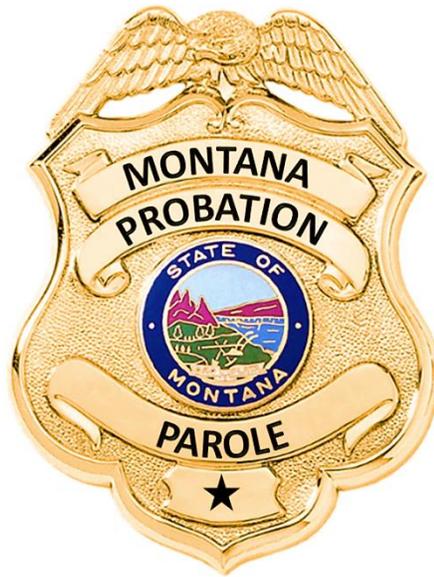


PROBATION AND PAROLE DIVISION

Kevin Olson, Administrator



Prepared for the 65th Montana Legislature
January 2017

PPD ACRONYMS

ARM	Administrative Rules of Montana
BC	Bureau Chief
BOPP	Board of Pardons and Parole
CCP	Connections Corrections Program
CD	Chemical Dependency
CR	Conditional Release
DC	Deputy Chief
DH	Disciplinary Hearing
DOC	Department of Corrections
DUI	Driving Under the Influence
ESP	Enhanced Supervision Program
FBI	Federal Bureau of Investigation
ICAOS	Interstate Commission for Adult Offender Supervision
IPPO	Institutional P&P Officer
ISP	Intensive Supervision Program
MASC	Missoula Assessment & Sanction Center
MCA	Montana Code Annotated
MCDC	Montana Chemical Dependency Center
MLEA	Montana Law Enforcement Academy
MORRA	Montana Offender Reentry/Risk Assessment
MOU	Memo of Understanding
MSH	Montana State Hospital
MSP	Montana State Prison
MWP	Montana Women's Prison
OMIS	Offender Management Information System
P&P	Probation & Parole
POII	P&P Officer II
PPD	Probation and Parole Division
PRC	Prerelease Center
PREA	Prison Rape Elimination Act
PSI	Pre-Sentence Investigation
ROV	Report of Violation
SCRAM	Secure Continuous Remote Alcohol Monitor
START	Sanction Treatment Assessment Revocation & Transition
TLP	Transitional Living Program
TSCTC	Treasure State Correctional Training Center
VINE	Victim Information Network
WATCH	Warm Springs Addictions Treatment & Change
WRNA	Women's Risk/Needs Assessment

Probation and Parole at a Glance

The Montana Department of Corrections' Probation and Parole Division has accomplished much over the last two years, while also enduring some immense challenges.

The reorganization of the probation and parole hierarchy provides each and every officer with more direct access to leadership. The regional realignment will provide some equity as far as caseloads per officer and additional resources to smaller field offices when staff shortages persist for extended periods of time.

The Probation and Parole Division also completed several significant tasks:

- The Treasure State Correctional Training Center completed an overhaul of the programming and overall environment of the facility. This endeavor involved creating a holistic environment geared toward positive change, self-respect, discipline, accountability, and responsibility. The changes created a correctional reentry program that emphasizes restorative justice and cognitive programming through a structured and disciplinary environment that emphasizes responsibility and accountability.
- The Professional Development Bureau was instrumental in working with our staff to create a comprehensive curriculum for the new and expanded Probation & Parole Officers Basic Course. Now 10 weeks in length, this course provides our new officers with the knowledge, skills, and abilities necessary to perform the essential functions of a probation and parole officer.
- And certainly, the most substantial accomplishment is credited to all the staff of the Probation and Parole Division. These professionals have been able to endure the ever-increasing tide of caseloads. As criminal case filings and ultimately convictions continue to rise, the number of offenders coming into Montana's corrections system has overburdened not only our facilities, but also our field staff. This has resulted in limited access to the necessary resources that probation and parole officers need to effectively manage the offenders entrusted to their care. Yet through it all, PPD staff has managed these difficult times and will continue to explore innovative and creative solutions to deal with an ever-expanding population of offenders.

Distribution of Offender Daily Population - June 30, 2016

16,203 offenders under DOC Jurisdiction

12,120 of those offenders in adult Community Corrections

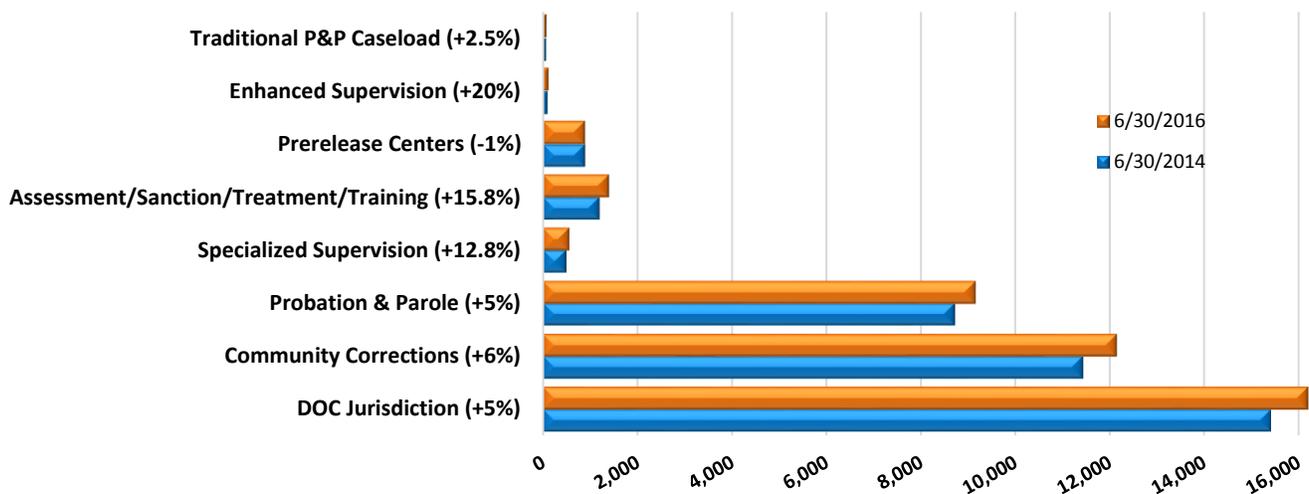
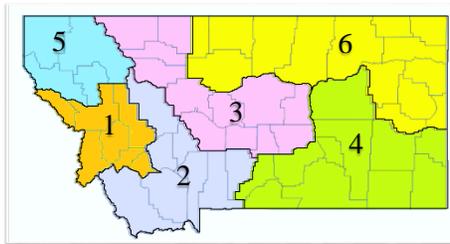


TABLE OF CONTENTS

	Page
Probation and Parole Division (PPD)	1
Probation & Parole (P&P)	4
Programs and Facilities Bureau	10
Transition Office	10
Interstate Compact Section	10
Missoula Assessment & Sanction Center (MASC).....	12
Treasure State Correctional Training Center (TSCTC)	14
Contracted Facilities	
Prerelease Centers (PRC).....	17
Alpha House, Billings	22
Butte Pre-Release Center/Women’s Transition Center.....	23
Gallatin County Re-Entry Program, Bozeman	25
Great Falls Transition Center	26
Helena Prerelease Center	28
Missoula Pre-Release Center.....	28
Passages Prerelease Center, Billings	29
PRC Statistics	32
Assessment and Treatment Programs.....	33
Assessment Centers	34
Passages Assessment, Sanction, Revocation Center (ASRC).....	34
Sanction, Treatment, Assessment, Revocation & Transition (START)	37
Treatment Programs	39
Connections Corrections Program (CCP)	39
Elkhorn Treatment Center (ETC)	41
Nexus Correctional Treatment Center.....	44
Passages Alcohol and Drug Treatment (ADT)	46
Warm Springs Addictions Treatment & Change (WATCH)	48
Appendix: Descriptions of Treatment Programs and Services	52

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“Empower people through positive change, personal growth, and innovative approaches.”

This report provides descriptions of the programs managed by the Probation and Parole Division of the Montana Department of Corrections. The division represents a major portion of the corrections system and is responsible for the supervision and management of approximately eight out of every ten offenders under the state’s jurisdiction. Because of this responsibility, the division is a key component of the DOC’s efforts to fulfill its mission by keeping the public safe, aiding offenders in successfully returning to communities, and ensuring that victims’ concerns and needs are not forgotten.

MISSION STATEMENT

The Probation and Parole Division promotes the mission of the Department of Corrections by providing effective supervision, incentives and interventions, and alternative programs to adult offenders. The division provides offender supervision and programming through professional staff who supports the needs and concerns of crime victims, their families, and the citizens we serve.

DIVISION GOALS

- ◆ To improve the safety of the Montana public and the security of our communities and homes.
- ◆ To promote public trust through openness, responsiveness, and program evaluation.
- ◆ To provide accurate, timely information and support that contributes to the restoration of crime victims.
- ◆ To assist in offenders’ reentry into the community by improving existing programs and creating a more seamless system of effective services for offenders, beginning with their arrival into correctional facilities and extending through the day they complete their sentences and leave state supervision.
- ◆ To reduce the risk that offenders will re-offend.
- ◆ To operate correctional programs that emphasize offender accountability.
- ◆ To provide work and program environments based on professionalism, personal responsibility, and respect.

DIVISION OBJECTIVES

- ◆ Maintain a balance between victim concerns and offender rehabilitation.
- ◆ Support professional growth for employees and establish mobility through technology.
- ◆ Promote staff safety by providing employees with the tools, training, and equipment necessary to maintain public safety.
- ◆ Enhance communication and collaboration within the division and with all DOC entities by utilizing the division’s communication plan and documenting outcomes.
- ◆ Through assessment, place appropriate offenders in alternatives to incarceration and maintain public safety by placing them in secure programs when necessary.
- ◆ Reduce recidivism and return rates by utilizing specialized approaches supported by evidence-based correctional practices.
- ◆ Secure adequate funding to continue community corrections programs and develop new programs to effectively manage the offender population and address offender needs.
- ◆ Encourage an offender’s success and reintegration by offering and overseeing programs that provide a continuum of care.
- ◆ Support Montana reentry efforts by ensuring appropriate staff are trained in the DOC’s reentry process.

DIVISION KEY TASKS

- ◆ Enhance community supervision through appropriate staffing levels.
- ◆ Maintain contracts with providers that have proven to be effective and safe.
- ◆ Utilize the Administrative Rules of Montana when siting or expanding residential facilities.
- ◆ Continue to utilize the DOC’s newsletter to share information.
- ◆ Improve methods to better evaluate DOC programs and require that all programs under contract with the division have an effective means of measuring success.
- ◆ Ensure that Treasure State Correctional Training Center staffing patterns allow for continuation of the victims’ program.
- ◆ Ensure that division staff is specially trained to address the needs and issues of victims.
- ◆ Maintain access to the Criminal Justice Information Network (CJIN).
- ◆ Increase the collection of restitution payments by offenders.
- ◆ Utilize assessment and sanction centers to ensure offenders committed to the DOC are appropriately

assessed for placement or as an intermediate sanction for offenders who violate conditions of probation, parole, conditional release, or the rules of a PPD facility.

- ◆ Gain adequate funding to allow for continued community programming, specifically in substance abuse.
- ◆ Evaluate and better utilize the Intensive Supervision Program as a reentry tool and a viable alternative to imprisonment.
- ◆ Improve the rate of collection of supervision fees and interstate fees.
- ◆ Expand community corrections programs that are cost effective and serve as viable alternatives to incarceration.
- ◆ Enhance professionalism, staff recruitment and retention, and work-force development by utilization of the performance evaluation system.
- ◆ Maintain oversight of felony DUI programs to ensure the programs' effectiveness.
- ◆ Develop and provide training to the programs' screening committees.
- ◆ Ensure that the methamphetamine programs are properly monitored and provide data indicating effectiveness.
- ◆ Make better use of electronic monitoring and other technologies for public safety.
- ◆ Use evidence-based practices in implementing a seamless plan of services and supervision developed for offenders released from prison and delivered through state and local collaboration, from the time of the offender's entry to custody through completion of his/her sentence. Evidence-based practices include assessment information, relevant research, available programming, evaluation, and staff professionalism and knowledge.

FUNDING THROUGH GRANTS

The PPD seeks grant funding to assist in meeting its objectives of reducing recidivism and return rates by utilizing specialized professionals and programs in community corrections; guaranteeing officer safety by providing tools and equipment necessary for protection; and developing new programs that effectively manage the offender population and offender needs and encourage successful reintegration into the community.

Continued grant funding received during the 2015 and 2016 fiscal years includes:

- *SMART Probation Grant*, received in fiscal year 2013 through the U.S. Department of Justice, continues through fiscal year 2017. The goal of the grant is to strengthen the division's probation program to effectively address the needs of offenders and reduce revocation rates. This is to be accomplished by utilizing best-case practices developed through training, increased capacity within the probation program, and increased collaboration with resource providers.

The grant project includes obtaining resource providers; completing a workload study; training for all P&P officers in the Montana Offender Reentry/Risk Assessment (MORRA) tool, Women's Risk/Needs Assessment (WRNA) tool, and Motivational Interviewing; training on specific assessment tools for P&P officers, supervisors, and other resource providers who oversee sexual offenders; offering training for P&P officers in cognitive-based programming for offenders; and hiring a third-party to evaluate effectiveness and efficiency of programs and revocation rates of probationers.

- A *Montana Mental Health Trust Grant* was received in fiscal year 2015 to expand P&P officer training relating to evidence-based practices and improve supervision strategies to effectively address the behavior and health needs of offenders and reduce revocation rates.

Funds were used to provide Crisis Intervention Training to P&P officers state-wide. Crisis Intervention Training is designed to improve the outcomes of officer interactions with people living with mental illness. This type of specialized training improves officer safety, improves officer relations with people with serious mental illness, and increases referrals to mental health services.



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“We are the best at safely maintaining offenders in the community by inspiring positive change.”

In 1955, the Montana Legislature established adult Probation & Parole. In 1995, as part of the executive reorganization of the Department of Family Services and the Department of Corrections and Human Services, juvenile parole was assigned to the newly created Department of Corrections. In October 2001, juvenile parole was placed within the newly created Youth Services Division within the DOC, leaving P&P responsible for adult offenders only.

As stated in §46-23-1002, Montana Code Annotated, the DOC has the authority to:

- ❖ appoint P&P officers and other employees necessary to administer this part;
- ❖ authorize P&P officers to carry firearms, including concealed firearms, when necessary;
- ❖ adopt rules establishing firearms training requirements and procedures for authorizing the carrying of firearms; and
- ❖ adopt rules for the conduct of persons placed on parole or probation, except that the DOC may not make any rule conflicting with conditions of parole imposed by the Board of Pardons and Parole or conditions of probation imposed by a court.

On any given day, P&P supervise over 9,600 felony offenders. Nearly 80% of all offenders in the DOC system are serving their time on probation, parole, conditional release, or in a PPD program. The controlling jurisdiction sets terms and conditions that govern how P&P officers supervise and perform case management of the respective offender.

MISSION STATEMENT

Probation & Parole maintains the supervision of offenders in the community to enhance the public safety in the communities of the state of Montana. It employs best practices and professional staff that hold offenders accountable through restorative justice, effective communication, and treatment, which inspires the habilitation/rehabilitation of each offender based on their needs.

GOALS OF P&P

- ❖ Build trust with, and enhance the safety of, the citizens of Montana through quality supervision.
- ❖ Assist victims of crime by providing referrals to victim resources, collecting restitution, offering victim mediation, and recognizing and respecting victim rights.
- ❖ Assist offenders in acquiring positive role models through professional conduct and mentoring.
- ❖ Provide continuum of care for offenders released from community-based correctional programs as alternatives to prison incarceration (such as prerelease, treatment, and assessment and sanction centers).
- ❖ Comply with legal mandates of the courts, Board of Pardons and Parole, and the DOC.
- ❖ Ensure that all employees are visible and viewed as professionals in the field of corrections by closely monitoring and supervising offenders through community networking.

PROBATIONER VS. PAROLEE

The difference between probation and parole is the offender's legal status or legal jurisdiction. Montana's district court judges determine which offenders are placed on probation, either directly from sentencing or after spending time in prison. The BOPP decides which offenders are released from prison on parole. Probationers and parolees are supervised similarly; however, the sentencing court has jurisdiction to revoke offenders on probation, and the BOPP has authority to revoke those on parole.

CONDITIONAL RELEASE OFFENDER

A district court judge has the option of committing an offender to the jurisdiction of the DOC, which is then responsible for determining the most appropriate placement, including a non-prison setting. These

“DOC commits” are supervised by the same standards as probationers and parolees. When the individual has completed an alternative placement (prerelease or treatment program), the PPD administrator and staff may approve the individual’s release and placement on conditional release with certain terms and conditions.

CONDITIONS OF SUPERVISION

Each offender is supervised by a P&P officer according to the standard conditions of supervision and any special conditions ordered by the court, BOPP, or DOC. The standard conditions offenders must follow when directed are:

- ✓ Residence: Place of residence cannot be changed without first obtaining permission.
- ✓ Travel: Leaving the assigned district is not allowed without first obtaining written permission.
- ✓ Employment and/or program participation: Employment or participation in an approved program must be maintained.
- ✓ Reporting: Personally reporting to a P&P officer; must comply with directions.
- ✓ Weapons: Offenders cannot use, own, possess, transfer, or be in control of any firearms or deadly weapons.
- ✓ Financial: Permission must be obtained before financing a vehicle, purchasing property, or engaging in business.
- ✓ Search: Offenders must submit to a search of their person, vehicle, or residence at any time, with or without a warrant.
- ✓ Laws and conduct: Offenders must comply with all city, county, state, and federal laws and ordinances and conduct themselves as good citizens. They also must report any arrests or contact with law enforcement.
- ✓ Alcohol and illegal drugs: Use or possession of alcoholic beverages and illegal drugs is prohibited.
- ✓ Drug testing: Offenders must submit to testing for drugs or alcohol.
- ✓ Gambling: Gambling is prohibited.
- ✓ Fines and fees: All fines, fees, and restitution must be paid.

Special conditions may also be given by the controlling jurisdiction and may include attending specific counseling and/or treatment, or completing community service.

STAFF RESPONSIBILITIES AND DUTIES

- ❖ *BC-Bureau Chief*
 - Has overall responsibility for all aspects of the P&P regions
 - Reports directly to the PPD Administrator
- ❖ *DC-Deputy Chief*
 - Responsible for all budget and personnel issues for respective region
 - Acts as contract liaison for local services available to offenders
 - Assesses and classifies all felony offenders committed to the DOC for appropriate placement in the correctional system
 - Acts as disciplinary hearings officer placing offenders into appropriate levels of care if necessary
 - Reports directly to the BC
- ❖ *POII-Probation & Parole Officer II*
 - Is the first-line supervisor for the P&P officers, IPPOs, PO tech, and administrative support
 - Acts as the DC’s designee in his/her absence
 - Serves as PRC liaison; participates on PRC boards and screening committees
 - Acts as disciplinary hearings officer placing offenders into appropriate levels of care
 - Supervises specialized approaches in their locations (see page 7)
 - Reports directly to the DC
- ❖ *HO-Hearings Officer*
 - Facilitates disciplinary hearings placing offenders into appropriate levels of care
 - Reports directly to the DC
- ❖ *P&P Officer-Probation & Parole Officer*
 - Supervises, monitors, guides, counsels, holds accountable, and assists offenders they supervise:

Home contacts	Collateral contacts	Urinalysis/breathalyzer
Employer contacts	Law enforcement contacts	Report of Violations/Revocations

- Responsible to district court judges in the 23 judicial districts in Montana
- Investigates and prepares presentence investigations and reports (PSIs) on felony offenders to assist in the sentencing of these offenders to the most appropriate placement available
- Implements the region's specialized approaches
- Provides necessary information and support to victims
- Reports directly to POII
- ❖ *IPPO-Institutional P&P Officer*
 - Facilitates reentry of offenders from correctional facilities into communities using:

Parole, probation, or conditional release	Prerelease centers
Intensive Supervision Program (ISP)	Treatment programs
Reentry P&P Officers (RPOs)	
 - Works closely with the BOPP; helps with coordination among prisons, PPD facilities, and P&P officers
 - Serves as liaison for correctional facilities, BOPP, and P&P field staff
 - Signs out and issues travel permits for offenders discharging or paroling from prison
 - Ensures appropriate offenders have registered as sexual and/or violent offenders
 - Ensures DNA testing has been accomplished
 - Helps offenders develop appropriate and viable parole or release plans
 - Provides necessary information and support to victims
 - Reports directly to POII
- ❖ *PO Tech-Probation Officer Technician*
 - Aids P&P officers in the smaller offices in rural areas:

Pre-Sentence Investigations	Urinalysis/breathalyzer
Employer/collateral contacts	Administrative support services
Law enforcement contacts	Reports of Violation/Revocations
 - Reports directly to POII
- ❖ *DCA-Deputy Chief Assistant*
 - Provides administrative support for the DC and the region
 - Reports directly to DC
- ❖ *Administrative Support*
 - Provides valuable support services which allows P&P officers to focus on field work
 - Assists and supports field staff in areas without a PO tech
 - Assists with and enters data into the Offender Management Information System (OMIS)
 - Reports directly to POII

P&P LOCATIONS AND STAFFING

Western Regions – 1 BC

(*Regional main office)

REGION I: Missoula*

Anaconda	Butte PRC/WTC
Butte	Missoula PRC
Hamilton	Elkhorn
MASC	CCP
TSCTC	START
MSP	WATCH West

