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If this topic moves forward to a full evaluation, the evaluation will be conducted as much as practicable according to generally accepted governmental auditing standards promulgated by the Comptroller General of the United States, as required by W.S. 28-8-107(e). Information contained in this paper, as well as all subsequent information gathered during the evaluation will be independently verified and reported according to the auditing standards.

Introduction

In January 2016, the Management Audit Committee (Committee) directed the Legislative Service Office (LSO) Program Evaluation staff to prepare a scoping paper on the recidivism rates for offenders treated for substance abuse through the Wyoming Department of Corrections (Corrections or Department). The Committee's interest centered on Wyoming's low offender recidivism rates compared to national rates and how Correction's substance abuse treatment programs may contribute to Wyoming's low recidivism rates. Staff reviewed statutes, financial data, and the Department's programmatic background information to assist the Committee in determining if a full evaluation would be beneficial to the Legislature at this time.

Background

- More than 4 in 10 offenders return to prison within 3 years of release
- Recidivism rates have been largely stable for over a decade
- Recidivism rates vary widely among states
- A state's recidivism rate is the product of numerous variables
- States are putting research on what works into practice
- Recidivism reduction strategies can reduce crime and cut correction costs

Pew Charitable Trusts report "*State of Recidivism: The Revolving Door of America's Prisons*" (2011)

The connection between drug and alcohol use and crime is well documented with the understanding that drug use and intoxication impairs judgment. Substance use is a contributing factor to criminal and violent behavior and poor anger management. According to Wyoming Corrections officials, substance abuse is the single most common factor among all persons in the correctional system: approximately 55% of men and 65% of women have substance abuse issues. At a national level, a survey by the U.S. Department of Justice, Bureau of Justice Statistics estimates that about 70% of state prisoners regularly used drugs prior to incarceration. The study also showed that one in four violent offenders in state prisons committed their offenses while under the influence of drugs.

For Wyoming, Corrections currently reports that 55% of the female inmates have an assessed need for residential substance abuse treatment, while 45% of the male inmates have the same level of need. Additionally, another 20% of the female inmates require intensive outpatient (IOP) treatment, along with 15-20% of the male inmates. Research from the National Institute on Drug Abuse has shown the benefits of in-prison substance abuse treatment in breaking the cycle of re-incarceration of inmates. This scoping paper addresses Corrections' efforts to manage recidivism rates through substance abuse treatment programs and services.

Recidivism Defined

Succinctly, recidivism refers to the *reoccurrence of criminal behavior, with a return to incarceration and/or intervention, by offenders after intervention by the criminal justice system.* For inmates, recidivism is calculated as the percentage of offenders who return to prison for a new felony conviction within three years

of release. Recidivism rates for probationers and parolees are calculated as the percentage of offenders that successfully complete supervision and return for any reason (e.g. revocation or reoffend) to Corrections' custody within three years of release from supervision.

In 2011, the Pew Charitable Trusts published a report titled "*State of Recidivism: The Revolving Door of America's Prisons.*" In summary, the report notes that more than four in ten offenders nationwide return to state prison within three years of their release. With respect to data reported in the study for the period 2004 to 2007, Wyoming had the second lowest recidivism rate in the country at 24.8%. The lowest rate in the country was Oregon at 22.8%. Corrections has continued to measure recidivism rates consistent with this study and continues to experience rates well below the national average. Refer to Appendix A for more detailed information on state prison releases and recidivism rates related to the Pew report.

Recidivism Rates are a Product of Numerous Variables

A state's recidivism rate is the product of numerous variables. Valid comparisons with other states must consider underlying policies and practices which can impact the recidivism rate. For example, rates are impacted by the types of offenders sentenced to prison, how inmates are selected for release, the length of time under supervision, and responses to violations of supervision after release.

The Pew report highlights key strategies states can use to break the cycle of recidivism. The first is to measure success by focusing on desired results such as reducing recidivism, reducing substance abuse, and increasing employment. Second, offender release preparation should begin at the time of prison admission. Third, it is important to use validated risk and needs assessments to develop individualized case plans that match treatment needs and the offender's risk level. Also, strategies which impose swift and certain sanctions that create incentives for offender success are valuable. The report concludes that the largest reductions in recidivism are realized when evidence-based programs and practices are implemented in prisons and that govern the supervision of probationers and parolees in the community after release.

