A Report to
Montana Department Corrections
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&
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Predicting and Reducing Recidivism: Factors Contributing to Recidivism in the State of Montana Pre-release Center Population & the Issue of Measurement:

A report with recommendations for policy change.

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Predicting and Reducing Recidivism: Factors contributing to recidivism in the State of Montana Pre-release Center population and the issue of measurement:

A final report based on best available data with recommendations for policy change.

Introduction

Between July of 2005 and August of 2006 The University of Montana's professors, Tim Conley and David Schantz, assisted by teams of social work graduate students, paid site visits to all five of the State of Montana's Department of Corrections, Community Corrections Pre-release Centers. The primary purposes of these visits was twofold: 1) to collect data by which predictive models of Pre-release Center recidivism could be developed and 2) to assess the state of records with an eye to establishing a data system that provides valid, reliable resident data to be used in program and resident outcomes studies. Helena and Butte were visited once each; Great Falls and Missoula were visited twice. At these four centers a representative systematic research sample of paper records were reviewed and data gathered on a variety of variables. At the fifth center, Billings, information was gathered from electronic records.

This report will describe the sample and its characteristics along with selected statistical analyses generated from the data gathered at the Pre-release Centers (PRCs). Additional data secured from the State of Montana's Advanced Computing and Information Systems (ACIS) was used to validate the sample and was sometimes incorporated into the analyses presented here. The second component of this report provides observations of current data collection and recording practices in the PRC system and specific recommendations for improvements. The third component of this report provides observations and preliminary recommendations regarding the intake assessment of residents in the PRC system. Finally, a summary of intervention/behavior change tools being utilized in the PRC system is provided with basic observations as to refinement of their use for improved effectiveness as outcome measures.

Methodology

Methodology was developed which would assist the DOC in understanding the nature and characteristics of the population being held in the PRC system with the goal of developing predictive models of recidivism. A more complete understanding of the persons moving through the system and what is associated with their return/non return to institutional status after PRC entry and/or completion will assist the DOC in developing more effective interventions to prevent recidivism.

A note concerning the accuracy of the following statistical observations (validity and reliability) is in order. The authors make this report with full knowledge of the difficulty that centers are having collecting reliable and valid data for program evaluation purposes. In short, for every PRC, some of the information needed for this study was not possible to obtain. Nonetheless, the authors devised systems to ensure accurate recording of what was available. The methodology used resulted in our gathering the best available data.

Finally, a note is in order regarding the term "significant." For this report, the term is only used when exploring and describing statistically supported differences between groups.

Identifying Variables of Interest

Working in cooperation with DOC and PRC personnel and by reviewing the extant professional literature, the authors identified a series of information points to collect on each resident of the PRC system. Because of the goal of predicting recidivism, data was collected for the calendar year 2002 as well as fiscal year 2004-2005 in order to give an extended period from which to observe recidivism events.

The following variables were hand collected from paper files at the PRCs in Butte, Great Falls, Helena and Missoula; the same variables were sought from the computerized materials at the Billings PRC. Limited computerized material was recoverable. There were also significant issues with the paper records system-wide. A discussion of the data collection challenges across all centers follows in this report. The variables examined include:

Offender name; date of birth; offender number (AO number); gender; ethnicity (race); education; where raised (Montana, other); number of past convictions; number of past arrests; number of reported previous Pre-release center admissions; where they were before coming to Pre-release (sentenced from); admission date; discharge date; evidence of mental illness on admission; evidence of mental illness at discharge; substance abuse diagnosis evident on admission; substance abuse diagnosis evident at discharge date; amount of money on admission; amount of money at discharge; amount earned while at PRC; whether or not the offender was working at discharge; Level of Service Inventory Revised score (where available).

Collecting data on money, employment, and test scores such as LSIR proved exceedingly challenging; for mental illness and substance abuse variables information was more readily available.

The following variables were extracted from the ACIS system and added to the data set:

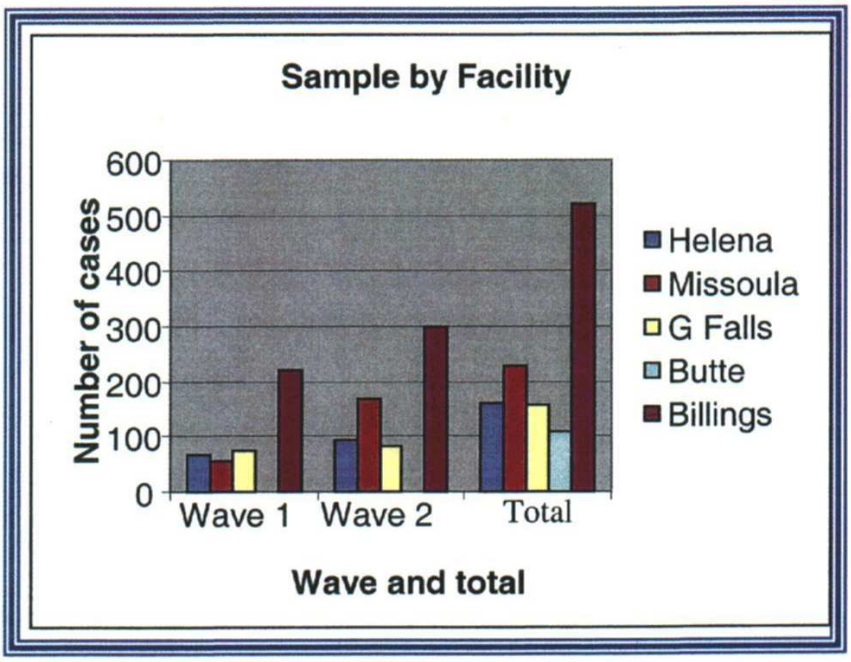
AO number; DOCID; offender name; gender; race; count of felony convictions; convictions prior to current Pre-release admission; count of misdemeanor convictions - number of misdemeanor convictions prior to current Pre-release admission; number of prior (including the current) Pre-release admission; commit type; current Pre-release admitted to; facility admitted from; date admitted to current Pre-release ; PRC exit date; ACIS exit; exit status from Pre-release ; exit code; status at time of return; return type; and return date.