REGION III: Great Falls*

Cut Bank	Great Falls PRC
Lewistown	Nexus
Shelby	
Cascade County Regional Prison	
Crossroads Correctional Center	

REGION V: Kalispell*

Libby
Polson
Thompson Falls

Region I Staffing:

DC.....	1
POII.....	5
P&PO	39
IPPO	7.5
POT.....	1
Admin.....	4.5

Region III Staffing:

DC.....	1
PO II.....	3
IPPO	3.5
P&PO	23.5
POT.....	1.5
Admin.....	4

Region V Staffing:

DC.....	1
PO II.....	3
IPPO.....	0
P&PO	22
POT.....	1.5
Admin.....	3

Eastern Regions – 1 BC

(*Regional main office)

REGION II: Helena*

Bozeman
Dillon
Livingston
Bozeman PRC
Helena PRC

REGION IV: Billings*

Hardin
Miles City
MWP
Billings PRC
Passages

REGION VI: Glendive*

Glasgow
Havre
Sidney
Dawson County
Correctional Facility

Region II Staffing:

DC.....1
PO II.....4
IPPO0
HO.....1
P&PO 26
POT.....2
Admin.....3

Region IV Staffing:

DC.....1
PO II.....4
IPPO2
P&PO 33
POT.....1
Admin.....4

Region VI Staffing:

DC.....1
PO II.....2
IPPO.....1.5
P&PO9.5
POT.....0.5
Admin.....3.5

P&P SERVICES

- Provide appropriate supervision of offenders by assessing their risks and needs. The Montana Offender Risk/Reentry Assessment (MORRA) for males and the Women’s Risk and Needs Assessment (WRNA) for females serve to safely guide case management approaches.
- Ensure public safety by influencing offenders to contemplate new paths for success and holding them accountable for their actions by monitoring them and enforcing the rules and conditions of supervision.
- Issue travel permits for offenders traveling outside their jurisdiction.
- Assist victims of crime by providing referrals to victim resources, collecting restitution, offering victim mediation, and recognizing and respecting victim rights.
- Assist offenders in skill development, education, treatment, and training.
- Supervise offenders in community-based correctional programs as alternatives to prison.
- Refer offenders to appropriate assessment and treatment services and monitor attendance and progress.
- Prepare Pre-Sentence Investigations & Reports (PSIs): One of the most significant documents written on a felony offender, these reports assist judges in giving the most appropriate sentence and are common prior to sentencing. An officer interviews the defendant and collateral contacts and then prepares the PSI. The court has little or no background information about the defendant without the PSI. The report becomes part of the court record, is confidential and not open for public inspection. It follows the offender throughout the corrections system and is used by all facets of the system as a screening tool for placement. The BOPP also uses the report when reviewing an offender for release on parole. Mandated contents of PSI reports include:
 - the defendant’s characteristics, circumstances, needs, and potentialities;
 - the circumstances of the offense (official version, defendant’s version, victim’s version);
 - the defendant’s criminal history;
 - the defendant’s social, mental, and substance abuse history;
 - the harm caused as a result of the offense to the victim, the victim’s immediate family, and the community, and any pecuniary loss through a victim’s statement; and
 - a summary and recommendation of sentencing alternatives to the court.
- Provide incentives, guidance, counseling, and rehabilitation for offenders under supervision.
- Assist local law enforcement with offenders in the community.
- Collect restitution, supervision fees, and court fines and fees.

Specialized Approaches:

- ❖ *Hearings* – Hearings incorporate due process requirements in providing an offender fair, timely, and impartial disposition of charges of alleged supervision violations and establish appropriate disciplinary actions to modify offender behavior and ensure community safety. There are three types of hearings:
 - ♦ Intervention – An informal hearing that provides the offender written notice of minor violations of non-

- compliance and the opportunity to address those issues without a revocation of their supervision status.
- ◆ On-site (preliminary) – Conducted to determine whether there is probable cause to believe a parolee or interstate offender has violated parole conditions. If probable cause is found, appropriate disciplinary sanctions are considered based on the severity of the violation; however, it may be determined the offender is not appropriate for community corrections placement and needs to be returned to a secure setting.
- ◆ Disciplinary – Conducted for both major and severe violations of supervision conditions for offenders placed in a PPD program. Interventions can range from a verbal warning or reprimand to removal from the program and possible placement in jail or prison.
- ❖ *Intensive Supervision Program (ISP)*
 - ◆ Provides increased supervision of offenders in the community, including drug and alcohol monitoring
 - ◆ Uses electronic monitoring, including GPS technology
 - ◆ Increases emphasis on offender accountability, including employment and treatment options where necessary
 - ◆ Locations: Missoula, Bozeman, Butte, Great Falls, and Billings
- ❖ *ISP Sanction Program*
 - ◆ Provides an alternative sanction P&P officers use to help change offenders' behavior and keep them in the community
 - ◆ Similar supervision levels as regular ISP
 - ◆ Has a treatment component
 - ◆ Locations: Missoula, Bozeman, Butte, Great Falls, and Billings
- ❖ *Enhanced Supervision Program (ESP)*
 - ◆ An alternative sanction P&P officers use to help change offenders' behavior and keep them in the community
 - ◆ Increased drug and alcohol testing
 - ◆ Contracted with PRCs for treatment/accountability services
 - ◆ Locations: Missoula, Helena, Bozeman, Butte, Great Falls, and Billings
- ❖ *Treatment Accountability Program (TAP)*
 - ◆ An alternative sanction P&P officers use to help change offenders' behavior and keep them in the community:
 - Similar to ISP sanction program with increased supervision
 - Increased drug and alcohol testing
 - Treatment groups
 - ◆ Locations: Helena
- ❖ *Day Reporting*
 - ◆ An alternative sanction P&P officers use to help change offenders' behavior and keep them in the community
 - ◆ Increased supervision, drug and alcohol testing
 - ◆ Locations: Kalispell, Polson
- ❖ *Electronic Monitoring*
 - ◆ House arrest:
 - Bracelet used to ensure offender stays on schedule
 - Used mainly in ISP and ISP sanction programs
 - ◆ GPS:
 - Passive GPS
 - Mandated for tier level 3 sexual offenders
 - Used in ISP and ISP sanction programs
 - Used for other high-risk offenders
 - ◆ SCRAM:
 - Electronic alcohol monitoring device
 - Used mainly for DUI offenders
 - ◆ Interlock:
 - Electronic alcohol monitor attached to the ignition system of a vehicle
 - Used mainly for DUI offenders allowed to drive

- ❖ *Offender Groups and Treatment*
 - ◆ Cognitive-behavioral programs
 - ◆ Sexual offender groups
 - ◆ Drug and alcohol groups
 - ◆ Graduates of TSCTC
- ❖ *Task Forces*
 - ◆ Drug
 - ◆ DUI
 - ◆ Warrant round-ups (U.S. Marshals)
 - ◆ Internet Crimes Against Children-ICAC (FBI)
- ❖ *Specialized Caseloads*
 - ◆ Native American
 - ◆ DUI
 - ◆ Mental health
 - ◆ Chemical dependency
 - ◆ Sexual offender
 - ◆ Graduates of TSCTC
 - ◆ Treatment court
 - ◆ Mental health court
 - ◆ Veterans court
 - ◆ Gang-related activity
 - ◆ Banked caseload (management of low-risk offenders)
 - ◆ Co-occurring (both mental health issues and chemical dependency)
 - ◆ Reentry for targeted high-risk population coming out of prison
 - ◆ Reentry efforts with local jurisdictions
 - ◆ SMART Probation (working more comprehensively with younger offenders)

COST OF SUPERVISION

§ Total cost per day – Probation & Parole: \$ 4.36
§ Total cost per day – Specialized Officers: \$ 21.68
 (includes administrative costs)

Community supervision provides significant savings and viable alternatives to incarceration that promote public safety, hold offenders accountable and give them the opportunity to make changes in behavior and attitude, while being financially responsible.

<i>Restitution dispersed to victims:</i>	FY15 – \$2,790,197.72	FY16 – \$3,322,087.69
<i>Supervision fees collected:</i>	FY15 – \$ 765,941.13	FY16 – \$ 738,461.66

P&P officers are instrumental in the collection of restitution for crime victims and the collection of supervision fees and miscellaneous fees and fines ordered by the court, most of which are received by the counties within the state. Supervision fees were initially used for officer equipment, safety, and training.



PROGRAMS AND FACILITIES BUREAU

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The Programs and Facilities Bureau consists of the Transition Office; the Adult Interstate Compact Section; the Missoula Assessment and Sanction Center; Treasure State Correctional Training Center; and the contracted facilities of prerelease centers, assessment centers, and treatment facilities.



Transition Office

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The statewide Transition Office was created to assist P&P officers, contract facility staff, and transport personnel in tracking offender locations, screening outcomes, and movement. The Transition Program Specialist helps ensure that offenders have a plan for placement based on their sentence and individual risk and needs assessment, and manages the movement of state offenders being held in county jails.



Interstate Compact for Adult Offender Supervision

Cathy Gordon, Compact Commissioner

Interstate Compact Section Manager

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The Interstate Compact Section consists of the section manager and three agents who are responsible for the movement and data tracking of offenders living in other states on probation, parole, or conditional release. A national compact has provided the sole statutory authority for regulating the transfer of adult offenders on supervision across state boundaries since 1937. Currently, all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands are members of this interstate agreement, known as the Interstate Commission for Adult Offender Supervision (ICAOS). State commissioners and deputies, appointed by each state's governor, oversee compliance with the compact and meet to promulgate rules, regulations, and policies for the administration of the ICAOS agreement and how adult offenders will be supervised. No state shall refuse to supervise an offender because of the crime he or she has committed.

The primary purpose of the interstate compact is two-fold:

1. To enhance public safety and provide a continuum of supervision mechanism for individuals who travelled outside their resident state, committed a crime and were sentenced, but have no other reason to remain in the non-resident state. Offenders who can continue their employment and pay their financial obligations help the economy; and
2. To protect the rights of victims through the control and regulation of offender movement and provide for better tracking of offenders and enforcement of policies and rules. Each state has a council of representatives from victim groups; legislative, executive, and judicial branches; and law enforcement.

An annual assessment based upon the population of each state and its volume of interstate offender movement is levied on each state to cover the cost of internal operations and activities of the commission. Seven of the western states, including Montana, paid \$20,629 for their 2016 annual dues. California had the largest payment of the western states at \$52,719. A \$50 fee paid by an offender applying to transfer his/her supervision out of Montana is used to pay the annual assessment to ICAOS. During the past two years, the DOC has collected more than \$55,060; other costs of the program are absorbed by the DOC.

In addition to paying the fee, an offender must have a valid plan to transfer their supervision out of state and must be responsible for his/her own rehabilitation. Approximately 1,000 Montana offenders are living in other states and the caseload continues to climb as lengthy probation sentences are imposed as an

alternative to incarceration, with more emphasis and attention being given to high-risk or dangerous offenders.

FUNCTIONS AND SERVICES OF INTERSTATE COMPACT SECTION

The Interstate Compact Section, a critical component of the PPD, agrees to provide supervision of offenders who meet the criteria for acceptance. The section’s responsibility is to provide technical expertise, leadership, interpretation of laws, and the consequences for potential liability issues concerning interstate compact matters. It is the clearinghouse for all interstate correspondence and telephone communications and works closely with the 23 P&P field offices, five prisons and their IPPOs, and 65 adult interstate compact offices throughout the United States. In addition, the section has the primary responsibility of entering legal data on all adult offenders moving into Montana, as well as completing quality control checks on data entered on interstate offenders.

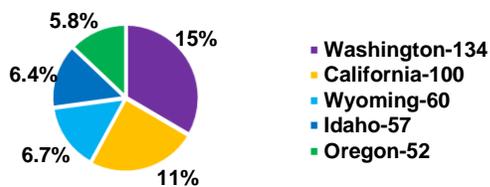
Offenders ask to relocate to other states because they are not residents of the state where they were convicted and because offenders benefit when allowed to relocate where they have families, emotional or financial support, employment, or schooling. The interstate section arranges the transfer of any convicted person placed on supervision who requests to cross state boundaries to live, work, or attend school, and prepares the necessary documents to ensure that the receiving state has information to complete home and employment investigations. Conditions of supervision are enforced and victims are more likely to receive compensation if the offender is working in the community.

Many interstate offenders successfully complete their sentences. Supervision of all offenders crossing state lines is critical and can only be successful when each offender is provided the same degree and intensity of supervision in the receiving state as in his or her home state. Compact policy dictates that a receiving state is not expected to do more or less for an out-of-state case than it does for its own cases. Any offender who leaves the sentencing state is expected to comply with the receiving state’s supervision policies, is encouraged to pay restitution and complete treatment requirements, and may be arrested and returned if conditions of supervision are violated or new crimes are committed. The interstate section coordinates the return of Montana parole, conditional release, and interstate violators through warrants or a governor’s extradition warrant. Fiscal restraints are not a sufficient reason for refusing to return violators under the compact agreement.

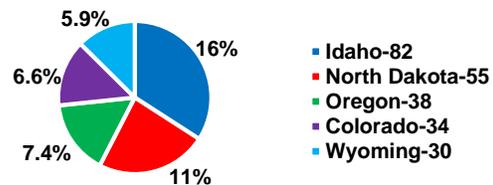
Many more Montana offenders relocate to other states than offenders move to Montana. A total of 678 Montana offenders applied to transfer out of state during fiscal year 2015, with 536 paying the application fee. Of these offenders, 459 were accepted for a transfer under the compact. During this same time, 414 out-of-state offenders applied to transfer to Montana, and 248 were accepted and transferred.

During fiscal year 2016, 698 Montana offenders applied to transfer out of state with 566 paying the application fee. Of these, 439 were accepted for transfer under the compact. Out of state offenders who applied to transfer to Montana totaled 411, and 264 were accepted and transferred to our state.

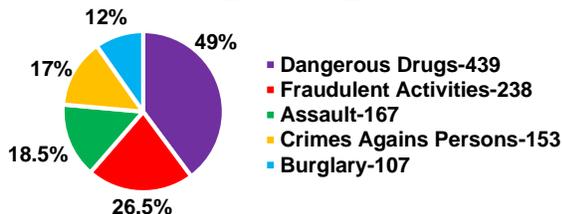
**Top 5 Receiver States (from MT)
FY 2015 and 2016**



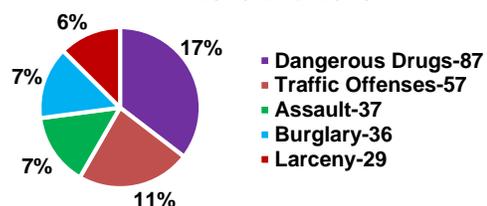
**Top 5 Sender States (to MT)
FY 2015 and 2016**



**NCIC Offenses Out of Montana
FY 2015 and 2016**



**NCIC Offenses Into Montana
FY 2015 and 2016**





Missoula Assessment & Sanction Center (MASC)

2340 Mullan Road, Missoula, MT 59808

Heather Smith, Administrator

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MASC, a correctional assessment and sanction facility operating within the Missoula County Detention Facility (MCDF), began operations in February 2003 as a unit of the PPD to assist the DOC in effectively placing DOC-committed offenders in appropriate facilities or programs at a lower cost, while providing treatment opportunities that prepare offenders for DOC programs.

MASC's daily contract rate is \$83.22 per offender, and the rate does not include outside medical or administrative costs. MASC is a 144-bed facility for adult male offenders.

MASC has four full-time employees, an IPPO, four contracted personnel, and two MCDF employees dedicated to MASC. MCDF also provides detention officers to operate the MASC unit, using three officers per shift with back-up from other MCDF units if needed.

FUNCTIONS AND SERVICES OF MASC PROGRAM

Offenders housed at MASC are committed to the DOC by a judge. The primary purpose of MASC is to screen these offenders for potential placement in the community as an alternative to prison, without compromising the safety of Montana communities.

The screening committee is the decision-making body of the MASC program and consists of the MASC administrator, administrative assistant, correctional unit manager, IPPO, contracted licensed clinicians and a MCDF representative. Screening occurs when staff involved with a case believes there is sufficient information available to make a recommendation for placement to the full committee. Both the history of an offender's case and his behavior at MASC are considered when making placement decisions.

While incarcerated at MASC, an offender's main responsibility is to demonstrate he can follow the rules of the facility and interact appropriately with other offenders and staff. MASC addresses the following during offender intake:

- ❖ education level
- ❖ vocational aptitude, employable skills, and readiness
- ❖ level of chemical dependency treatment needed and relapse potential
- ❖ mental health status, need for further assessment, and need for medication and placement
- ❖ sexual offender status, need for further assessment, treatment and tier designation with community treatment and placement
- ❖ assessment of positive family/community support available upon release from MASC
- ❖ completion of risk and needs assessment for community success
- ❖ whether the offender can engage in facility work positions at MASC that demonstrate pro-social behavior and responsibility.

When MASC was established, a 50% diversion rate was the focus; however, MASC has surpassed that goal by diverting 77% of offenders to community programs in fiscal years 2015 and 2016.

Assessment:

Assessment is comprised of chemical dependency and mental health evaluations, risk and needs assessments, and treatment programming. Offenders are evaluated by the MASC screening committee and directed to appropriate programming. The offender's time at MASC may be extended while he receives pre-treatment programming necessary for community placement. If an offender is found in need of additional treatment/programming, a referral is made prior to transfer. An offender who is found unsuitable for community placement will be transferred to MSP as soon as possible. Treatment programs offered are:

- ❖ Chemical Dependency – individual and group sessions
- ❖ Mental Health – individual sessions
- ❖ Sexual Offender, phase I – individual and group sessions

Sanctions:

P&P hearings officers can place an offender at MASC for up to four weeks to serve a sanction in lieu of sending the offender to prison or a higher-cost facility for violations of conditions of supervision.

Reentry:

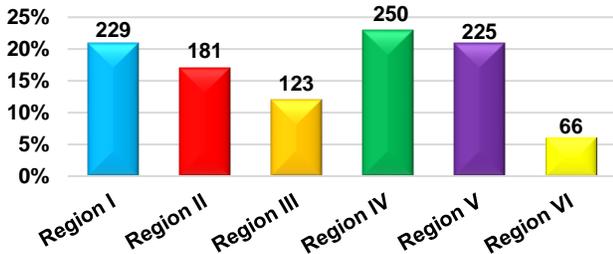
MASC connects offenders with community resources, including mental health resources, veterans' assistance, treatment providers, faith communities, and housing information and contacts. MASC's IPPO plays an active role on the screening committee.

STATISTICS

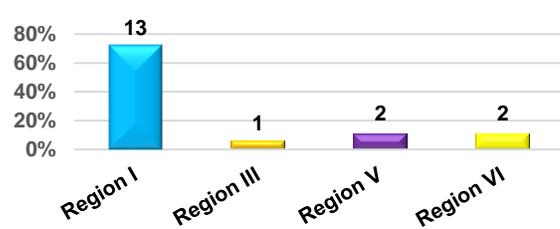
For the period **July 1, 2014 through June 30, 2016:**

- Offenders processed through MASC: 933
(141 offenders were "in process" as of June 30, 2016, for a total of 1,074)
- Average age of offenders: 35
- Chemical dependency assessments: 290
- Mental health assessments: 247
- Sexual offender assessments (added in April 2005): 58
- Population at MASC as of June 30, 2016 (assessments and sanctions): 141
- Sanction referrals to MASC: 18
- Average length of stay: 105 days
- Sanctions length of stay: 17 days

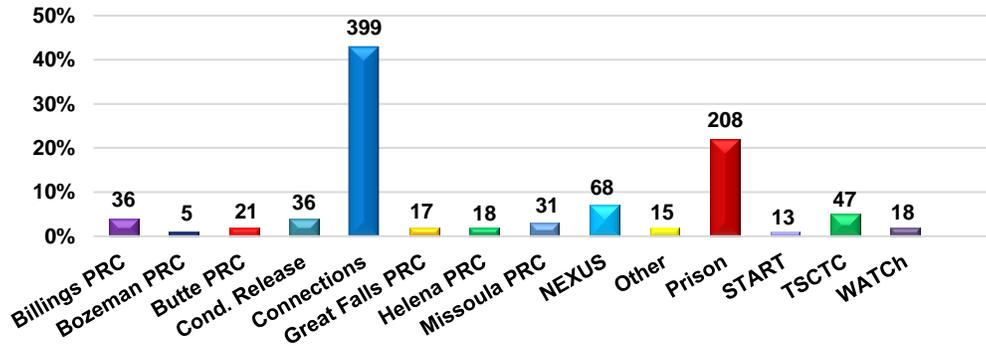
Assessments to MASC by P&P Region
July 1, 2014 - June 30, 2016



Sanctions to MASC by P&P Region
July 1, 2014 - June 30, 2016



Placement of Offenders from MASC
July 1, 2014 - June 30, 2016





Treasure State Correctional Training Center (TSCTC)

1100 Conley Lake Road, Deer Lodge, MT 59722

Michael Buckley, Superintendent

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In 2016, Treasure State Correctional Training Center (TSCTC) was redesigned to begin incorporating programming that emphasizes evidence-based programming, which is based on two-way communication that positively addresses the offender's thinking errors. The focus is now on offender responsibility and self-discipline. *"I will take the credit or the blame for my actions."* This statement of accountability is one of the foundations of the program. Holding offenders accountable for the harm they have done to others is a fundamental goal of the program.

TSCTC began screening female offenders for programming on November 1, 2013, and the first female offender graduated in July 2014.

