



A REPORT  
TO THE  
MONTANA  
LEGISLATURE

LEGISLATIVE AUDIT  
DIVISION

07P-08

PERFORMANCE AUDIT

---

# *Chemical Dependency and Sex Offender Treatment Programs*

---

*Montana State Prison  
Montana Women's Prison*

---

NOVEMBER 2007

**LEGISLATIVE AUDIT  
COMMITTEE**

**REPRESENTATIVES**

BILL BECK  
BILL GLASER  
BETSY HANDS  
HAL JACOBSON, VICE CHAIR  
JOHN SINRUD

**SENATORS**

JOE BALYEAT, CHAIR  
GREG BARKUS  
STEVE GALLUS  
DAVE LEWIS  
LYNDA MOSS  
MITCH TROPILA

**AUDIT STAFF**

**PERFORMANCE**

STEVE ERB  
KENT RICE  
WILL SOLLER  
MIKE WINGARD

FRAUD HOTLINE  
HELP ELIMINATE FRAUD,  
WASTE, AND ABUSE IN  
STATE GOVERNMENT. CALL  
THE FRAUD HOTLINE AT:

(STATEWIDE)  
1-800-222-4446  
(IN HELENA)  
444-4446

**PERFORMANCE AUDITS**

Performance audits conducted by the Legislative Audit Division are designed to assess state government operations. From the audit work, a determination is made as to whether agencies and programs are accomplishing their purposes, and whether they can do so with greater efficiency and economy. The audit work is conducted in accordance with audit standards set forth by the United States Government Accountability Office.

Members of the performance audit staff hold degrees in disciplines appropriate to the audit process. Areas of expertise include business and public administration, mathematics, statistics, economics, political science, criminal justice, computer science, education, and biology.

Performance audits are performed at the request of the Legislative Audit Committee which is a bicameral and bipartisan standing committee of the Montana Legislature. The committee consists of six members of the Senate and six members of the House of Representatives.

Direct comments or inquiries to:  
Legislative Audit Division  
Room 160, State Capitol  
PO Box 201705  
Helena MT 59620-1705  
(406) 444-3122

Reports can be found in electronic format at:  
<http://leg.mt.gov/audit.htm>

# LEGISLATIVE AUDIT DIVISION

Scott A. Seacat, Legislative Auditor  
Tori Hunthausen,  
Chief Deputy Legislative Auditor



Deputy Legislative Auditors:  
James Gillett  
Angie Grove

November 2007

The Legislative Audit Committee  
of the Montana State Legislature:

This is our performance audit of adult inmate treatment programs at the two state-operated secure facilities. These facilities include the Montana State Prison in Deer Lodge and the Montana Women's Prison in Billings. The Department of Corrections has statutory authority for supervision of adult offenders. Treatment of adult offenders is part of the rehabilitation process designed to help offenders succeed as law-abiding citizens. This audit reviewed the specialized treatment programs at the two prisons.

Our report contains information regarding treatment programs and how treatment requirements impact the correctional system overall. We make recommendations for strengthening data collection and analysis procedures, as well as measuring program effectiveness. In addition, because treatment of adult offenders is not limited to the two state-operated prisons, we identify other treatment-related topics for potential future audit. A response from department officials is contained at the end of the report.

We wish to express our appreciation to all department and prison personnel for their cooperation and assistance during the audit.

Respectfully submitted,

*/s/ Scott A. Seacat*

Scott A. Seacat  
Legislative Auditor

# TABLE OF CONTENTS

Figures and Tables .....	iii
Appointed and Administrative Officials .....	iv
Report Summary .....	S-1
<b>CHAPTER I — INTRODUCTION .....</b>	<b>1</b>
Introduction .....	1
Audit Scope and Methodology .....	1
Audit Scope .....	1
Report Organization .....	2
<b>CHAPTER II — BACKGROUND.....</b>	<b>3</b>
Introduction .....	3
Statutes Guide Correctional System Operations.....	3
Prison Overview .....	4
Treatment Programs for Offenders.....	4
Montana State Prison (MSP) .....	5
Montana Women’s Prison (MWP).....	7
Board of Pardons and Parole (BOPP).....	9
Summary .....	9
<b>CHAPTER III — IMPACTS OF TREATMENT .....</b>	<b>11</b>
Introduction .....	11
Treatment Waiting Lists .....	11
MSP Waiting Lists .....	11
MWP Waiting Lists .....	12
Why Waiting Lists Exist.....	13
Treatment Program Documentation .....	14
Our Analysis of Treatment Program Data.....	14
What Our Analysis Indicates.....	15
Waiting Status .....	15
Various Entities Can Recommend Treatment for Inmates .....	16
Inmate Completion of Treatment.....	16
Impacts on Parole and Discharge.....	16
Pre-Release Centers .....	17
Sex-Related Offenses .....	17
Strengthening Data Analysis.....	18
System-Wide Analysis.....	19
<b>CHAPTER IV — MEASURING PROGRAM EFFECTIVENESS .....</b>	<b>21</b>
Introduction .....	21
Existing Performance Measures.....	21
Measures at the National Level.....	21
State Level Activities .....	22
Measures in Montana.....	23
Summary of Performance Measurement.....	24

Strengthening Treatment Program Measurement .....	24
Department Goals .....	24
Examining Available Resources .....	25
Summary .....	26
Treatment Effectiveness .....	26
<b>CHAPTER V — TREATMENT BEYOND PRISON .....</b>	<b>29</b>
Introduction .....	29
Community Corrections .....	29
Treatment Continuum - Offender Support .....	29
Sentencing of Offenders .....	30
Examination of Recidivism .....	31
Mental Health .....	31
Summary .....	31
<b>APPENDIX — A .....</b>	<b>A-1</b>
Community Corrections .....	A-1
Sanction, Revocation, Assessment Centers .....	A-1
Alcohol and Drug Treatment Facilities .....	A-1
Secure Facilities .....	A-2
Pre-Release Centers .....	A-2
Probation and Parole .....	A-3
Statistics .....	A-3
<b>APPENDIX — B .....</b>	<b>B-1</b>
Department of Corrections (DOC) Contracted Studies .....	B-1
<b>DEPARTMENT RESPONSE .....</b>	<b>C-1</b>
Department of Corrections .....	C-3

# FIGURES AND TABLES

**Tables**

Table 1 State-Operated Prisons Overview .....4

Table 2 MSP Treatment Programs .....6

Table 3 MSP Treatment Program Staffing .....7

Table 4 MWP Treatment Programs.....8

Table 5 MWP Treatment Program Staffing .....8

Table 6 MSP Inmates in Treatment and Waiting for Treatment ..... 12

Table 7 Treatment Program Expenditures at MSP and MWP .....25

## APPOINTED AND ADMINISTRATIVE OFFICIALS

**Department of Corrections**

Mike Ferriter, Director

Gary Hamel, Administrator, Health, Planning, and  
Information Services Division

Pam Bunke, Administrator, Adult Community Corrections Division

**Montana State Prison**

Mike Mahoney, Warden

Ross Swanson, Deputy Warden

**Montana Women's Prison**

Jo Acton, Warden

Mike Aldrich, Deputy Warden

**Board of Pardons and Parole**

Craig Thomas, Executive Director

## REPORT SUMMARY

### Chemical Dependency and Sex Offender Treatment Programs

**The Department of Corrections can strengthen operations by capturing and analyzing data, and evaluating effectiveness of treatment programs offered to inmates at state-operated secure facilities.**

### Audit Findings

Montana State Prison (MSP) and Montana Women's Prison (MWP) are responsible for supervision of felony offenders, including providing various programs to address offender needs. Our audit focused on treatment programs at MSP and MWP.

To determine what was happening with regard to inmate treatment programs, we analyzed available data and made several observations. First, treatment waiting lists exist at both prisons due to a greater demand for treatment than current resources can address. Second, while prison treatment documentation exists, it is not consistent and does not provide a comprehensive record of treatment program involvement. However, we analyzed available treatment data and identified causal factors and outcomes both of which can affect an inmate's length of stay in a secure facility, including:

- ◆ court sentences
- ◆ inmate classification and behavior
- ◆ prison populations and the existence of waiting lists
- ◆ availability of professional resources and space
- ◆ Board of Pardons and Parole (BOPP) expectations
- ◆ availability of community-based programs

Both prisons have treatment tracking systems; however, neither facility compiles detailed analytical information, nor can existing treatment databases be considered a comprehensive inmate record. As a result, prison management does not have readily accessible data to obtain a clear understanding of the impacts of treatment programs. Also, neither facility has established a methodology for comprehensively analyzing operations to identify ways to potentially improve outcomes.

We conducted an Internet search to determine what performance measures are currently available or being used to evaluate effectiveness of treatment programs. Based on our review, recidivism is one measure of showing how well a correctional system is rehabilitating offenders. While DOC reports recidivism rates, there is no link to treatment



programs, nor are there any formalized performance measures for treatment programs. DOC needs to strengthen its system for measuring and evaluating treatment program operations in order to maintain up-to-date data, identify issues on a timely basis, and modify operations to address issues and meet goals.

### **Audit Recommendations**

Audit recommendations address resource needs, development of treatment tracking systems, analysis of program operations, implementation of performance measures, and evaluation of treatment program effectiveness.