In the presentation of data, where needed, there are descriptions of how different variables were defined (particularly those related to mental illness and substance abuse).

Sample Description and Selected Statistical Findings

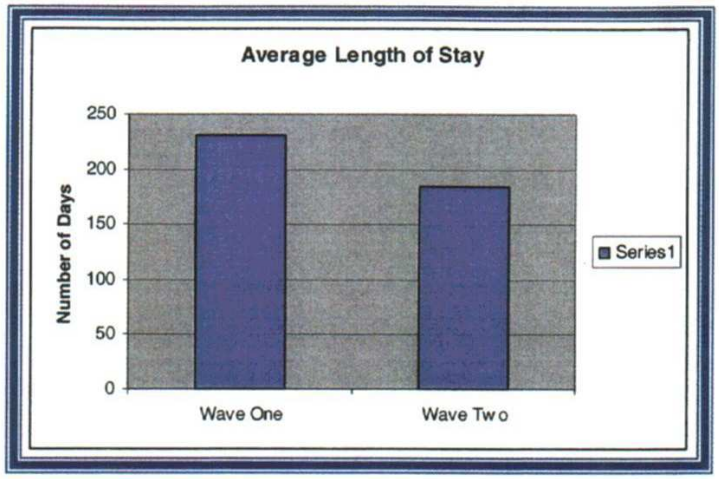
The following material presents bulleted summaries and graphic descriptions of the entire set of data on key variables of interest. They are presented for the sample as a whole; there are very few significant differences between facilities, however, when there are, it is noted here.

The sampled records were retrieved from two different time frames defined by discharge date. Wave I (n=423) offenders were discharged between January and December (calendar year) of 2002. Wave II (n=725) offenders were discharged between July 2004 and June of 2005 (fiscal year 2004-2005). 657 paper records were reviewed and an additional 521 records from Billings were reviewed electronically. In many cases, electronically stored information from the 521 Billings cases was not affordably retrievable; in other cases small amounts of missing data will result in the number of cases analyzed varying. The sample, by center and time period (wave) is outlined below:



Length of Stay

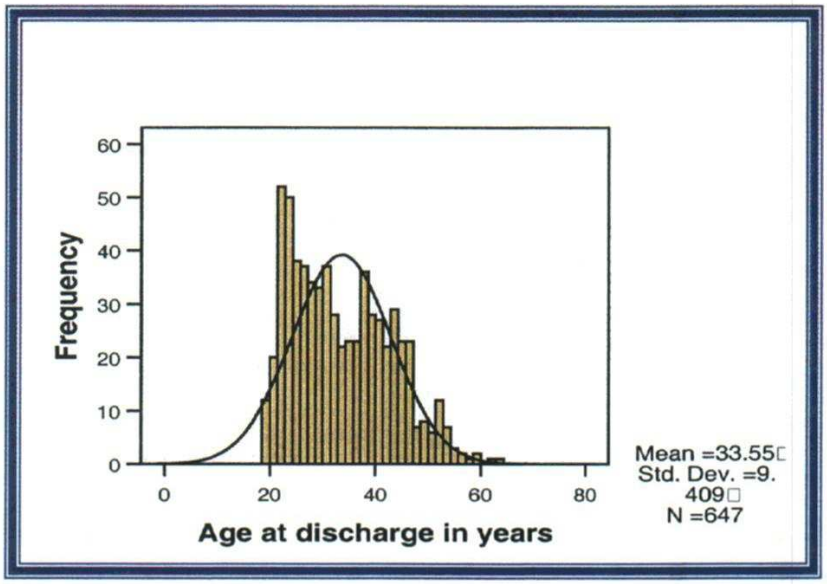
- Those discharged in 2002 spent significantly more days on average in the PRCs (231) than those discharged in FY 2004-2005 (184). This reflects DOC's policy of reducing length of stay.



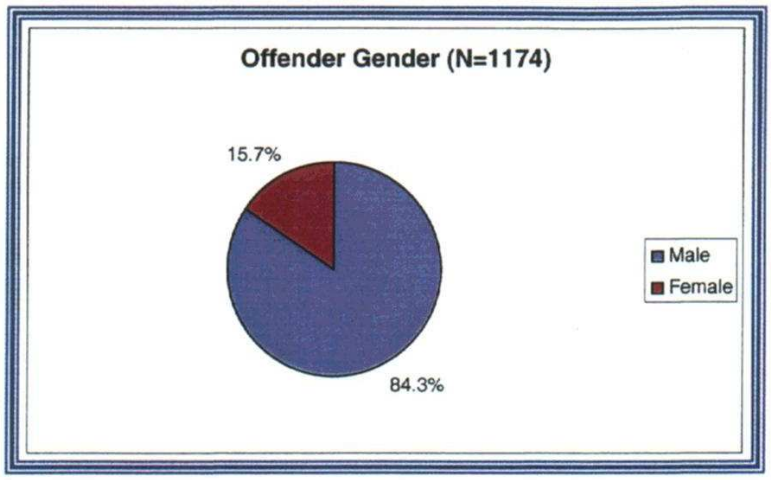
Age, Gender, Ethnicity, Place of Origin and Education

The following series of bullets and charts describes the sample in more detail and examines sample characteristic interactions.

