

LEGISLATIVE AUDIT DIVISION

Angus Maciver, Legislative Auditor
Kenneth E. Varns, Legal Counsel



Deputy Legislative Auditors:
Cindy Jorgenson
William Soller
Miki Cesntik

MEMORANDUM

TO: Legislative Audit Committee Members
FROM: Alyssa Sorenson, Management & Program Analyst Supervisor
CC: Jim Anderson, Public Safety Chief, Department of Corrections
DATE: August 2024
RE: Performance Audit Follow-Up 24SP-11: *Montana's Probation and Parole Practices: Supervising According to Risk* (orig. 20P-05)

Introduction

The *Montana's Probation and Parole Practices: Supervising According to Risk* (20P-05) report was issued to the Legislative Audit Committee in March 2022. The audit included six recommendations to the Department of Corrections. In May 2024, we conducted follow up work to assess implementation of the report recommendations. This memorandum summarizes the results of our follow-up work.

Overview

The 2022 performance audit of Probation and Parole recommended the Department of Corrections improve processes, quality assurance, and data integrity and integration. We found the department has made some progress on most of the recommendations, but that meaningful change will not be made until a new offender management system is implemented with automated workflow. This is expected to occur in 2027. Risk assessments have been somewhat simplified but remain not validated for Montana's population. The department is in the process of significantly changing its supervision practices to better address offender risk and needs and prioritize limited resources. It has increased the number and usefulness of data dashboards for officers and supervisors to assist in identifying caseload issues, such as excessive time since last contact. They have also more consistently implemented "banked" or administrative caseloads for lower-need offenders. They still do not use formal case plans to ensure risks and needs are addressed in case management, but have added quality assurance staff and responsibilities to better monitor and support officer performance. Overall, there are mixed perceptions from agency staff as to whether or not the environment has improved from when the audit was completed. DOC does appear to slowly be setting up the necessary systems to gradually move in a positive direction.

Background

In 2017, the Montana Legislature passed policy reforms based on the Justice Reinvestment Initiative (JRI). The JRI was a years-long examination of the entire Montana criminal justice system to identify ways to decrease the corrections population. One major reform tasked the Montana Department of Corrections (DOC) to reshape community supervision to focus on supervising offenders according to recidivism risk. Out of this effort, a standardized offender risk assessment became required statewide and the Management Incentives and Interventions Grid (MIIG) was created to guide officer interventions and incentives in case management. In 2020, the Montana Legislative Audit Committee prioritized an audit of Probation & Parole, which was scoped to assess whether offenders were being supervised by officers

according to risk. The performance audit was completed in 2022 and recommended DOC improve Probation and Parole processes, quality assurance, and data integrity and integration.

There are around 10,000 offenders on community supervision on any given day, over 70 percent of the total corrections population. The Probation & Parole Bureau is responsible for more offenders than any other function within the Department of Corrections. Offenders are released to community supervision on probation by the courts, parole by the Board of Pardons and Parole, or conditional release by DOC. The chief public safety officer within the department oversees Probation & Parole. The bureau has a chief who oversees six regions and 23 offices. Information relating to community supervision is entered into the state's home-grown Offender Management Information System.

Audit Follow-up Results

The following sections summarize the progress toward implementation of the report recommendations. We conducted interviews, reviewed data dashboards and reports, observed case staffing meetings, and reviewed policies and procedures. The department has made some progress towards implementing all six recommendations, with two partially implemented, two being implemented, and two implemented.

Recommendation #1

We recommend the Department of Corrections identify means to simplify the assessment and reassessment process without decreasing effectiveness at predicting recidivism risk.

Implementation Status – Implemented

During the audit, officers described the assessment process as onerous due to the requirement to document the offender interview both on paper and in its Offender Management Information System (OMIS), among other concerns. Officer perception was that they must repeat every question for reassessments, even questions with answers that should not change over time. Our audit noted that some other states had moved toward more automation and shorter overall assessments.

The department has since discontinued use of one of the risk assessments that was the most lengthy to complete. They also determined common misconceptions and improper training regarding re-assessments contributed to officers asking more questions than necessary. Officers were retrained as part of a bureau-wide recertification effort in 2022 and 2023. Lastly, during audit follow up work they obtained permission and changed policy to allow entering risk assessment information directly into fillable forms on laptops, allowing officers to skip an additional layer of data entry. While these efforts have been made to simplify the risk assessment, there are still opportunities to improve as population of data has not been automated in the system, nor have simplified assessment tools been considered.

