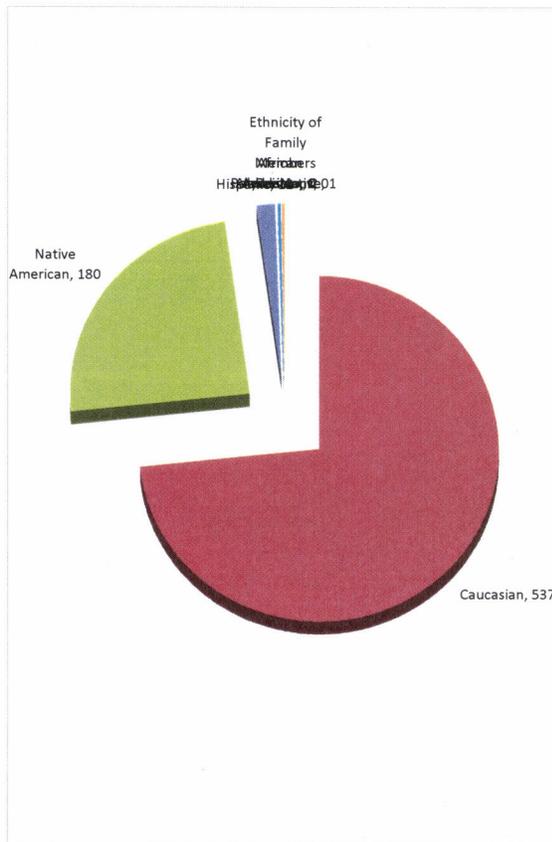


Ethnicity of Family Members Admissions

Caucasian	537
Native American	180
Hispanic	12
Polynesian	1
African American	2
Eskimo	0
Alaska Native	1

Admissions by County

Yellowstone	208	28.38%
Lewis and Clark	49	6.68%
Missoula	57	7.78%
Flathead	41	5.59%
Lake	35	4.77%
Cascade	32	4.37%
Gallatin	32	4.37%
Richland	30	4.09%
Big Horn	26	3.55%
Hill	23	3.14%
Rosebud	26	3.55%
Dawson	23	3.14%
Custer	18	2.46%
Carbon	13	1.77%
Silver Bow	13	1.77%
Lincoln	10	1.36%
Ravalli	9	1.23%
Sheridan	8	1.09%
Deer Lodge	6	0.82%
Powell	6	0.82%
Fergus	5	0.68%
Park	4	0.55%
Stillwater	5	0.68%
Valley	5	0.68%
Beaverhead	3	0.41%
Broadwater	3	0.41%
Jefferson	3	0.41%
Mineral	4	0.55%
Powder River	3	0.41%
Roosevelt	4	0.55%
Blaine	2	0.27%
Chouteau	2	0.27%
Granite	2	0.27%
Judith Basin	2	0.27%
Musselshell	4	0.55%
Toole	2	0.27%
Garfield	1	0.14%
Glacier	2	0.27%
Golden Valley	1	0.14%
Madison	1	0.14%
McCone	1	0.14%
Phillips	2	0.27%
Pondera	1	0.14%
Prairie	1	0.14%
Sanders	1	0.14%
Sweet Grass	1	0.14%
Teton	1	0.14%
Treasure	1	0.14%
Carter	0	0.00%
Daniels	0	0.00%
Fallon	1	0.14%
Liberty	0	0.00%
Meagher	0	0.00%
Petroleum	0	0.00%
Wheatland	0	0.00%
Wibaux	0	0.00%