Treatment programs for offenders, which are part of rehabilitation, are not limited to the two state-operated prisons. Treatment programs exist in contracted secure facilities, community-based programs, and through private providers. As such, our report discusses areas beyond prison where further study could provide useful information.

# Chapter I — Introduction

## Introduction

At the request of the Legislative Audit Committee, we completed a risk assessment to determine the potential for conducting a performance audit of adult offender treatment. Our risk assessment determined a performance audit was warranted; however, due to the extent of the topic, a determination was made to focus the audit on specific treatment programs. The audit team decided to conduct an audit of treatment programs at the two Department of Corrections (DOC) prisons: Montana State Prison (MSP), and Montana Women's Prison (MWP).

Montana statutes give authority over the adult correctional system to DOC. Treatment is one of the services provided to offenders by DOC. Various types of treatment are offered to offenders, in both prison and community-based facilities, to help offenders succeed at being law-abiding citizens. The average cost per day per inmate for the two state-operated secure facilities is about \$78. Using the average daily population for FY 2007, the total number of inmates in the two facilities was 1,672. Based on a 365-day year, the annual cost for housing inmates was about \$47.6 million. Completion of treatment impacts an inmate's length of stay in prison, so effectiveness of treatment programs is an important aspect of the correctional system.

## Audit Scope and Methodology

Based on preliminary audit work, we developed the following audit objectives:

- ◆ Identify treatment programs and resources at the two state-operated facilities.
- ◆ Identify whether there are treatment waiting lists, what size the lists are, and why they exist.
- ◆ Determine how treatment requirements and completion of these requirements affect inmates, the facilities and department, and the Board of Pardons and Parole (BOPP).
- ◆ Identify what performance measures exist for treatment programs and how those measures relate to DOC goals and objectives including reducing length of incarceration and recidivism rates.
- ◆ Identify treatment-related topics for potential future audit.

## Audit Scope

The audit focused on inmate treatment at the DOC prisons. We reviewed the entire treatment process including assessment of offender needs, development of treatment plans, assignment to treatment programs, ongoing monitoring and evaluation of offender

treatment, offender release from prison, and treatment resources. Audit objectives were addressed through the following audit work:

- ◆ Review and analysis of associated state laws, rules, and policies.
- ◆ Interviews with personnel within DOC, MSP, MWP, and BOPP.
- ◆ Observations of the facilities at MSP and MWP.
- ◆ Review of various treatment-related information maintained on the DOC website.
- ◆ Review of treatment tracking system data and 28 inmate files at MSP and MWP.
- ◆ Collection and review of treatment-related information from seven other states and several national organizations.

Based on preliminary audit work, we decided to focus our review on chemical dependency and sex offender treatment programs, as well as cognitive restructuring. MSP and MWP also provide inmates access to mental health treatment, basic and vocational education, and employment and training opportunities. While these other programs may be considered treatment-related, and they have impacts on the correctional system, there were specific reasons for not including them within audit scope. Educational programs may not be considered treatment by everyone, and the programs involve numerous aspects, so they were not included. Mental health issues can have significant impacts on inmates and the correctional system, and there can be co-occurring needs for other treatment such as chemical dependency; however, because mental health can involve a wide range of issues and treatment, including medication and one-on-one therapy, we chose to also exclude it from review.

## **Report Organization**

The remainder of this report contains four chapters including a background chapter, and chapters detailing our findings on the impacts of treatment, measuring program effectiveness, and treatment-related topics beyond the two state-operated prisons.

## Chapter II — Background

### Introduction

By statute, the Department of Corrections (DOC) is responsible for supervision of adult offenders. The department operates various facilities and programs related to the adult correctional system. One of its services is the provision of treatment. Generally, DOC provides treatment in two settings: secure facilities and community-based programs. DOC operates two secure facilities: Montana State Prison (MSP) for men, and Montana Women’s Prison (MWP) for women. The department also contracts for secure facilities in three regional prisons and one private prison. Community-based services are provided by contractors in various facilities throughout Montana. Contracted secure facilities and community-based services are briefly discussed in Appendix A. Our audit focused on treatment at MSP and MWP. This chapter addresses our first audit objective by providing background information on adult offender treatment in the two DOC prisons.

### Statutes Guide Correctional System Operations

According to section 53-1-201, MCA, the department “shall use at maximum efficiency the resources of state government in a coordinated effort to develop and maintain comprehensive services and programs in the field of adult corrections.” One of the statutory duties of DOC (section 53-1-203, MCA) is to propose programs to the legislature to meet the projected long-range needs of corrections, including programs and facilities for the custody, supervision, treatment, parole, and skill development of persons placed in correctional facilities or programs. Per section 53-30-101, MCA, the primary function of the state’s two prisons is to provide for the custody, treatment, training, and rehabilitation of adult criminal offenders.

The Mission of DOC is:

*The Montana Department of Corrections enhances public safety, promotes positive change in offender behavior, reintegrates offenders into the community and supports victims of crime.*

Two of the department’s goals are:

- ♦ To reduce the risk of offenders committing more crimes by enhancing treatment programs in secure facilities and increasing dependence on community corrections programs and services, all of which are designed to help offenders succeed as productive, law-abiding citizens and remain out of prison.
- ♦ To operate correctional programs that emphasize offender accountability and rehabilitation, staff professionalism and responsibility, public safety, and efficient use of taxpayer dollars.

## Prison Overview

The two state prisons are both managed by a warden and deputy wardens. MSP is located in Deer Lodge and MWP is located in Billings. For FY 2007, the two facilities reported the following:

Category	MSP	MWP
Operating Capacity	1,467	194
Average Daily Population	1,463	209
Employees - Total	629	75
Employees - Uniformed	318	58

**Source: Compiled by the Legislative Audit Division from department records.**

Both facilities also used contract personnel for provision of treatment services. The total annual budget appropriated for the 2009 biennium averages almost \$43 million for MSP and around \$6 million for MWP.

## Treatment Programs for Offenders

Treatment programs for offenders involve more than just the actual provision of treatment; they also include assessments, documentation, evaluation, monitoring, etc. An offenders' crime, personal history, sentencing, and other factors are used to assess needs and requirements. A treatment plan is then developed for each offender. Treatment requires resources including personnel and facilities. In addition, ongoing monitoring and evaluation of an offenders' ability to successfully complete programs, and requirements and continued supervision after completion of treatment are all part of a treatment program.

Individuals entering the Montana criminal justice system are the subject of a number of assessments throughout their period of supervision and/or incarceration. These assessments are oriented toward two ends:

- ◆ Identifying where the offender fits in the security requirements of the system (classification). Offender classification is not included within the scope of this audit.
- ◆ Identifying treatment programs to reduce the offender's potential for re-offending in the future.

The assessment process begins with a pre-sentencing investigation (PSI) completed by DOC probation and parole officers. The courts can use the PSI to identify required treatment programs and/or determine offender placement within the correctional system. In Montana, the courts have the option of sentencing offenders to a particular facility, directly to probation or simply to the department for its placement determination. After sentencing, additional assessments are conducted to determine proper placement and treatment.

The two state-operated facilities provide a variety of treatment options for offenders including chemical dependency, behavior modification, mental health, sex offender, anger management, gambling addiction, basic and vocational education. Chemical dependency, mental health, and sex offender treatment professionals, case managers, and representatives from the Board of Pardons and Parole (BOPP) collaborate to develop a treatment plan for each offender.

## **Montana State Prison (MSP)**

When offenders arrive at MSP, they are placed in the Martz Diagnostic Intake Unit (MDIU). The MDIU facility has an operating capacity of 180 inmates. MSP personnel complete a battery of tests, review records, and conduct offender interviews to assess needs and determine classification. There are six classification custody levels for male offenders. Based on their classification, inmates are housed in max (maximum security), the high-side (higher classification level with tighter security), or the low-side (lower classification level with less stringent security). Where an inmate is housed may affect availability of treatment. For example, a maximum security inmate only has in-cell, self-study available, so group therapy treatment is unavailable.

Based on initial assessments, a treatment plan is completed for each offender. The inmate is then placed on a waiting list for their recommended treatment, and is notified when they reach the top of the prioritized waiting list. The department cannot force inmates to complete treatment, so each offender must decide whether or not they will attend and complete treatment. However, refusing to complete recommended treatment generally has a negative impact on an offender's length of stay and level of classification. In addition to specialized treatment, offenders are provided opportunities for employment. Jobs assignments may be completed while waiting for and during treatment. Each offender is reassessed every six months, or more often as needed, and a classification summary is updated each time new information, such as completion of treatment, becomes available.

The types of treatment provided at MSP fall into five general categories: sex offender programming (SOP), chemical dependency (CD), cognitive (cognitive principles and restructuring (CP&R) and anger management (AM)), educational, and mental health. Most

treatment is provided in a group therapy setting. The following table lists the specialized treatment programs provided at MSP.