Collaborative Efforts Shaping Corrections' Substance Abuse Treatment Programs

Corrections has been involved in the development of statewide substance abuse treatment efforts for almost thirty years. A Statewide Drug Policy Board (Board) was created in 1987 by the Governor's Executive Order 1987-1. The Board consisted of representatives of drug enforcement, prosecuting attorneys, courts,

corrections, education and treatment entities. Early coordination efforts targeted the impacts of long-term alcohol and drug abuse problems through enforcement, prevention, treatment and rehabilitation.

In 1998 the Legislature appropriated \$3.2 million to implement a comprehensive substance abuse plan and pilot projects led by the Board. During the next legislative session (1999) \$5.2 million was appropriated to continue what was known as the Methamphetamine Initiative. Refer to Appendix B for a summary of other legislative efforts that influenced how the current corrections and community-based substance abuse service system evolved.

Corrections has remained an active partner with other state agencies as directed through subsequent Executive Orders reauthorizing the Board, which was renamed the Governor’s Substance Abuse and Violent Crime Board. The State’s substance abuse treatment system expanded the range of services from community-based through to residential treatment programs and the criminal justice population remains a priority for treatment services.

Authorizing Statutes

State statutes relevant to substance abuse treatment services in Corrections’ facilities and community programs include:

- W.S. §§ 25-1-101 et. seq., covers the Department’s enabling statutes over correctional facilities
- W.S. §§ 7-13-407, sets out the duties of probation and parole agents
- W.S. §§ 7-13-1301 et. seq., sets out the Addicted Offender Accountability Act (AAOA), which requires assessment of an offender’s need for and level of substance abuse treatment services
- W.S. §§ 5-2-101-103 and W.S. §§ 7-13-1601 et. seq., guides the Court Supervised Treatment Program, which provides supervised community-based substance abuse treatment as managed through the Wyoming Department of Health
- W.S. §§ 9-2-2701 et. seq., the Substance Abuse Control Plan establishes requirements for a comprehensive, integrated, statewide plan for substance abuse services across multiple state agencies, including Corrections.

Department of Corrections

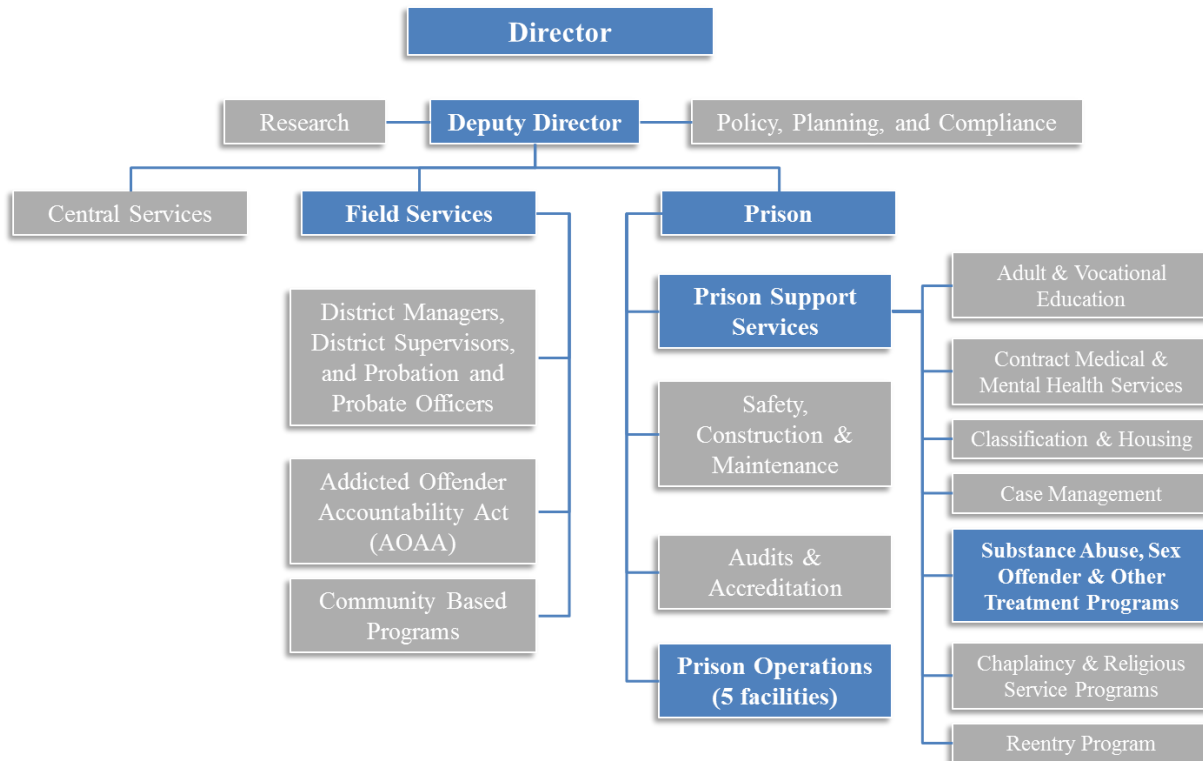
The Department operates four adult prisons (sometimes called correctional institutions) for male offenders and one for female offenders:

- Wyoming Honor Conservation Camp and Boot Camp (WHCC), in Newcastle
- Wyoming Honor Farm (WHF), in Riverton
- Wyoming Medium Correctional Institution (WMCI), in Torrington
- Wyoming State Penitentiary (WSP), in Rawlins
- Wyoming Women’s Center (WWC), in Lusk.

The Department contracts with three adult community corrections centers located in Casper, Cheyenne, and Gillette. These programs provide housing and case management services for offenders who are administratively sanctioned as an alternative to release revocation.

Figure 1, below, illustrates the organization chart for the Department. The chart highlights the key divisions, programs, and services that have a relationship with the Department’s substance abuse treatment programs.

Figure 1
Simplified WDOC Organization Chart



Source: Legislative Service Office summary of Department of Corrections information.

The figure shows that the Prison Division is responsible for prison support services which include the substance abuse program and other treatment programs. These programs are components of

other support services, such as adult and vocational education, medical and mental health services, and case management, which are available to inmates as determined by assessed need.

The Field Services Division covers administration of the AAOA program. Additionally, probation and parole officers provide supervision and support for offenders through twenty-five field offices, with at least one in every county across the State. These officers support offenders’ access to treatment services, manage drug testing, and provide individualized case management.

Funding

The FY2017-2018 biennial budgets for substance abuse treatment programs within Corrections’ facilities has undergone recent budget reductions and is currently set at \$4.1 million. Illustrated in Table 1, below, are the FY2017-2018 agency requests and the Governor’s recommendations for applicable budget units for outpatient and residential substance abuse services at the corrections facilities. The table also shows the final Legislative appropriations for the biennium. Funding for the programs is derived from the Tobacco Trust Fund, except for \$100,000 from a federal criminal justice grant. Following Table 1, Table 2 shows the final appropriations for the preceding three biennia, FY2011-2012, FY2013-2014 and FY2015-2016.

Table 1
Wyoming Department of Corrections’ FY2017-2018 Budget Request

Substance Abuse Treatment Division (0400)	Program	Request	Governor’s Changes	Governor Recommendation
Honor Conservation Camp	Outpatient	\$833,663	(\$313,229)	\$520,434
Women's Center	Outpatient	\$492,776	(\$393,548)	\$99,228
Women's Center	Residential	\$1,426,696	\$0	\$1,426,696
Honor Farm	Outpatient	\$635,215	(\$507,305)	\$127,910
Honor Farm	Residential	\$1,209,067	\$0	\$1,209,067
State Penitentiary	Outpatient	\$649,525	(\$518,734)	\$130,791
Medium Correctional Inst.	Outpatient	\$675,151	(\$539,199)	\$135,952
Medium Correctional Inst.	Residential	\$1,120,766	\$0	\$1,120,766
Total Request		\$7,042,859	(\$2,272,015)	\$4,770,844
Total Appropriation				\$4,150,078

Source: Legislative Service Office summary Corrections’ budget request and the Legislature’s Budget Bill.