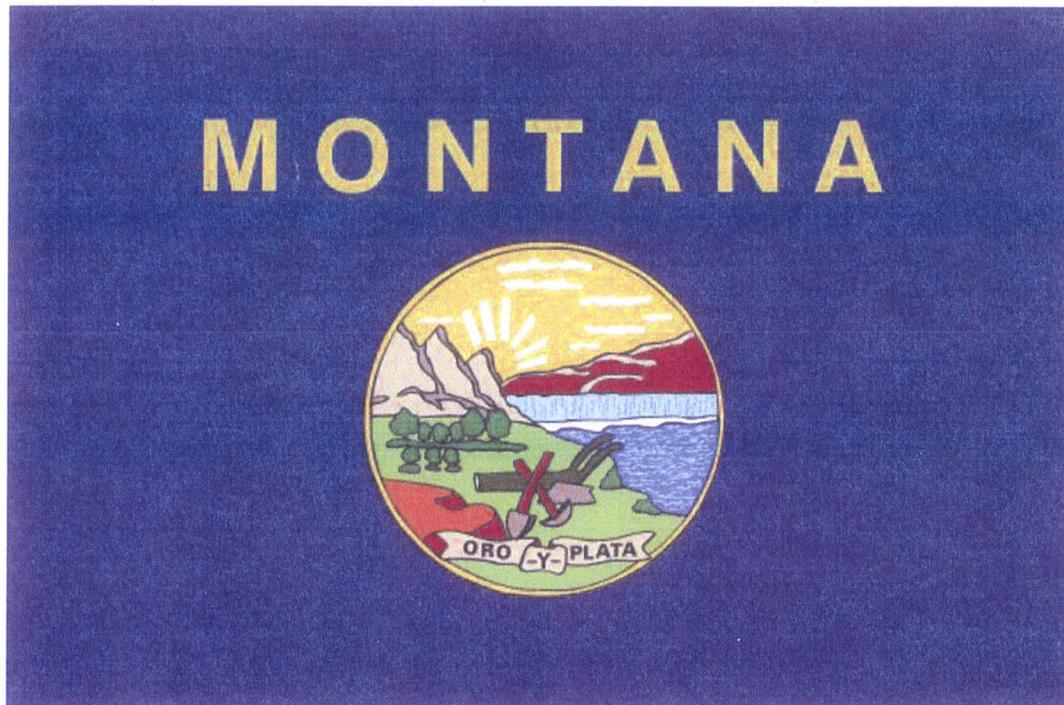


Tribes Represented

Crow	36	20.00%
Unknown	19	10.56%
Northern Cheyenne	20	11.11%
Salish Kootenai	18	10.00%
Chippewa Cree	18	10.00%
Blackfeet	12	6.67%
Sioux	8	4.44%
Gros Ventre	6	3.33%
Assiniboine	7	3.89%
Little Shell	4	2.22%
Chippewa	5	2.78%
Cherokee Cree	4	2.22%
Turtle Mountain	3	1.67%
Rocky Boy	3	1.67%
Northern Arapaho	4	2.22%
Eskimo	1	0.56%
Cherokee	2	1.11%
S'Klallam Jamestown	1	0.56%
Sho-Ban	1	0.56%
Fort Belknap	1	0.56%
Arapaho	1	0.56%
Apache	1	0.56%
Other	3	1.67%
Shoshone	2	1.11%

Evaluation of Montana's Residential Methamphetamine Treatment Programs

*Elkhorn Treatment Center for Women
Nexus Treatment Center for Men*



Prepared by Research & Survey Consulting
Missoula, Montana

January 9, 2013

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
INTRODUCTION.....	5
METHODS	5
Statistical Methods.....	6
DESCRIPTION OF PROGRAM PARTICIPANTS	
With commentary on program completion	7
PREDICTING NON-COMPLETION	
Nexus, Elkhorn and the prerelease centers	11
DISCUSSION	15

EXECUTIVE SUMMARY

This report describes, analyzes and presents information from Department of Corrections contracted programs for the treatment of methamphetamine and other drug offenders: the Elkhorn program for women in Boulder, operated by Boyd Andrew Community Services (BACS), and the Nexus program for men in Lewistown, operated by Community Counseling and Correctional Services (CCCS). The report thoroughly describes the population and identifies specific risk factors associated with program and prerelease center completion/non-completion. Recommendations for improving outcome are suggested.

This 2013 report incorporates data from the previous 2008 and 2010 reports.

The primary evaluation research goal was to establish efficient data collection and reporting methods that could be implemented over an extended period of time, enabling the ongoing reporting of data useful for verifying and improving program effectiveness. This 2013 report incorporates data from the previous 2008 and 2010 reports. In 2011 the DOC shifted responsibility for hiring a program evaluation researcher solely onto the programs who continued to retain Research & Survey Consulting to maintain continuity.

Between April of 2007 and July of 2012 data was collected on 867 offenders: 303 admitted to Elkhorn and 564 admitted to Nexus. It is clear that these programs are treating very different populations with regards to gender, family history, criminal history, mental illness etc. Reporting is combined here not for critical comparison but to make report reading more efficient.

Over a 5 year period 79.5% of everyone admitted to Nexus and 86.1% of everyone admitted to Elkhorn completed their 9 month stay as sentenced. In the most recent year for which complete data is available, 2011 (most 2012 admissions are still in the 9 month programs or prerelease), both programs saw a lower percentage of completions with Nexus showing the most substantial (but not statistically significant) drop. This reflects the increasingly diverse and complex population of offenders which included substantially more opioid users (for women, opiate users have more than doubled from 15% early in the program to 38% currently), a consistently high rate of risk from psychiatric illness and medications, Attention Deficit Hyperactivity Disorder and young age as well as convoluted criminal and treatment histories.

For Nexus, all offenders who did not complete their Nexus facility stay were initially sent to the Sanction, Treatment, Assessment, Revocation and Transition center (START), Montana State Prison, another DOC facility/program, or a county jail. For Elkhorn, offenders who did not complete their Elkhorn stay all were initially returned to Montana Women's Prison, a Passages program, or a county jail.

Of those offenders who completed the treatment center portion of the program (Nexus or Elkhorn) and went to a PRC, the completion rate at the PRC was 72.7% for men and 72.1% for women. The completion rate for those who finished both the treatment program and the PRC was 59.39% for Nexus and 60.01% for Elkhorn; there is no statistically significant difference between programs.