**Table 2**  
**MSP Treatment Programs**

Treatment Program	Description	Length
SOP I	Educational phase	24 weeks
SOP II	Cognitive and behavioral phase	2 years
SOP III	Aftercare phase	Once per month
CD Primary Care	No prior treatment or high level of denial of dependency	6 to 12 weeks
CD Relapse Prevention	Prior treatment or recovery	6 to 12 weeks
CD ITU	Comprehensive intensified treatment	60 to 90 days
CD Meth Specific	Exclusive for methamphetamine abuse/addiction	Three 8-week phases
CD Continuing Care	Follow-up to other CD programs	2 hours per week
CD Medicine Wheel	Native American spiritual/cultural based	6 to 12 weeks
CP&R (3 phases)	Examines criminal thinking and behavior	6 to 12 weeks
AM	Develops skills to manage anger	6 weeks
Educational	GED, Regular Ed, Life Skills, Parenting	Varies
Mental Health	Psychotherapy, Psychiatry, ITU	Varies

**Source:** Compiled by the Legislative Audit Division from department records.

Some treatment programs have prerequisites. For example, if an inmate completes SOP I and is recommended for SOP II, he must admit to his offense, or he will be considered untreatable due to inability to admit guilt and will be considered treatment noncompliant. CP&R and AM can be satisfied within SOP and CD treatment.

To support the prison's treatment programs, MSP recently converted a low-security housing unit into an intensive treatment unit (ITU) providing more treatment program beds and resulting in smaller waiting lists of inmates needing treatment. The ITU is a 180-bed unit, and includes offices for MSP treatment personnel. As of June 2007, there were over 250 inmates in various phases of sexual offender treatment, with more than 270 inmates waiting for treatment. MSP is currently the only secure facility in the state providing in-patient sexual offender treatment. There were over 220 inmates in chemical dependency treatment, with almost 550 inmates waiting to get into these treatment programs. Because waiting lists constantly change, these numbers vary almost daily, as do the priorities for each inmate. There are also waiting lists for educational programs, however, the list is small and according to MSP personnel, there were only 5 or 6 inmates on the list as of August 2007.

Treatment groups at MSP normally include 7 to 10 inmates and are facilitated by a therapist or counselor. Currently, MSP has the following resources devoted to treatment programs:

**Table 3**  
**MSP Treatment Program Staffing**

Staff	Sex Offender Programming	Chemical Dependency
Therapist/Counselor	2.0	7.0
Case Manager	1.0	1.0
Administrative Assistant	1.5	1.0
Contracted	4.0*	0.0
Administrator	0.5	0.5

\*10 hours each per week

**Source: Compiled by the Legislative Audit Division from department records.**

According to MSP personnel, approximately 80 percent of inmates receiving treatment in the cognitive area (CP&R and AM) do so within their SOP or CD groups. The other 20 percent participate in separate treatment facilitated by a unit case manager. Unit case managers are not part of specialized treatment staff; rather, these personnel have offices within the prison's inmate housing units and monitor inmate activities and progress. In addition, they are part of the unit management structure and are responsible for inmate classification hearings and parole reports.

## Montana Women's Prison (MWP)

While there can be significant differences, in general, the women's prison is the same as the men's prison in terms of inmate treatment programming, just on a smaller scale. Offenders are processed in intake where MWP staff complete tests, conduct interviews, and review records in order to assess treatment needs. Individual treatment plans are developed, and the inmate then waits for an available opening in a treatment program.

In 2005, MWP initiated transition towards a therapeutic community model in all the housing units. A therapeutic community is an environment in which people with addiction and other problems live together in an organized, structured way to promote change and make a drug-free life in society possible. The units are supervised by correctional officers, who also assist in self-help groups for unit residents.

Much of the treatment provided through MWP involves use of group therapy, and most group therapy sessions last 12 to 14 weeks. The maximum number of individuals participating in a single group is 12, but the preferred size is 8 inmates. Nearly all inmates



participate in trauma and/or grief therapy sessions. The following table lists treatment programs currently available at MWP.

**Table 4**  
**MWP Treatment Programs**

Treatment Program	Description	Length
CD Intensive	Comprehensive intensified treatment	12 to 14 weeks
CD Relapse Prevention	Prior treatment or recovery	6 to 12 weeks
CD Matrix	Part of the Intensive Challenge Program	16 weeks
CD Medicine Wheel	Native American spiritual/cultural based	6 to 12 weeks
CP&R (3 phases)	Examines criminal thinking and behavior	6 to 16 weeks
Anger Management	Develops skills to manage anger	20 weeks
Dialectic Behavior Therapy (DBT)	Develop skills for emotional regulation, distress tolerance, effective communication	16 weeks
Gambling	12-step approach to gambling addiction	Open-ongoing
Trauma	Develop coping skills/trauma resolution	12 weeks
Grief	Understanding stages of grief	8 weeks
Educational	GED, Regular Ed, Life Skills, Parenting	Varies
Mental Health	Psychotherapy, Psychiatry, ITU	Varies

**Source: Compiled by the Legislative Audit Division from department records.**

Some of the programs at MWP are named differently than those at MSP, but provide similar treatment. For example, dialectic behavior therapy relates to criminal thinking. CP&R is exactly the same including the same manuals, and the Medicine Wheel Program operates under the same principles. One notable exception is there is no in-patient SOP treatment at MWP; however, they do contract for SOP treatment services as necessary, but only a small number of inmates need this treatment.

MWP relies on a combination of staff and contract support to provide group therapy sessions. The current capacity of the chemical dependency program is 68 inmates, and the mental health program is 90 inmates. MWP has the following staffing levels:

**Table 5**  
**MWP Treatment Program Staffing**

Staff	Chemical Dependency	Mental Health
Therapist/Counselor	1.0	1.0
Administrator	1.0	0.0
Contracted	1.0	3.0

**Source: Compiled by the Legislative Audit Division from department records.**

These staffing levels include a recent expansion of the prison's chemical dependency program to meet the needs of offenders requiring treatment, especially for methamphetamine use.

## **Board of Pardons and Parole (BOPP)**

While the Board of Pardons and Parole (a citizen's board) is not responsible for provision of treatment, it does have involvement in the process. BOPP is represented on initial assessment committees at both MSP and MWP. These representatives sign-off on each individual inmate's treatment plan. An inmate incarcerated in either facility must serve one-fourth of their sentence before being eligible for parole consideration. However, Montana is not a mandatory parole state, so just because an inmate is eligible for parole, does not mean they will be paroled. If and when an inmate may be paroled is a BOPP decision. These decisions are made with input from facility personnel and BOPP staff.

BOPP considers, among other things, completion of treatment during its decision-making process of whether to approve early release from prison (parole). In most instances, an inmate needs to complete his/her treatment requirements before BOPP will grant parole. There are exceptions to this, and these are addressed on a case-by-case basis. For example, if an inmate is not considered a public safety threat (does not have an extensive history with the justice system, good behavior while incarcerated, etc.), BOPP may elect to allow treatment in the community.

If an inmate is not approved for parole from prison, several scenarios are possible. BOPP may grant approval of parole "upon completion of requirements", such as specific treatment. The inmate may choose to seek another appearance before BOPP at a future date for reconsideration of parole eligibility. Finally, BOPP may determine an inmate does not meet its expectations for parole, which means the inmate will remain in prison until they complete their sentence.

## **Summary**

Both MSP and MWP operate treatment programs for inmates. Assessments of needs are completed when offenders arrive at the facilities, and a treatment plan is completed for each inmate. General categories of treatment include chemical dependency, sex offender, cognitive, educational, and mental health. Both facilities have a finite number of resources available for providing treatment. As a result, inmates are placed on waiting lists based on eligibility dates and BOPP recommendations until they reach top priority and an opening becomes available. During incarceration, inmates appear before BOPP for parole consideration. BOPP decides if and when an inmate may be paroled.



## Chapter III — Impacts of Treatment

### **Introduction**

This chapter discusses the main findings from our review of treatment programs at Montana State Prison (MSP) and Montana Women’s Prison (MWP). One of our objectives related to identifying how treatment impacts the correctional system. To satisfy this objective, we attempted to determine what is happening with regard to inmate treatment and what this means in terms of overall impacts on the adult correctional system such as length of stay, costs, effectiveness of treatment, etc.

### **Treatment Waiting Lists**

One of the first impacts noted during our initial review of treatment programs at Department of Corrections (DOC) prisons was the existence of waiting lists. Incarceration of offenders is based on court orders, which include the amount of time an offender must serve. The minimum “length of stay” is based on the earliest possible parole date, which is one-quarter of the total amount of time they are sentenced to serve. The longer an offender must wait for treatment, the greater the potential for impacting length of stay. As a result, one of our objectives related to further analysis of treatment waiting lists.

### **MSP Waiting Lists**

Once an inmate treatment plan is developed, the inmate must wait until an opening is available in the recommended treatment program. MSP manages its treatment waiting lists using a formal prioritization process with six priority levels. Priorities are based on the earliest parole eligibility dates, so inmates with the shortest time until potential parole are top priority. Priorities for parole eligibility are separated into two categories: parole or pre-release upon completion of treatment, and reappearance before the Board of Pardons and Parole (BOPP) or pre-release screening upon completion of treatment. Priorities also include a discharge date, which is based on total amount of time an inmate is sentenced to prison. Finally, court-ordered treatment, general, and life without parole round out the priority levels. The order and criteria of the top three priorities for sexual offender programming (SOP) and chemical dependency (CD) treatment are slightly different, but fall into the same general categories. MSP used to do treatment on a first-come, first-served basis, but there was a lawsuit in the mid-90’s, and as a result they changed the process and the courts agreed on the current procedure.