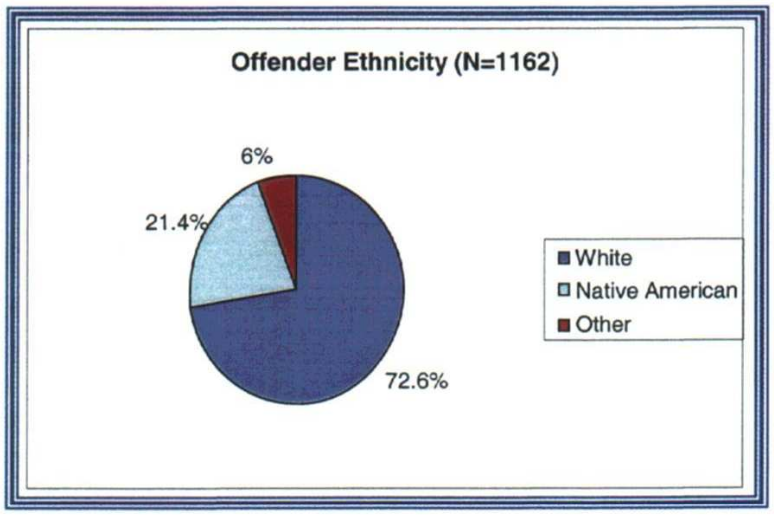
- The mean age (average) for the sample is 33.6 the median is 32.3 the mode, or most frequently occurring age, is 23.



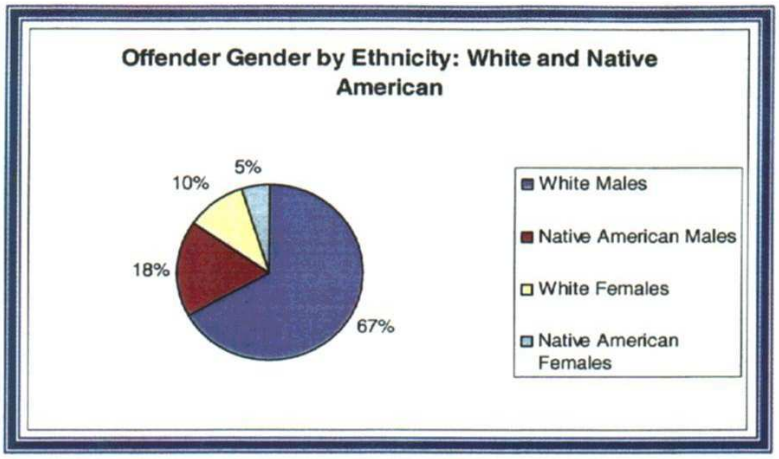
- 15.7 % of the sample is female; 84.3 % of the sample is male.



- 72.6 % of cases are White, 21.4 % of cases are Native American, 4.3 % of cases are Hispanic, 1.4 % of cases are Black, and .3 % of cases are classified as other ethnic/racial backgrounds. For the chart below, persons not Native American or White are classified as other.



- White offenders are significantly more likely to be male than female in the Pre-release centers. Native American offenders are also more likely to be male than female in the Pre-release centers, however, Native American females represent a statistically significant higher proportion within their ethnic group than White females.



- There are no significant differences based on ethnicity as to referral source, place in the system prior to coming to PRC, or place of discharge.

- 63% of offenders were raised in Montana; 37% were not (n=548). However, there are significant differences with regards to ethnicity and place of growing up. Native Americans are significantly more likely to have grown up in Montana, (87% 'Montanans') and therefore have deeper roots in community, than are Hispanics or Whites (57% 'Montanans'). These findings may have implications for discharge and treatment planning.

- 70% of the population holds high school equivalency in education, 30 % do not.

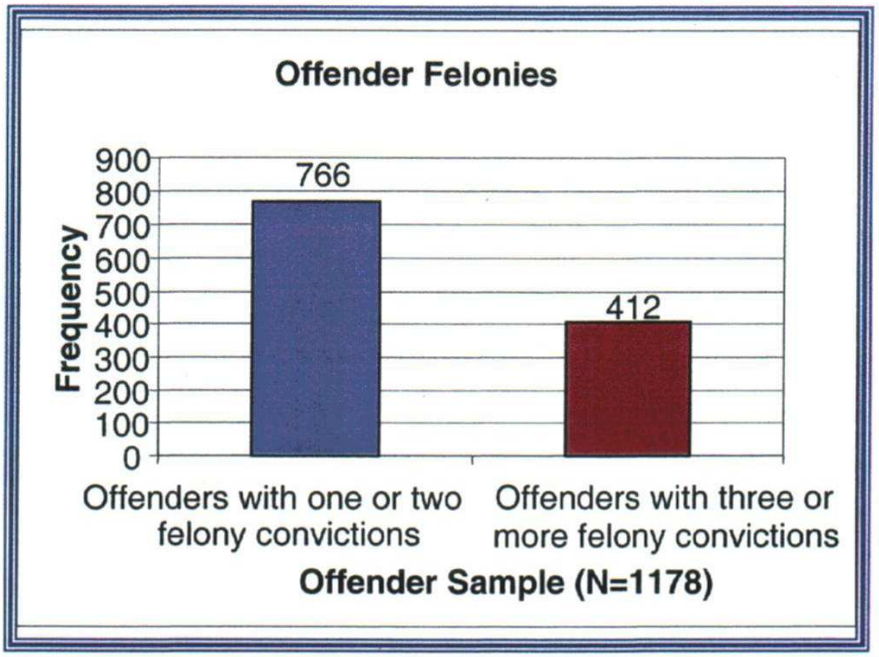
- When broken down accounting for gender, 30.6% of males do not have high school equivalency compared to 24.5% of females who do not. However, these differences are not statistically significant.