Movement between programs and facilities is fluid, complex and challenging to aggregate for groups of offenders. With drug offenders committed to DOC there are many programmatic and facility options designed to best meet the offender's criminogenic and rehabilitative concerns over time. Assessment, sanction and drug offender placement in diverse DOC programs is a dynamic process driven by clinical judgment and program availability. Rather than following a rigid linear process from program A, to B, to C most offenders cycle through many programs and facilities over time.

Services at the programs must continue to adapt to more effectively address men and women who have a co-occurring mental illness; those reporting a history of childhood abuse or neglect; the female offenders who were victims of domestic violence; the men with Attention Deficit Hyperactivity Disorder (ADHD), those physically abused/neglected as children; and a criminal population all of whom are chemically dependent - addicted.

The Department of Corrections, Nexus and Elkhorn are advised to continue to gather and centralize as much information on these offenders as possible in order to continue identifying those at highest risk and to deliver maximally effective programs. De-emphasizing quantitative evaluation methodology and moving in the direction of ground level narrative informed outcome studies will prove most informative going forward.

Services at the programs must continue to adapt to more effectively address men and women who have a co-occurring mental illness...

Introduction

The primary goal of this program evaluation outcome research was to assess the efficacy of the Nexus and Elkhorn methamphetamine treatment programs. The initial objective was to establish efficient data collection and reporting methods that would enable ongoing data collection for verifying and improving program effectiveness, including the prediction of program non-completion, offender return rate, and recidivism. This is the third report and the others were presented in 2008 and 2010; with data now collected on 867 offenders spanning 6 years the objective has been met. The goal is ongoing and this report furthers the assessment of efficacy.

The DOC has adopted the ASCA (Association of State Correctional Administrators) definition of recidivism. That definition is: The rate at which adult offenders return to prison in Montana for any reason within three years of release from prison. Each release can have only one corresponding return. To determine this rate for Nexus and Elkhorn would require data identifying only those who had been sent to the programs from prison and failed to complete the entire program including prerelease and then were returned directly, at some point to prison; Department of Corrections statisticians are in the best position to compute this specific legalistic number. The focus of this study is on program completion and specifically, identifying factors for predicting program non-completion. For this report, "non-completion" is defined as the rate at which adult offenders exit the programs for any reason other than successful completion.

History

Montana Code Annotated 45-9-102 indicates that for offenders convicted of a second or subsequent offense of criminal possession of methamphetamine, "the department of corrections may place the person in a residential methamphetamine treatment program operated or approved by the department of corrections...." These approved programs were established and in September of 2007, the Montana Department of Corrections (DOC), in collaboration with BACS and CCCS, contracted with Dr. Conley of Research & Survey Consulting (RSC) for program evaluation outcome research to assess the efficacy of Nexus and Elkhorn.

This third report on these programs combined with the previous work fulfills the goals set forth in the legislature's original request for treatment proposals that "the contractor shall provide both quantitative and qualitative measures of the program's performance by generate(ing) management reports that accurately track these measures."

Methods

Program evaluation methods utilizing secondary analysis of file data as well as survey research were used for this study. The primary strategy was for program staff to collect data from offender records and files. No information was sought which would not normally be in a client record; this was not experimental research and there were no interventions devised for the study. Information concerning variables in offenders' lives is stored electronically and in paper form at both programs and data from these sources was selected for study purposes. The data ultimately provided to RSC by the Elkhorn program was in the form of paper client surveys, which were then hand-entered into Statistical Package for the Social Sciences (SPSS), a research software program. The Nexus program generated and provided additional variables beyond what was

initially requested. Key variables concerning offender movement were provided by Mark Johnson of DOC as Excel spreadsheets which were then converted into the main SPSS file. All data was rendered compatible through extensive re-coding and data reconciliation processes. A normal process of re-coding, labeling and transforming the data was necessary to render it amenable to statistical analysis. Ultimately this yielded an information-rich and useful data set. Results are presented as percentages.

For this third report the data set was split, separating the information from Nexus and Elkhorn. Though many variables are held in common it proved more useful and informative to organize and analyze the programs separately, though results are still presented concurrently in a single report. Statistical models analyzed the data for frequency distributions of all information; predictive models were generated to identify risk factors predicting program non-completion, prerelease center non-completion and offender return rates.

Statistical Methods

Analysis of data employed several statistical methods. Initially, simple frequencies were used to examine the variables and generate a description of the population. Preliminary correlations and cross-tabulations explored potential significant relationships between both individual and grouped variables. For this report, the term "significant" is used throughout to indicate that statistical testing established (or failed to establish) a relationship or association between variables which, according to the mathematical laws of probability, is not due to mere chance. Following initial examination, both univariate and multivariate methods were employed. Univariate statistical methods examine the relationship between two variables. For example, this method can address the question: To what degree is being referred from MSP, MASC or START associated with program completion? In this case, we are examining a simple association between one predictor variable (i.e., MSP/not MSP) and one outcome variable (i.e., completion/non-completion). This process was also used as a building block and predecessor to the multivariate methods.