Recommendation #2

We recommend the Department of Corrections:

- A. Decrease caseloads for nonspecialized officers below 70 offenders,**
- B. Identify and implement options to decrease the administrative requirements for supervision of low-risk, nonviolent, and nonsexual offenders, and**
- C. Decrease the amount of paper processes and signatures required outside of the OMIS.**

Implementation Status – Being Implemented

In a survey during the audit, officers were much more likely to report that caseloads of 70 and above negatively affected their ability to supervise their assigned offenders. Other research supports even smaller caseloads for effective supervision. Caseloads are still frequently well over 70 for most officers and DOC has not received additional officers since the 2021 Legislative Session. Without additional FTE, the Department is focusing on decreasing the workload associated with cases and rebalancing caseloads so officers with higher-need offenders will have smaller caseloads. The Bureau set up banked caseloads in every P&P office to consolidate the supervision of low-maintenance offenders to a few officers with higher caseloads. This should assist in lowering the caseloads of those with higher-need offenders. The Bureau's Effective Supervision Work Group is actively working on updating and improving supervision requirements to focus their resources on those with the highest need. Policy changes resulting from this work group should be complete in the next few months.

According to staff, DOC discontinued some paper processes that required a lot of work outside of OMIS, but added or kept others. Officers no longer need to issue formal travel permits in many situations. Drug testing is also no longer randomized regardless of an individual's past drug use, which has decreased resulting paperwork. Department management indicates that more comprehensive improvements to streamline processes cannot be completed prior to rolling out a new offender management system, which is currently underway.

Recommendation #3

We recommend the Department of Corrections develop a method in its caseload health dashboard to easily identify offenders who have exceeded average days expected by risk level since last offender and collateral contact.

Implementation Status – Partially Implemented

The department implemented a new caseload health dashboard during the original audit. It identified offenders who have not been contacted within the last 30 days, but did not differentiate by risk level though contact requirements differed by risk level.

The department has improved this dashboard but does not yet fully identify contact needs by risk level. The dashboard does now split out offenders by risk level and lists the total number of days since last contact and the most recent contact type. Officers and supervisors report using this dashboard and additional dashboards created since the audit to regularly monitor caseload needs. While the functionality of the dashboard has improved identification of offenders who have exceeded their contact requirements, it does not flag cases based on different time requirements for each contact type by offender risk level. Additionally, staff described these reports as inaccurate due to OMIS not having data entry options to record attempted contacts separately from successful contacts, among other issues. This dashboard provides useful information about caseload health but DOC does not plan on making additional improvements to it. They anticipate the new offender information system should allow for tracking additional metrics and improving data entry processes.

Recommendation #4

We recommend the Department of Corrections strengthen the inclusion of offender risk assessment results in officer case management strategies by:

- A. Revising current case plan, policy, and procedures,**
- B. Establishing quality assurance methods to monitor officer performance,**
- C. Providing annual refresher training to officers, and**
- D. Evaluating and validating risk assessments for Montana's offender population and communicate results to stakeholders.**

Implementation Status – Partially Implemented

We found during the audit that the agency did not have traditional case plans to help ensure offender risk and needs are considered in case management strategies. Rather, staff inconsistently used goal sheets that were rarely revisited and exclusively recorded case management information in chronological notes that over time became lost in an offender's record. The department also did not have robust quality assurance practices in place to monitor officer performance, provide annual refresher trainings, or have a validated risk assessment for Montana's population.

The agency still does not have a mechanism for formal case planning. They are in the process of a major overhaul of case management practices to decrease officer workload and improve supervision effectiveness. They have also improved training, including retraining and re-certifying all officers on conducting risk assessments in 2023. Another refresher training is planned for when the risk assessment is revised in 2024. Booster training on other supervision policies and practices outside of the risk assessment, such as the Montana Incentives and Intervention Grid (MIIG), have not been regularly conducted. Despite this, in a site visit to one of the regional offices during follow up work, we did observe officers regularly referring to the MIIG and offender risks/needs when discussing offender progress.