Table 2
Wyoming Department of Corrections Facilities’ Substance Abuse Appropriations,
FY2011-FY2016

Substance Abuse Program	Facility	Fund Type	FY2011-12	FY2013-14	FY2015-16
Out Patient Treatment Services	WHCC	TT	\$164,251	\$1,111,951	\$833,663
	WWC	TT	\$142,351	\$759,916	\$492,776
	WHF	TT	\$153,300	\$693,340	\$635,215
	WSP	TT	\$635,105	\$705,604	\$649,525
	WMCI	GF	\$483,487	N/A	N/A
	WMCI	TT	\$466,913	\$523,396	\$675,151
Residential Intensive Treatment Program	WWC	FF	\$100,000	\$100,000	\$100,000
	WWC	TT	\$2,393,306	\$1,562,960	\$1,326,696
	WHF	GF	N/A	\$420,000	N/A
	WHF	TT	N/A	\$0	\$1,209,067
	WMCI	GF	\$1,527,475	N/A	N/A
	WMCI	TT	\$3,474,418	\$1,585,692	\$1,120,766
Revocation - Intensive Out Patient Program	WMCI	GF	\$1,802,709	\$1,313,671	\$420,000
	WMCI	TT	\$0	\$486,785	\$486,785
Totals			\$11,343,315	\$9,263,315	\$7,949,644

Source: Legislative Service Office summary of enacted legislative appropriations.

Note: The following are abbreviations found in the table above: WHCC – Wyoming Honor Conservation Camp; WWC – Wyoming Women’s Center; WHF – Wyoming Honor Farm; WSP – Wyoming State Penitentiary; and, WMCI – Wyoming Medium Correctional Institution.

An Overview of Substance Abuse Treatment Programs in Corrections

Corrections has taken an inclusive approach to substance abuse treatment by providing offenders access to services in the institutions, at re-entry, and in community programs. Historically, Corrections has offered a full continuum of substance abuse treatment, encompassing early intervention/education, outpatient, intensive outpatient, and residential substance abuse treatment. Depending on assessed substance abuse treatment need, offenders are referred to the appropriate level of treatment. This practice allows for movement up or down the continuum of care to better meet the inmate’s progress and changing treatment requirements.

In addition to medical and mental health care, offenders can participate in education and vocational training. Corrections has also made professional substance abuse treatment services and self-help supports integral components in its rehabilitation efforts. By combining appropriate sanctions with targeted interventions, Corrections’ programs and services offer offenders incentives and opportunity to break the cycle of substance abuse-related criminal activity.

Prison-based therapeutic communities are a form of long-term residential treatment for substance use disorders and are among the most successful. This therapeutic model offers a therapeutic culture and environment where program participants are separated from the rest of the incarcerated population.

The general goals are to see:

1. A decline in or abstinence from substance use
2. A cessation of criminal behavior
3. Employment and/or school enrollment
4. Successful social adjustment.

Offenders who successfully complete the program and receive aftercare in the community are less likely to relapse and recidivate.

Treatment Improvement Protocols #44, Substance Abuse Treatment for Adults in the Criminal Justice system, Substance Abuse and Mental Health Services Administration

Prison-Based Treatment Services

For the most part, in-prison facilities’ substance abuse treatment services are delivered by contract providers and staff. However, some psychoeducational group services are provided by facility case management staff. Corrections currently contracts with three entities whose licensed or certified professional staff deliver residential treatment services through a modified therapeutic community treatment model:

- **Community Education Centers** was awarded the contract for the Casper Reentry Center, which is a 100-bed, secure residential treatment center based on the Therapeutic Community model (see definition at the left). This vendor also provides medical and mental health care for program participants.
- **Gateway Foundation, Inc.** was awarded the contract for in-prison substance abuse treatment beginning in July 2015. Long term residential treatment services are provided at the Wyoming Medium Correctional Institution in Torrington and at the Wyoming Women’s Center located in Lusk. Intensive outpatient treatment is integrated into the Wyoming Boot Camp Program located in Newcastle.
- **Corizon Health** provides co-occurring mental health and substance abuse treatment services and works closely with Gateway in-prison treatment providers.