The two univariate statistics used in this study were chi-square analysis and t-tests. Chi-square analysis is used when exploring relationships or differences between categorical variables, that is, variables that capture information within categories, such as facility type, the presence or absence of a diagnosis, and the use or non-use of a particular drug. T-tests are used to examine differences in the mean of a continuous variable, such as days in placement, age or number of prior intakes, in relation to the grouping variable. With a t-test, the mean of the continuous variable (i.e., days in placement) is compared for two groups of offenders (i.e., mentally ill / not mentally ill) in order to see if there is a significant difference. If there is a difference, then the continuous variable is considered a good candidate for use in a multivariate predictor model. In other words, if there is a significant difference in the average number of days in program between mentally ill/not mentally ill, then the variable is a good potential candidate for use in the more complex, multivariate predictor model. The results of univariate tests are reported for each variable in the study where comparison of groups is appropriate.

A single multivariate statistical method was used to build predictor models for this study: binary logistic regression. In this analysis there is a single outcome variable, such as completion/non-completion. Several predictor variables are used simultaneously to determine the likelihood that

the outcome variable will occur. The procedure also determines if the relationship between specific predictor variables and the outcome variable is statistically significant or could have occurred by chance. If the probability of the relationship occurring by chance is less than five percent ($p < .05$) it is considered a non-chance finding. This allows the researchers to examine the effect of each variable while considering the effects of all other variables in the model. Variables that have both a univariate and multivariate effect on outcome are considered risk factors.

The following description of program participants includes variables used next in predictor models designed to address the questions: who succeeds and who fails at treatment? Why? The answers to these will inform discussion and recommendations for programmatic consideration.

Description of Program Participants with commentary on program completion

The following section includes analysis of all offenders admitted to the programs since the last report combined with all admitted since the start of the evaluation in 2007. This new analysis incorporates re-analysis of previous data.

Referrals: 564 offenders admitted to the Nexus site were available for analysis. 32.7% of male offenders were referred from Montana State Prison; 30.4% Parole and Probation across the state, including those from county jails; 19.3% from MASC; 11.3% from START; 4.3% came from Crossroads correctional facility and the rest from 'other'. There is no statistically significant difference in program completion rates (facility or PRC) between groups of offenders referred from these different sources.

There were 303 female offenders admitted to the Elkhorn site included in analysis. 17.5% came from Montana Women's Prison; 34.3% from Passages; 3.0% were DOC commits; 21.7% came from Probation offices; 19.8% from 'other' sources such as courts, other DOC or county jail programs and federal commitments; and 3.6% came directly from the parole board. Again, there is no statistically significant difference in program completion rates (facility or PRC) between groups of offenders referred from these different sources.

Prison time, lifetime felonies, misdemeanors and arrests: 76.4% of men and 98.6% of women spent some of their lifetime in prison prior to Nexus or Elkhorn; of these, the average time served in prison was 62 months for men and 45 months for women. The average number of lifetime felony convictions for male offenders is 4.66; misdemeanor convictions 15.71; and arrests 19.74. For female offenders, the average number of lifetime felony convictions, misdemeanor convictions and arrests is 3.5, 8.6 and 12.0 respectively; this has remained essentially unchanged since the start of the programs. These values all show a statistically significant difference ($p < .05$) between men and women, with men more criminally involved at the arrest and conviction levels. For men, the average prison time for Nexus non-completers was significantly longer than for completers (75.4 vs. 60.63 months). For both groups there were no other differences on these variables for completers/non-completers with either the treatment or PRC. This has remained significantly unchanged across years.

Age and Ethnicity: The average age of male offenders is 34.84, but 50% are under 34 years old. The average age of female offenders is 35.72, and again 50% are younger than that. With

regards to age, for both Elkhorn and Nexus, younger participants are significantly less likely to complete both the treatment and PRC part of the programs. 74.5% of Nexus offenders are white, 19.9% are Native American/American Indian, 3.0% are Hispanic from Mexican descent, 1.6% are Black and .9% identified as other. 61.1% of Elkhorn offenders are white, 33.3% are Native American/American Indian, 2.3% are Hispanic of Mexican descent, 0.3% are Hispanic of Puerto-Rican descent, 1.3% are Black and the remainder are 'other.' The age and ethnicity varies a bit across years for both programs but has not significantly changed from any one year to the others. The proportion of Native American /American Indian women (33.3%) is significantly greater than men (19.9%).

...younger participants are significantly less likely to complete both the treatment and PRC part of the programs.

Program completion/non completion at both the treatment facility and PRC level was cross tabulated with a variable of 'Native American/other' and subject to a chi-square test of difference; there is no difference in completion rate for these and other ethnic groups.

Education level: With regard to education, 49.6% of all Nexus residents hold a GED certificate, 17.0% are high school graduates, 6.9% have "Technical College" level education, 2.3% have an associate's degree, 1.1% have a master's, bachelor's or Ph.D. and 1.7% have either vocational training, a tech degree or a certificate. 8.7% of all male offenders reported no academic achievement; some cases had missing data. Of the Elkhorn offenders, 39.3% have reportedly obtained a GED, 17.6% have a high school diploma; 9.8% report some high school but not graduation or GED; 7.5 % record no education at all; 24.0% have some higher education – associate's, technical school, bachelor's or other. Education level was unknown for 1.8%. Educational level was subject to extensive coding, re-coding and exploratory statistical analysis; as documented in this data set it is not significantly associated with program completion/non-completion.