TSCTC was established in July 1993 in the Swan Valley as an alternative to long-term incarceration, a positive atmosphere for change and, most importantly, an opportunity to reduce the number of crime victims. The military-style boot camp was based on a shock incarceration model designed to teach discipline through rigid structure. It moved to a site near MSP in October 1997 and accepted the first group of offenders the following month.

TSCTC staff includes 25 full-time employees including drill instructors, a full-time teacher, two case managers, and a full-time licensed addiction counselor. The DOC also provides TSCTC with a part-time IPPO and a part-time nurse.

TSCTC's daily cost is \$112.14 per offender (includes administrative costs). TSCTC can accommodate 40 offenders and the average length of stay is 110 days.

During July 1, 2014 - June 30, 2016, 322 offenders were admitted to the program and 179 graduated; there were no escapes.

TSCTC MISSION STATEMENT



Treasure State Correctional Training Center promotes the mission of the Probation and Parole Division by inspiring offenders to have courage to change by using effective evidence-based programming including victim impact, restorative justice principles and professional staff to successfully reintegrate offenders to society to earn the trust of the citizens of Montana.

TSCTC Creed

Be careful of your thoughts
For your thoughts become your words.
Be careful of your words
For your words become your actions.
Be careful of your actions
For your actions become your habits.
Be careful of your habits
For your habits become your character.
Be careful of your character
For your character becomes your destiny.

FUNCTIONS AND SERVICES OF TSCTC PROGRAM

TSCTC promotes a holistic environment geared toward positive change, self-respect, discipline, accountability, and responsibility with emphasis on treatment counseling in a structured and self-disciplined environment to create a modified therapeutic community that supports the fundamentals of programming. The goal is to change the criminal thinking patterns of offenders so they may become safe, contributing members of society. Offenders are expected to perform duties that reinforce responsibility and physical exercise to support health and reinforce self-care. Through weekly group activities, offenders learn to work together and problem solve as a group and quickly learn that every individual on the team benefits when

the team succeeds. These are all intangible assets that the offender can utilize for a successful reentry to the community while building self-respect and integrity. An offender who pays attention, internalizes the program, and makes the *commitment to change* can become a solid citizen.

Because statutes do not allow the courts to make direct commitments to the program, all offenders accepted into the program must have a recommendation from their sentencing judge, BOPP, or DOC. Offenders screened for the program are also referred from MSP, regional and private prisons, DOC placements, and P&P officers. Offenders volunteering for the program are initially reviewed by the screening coordinator who verifies eligibility requirements have been met. To be eligible, an offender:

- ❖ must be convicted of a felony offense other than that punishable by a death sentence;
- ❖ must not have outstanding warrants or detainers;
- ❖ must pass a physical exam and ensure sufficient health for participation;
- ❖ may not have been admitted to the program more than twice.

Once eligible, the offender's case is presented to the program's screening committee comprised of the local sheriff, a community member, and TSCTC and DOC staff. The committee completes another in-depth review of the offender's criminal case and involvement with the criminal justice system.

By directing the activities of offenders, TSCTC instills teamwork, accountability, anger management, integrity, work ethics, attention to details, and a sense of helping others who are in need. For 120 days, offenders are up at 6:00 a.m. and are on the move until 10:00 p.m. They attend treatment groups during the day and into the early evenings and take part in group activities based on social learning theories.

Physical training sessions are completed throughout the day and include a two-mile run in the afternoon. Offenders help in keeping the facility spotless; performing all grounds maintenance, including hand sweeping or shoveling of snow, hand-weeding and mowing (rotary mowers); and meal heating, serving, and cleanup. When offenders progress far enough into the program, they can be chosen for community work details.

Case Management and Assessment:

Consistent with the case management and assessment initiatives underway throughout the DOC, TSCTC has, for the first time, implemented a formal case management process. The primary role of the case manager is to receive the offender from the referring facility case management, conduct risk and needs assessments, individualize programming, deliver treatment programs in a group setting, assist in classification to determine advancement, and conduct the appropriate handoff of the case to the receiving facility/officer to facilitate optimal continuum of services.

Graduating as a Team - introducing a comprehensive phased system:

Research into best practices shows that optimal social growth occurs in an environment that provides the maximum opportunity for offenders to learn from each other and progress as a team with appropriate positive reinforcement. Previously, individual offenders could graduate up to 30 days early in some cases by taking a self-centered approach that included informing on their peers. That is no longer possible; TSCTC has developed a 120-day phased system designed to support cognitive programming and encourage pro-social development.

- Phase 1: Orientation – emphasizes discipline
- Phase 2: Cognitive – teaches accountability and honesty with self and others
- Phase 3: Prosocial – focuses on teamwork, leadership, integrity, and doing for others,
- Phase 4: Reentry – emphasizes self-discipline, integrity, and accountability to enrich lives and families, as well as building a plan for success

Implementation of New Evidence-based Programming: Specific new groups include:

- ❖ Listen and Learn (victim impact program)
- ❖ P.I.C.K. a Partner (healthy relationships)
- ❖ Living in Balance (substance abuse)
- ❖ Thinking for a Change (cognitive behavior program/social skills)
- ❖ Anger Management (cognitive behavior program)
 - Domestic Violence Programming for offenders that fit the batterer profile.
 - Cage your Rage for offenders that do not fall within the batterer profile.
- ❖ Family Focus Education
- ❖ Life Skills
- ❖ HiSET (General Education)

Role of the Drill Instructor:

Drill instructors continue to confront offenders about their crime, but their role has shifted to that of a mentor and coach who demands the highest level of performance and positively reinforces success.

Community Service:

Offenders who demonstrate a high level of trust and commitment in the program may be assigned to community work details. Projects such as weed control on school grounds or cleanup of public parks or waterways are coordinated with various community members. These highly visible jobs provide the community the opportunity to observe the offenders working in a disciplined and ethical manner. Each fall, wood donated to TSCTC by Sun Mountain Lumber is chopped and delivered by offenders to the area’s needy and elderly citizens. The program falls under the DOC’s policy of restorative justice and gives offenders the opportunity to help someone else.

Reentry:

A reentry group has been developed at TSCTC to help prepare the offender for the Great Falls AfterCare Program or any other location to which the offender might be going. The group has also increased efforts with the AfterCare Program to join efforts in reentry plans with the focus on:

- ❖ housing
- ❖ applying for jobs
- ❖ upcoming expenses and bills
- ❖ other areas of he/she may encounter upon graduation from TSCTC
- ❖ probation or parole supervision
- ❖ high school equivalency testing
- ❖ follow-up resources

Aftercare:

The Great Falls AfterCare Program, located in the west campus of the Great Falls Transition Center (a PRC), is a residential 30-bed program devoted to preparing TSCTC graduates for progressively increased responsibility and freedom in the community. The program, founded in response to the DOC’s request for a specialized, short-term residency program with emphasis on treatment and to include advanced living skills, cognitive restructuring, substance relapse prevention, and community reintegration, was designed to deliver follow-up services to assist graduates in internalizing TSCTC’s philosophies, disciplines, and tools. The 90- to 120-day program builds upon the TSCTC experience while providing a reintroduction to societal living. A secondary benefit of the program allows for community release planning and timely submission of applicable release documentation. AfterCare provides the vital link between TSCTC and the community by employing a mix of intensive community surveillance, services, and individual case planning and remains one of the nation’s few such programs of a residential nature.

In March 2016, the first TSCTC graduate successfully completed the Certified Nursing Assistant (CNA) program offered by the AfterCare Program. The intense program includes clinicals, practical tests, and a state written test, and once certified, participants can apply for and fill CNA positions throughout the state.

As of June 30, 2016, 162 aftercare graduates were in the community and have not been revoked since attending TSCTC and releasing to supervision:

- ✓ 104 graduates are currently on supervision.
- ✓ 12 graduates successfully completed community supervision and discharged their sentences after attending TSCTC.

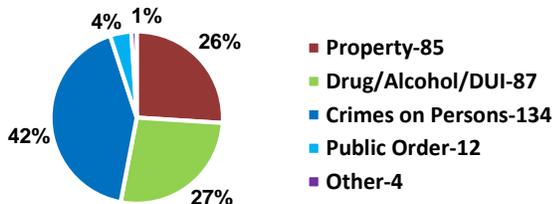
Age of Offenders:

Youngest: 18 yrs
 Oldest: 50 yrs
 Average Age: 28.5 yrs

Race of Offenders:

71% Caucasian
 24% Native American
 5% African American
 <1% Asian

Types of Offender Crimes - FY 2015 and 2016



SUCCESS

There I was sitting face to face with my own worst enemy, myself. But I wasn't alone, there were people all around me from every direction. "Hold out your hands," someone yelled. The yelling came from everywhere, about all the bad choices that got me here, and the countless victims I've created. I was flooded with all kinds of emotions. I didn't know what to do but sit there and listen and watch as they cut off my long hair. Section by section the drill sergeants placed it in my hands. I was overcome with fear; the change was happening right before my eyes. You see, some people must endure great difficulty in their lives and for me this was just the beginning.

Throughout this program, I have been put to the test. It wasn't about the physical demand, it was the mental and the emotional experience that truly was the hardest. My thoughts and feelings were challenged day after day. I've shed sweat and I've shed tears. I was forced to look deep inside to find my "truest" self. I've experienced true humility and felt what it feels to be comfortable being uncomfortable. I've realized that what others think of me is none of my business and only I can choose to suffer over what once was or welcome what is now to be had. I found the Courage to Change.

To my dismay, I was faced with yet another challenge. When I arrived at boot camp, I was identified as a trainee, trainee Lomahukluh to be exact. Trained to learn the tools needed to keep me on the path of righteousness. Now it's time to put those tools to work. Now I'm identified as a Booter. As a Booter, I am required to let go of the old me and put the new me to work. I was required to work within the community as a volunteer or getting paid doing spot jobs, maintain all requirements set in my treatment plan, as well as meeting my daily requirements as a Booter. My success of living a healthy lifestyle was well on its way. This by far is the greatest thing I've ever experienced. It's nice to give back to the community that was once a victim to my poor choices.

My entire boot camp experience is one for the books and I wouldn't change it for the world. I'm a firm believer, everything happens for a reason. I'm proud to say I'm one of very few women to complete the program, the fourth to be exact. It's one of the hardest things I've ever done and completed from start to finish. I believe I have the heart of a lion, courageous and brave, and each day is practice for the next. Motivation and dedication is all I need to strive for the best me. Only I have the personal power to Pay Attention and Take Action to do what is Right! Thank you TSCTC. (submitted by Ms. Lomahukluh, the first TSCTC graduate to successfully complete the CNA Certification course offered by the Great Falls AfterCare Program.)



Contract Facilities Section

Prerelease, Assessment, and Treatment Centers

Sue Chvilicek, Facilities Contract Manager

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PRERELEASE CENTERS

PRCs are community-based correctional facilities operated by Montana non-profit corporations and agencies under contract with the Montana DOC.

- ❖ Alternatives, Inc. (Alternatives) is based in Billings and has provided both residential and non-residential supervision and treatment programs for state and federal inmates in Yellowstone, Carbon, and Stillwater Counties since opening in 1980. Alternatives has three facilities in Billings: Alpha House houses male residents in state prerelease and federal work release programs; the women's facility known as Passages; and the third is home to Beta Jail Alternatives and Misdemeanor Probation.
- ❖ Community, Counseling and Correctional Services, Inc. (CCCS, Inc.) is headquartered in Butte. CCCS, Inc. operates the Butte Pre-Release Center for men, which opened in December 1983, and the Women's Transitional Center, which opened in July 1992. CCCS, Inc. has also operated the Gallatin County Re-entry Program in Bozeman through a contract with Gallatin County since December 2005. The Re-entry Program embraces a treatment-based model that encourages chemical- and crime-free recovery for residents.
- ❖ Great Falls Pre-Release Services, Inc., based in Great Falls, was incorporated in 1982 and is governed by a board of directors consisting of community members. Great Falls Pre-Release Services, a.k.a.,

Great Falls Transition Center, opened as a facility for male offenders in March 1984. It expanded its capacity in 1996 to include female offenders.

- ❖ Boyd Andrew Community Services opened the Helena Prerelease Center in June 2001 to provide guidance for male offenders as they transition to the community.
- ❖ Missoula Correctional Services, Inc. (MCS) incorporated as a non-profit in 1993 in response to the DOC's request for proposal to make the original Life Skills Center a privately-run operation. In 1994, MCS took over operations of the former state facility serving male offenders. Through a great deal of effort, including legislative approval to allow a viable funding mechanism, MCS built Montana's first facility designed specifically for prerelease operations. Female offenders were included when it moved into a new building in 1999. MCS continued to respond to the needs of the Missoula community and its criminal justice system by developing and operating the Community Service Program, the Misdemeanor Supervision Program, the Pretrial Supervision Program, ESP, the Alternative Jail Program, and the Sobriety and Accountability Program.

GOALS OF PRERELEASE

PRCs operate to ensure community safety while holding offenders (residents) accountable, offer an opportunity for rehabilitation, and provide guidance for residents to return to a normal life and fulfill their obligations. Offering an alternative to the direct release of residents from prison or jail to the community, PRCs provide transitional steps to prepare residents with opportunities to adjust to the community in a gradual, controlled manner. PRCs are not secure facilities and residents are expected to find jobs to help support their family, pay for medical expenses, make restitution payments, pay court-ordered fines, fees, and taxes, and save money for release which empowers them in accepting responsibility and provides accountability.

ELIGIBILITY REQUIREMENTS

Incarcerated offenders are screened by a state screening committee that includes representatives from the prison, the BOPP, and an IPPO. The intent of the screening process is to assess whether an offender's placement in the community will jeopardize public safety, to determine the appropriateness of the offender for a community setting, and to help determine an offender's chances of success in a PRC program. Therefore, the process begins with a personal interview and a careful review of the offender's criminal history with factors such as escape history, detention, increase in custody, or previous conduct at a PRC also considered in determining the appropriateness of any placement. Upon approval by the state screening committee, information is forwarded to the PRC for a thorough review by a local screening committee, a community-based team that typically includes a representative from the PRC, a member of the PRC's board of directors, a P&P officer, representatives from local law enforcement, and a local citizen.

Offenders committed into the custody of the DOC may be referred by P&P to a PRC program in lieu of prison. Offenders violating their parole also may be recommended for PRC rather than return to prison. The hearings officer and BOPP make this determination with input provided by the offender's P&P officer and the PRC's local screening committee. Current requirements are:

- ✓ Offenders must be at least 18 years of age and within 13 months of parole eligibility or discharge of a prison term.
- ✓ Offenders making application shall not have medical or psychological problems that require hospitalization or extensive and costly community-based care.
- ✓ Offenders shall be physically and mentally capable of work and/or educational or vocational training. If unable to work, offenders must be able to financially subsidize their stay at the PRC.
- ✓ Offenders in need of treatment must consent to treatment in the community. Offenders are required to pay for all treatment costs if they are financially able.
- ✓ Offenders with detainers shall secure verification that the detainers are resolved to the satisfaction of the state correctional facility and the division before referral to a PRC.
- ✓ Offenders with prior felony escape convictions within the past three years must be preapproved by the PPD Administrator before being considered for referral and/or placement at a PRC.

COST/CAPACITY

The daily contract rates do not include outside medical or administrative costs. The daily contract rate for TLP residents is \$21.42 and \$15.30 for ESP offenders.

Center	Male	Female	Sanction	Mental Health	Aftercare	Total Beds	*TLP Slots	**ESP Slots	Daily Contract Rate m-male; f-female
Alpha House	162	0	3			165	20	40	\$51.17
Butte/WTC	120	55				175	20	12	\$51.99/m; \$61.05/f
Gallatin County	34	0				34	5	12	\$70.96
Great Falls	135	34	3		34	206	10	14	\$51.17/m; \$60.83/f
Helena	99	0	4		6	109	10	6	\$63.54
Missoula	90	20				110	12	12	\$63.26/m; \$81.15/f
Passages	0	69		5		74	23	0	\$76.02
Totals	640	178	10	5	40	873	85	96	

* Transitional Living Program ** Enhanced Supervision Program

In fiscal year 2016, PRCs provided space for 903 traditional and TLP offenders and with a typical length of stay, over 1800 offenders are admitted to PRC programs per year. There is a 200-day length-of-stay limit for all PRC residents. If a PRC case manager determines a need to extend a resident's stay beyond the 200 days, a written report is submitted to the PPD which must specifically explain reasons for the extension and may include disciplinary sanctions, failure to complete programming, court orders, and employment difficulties.

The average lengths of stay in days for PRC residents during the past four years are as follows:

FISCAL YEAR	MALES	FEMALES
2013	179	173
2014	169	163
2015	176	161
2016	164	153

A \$14 daily room-and-board charge is assessed to each resident so he/she can help share the burden of the cost of their incarceration. In fiscal year 2016, residents paid \$3,899,829 toward room and board.

Alpha House	\$ 814,133	Great Falls Transition	\$ 677,847
Passages PRC	\$ 331,059	Helena Prerelease	\$ 562,752
Gallatin County Reentry	\$ 206,871	Missoula Prerelease	\$ 521,619
Butte Prerelease/WTC	\$ 785,548		

FUNCTIONS AND SERVICES OF PRC PROGRAMS

The treatment and programming offered to PRC residents assist them in instilling the personal changes in their lifestyle necessary to permit them to become productive and crime-free members of society and in establishing and maintaining a continuum of programming both in-house and through links to other human services and correctional entities. While in the program, residents must consistently and actively engage in activities and programming that assist them in positively countering the negative impact their irresponsible and criminal lifestyle has produced. All residents are expected to maintain a *constructive day/typical day* consisting of maintaining an active employment search until full-time employment is found; attend any job-related workshop to obtain employment; attend and participate in all in-house and out-patient treatment and programming as mandated; attend community self-help support groups; begin or fulfill restitution payments, family support payments, or fulfill court-ordered obligations; engage in community service at approved agencies; and work towards educational goals. To accomplish PRC goals, the following functions have been identified:

- ❖ Provide alternatives to direct release from correctional institutions which assist with the transition from prison into the community.
- ❖ Meet the supervision and control needs of offenders in a community-based correctional setting that permits them to participate in activities that would otherwise not be available in confinement.
- ❖ Establish and maintain a continuum of programming through formal and informal links to services provided, which are listed below.
- ❖ Provide a stable foundation from which individuals may leave the correctional system prepared to handle their responsibilities in the community.

- ❖ Licensed professionals meeting all criteria for continuing education and training to maintain licensure and/or training for best practices provide treatment services.

Treatment and Programming:

Facilities strive to provide the latest in cognitive-behavioral, gender-specific, and evidence-based treatment and programming to offenders. Groups and services offered include the following and are assigned based on individual risk factors (see Appendix for descriptions):

- Chemical Dependency
- Parenting
- Anger Management
- Community Service
- Native American Services
- Family Relationships
- Victim Impact Panels
- Planned Parenthood
- Matrix
- Nutrition Education
- Problem Gambling
- Untangling Relationships
- Living in Balance Substance Abuse Treatment
- ACCI Cognitive Behavioral Programs to address criminal thinking patterns and lifestyles
- Continuing care program - relapse prevention, coping techniques, and finding health support systems
- Responsible Living
- Life Skills - geared towards cultivating outside resources
- Counseling - pastoral, employment and veterans
- Dialectic Behavioral Therapy Skills Group
- Develop a Plan for Healing
- High school equivalency/tutoring/testing
- Medicine Wheel
- Nurturing Parenting
- Domestic Violence Education
- Trauma, Addiction, Mental Health and Recovery (TAMAR)
- Co-Occurring Group
- Public Health Nurses

Transitional Living Program (TLP):

This DOC program is offered to offenders who have completed the residential phase of a PRC program. These offenders reside in the community at an approved residence and report to the PRC daily at a time established by a counselor. Offenders complete a 24-hour itinerary and are monitored daily by PRC personnel. TLP allows offenders the opportunity to safely integrate back into the community, assume increased personal responsibility, and ensure to the greatest extent possible the safety and welfare of the community.

Enhanced Supervision Program (ESP):

ESP is recognized as an effective means for P&P officers to manage high-risk offenders in the community. Case managers test offenders' breath and urine for drugs at the PRC, handle daily check-ins, and have weekly meetings with P&P officers.

Employment:

Because residents must seek and maintain full-time employment, they learn how to complete job application forms as well as interviewing techniques, proper attire, personal presentation, and follow up, and are expected to maintain a high level of personal appearance and motivation while job searching. Since employers are considered an integral part of the program, PRCs are committed to employers, encourage feedback on residents' performances, and assist in addressing problem areas that may develop with a resident.

Community Service:

One of the basic and founding premises of PRCs is that residents be required to *pay it forward* or *give back* to the community by donating their time, energy, and talents to various community service projects. These ongoing activities provide the residents with a conduit to engage in a simple form of social restoration and help them to establish new and productive relationships within the community.

- ✚ The Butte community has benefitted from community service hours donated by the men and women of the Butte PRC and Women's Transitional Center. Residents help with major summer festivals such as Evel Knievel Days, the Montana Folk Festival, and the Montana Irish *An Ri Rah* Festival. Additionally, residents donate time to a great number of community agencies and organizations.
- ✚ Gallatin County Re-Entry Program residents provide community services to several organizations and individuals in Gallatin County such as Montana State University (where the residents perform clean up after football and basketball games, as well as all concerts, shows, rodeos, and public speaking events),

the Salvation Army, the Adult Learning Center, Thrift Store, and Big Brothers and Big Sisters. Many of the residents volunteer their time at churches they attend.