- There are no significant differences between ethnic identification and the likelihood of holding (or not) at least high school equivalent education.

- There are significant differences regarding education when gender *and* ethnicity are accounted for, but only with regard to females. 86.9 % of white females have high school equivalency (13.1% do not). Native American and Hispanic females have significantly different high school equivalency rates when compared to white females. 46.4% of Native American females have high school equivalency and 53.6% do not. Also, while the sample is small, this seems to hold for Hispanic females as well: 40% have high school equivalency and 60% do not. These significant differences may suggest a possible avenue for intervention with minority females in the PRC system.

Criminal History

- The average number of felony convictions for PRC offenders is 2.54. More informative though is the mode, or most frequent number which is 1. The chart below shows the number of offenders with 2 or less felonies compared to those with 3 or more.



- Valid/reliable information concerning misdemeanors was not available from either ACIS or the paper files. 147 paper files yielded information that the average number of misdemeanors was 7.87 with a median of 4 and a mode of 0. This should not be considered representative of the PRC population but speaks more to the evaluability of the records – an issue addressed later in this report.

- 47.5% of the sample was in a state prison prior to coming to a PRC; 20.5% were DOC commits sent right to a PRC; 19.7% came from Connections Corrections, WATCh, TSCTC or another PRC; 9.0% were from MASC, and the remainder from a variety of other sources including being sent back by parole and probation or pulled from ISP.

Mental Illness and Chemical Dependency in the PRCs

Information concerning mental illness and chemical dependency/substance abuse was garnered from the sample of 654 paper records. Three criteria were used to determine if the offender record provided evidence of a past or present diagnosis of mental illness: 1) the offender was either on or had a history of being on medication for a DSM-IV-TR Axis I major mental disorder. Personality disorders (Axis II) were not counted unless severe enough to warrant medication; 2) the offender had a history that included a previous admission to Montana State Hospital or other psychiatric facility; 3) the offender record included a written report from a licensed mental health professional (M.D., Ph.D., L.C.S.W., L.C.P.C.) that documented an Axis I diagnosis. A primary diagnosis of chemical dependency or substance use disorder was not counted for the mental illness criteria. For the chemical dependency/substance abuse diagnosis several criteria were used: 1) the offender had a history that included a previous admission to a licensed chemical dependency treatment center such as MCDC, Turning Point, etc.; 2) the offender record included a written report from a licensed mental health/addiction counselor professional (L.A.C., M.D., Ph.D., L.C.S.W., L.C.P.C.) that documented an Axis I chemical dependency disorder; 3) attendance at CD counseling or self help groups had been mandated by the courts or DOC.

- Across centers overall, 93.1 % (n=555) of all residents surveyed are found to have a condition of a substance abuse or chemical dependency disorder either at admission or discharge. This rendered the variable diagnosis/no-diagnosis nearly useless as a predictor of other variables, including recidivism, as nearly the entire PRC population is dealing with chemical use issues. Put another way, we found 44 residents without chemical involvement.

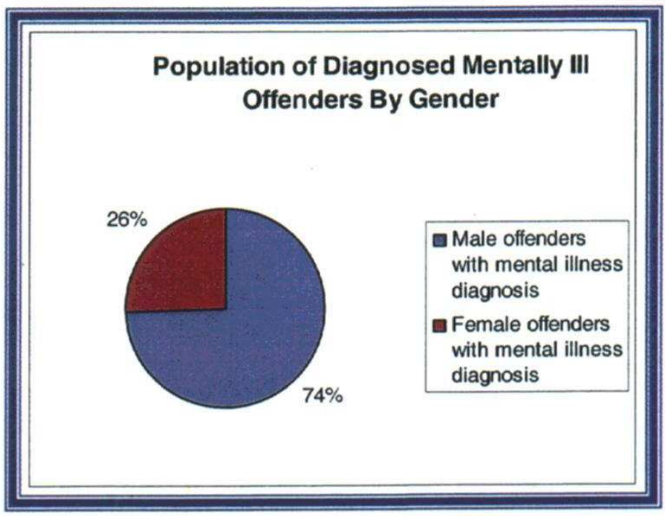
- There are no significant differences between ethnic identity and diagnosis with mental illness nor are there significant differences on this matter regarding diagnosis with substance abuse or chemical dependency disorder.

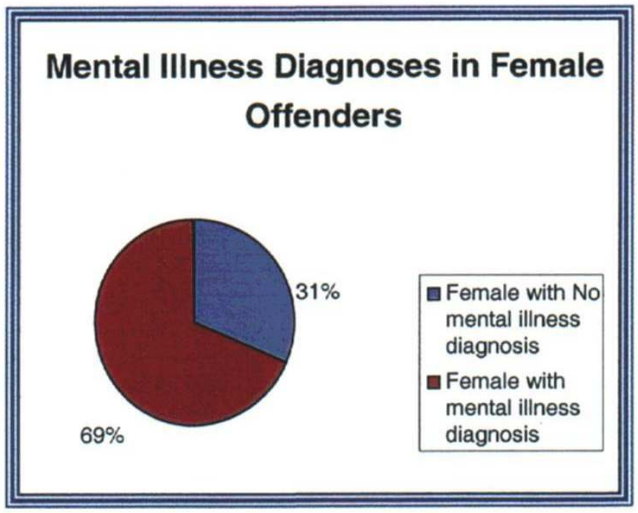
- It was not possible to glean from the existing records the prevalence rates of specific drugs of abuse. Alcohol, however, was the most noticeably abused/addictive chemical.