Marital status: 54.1% of Nexus offenders have never been married, 8.3% are divorced, 18.3% are married, and 17.4% common law married or cohabitating with a small percent reporting widowed or separated. This varies significantly by year of admission with no apparent pattern.

***71.5% of offenders at the Nexus treatment facility are fathers ...
86.4% of the female offenders at the Elkhorn facility are mothers.***

34.1% of Elkhorn residents are divorced, 19.3% are married, 22.3% have never been married, 17.3% are married by common law statute or were cohabitating, another 5.3% are separated, and the remaining 1.7% are engaged, single or 'other.' Marital status is not significantly associated with program completion/non-completion.

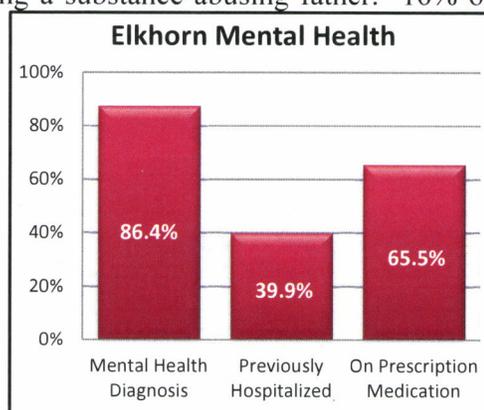
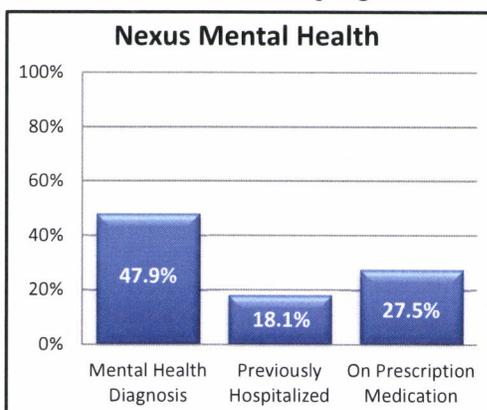
Children: 71.5% of offenders at the Nexus treatment facility are fathers having an average of 2.64 children. Of the Nexus parents, 77.3% have between one and three children, and 22.7% have 4 or more. 46% of those with children reported they were living with them at the time of their arrest. 86.4% of the female offenders at the Elkhorn facility are mothers. On average, they have 2.44 children. Of those with children, 73.2% have between one and three children, 24.9% have between four and six children, and 3.8% have seven children or eight children. This has not changed significantly over the life of the programs. For both Elkhorn and

Nexus, being a parent and the number of children are not significantly associated with program or PRC completion/non-completion.

Domestic violence, child abuse and neglect: 50.8% of offenders at Elkhorn report being victims of domestic violence and 28.0% have stayed in a domestic violence shelter. 38.0% of men from Nexus were physically abused or neglected as a child and 17.9% indicate that they were sexually abused as a child. Of these, only 12.4% of men were placed in the custody of Child Protective Services (CPS) or Department of Child and Family Services (DCFS). 14.0% of men and 20.4% of women spent time in foster care as a child. Men who reported being sexually abused as a child (a traumatic experience) were significantly less likely to complete Nexus.

56.7% of women from the Elkhorn program report a history of childhood abuse or neglect; they were no more or less likely to complete Elkhorn or the PRC. 22.1% of all women were in DCFS custody as a child at some point. No sensitive information specifically concerning sexual abuse history was gathered from the women for this study, though anecdotal evidence suggests that the percentage of women sexually abused as children is higher than for men. Of those women reporting abuse specifically, only 33.1% indicate having been in CPS or DCFS custody. Overall, women are more likely than men to have been placed in the custody of CPS or DCFS at some point as a child.

Additional family variables: The additional client information proffered by Nexus proved to be very informative. For example, 30.6% of male offenders report having a diagnosis of ADHD as a child with 44.9% of those who did were reportedly medicated for it. This proved to be a statistically significant predictor of program non-completion of the Nexus stay, though that did not carry over to the PRCs; this finding was consistent across years. 40.7% of Nexus offenders have substance-abusing mothers and 58.7% report having a substance-abusing father. 16% of their fathers and 5.6% of their mothers are reportedly incarcerated. 7.3% report that their mother has been convicted of a drug-related crime and 12.8% report that their father has been convicted of a drug-related crime. Additionally, 24.3% have siblings who are also in the Montana Criminal Justice System. These variables were not associated with program outcome.