- ✦ The Great Falls Transition Center program assists in finding where the resident may best serve the community. The resident is given a court-ordered completion date, and the court is notified when the hours have been completed. In some instances, residents may perform community service in lieu of paying certain fines. Locations benefitting from the program include the River’s Edge Trail, Boys and Girls Clubs, Citizens Convenience Center, and others.

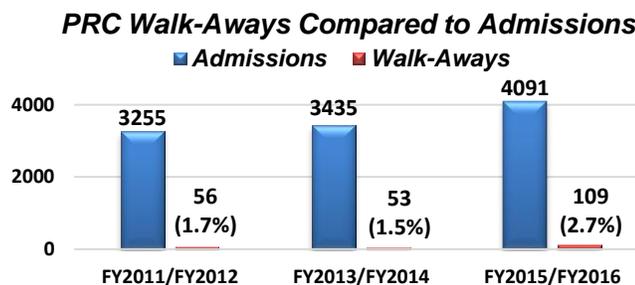
Prerelease and Medicaid:

In the past, offenders in a Montana PRC had to pay out-of-pocket medical expenses if they did not obtain health insurance coverage either through their employer or by being on disability benefits. This caused many offenders to accrue debt with local medical providers and caused financial hardship. However, in 2016, Montana joined the federal Medicaid program in offering coverage to those offenders living in a PRC if they qualify for coverage under the Affordable Care Act (ACA). Since then, PRCs have assisted offenders in applying, qualifying, and enrolling for Medicaid coverage. Passages PRC has partnered with Planned Parenthood and Riverstone Health ACA Navigators who generously come into the facility, sometimes for an entire day, to register women wanting health coverage. Passages plans to continue this collaboration with local agencies to help offenders have health care coverage in the future.

Security Measures:

A very high percentage of offenders entering a PRC program have been involved in drug-related crimes and have a history of chemical dependency. As a result, the PRCs have on-site drug and alcohol testing and residents are required to provide urine and breath samples upon request. Generally, any sample determined to be positive for alcohol or a controlled substance is cause for a due process hearing. Additional security measures include personal, room, and vehicle searches to control resident property and guard against theft, both in the facility and in the community; the requirement to develop weekly plans for all money spent in the community, which is designed to provide a safeguard against misuse of allocated funds; and around-the-clock agendas planned by each resident with assistance from a counselor and monitored by PRC personnel using random agenda and telephone checks.

The apprehension rate of offenders who walked-away from a PRC has been over 97% for the past six years.



Reentry:

PRCs support the DOC’s reentry focus by assisting offenders in transitioning into the community while in a less-restricted setting and providing the specific treatment, programming, and other services previously discussed. PRC case managers are taking a proactive approach to support the comprehensive statewide reentry effort currently being orchestrated across Montana.

Typically, residents find employment in the food-service industry, retail sales, logging/mill work, and general construction. Depending upon the season and the skill sets possessed by the resident, some earn a reasonable hourly wage that may include overtime and benefits. To aid in the reentry effort, PRCs have added programs such as:

- Resident Financials: Once employed, case management staff assists residents in designating funds for a managed savings program, providing family support, and paying restitution and outstanding fines. Residents are required to turn in any monies earned at work or mailed to them and they budget on a weekly basis to meet their financial obligations.
- Job coaching, development, and counseling to assist with and enhance job searching abilities, including completing applications and resumes, interview skills, obtaining needed IDs, and appropriate dress and demeanor. Counselors maintain contact with employers to ensure there are no issues/ problems with the resident and to help resolve issues that may arise.

- Victim-Impact Panels teaching residents about the “ripple effect” of their actions and forcing them to put themselves in the place of their victims.
- Curriculums for self-improvement.
- Educational programs beyond a high school equivalency, and assistance with applications for admission and student loans or grants.
- Parenting classes that encourage expectant fathers to attend local hospital programs.
- SCRAM – Electronic alcohol monitoring devices used by DUI offenders if allowed to drive for employment purposes.
- Task forces on homelessness to address the availability of appropriate housing for offenders upon their release.

Aftercare Programs:

The purpose of aftercare programs is to offer continuity of care and education regarding relapse prevention.

To provide a continuum of care upon graduation from the TSCTC program, the Great Falls Transition Center provides a specialized, short-term residency program for 30 graduates to assist in their transition into the community. The residential AfterCare Program provides progressively increased responsibility and freedom in the community; facilitates graduate/community interaction and involvement; and continues to address identified risks of graduates. Major programming is conducted through guided groups including advanced living skills, cognitive restructuring, substance abuse relapse, and community reintegration as the main topics of discussion. A structured phase process is used to evaluate individual progress during the 60-day program. Once released, graduates continue to receive assistance with community resources through the out-reach coordinator. A toll-free crisis hotline is also available to graduates when facing critical choices or needing peer support in difficult times.

The Helena Prerelease Center provides six beds for offenders who have completed the WATCH West program and need a place to stay. This aftercare program is designed to provide support in the offender’s sobriety while under the direct supervision of his P&P officer.

PRC CENTERS

There are seven PRC programs operating in Montana that provide services for adult male and female offenders released from prison, committed into the custody of the DOC, or parole violators requiring a less-restricted setting than prison. The facilities provide supervision, guidance, and counseling; assistance in finding jobs; and training in life skills. As an alternative to prison crowding, PRC contracts require 50% of center beds be filled with offenders coming from prison.



Alpha House

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Alternatives’ Alpha House Community Corrections Facility (Alpha House) opened its doors to the first five offenders from MSP in 1980. Today, Alpha House offers services to 185 state, federal, and work-release residents. Alpha House has 73 full-time employees who participate in many community activities.

Alpha House serves as an intermediate step between prison and the community. Male residents live under 24-hour supervision for approximately six months. They are required to obtain employment, participate in counseling, abstain from the use of drugs or alcohol, maintain strict accountability for facility rules, obtain a residence for release, and demonstrate that they are ready to return to the community as productive citizens.

During July 1, 2014 - June 30, 2016, 687 offenders were admitted to the program and 541 completed the program; 20 offenders walked-away from the center.

Age of Offenders:

Youngest: 18 yrs
 Oldest: 71 yrs
 Average Age: 37 yrs

Race of Offenders:

71% Caucasian 3% African American
 24% Native American 2% Asian/Other

Number of Offender Treatment/Programming Hours (approximately):

- ❖ Criminal Thinking Errors 7.5 hrs/week; 390 hrs/year
- ❖ Chemical Dependency, Treatment/Aftercare, Medicine Wheel (Native American based) 15 hrs/week; 780 hrs/year
- ❖ PFMA/Aggression Control 12 hrs/week; 624 hrs/year
Two separate curriculums, males and females are separate
- ❖ Parenting 1.5 hrs/week; 78 hrs/year
- ❖ Focus (changed to Dual Diagnosis group) 1.5 hrs/week; 78 hrs/year
- ❖ Gambling group 1.5 hrs/week; 78 hrs/year
- ❖ Transitional Living Program 3 hrs/week; 156 hrs/year
- ❖ Victim Impact Panel 10.5 hrs/quarterly; 42 hrs/year

SUCCESS

Robbie Daley came to Alpha House via Montana State Prison. He was quiet, reserved, soft-spoken, and always wore a gray, knitted skullcap. He presented himself as extremely serious and almost stern and limited his interactions with staff. Mr. Daley focused on his program, completed all assigned tasks, maintained full-time employment throughout his stay, consistently attended self-helps, and worked his way through the system. When he transferred to transitional living, he only needed to secure an apartment to complete the program and found a nice home in a quiet, respectable neighborhood. For the transitional living portion of his program, Mr. Daley focused on decorating his home and improving his social life. He began setting goals of interacting with people and trying to live without the skullcap. By the time he completed the prerelease program, he furnished his home with coordinating colors that complemented his personality; he put his skullcap in his back pocket and began to smile. Nine months after his release from prerelease, he is working full-time, living in the same home, and in a relationship for six months. When he came to the Alumni Celebration and interacted with staff, he wore the skullcap so staff would recognize him. (submitted by Alpha House staff)



Butte Pre-Release Center and Women's Transition Center

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On December 24, 1983, the Butte Pre-Release Center (BPRC) men's program opened its doors and received four inmates from MSP. Originally a 30-bed facility, it expanded operations to 40 beds on July 1, 1987, and in July 1992, CCCS, Inc. developed and implemented the Women's Transitional Center (WTC). In the state of Montana, the BPRC and WTC are the only nationally-accredited programs recognized by the American Correctional Association.

BPRC/WTC employs 75 staff members who are actively involved in assisting residents' transition into the community to lead crime-free lifestyles while being productive members of the Butte community. In addition to their jobs as security, treatment facilitators, employment specialists, vocational coordinators, food personnel, mental health therapists, nurses, and more, these staff, along with residents, continue to *pay it forward* through their volunteer efforts in various community events. The food service operation provides sack lunches to the needy on the first and last Friday of each month as part of CCCS, Inc.'s engagement with the local *Feed the Homeless Program*.

During July 1, 2014 - June 30, 2016, 502 male offenders were admitted to the BPRC program and 396 completed the program; 245 female offenders were admitted to the WTC program and 187 completed the program; 39 offenders walked-away from the centers.

Resident Resource Program:

A vital component of the overall program operations of BPRC/WTC, and one in which each resident is required to enroll, is the Resident Resource Program (RRP). RRP staff provides a wide variety of important services to residents, such as assisting residents in obtaining/retrieving personal documentation (birth certificates, social security cards, and driver's licenses) and in securing a high school equivalency. Residents are required to attend training and education related to HIV, sexual harassment issues, and the

Prison Rape Elimination Act (PREA). Specialized training enhances residents' ability to secure good-paying jobs and can be arranged and coordinated through the RRP.

The RRP also maintains a bank of computers where residents can access potential job sites and individual tutorial sessions, and learn more about the beneficial uses of computers in everyday life. Residents are permitted to utilize the SKYPE application, under direct staff supervision, in reaching out to family members, legal representatives, etc.

Food Service Operations:

A major operational component is the food service operation which places the highest premiums on an appealing variety of menu items and the maintenance of sanitary working and serving conditions. The food service coordinator and the civilian employees, in conjunction with inmate workers (both male and female) assigned to work within this operation, consistently do an outstanding job in the delivery of meals to BPRC/WTC, the Butte operations of the Connections Corrections Program (CCP), and the Montana Chemical Dependency Center.

Age of Male Offenders:

Youngest: 18.5 yrs
Oldest: 70.3 yrs
Average Age: 35.5 yrs

Race of Male Offenders:

79% Caucasian 2% African American
17% Native American 2% Hispanic

Age of Female Offenders:

Youngest: 19.6 yrs
Oldest: 65.4 yrs
Average Age: 34.4 yrs

Race of Female Offenders:

71% Caucasian 1.5% Hispanic
27% Native American 0.5% African American

Number of Offender Treatment/Programming Hours:

- ❖ Cognitive Principles & Restructuring 2 hrs/week
- ❖ Chemical Dependency 2 hrs/week
- ❖ Batterer's Intervention Program 1.5 hrs/week
- ❖ Parenting Skills 2 hrs/week
- ❖ Anger Management 1 hrs/week
- ❖ Trauma, Addiction, Mental Health and Recovery 1.5 hrs/week
- ❖ Transition Living 1 hr/week
- ❖ Life Skills 12 hrs/annual
- ❖ Thinking Errors 1 hrs/week
- ❖ Therapeutic Community 1.5 hrs/week

SUCCESS

This letter is meant as a testament of my experiences, as well as a statement of the benefits I've received as a client of the Butte Pre-Release Center. I was a live-in client of the center for 13 weeks and am now a member of the Transitional Living Program, which I would not have achieved without the help of this program and its staff. The case manager I had was a very knowledgeable and helpful man who guided me in the right directions whenever I needed it. All things considered, the staff at the center seemed to want to help if I just asked for it. I believe after my time there that if a client has a desire to succeed, then there are the tools and staff to ensure that he does. Though it's not an easy road, it's not impossible. I am proof of that.

I now live in a nice apartment, work two jobs, attend church and other community functions, and am saving a little money each payday. I strongly believe that none of this would have been possible without a place to start over like the pre-release center.

I have met good people in this community and for the first time in a long time, I feel happy and healthy. That speaks volumes for a man like me who has spent a large portion of my life creating misery for myself. I believe sincerely that this program, and ones like it, benefit society and the residents of the programs more than can be put into words. I thank Butte Pre-Release for giving me the tools and the staff to begin a new life filled with promise and happiness. (submitted by Todd Kinley)

How has the Butte Pre-release helped me? I had it all once. My home, vehicles, and everything was paid off. My three kids were happy and healthy., I was working at a job I loved and helping to start a home-

health agency from the beginning. I thought life was great, it should have been, but I was lonely and depressed. I was pushing away the people who were close to me and spending more time home alone. After the death of my husband, I was drinking more. Drinking led to bad decisions, which led to my first brush with the law.

I did not care what happened to me and did not know where to go, I had given up on life. It was over a year ago my deferred sentence was revoked. Since then I was locked up for six months and spent another five months in treatment. I worked on dealing with my depression and the loss of my husband. I faced my kids growing up and leaving home. While I was locked up, my home was sold and everything in it was donated or thrown away. Without the Butte Pre-release, I would have had nowhere to go. I would have had nothing.

I had heart surgery a week before getting here. Staff was understanding that, for a while, I had limitations and they did not push me. I have been able to continue my medical care here and regain my strength. It has provided me with a place to live and food to eat when I would have had none. It has helped me get back on my feet, get a job, and provided transportation. It offers the chance to go to group meetings, counseling, and the opportunity to give back to the community by helping others. It helps "retrain" you in the skills you may have lost along your paths; or it can help you learn skills that you may not have ever learned. It keeps you responsible and teaches money management. It allows you the option of going to work or going to school, or help you get your G.E.D. It also surrounds you with others who are also in the same boat as you and you can all support and help each other.

I cannot speak for others, but the Butte Pre-release has helped me get back on my feet, given me a place to live and rides I need to go to work. Without the pre-release, I would have been without anything. It has what I need to start over and let me adjust to being on my own. Now I hope I can be there for my kids and grandsons like I have not been for years. (submitted by Kari Dooley)



Gallatin County Re-Entry Program

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Melissa Kelly, Program Administrator

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The Gallatin County Re-Entry Program (GCRP) has been in operation since December 12, 2005. It is a 40-bed community-based facility designed to accommodate 34 male residents from the Montana DOC and six male offenders from Gallatin County.

Using the modified therapeutic community model, GCRP is a program that fits the special needs and issues of a correctional population. Living a substance- and crime-free life takes dedication and hard work. The treatment model has been found to be very effective in reducing substance use and criminal recidivism. A central concept behind a therapeutic community is to stress the value of "right living" and moving the resident from being "I" centered to "we" centered.

GCRP employs a staff of 28 dedicated individuals providing administration, treatment, security, and food services.

During July 1, 2014 - June 30, 2016, 180 offenders were admitted to the program and 135 completed the program; five offenders walked-away from the center.

Age of Offenders:

Youngest: 20 yrs
Oldest: 68 yrs
Average Age: 36 yrs

Race of Offenders:

84% Caucasian	3% Hispanic
12% Native American	1% African American

Number of Offender Treatment/Programming Hours:

Although each resident's treatment schedule differs, typically, a resident averages 34 hours of treatment a month.

SUCCESS

Today, Ned Jones is employed with Martel Construction and has worked on projects all over Gallatin County. He also helped build the Gallatin County Detention Center. Jones stated, "Isn't it ironic, I actually built a jail instead of breaking out of one?"

Ned completed the Gallatin County Re-Entry Program in 2007. Since that time, he has remained clean, sober, and law abiding and is no longer under DOC supervision. Ned has embraced the program of Narcotics Anonymous and has sponsored numerous GCRP residents over the years. He also brought a Narcotics Anonymous meeting into GCRP.

Ned is now an active parent to his daughter and son who live in the Missoula area and has a “good relationship” with his ex-wife. Ned’s eyes light up as he passes pictures of his children around. “They are smart...and keep me straight...I don’t get away with anything!” Ned attributes much of his success to his higher power. “Giving it up” has kept him honest and sober and he believes he gets out of life what he puts into it.

Ned is a leader and highly productive member of our community. He attributes much of his success to the assistance he received while at GCRP. He is an advocate of community corrections programs and “giving back” to other people who struggle with criminality and sobriety. Ned is an agent of positive change. (submitted by GCRP staff)



Great Falls Transition Center

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Great Falls Pre-Release Services (the Transition Center) opened as a facility for male offenders in March 1984. In October 1996, a building adjacent to the center was purchased and renovated to include a women’s program for female offenders. A second building was purchased, and in January 2007, a new East Campus facility opened utilizing the latest innovations in surveillance features and design to provide optimal functionality.

The center employs more than 70 people from the community that include skilled professionals such as an administrator; services directors; program, food service, and business managers; resident, aftercare, job development, community assistance, chemical dependency and education counselors; administrative and accounting assistants and support specialists; community service and maintenance coordinators; compliance officers; and full-time cooks. Grief counselors are available as needed for residents or staff. Additionally, community volunteers provide a variety of arts and crafts opportunities; and volunteer mentors for female residents are selected after a rigorous screening and interview process.

During July 1, 2014 - June 30, 2016, 890 male offenders were admitted to the program and 580 completed the program, 172 female offenders were admitted to the program and 115 completed; 24 offenders walked-away from the center (17 male; 7 female).

Age of Offenders:

Youngest: 19 yrs
 Oldest: 73yrs
 Average Age: 35 yrs

Race of Offenders:

65% Caucasian 2% Hispanic
 29% Native American > 2% Asian/Multiple
 3% African American

Number of Offender Treatment/Programming Hours:

❖ Better Money Management	2 hrs/week;	104 hrs/annual
❖ Cognitive Principles & Restructuring	6 hrs/week;	312 hrs/annual
❖ Chemical Dependency	8 hrs/week;	416 hrs/annual
❖ Coping with Anger	4 hrs/week;	208 hrs/annual
❖ Job Skills	8 hrs/week;	416 hrs/annual
❖ Parenting with Love & Logic	1.5 hrs/week;	78 hrs/annual
❖ Positive Reconstruction (Mental Health)	1.5 hrs/week;	78 hrs/annual
❖ Thinking for Change (T4C)	2 hrs/week;	104 hrs/annual
❖ Thinking for Good (Criminal Thinking)	2 hrs/week;	104 hrs/annual
❖ Transition Skills	3 hr/week;	156 hrs/annual
❖ Untangling Relationships	2 hrs/week;	104 hrs/annual
❖ Victim Impact	2 hrs/week;	104 hrs/annual
❖ Yoga Nidra/Stress Management	1 hr/week;	40 hrs/annual

SUCCESS

Coming from a solid home life, I never thought I would find myself facing incarceration once, let alone twice. Before my incarceration, my life was rather normal as any other young adult. It was during and after my incarceration where my life as I knew it (or thought I did) changed. I came to the Great Falls Transition Center (GFTC) after successfully completing the T.S.C.T.C Bootcamp Program. There is where my transformation began, not without my rebellious side making an appearance at times. I quickly found that I needed to use my new-found tools to complete this stage of the process and to trust the process. After about nine months at the Transition Center, I was notified that I was to be released. I had a life-changing decision to make. Do I go home to Missoula where my family and friends are, or do I stay in Great Falls and try to start my life over by changing my playground and playmates.

I chose to stay in Great Falls where I would meet one of the most crucial women in my life to date. After a short period, the news came that I was going to be a father. Excited and scared and after much deliberation, I hesitantly agreed to move back to Missoula. Things started off rough and I kept trying to keep a positive outlook. With my daughter on the way, her mother on doctor-ordered bedrest, and my employer placing me on a forced leave-of-absence, our financial obligations were getting more behind. With my optimistic outlook growing dimmer by the day, the birth of my daughter was the catalyst I needed to keep moving forward. As her mother's and my relationship started to dissolve, I was met with what felt like a no-win situation. With nowhere to turn and my need to provide, a plan was made and put in place with self-justification. The robbery seemed to take forever. I can remember thinking to myself, "what are you doing, just leave." Sixteen hours later I was met by my probation officer and local police and charged with robbery. Almost a year later, I was in Montana State Prison.

Six months after my daughter's birth, her mother stopped contacting me and I knew nothing of where they were. For nearly a year and a half, I tried to locate my daughter. I remember the day I got the news, my greatest fear had become a reality. My daughter, just two weeks shy of her second birthday, would lose her life by the hands of her mother's boyfriend. My world, once again as I knew it, was destroyed. I was in complete outrage, pain and sorrow combined. A week later I got news that I am up for parole and again am faced with a life-changing decision. Do I stay and wait to serve what I deemed a father's revenge or try to get my parole? The answer came to me in a dream and I put my dream to paper and wrote "My Promise," a poem to my daughter. I could no longer be a physical father, but I could be a moral father. A short time later, I was granted my parole and was accepted by the GFTC once again. Being met with a whole new set of challenges both mental and emotional, I kept "My Promise" always on the forefront of my mind and my driving force. I found the staff of GFTC, who believed in me TWICE, were becoming more than staff and facilitators.

I left GFTC as my residence almost 13 years ago. I frequently stop in to say hello and attend reunions, and I have been asked to speak to residents going through similar situations on occasion. Since leaving GFTC, I stayed in Great Falls where I currently work as an account executive and sit on the board of The Dandelion Foundation, a local non-profit which focuses on child abuse and domestic violence awareness and prevention and utilizes "Booters" for events at least twice a year. The Foundation was started by a local woman who went through losing her daughter in a similar way as I lost mine.