The department has also revised and improved quality assurance methods, including centralizing responsibility for the risk assessment to the quality assurance bureau in the programs division, and adding a quality control position in the Public Safety Division to specifically help Probation and Parole. The intent is to practice continual improvement, centralize and standardize training and monitor and support department initiatives. Both the QA Bureau and the Probation and Parole Quality Assurance Manager are relatively new functions in the department and still determining their roles, responsibilities, and methods to identifying issues and addressing them with staff.

They are also piloting an overhaul of their case audit procedures to move away from a deep dive into a few cases per officer per quarter and instead do a more comprehensive review of high priority requirements for all cases. However, in practice, supervisors report inconsistently implementing these changes and disagreed as to whether it improved quality control. While the old case audit procedure has been designated as obsolete, there has not yet been any formal revision of this policy/procedure that describes the new expectations for completing these audit procedures.

Montana's risk assessment still has not been validated to determine the extent to which the risk assessments accurately predict recidivism in Montana. In 2021 the department began working with a contractor to complete the validation, but stopped the process after discovering staff needed to be retrained on completing assessments due to quality and consistency issues. To do so, they needed to first train new trainers, then recertify all officers. Once officers were recertified, they needed to wait until enough new assessments are completed to analyze against the population for validation. Once enough assessments are collected, DOC will begin the process to identify and select an entity to begin what could be a 36 month long validation process. Given the anticipated long timeframe before enough assessments will be completed for validation of all of the assessment tools for both men and women, the division is exploring potentially doing a phased approach to validate some tools or populations prior to others. Department leadership acknowledge the importance of validating the risk assessment as soon as they are able.

Recommendation #5

We recommend the Department of Corrections develop processes for ongoing maintenance and evaluation of the MIIG, including making necessary revisions and targeting training efforts.

Implementation Status – Implemented

During the audit, we found the MIIG was outdated and poorly understood by officers. DOC revised the MIIG in 2023, simplified it, and cut its length in half. Staff report the new simplified MIIG is easier to understand and follow. The department has also adjusted expectations on how to use the MIIG and officers no longer need to prescriptively use all responses in order, regardless of circumstance. Instead officers report they can use the MIIG as a guide to select the most relevant and useful response for an offender's individual needs and situation. Individuals were observed at a site visit referring regularly to the MIIG and offender risk level in deciding case responses to violations and considering incentives for those who were doing well or were vulnerable and needed encouragement.

The Public Safety Division's Public Safety Support Services Bureau includes a Probation and Parole Quality Assurance Manager and a training officer. The P&P QA Manager is tasked with continual improvement monitoring policy implementation, and providing additional training to staff as needed. There has not yet been formal systems set up to complete monitoring to identify continual improvement needs, partially due to the current quality of reported data. Additional quality control practices are expected to be developed with the implementation of the new system. Changes to case audit procedures requiring supervisors review the entirety of their officers' caseloads may allow them to better able identify and respond to case management related issues.

Recommendation #6

We recommend the Department of Corrections:

- A. Review and update OMIS to ensure community supervision data collection needs are met,**
- B. Establish a process for strategically prioritizing OMIS change requests,**

- C. Develop a plan to improve ease and consistency of data entry by embedding user workflows, decreasing duplicative entry, and increasing front-end data validation, and**
- D. Evaluate and plan for long-term offender management information system needs for the department.**

Implementation Status – Being Implemented

At the time of the audit, we found DOC's data integrity challenged the ability of the department to monitor or evaluate supervision according to offender risk. The department has implemented portions of this recommendation. They evaluated the information system needs for the department and decided OMIS will not meet their long-term needs. They developed a plan to move forward and hired a project management consultant to assist with the transition. They have also successfully selected a vendor to configure their new system using software already built and intended for correctional systems. The new system is expected to be complete in 2027.

Due to the decision to transition to a new system, OMIS has not been updated to meet supervision data collection needs identified in the audit work. Changes have not been made to the process for prioritizing change requests to improve data quality. Nor has the department developed a plan to improve consistency of user workflows, duplicative entry, and front-end validation in OMIS. The department is relying on the successful implementation of the new system to address the unfulfilled portions of this recommendation. DOC reports they cannot contribute resources to making improvements to the existing system. As a result, we do not expect accurate or valid data relating to supervision case management for the near future.