Mental Illness:

On average, 47.9% of the Nexus offenders, report having a mental health diagnosis; this does not vary significantly across the 6 years of the study. 18.1% have been previously hospitalized or placed in a mental health facility, and 27.5% are taking prescription psychiatric medication. Of the Elkhorn offenders, 86.4% have a mental health diagnosis, while 39.9% report previous hospitalization or placement in a mental health facility and 65.5% are taking prescription medication. Scores on the Kessler

screening instrument indicate that over 39.3% of the Nexus and 51.5% of the Elkhorn populations screen positive for mental distress associated with mental illness. This prevalence rate of mental illness is not significantly different than in the first two studies indicating that the phenomenon is consistent in this population. These results indicate that the client populations of both programs are most accurately described as co-occurring disordered. Mental illness variables are consistently significantly predictive of program and PRC non-completion.

Employment: At the time of incarceration, 52.2% of all Nexus offenders were reportedly employed full-time, 8.9% were employed part-time, 34.98% were unemployed, 3.92% were on disability, and the remaining were not in the workforce. The percentage of offenders who were employed and unemployed varied significantly over the 6 years studied, likely reflecting the

Pre-incarceration employment was not a significant predictor of program completion

general economy. Also at the time of incarceration, 31.2% of male offenders reported an annual income level under \$10,000, 33.3% made \$10,001-\$25,000 annually, 19.0% reported an annual income of \$25,001-\$40,000 and 6.2% made \$40,001-\$75,000 annually. One respondent claimed an annual income over \$75,001 at time of incarceration and income was unknown for the rest.

Income information was not gathered on the female offenders, but 76.0% were reportedly unemployed or not in the workforce at the time of incarceration – many came from another DOC program or county jail. Pre-incarceration employment was not a significant predictor of program completion.

88.2% of all Nexus offenders report one or more illegal sources of income

Illegal income: 88.2% of all Nexus offenders report one or more illegal sources of income with 70.1% reporting previously selling illegal drugs as an income source. Other illegal income sources included drug manufacture, selling prescription drugs, stealing from their employers and stealing from friends and family. 51.4% claim theft of property or burglary. Other reported illegal sources of income include credit card fraud, shoplifting, using women to make money, and “selling myself and others.” This is reflected above where the offenders had an average of 4.66 lifetime felonies and 15.71 misdemeanors.

Year	Program	Meth	Alcohol	Marijuana	All Opioid	All Others
1	Nexus	55%	17%	18%	05%	06%
2	Nexus	37%	18%	23%	15%	07%
	Elkhorn	37%	18%	15%	15%	15%
3	Nexus	38%	18%	24%	12%	08%
	Elkhorn	37%	18%	11%	30%	04%
4	Nexus	44%	15%	13%	13%	15%
	Elkhorn	28%	25%	09%	38%	00%
5	Nexus	28%	21%	15%	15%	21%
	Elkhorn	28%	26%	09%	37%	00%

Table 1

percent indicating Methamphetamines was highest for the early years of both programs but for the men it is exactly half now of what it was in year one. Opiates have tripled from 5% to 15% for men currently and are predicted to keep rising. Alcohol and marijuana have remained fairly consistent. For women, meth use is also down and opiate users have more than doubled from

Drugs of choice: Table 1 indicates offender-reported ‘first drug of choice’ for each year the information was available from the programs; year one data collection was incomplete for the Elkhorn program as evaluation measures were being implemented. The

15% early in the program to 37% currently. This category includes heroin and prescription opioids. Interestingly, female offenders report using 'opioids first' at more than twice the level of men, mostly as prescription pill abuse. Analysis of second and third drugs of choice proved less informative, though alcohol and marijuana were consistently the top second and third drugs used. Particular drug used was not significantly associated with likelihood of program or PRC completion though in some analysis opioid users appeared to pose completion challenges.

For women ... opiate users have more than doubled from 15% early in the program to 38% currently.

Predicting non-completion of Nexus, Elkhorn and the Prerelease centers

This section of the report addresses the critical concern: who completes, who doesn't, and why? Over a 5 year period, 79.5% of all admissions to Nexus and 86.1% of all admitted to Elkhorn completed their 9 month stay as sentenced. The average length of stay for Elkhorn program non-completers is 121 days – almost exactly 4 months. For men who do not complete the program, average stay is 110 days.

Program completion by year for each program					
	1	2	3	4	5
Nexus	75%	78%	85%	87%	73%
Elkhorn	90%	92%	90%	81%	78%

Table 2

This section of the report further explores what drives non-completion rates and what predicts success or failure in both treatment facility and prerelease center programs (PRC). As noted in the executive summary, program and PRC completion rates

vary by admission cohort (year). This is because admission and discharge are an ongoing daily process and the use of calendar year cut-points is arbitrary. For example, we could look at completion rates by month of year or quarters. For Nexus, annual participant completion rates range from a low of 73.4% in year 5 to a high of 87.0% in year 4. Elkhorn ranges from 78.2% completion rate for year 5 to 91.7% in year 2 (See table 2). From a statistical point of view some single years for each program have different completion rates from what would be expected with normal variation. The same is true for the prerelease part of the sentence (see table 3). If we examined an alternative set of time periods (say fiscal years or 6 month periods) the percent of completers for each time period would likely look different.