*You see, in a very intricate way, my daughter's death was the catalyst for a lot of growth for me and the community where I call home. Don't get me wrong, I am far from perfect. God knows I have been met with some serious challenges since I left GFTC, but if it were not for the unwavering support and belief in me from the staff of the GFTC that continues to this day, I have no idea where my life would be. But I can tell those of you reading this, that because of that belief and support, I can honestly say that I am a far better person as it has given me the belief in myself that I can go through some of the greatest challenges and come out the other side a better person knowing I used the tools that were provided. People have asked me how I can stay so positive with all I have been through? I tell them it's better than the alternative, trust me I've lived it. I was honored when asked to write this. It reconfirms that I am, in fact, living "My Promise."
(submitted by Shawn Hertel)*



Helena Prerelease Center

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Helena Prerelease Center (HPRC) opened its doors in 2001 with a capacity of 40 male residents. HPRC expanded in 2005 to a capacity of 65 male residents and in 2006 to a capacity of 92 male residents, plus six WATCH Aftercare beds for probationers who complete the WATCH program.

The HPRC provides structure and accountability to prerelease residents while incorporating an individualized treatment plan for each resident.

The HPRC employs six full-time case managers, 12 full-time security staff and two part-time security staff, one full-time mental health therapist, one part-time registered nurse, one full-time security supervisor, one full-time licensed addiction counselor, one full-time deputy director, and one full-time director.

During July 1, 2014 - June 30, 2016, 506 offenders were admitted to the program, and 388 completed the program; six offenders walked-away from the center.

Age of Offenders:

Youngest: 18 yrs
Oldest: 71 yrs
Average Age: 36 yrs

Race of Offenders:

74% Caucasian 4% African American
18% Native American 4% Other

Number of Offender Treatment/Programming Hours:

Although each resident's treatment schedule differs, residents typically average 12 hours of treatment a month.

SUCCESS

Richard arrived at HPRC in July 2010 after being revoked from Helena probation & parole for continued THC and alcohol use. He completed the Montana Chemical Dependency Center before being revoked, but was still unable to stay sober. While at HPRC, Richard completed out-patient mental health services and found a job at Albertson's in the deli. After discharging from HPRC, Richard completed his sentence with zero issues and was granted an early release from his sentence. Since his discharge, he graduated from the University of Helena with an Associate's Degree in Business and has been trained by Albertson's to be a Pharmacy Technician in their pharmacy. (submitted by HPRC staff)



Missoula Pre-Release Center

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The original program, known as the Life Skills Center, started in 1977 with grant funding. It was designed for 16 individuals sentenced to probation with the condition they live at the center and complete its program. The state of Montana took over the program in 1979, expanding the population to include MSP inmates who were eligible for parole, but lacked a place to live, employment, and funds needed to establish themselves in a community. In 1981, due to the influx of female inmates into the system, the Life Skills Center began housing eight females. In 1982, the program changed in response to the overcrowding at MSP to a prerelease facility allowing the center to house male inmates who were within two years of their parole eligibility. Its location changed, enabling the population to increase to 25 male inmates; however, female offenders were no longer housed at the center. The program moved into its current site in October 1999 and houses 90 male and 20 female residents.

Montana Correctional Services, Inc. employs a total of 59 individuals, 41 of whom are connected to the Missoula Pre-Release Center. These employees not only work hard in their required work duties, but contribute to their community and to the state in a variety of ways ranging from educational talks to being members of the National Guard and service club organizations.

During July 1, 2014 - June 30, 2016, 436 offenders were admitted to the program and 307 completed the program; six offenders walked-away from the center.

Age of Offenders: Youngest: 18 yrs Oldest: 73 yrs

Number of Offender Treatment/Programming Hours:

Although each resident's treatment schedule differs, residents at MPRC completed 5,873 hours of treatment in FY2015 and 6,829 hours in FY2016.

SUCCESS

My name is Brian Dugan and I am an addict. I am 50 years old and started using drugs and alcohol at the age of 13. My drug of choice was methamphetamine and I was a cook. I went to jail and Montana State Prison and finally decided that I needed to change. I completed the Nexus program and picked up tools to learn how deal with my addiction. The real challenge was when I was given some freedom coming back to the community that I was sentenced out of. This was my choice, knowing that I could fall again. I asked to come to Missoula Pre-Release because the help was there. I had to be able to ask for help and had to be willing to let the help work for me. I was guided by some amazing people who helped me learn to budget my money and follow rules. Rules are everywhere you go no matter what. I had goals and started small while I was in the pre-release. I was able to get my driver's license and allowed to secure employment driving a tow truck because the staff trusted me. The most important thing in all of this is that I began to believe in myself again. While I was in the pre-employment phase on my way to be drug tested, I was hit by a car breaking my collarbone and two ribs and tearing my rotator cuff. While I healed and was working within three weeks, the staff supported me physically, mentally, and emotionally.

All my life I believed that I would never amount to anything, but to this very day I still visit the center when I need a lift. Additionally, I stay in contact to share the positive things that are happening. This doesn't mean a lot to some, but it does to me. Pre-release encouraged me to build/rebuild my relationships with my two daughters and I completed a parenting class. My oldest daughter for a long time would not even speak to me. Now both of them help me with my business, and our relationship is better than it has ever been. My kids had every right to be upset with me.

I own my own licensed/bonded construction business and am a general contractor. I have four employees and in addition to bidding jobs, I am in charge of maintenance for over 100 properties via a local rental agency. My treatment coordinator while at pre-release spoke on my behalf at my appeals hearing for my business license.

I have eight years clean and sober, and 16 years until I discharge my sentence. I still have my ups and downs; however, I now know that I can do anything as long as I ask for help or just talk. I went through pre-release two times; my treatment coordinator and case manager were supportive and helped me get to where I am today. I have a good relationship with my probation officer and use him for support as well. My success is directly related to my ability to let people into my life. I look forward to a life of being clean and free. (submitted by Brian A. Dugan)



Passages Prerelease

1001 South 27th Street, Billings, MT 59101

Jan Begger, Director

(406) 294-9609

jbegger@altinc.net

Passages Prerelease is a 74-bed, residential correctional facility for female residents that occupies the first floor of the Passages facility. The Passages program opened in Billings on January 19, 2007, and is located in a modern 72,000 square-foot facility that was once a hotel. Passages PRC focuses on those offenders returning to Yellowstone County upon release.

Passages has 87 full-time employees, including Alternatives' administrative staff. Human Resources is involved in numerous community job fairs and employees participate in many community activities.

During July 1, 2014 - June 30, 2016, 291 offenders were admitted into the programs (prerelease, mental health, CAP, and inmate workers) and 206 completed the programs; nine offenders walked-away from the center.

Assessments:

All incoming residents to all Passages programs receive the Women's Risk and Needs Assessment (WRNA) and the Adverse Childhood Events (ACE) assessment along with several other assessments based on the individual need (see details outlined under the Function and Services section of the Passages ASRC narrative).

Mental Health Program:

Passages PRC is contracted with the DOC to provide five dedicated beds for women offenders who have significant mental health concerns and who typically would not have been in a PRC setting in the past due to ongoing mental health symptoms and the need for a higher level of interaction with professional staff. This program, started in 2014, is staffed by a full-time case manager who is also a dedicated mental health therapist, along with a mental health treatment assistant who provides additional support to the caseload such as accompanying the resident to appointments in the community, helping establish or reestablish social security benefits, and helping to provide daily living skills such as help with budgeting.

Professional mental health providers refer women to this program from around the state who must meet the same criteria for the program as for social security benefits for a severe and disabling mental illness. During the six-month PRC program, benefits are (re)established, a vocational rehabilitation case is opened, in-house programming such as Co-Occurring Disorders and TAMAR group is offered, and community connections are made with housing and self-helps.

Passages Culinary Arts Program:

The Culinary Arts Program (CAP) offers food service training and employment support for up to 15 offenders referred from MWP who are within 24 months of release eligibility. Participants receive 2,000 hours of classroom instruction, the ServSafe food handler certification, in-house food service experience, work release experience in the community, job placement assistance, and complete a PRC program during the last six months of placement. Participants are also involved in treatment programs to address criminal thinking and chemical dependency issues. As of June 30, 2016, 60 women have enrolled in the program since it began in May 2009, with 34 graduating and passing all required testing and another 11 still in the program. CAP has partnered with the Montana Chefs and Cooks Association to gain community involvement and employment opportunities.

The Montana Department of Labor and Industry (MDLI) recognized CAP in September 2010 as Montana's first culinary pre-apprenticeship program. In August 2012, CAP was presented with the U.S. Department of Labor's *Trailblazer and Innovator Apprenticeship Award* given to only a few outstanding programs that serve as nationwide models.



In January 2013, CAP students catered a reception at the Capitol rotunda for legislators and government officials including the governor. CAP students were invited in January 2015 to again prepare and serve appetizers, an opportunity considered to be beneficial for the participants as well as the legislators. In July 2016, the Governor's Office of Economic Development asked CAP to host the reception for the

Entrepreneurs and Innovators Conference. The program catered to about 200 people, including Governor Steve Bullock and Lt. Governor Mike Cooney.

Annual community service projects include a catered event for 350 people involved in fundraising for cancer research; assisting Chefs & Cooks of Montana in assembling a 65-foot strawberry shortcake as part of the Downtown Billings Association Strawberry Fest; preparing a luncheon for homeless veterans; and assisting with the preparation of Thanksgiving dinner at the local food bank. CAP has become a popular program in the Billings community, and the involvement of the students has grown exponentially over the past years.

Reentry:

Passages' staff have been key participants in the Billings Area Reentry Task Force established in 2009 to address the challenges facing female offenders regarding reentry. Focus has been on offender job skills, housing, and relationship issues, all which have been shown to be barriers to successful reentry nationwide.

Passages is currently partnering with the Zonta Club of Billings and the Center for Children and Families to engage in group mentoring to help with reentry to the community. The Center for Children and Families

is assisting offenders who recently gave birth while at Passages. Passages also has a specialized reentry case manager who works with individuals who have been identified as appropriate participants in the reentry program by the Billings reentry probation officer (RPO). Monthly reentry meetings are held with the RPO, the reentry case manager, and each of the reentry offenders.

Age of Offenders:

Youngest: 18 yrs
Oldest: 61 yrs
Average Age: 35 yrs

Race of Offenders:

59% Caucasian 2% Hispanic
36% Native American 2% Asian/Multiple/Other
1% African American

Number of Offender Treatment/Programming Hours:

Residents received a total of 4,434 hours of group work in FY15 and 4,008 in FY16 (an average of 148 hours per resident). Residents are required to attend at least two self-help groups in the community per week and can participate in recreation activities, as well as community events and activities. Case management (individual sessions) accounted for an additional 2,568 sessions in FY15 and 2,567 in FY16.

SUCCESS

The Passages Annual Alumni Celebration to recognize and award the accomplishments of Passages graduates was held April 1, 2016 at the Valley Federal Credit Union building in downtown Billings. There was a record turnout consisting of graduates and their guests, Passages staff members, probation & parole officers, employers, and members of the Alternatives, Inc. Board of Directors. This year graduates were asked to submit essays on the keys to their success.

A.W., who was originally convicted of tampering with or fabricating physical evidence and having a deferred sentence revoked, shared her success story. She completed programming at Passages PRC after having successfully completed the ASRC and ADT programs. This former resident has excelled in her personal life, recently completing her bachelor's degree in human services, sustaining a healthy relationship, maintaining sobriety, and having a baby. While completing her final semester of college at MSU-Billings, she interned with the recreation program at Passages and spearheaded a "mother read" program with the women on the closed units. For this project, she coordinated staff to bring in books for children of all ages and filmed the residents reading these books on video/DVD. She then coordinated with the recreation manager to get individual DVD's burned and mailed out to the children in honor of Mother's Day. This project was a hit with both the residents and their children and families at home. A.W. is now going on to enroll in graduate school to further her education and hopefully continue to serve others in the human service field. (submitted by Passages staff)

PRC STATISTICS – FY 2015

	Paid for Rm & Board	Offender Earnings	Restitution Fees	Income Tax Paid	Paid for Medical Exp	Paid for Family Child Support	Community Service Hrs	Employment Hours
BILLINGS	\$801,733	\$2,792,022	\$122,486	\$512,146	\$116,031	\$50,110	N/A	367,130
BOZEMAN	\$206,534	\$570,271	\$35,194	\$117,225	\$4,987	\$45,194	4,671	58,201
BUTTE	\$787,268	\$2,059,021	\$36,510	N/A	\$40,623	\$209,196	12,450	236,222
GREAT FALLS	\$688,017	\$1,916,961	\$68,148	\$662,740	\$19,834	\$50,332	23,562	222,741
HELENA	\$378,348	\$1,198,455	\$40,102	\$182,654	\$17,096	\$69,002	1,240	120,751
MISSOULA	\$518,174	\$1,667,453	\$17,803	\$138,127	\$36,251	\$33,710	1,844	168,507
PASSAGES	\$316,017	\$891,146	\$21,803	\$163,465	\$21,290	\$11,778	N/A	117,179
TOTALS	\$3,696,091	\$11,095,329	\$342,046	\$1,776,357	\$256,112	\$469,322	43,767	1,290,731

PRC STATISTICS – FY 2016

	Paid for Rm & Board	Offender Earnings	Restitution Fees	Income Tax Paid	Paid for Medical Exp	Paid for Family Child Support	Community Service Hrs	Employment Hours
BILLINGS	\$814,133	\$2,750,239	\$147,909	\$504,482	\$114,301	\$64,000	N/A	361,636
BOZEMAN	\$206,871	\$554,516	\$54,776	\$112,136	\$11,375	\$54,387	5,116	54,947
BUTTE	\$785,548	\$1,382,987	\$36,470	N/A	\$42,632	\$286,792	13,408	241,831
GREAT FALLS	\$677,847	\$1,856,400	\$56,032	\$641,940	\$21,071	\$86,899	19,031	219,419
HELENA	\$562,752	\$1,551,101	\$70,034	\$222,872	\$23,371	\$82,521	1,855	166,443
MISSOULA	\$521,619	\$1,777,252	\$15,653	\$147,222	\$33,933	\$51,300	3,238	188,034
PASSAGES	\$331,059	\$914,887	\$21,986	\$167,820	\$15,884	\$9,069	N/A	120,301
TOTALS	\$3,899,829	\$10,787,382	\$402,860	\$1,796,472	\$262,567	\$634,968	42,648	1,352,611

ASSESSMENT AND TREATMENT PROGRAMS

Facilities providing assessments and/or treatment under contract with the Montana DOC are community-based correctional facilities operated by Montana non-profit corporations and agencies.

- ❖ Alternatives, Inc. (Alternatives), based in Billings, has provided treatment programs for state and federal offenders since opening in 1980. The women's facility known as *Passages* consists of the prerelease center, an assessment, sanction and revocation center and an alcohol/drug treatment program. It is believed to be the only facility of its kind in the nation that provides this array of services in a single location. Alternatives' mission is to "Promote public safety and challenge offenders to become responsible productive citizens."
- ❖ Community, Counseling and Correctional Services, Inc. (CCCS, Inc.) is headquartered in Butte. CCCS, Inc. operates the *Connections Corrections Programs* in Butte and Warm Springs; the *Nexus Methamphetamine Treatment Center* in Lewistown; the *Sanction, Treatment, Assessment and Revocation Transition Center* near Anaconda; and the *Warm Springs Addictions Treatment and Change Programs* (felony DUI programs) in Warm Springs and Glendive.
- ❖ Boyd Andrew Community Services (Boyd Andrew) is based in Helena that has provided outpatient and residential chemical dependency services for Montana citizens since 1973. In April 2007, Boyd Andrew opened the *Elkhorn Treatment Center* in Boulder, a correctional facility that provides residential addiction treatment services for Montana women.

Therapeutic Communities (TCs):

Research indicates that the most promising approach to substance abuse treatment is the therapeutic community (TC) model. This concept has been utilized in treating chemical dependency for approximately 40 years. Over time, correctional systems have adopted this concept to provide a *chain of communication* among inmates that helps to reinforce a drug-free lifestyle, along with acceptance of personal and community responsibilities. The concept behind TC is to teach offenders how to live and function within the larger society and within their own families in a sober, pro-social manner.

Those in a TC program hold positions that are similar to those expected in the work world. Each offender is assigned to a "crew," such as environment, expeditor, business, education, motivation, and orientation. While on a crew, the individual learns how to interact effectively with peers, build self-respect and self-esteem, and complete necessary tasks within the community. Each crew is assigned a lead who is selected by a staff interview process. This hierarchical system ensures the community runs smoothly and helps to reinforce the real-world concepts of society and family. The programs are designed to instill the concept of "right living," which is achieved by changing unhealthy behaviors and thoughts to healthy ones. These programs strive to maintain a right living environment through safety and security while encouraging the individual to participate in activities that will challenge the old beliefs that led to involvement with the legal system. By participating in the programs, an offender agrees to assessments, treatment programming, and case management within the TC model.

Programs and Groups:

Facilities strive to provide the latest in cognitive-behavioral, gender-specific, and evidence-based treatment and programming to offenders. After the initial screening and assessment have been completed, an offender may be assigned to, or volunteer to participate in, one or more of the following programs (see Appendix for descriptions):

- ❖ Criminal Thinking Errors
- ❖ Anger Management
- ❖ Relapse Prevention
- ❖ Stress Management
- ❖ Medicine Wheel
- ❖ Cognitive Principles & Restructuring
- ❖ Secular Recovery
- ❖ S.O.B.E.R. project
- ❖ Self-Help programming
- ❖ Mental Health Program
- ❖ Dialectical Behavior Therapy
- ❖ Orientation and PREA Training
- ❖ Chemical Dependency
- ❖ Co-Dependency
- ❖ Victimology/Victim Issues
- ❖ Violence
- ❖ Men's Issues
- ❖ Thinking for Change
- ❖ Self-Help programming
- ❖ Mental Health assessments
- ❖ Co-Occurring Treatment group
- ❖ Abuse Treatment group
- ❖ Body Image group
- ❖ Victim Impact Panels
- ❖ Cognitive/Behavioral Therapy
- ❖ Parenting classes

- ❖ Non-denominational church services
- ❖ Self-Help meetings
- ❖ Planned Parenthood
- ❖ Responsible Living
- ❖ Matrix
- ❖ Nutrition Education
- ❖ Problem Gambling
- ❖ Strategies for Self-Improvement and Change groups
- ❖ Life Skills – including *Living in Balance* and *Making it Work* curriculum
- ❖ Resentment, Rationalization, Reaction, Resistance and Perseverance
- ❖ ACCI Cognitive Behavioral Programs to address criminal thinking patterns and lifestyles
- ❖ Untangling Relationships
- ❖ Developing a Plan for Healing
- ❖ Nurturing Parenting
- ❖ Domestic Violence Education
- ❖ TAMAR
- ❖ Grief and Loss
- ❖ Beginnings Thresholds

Cost/Capacity: The daily contract rates below do not include outside medical/administrative costs.

Center Beds	Male	Female	Mental Health	Total	Other	Daily Contract Rate
Assessment:						
Passages ASRC		50		50		\$76.91
START	138		Includes 10	138		\$101.86/first 118 \$78.53/next 20
Treatment:						
CCP E	52			52	10 beds at each may be used for P&P sanctions	\$84.36
CCP W	52			52		\$72.21
Elkhorn		42		42		\$133.99
Nexus	82			82		\$126.34
Passages ADT		45		45		\$76.91
WATCh E	50 male/female			50		\$102.10
WATCh W	115			115		\$62.46
Totals	633	137		770		

ASSESSMENT CENTERS

There are three facilities providing assessments for mental health and/or chemical dependency needs for Montana offenders. The Missoula Assessment & Sanction Center (MASC) is a correctional assessment facility operating within the Missoula County Detention Facility (MCDF) and is a unit of the PPD (see page 12). The other assessment centers are Passages Assessment, Sanction and Revocation Center (ASRC), operated by Alternatives, Inc. and Sanction, Treatment, Assessment, Revocation and Transition Center (START), operated by CCCS, Inc.



Passages Assessment, Sanction, Revocation Center (ASRC)
 1001 South 27th Street, Billings, MT 59101
 Jan Begger, Director
 (406) 294-9609
 jbegger@altinc.net

“Promote public safety and challenge offenders to become responsible productive citizens through firm, fair, consistent supervision, treatment, and education.”

Passages is a community-based correctional facility for women offenders throughout the state providing three primary services: an assessment, sanction, and revocation program (*Passages ASRC*); a traditional prerelease center (see *Passages PRC* on page 29); and a 60- or 90-day chemical dependency treatment program (see *Passages ADT* on page 46). Passages opened January 19, 2007, in Billings and is in a modern 72,000 square-foot facility once used as a hotel.

Passages strives to offer the latest in gender-specific treatment and programming, as well as providing public health nurses, high school equivalency preparation, and job coaching. The goal of Passages ASRC is to determine the best community corrections and reentry placement option for each individual.

Passages has 87 full-time employees, including Alternatives' administrative staff. Human Resources is involved in numerous community job fairs and employees participate in many community activities.

During July 1, 2014 - July 1, 2016, 611 offenders were admitted to the program and 517 completed the program; there were no escapes.

FUNCTIONS AND SERVICES OF ASRC PROGRAM

The function of Passages ASRC, a highly-structured therapeutic community (TC), is to serve as a prison diversion program for those female offenders sentenced to the DOC and to reduce the number of female offenders in county jails and MWP. It is the first stop for DOC-committed female offenders who require assessment to determine the appropriate level of care and custody. About 89% of these offenders will be placed in community-based treatment programs, PRCs, or conditionally released and supervised in the community. While at ASRC, offenders receive chemical dependency assessments, mental health services, and medical care. Although ASRC is not a treatment program, residents participate in treatment programs and a modified TC to aid in preparation for community placement.