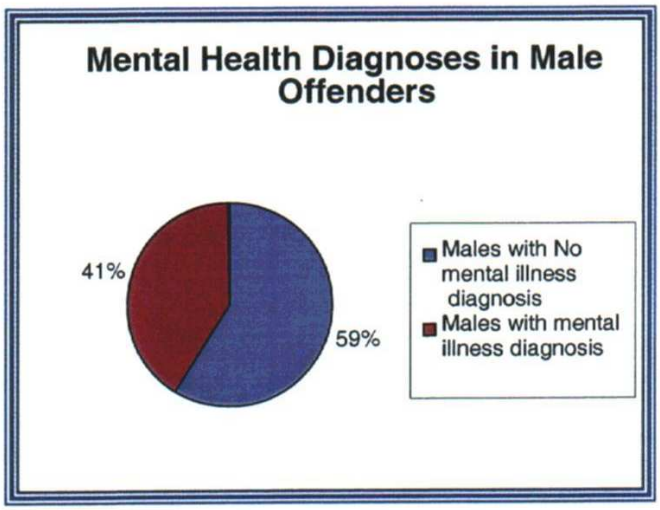
- Overall, the prevalence rate of mental illness in the PRC population is 45.8% (n=583). There is a significant difference of prevalence rate between centers with Helena and Great Falls having 41% of their offenders mentally ill, Butte having 43% and Missoula having 54.5%.

- Despite a comprehensive computer data base and substantial effort on the part of the researchers and the program, without the assistance of a professional programmer, usable information concerning prevalence rates of mental illness and substance abuse or chemical dependency disorders was not attainable from the electronic records at the Billings PRC (n=521). This expensive option extended by the Billings PRC was bypassed by the research team for reasons explained later in this report. (See section below on "Current data collection methods…").

- There is a statistically significant gender difference in the overall prevalence rates of mental illness diagnosis. Both when entering and/or leaving PRC females are significantly more likely than males to have evidence of Mental Illness. Overall females (69.0%) are significantly more likely to have a mental illness diagnosis than males (41.0%). What this means is that while there are many more males than females in the system, the females are more likely to have a diagnosis of mental illness than the males.







- Only 5.7 % of all offenders with a mental illness do not have a chemical dependency diagnosis and only 7.6 % of all offenders have neither a chemical dependency/substance abuse diagnosis nor a mental illness diagnosis.

- There is no significant difference between the mentally ill and not mentally ill with regards high school education.

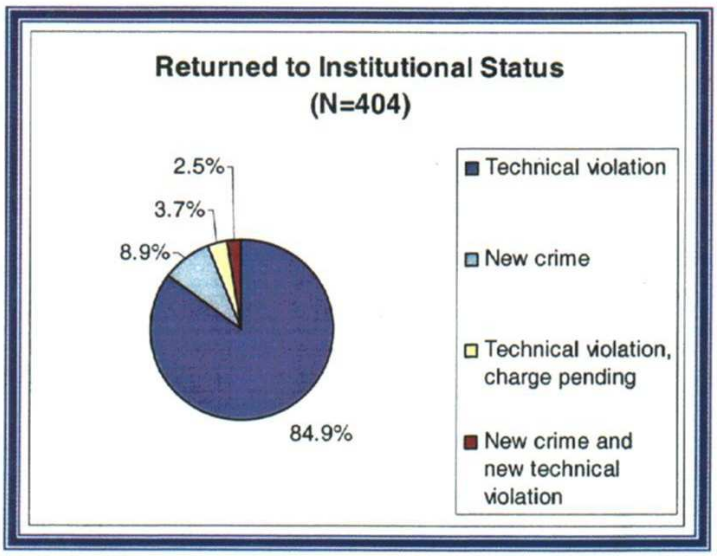
Predictive Models and Return to the System

At the time of this study, 885 persons had successfully completed Pre-release stays. 487 (55%) of these completers had not recidivated and remained outside of the system. 45% (398) had returned to institutional status. A series of statistical tests were run comparing key variables for those persons who returned to the DOC for any reason and those who have not. Aside from the ethnic background of the offender – discussed in detail below – there were no differences.

- 28% of the total sample did not complete their stay at Pre-release and were returned almost wholly for technical violations.

- Persons coming from prisons were not significantly more likely to recidivate than those coming from other referral sources.

- Of those who returned, 84.9% were returned for a technical violation only, 8.9% for a new crime, and 6.2% for new crime/technical violation and/or charge pending/technical violation.



Recidivism Across Waves

- A t-test was run comparing *persons returned to institutional status from wave one and wave two*. Of those who completed Pre-release and returned to institutional status, the wave one people had spent an average of 252 days in the PRC and the wave two had spent an average of 194 days. This was a significant difference in length of stay. This finding was calculated only on those offenders who had returned within one year – because wave two had only been out only one year.

- A chi-square test of differences was run for all persons concerning one year post PRC recidivism status. Those in wave one were significantly less likely to recidivate in the first year after discharge than those from wave two.

- It is not possible at this time to compare two and three year recidivism rates across waves as wave two has mostly just been out one year. This comparison should continue as time advances.