Based on the prioritization process, along with inmate activity and behavior, and new intakes, it is possible for inmate priority designations to fluctuate. For example, an MSP inmate could be number 10 on the priority list one month, but then move to a priority 15 the

next month based on their and/or other inmate changes. The following table provides data on MSP inmates in treatment and waiting to start treatment as reported for July 2007.

**Table 6**  
**MSP Inmates in Treatment and Waiting for Treatment**

Treatment Program	In	Waiting	Total
SOP I	40	90	130
SOP II	73	90	163
SOP III TU	60	56	116
SOP III	85	37	122
<b>SOP Total</b>	<b>258</b>	<b>273</b>	<b>531</b>
CD ITU	60	172	232
Meth Specific	30	145	175
Primary Care	45	92	137
Relapse Prevention	50	95	145
Medicine Wheel	16	16	32
Continuing Care	22	25	47
<b>CD Total</b>	<b>223</b>	<b>545</b>	<b>768</b>

**Source: Compiled by the Legislative Audit Division from department records.**

An additional 50 inmates were refusing SOP treatment, so the total number of inmates requiring SOP treatment was actually 581. One of the reasons for the high number of inmates on the CD waiting list is treatment staff vacancies. One position is vacant and one position is on leave. When these positions are filled, the number of MSP inmates in treatment will increase. For example, the 223 inmates in chemical dependency treatment noted in the table above would increase to approximately 300 if the program were fully staffed, with a corresponding decrease in the number waiting. While not specifically reviewed, the educational and mental health treatment programs also have waiting lists; however, these lists do not contain as many inmates.

## MWP Waiting Lists

At MWP the process is less formal and inmates are not assigned a numerical priority. Court-ordered treatment receives top priority, which is then balanced with parole eligibility and discharge dates. Because the MWP process is less formal, comparability of information is less reliable; however, according to MWP treatment records for FY 2007, there were 20 different treatment programs available to 126 inmates at MWP. Of these, 73 inmates (58 percent) were impacted by having to wait for treatment. According to MWP personnel, on average, 10 to 20 inmates are in a treatment waiting status at any given time.

## Why Waiting Lists Exist

Treatment waiting lists partially result from allocation of resources, both physical and personnel. However, not all inmates waiting for treatment could start right away even if personnel, and space, were available. Some may not be available to start treatment, some may be refusing to complete treatment, and some may have behavioral issues that prevent them from being in treatment. In addition to resources, treatment waiting lists are impacted by court requirements, incoming inmates, and a criminal justice philosophy. When courts include specific requirements for treatment, demand for resources is increased, and waiting lists expand. As new inmates arrive, they must be prioritized with the current population according to facility procedures, which also increases demand for resources. Finally, based on current and past interviews and observations, state goals and objectives, and statutes, a criminal justice philosophy exists regarding a perceived need for punishment for offender crimes. This philosophy may affect availability of treatment by impacting when it is scheduled, which subsequently impacts waiting lists and resources.

According to DOC personnel, factors limiting treatment opportunities are funding and space. MSP, as well as MWP, use contract personnel to provide some inmate treatment. MSP would like to have full-time employees instead of contractors, but indicate their ability to hire employees is limited by the amount of compensation they offer for treatment positions and lack of qualified applicants. MWP indicates they rearrange schedules to cover vacancies created by similar situations. MSP converted one entire unit into an intensive treatment unit and believes this was a positive move, but would need to complete similar changes on the complex to allow for more personnel and programs. A new addition at MWP completed in 2001 is mostly used for inmate housing and has very little treatment areas; thus, MWP would also need to modify or expand its facilities to allow for increases in treatment personnel and programs. Over the last three years, the average daily population increased by at least six percent each year. However, treatment resources have remained relatively unchanged which, combined with increasing populations, expands treatment waiting lists.

---

### CONCLUSION

*Treatment waiting lists exist at both prisons due to a greater demand for treatment than current resources can address. Subsequently, this can extend inmate length of stay because of BOPP requirements for completion of treatment prior to release from prison. Inmate behavior, resource availability, and rising inmate populations also impact treatment waiting lists.*

---

## **Treatment Program Documentation**

MSP currently maintains three separate inmate treatment databases: CD, SOP, and specialized treatment. These databases include a variety of information such as priority designation; housing unit; treatment assignments, waiting, enrollment, and completion dates; parole eligibility and discharge dates; previous incarceration dates; and BOPP notes. The CD database is the most complete database with inmate information related to parole activities, parole eligibility dates, discharge dates, violations, and enrollment in community-based programs. However, these databases do not include information related to initial sentencing and incarceration dates for inmates. Because of this limitation, average length of stay for offenders requiring different types of treatment is not readily available. Additionally, none of the databases are interconnected to provide a single summary of inmate treatment, nor do the individual databases contain all information related to each inmate. The databases are used to track inmate treatment, but the data is not always used for program analysis. To allow analysis of the MSP waiting lists, we combined the individual databases into a single spreadsheet for a more complete record of inmate participation in treatment programs.

As mentioned in the previous section, MWP has a less formal treatment tracking system than MSP. The two main treatment sections (CD, mental health) use individual spreadsheets to track inmate treatment. These individual spreadsheets are combined into a single spreadsheet, but variations in methods for entering inmate data create inconsistencies. For example, in the spreadsheet obtained during the audit, MWP did not consistently include dates for waiting and enrollment times, and parole eligibility and discharge dates.

## **Our Analysis of Treatment Program Data**

Because each prison, in general, operates its treatment programs in a similar fashion, and because MWP is much smaller than MSP and has less formal documentation, we concentrated our analysis on MSP. However, our findings and recommendations are applicable to both facilities. After combining the MSP treatment databases, we analyzed the data to determine what it indicates. There were 269 individual inmates listed in the three MSP treatment databases waiting for treatment. Our review of treatment data was supplemented with inspection of a judgmental sample of inmate hardcopy records. Our findings are summarized in this section, with a few points highlighted to indicate what is happening with regard to inmate treatment.

---

### **CONCLUSION**

*Prison treatment documentation exists, but it is not consistent and it does not provide a comprehensive record of overall inmate treatment. As a result, the ability to perform data analysis of treatment programs is limited.*

---

## What Our Analysis Indicates

Our analysis of treatment program data identified causal factors and outcomes. This section provides findings from our analysis including the following general observations:

- ◆ Hundreds of inmates must wait for treatment.
- ◆ The average treatment waiting period is over one year.
- ◆ Some treatment is required by outside entities and other treatment is prison recommended.
- ◆ Behavior and actions of inmates affects their ability to attend and complete treatment.
- ◆ Where inmates are housed affects treatment availability.
- ◆ The majority of inmates on the CD and SOP waiting lists are not able to complete identified treatment prior to parole eligibility.
- ◆ Some inmates will discharge their sentences prior to completing identified treatment.
- ◆ More than 25 percent of inmates released to a pre-release center were returned to prison.
- ◆ Less than 20 percent of inmates released to a pre-release center had a sex-related crime.
- ◆ Length of sentences for sex-related crimes are considerably longer than for other crimes.

These observations are discussed in more detail in the following sections.

## Waiting Status

As presented previously, treatment waiting lists affect inmates as soon as treatment plans are developed. MSP inmates on waiting lists for identified treatment will spend an average of 16 months waiting for SOP treatment and 19 months waiting for CD treatment. The longest time on the CD waiting list was over 9 years, and the longest time on the SOP waiting list was 7 years. The length of the various treatment programs range from six weeks to several months to being open-ended. MSP inmates needing CD treatment require at least 6 months to complete treatment programs once enrolled. However, inmates needing SOP treatment require between 4 and 22 months once enrolled. According to the department, male offenders lengths of stay vary between 17 months and 59 months, so having to wait for treatment has a significant impact. Because treatment priority levels are based on length of sentences, inmates with longer sentences receive lower priority levels. This results in longer times on treatment waiting lists. Inmates with sentences of life without parole receive the lowest priority for treatment, so they usually have much longer waiting times.



## **Various Entities Can Recommend Treatment for Inmates**

Another impact on treatment programs relates to recommendations for treatment. Inmates may first be directed to complete treatment by the courts. Court orders often include requirements for offenders to complete specific treatment. Both prisons have licensed and certified professionals on staff or on contract to identify treatment needs of sentenced individuals. Finally, BOPP may direct inmates to complete specific treatment at parole eligibility hearings. Because an inmate cannot be forced to complete treatment, identified treatment needs are considered recommendations. The majority of inmates in CD programs had recommended treatment, whereas the majority of inmates in SOP programs had required treatment.

## **Inmate Completion of Treatment**

If an inmate is enrolled in treatment but fails to complete the program, the inmate receives a designation. If the reason for failing to complete treatment is not the fault of the inmate, the inmate is designated as incomplete but compliant with treatment. This enables the inmate to remain a top priority for future placement in treatment. If the reason for failure is the result of inmate actions, such as refusal to complete, failure to complete, or behavioral issues, the inmate is designated treatment noncompliant. An inmate considered treatment noncompliant must modify their actions in order to get back into the treatment priority schedule. In addition, treatment noncompliant inmates face a high probability of an adverse BOPP decision regarding early parole. MSP data indicates about 19 percent of inmates did not complete treatment due to behavioral issues, and over half of these had not completed treatment prior to parole eligibility.