Community Services

In the community setting, Corrections’ AAOA treatment staff provides the majority of required substance abuse assessments as part of the pre-sentence investigation process for offenders. The Department’s eight licensed treatment professionals have statewide responsibility and work out of Field Services offices in Lander, Pinedale, Laramie, Cheyenne, Gillette, and Casper.

Corrections Administrative and Clinical Frameworks

The Department has a number of administrative and clinical structures and processes that provide the foundation of how substance abuse treatment services are delivered, monitored and evaluated within the agency. The Department has written policies and guidelines, handbooks and training manuals. For example, the Department has written policies and guidelines on data collection and reporting systems, such as the Monthly Reporting for Correctional Facilities and Management Information System policies. The former policy guides reporting requirements of the Department’s facilities, and references the Department’s participation in a national performance data collection system. The

latter policy directs the management of the Department's information systems to enhance the ability to measure activities and performance.

Corrections also receives external audits of its programs and services to independently verify the quality and appropriateness of its operations through industry standards such as:

- Wyoming Department of Health, Rules and Regulations for Substance Abuse Standards, pursuant to W.S. § 9-2-2701
- American Correctional Association (ACA) *Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions*, First Edition
- National Commission on Correctional Health Care (NCCHC) *Standards for health Services in Jails and Prisons*

Corrections has invested in staff recruitment and retention efforts, including staff training in such areas as the best practice technique called Motivational Interviewing. The Department states that it was the first corrections department in the country to require all staff working with offenders to be trained in this practice.

Levels and Types of Substance Abuse Treatment Services in Corrections

Assessments

The Department provides screening and assessment for substance use disorders and has implemented policy and protocols to identify substance abuse treatment needs. All offenders convicted of felony offenses are formally assessed in conjunction with the substance abuse treatment program admission process. Offenders may also undergo additional screenings and assessments during their involvement with the Department.

The assessment process begins with a professional substance abuse assessment as part of the AOAA. The AOAA requires every convicted felony offender and all third DUI misdemeanants to receive a substance abuse assessment as part of a pre-sentence and post-sentence Report. Through the AOAA, Corrections staff provides courts with a sentencing option that includes substance abuse treatment for “qualified offenders.” Under the AAOA, a “qualified offender” is a person convicted of a felony determined by a court to have a need for alcohol or other drug treatment.

The assessment drives recommendations for treatment in the community as well as while an offender is in prison. If an offender is remanded to prison, a drug screen is performed by the prison contract substance abuse treatment staff. The referral takes into consideration sentence structure, criminal risk for recidivism, and

clinical substance abuse treatment need. Additionally, inmates nearing eligibility for release from prison will receive an assessment to evaluate continuing treatment needs and referrals to community-based programs upon release.

Certified mental health professionals are required to use the Addiction Severity Index (ASI) and the American Society of Addictions Medicines Patient Placement Criterion (ASAM PPCII) when providing a substance abuse assessment. These tools are also used by the AOAA assessors for substance abuse assessment. These tools and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk Assessment are used by prison treatment professionals in preparation for an inmate's release.

Community-Based Treatment Services

There are a number of treatment opportunities for offenders prior to incarceration at a Corrections prison facility. Adult Drug Courts and DUI Courts, and intensive community-based substance abuse programs represent sentencing and supervision options prior to full incarceration for offenders. These courts are examples of the therapeutic justice model of intervention. Corrections' field agents assigned to adult drug courts and intensive in-patient and outpatient treatment programs, maintain specialized caseloads that allow for enhanced focus to promote offender accountability and long-term behavioral change balanced with maintaining the Department's commitment to public safety.

Field agents also serve as members of a therapeutic team, providing input for case planning, treatment decisions, sanctions, and incentives. Intensive supervision and treatment programming components include substance abuse treatment, cognitive interventions, employment/training, education services, and supports.