When considering the diverse background characteristics of participants (gender, average number of arrests, felonies, prison time, abuse history, etc.) in each the Nexus and Elkhorn programs, it is reasonable that such yearly and overall variation in

Pre-release enter Completion by year for each program					
	1	2	3	4	5
Nexus	84%	79%	58%	67%	82%
Elkhorn	91%	87%	65%	53%	54%

Table 3

completion rates across programs would be observed. For example, men have a more substantial criminal background (arrests, felony, and misdemeanor conviction) while women exhibit more indicators of mental illness (medications, hospital stays). This variation in program and PRC completion rates across programs and years is expected to continue fluctuating.

For those who complete the Elkhorn and Nexus programs, PRC completion rates are remarkably similar at 72.1% for women and 72.7% for men. Despite significant variation from year to year, for this study, all non-completers will also be examined collectively across years.

For Nexus offenders who complete Nexus and go on to a PRC, the completion rate also varies across centers. It is very important to note that statistically, despite apparent variation, no single offender is any more likely to complete at one PRC than any other. Moreover, the data gathered here only indicates which center the offender was referred to when they left the treatment program – no data was gathered from the PRCs themselves on the completion rate of their sub-populations of Nexus and Elkhorn referrals. This would make a good validity check.

For Elkhorn offenders who complete Elkhorn and go on to a PRC completion rate varies across centers as well. It is again notable that for women, no single offender is any more likely to complete at one PRC than any other.

At Risk

The Table 4 (page 14) lists risk factors for non-completion on the left axis and the associated programs across the top. The following dialog will be understood when looking simultaneously at the table. Risk factors are those variables that are significantly associated with failing some or both parts of the program, the PRC or either, and include age, number of lifetime felonies, having a mental health diagnosis (compared to those with no mental health diagnosis), being on psychiatric medications (compared to those with no psychiatric medications), average number of months spent in prison prior to the program, having a diagnosis of ADHD (compared to those with no diagnosis of ADHD), and being referred from START (compared to those referred from all other sources). Many more variables were used to try to predict program completion: number of lifetime arrest and misdemeanor convictions, first drug of choice, where the offender was referred from (prison, START, Parole and Probation officer, etc.) married or other, having children or not, whether the offender had a history of physical and/or sexual abuse, race, etc. Using binary logistic regression as a statistical prediction model, all possible predictor variables were entered together and repeated iterations removed those that were not predicting. Table 4 represents what remains.

Non-completion for Nexus only

Having a mental health diagnosis, being on psychiatric medication, and/or having ADHD as part of childhood history place Nexus participants at risk for failure. For example, 31.8% of those on medication fail the program compared to 16.6% who are not on medication (table 4, second column). Moreover, previous studies had indicated that younger offenders were at higher risk to fail, this continues to be the case, though not significantly for Nexus alone when data is included from all years and the variables are entered into the model with those in the table. That only three variables should prove predictive speaks to the complexity of the offender population and the myriad number of characteristics that go into successful completion. The small number of significant predictors for Nexus completion/non-completion discovered here set the trend for what would follow in additional analysis. This is a very conservative

*That only three variables
should prove predictive
speaks to the complexity of
the offender population...*

method of detecting predictors but those that were identified are undeniably associated with the outcome. This is addressed further in the discussion section.

Non-completion of Prerelease center following Nexus

Using binary logistic regression as a statistical prediction model, certain variables together significantly predict PRC non-completion following Nexus and must be considered risk factors: age, number of lifetime felonies (in both programs having more felonies is associated with completing PRC), and being initially referred to Nexus from START (prior to going to the PRC). It appears that START referrals are less likely to complete than those from MSP, MASC, etc.

No single offender is any more likely to complete at one PRC than any other.

Nexus and prerelease center combined: completion and non-completion

Those who failed to complete either Nexus or the prerelease center were younger, had spent less past time in prison, and/or were on psychiatric medications.

Non-Completion of Elkhorn

Only two variables together significantly predict program non-completion for Elkhorn and must be considered risk factors: younger age, and more lifetime felonies.

Non-Completion of Prerelease center following Elkhorn

Certain variables together significantly predict program non-completion: being younger, having less felonies, and being on psychiatric medication.

Elkhorn and prerelease center combined: completion and non-completion

Those who failed to complete either Elkhorn or the prerelease center were significantly younger and or on psychiatric medication. In fact, the younger clients on medication are pulling down the whole rate of completion. Chart 4 indicates that if those on medications were excluded from the analysis the overall completion rate for Elkhorn and PRC would be 71%, though clearly, co-occurring diagnosed offenders are the rule, not the exception.