As noted, behavior plays a critical role in an inmate's ability to participate or complete treatment opportunities. Security classifications are partly dependent on inmate behavior and dictate where an inmate is housed. Inmates housed on the high-side are less able to complete treatment programs due to lack of available programs, and the inmate's ability to interact with other inmates in an acceptable manner for a group setting. So inmate behavior and housing effects completion of treatment, which in turn impacts BOPP decisions, which usually increases the inmate's length of stay. If an inmate does not improve their behavior, it can result in release from prison without completing recommended treatment.

## **Impacts on Parole and Discharge**

Our review included a determination of whether MSP inmates would be able to complete identified treatment programs prior to parole eligibility or discharge dates. Parole eligibility is the point where statutory requirements for incarceration in prison are met and the inmate can, potentially, be moved into a lower cost community-based program. The final decision for parole is made by BOPP. Parole eligibility is statutorily set at one-quarter of the total sentence received.

The data indicates nearly two-thirds of MSP inmates on the CD waiting list are not completing required treatment prior to parole eligibility, which means these inmates will likely not be released as early as possible. For SOP treatment, over half the MSP inmates on the current waiting list are not able to complete their SOP treatment before they reach parole eligibility. Finally, 11 inmates in both the CD and SOP waiting lists will be discharged before they are able to complete required treatment programs. According to MSP documentation obtained during the audit, about 70 percent of sex offenders leave prison before completing recommended treatment. For inmates to be released early, completing recommended treatment is an important factor. An advantage of releasing inmates to the community is increased bed space to house higher risk inmates. Another advantage of releasing inmates to the community is DOC costs can be reduced. However, according to DOC, BOPP, and national research, if or when inmates are released without completing treatment programs, both the inmate and public are at risk of future re-offending, assuming the problem and/or disease needing treatment contributed to the offender's criminal activities.

### **Pre-Release Centers**

Pre-release centers (PRC) are one type of community-based program designed to ease the transition of inmates from incarceration back into society. While we did not audit PRC operations, there can be impacts on prison treatment programs due to potential for return to incarceration. Around 17 percent of the inmates on MSP waiting lists were ultimately released to PRC located around the state. The data indicates over 30 percent of these inmates experienced multiple enrollments, including one inmate with four placements in a PRC. These returns to incarceration can impact prison treatment programs because these inmates must be prioritized with the current population. This raises questions as to what is causing these returns to incarceration, but the department does not currently capture the data. According to the department, 93.1 percent of offenders in PRC have substance abuse or dependence issues, which may be a reason for returns to incarceration.

### **Sex-Related Offenses**

About 17 percent of the inmates placed in pre-release centers had sex-related offenses, which indicates a smaller percentage of sex offenders are released to pre-release centers. This confirms information received through MSP and BOPP sources; most pre-release centers do not readily accept sex offenders even though these offenders will be released at some point in time. Based on information from department personnel, only two of the six PRC accept sex offenders on more than an occasional basis.

---

**CONCLUSION**

*There are various factors impacting treatment programs including court sentences, inmate history, waiting lists, inmate behavior, prison population, housing, resources, and space, BOPP requirements, and even community-based programs and availability.*

---

## **Strengthening Data Analysis**

Both prisons have treatment tracking systems in place. However, neither facility compiles detailed analytical information such as the data provided above. In addition, treatment databases do not contain sufficient information to be considered a comprehensive inmate record. As a result, prison management does not have readily accessible data to obtain a clear understanding of the impacts of treatment on the various aspects of the system. Finally, neither facility has established a system for comprehensively analyzing operations to identify ways to potentially improve outcomes. Prison personnel are aware of individual inmate activities and behavior, but they are less familiar with overall program statistics. For example, our analysis indicates inmates can wait for treatment for over a year. Waiting for treatment can impact the number of beds available in the prisons, which can impact overall costs. Analyzing operations will help identify staffing and facility resource needs. If the analysis indicates, then allocating more resources to treatment may help alleviate treatment waiting list impacts. Compiling and analyzing this type of data will help strengthen treatment programs by increasing possibilities for prison managers to identify and address needed program enhancements.

While some treatment program professionals at the facilities informally track and analyze some details of treatment, this is not part of a formal process. The cause relates to allocation of time and resources for developing this type of tracking system. Treatment professionals are concerned with providing treatment. Prison managers are concerned with security and inmate management. Management and treatment personnel are not responsible for data analysis and system development, and may not possess skills to accomplish this. Both prisons have limited resources for developing computer systems, and according to the department, less than two percent of its entire workforce are information technology professionals. However, we believe additional development of the current inmate tracking systems, plus ongoing analysis of program operations, will provide better management data for use in monitoring treatment impacts. The department agrees with the idea of strengthening its data analysis, but believes it will require additional resources. We did not analyze resource needs for this audit, but we were able to use current tracking systems to further analyze inmate treatment. In addition, we did not identify documentation indicating data compilation and analytical resource needs of the department and prisons.

As such, the department and the prisons need to first identify resource needs and then allocate resources accordingly.

---

**RECOMMENDATION #1**

*We recommend the Department of Corrections require Montana State Prison and Montana Women's Prison to:*

- A. Identify resource needs for strengthening data analysis and allocate accordingly.*
  - B. Further develop inmate treatment tracking systems to capture more formal and consistent data.*
  - C. Establish a process for ongoing analysis of treatment program operations to identify program needs and address impacts on the correctional system.*
- 

### **System-Wide Analysis**

This chapter focused on identification of treatment impacts at the two secure facilities. Our recommendation addresses data collection and program analysis within each facility. The department has oversight responsibilities for all adult offender supervision, so it seems logical it would analyze its programs from a system-wide perspective. The next chapter discusses our findings related to measuring program effectiveness.



# Chapter IV — Measuring Program Effectiveness

## **Introduction**

The fourth objective of this audit was to identify what performance measures exist for treatment programs and how those measures relate to what the Department of Corrections (DOC) is doing. This objective follows closely with the treatment impacts objective discussed in the previous chapter. In order to determine treatment impacts, data needs to be compiled and analyzed. Results of data analysis then need to be compared to performance measures to determine how treatment programs are affecting the correctional system. This chapter describes our search for criteria and best management practices for comparison to DOC secure facility programs. We performed an Internet search of national corrections organizations and state corrections operations, with follow-up interviews as needed. Information from this review was used to determine what performance measures are currently available or being used to evaluate the effectiveness of treatment programs.

## **Existing Performance Measures**

We reviewed the following national organizations for existing performance measures:

- ◆ National Bureau of Justice Assistance
- ◆ American Correctional Association
- ◆ National Institute of Corrections
- ◆ U.S. Department of Justice

In addition to our national review, we reviewed descriptions of operations of state correctional treatment programs in the following states:

- ◆ Idaho
- ◆ Wyoming
- ◆ North Dakota
- ◆ South Dakota
- ◆ Washington
- ◆ Colorado
- ◆ Arizona

## **Measures at the National Level**

While there is research at the national level examining the need for corrections agencies to communicate effectiveness of treatment programs, there are limited model performance

measures available. A project sponsored in 1993 by the National Institute of Justice and implemented by the American Probation and Parole Association developed a model process for devising and implementing alternative outcome measures that could be used to evaluate staff and overall agency performance. The model, while developed for community corrections, could be used by corrections agencies.

As part of its current strategic plan, the U.S. Department of Justice utilizes four strategic goals and reports on key performance measures. The third goal is to assist state, local, and tribal efforts to prevent and reduce crime and violence. There are several outcome goals, or performance measures, within this strategic goal including one for reducing recidivism by 15 percent, and two for increasing treatment program participation.

## State Level Activities

In general, offender treatment programs offered by corrections agencies in our review include: cognitive, substance abuse, sex offender, anger management, general education, vocational, emotional, personal and family relationships, and faith-based treatment. Most of the states reviewed have embraced evidence or research-based programming as a means to capture measurable outcomes. Agencies generally defined evidence-based practices as a “what works” approach based on best available evidence.

While the states reviewed are at varied levels of incorporating performance measures, there is a general consensus it is a good idea to measure effectiveness of treatment programs and any subsequent impact on recidivism. General challenges faced by states include:

- ◆ limited resources
- ◆ lack of staffing
- ◆ inadequate data collection systems

The majority of states reviewed have strategic plans which generally contain an emphasis on improving effectiveness of offender treatment and reducing recidivism. Treatment personnel interviewed confirmed linking treatment effectiveness with recidivism is a good idea, but performance measures were still a work in progress.

Defining recidivism rates in the states also varies, which makes a direct comparison to Montana rates challenging. However, where data is available, overall offender recidivism rates for other states range between 20 percent and 60 percent using the criteria: within three years of release. Generally, agencies do not link effectiveness of a single treatment program to a reduction in recidivism. A notable exception is Arizona where recidivism rates are tracked by treatment program. The Arizona data indicates a higher level of inmate program involvement correlates with a greater reduction in recidivism.

A number of states report exploring development of evaluation strategies from external sources, such as independent evaluation contractors or university research facilities.

- ◆ An Idaho Department of Corrections study concluded there is a clear impact of treatment on recidivism rates; effective treatment has an impact on offenders and is more cost-effective than incarceration alone.
- ◆ A Washington study on effectiveness of correctional programs in reducing recidivism and the cost effectiveness of making programs available to more offenders concluded some programs work for reducing recidivism, but others do not. The study also concluded if offender exposure to programs were increased by 20 to 40 percent, the state could avoid significant new prison construction.
- ◆ Wyoming concluded the type of programming in which offenders are involved has a direct relationship to recidivism, and an adequate system must be in place to track treatment effectiveness.
- ◆ Finally, an internal evaluation conducted by the Colorado Department of Corrections indicated effectiveness of treatment on recidivism rates for some programs varied widely.