Residential Treatment Services

Substance abuse treatment within Corrections' facilities began at the **Wyoming State Penitentiary Intensive Treatment Unit** in 1995. The 29-bed facility was supported by State and federal funding. Treatment services were offered through a professional services contract. In 2010, the program moved to Torrington with the opening of the **Wyoming Medium Correctional Institution** and was expanded to a 144-bed program.

In 2013, in response to the need for additional medium security beds and to facilitate residential treatment for minimum custody inmates without having to transfer them to a high custody facility, the program was reduced to 72 beds.

The **Wyoming Women's Center Intensive Treatment Unit** began in 2000. The substance abuse treatment program expanded to 54 beds in 2013. As a result of recent budget reductions, Corrections reduced the number of treatment beds by 24 (a 42% reduction).

Casper Re-Entry Center-Therapeutic Community Treatment Program (CRC-TC) began operations in 2005. Authorized by the Substance Abuse Control Plan the CRC-TC program is a secure 100-bed treatment center housing medium and minimum custody inmates.

The **Wyoming Boot Camp** substance abuse program has used a cognitive-behavioral treatment curriculum for offenders with substance use disorders for many years. Efforts were made to strengthen this program with additional professional treatment staff, but expansion efforts were discontinued given budget reductions.

Wyoming Honor Farm Intensive Treatment Unit was established in 2013 with a treatment capacity of 74 beds. However as a result of the budget reductions this program was fully closed as of June 30, 2016, resulting in a 30% decrease in residential bed capacity across the men's correctional system.

Impact of Recent Budget Reductions

Historically, IOP programs were provided in all Corrections facilities. In addition to the reduction in residential beds noted above, budget reductions in the tobacco settlement funds of \$4.5 million have resulted in the Department eliminating all in-prison IOP services. Corrections was able to retain IOP services at the Wyoming Boot Camp. Additionally, Corrections now only offers residential treatment, along with modified therapeutic community treatment, at the Women's Center ITU, Wyoming Medium Correctional Institution, and the Casper Reentry Center-Therapeutic Community.

In the Field Services' AAOA budget for pre-sentence report assessments, funding reductions eliminated the Department's ability to use contract assessors to assist its own staff assessors in providing timely assessments to the courts. Other budget reductions have greatly reduced Field Services' ability to impose administrative jail sanctions for felony probationers and parolees.

Corrections noted to LSO that treatment needs are exceeding treatment capacity and that it is concerned that these reductions will increase release revocations and recidivism rates. This may occur due to more limited use of restrictive sanctions that can be administratively imposed on offenders who violate supervision,

which are often due to positive drug screens. The Department is revising its prioritization of inmates’ access to available residential beds noting that fewer inmates needing treatment will receive their assessed appropriate level of treatment.

Performance Measures: Recidivism and Treatment Completion

Success Rate

Inmate success is defined as the proportion of inmates who do not return to prison for a new felony conviction within three years of release from the institution.

Probationer and parolee success is defined as the proportion of probationers and parolees who complete supervision and do not return to WDOC within three years of release from supervision.

Corrections has developed, tracked, and reported standardized performance measures on recidivism for at least 15 years. The recidivism measures used by Corrections are nationally agreed upon standards adopted by the Association of State Correctional Administrators (ASCA). Corrections also uses the ASCA’s Performance Based Measures System to delineate measures of performance for each standard, definition for each performance measure, and how measures are counted and calculated.

As noted previously, recidivism refers to the reoccurrence of criminal behavior, and may result in re-incarceration and/or intervention, by offenders after intervention by the criminal justice system. However, Corrections uses the term “success rate” for reporting its performance measure instead of recidivism rate. A success rate is the inverse of recidivism rate. For example, a 10% recidivism rate is the same thing as a 90% success rate. A review of the Department’s strategic plans and annual reports has identified four measures which are described in the following sections.

Inmate Recidivism: The percentage of inmates who do not return to prison for a new felony conviction within three years of release from the institution.