Recidivism, Mental Illness and Chemical Involvement

- Persons with a mental illness diagnosis were compared to those without a diagnosis with regards to recidivism. There is no statistically significant difference in the rates of return. Of those who return to institutional status, the average length of time between PRC discharge and re-admission to the system appears shorter for the mentally ill (315 days) than it is for the non-mentally ill (364 days). This difference is also not statistically different but just misses, meaning that this difference reported above (49 days) has a roughly 94 % chance of occurring on a regular basis in the overall PRC population. One interpretation of this is that the data failed to support the hypothesis that mentally ill PRC residents are at higher risk for return – they are not. However, more accurate measurement that allows for diagnostic specific sub-analysis and identification of active serious persistent mental illness in the co-occurring population could inform a more accurate predictive model. As is, this data suggests a good opportunity for systematic focus on mental illness and addictions issues to further reduce overall rates of return. Consensus from PRC leadership and staff indicates that there are ongoing difficulties and challenges with funding for mental illness services for counseling and medication.

- Chemical dependency/substance abuse was not a significant predictor of recidivism. This is likely due to the very high percent of the population that is involved with chemicals – the comparison group of non-involved is very small.

LSIR and Other Tools as Predictors

- LSIR data was available in different centers. It is being used regularly as are other tools for assessment and treatment planning. In every center obtaining LSIR or other assessment tool data from resident records was sporadic due to difficulties in PRC record keeping. For centers using the LSIR, score data is available on 226 cases, 446 missing; this is not a valid sample and the scores could not be used in a predictive model.

Work, Money and Recidivism

- Gathering valid information from the sample concerning work and money proved exceedingly challenging. Of the 654 paper files reviewed we could only determine employment at discharge for 250 of them. Of these, 68% were working full time. The missing data on this variable rendered it inappropriate for use as a predictor of recidivism.

- The case for tracking amount of money earned, hourly wage and amount of money at discharge was even less productive. Helena had some quality data that could be subjected

to a separate analysis, but the 161 cases from that center would not be representative of the PRCs population as a whole.

- The challenges raised by attempting to gather this data are addressed in the next section of the report.

Final Multi-variable Model Predicting Recidivism

A multi-variate statistical model was constructed using all appropriate variables to predict recidivism (return) to institutional status. The predictor list includes:

- Amount of time spent in PRC
- Native American/not Native American
- Male/not male
- Mental illness diagnosis at either admission of discharge
- High school and equivalent or not high school and equivalent
- Age of offender at discharge
- Felonies 2 or less / 3 or more
- Discharged from PRC in 2002-2003 or 2004-2005

What the results tell us is this: all other things being equal (gender, mental illness, education etc.) the only thing that significantly predicts recidivism is being Native American. Statistical analysis indicates that Native Americans are just over twice as likely (2.1 times) as others to be returned to institutional status. This does not vary significantly by center. Of those who complete pre-release (are discharged) Native Americans are 2.4 times more likely to be returned to institutional status.

Our preliminary review of the correctional literature to date did not find any comparable references to recidivism rates for Native American Pre-release Center participants.

Below is a breakdown of the percent of Native Americans per center, n-1175 cases. A Chi-Square test of significance indicates that Native Americans are significantly under-represented in Helena.

- Billings 21.7
- Butte 22.2
- Great Falls 26.8
- Helena 11.8
- Missoula 22.8

There are no differences between centers in the likelihood to recidivate.

Current Data Collection Methods Utilized by Pre Release Centers: Implications for Evaluation and Recommendations

Across the PRC system, copious amounts of information are collected on a wide range of variables related to residents and programming. The nature of the collection and storing process used by each center needs to be reformed in order for important questions regarding recidivism of residents and effectiveness of PRC programming to be answered. Currently answering basic questions as to the nature of the PRC resident population is difficult. Conducting more sophisticated analysis regarding specific programming elements that may contribute or detract from the goal reducing recidivism is highly problematic and expensive.

The authors view the need to reform the current system of information collection and storage as developmental in nature. The level of detail and sophistication of information needed about the system and its residents is increasing. To date, each PRC has been able to meet its respective data needs regarding resident status, programming and finances. Center and state driven data collection and reporting requirements have been met. The amount of information collected at each center is comprehensive. The evaluation team was granted full and unconditional access to all data collection and storage systems at every center. A significant problem uncovered by this evaluation is that, as currently collected and stored, the information possessed by the PRC system is not amenable to efficient detailed analysis. Unless hand-tabulated it is not available for use in a spreadsheet. One major point of the PRC evaluation plan is to assess the evaluability of the PRC system regarding information amenable to constructing predictive models of recidivism (contract item 2.4.1). *To meet contemporary information needs, the entire system of data collection, storage and maintenance will need reformation.* Other issues impacting the ability to more adequately evaluate the PRC system in order to develop adequate prediction and planning models are generally in place.

Three PRCs (Butte, Great Falls, Missoula) rely primarily upon paper focused collection systems and the storage of almost all resident data. Some information at these centers is computerized; particularly financial information. A range of computer programs are used for these purposes. Great Falls has some records that are computerized utilizing a relational data base but it is limited in scope and completeness. Great Falls also has recording of some LSIR assessment data in computerized format. Helena and Billings possess both paper and electronic data with Billings having the most comprehensive computerized data collection systems. For computer data tracking systems, both Helena and Billings rely primarily upon a Microsoft Access relational data base. Each center utilizes additional programs for specific information segments such as financial and LSIR materials. *It is* apparent from data collection processes for this evaluation that every center to varying degrees recognizes the need to computerize information to make it more comprehensively assessable for information reporting and analysis.