## **Measures in Montana**

Recidivism rates, the pace at which offenders return to a correctional institution after being released, is one of the most common measures of how well a correctional system is working in efforts to rehabilitate criminals. Montana's recidivism rate is based on the number of offenders who return during the first three years after release. According to DOC statistics, recidivism rates for men and women offenders are similar. Among all offenders released in fiscal 2003, DOC reports 47.7 percent of male offenders returned to a correctional setting, while 44.6 percent of female offenders returned. During the 10 years prior to 2003, the rate for men increased from 34 percent, and the rate for women rose from 31 percent. The department separates this overall rate into prison and alternative placements. The recidivism rates for returning to prison were 29.9 percent for men and 29 percent for women.

The department reports the two general reasons for returning to prison: 1) technical violation of conditions imposed on community placement, or 2) new crime. Statistics indicate about 78 percent of male offenders had a technical violation, and about 20 percent returned because of a new crime. About 63 percent of males returning to an institution went to prison; the remainder were placed in an alternative placement. Ten years earlier, almost 83 percent of male recidivists went to prison. For females, about 88 percent were sent back for a technical violation, and around 12 percent committed a new crime. About 66 percent of these women returned to prison, compared to only 15 percent returning to prison ten years before.



## Summary of Performance Measurement

In general, there is consensus at both the national and state level regarding the value of linking treatment effectiveness to a reduction in recidivism. At the national level, there has been extensive research on the topic, but limited development of performance measurement models. While states reviewed are at different levels of implementation, all appear to have researched and pursued the concept of performance measurement. As for recidivism rates, direct comparison is challenging. Overall rates, if available, vary considerably based on methodology. In practice, agencies generally do not correlate a specific treatment program with a reduction in recidivism; however, internal and external evaluation efforts sponsored by agencies appear to demonstrate a positive connection between treatment and recidivism.

## Strengthening Treatment Program Measurement

DOC reports recidivism rates for male and female offenders, broken out by technical violations and new crimes; however, there is no link between recidivism rates and treatment programs. There is no further analysis of recidivism rates, nor are there any formalized treatment program-related performance measures in place at Montana State Prison (MSP) or Montana Women's Prison (MWP). As a result, Montana does not comprehensively measure effectiveness of its secure facility treatment programs.

Recent research indicates the public has an increasing expectation for corrections-related programs to produce results and make a positive difference in offender behavior. According to a poll by the Pew Center (a nonpartisan "fact tank" providing information on issues), a large majority of the American public believe the corrections system should rehabilitate, not punish criminals. The poll also indicates the public is less supportive of treatment for violent offenders. Considering public opinion, as well as research being done at the national and state level, it is appropriate for DOC to actively pursue establishment of performance measures to gauge effectiveness of treatment programs.

## Department Goals

Establishing mission statements and goals, and measuring attainment of these is one way of measuring program effectiveness. The department established the following treatment-related goals:

- ◆ Goal 4 - To reduce the risk of offenders committing more crimes by enhancing treatment programs in secure facilities and increasing dependence on community corrections programs and services, all of which are designed to help offenders succeed as productive, law-abiding citizens and remain out of prison.
- ◆ Goal 5 - To operate correctional programs that emphasize offender accountability and rehabilitation, staff professionalism and responsibility, public safety, and efficient use of taxpayer dollars.

While DOC established a mission and goals, there is no formal, comprehensive process for measuring and reporting attainment. In reviewing these department goals, it appears measurement of effectiveness is possible. Terms such as “enhancing treatment programs” and “increasing dependence on community corrections programs” can be measured. However, there are no formal measures set to determine if actions are attaining desired results. The terms “rehabilitate” and “remain out of prison” are general and may not be as easily measured. According to an Internet search, rehabilitate means to restore or return someone or something to a former state, or proper condition, or good way of living. Not all offenders will remain out of prison, but the department has not established any measures, or benchmarks, indicating how many offenders it would like to have remain out of a correctional setting. Because there are no formal performance measures, it is unknown how or if department actions are affecting treatment programs in secure facilities or impacting corrections overall. Without performance measures in place, it is also unknown whether the department is meeting its goals.

To determine if treatment programs are achieving desired goals and objectives, in other words being effective, comprehensive and reliable data is needed for program evaluation. Analysis of data also helps identify deficiencies and weaknesses in operations. The data collection and analysis of inmate treatment suggested earlier will help in development of performance measures. Until potential deficiencies are identified and analyzed, the capacity for improving operations is limited. The department needs to establish a system of ongoing evaluation and modification in order for performance measures to be effective. Another benefit of established performance measures and evaluation is the ability to address inquiries and provide timely data for the legislature and public.

## Examining Available Resources

Another area of potential performance measurement relates to the amount of resources available for treatment services while an offender is in prison. DOC expended the following for treatment at the two prisons in FY 2007:

**Table 7**  
**Treatment Program Expenditures at MSP and MWP**

	MSP	MWP	Total
<b>Personal Services</b>	\$1,810,904.54	\$153,814.12	\$1,964,718.66
<b>Contracted Services</b>	\$440,396.50	\$485,901.74	\$926,298.24
<b>Operating Costs</b>	\$78,832.41	\$3,915.10	\$82,747.51
<b>Total</b>	\$2,330,133.45	\$643,630.96	\$2,973,764.41

Source: Compiled by the Legislative Audit Division from department records.

The department does not know how an increase in resources would impact treatment programs, or to which treatment programs increased resources should be allocated because it does not formally evaluate program effectiveness. Theoretically, if the prisons hired more treatment personnel and developed more designated treatment areas, more inmates could be treated sooner, which would reduce the waiting lists. If inmates receive treatment sooner, they may be able to be paroled sooner; which would result in additional beds being available for new offenders, which in turn reduces the potential need for additional secure beds. These assertions presume an applicable offender population that meets and follows prescribed treatment programs.

## Summary

Based on our review, recidivism is one measure of showing how well a correctional system is rehabilitating offenders. Analyzing trends and programs over a period of time provides an indication of ongoing effectiveness. Department officials believe they are effectively using current resources; however, this belief is not based on formalized, verifiable treatment program data. Using current DOC information, one could conclude Montana has experienced a decline in success of rehabilitation. DOC needs to further develop and implement performance measures and evaluate treatment program operations to help identify effectiveness of its budgetary and programmatic decision-making. Once formal performance measures are established, the department needs to continually evaluate program operations in order to maintain up-to-date data, identify issues on a timely basis, and modify operations to address issues and meet goals. This system will help department and facility managers explain operations, justify program expenditures, and support future budget requests.

---

### **RECOMMENDATION #2**

*We recommend the Department of Corrections further develop and implement performance measures for individual prison treatment programs and resources.*

---

## **Treatment Effectiveness**

Studies indicate treatment works. However, studies also indicate some treatment may be ineffective. In general, Montana operates similar types of treatment programs to those conducted in other states. Yet Montana's recidivism rate has increased over the last 10 years. While there are no national standards or guidelines as to what constitutes an acceptable recidivism rate, it should not deter Montana from establishing its own performance measures. In addition, the department does not have specific explanations why recidivism rates are increasing, whether rates are impacted by current treatment programs, and how

they plan to address rates in the future. No matter what recidivism rate DOC reports, management's focus should be toward explaining why rates are at their current level, what will be done to reduce rates, and how it relates to treatment programs.

One issue presented during our review relates to the amount of treatment an offender should receive. MSP experiences inmates participating in the same treatment program numerous times, including transfers to community-based programs. While the courts and Board of Pardons and Parole often make recommendations resulting in repeating treatment, DOC programs and facilities absorb the impact. Repeating treatment impacts the process by increasing waiting lists, expending resources, and occupying program space (beds). Because offenders repeat treatment, does it indicate programs are ineffective in rehabilitating? The answer to this question is not definitive.

There will be some level of recidivism; however, the key is determining how treatment programs impact these rates. There are probably many factors which affect Montana's recidivism rates. The point is the department does not provide any formal explanation, so the legislature and public do not know, which impacts their decision-making abilities. The reason for this lack of information is due in part to DOC not developing and implementing sufficient treatment performance measures. This same conclusion was reached by Legislative Fiscal Division staff in a report of evaluation of treatment done in 1996. At that time, legislative staff indicated DOC had no formalized expectations of programs or performance indicators to measure and evaluate the performance of treatment programs.

While the recidivism rate should not be the only performance measure evaluated, it does provide a starting point. If DOC can determine how treatment impacts the recidivism rate, it can then modify operations to try to reduce the rate. If the recidivism rate is reduced, it can have positive impacts on the corrections system as a whole. For example, if treatment results in reducing the recidivism rate from 30 percent to 25 percent, additional prison beds would be available for other offenders because those offenders would not return to prison. At approximately \$78 per inmate per day, we estimate a dollar impact of \$6,800 per day or about \$2.5 million annually with a 5 percent reduction in the recidivism rate. According to the department's most recent biennial report, it is better for offenders, safer for society and cheaper for taxpayers to rehabilitate and return offenders to communities than to lock them up for decades. The department has conducted studies related to treatment and recidivism; however, it does not appear the findings and conclusions from the studies were used to establish performance measures and make changes to treatment programs. In addition, these studies are not part of an ongoing system of evaluation of DOC treatment programs. Appendix B provides additional details on some recent studies.