Assessments:

Each offender is administered the Women's Risk and Needs Assessment (WRNA) and the Adverse Childhood Events (ACE) assessment, along with mental health and substance abuse assessments if needed to determine the best community-based program option. The goal of ASRC is not to provide the treatment that may be needed, but to prepare the offender for her next step within community corrections. This preparation includes sticking to a schedule, attending the mandatory programming, and learning to work with a chain of communication to have her needs addressed appropriately.

Based on individual need, the following assessments can also be completed to determine the best community placement option: Cultural Fair Intelligence Test, SCOFF to assess for eating disorders, Million Clinical Multiaxial Inventory-III designed to provide information on personality traits and psychopathology/psychiatric disorders, Adult Suicidal Ideation Questionnaire, Chemical Dependency Evaluation, Mental Health Evaluation, Psychiatric Evaluation, 40L Quick Screen Reading Grade Level Test, South Oaks Gambling Screen, and the Beck Depression Inventory.

Revocation and Sanction Placement:

ASRC also provides services to DOC-committed offenders who violate the conditions of community placement, similar to the men's START program. When a female offender is revoked from a community placement such as a PRC, ISP, or a treatment program by a hearings officer, she may be sent to ASRC under revocation status. Staff work with offenders to address conditions that led to revocation and to locate a community placement upon release. If such a placement cannot be found within 120 days, the resident may be transferred to MWP.

An offender who violates conditions of her supervision while on probation, parole, or at a PRC, may be transferred to Passages ASRC for a sanction placement of 20 days, depending on her status. The purpose is to provide offenders with a reality check by alerting them they may be headed to prison if they continue their poor performance. The hope is that this "last warning" will encourage offenders to correct their behavior and avoid a lengthy prison stay. Offenders placed in the sanction/revocation unit participate in daily programming including assessment, treatment, and groups. If an offender is placed as a sanction, she will return to her original placement upon completion.

Pregnant Offenders:

Prior to ADT and ASRC accepting pregnant offenders who had violated in the community, these women were automatically placed at MWP until they gave birth. Not only was this a costly way to serve this population, but it appeared to punish women for becoming pregnant. When a pregnant offender is sentenced, or violates the terms of her conditions in the community, she comes to Passages ASRC where she is provided the standard of care for her pregnancy both at the facility and through an agreement with the DOC and the Billings Clinic. This ensures that both mother and baby are healthy and given most of the same care as someone in the community.

Often, if the offender is deemed to need inpatient substance abuse treatment, she can be transferred to the ADT unit to complete her treatment prior to the birth of her child. The case managers on both ASRC and ADT work in conjunction with the local Medicaid office to apply for coverage for the birth of the child prior to the due date so that the DOC is only responsible for the care provided up to the birth itself.

Once an offender is ready to give birth, she is then escorted to the Billings Clinic Birth Center where she can give birth and stay with her baby until they are released. The mother, in most cases, is released back to the Passages facility to continue with her programming and placement back into the community at a later date. The baby is usually taken home by a family member or in some cases, placed into foster care or adopted out at the choice of the mother. Case managers coordinate care with the hospital social workers to ensure that both mother's and baby's needs are appropriately addressed.

Following the offender's return to Passages, baby visits are established and the mother is encouraged and supported in having her newborn brought into the facility on a regular basis. Passages has also set up a protocol for these mothers to continue to breastfeed by allowing pumping and storage of milk so that the baby can have the best possible nutrition available even when away from the mother.

Project ECHO:

Passages worked in collaboration with the Billings Clinic and the DOC in starting up the first Project ECHO in Montana. Through this professional collaboration, Passages programs can present individual mental health cases to a panel (Hub) of other community professionals including the head of psychiatry at Billings Clinic, a psychiatric pharmacologist, an LAC/LCPC from Rimrock Foundation and the DOC mental health services staff in Helena. From Project ECHO presentations, Passages offenders have input into their individual situations that would have never been possible in the past. They also have obtained referrals to community providers and services once they enter the community setting in Billings.

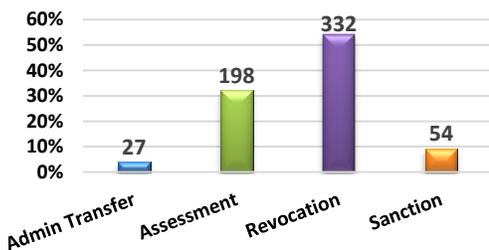
Age of Offenders:

Youngest: 18 yrs
 Oldest: 73 yrs
 Average Age: 35 yrs

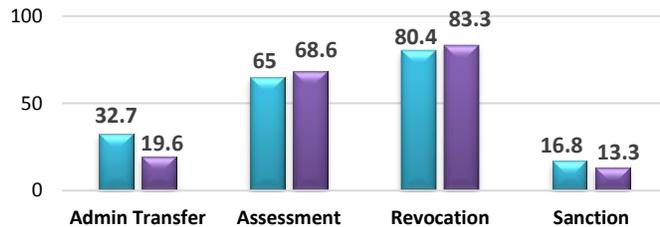
Race of Offenders:

64% Caucasian 1.5% African American
 30% Native American 0.3% Asian
 2.5% Hispanic 1.7% Multiple/Other

Admissions by Type - 611 Total
 July 1, 2014 - June 30, 2016



Average Lengths of Stay (days) ■ 2015 ■ 2016



Number of Offender Treatment/Programming Hours:

As indicated previously, the ASRC Program is not treatment, however, the following groups are offered to assist in preparing for community placement: Dialectic Behavioral Therapy Skills Group, ACCI Cognitive Restructuring, Living in Balance Substance Abuse Treatment Group, and Life Skills.

ASRC residents received a total of 6,005 hours of group treatment in FY15 and 7,920 hours in FY16 (an average of 26 hours per resident). Case management (individual sessions) accounted for an additional 1,938 sessions in FY15 and 1,813 sessions in FY16. Residents participate in 11 hours of programmed activities each day that include self-help groups (Firestarters, Al-Anon, Alcoholics Anonymous, Celebrate Recovery) and the non-secular group SOS (Save Our Selves) in addition to the staff-facilitated treatment groups mentioned above.



Sanction Treatment Assessment Revocation & Transition (START)

801 Highway 48, PO Box 1389, Anaconda, MT 59711

Travis Hettick, Administrator

(406) 563-7002

thettick@cccscorp.com

The START facility opened in December 2005 with a capacity of 80 and was initially located on the campus of the Montana State Hospital in Warm Springs. A new 40,000 square-foot, state-of-the-art facility, constructed just outside of Anaconda, opened in July 2010. The program increased capacity from 88 beds to 118 at the new facility; to 133 in 2011; and the current contract with the DOC is for 138 beds.

The START program, which employs 59 people, provides a safe environment where offenders can begin to experience positive change. The original goal of the program was to reduce admissions to MSP by 50% with an emphasis 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 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 July 2008 through June 2016 demonstrate START's continued success in exceeding the 50% goal.

During July 1, 2014 - July 1, 2016, 1776 offenders were admitted to the program; there were no escapes.

FUNCTIONS AND SERVICES OF START PROGRAM

Male offenders assigned to the facility are designated as either revocation or sanction placements. Placements also include MASC diversions and holds, which includes offenders awaiting a bed date in a treatment facility or a PRC. In addition, mental health administrative transfers are appropriate for individuals who are suitable for community placement and who can be helped by medication adjustment and counseling.

START provides assessment, sanction, placement, and mental health stabilization services for a wide range of male clients who might otherwise add to an already overcrowded prison system. Supported by CCCS's transport teams, START continues to provide these services in a manner that saves money, lessens the burden on prison overcrowding, and provides the opportunity for offenders to address their treatment needs, salvage their community placements, and become productive members of society.

Revocation and Sanction Placement:

Revocation referrals (offenders whose community placement has been modified due to violations of conditions of supervision) may be confined to START for 10-120 days while case managers attempt to identify a community placement for eligible offenders.

Sanction referrals (offenders whose community placement has not been revoked, but who have received a placement for a pre-determined period resulting from a formal disciplinary hearing) are returned to their previous status or program assignment upon successful completion of the sanction.

Offenders are expected to maintain clear conduct and participate in program and work assignments. 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 transfer to MSP. Special conditions and/or limitations concerning sanction length may apply to certain classes of offenders, such as probationers.

Assessment:

Sanction and revocation referrals serving more than 10 days typically are assessed during the first week of their confinement for treatment, program, and aftercare needs. Intake assessment tools include those needed to determine 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, or volunteer to participate in, one or more of the available programs, and if able, is assigned to a work program, placed on a work roster, and rotated through various facility work assignments. Dayroom and yard use are permitted during scheduled times and are directly supervised by staff.

Mental Health:

START’s Mental Health Unit, a 10-bed pod, was developed for the growing need for mental health interventions for PPD offenders and is a unique alternative solution to address and reduce the high cost and long-term placement of offenders with this need in either prison or a long-term mental health facility. The unit monitors offenders whose mental health condition warrants close supervision, provides mental health assessments as needed to assist in stabilization and facilitate PPD screening requirements. It provides a safe, secure, and short-term treatment environment to evaluate the needs of PPD offenders and facilitate their return to the community.

START’s mental health staff of one full-time and one part-time mental health professional, a case manager, and two technicians provide specialized counseling, medication management, and stabilization services for mentally ill PPD offenders. Two nurses and a contracted physician provide additional medical support services.

During supervision, offenders receive assessments, medication consultation and management, one-on-one counseling, group counseling, and case management in accordance with individual needs. Referrals to the unit for offenders currently assigned to a PPD program are typically provided through an administrative transfer. An offender may be transferred to the mental health unit for assessment and stabilization and is typically returned to the referring community program once they have reached an acceptable level of stabilization.

There have been 245 admissions to the mental health unit from July 1, 2011 to June 30, 2016. In addition to offenders housed on the Mental Health Unit, the mental health professionals provide mental health assessments and counseling services for other offenders.

Security:

Security staffing provides direct supervision around the clock, with a minimum of seven counts conducted daily. 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. 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.

Reentry:

The START program supports the reentry goals of the PPD through the delivery of a comprehensive array of evidence-based assessment tools and educational/treatment programs designed to target individual needs and provide offenders with the opportunity to address mental health and chemical dependency issues, access community-based services, improve daily living skills, and change problematic thinking patterns and behaviors in order to enhance the offender’s ability to transition to a community setting and become a responsible, law-abiding member of the community.

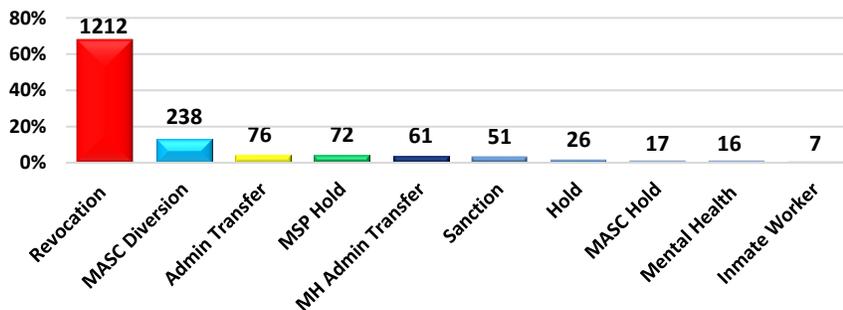
Age of Offenders:

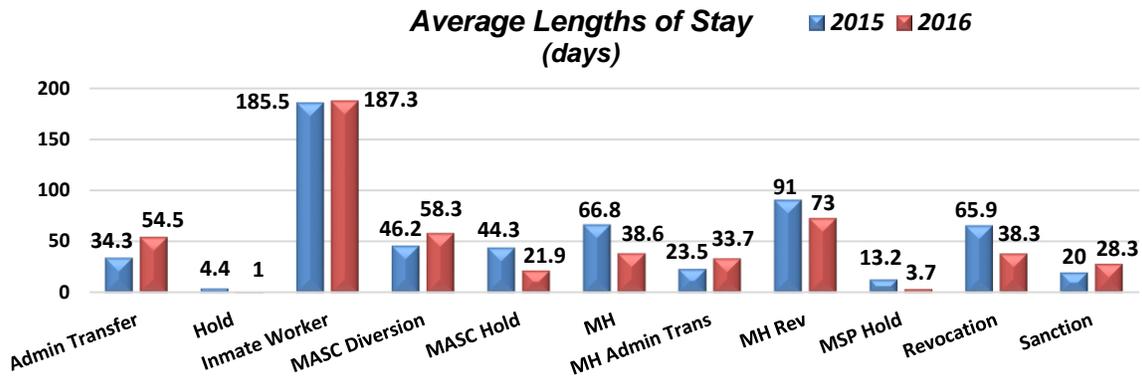
Youngest: 19 yrs
 Oldest: 79 yrs
 Average Age: 35 yrs

Race of Offenders:

72% Caucasian 2% Hispanic
 22% Native American 1%Asian/Pacific Islander
 3% African American

**Admissions by Type - 1776 Total
 July 1, 2014 - June 30, 2016**





Number of Offender Treatment/Programming Hours:

- ❖ Cognitive Principles & Restructuring 11 hrs per week
- ❖ Criminal Thinking Errors 6 hrs per week
- ❖ Anger Management 2 hrs per week
- ❖ Relapse prevention 8 hrs per week
- ❖ Life Skills 1 hr per week
- ❖ Changes Program 3 hrs per week
- ❖ Orientation and PREA Training 4 hrs per week
- ❖ Mindfulness 1 hr per week
- ❖ Smudge 2 hrs per week
- ❖ S.O.B.E.R. Project 1.5 hrs per week
- ❖ Mental Health Program/Services As needed
- ❖ Self-Help or Secular Recovery Varies; Scheduled for 2 hrs per week-facilitated by community volunteers

TREATMENT PROGRAMS

There are five programs providing treatment services for chemical dependency needs for Montana offenders.

- ❖ The Connections Corrections Program (CCP) for male offenders provides residential treatment at two facilities that focuses on substance abuse and criminality.
- ❖ Elkhorn Treatment Center (ETC) for female offenders is both a correctional facility and a treatment center for methamphetamine addiction and other substance use disorders.
- ❖ Nexus Treatment Center (Nexus) for male offenders is both a correctional facility and a treatment center for methamphetamine addiction and other substance use disorders.
- ❖ Passages Alcohol and Drug Treatment Center (ADT) for female offenders provides residential treatment that focuses on substance abuse and criminality.
- ❖ Warm Springs Addictions Treatment & Change Program (WATCH) - Fourth and Subsequent Felony DUI Program provides residential treatment at two facilities for offenders convicted of felony driving under the influence.

Connections Corrections Program (CCP)

CCP East

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 Linda Rogers, Clinical Treatment Supervisor
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 lrogers@cccscorp.com

CCP West

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 Alex Vukovich, Program Administrator
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The Connections Corrections Program (CCP), a highly structured, 60- to 90-day cognitive-behavioral based intensive residential treatment center operated by CCCS, Inc., opened in March 1998. It began as a 30-bed facility in Butte designed to serve the correctional population throughout the state.

In 2009, CCP East and CCP West were increased to 52 beds each, with the option of a 90-day stay when needed. P&P officers may use 10 of the beds to sanction parole, ISP, PRC, and conditional release offenders who violate conditions of their community placements.

CCP employs a dedicated professional staff of over 50 persons distinguished by both education and experience, many of whom are long-term employees.

During July 1, 2014 - June 30, 2016, 1256 offenders were admitted to the program and 1171 completed the program; there were five escapes.

FUNCTIONS AND SERVICES OF CCP PROGRAM

CCP is a comprehensive, community-based correctional program designed to serve the unique needs of those in Montana’s correctional population who are chemically dependent. The goal of CCP is that offenders return to the community, remain in recovery, stop creating victims, and become law-abiding, productive individuals. As the level of services required to effectively treat offenders increased, both CCP programs have evolved. They continue to provide evidenced-based curricula and methods of providing effective programming for a difficult population, while continuing to modify and strengthen the program with the latest practices.

Eligible offenders are DOC-commitments with a recommendation and/or assessment for chemical dependency treatment and offenders mandated by the BOPP to complete chemical dependency treatment before being approved for parole. All male parolees or conditional release offenders who have violated the conditions of their supervision, or offenders in a PPD facility who have violated the rules of their program, may be placed in the sanction treatment beds at CCP West in Warm Springs at the recommendation of a hearings officer.

The CCP screening committee decides whether to accept or deny placement on an individual case-by-case basis. Those cases that are denied placement are done so because of the safety risk to the community or level of service needs.

The program provides offenders with a full-range of treatment services focusing not only on the chemical dependency issue of each individual, but also the underlying behavioral and dysfunctional thinking patterns which contribute to or sustain chemical use and result in criminal behavior. CCP incorporates groups and services in conjunction with a strong emphasis in relapse prevention for the criminal offender.

Reentry:

CCP plans for reentry from the time the offender is admitted until he is transferred to a lower level of care. The curriculums used are designed to address current issues to avoid relapse and reoffending. Every offender writes an aftercare plan to address the following areas: recovery-based support groups, outpatient substance abuse treatment, relapse interventions and prevention plan, a support system, employment, education, domestic-living plan, financial resources, legal issues, fines and restitution, leisure and recreation plans, and a *pay it forward* or *give back* to the community plan. CCP East began the *Pay it Forward* group for graduates of the Nexus program who relapse, holding them to a higher standard of behavior and expecting them to *give back* to the community by donating their time, energy, and talents in mentoring, teaching and working with offenders who need additional assistance.

Most offenders who complete CCP transfer to a PRC; however, ISP and/or conditional release are options as well.

Age of Offenders:

Youngest: 18.4 yrs
 Oldest: 72.4 yrs
 Average Age: 34.2 yrs

Race of Offenders:

74% Caucasian 2% African American
 22% Native American 2% Hispanic/Asian/Other

Number of Offender Treatment/Programming Hours:

- ❖ Monthly individual counseling 2.5 hrs/month
- ❖ Monthly Chemical Dependency 10.5 hrs/week
- ❖ Monthly Criminal Thinking Errors 24 groups/month
- ❖ Monthly Cognitive Principles & Restructuring 20 groups/month
- ❖ Life Skills, Specialty Groups, Amity, Parenting Genders, Anger Management, Relapse Prevention, Staff/WRP Lectures, Relapse Review, “Stop the Chaos” 44 hrs/month

- ❖ Victims 8 hrs/month
- ❖ Recovery Base Groups 28 hrs/month

SUCCESS

Once a felon-now a success: Hello, my name is James Winters and I was convicted of felony family member assault. I was first given probation and, as many alcoholics do, failed quickly and was sent to Connections in Butte. While there, I was combative and rushed a counselor which led me going to prison. My life was a wreck in fast forward. But in prison, I realized alcohol was going to be my demise. I was determined to get through prison and then, by God's grace, Connections allowed me back. I completed it and this was the treatment that changed me. Everything became crystal clear. In prerelease, I took all the self-help I could and completed Criminal Thinking Errors and Anger Management. I have been sober now for almost 17 years. I have become a solid member of the Great Falls community working my way from load out and cleanup at ACE hardware, to managing the largest ACE in Montana in 6 short years. I managed a 6½ million-dollar store with 40 employees under me. I was the face of ACE for many years, doing all the commercials. I worked at ACE for 12 years, owing this very much to the hard-fought battle at Connections. They really installed in me every tool to believe in myself and take my life back. I learned to set goals and have faith and, most importantly, to work a program of recovery.

In the last 16 years, many miracles have happened. I married the love of my life and raised 2 wonderful step-children and, in the last six years, have been blessed to get reacquainted with my two daughters lost years ago to drinking. We are now closer than ever and I have 2 grandsons. We have bought a home and have two vehicles...heck, I even have a driver's license. I am involved in my local LDS church and currently the 2nd counselor to the Sunday school president.

Sobriety has not been without its hardships. I've lost my mom, dad and stepfather who raised me. We have had financial hardships and struggles, but have remained clean and sober and happy despite what life has given us. Again, that attitude of gratitude was taught to me at Connections.

In the past year, I was blessed with the opportunity to get my foot in the door of Rocky Mountain Treatment Center in Great Falls, and am currently the case manager and absolutely love it. I knew it was time for me to give back to such a wonderful life. I have enormous interaction with the clients and go home at night filled with thanks and hope. I am determined to make this a career and do what I can to help in recovery.

I was asked to write a summary of my accomplishments since prison and treatment at Connections Corrections Program. This is truly an injustice to the many blessings I've been given. Sobriety is the greatest gift I've been given. Because of CCP and Linda and staff, I am today a free and sober man. I am both a miracle of God and an example of the American dream. Surrender was the answer then and acceptance is the answer now. Recovery is about work, but I believe the soul is redemptive as is a prisoner given hope. Many thanks to all in MSP, Butte prerelease, and especially CCP. (submitted by James Winters)



Elkhorn Treatment Center (ETC)

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Dan Krause, Administrator

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Elkhorn Treatment Center (ETC), located in Boulder and operated by Boyd Andrew Community Services, is a residential methamphetamine treatment program that provides a sentencing option for women convicted of drug-related offenses. The center was opened in April 2007 after the passage of HB 326 in 2005 and in response to the identified need to provide long-term treatment for those suffering from methamphetamine addiction. It was designed and constructed to specifically meet the treatment and security needs of female offenders under custody of the DOC.