	Nexus		PRC		Nexus & PRC		Elkhorn		PRC		Elkhorn & PRC	
	Complete	Non-Complete	Complete	Non-Complete	Complete	Non-Complete	Complete	Non-Complete	Complete	Non-Complete	Complete	Non-Complete
Mean Age	*	*	35	33	35	32	36	32	37	34	37	33
Lifetime Felonies	*	*	5.1	4.2	*	*	*	*	3.9	2.7	3.9	3.1
Mental Health Diagnosis	73.0%	27.0%	*	*	*	*	*	*	*	*	*	*
No Mental Health Diagnosis	84.1%	15.9%	*	*	*	*	*	*	*	*	*	*
Psych. Medications	68.2%	31.8%	*	*	51.5%	48.5%	*	*	67.7%	32.3%	57.0%	43.0%
No Psych. Medications	83.4%	16.6%	*	*	66.0%	34.0%	*	*	85.1%	14.9%	71.3%	28.8%
Mean Months in Prison	*	*	57	68	57	72	44	50	*	*	*	*
ADHD	72.4%	27.6%	*	*	*	*	*	*	*	*	*	*
No ADHD	82.5%	17.5%	*	*	*	*	*	*	*	*	*	*
Referred START	*	*	58.6%	41.4%	*	*	*	*	*	*	*	*
Referred All Other	*	*	74.0%	26.0%	*	*	*	*	*	*	*	*

Table 4

*Not a significant predictor

Longitudinally tracking completers/non-completers post-program

What becomes of them? For Nexus, all offenders who did not complete their Nexus facility stay were initially sent to the Sanction, Treatment, Assessment, Revocation and Transition center (START), Montana State Prison, another DOC facility or program, or a county jail. For Elkhorn, offenders who did not complete their Elkhorn stay all were initially returned to Montana Women's Prison, a Passages program, or a county jail. Methodology for tracking offenders after their Elkhorn/Nexus and PRC stays is exceedingly complex and doing so accurately and with confidence in results proved to be beyond the capacity of this current study. Offenders who fail either the program or PRC most often are sent to prison, jail, START, Passages, or an alternative secure Community Corrections program. Some actually eventually return to the program. Most completers either continue on probation/parole, are on conditional release, have their sentence discharged or relocate. Determining who re-enters DOC custody at specific points in time after the program, for what reason, where and why they are placed (new crime, revocation etc.) is a study best conducted internally at the DOC by a statistician with full unlimited access to the Offender Management Information System. For example, to determine recidivism as defined by DOC, a subset of offenders referred directly from prison would have to be tracked through every program they attend (in-state and elsewhere) and monitored for another admission to prison at any point. Simply answering the question 'are they in prison now' does not suffice. Short of this, in order to complete the most efficient long term follow up of offenders, the programs themselves would need at least one administrator with direct access to OMIS.

In order to complete the most efficient follow up of offenders the programs themselves would need at least one administrator with direct access to OMIS.

Discussion and Recommendations

The initial disparity in completion rates between Elkhorn/Nexus dissipates through PRC program stay; both programs (with PRC follow up) are completing essentially 60% of those they admit. The likelihood of any offender completing the program varies significantly and predictably by specific offender characteristics. Both programs face ongoing challenges in providing a successful and complete treatment experience for offenders with mental health issues, especially if they are younger and/or on medication. In general, it is the older offender with more felony convictions and more prison time behind them that complete.

Co-occurring psychiatric illness and medication issues should be more specifically targeted by treatment programming with a goal of eliminating the persistent disparity in completion rates. In many cases, mental illness is under-reported and under-diagnosed prior to treatment referral and only manifests itself more obviously in the residential treatment environment where it compromises the offender's ability to comply with program participation. For those on medication, being on the *right* medication and reliably complying with the prescription is key.

It is reasonable to assume that in addition to those identified in this evaluation other factors will continue to vary across this diverse and complex population, not all of which will have a quantifiable impact on completion. In studying any treatment population there are always intangibles and the best source of information for further exploring completion rates and return rates is the subjective knowledge base of the clinical directors and frontline practitioners of the treatment programs themselves. Future studies should minimize effort at quantification and instead focus primarily on qualitative narrative interviewing and analysis of program staff and representative groups of offenders as an evaluation methodology.

Setting up a specific methodology and strategy for collecting research-level program evaluation data reflects a contemporary and advanced professional corrections management strategy. At this point in time the programs and DOC are able track this group of offenders and identify characteristics which place them at significant risk of program/PRC non-completion. The ultimate goal of this study was to establish efficient data collection and reporting methods which would enable improvement of program effectiveness and this has been met.

For the Nexus and Elkhorn programs the data collection systems remain in place. Ensuring accurate data collection beyond program exit is crucial for the development of fiscally and politically satisfactory answers to key questions. De-emphasizing quantitative evaluation methodology and moving in the direction of ground level narrative informed outcome studies will prove most informative going forward.

Acknowledgements

This report was prepared by Timothy B. Conley, Ph.D., LCSW, CAS, of Research & Survey Consulting in Florence, Montana. Kimberly Spurzem, BSW and Jenifer Evers, LCSW are co-authors. Special thanks are extended to statistician Mark Johnson of the DOC for his tireless efforts responding to endless requests for data. Sue Carol of Elkhorn and Karlyle Conner of Nexus provided on the ground program contact that was invaluable.