Our audit reviewed DOC treatment programs at the two state-operated secure facilities. In general, our objective was to determine what was happening with regard to inmate

treatment and what any findings meant in terms of length of stay, costs, overall impact on the adult correctional system, etc. We believe the conclusions reached and recommendations made in this report will help the department provide comprehensive answers to questions such as, “Is adult inmate treatment working?”

---

**RECOMMENDATION #3**

*We recommend the Department of Corrections establish a formal system for ongoing evaluation and reporting of treatment program effectiveness.*

---

## Chapter V — Treatment Beyond Prison

### **Introduction**

Treatment of offenders, which is part of rehabilitation, is not limited to the two state-operated prisons. Treatment of offenders occurs in contracted secure facilities, community-based programs, and privately. The final objective of our audit was to identify treatment-related topics for potential future audit. This chapter discusses those areas beyond prison treatment where we believe further study could provide useful information for decision-makers.

### **Community Corrections**

Various types and levels of treatment are provided to offenders in community-based programs (see Appendix A). Department of Corrections (DOC) personnel indicate a greater reliance on placement of offenders in community-based programs in order to help manage prison crowding and reduce costs. DOC records indicate 78 percent of all offenders are supervised in community-based placements. While the department has a contract monitoring process in place, details about the type of performance measures initiated and the level of analysis conducted is unknown. Audits of some of these community-based programs were conducted in the past by the Legislative Audit Division, although none of those reviews specifically concentrated on treatment programs. An audit could review adult offender treatment in community-based programs similarly to our review of adult inmate treatment at the two state-operated secure facilities. For example, during our review of prison inmate records, we noted transfers to pre-release centers. Some of these placements failed, including some offenders with multiple placements and failures, and the offenders returned to prison. There is no comprehensive, or at least reported, departmental analysis of these situations to identify causes and address issues. Similar situations occur with probation services as well.

### **Treatment Continuum - Offender Support**

According to one of the contracted studies conducted by DOC, evaluation research shows clearly that aftercare resources are pivotal in determining release success or failure for inmates who participated in therapeutic community treatment for chemical dependency while in prison. This appears to be true for inmates and offenders who participate in many kinds of treatment. As such, a continuum of treatment is important for ensuring the effectiveness and success of rehabilitation. When offenders participate in treatment, aftercare helps to ensure the methods and concepts learned in treatment are continued in everyday life. Effectiveness of treatment may be diminished without continued offender support, which in essence would make expenditures for treatment resources a waste of money. Specifically, the question arises, “does the inmate have resources in the community, both professional and family-oriented, to support continuation of treatment-related goals?”

At the present time, there is no single entity responsible for following an offender's treatment progress throughout their entire time under DOC supervision.

A critical element of ensuring the most effective continuum of treatment exists is accurate, reliable offender records. One difficulty mentioned by prison personnel and in DOC contracted studies relates to problems receiving offender records. Some facilities are not timely in providing offender information to the prison, or do not provide offender records at all. This creates more work for prison and Board of Pardons and Parole staff, as well as difficulties in completing assessments and developing treatment plans. Similar concerns may exist in other facilities within the correctional system. The point is ensuring offender records are maintained and transmitted through the entire process.

An audit in this area could review how the correctional system ensures treatment of offenders continues throughout the entire process to help ensure effective and successful reintegration into society. This could include a review of how offenders are tracked; accuracy, completeness and handling of offender records; where or if the process fails to support offenders; similarity and transferability of treatment programs and if this increases efficiency; and how any identified inefficiencies impact recidivism and the correctional system overall.

### **Sentencing of Offenders**

Montana is the only state in the nation allowing judges to sentence convicted offenders to the custody of the department. These individuals are referred to as DOC commits. DOC is responsible for determining the best placement for DOC commits based on individual needs and circumstances.

The other sentencing option for judges is direct placement of offenders in specific facilities. The most common of these direct sentences are to the two state-operated secure facilities: Montana State Prison (MSP) and Montana Women's Prison (MWP). However, court orders also include sentences to other facilities/programs such as pre-release centers, boot camp, and specialized treatment programs. For example, personnel at MSP indicate sentences for some inmates place them at MSP, but also include orders to place the inmate in the Nexus program, the methamphetamine treatment facility in Lewistown for male offenders.

Another sentencing matter noted during our review are court orders for sex offender programming for offenders who did not receive a sex-related sentence. Other specific sentences are also possible. The impacts of sentencing decisions on treatment programs and resources, including where offenders are sentenced to and what specific treatment requirements are included, could be examined through further audit work. In addition,

audit work could include examination of statutes, identification of court practices in sentencing, and adherence to court orders.

### **Examination of Recidivism**

Recidivism is the rate at which offenders return to a correctional institution after being released. While DOC reports its recidivism rates for MSP and MWP, there is no standard or goal for Montana's institutions to attempt to achieve. In addition, there are no effectiveness goals or comparative information for other facilities and community-based programs. After developing a system for measuring program effectiveness, analysis and examination of operations is needed. Further review in this area could analyze performance measures established for secure facilities and community-based programs; and compare available data to determine effectiveness and identify potential improvements. This would include comparison to standards from national organizations and other states.

### **Mental Health**

This audit did not include mental health treatment programs as part of scope. However, mental health issues can and do have a significant impact on inmates and the correctional system. There can be co-occurring treatment needs, such as chemical dependency, which may be impacted by mental health issues. For example, an inmate's ability to participate in group therapy may be negatively impacted by his or her mental health issues, which in turn may extend their length of stay in a secure facility. House Joint Resolution 26 (HJR 26), enacted by the 2007 Legislature, called for an interim committee to "study and develop an implementation plan to provide mental health care in the criminal and juvenile justice systems." The Law and Justice Interim Committee is conducting the study. Any decision to conduct audit work in this area would be made after completion of the HJR 26 study.

### **Summary**

Our review of treatment programs within DOC prisons identified impacts on offenders and the correctional system. We also noted offender treatment programs are not limited to the two prisons. The majority of Montana offenders are supervised in alternative placements. Treatment of offenders is an ongoing process. Further review and analysis of the areas mentioned in this chapter will provide overall information. Additional information will provide the legislature more global data regarding how rehabilitation through treatment affects offender populations and overall cost of the correctional system.





## APPENDIX — A

### **Community Corrections**

The Adult Community Corrections Division supervises 78 percent of the more than 13,100 offenders who are the responsibility of the Department of Corrections (DOC). Community corrections placements offer alternatives to prison. Offenders are managed in a variety of programs including sanction and assessment centers, alcohol and drug treatment facilities, secure facilities and boot camp, pre-release centers, and probation and parole.

### **Sanction, Revocation, Assessment Centers**

The Missoula Assessment and Sanction Center (MASC) is a correctional facility for adult male offenders established in 2002. The program is for offenders committed to the Department of Corrections by the courts, and for offenders on probation or parole being sanctioned for violations of conditions. While the facility is under contract with DOC as a regional prison, MASC provides assessment, evaluation, and short-term treatment prior to placement in a community-based program.

Passages, formerly known as the Billings Assessment and Sanction Center (BASC), was established in 2005. The program provides evaluation and assessment services, as well as sanction facilities, to female offenders. Program capacity is 50 beds.

The Sanction Treatment Assessment Revocation and Transition (START) facility in Warm Springs opened in 2005. START is a highly structured, intensive treatment program designed to encourage cognitive and behavioral change for offenders who violate their community-based placement. The program has an 80-bed capacity.

### **Alcohol and Drug Treatment Facilities**

The Warm Springs Addiction Treatment and Change (WATCh) Program opened in 2002. This program is dedicated to fourth and subsequent DUI offenders. Sentences are for 13 months but offenders who successfully complete the 6-month program may serve the remainder of their sentence on probation. In 2005, a second WATCh facility opened in Glendive. Program capacity is 106 beds in Warm Springs and 40 beds in Glendive.

The Connections Corrections Program opened in Butte in 1998. This program is a chemical dependency treatment facility. In 2005, the program was expanded to the WATCh facility in Warm Springs. Program capacity is 40 beds in Butte and 50 beds in Warm Springs.

The Elkhorn Treatment Center in Boulder is a 40-bed methamphetamine treatment facility for female offenders. The Nexus Treatment Center in Lewistown is an 80-bed methamphetamine treatment facility for male offenders. Both these facilities opened in 2007.

Passages (described in the previous section) includes a 40-bed treatment program for women.

## Secure Facilities

The department contracts for secure facilities with three regional prisons and one private prison. The private prison, Crossroads Correctional Center, is located in Shelby. It has a capacity of 512 male offenders and offers some treatment options including a chemical dependency intensive treatment unit offering primary care and relapse prevention services. The three regional prisons include:

- ◆ Cascade County Regional Prison in Great Falls with a capacity of 152 males.
- ◆ Dawson County Correctional Facility in Glendive with a capacity of 144 males.
- ◆ Missoula Assessment and Sanction Center in Missoula with a capacity of 144 males.

The regional prisons also offer some treatment options to offenders, but the extent of these programs was not identified as part of our review.