Assessment of Paper Records

For this evaluation working with paper records from four centers presented tactical challenges. These centers were Butte, Great Falls, Helena and Missoula. With the exception of Helena, the paper records held by the PRCs contained massive amounts of information for each resident ranging from visitation permissions to financial records, pre-sentence investigations, and

intervention group attendance certificates. One difficulty encountered by the research team was that at most PRCs case records were not assembled consistently and that, while following a general pattern, the information needed for this evaluation was scattered throughout records (which regularly well exceeded 500 sheets of paper) and often were not existent within the record. One center (Butte) had records in such poor condition that the evaluation team chose to only collect information for fiscal year 2004-2005. The paper records from Helena were the most comprehensively organized and complete. However, relying on paper records from which to collect information on residents (see variables list in section one of this study) presents challenges for accuracy and completeness of data collected. Ultimately, to answer most significant outcomes and process questions related to residents, all centers will need assistance with developing and maintaining computerized data tracking systems. Finally, centers destroy their paper records (and some computer records) after a period of five years. These findings should be tracked into the future with continuing PRC populations, once improved information tracking systems have been implemented within the PRC system (section two of this report). The findings provided present an overall picture of the PRC population that can inform policy decisions.

Assessment of Computer Records/Systems

Challenges faced when relying on the current computerized systems to obtain individual client information are not as apparent. As reported above, the computerized process utilized in Billings is the most comprehensive system being used in the PRC system. The computerized system in Helena follows closely. All current systems present significant data retrieval challenges. The difficulties encountered in retrieving resident information from the relational data bases rests with the design. While it is quite achievable to design a relational data base that will be easily assessable for statistical analysis the programs analyzed by these evaluators were not. In short, a relational data base has key variables that allow basic information to be contained in multiple files (tables). Often, when designing such a data base, a programmer will allow multiple incidents of a particular item of interest - such as a list of courses, treatment groups attended by a resident, etc. - to be stacked vertically in a table, which looks very much like a spread sheet when displayed, followed by the same information for another resident, also stacked vertically in the table under the first resident. In cases where a resident may have been in the center multiple times all of their information may be recorded in the same vertical fashion. When multiplied across numerous variables and many tables that are inter-related, the storage of information becomes exponentially more problematic for finding information that is *linked to one resident during one stay*. This linking is a basic requirement of determining program effectiveness.

The best example of this complexity can be found in Billings. As it was, the evaluators working with the Billings PRC were able to retrieve limited (but reliable and valid) basic information on the sample of clients requested. One of the evaluators - Dave Schantz - worked with the chief information technology staff member from the Billings PRC who worked regularly with the system. Together they were successful in retrieving the information used for this report. When more sophisticated inquires were made the information produced was invalid (for example 57 thousand cases for the year 2002). The use of a professional programmer was offered by the Billings PRC and declined by the evaluation team. This decision was made due to

the adequacy of data already obtained by the evaluation from all centers and the knowledge that the use of a programmer, while being valuable for this current study, would not be any more practical for ongoing evaluation than the use of paper records (as described above).

To be usable by researchers, the information contained within computer systems must be readable by SPSS or another equivalent statistical program. Use by SPSS requires that the information on each client be able to be transferred into a horizontal spreadsheet format and be linked by specific stay and identifier such as AO number. Ease of use (readability by SPSS) must be present in any future computer systems used by PRCs if the information needed by them and the State is to be accessible for analysis. Otherwise accessing data becomes too expensive and this factor will likely prove to be a significant barrier to analysis.

The Billings Center is moving toward a different system for computerized data collection. Discussions with the evaluators represented by this study have been informing the Billings PRC as to likely recommendations for requirements regarding future systems.

ACIS information was also utilized for this study. Ongoing conversations with DOC personnel responsible for the data base relate that there are questions as to the accuracy of this system in as far as information recorded. For example, there is no reliable tracking of misdemeanour events. The data collected for this study from ACIS was verified against the material collected at the PRCs. Additionally variables that were considered to be accurate were incorporated into this study. Steps are being taken by DOC personnel to make the system more accurate but there is a great deal of work to do in this regard.

Recommendations Regarding Information/Records

First: Each center should move to a comprehensive computerized system of resident information.

Second: All computer data collection systems at the PRCs be designed to be transferable (readable) by SPSS (Statistical Package for the Social Sciences)

Third: All systems have a comprehensive dictionary of variables contained/that accompany the computer system.

Fourth: All records that are kept on computers within the system need to be linked to the AO number.

Fifth: In addition to efficient access to needed information one additional *major* threat to the ongoing collection of information is that centers destroy paper records every five years. It is apparent that this practice may also pertain to computer records. The evidence for this comes from Great Falls where the researchers were told that policy requires that computer records be destroyed every five years as well. If the DOC wishes that resident records be destroyed every five years, the evaluators recommend that all computer records be kept for a much longer period of time (perhaps 15 years or longer). This will allow for the analysis of historical trends. Shifts in demographics and policy often take extended amounts of time and access to accurate historical records will provide for improved overall planning within the DOC as it seeks to meet the needs of the State of Montana.

Summary of Types of Treatment Interventions/Programs Being Used at Centers

Each PRC uses a number of interventions ranging from behavioural level systems to encounter groups and counselling that occur within the center to community based resources. The following are general types of interventions being used.