Table 3, below, summarizes inmate success rates related to the reoccurrence of criminal behavior after intervention by the criminal justice system. Trend data is compiled using a three-year cohort. Consequently, the highlighted cells contains incomplete data as the three-year calculation period has not concluded for the 2014 through 2016 cohorts.

Table 3
Inmate Success Rates, FY2006-2016

Fiscal Year	Inmate Success
2006	89.7%
2007	89.3%
2008	90.3%
2009	88.9%
2010	91.8%
2011	89.7%
2012	89.6%
2013	89.7%

Fiscal Year	Inmate Success
2014	94.5%
2015	97.8%
2016	99.5%

Source: Legislative Service Office summary of Wyoming Department of Corrections strategic plan information.

Probation and Parole Recidivism: The percentage of probationers and parolees who successfully complete supervision and do not return to Corrections’ care within three years of release from supervision.

Table 4, below, summarizes the percentage of felony and misdemeanor probationers and parolees who successfully complete supervision and do not return to Corrections’ care within three years of release from supervision. Overall, misdemeanor probationers appear to have the lowest success rate among the three offender categories.

**Table 4
Felony, Misdemeanor Probationers and Parolee Success Rates,
FY2006-2016**

Fiscal Year	Felony Probationers Success	Misdemeanor Probationers Success	Parolee Success
2006	62.4%	50.8%	66.3%
2007	63.8%	52.0%	66.3%
2008	66.2%	53.7%	70.4%
2009	67.1%	58.9%	66.8%
2010	60.9%	51.8%	63.0%
2011	62.2%	51.9%	66.8%
2012	66.6%	53.7%	66.6%
2013	60.8%	55.5%	60.8%
2014	62.6%	60.0%	57.4%
2015	63.2%	60.4%	64.9%
2016	66.8%	59.3%	71.3%

Source: Legislative Service Office summary of Wyoming Department of Corrections strategic plan information.

According to Corrections officials, approximately 25% to 30% of inmates discharge their prison sentence fully without being placed on parole. For the offenders on parole who are convicted of a new felony crime and are returned to prison, they will be counted as a recidivist in the inmate measure in Table 3, above. However, this return will also show as a recidivist in the probationer and parolee measure shown in Table 4, above. In other words, parolees who commit new felonies are counted in both measures.

Inmate Intervention Program Completion: The percentage of inmates with assessed programmatic, education, or work needs who completed the recommended treatment or intervention(s).

The risk of recidivism is reduced by focusing efforts on specific areas which contribute to an offender’s criminal behavior. Interventions address criminal thinking, substance abuse, education/vocational training, and work opportunities. The greatest impact and benefit of these interventions is considered to occur when offenders complete their programming.

Table 5, below, summarizes the percentage of inmates with assessed programmatic intervention needs who completed the recommended treatment or intervention(s). These measures apply to the inmates who were assessed with specific risks/needs, who completed programming, and exited prison. Only those inmates who complete the full program are counted.

**Table 5
Intervention Program Completion Rates for Inmates, FY2006-2016**

FY	Criminal Thinking	Substance Abuse	Education	Work
2006	31.8%	28.6%	66.7%	68.0%
2007	50%	50%	41.7%	65.6%
2008	48.9%	33.1%	56.1%	69.2%
2009	48%	27%	53%	70.5%
2010	47.8%	50.3%	66.9%	70.6%
2011	47.2%	54.5%	66.4%	70.7%
2012	61.4 %	74.3%	78.2%	68.4%
2013	88.1%	76.2%	78.5%	94.6%
2014	89.5%	79.7%	78.3%	79.0%
2015	88.2%	79.0%	78.5%	79.0%
2016	83.0%	79.1%	79.0%	79.1%

Source: Legislative Service Office summary of Wyoming Department of Corrections strategic plan information

Probation and Parolee Intervention Program Completion: The percentage of probationers and parolees with assessed cognitive or substance abuse needs who completed the recommended treatment or intervention(s).