The Treasure State Correctional Training Center (TSCTC) in Deer Lodge is a correctional facility boot camp program for adult male offenders. The program is based on a military format and stresses preventing future criminal behaviors, physical training, and drill. The boot camp includes programing in victomology, criminal thinking errors, anger management, substance abuse treatment, and academic schooling. Program capacity is around 50 offenders.

## Pre-Release Centers

Pre-release centers are correctional facilities operated by non-profit corporations providing supervision, counseling, assistance, and training to male and female offenders. The program is an alternative to direct release of offenders from prison or jail, as well as an alternative to prison for probation and parole violators. There are currently six pre-release centers in Montana with the following capacities:

- ◆ Billings – 222
- ◆ Bozeman – 30
- ◆ Butte – 171
- ◆ Great Falls – 169
- ◆ Helena – 98
- ◆ Missoula - 110

## Probation and Parole

The Probation and Parole Bureau within DOC is responsible for supervision of adult probationers and parolees, and offenders on conditional release. The program provides numerous services including monitoring, supervision, and counseling of offenders, as well as work with the courts including pre-sentence investigations. The Intensive Supervision Program (ISP) is part of probation and parole and monitors and supervises offenders at a more intensive level.

## Statistics

Fiscal year 2006 populations, as counted on November 11, 2006, were as follows:

- ◆ Montana State Prison – 1,458
- ◆ Montana Women’s Prison – 218
- ◆ Regional Prisons: Dawson County – 142; Cascade County – 151
- ◆ Private Prison: Crossroads Correctional Center – 501
- ◆ County Jails: 222
- ◆ Alcohol treatment facilities: WATCH – 145
- ◆ Drug treatment facilities: Connections Corrections – 87
- ◆ Boot camp: TSCTC – 52; Intensive Challenge Program – 15
- ◆ Pre-release: centers – 635; transitional living – 58; ISP – 305
- ◆ Sanction and revocation centers: START – 52
- ◆ Assessment centers: MASC – 135; BASC – 20
- ◆ Probation and parole: 7,536

The following lists the cost per day for the various correctional facilities:

- ◆ MSP – \$75.88
- ◆ MWP – \$79.94
- ◆ Secure Contract Facilities (Regional and Private Prisons) – \$59.87
- ◆ Pre-release Centers – \$47.69 to \$72.05
- ◆ START – \$66.70
- ◆ WATCH: east – \$89.62; west – \$54.58
- ◆ Connections Corrections: east – \$72.92; west – \$64.75
- ◆ Passages – \$71.50
- ◆ Elkhorn – \$125.00
- ◆ Nexus – \$117.87

In comparison, costs for community supervision were much less. For example, adult probation and parole costs were \$4.01 per day, and costs for ISP were \$7.64 per day.



## APPENDIX — B

### Department of Corrections (DOC) Contracted Studies

The department contracted for studies relating to recidivism including one at each of the prisons (2004) and one on pre-release centers (2006). These studies were completed by the University of Montana. The prison studies were an analysis of the impacts of treatment programs on inmate misconduct and recidivism. The programs included in the study at Montana State Prison (MSP) were the intensive treatment unit (ITU) programs for chemical dependency and sex offender programming. The study at Montana Women's Prison (MWP) included Medicine Wheel chemical dependency and anger management treatment. The pre-release center (PRC) study attempted to develop predictive models of recidivism. The following are a few excerpts from these studies:

- ◆ Treatment compliant ITU chemical dependency inmates have lower recidivism rates; however, treatment compliant inmates have higher first-year recidivism rates than non-treatment inmates. The longer the sentence served, the higher the likelihood of recidivism. Inmates who completed Medicine Wheel treatment had lower rates of recidivism than those in the comparable non-treatment group.
- ◆ Inmates who completed ITU sex offender programming treatment tend to have a higher rate of recidivism. Examinations of the effects of institutional treatment of sex offenders on levels of recidivism are few. Most have found little if any positive effects of treatment on recidivism. The literature suggests absence of treatment effects for sex offenders is attributable to a variety of factors.
- ◆ Inmates who completed Anger Management treatment had lower rates of recidivism than those in the comparable non-treatment group.
- ◆ A variety of factors may influence recidivism rates such as time served before release, race, age at time of release, and the amount of time elapsed between release and return to prison.
- ◆ There is a significant debate regarding effectiveness of therapeutic treatment in prisons. Although considerable time and money is devoted to treatment programs, a clear consensus regarding program effectiveness has not emerged.
- ◆ The nature of data collection and storing processes used by each pre-release center needs to be reformed in order for important questions regarding recidivism of residents and effectiveness of pre-release programming to be answered.
- ◆ A more complete understanding of the persons moving through the system and what is associated with their return or non-return to institutional status after PRC entry and/or completion will assist the DOC in developing more effective interventions to prevent recidivism.
- ◆ All current computer systems present significant data retrieval challenges.
- ◆ The researchers frequently ran into incomplete information in inmate files.

DEPARTMENT OF  
CORRECTIONS

DEPARTMENT RESPONSE

# DEPARTMENT OF CORRECTIONS

C-3



BRIAN SCHWEITZER, GOVERNOR

1539 11<sup>TH</sup> AVENUE

## STATE OF MONTANA

(406) 444-3930  
FAX (406) 444-4920

PO BOX 201301  
HELENA, MONTANA 59620-1301

RECEIVED

NOV 15 2007

LEGISLATIVE AUDIT DIV.

Scott A. Seacat  
Legislative Auditor  
Legislative Audit Division  
P.O. Box 201705  
Helena, Mt 59620-1705

RE: Chemical Dependency and Sex Offender Treatment Programs at Montana State Prison and Montana Women's Prison Performance Audit

Dear Mr. Seacat:

The Montana Department of Corrections has reviewed the November 2007 performance audit of adult inmate treatment programs at the Montana State Prison and the Montana Women's Prison. The following is our response to the recommendations in the audit.

### Recommendation #1

We recommend the Department of Corrections require Montana State Prison and Montana Women's Prison to:

- A. Identify resources needs for strengthening data analysis and allocate accordingly.
- B. Further develop inmate treatment tracking systems to capture more formal and consistent data.
- C. Establish a process for ongoing analysis of treatment program operations to identify program needs and address impacts on the correctional system.

### Response:

Concur. Department management is aware that offender treatment programs informally track treatment at their respective prison facilities. However, they also are aware that the data being collected does not provide information that is useable for management-level decision-making. Montana is part of a multi-state consortium that has access to an open-source offender management information system (OMIS). The Department of Corrections has been working for more than a year to convert, develop and implement an



inmate tracking system and the basic program is nearing release for general use. However, the initial program does not accommodate data that would allow broad and formal analyses of treatment programs. Because the department recognizes the importance and benefits of treatment in helping offenders succeed in the community, it has prioritized the addition of modules that include components containing medical information such as treatment programs.

- A. The Department of Corrections will provide the Legislative Audit Committee an analysis of the resources that will be utilized to strengthen department-wide data analysis in the area of treatment programs
- B. The Department of Corrections will continue to develop the OMIS system. As it is being developed, its ability to gather medical data, such as treatment program waiting lists, participation and completion, will be the top priority.
- C. Treatment programs at both prison facilities will develop a formal process to evaluate those programs. The process will include goals, objectives, performance measurement and effects on the entire correctional system.

#### Recommendation #2

We recommend the Department of Corrections further develop and implement performance measures for individual prison treatment programs and resources.

#### Response:

Concur. Department management recognizes that program performance is critical when scarce resources are allocated to implement and operate treatment programs within the corrections system. The department believes that its treatment programs – based on programs and practices implemented and shown to be successful elsewhere – are effective in rehabilitating offenders. But the department also agrees with the auditors' assessment that our determination of programmatic successes is primarily anecdotal and lacks the support of formal, verifiable treatment program data. Consequently, the department will focus efforts on identifying what constitutes success within its treatment programs. Further, it will identify specific performance measures that will enable department leadership to determine if success has been achieved.

#### Recommendation #3

We recommend the Department of Corrections establish a formal system for ongoing evaluation and reporting of treatment program effectiveness.

#### Response:

Concur. Studies exist that indicate that treatment can affect recidivism. Most offenders entering the correctional system will require treatment in some form. For example, more

than 90 out of every 100 offenders have some form of chemical-dependency issue. While the department continues to provide treatment services to its offenders, it cannot point to specific performance indicators that may help department managers and other decision makers allocate resources in different or new ways. Evaluation of such indicators may decrease recidivism or increase offender success in other ways such as reducing or eliminating chemical abuse. Although the department has conducted studies and is working to understand some of the causes of recidivism, it agrees with the auditors' assessment that it lacks a formal system to evaluate effectiveness of treatment programs. The department will develop a formal system for ongoing treatment program evaluation and reporting of treatment program effectiveness. This system will include a strategic plan designed to optimize both human and financial resources in achieving success in department treatment programs.

The Department of Corrections appreciates the hard work and professionalism of the legislative auditor's staff for helping us identify the issues addressed here. We believe that our responses to the audit recommendations will help create a model of success that can be applied to areas of the department outside the scope of the audit such as the chemical dependency and sex offender services offered in our prisons. Thank you again for the opportunity to review the audit report and respond to the recommendations.

Sincerely,



Mike Ferriter, Director  
Montana Department of Corrections