Internal Resources:

- AA meetings held on campus
- Anger and Stress Management
- Chemical Dependency Groups
- Cognitive Principles and Restructuring Groups
- Computer Training (on and off campus through contract)
- GED preparation (on campus through contract)
- Life Skills for PRC
- Parenting classes

External Resources:

- Work (Employment Placements)
- Centers for Mental Health and affiliated services such as Turning Point
- Private Counseling Services
- Health Services
- State of Montana Vocational Rehabilitation Services
- Veteran's Administration
- Educational Opportunity Center (EOC)
- Indian Health Centers
- Good Samaritan
- Career Training Institutes
- Personnel Employment Services
- Adult Learning Centers
- Rural Employment Opportunities
- Child Support Enforcement
- Sheltered Workshops and Similar Industries (Goodwill etc)
- Dial-a-Ride
- Food Banks
- Housing Authorities
- Job Service
- Specific Technical Training Institutes such as Cosmetology Centers
- Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Gambler's Anonymous (GA)

Each center is currently able to provide a comprehensive list of the programs that are used by their residents, but this evaluation is not able to link residents to either internal nor external programs that each resident participated in due to the nature of available data contained within resident files.

Recommendations for Common Tools to be Used in the Centers

The need exists for each center to be able to quickly assess each resident entering the PRC system. Common screening tools are needed regarding, at minimum, two areas: addictions and mental illness. There are a currently variety of tools utilized across centers – many of them excellent. However, linking specific assessment tools to individual clients in an aggregate way is highly problematic due to the nature of the data collection and maintenance system in the PRCs. Moreover, the diversity of tools being used makes cross center comparisons of populations unfeasible at this time. For example., the LSIR is used in some centers but not others and the results are not currently available for an item level analysis.

One difficulty that every center encounters is related to new residents. Often critical assessment material that should follow from the resident's previous placement is missing. Without exception, centers report that paper records of new residents accepted into their respective placements are often quite late in arriving. It is also reported that *records frequently lack assessments with regard to the basic resident mental health and addictions needs and status*. The accuracy of assessment materials is also often challenged by center staff. Anecdotes shared by multiple centers describe reportedly "sane" residents being accepted only to unfold into a un-predicted psychotic crisis due to lack of medication. The center screening process did not detect the need and this need was not declared at time of screening and admission. This problem, while pervasive, is more likely to occur when residents are not coming from Montana State Prison. In view of the shorter time frames currently being used for the length of placement, this issue becomes more important due to the need for residents to make rapid progress in the intervention programs. Lastly this problem is systematic in nature and will require intervention in referral systems. PRC programs will need to continue to make rapid intake assessments in these areas available for the foreseeable future.

Specific Assessment Tools

The evaluation assessment team recommend consideration of the following tools for common use across the PRC system. The first can be found in two forms. Ronald Kessler has developed two scales for use of rapid assessment for likelihood of mental health concerns. The K10 Scale and the K6 Scale may prove useful for screening for risk of mental health issues. When a positive is found the resident may be asked further questions regarding mental health needs or may be referred for further assessment by mental health professional staff. At minimum, a positive return for risk will allow the case manager for the resident to quickly pursue an avenue of action to prevent deterioration of mental health on the part of the client.

These same considerations relate to the issue of addictions and chemical dependency. Given the PRC population addiction prevalence rate of 93% the question is not one of 'are most offenders addicted' but 'how severely and to what are they addicted?' The recommended screening tools for addictions are then B-MAST (Brief Michigan Alcohol Screening Test), the DAST (Drug Abuse Screening Test), and the Alcohol Use Disorders Identification Test (AUDIT). These are primarily to screen out non-addiction cases. For those with a problem the Addiction Severity Index may be most appropriate. An important note: Use of these screening

instruments is recommended for the PRCs but care should be taken in their implementation. Identification of appropriate cut points is a necessary exploration to be made based on comparable populations.

Perhaps best would be to generalize the use of the well developed computerized addiction assessment protocols used by the Helena PRC. The evaluators reviewed some of the assessment protocol in place there and found it excellent. The bottom line is that whatever process is used for screening and assessment must result in standardized outcomes data across centers. This is an area where Doctors Schantz and Conley will continue to consult.

Conclusion and Thanks to Each of the Centers

The above report provides a discussion addressing the question of: What predicts return to the corrections system with regard to Pre-Release Center residents? Statistics that are provided are considered by the authors to be reliable and valid. The information provided also discusses the current state of information collection and maintenance throughout the PRC system. There are many further avenues of inquiry that are available but these depend on the improvement of collection and tracking systems. Issues of answering questions regarding treatment fidelity and dozens of other questions that need to be pursued in service of reducing recidivism rates are partially reliant on an improved data collection and maintenance system within the PRCs. Implementation of recommendations outlined above regarding data as well as assessment will enable the PRCs and the DOC to do a much better job providing innovative services to the PRC residents and ultimately to the State of Montana.

The director and staff of each center have, without reservation, been openly helpful in providing for the ongoing requirements of this evaluation. Without their active engagement and assistance the information contained in this draft report would not have been possible. Particular thanks go to Mark Johnson of DOC who spent an estimated 60+ hours pulling information out of the ACIS system. This process of asking significant questions regarding recidivism is uncovering a need for improved data collection within the PRC system and within ACIS. Center directors are fully aware of these needs and are all interested in developing systems that will allow them to individually improve services to their clients. It is also in the best interest of the state that this happen. Taking a developmental view of these needs will assist the DOC and the PRC system in engaging in constructive dialogue in accomplishing this task.

As it is, the current system is able to produce some important information regarding the current status of the system. This report provides direction that can directly impact decisions about programming for PRC residents. Further exploration as to research directions for this ongoing evaluation is appropriate at this time.

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