ETC is a major employer in Jefferson County directly employing 26 people with an additional six staff contracted to provide medical and dental services. ETC gives preference when hiring to residents of this geographical region. Staff positions include an educational coordinator, case managers, chemical dependency counselors, medical and dental staff, and administrative staff. Security staff and mental health counselors include both part-time and full-time positions.

During July 1, 2014 - June 30, 2016, 126 offenders were admitted to the program and 110 completed the program; there have been no escapes since the program opened.

FUNCTIONS AND SERVICES OF ETC PROGRAM

The priority of ETC is public safety as its residents are felons under the custody of Montana's DOC. ETC provides a therapeutic alternative to offenders convicted of a second or subsequent criminal possession of methamphetamine, or residents deemed appropriate by the DOC for placement. ETC combines treatment at the minimum-security facility in Boulder followed by a stay at a PRC as an alternative to a regular prison sentence; therefore, this program is voluntary and is a privilege for offenders.

ETC accepts the following offenders: DOC commitments, parole violators, conditional release violators, inmates of MWP, and women convicted of a second or subsequent criminal possession of methamphetamine. Female referrals are screened and placed in the following order of priority:

1. Offenders convicted of second or subsequent criminal possession of methamphetamine as provided in §45-9-102(5)(a), MCA.
2. Offenders in need of structured treatment for chronic methamphetamine abuse.
3. Offenders in need of structured treatment for a stimulant use disorder that includes abuse of other amphetamines or cocaine.
4. Offenders in need of structured treatment for any form of chemical dependency and treatable co-occurring mental illness.

Additional acceptance criteria include:

- offender must have medical clearance to participate in the treatment program.
- offender must be free from outstanding warrants.
- offender must be willing to comply with the rules, regulations, and terms of placement in ETC.
- offender must be willing to release all medical psychological, chemical dependency, and criminal history information to ETC.
- consideration will be given if the victim(s) resides in this community.
- offender's treatment needs must be within the scope of services available at ETC.
- approval of the screening committee.

Nearly all denials are due to referrals indicating that they do not want to come to ETC in favor of another placement or due to the referral not having a treatment history. In those cases, the screening committee denies in favor of having the individual screened at a lesser length program. This practice has been in place since the facility opened in 2007 and ensures that those sent to a longer length program such as ETC really need long-term care.

ETC, a therapeutic community (TC), is based on a cognitive restructuring model for female methamphetamine addicts that combines residential treatment for chemical dependency with minimum-security detention. Offering individual and group treatment, the main goal of the nine-month program is to promote public safety by reducing methamphetamine use. Offenders may experience a wide range of mental disorders in conjunction with chemical dependency and the program attempts to address these issues as well. Each offender's therapeutic needs are addressed in a safe and supportive environment with the objective being to promote pro-social changes in lifestyle, identify, and behavior. The ETC team of caring professionals have been trained in the philosophies and methods of the program and can provide state-of-the-art treatment for methamphetamine addictions and associated conditions.

Components include TC model utilization, treatment, and programming, as well as on-site medical and dental services; educational programming that includes vocational skills development, computer classes, literacy, and budgeting; and resident and staff facilitated seminars.

Because ETC is a correctional facility, some elements of life in this program are determined by public safety concerns rather than treatment. For example, room searches, breath and urine testing, and pat downs occur at random times to all offenders regardless of their phase in treatment. In addition, visitors may be searched. Video surveillance systems are present in all areas of the facility except bedrooms and bathrooms and offenders are locked in the facility for the duration of their treatment. ETC reports allegations of offender criminal conduct to local law enforcement officials and the DOC and cooperates with any administrative or criminal investigation.

Reentry:

ETC has put into place the following efforts to support offenders’ reentry into the community:

- Education opportunities in literacy, computer technology, high school equivalency, accounting software, and an electronic copy of a resume.
- Family education through visitation. Family and support is important to reentry.
- Prior to release, medical compliance education by the RN to reduce barriers for continuing with medical and mental health services in the community, plus encouragement to residents to continue with the medical and mental health recommendations upon release.
- ETC’s “Strategies for Self-Improvement and Change” has a final phase that focuses on reentry needs such as self-help, job hunting and relapse issues.
- A relapse prevention curriculum is offered for the final six weeks of programming to all residents.
- A variety of in-house community support groups are offered that include self-help, Celebrate Recovery, Wellbriety and Medicine Wheel.
- ETC works with “Bridging the Gap” which assists residents with transitioning to their support groups in the receiving community.
- Case managers and education coordinator engage in online job search with residents beginning one month prior to discharge.
- Have residents sign a release of information to send medical information in advance of discharge to a sliding fee clinic in the community where the PRC is located.
- Invite staff at the County Health Department, Job Service, Social Security, and Domestic Violence support programming to ETC to present during staff seminar time.
- Invite PRC staff to come to ETC to discuss their program and expectations.

Age of Offenders:

Youngest: 21.2 yrs
 Oldest: 55 yrs
 Average Age: 33.8 yrs

Race of Offenders:

67.5% Caucasian
 28.6% Native American
 3.9% Multiple/Other

Number of Offender Treatment/Programming Hours:

All residents participate in the following:

❖ Chemical Dependency Group	9 hrs/week
❖ Anger Management/Co-Occurring Group	1.25 hrs/week
❖ Medicine Wheel (not offered year-round/optional if Native American)	1 hr/week
❖ Strategies for Self-Improvement and Change	1 hr/week
❖ Therapeutic Community	Continuous
❖ Cognitive Principles & Restructuring (completed in 4-5 months)	1 hr/week
❖ Making it Work (2 weeks during final month-independent study)	8 hrs/week
❖ Victim Impact (during 6 weeks of stay)	2 hrs/week
❖ Parenting (during 8 weeks of stay)	1.50 hrs/week
❖ High School Equivalency Prep (specific residents identified and engaged until successful in obtaining high school equivalency)	2 hrs/week
❖ Body Image (not offered year-round/eating disorders if needed, specified residents identified and referred to the group)	1.25 hrs/week
❖ Abuse Group (identified during initial evaluation, runs entire stay)	1.25 hrs/week
❖ Relapse Prevention group (final 1.5 months of stay)	1.25 hrs/week

SUCCESS

Kim was a resident of ETC beginning in 2014 and has been sober now for 2½ years. She began using cigarettes and marijuana at the age of 11 and began using IV drugs at the age of 13. Watching her parents use in this fashion is what prompted her very early use of IV drugs. She stated that someone shot her up the first time, but due to her parents’ addiction, she had access to drugs and needles and quickly moved to using meth daily, unless she was in jail, treatment, or prison. She used “everything under the sun,” but methamphetamine, and later opiates, became her drugs of choice. Currently 29 years old, she has been to seven treatment centers in her lifetime with ETC being the seventh. She admitted painful losses sharing that she has five children; relinquishing her rights to one, and two others removed from her custody by court action. She has custody of one child from a previous relationship and a daughter who is four months

old - the first of her five children to be carried to term while she was completely sober, which she is very proud of. Loss and trauma have been an overwhelming challenge for Kim over the years. She counts her fiancé's suicide in her presence, as well as the loss of her children due to her drug use, as her most painful experiences and the reason her use increased significantly.

When asked what helped her most while she was at ETC, she reported that the structure and humility she learned were valuable. The program forced her to be honest and accountable for her actions. She is more confident after completing the program and it gave her peace of mind. She gained trust with counseling staff and could "get things out," which was very hard, but important. When asked directly about her Elkhorn experience, Kim stated first that people are not going to change unless they want to and some enter treatment programs with no intent to change or to put in the work required to engage in active recovery.

"The length of time at ETC allowed me to come to realize I needed to make changes. Unfortunately for me, I spent the first 3-4 months not taking that opportunity seriously, but something sunk in because the last 5-6 months, I figured it out and put in the work. I could have used a couple of additional months as a result of my not being serious about changing in the beginning." Kim was adamant that a facility away from others who come and go, such as in an outpatient program, is needed for the population that ETC serves so they are kept away from temptation or others who sabotage their treatment efforts. Kim reported that the staff at ETC is really good and confront in a way that is needed to breakthrough to those who are in denial or not yet ready to change.

Kim has a job and has been promoted to supervisor; she rents a home with her husband of three years and has not relapsed since leaving ETC; she has a relationship with her family; engages in fun activities with the kids she has custody of, goes on walks, works out; and engages in 12-step meetings where she now sponsors two others in early recovery. Kim obtained a GED while at ETC and is moving to another state in the spring. She plans to enroll in classes to become an addiction counselor, which she stated she will be good at because she will see through the façade addicts present because she has spent her life doing the same. She is open about her past and has cut out friends she thought were going to be supportive, but ultimately attempted to get her back into the drug world. In each of these situations, she reached out immediately for help and proudly shared that she now sets goals and achieves them. Lastly, Kim stated that she is proud of the fact that her mother knew when she died (three months after her ETC discharge) that she was sober and in recovery.

She uses what she learned while at ETC: she has had multiple surgeries tied to her long-term IV drug use since her discharge and was prescribed opiates which were one of her two drugs of choice, but used them appropriately and went on to report, "I even put a bunch of pills in the depository at the Sheriff's department when I was in pain knowing how high I could get if I were to use them and how much money I could make if I sold them." She was eager to share her story and expressed many times that she is proud of the person she's become and expressed appreciation for those who have helped her along the way." (submitted by ETC staff)



Nexus Treatment Center (Nexus)

111 Skyline Drive, PO Box 1200, Lewistown, MT 59457

Rick Barman, Program Administrator

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In response to the rising social and economic costs related to methamphetamine use, the 2005 Montana Legislature authorized the DOC to create a methamphetamine treatment program resulting in a program that gives addicted male offenders the opportunity to complete a residential treatment program and aftercare in a community-based PRC as a means of shortening their sentences. The Nexus Program, a partnership between CCCS, Inc. and the DOC, opened June 1, 2007 in Lewistown. The program represents the culmination of efforts to provide an alternative, proactive response to traditional sentencing of adult males who are addicted to methamphetamine and other substances.

Nexus employs 43 residents of Lewistown and surrounding communities, including maintenance, kitchen, security, treatment, and mental health staff, along with administrative staff. Nexus benefits the community at the basic level by providing jobs and spending funds in the community; all food and supplies that can be obtained in Lewistown are purchased locally.

During July 1, 2014 - June 30, 2016, 262 offenders were admitted to the program and 189 completed the program; there were no escapes.

GOALS OF NEXUS

- ❖ Increase the level of knowledge of chemical dependency and the consequences of methamphetamine use.
- ❖ Promote responsibility and accountability.
- ❖ Decrease the number and frequency of positive alcohol/drug tests while under probation supervision after graduation from the program.
- ❖ Reduce the proportion of offenders who violate probation as demonstrated by a lower number of intermediate sanctions and revocations.
- ❖ Decrease future methamphetamine-related convictions.

FUNCTIONS AND SERVICES OF NEXUS PROGRAM

Nexus is an intensive, cognitive/behavioral-based addiction treatment community assisting “family members” (offenders) to develop the skills necessary to create pro-social change; reduce anti-social thinking; interrupt criminal behavior patterns; and address the negative effects of chemical addictions while integrating more fully into society. According to the National Institute on Drug Abuse, this model has been found effective in reducing drug use and criminal recidivism.

Male referrals are screened and placed in the following order of priority:

1. Offenders convicted of a second or subsequent criminal possession of methamphetamines as provided in §45-9-102(5)(a), MCA.
2. Offenders in need of structured treatment for chronic methamphetamine abuse.
3. Offenders in need of structured treatment for a stimulant use disorder that includes abuse of other amphetamines or cocaine.
4. Offenders in need of structured treatment for any form of chemical dependency and treatable co-occurring mental issues.
5. Admitted under special approval of DOC.

Applicants must be ready to change, accept straight-forward accountability, and be open to participate in a therapeutic community. Once a referral is received, a local screening committee determines whether to accept the offender. The committee consists of the Nexus administrator, a P&P representative, the local sheriff, city manager, and a citizen representative. The screening process is the only means of admission.

All offenders are assessed upon intake using a variety of diagnostic tools. Offenders develop an individualized treatment plan in each of three phases of the program, and all participate in an individual counseling session upon admission and when advancing to each phase. Programming groups and services are offered to offenders at Nexus as well as disciplinary write-ups, contracts, and treatment interventions

The offenders also support the Lewistown community through their *pay it forward* or *give back* to the community projects. They have raised money for Relay for Life, Special Olympics, Boys and Girls Club, Blessings in a Backpack, local food pantry and several special projects. During the flood of 2011, offenders filled sandbags for local residents. Each year the offenders, with the help of the local Relay for Life group, have their own relay in the recreation yard and the community comes in and provides a “thank-you feed” at the end of the relay. Also each year, the community comes into Nexus via the schools or clubs and meets with offenders and listens to their stories. Within this framework, the actions of one person take on a new perspective as the treatment program stresses how a person’s behavior has a ripple effect on others; everyone will experience the consequences, both positive and negative. Offenders are reminded that they committed the crime, but others also suffer consequences for those actions: families living without a father, son, mother, or daughter; an employer having to fill a position; and taxpayers paying for the treatment.

Offenders meet with an aftercare coordinator at least 60 days before program completion and participate in a discharge conference with the treatment and aftercare staff prior to discharge.

Reentry:

A strong focus surrounding the continuation of treatment, completing aftercare plans, and obtaining a healthy, pro-social support system is also a large part of the reentry preparation process at Nexus.

Twenty-two offenders completed and received their high school equivalency while at Nexus during the past two fiscal years, thus increasing their chances of a successful reentry back into the job market. By attaining a high school equivalency, an offender has a greater sense of pride in himself and realizes this will assist in finding employment. Nexus is also working on offenders' reentry into the community by offering several vocational classes to assist in finding employment upon release:

- Serve-Safe – A certification course for kitchen workers is offered two or three times a year. Many former offenders report being hired right away because they were already certified.
- Construction Flagging – A certification course assisting offenders in getting jobs.
- OSHA Construction – Provides information in prevention of safety and health hazards in the construction industry.
- OSHA 10 General Industries – Provides information in prevention of safety and health hazards in general industry.
- Life Skills – Each offender is required to participate and complete the Life Skills segment of programming at Nexus which provides education and skill development in areas such as financial management, child care, and numerous medical areas such as STDs, etc.

Age of Offenders:

Youngest: 19 yrs
 Oldest: 60 yrs
 Average Age: 34 yrs

Race of Offenders:

77% Caucasian 4% Hispanic
 17% Native American 2% African American

Number of Offender Treatment/Programming Hours: 3,483 hours in 9 months

SUCCESS

Brandt V. came to Nexus in February, 2010 and completed the 270-day program. Since he left Nexus, he became a licensed addiction counselor and just recently graduated with a Master's of Science degree in Counseling. He has been putting his education and experience to use by counseling adolescents and being the husband and father he was not before 2010. (submitted by Nexus staff)



Passages Alcohol and Drug Treatment (ADT)

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 Jan Begger, Director
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 jbegger@altinc.net

“Promote public safety and challenge offenders to become responsible productive citizens through firm, fair, consistent supervision, treatment, and education.”

Passages ADT (Alcohol and Drug Treatment), operated by Alternatives, Inc., is a 60- or 90-day chemical dependency treatment program that is part of the Passages community-based correctional facility for women offenders who are supervised by the DOC and are eligible for placement in PPD facilities or programs. It provides cost-effective, short-duration services capable of diverting female offenders from jail and prison.

Passages' 87 full-time employees include Alternatives' administrative staff. Human Resources is involved in numerous community job fairs and employees participate in many community activities.

During July 1, 2014 - June 30, 2016, 370 offenders were admitted to the 60-day program with 325 completing the program; 52 offenders were admitted to the 90-day program with 44 completing the program; there were two escapes.

GOALS OF PASSAGES ADT

- ❖ Provide adult female felony offenders at Passages ADT with education and treatment to help them understand the medical and biological disease of their addictions by using an evidence-based and gender-specific curriculum.
- ❖ Offenders are taught to identify their self-destructive behaviors and how they can change these behaviors. They become empowered to believe in their own abilities to change to a healthy lifestyle, void of addiction and criminal behaviors.

- ❖ Each offender attends 33 hours of treatment and group work per week to address their individual needs developed from their treatment plan.
- ❖ Develop an extensive aftercare plan by the offender to aid in recovery once she is back in the community. Her plan may include an aftercare group along with self-help attendance with a sponsor/mentor, and mental health and medical follow-up care and treatment.
- ❖ Guide the offender in establishing ties to the community by connecting with facilitators from self-help groups and spiritual programs that will assist in establishing support in their communities prior to release.

FUNCTIONS AND SERVICES OF ADT PROGRAM

The Passages ADT program provides intensive substance abuse treatment for female offenders. The program is 60 days, but can be extended to 90 days based on the individual’s need. Offenders are assigned a case manager and licensed addiction counselor with whom they meet weekly. Participants also attend educational and treatment groups up to 12 hours a day. If the 90-day program is recommended, the offender may participate in trauma education and receive additional support for other factors that may exist in addition to her substance abuse recovery. Passages strives to offer the latest in gender-specific treatment and programming, as well as public health nurses; high school equivalency preparation; and job coaching.

Passages ADT provides a structured TC model of right living from 6 a.m. to 10 p.m. every day. The women attend educational lectures on various subjects and issues that affect women. Offenders receive treatment for addiction, criminal thinking, guidance on how to have healthy relationships, insight into how they have victimized others, and emotion regulation to gain skills to change their lives. They also attend study groups to expand their understanding of the TC model and self-help groups. After an offender completes her stay at Passages ADT, she may move to a PRC, ISP, Passages ASRC, probation, conditional release, or be discharged.

Assessments:

All incoming residents to all Passages programs receive the Women’s Risk and Needs Assessment (WRNA) and the Adverse Childhood Events (ACE) assessment along with several other assessments based on the individual need.

Project ECHO:

Through this professional collaboration, Passages’ programs can present individual mental health cases to a panel (Hub) of other community professionals including the head of psychiatry at Billings Clinic, a psychiatric pharmacologist, an LAC/LCPC from Rimrock Foundation and the DOC mental health services staff in Helena. Passages’ offenders have input into their individual situations that would have never been possible in the past and obtain referrals to community providers and services once they enter the community setting in Billings.

Age of Offenders:

Youngest: 18 yrs
 Oldest: 61 yrs
 Average: 33 yrs

Race of Offenders:

65% Caucasian 2% Hispanic
 30% Native American <2% Multiple/Other
 <1% African American

Number of Offender Treatment/Programming Hours:

Groups offered include the Matrix Model of Chemical Dependency Treatment, which is the cornerstone of the ADT Program. This model is a best practice, evidence-based cognitive behavioral curriculum that focuses on relapse prevention in both group and individual. Residents received a total of 32,626 hours of group work in FY15 and 35,784 in FY16 (an average of 162 per resident). ADT clients participate in up to 14 hours of program activities each day. These include self-help groups such as Narcotics Anonymous, Celebrate Recovery and AI-Anon. Case management (individual sessions) accounted for an additional 1,286 sessions in FY15 and 967 sessions in FY16. Addiction counseling (individual sessions) accounted for an additional 1,420 sessions in FY15 and 1,566 sessions in FY16.

SUCCESS

The Passages Annual Alumni Celebration to recognize and award the accomplishments of Passages graduates was held April 1, 2016 at the Valley Federal Credit Union building in downtown Billings. There

was a record turnout consisting of graduates and their guests, Passages staff members, Probation & Parole officers, employers, and members of the Alternatives, Inc. Board of Directors. This year, graduates were asked to submit essays on the keys to their success.

There were 13 entries that were read by the Alumni Celebration Planning Committee and the committee selected one winner of a \$500 prize to help with rent/living expenses. The winner, R.S., was a graduate of Passages programs in 2014 after being convicted of criminal possession of dangerous drugs and having a revoked deferred sentence. She went through Passages ASRC, ADT, and graduated from PRC in January 2014. In her winning essay, she said that "Under the roof of Passages you are shown to live right and be productive, but there is always that safety net, the outside world is full of triggers and temptations. I succeeded because I changed people, places and things." She also stated that, "Support is key to your success." She offered some words of advice - to be true to yourself, personalize all the tools offered to you, and to use all the things Passages has to offer to your advantage. (submitted by Passages staff)

Warm Springs Addictions Treatment & Change Program (WATCH) **Fourth and Subsequent Felony DUI Programs**



WATCH WEST, Warm Springs, Montana
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WATCH West accepts only male felony DUI offenders.

Seventy full-time staff are employed at WATCH West, including an administrator, clinical supervisors, security supervisors, licensed addiction counselors, nurses, treatment case managers, counselor technicians, administrative support specialists, a food service coordinator, aftercare coordinator, education specialist, intake coordinator, mental health specialist, and security personnel. Staff is involved in many community events.

During July 1, 2014 - June 30, 2016, 491 offenders were admitted to the WATCH West program and 399 completed the program; there was one escape.



WATCH EAST, Glendive, Montana
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WATCH East gives preference to females because it is the only state-approved treatment facility for female felony DUI offenders. Additionally, priority is given to those offenders from the local area and counties of eastern Montana.

WATCH East currently employs 28 dedicated staff members. WATCH East recently passed a federal PREA audit, the second facility in the state to be PREA compliant and the first to receive a score of 100%. The commitment of the staff helped to make this possible.

During July 1, 2014 - June 30, 2016, 230 offenders were admitted to the WATCH East program, and 222 completed the program; there were no escapes.

THE WATCH PROGRAM

A 2001 revision to §61-8-731, Montana Code Annotated, allowed the DOC to provide an alternative, proactive response to traditional sentencing for persons convicted of felony driving under the influence (DUI) by placing them in a treatment facility rather than prison. The sentence must be not less than 13 months or more than two years; however, if an offender successfully completes the six-month WATCH program, the remaining portion may be served on probation. Offenders who do not participate, or are deemed inappropriate for treatment in a therapeutic community, are placed at a state prison.

WATCH West opened in February 2002 at Warm Springs as a partnership between Community, Counseling and Correctional Services Inc. (CCCS, Inc.) and the DOC. In February 2005, through a

cooperative effort with the community of Glendive, the DOC, and CCCS, Inc., WATCH East opened its doors to 40 offenders.

The WATCH program was included in a multi-state research project completed by the University of Texas, San Antonio Criminal Department of Justice research staff for the National Institute of Justice. This was an intensive two-year project that examined process and outcome evaluations of three state-sponsored alcohol treatment programs in Montana, Ohio, and Texas and involved program design, quality of treatment delivery, and program effectiveness. Briefly, the study concluded in 2014 that only Montana's WATCH Program was found to be "a model program in regards to operation of broad stakeholder buy-in and should be considered a replication reference for services delivery logistics." The entire report is available upon request.

FUNCTIONS AND SERVICES OF WATCH PROGRAM

The WATCH program offers an intensive six-month addictions treatment curriculum based on modifying thoughts, assumptions, beliefs, and behaviors. The goal is to assist offenders in the development of the skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns, and the negative effects of chemical addictions, while integrating more fully into society. Effective treatment for felony DUI (four or more convictions) can be part of the solution for reducing DUI arrests.

The WATCH program believes that treatment strategies for achieving increased self-regulation for chemical abuse and criminal conduct must be made to fit the offender's level of awareness, cognitive development, and determination to change disruptive patterns of thought and behavior. Staff use the appropriate strategies at each stage of each offender's process of change. It is believed that self-improvement and change involves developing the motivation to change. Once the therapeutic alliance is forged, self-regulating skills may then be learned through motivational counseling, therapeutic confrontation, and reinforcement of life-enhancing behavior. Effective treatment must integrate the principles of both therapeutic and correctional treatment models.

A screening committee determines acceptance into the WATCH program. Generally, all offenders convicted of a felony DUI are accepted; however, several exclusions may apply, such as a history of violence or medical or mental health conditions impacting the offender's ability to participate in the program.

The therapeutic community (TC) model at WATCH simulates a healthy family environment and teaches the offenders to live together in a pro-social manner while holding themselves and others accountable. Treatment includes a strong emphasis on Criminal Thinking Errors, self-help programming, Relapse Prevention, and skill building. WATCH encourages participants to play an active role in their recovery by accepting personal responsibility for their behavior and their life path. Offenders learn how to build a mature, responsible lifestyle characterized by adherence to a strict moral code of ethics and behavior.

Within the first week, a comprehensive assessment is completed to determine medical and mental health status, level of risk and risk factors for recidivism, level of substance abuse, and other factors needed to develop a comprehensive individualized treatment plan.

The TC is the cornerstone of the treatment model at WATCH, but an effective curriculum is also an important part of the treatment. Offenders are involved in treatment, programming, and groups for at least eight hours a day. The WATCH program also includes these specific curriculums and opportunities:

- ❖ Negligent Vehicular Homicide group
- ❖ Men's Issues (West)
- ❖ Centurions (West)
- ❖ Wells Toastmasters group (West)
- ❖ Community Speakers Bureau (West)
- ❖ Men's Traditional Fathers (East)
- ❖ Women's Art Workshops (East)
- ❖ High school equivalency classes (East)
- ❖ College classes through Dawson Community College (East)

Other Program Components:

- Urinalysis testing
- DNA testing
- System of incentives and sanctions
- Recreational programming
- Career development
- Optional Native American Smudge Ceremony
- Optional Bible study and non-denominational Sunday church services

Reentry:

The WATCH program is followed by mandatory aftercare in the community. All WATCH West offenders are given an aftercare plan specific to their needs as they reenter society after the completion of the

program. This plan is a “supportive” guide designed primarily to assist the discharged offender in his sobriety while under the direct supervision of his P&P officer. This supportive plan includes:

- outpatient care
- community support systems
- relapse prevention/intervention plans
- employment plans
- educational plans
- financial resources
- transportation issues
- leisure and recreation
- journaling
- paying it forward
- domestic situation – to deal with any residential instability issues

WATCh East offers offenders college classes geared toward reentry issues that include a three-credit Life Skills class focusing on making healthy choices and nine one-credit classes highlighting job skills, job readiness, leadership, stress management, and money management. These classes provide the offender with a professional resume and the ability to set goals, be a leader, and manage stress. Offenders are also educated on the reasons for relapse and how it can be prevented by identifying triggers.

STATISTICS

WATCh West:

Age of Male Offenders:

Youngest: 17 yrs
 Oldest: 78 yrs
 Average: 45 yrs

Race of Offenders:

76% Caucasian 3% Hispanic
 19% Native American 2% African American

Number of Offender Treatment/Programming Hours:

- ❖ Chemical Dependency Group 40 hrs/month
- ❖ Individual Counseling Sessions 1 hr/month
- ❖ Criminal Thinking Errors 1 hr/month
- ❖ Cognitive Principles & Restructuring 36 hrs/month
- ❖ Anger Management 6 hrs/month
- ❖ Various Specialty Groups (including, but not limited to music, art, Victims, Life Skills, Parenting, Staff Lecture) 109 hrs/month

Other Information:

- BAC at time of arrest: 0.19
- Age of first use: 13.74
- Level of education: 11.8
- Dependents: 1.5
- DUIs: 5.5
- Primary drug of choice: Alcohol
- Secondary drug of choice: Marijuana
- New DUI: From July 2014 through June 2016, statistics show 69 offenders (17.3%) who had completed the WATCh West program received a new DUI conviction.
- Tertiary drug of choice: Methamphetamines
- Misdemeanors: 20.2
- Felonies (includes current charges): 3.1
- Inpatient treatments before WATCh: 1.03
- Outpatient treatments before WATCh: 0.73
- Length of stay to complete treatment: 185.6 days
- Individuals with psychiatric conditions: 18%

WATCh East:

Age of Female Offenders:

Youngest: 25 yrs
 Oldest: 65 yrs
 Average: 47 yrs

Male Offenders:

Youngest: 21 yrs
 Oldest: 77 yrs
 Average: 42 yrs

Race of Offenders:

76% Caucasian 1% African American
 21% Native American 1% Other
 2% Hispanic

**Discharges by Gender:
 July 1, 2014 - June 30, 2016**



Number of Offender Treatment/Programming Hours:

- ❖ Chemical Dependency Group 32 hrs/month
- ❖ Individual Counseling Sessions 59 hrs/month
- ❖ Criminal Thinking Errors 4.3 hrs/month

- ❖ Cognitive Principles & Restructuring 13.7 hrs/month
- ❖ Anger Management 10 hrs/month
- ❖ Various Specialty Groups (including, but not limited to music, art, Advanced Anger, Victims, Life Skills, Grief, Domestic Violence) 102 hrs/month

Other Information:

- ◆ *New DUIs:* From July 2014 through June 2016, statistics show five offenders received a new DUI. This is 1.12% of WATCH East's offenders completing the program.
- ◆ *Domestic Violence:* The medical and counseling needs of the women at WATCH East exceed that of most males. In a recent survey, not only do the women have chronic alcohol abuse problems, but 27 out of 28 have been the victims of violence and abuse, many since childhood. The program has been tailored to recognize these issues and to empower women to break the cycle of violence.

SUCCESS

I just completed my Bachelor's degree last May and was hired by Rimrock in Billings to work with homeless people struggling with alcohol addictions. I feel that some of the great strengths I have in this position are from my history with substance use and being homeless myself at times. This type of understanding cannot be studied in any book, and I feel some of the clientele can really sense that. I do believe very strongly that WATCH had a primary role in where I am today. If I had not come to some real understanding of who I was, by listening and participating in some of your programs, I do not believe that I would have ever stayed sober. WATCH taught me to be myself, be proud of who I am, and not to worry/rely on someone else's beliefs. I thank WATCH every day that I wake up sober and for the opportunity to work in this field. I have no problem with sharing my experience, hopefully someone out there will find some inspiration in it and begin to work toward changing their life as well. (submitted by Dave Kobold)

APPENDIX

DESCRIPTIONS OF TREATMENT PROGRAMS AND SERVICES

ACCOUNTABILITY AND RELAPSE PREVENTION – Programs designed to assist the offender in accountability and relapse prevention. It takes the lessons learned in other groups and builds on them. Lessons help keep the offender accountable for his crime and past criminal actions and increases awareness of contributing factors that result in potential relapse in criminal activity and develop interventions and affirmations to prevent such relapse. In addition, the group increases the understanding of criminal attitudes and behaviors to help prevent relapse in criminal activity.

ANGER MANAGEMENT – Groups use lessons aimed at dealing with the underlying issues that cause anger and offer positive, pro-social interventions to appropriately deal with angry thoughts and feelings. This gives these offenders more control over their anger and aggressive behavior. The program concentrates on making the offender accept responsibility for his emotional state of anger instead of blaming external factors for his anger. Anger management programs consist of group work, reading assignments, personal reflection, and written work.

BEGINNINGS – An extension of family values and parenting. Using visual aids, group participation, tasks and activities, offenders review their pasts and the roles they had in their homes. The program explores such issues as childhood, family dynamics, children's stories, the home, the mother's heart, and the good and bad influences on their lives. Subjects include family mythology, family trees, roles people play, and childhood messages that motivate behavior.

CAGE YOUR RAGE – An anger management program that helps those who have difficulty dealing with anger to manage their volatile emotions by providing anger management techniques.

CENTURIONS – This group at WATCh West is composed of offenders 60 years or older. The focus is to help those with age-specific issues such as loneliness, loss, and a lack of sense of purpose within the community.

CHEMICAL DEPENDENCY PROGRAMMING – The curriculum is cognitive/behavioral-based, designed for offenders to develop strategies for self-improvement, and has three phases that emphasize an offender's ability to change. It may include 12-step programming and involvement in Alcoholics Anonymous and Narcotics Anonymous meetings to encourage participation in these support groups after discharge.

CO-DEPENDENCY – This group teaches skills that are needed to understand the addiction process. The overall goal is to provide the skills needed for sobriety.

COGNITIVE BEHAVIORAL THERAPY GROUP – A group designed to assist offenders in developing an awareness of the clinical definition of depression and an understanding of other mental health issues that may be affecting their ability to fully participate in the program. The group addresses how an offender's thoughts affect his behavior. Group offenders are screened by a mental health professional, and the group is facilitated by the mental health professional.

COGNITIVE PRINCIPLES & RESTRUCTURING – The curriculum is cognitive-based with the focus on criminal-thinking reports and identifying each offender's criminal cycle. An action plan is then developed to change the behavior.

Phases I and II – approximately a 12-week group; Phase III – a 10-week relapse prevention program that includes group feedback and peer critiques of assignments.

Offenders receive help understanding their thought processes, associated feelings, and intervention tools to use in avoiding risks. They are encouraged to examine criminal thinking and behavior patterns, be accountable for those patterns, and begin to think and act more responsibly. The program increases an offender's understanding of who they victimized and exactly how the victims were affected. Offenders

complete assignments and present them in front of a group of other offenders who give constructive feedback.

COMMUNITY SPEAKERS BUREAU – This group at WATCh West consists of offenders who deliver motivational speaking at schools in local communities utilizing the WATCh “pay it forward” motto.

CRIMINAL THINKING ERRORS – A structured program of lectures and specific group-work exercises that explore the underlying reasons for negative and antisocial thinking and offer remedial methods to redirect thinking and actions to achieve a change to pro-social behavior.

DIALECTICAL BEHAVIORAL THERAPY MENTAL HEALTH GROUP – Group designed to teach emotion regulation skills, interpersonal relationship skills, mindfulness skills, and distress tolerance skills to deal with interpersonal problems, emotions and moods, impulsiveness, and intolerance. Group offenders are screened by the mental health professional and the group is facilitated by the mental health professional.

DEVELOPING A PLAN FOR HEALING – Passages ADT curriculum used through all groups to work towards addressing the trauma women offenders have endured. The curriculum helps uncover past traumas and learn what is involved for healing from incidents. Dealing with trauma is an important step in treating chemical addictions and preventing abuse.

DOMESTIC VIOLENCE EDUCATION – Topics covered include the cycle of domestic violence, the continuum of abuse, healthy relationships, safety planning, and more. The program is intended to help offenders become familiar with resources in the community and is conducted by the YWCA at Passages PRC.

FAMILY RELATIONSHIPS/PARENTING PROGRAM – This program allows offenders to begin at any point and progress at their own pace and consists of group work, reading assignments, reflections, and written work designed to educate offenders on tools that they can use when parenting their own children.

GRIEF GROUPS – Offers help for offenders to address grief and loss issues, whether past or current, through a healthy process of grieving. Individuals are referred by their primary treatment team and a group typically lasts two months.

HANDS DOWN – A program for domestic violence that focuses on victim safety and offender accountability. It helps offenders understand why they act out violently and guides them through the process of eliminating violence from their lives.

LIFE SKILLS DEVELOPMENT – Offered at most facilities. Topics covered may include interpersonal skills; financial management; English fundamentals; computer basics; food management; personal appearance, hygiene, and self-care; health and medical issues; suicide prevention; seeking and keeping a job; sexual harassment; legal skills; emergency and safety skills, bike safety, hazardous materials, blood-borne pathogens; community resources; housekeeping; recreation; and high school equivalency preparation.

LIVING IN BALANCE – Offered to offenders at CCP and covers the topics of dysfunctional families and family roles; the role of self-help groups; nutrition, exercise, and physical wellness; problem solving; attitudes and beliefs; family matters and relationships; child development and parenting skills; educational and vocational goals; money management; insurance and consumer credit; sexual abuse; addiction; loss and grief; spirituality and personality; relapse prevention; influences, choices and decisions; and causes of crime.

MATRIX – A cognitive/behavioral therapy proven to be effective in treating chemical dependency, including methamphetamine addiction. The Matrix Institute has developed a handbook for Native Americans in addition to the regular curriculum.

MEDICINE WHEEL – The Medicine Wheel is a curriculum for recovery from chemical dependency that approaches the self-helps of recovery from a Native American perspective.

MEN'S ISSUES – This group focuses on healthy relationships and supportive male roles in the family by addressing the unique needs and issues facing men and consists of group work, reading assignments, and journaling.

MODIFIED THERAPEUTIC COMMUNITY (TC) MODEL – As compared to the traditional TC model, this model is more staff-intensive and structured to meet the special needs and issues of a correctional population. A central concept behind TC is to stress the value of *right living* and moving the resident from being “I” centered to “we” centered.

NATIVE AMERICAN SERVICES – Includes ceremonies and/or perspectives of Native American cultures such as Medicine Wheel, Smudge Ceremonies, and traditional Crow Sweat Ceremonies, and Native American Talking Circles.

Gallatin County Re-Entry Program works with the Montana State University's Native American Studies Program to encourage and provide residents with services. Traditional Crow Sweat services are offered on Sundays. It is on state land, with use granted by the MSU Agriculture Department. GCRP has also incorporated a Native American Talking Circle which occurs on Saturdays from 2 p.m. to 3 p.m.

NEGLIGENT VEHICULAR HOMICIDE GROUP – The DOC has authorized WATCH West to accept up to five offenders who have been convicted of negligent vehicular homicide. Known as “The Knights,” this group also includes those who have been sentenced for a felony DUI and may have taken a life while under the influence in a previous charge. This weekly group allows offenders to begin to move beyond the need to protect themselves and avoid directly talking about their experience and to become responsible, recovering adults capable of caring and humility. They are able to confront shame and grief and learn to share with others in a socially acceptable manner.

NURTURING PARENTING – A philosophy that emphasizes the importance of raising children in a warm and trusting household. Nurturing Parenting programs are evidenced-based programs that have proven effectiveness in treating and preventing the recurrence of child abuse and neglect. This class is offered to the Passages PRC unit.

NUTRITIONAL EDUCATION – Provided by a federal grant from the Expanded Food and Nutrition Education Program (EFNEP). The goal is to help limited-resource families with children plan for their daily food needs and prepare nutritious low-cost meals. Education includes skills for cooking, nutrition education, economic independence, and a plan for good health. This program is offered in the Passages ADT unit.

PICK A PARTNER – Program teaches how to identify and develop a healthy relationship using the Relationship Attachment Model (RAM). RAM provides a picture of a relationship and the five dynamic bonds that make up a relationship.

PARENTING – A group course on how to build a healthy family, make up for lost time with children due to incarceration, set goals, and develop skills for being successful parents.

PLANNED PARENTHOOD – An eight-week comprehensive sexual health education curriculum offered in all three Passages programs. Topics addressed include anatomy and physiology of the reproductive system, contraception, decision-making and refusal skills, sexuality throughout life, cost of parenting, unhealthy relationships and unequal power in relationships, sexual harassment, and rape prevention.

PROBLEM GAMBLING – Offered on the Passages ADT and PRC units and is provided with a facilitator through the Montana Council on Problem Gambling. The group helps individuals understand that gambling is an addiction and to learn the skills to stop and abstain from gambling.

PUBLIC HEALTH NURSES – Riverstone Health nurses provide confidential counseling and testing for HIV and hepatitis C, as well as immunizations for hepatitis A and B. Educational offerings that facilitate information and access to the Montana Breast and Cervical Health Program are provided on-site quarterly. These programs are offered in the Passages ASRC and ADT programs. PRC residents are encouraged to utilize these same resources in the community.

RELAPSE PREVENTION – Offenders identify their individual relapse triggers and develop a healthy lifestyle plan to use when they return to their home and community.

RESPONSIBLE LIVING – Offered to all residents in Passages ASRC and covers 10 weeks of life skill topics pertinent to female offenders. Topics include body language; assertive attitude; budgeting needs versus wants; saving money; career planning, exploration and preparation; applying yourself to the future; mapping one's life path to lead to a balanced and fulfilled life; writing a resume and cover letter; job interview skills; and basic business law.

SCREENING AND ASSESSMENT-ORIENTATION – A comprehensive assessment is completed to determine medical and mental health status, level of risk and risk factors for recidivism, level of substance abuse, and other factors needed for development of a comprehensive individualized treatment plan.

SELF-HELP PROGRAMMING – Includes such options as Medicine Wheel, Rational Recovery, Alcoholics or Narcotics Anonymous, Recovery Anonymous, and S.O.B.E.R. meetings to encourage active participation in recovery groups upon discharge. Some AA/NA meetings conducted in the treatment units are facilitated by offenders.

S.O.B.E.R. (Service, Obedience, Bonding, Education, Relationships) – Christian faith-based 12-step program.

SUBSTANCE ABUSE – The substance abuse program consists of two phases. In the first phase, offenders are given education on the various chemicals and their effects. In the second phase, offenders look closely at themselves, their chemical use and the relationship of that use and the crimes in which they have been involved. In addition, they are assessed to see if they meet the criteria specified in the Diagnostic Statistical Manual (DSM-IV) for substance abuse or substance dependence.

TAMAR (Trauma, Addiction, Mental Health and Recovery) – A model of treatment specifically developed for incarcerated female offenders that addresses the three areas that appear to be contributing issues to criminal activity and recidivism. TAMAR targets all three areas equally and allows the offender to learn new coping skills while processing sometimes difficult subject matter in a supportive and safe environment. TAMAR is facilitated by Master Level clinicians who first establish safety, then help the group member to process the trauma and, finally, help integrate the trauma into a new life construct.

Each session consists of two parts – the right brain activity of teaching/processing the skill or topic and the right brain activity of participating in a healing art activity. By addressing two different ways of processing information (cognitive and creative), the material can reach a wider range of diverse individuals. The model also allows for some modification based on the type of incarceration environment – prison or community placement – in order to better serve the individual.

THINKING FOR A CHANGE – Offenders learn new ways to think through problems and plan rational solutions.

THRESHOLDS – Thresholds group deals with passing through the thresholds of change in the therapeutic community. Mediation and spiritual growth are part of the curriculum and allow offenders to choose solutions that are healthy for the soul and conducive to life-long learning.

UNTANGLING RELATIONSHIPS – Helps women in Passages ADT understand co-dependency and other issues with relationships. As a group, offenders explore many areas of co-dependency such as unhealthy patterns of behaviors that develop because of a relationship. The issues of losing oneself to

please another and how to define oneself in a relationship are covered in this group. Relationship problems are a major area of concern when helping women to become self-reliant and stay in recovery.

WELLS TOASTMASTERS GROUP – The Toastmasters' goal is to instill confidence in offenders when speaking in public, with P&P officers, on the job, or in any circumstance. This group is self-directed with up to 15 offenders who meet on a bi-weekly basis.

WOMEN'S ART WORKSHOPS – Offenders are given an opportunity to express themselves non-verbally through art. The goal is to provide an alternative way to express emotions, dreams, and fears that is less threatening and encourages empowerment.

VICTIM ISSUES/RESTORATIVE JUSTICE – A cognitive/behavioral approach used to assist offenders in understanding the serious consequences of their actions, appreciate the pain and trauma they have caused their victims, and build empathy for their victims.

The program at TSCTC is designed to help the offender increase accountability for their past criminal actions, increase the understanding of the impact on victims and the ripple effect it has not just with family and friends, but the community as a whole. The program goes through specific crimes ranging from property crime to homicide, letting the offenders see what happened in each crime, and the effects that it had. In this way, it allows the offender to put the effects into perspective, increasing their understanding.