Corrections developed a new performance measure in FY2015 specifically for offenders under supervision. Table 6, on the next page, summarizes the percentage of probationers and parolees with assessed cognitive or substance abuse needs who completed the recommended treatment program or intervention(s). This new performance measure was added as data capacity expanded to record additional program details. The percentage of offenders employed is a

snapshot of the total number of offenders on supervision in January 2015 and July 2015 who were reported to have full-time employment.

Table 6
Intervention Program Completion Rates
for Probationers and Parolees, FY2015

Intervention	Completion Rate
Criminal Thinking	57.2%
Substance Abuse Treatment	83.2%
Employment	77.0%

Source: Legislative Service Office summary of Wyoming Department of Corrections FY2016 Annual Report.

Corrections Cannot Separate Intervention Impacts for Offenders

Corrections does not have the research or information system capacity to determine the singular impact of substance abuse treatment on recidivism rates separate from the other rehabilitative interventions. However, inmates' criminogenic needs are assessed and correlative areas are defined as "highly probable or probable" contributors to criminal behavior, which are then targeted for intervention. Interventions in the areas of criminal thinking, substance abuse, education, and work opportunities all have high completion rates for inmates and are believed to contribute to Wyoming's low recidivism rate.

The Department reports that Wyoming's success rates are attributed to the implementation of best-practices that have the greatest chance of positively impacting offenders' behavior. Corrections has used to the following principles to lower recidivism over the years:

- Use of validated risk/need assessment instruments
- Focus on evidence-based reduction strategies
- Begin to prepare inmates for reentry to the community upon arrival to prison
- Use of incentive and sanctioning options for "swift and certain" responses
- Provide incentives for positive behavior

Work of Joint Judiciary Committee, Corrections and System Stakeholders

The Joint Judiciary Interim Committee has had criminal justice reform as an interim study topic for the last three years. At the direction of this Committee and with the support of the Governor's Office, Corrections has held multiple stakeholder meetings and

presentations to gather input directly from the judiciary, prosecutors, public defenders, and the sheriffs and chiefs of police association. In 2014, the Department partnered with Pew Charitable Trusts and the National Governors Association Center for Best Practices to conduct a substantial review of its sentencing practices and Corrections' systems. This was a preliminary Justice Reinvestment Act review, which the Pew organization has conducted in other states.

Currently, the Joint Judiciary Committee is considering a draft bill aimed at providing additional substance abuse treatment resources for the courts and for the Department. These proposals are intended to build on the existing substance abuse treatment already in place in the Department and its facilities. However, these efforts should be considered in context with the budget reductions that have eliminated in-prison IOP services and reduced residential substance abuse treatment bed capacity.

Proposal for Residential Treatment for Substance-Related Felony Probationers

The Joint Judiciary Committee's current Criminal Justice Reform legislation proposes to allow the district courts to sentence felony level probationers to Corrections for up to 180 days of intensive residential treatment. There are conditions placed on this sentencing option, including: 1) that the offender has an assessed need for residential inpatient treatment; 2) that the offender has a minimum of 180 days left on a probation sentence; and 3) that the offender violated their probation terms by substance use or alcohol related issues.

The probationer will remain under the authority of the court and return to probation upon the successful completion of six months of treatment. Alternatively, the offender may return to court for further proceedings should the probationer fail to complete the treatment. The proposed legislation would require the Department to add 70 beds of residential capacity in order to serve up to 140 offenders in this status each year.

Felony Probationers or Parolees with Alcohol or Drug Violations to get IOP Services

The second area proposed in the Criminal Justice Reform bill relates to felony level probationers and parolees who have violated the terms of their probation or parole with substance abuse or alcohol related violations, and who have an assessed need for IOP treatment. Under the Department's authority to impose administrative sanctions, it would allow for placement in a participating county jail for up to 90 days of IOP treatment. This sanction would be paid for by the Department. The completing probationer or parolee would then return to community

supervision. Those failing to complete the IOP would be returned to the supervising authority for further proceedings. This new option is designed to serve up to 80 offenders each year.

As stated to LSO, Corrections' experience is that substance abuse treated offenders generally recidivate at lower rates than equally situated untreated offenders. With both of the preceding options noted above, the intent is to achieve the goals of public safety and offender accountability, and to provide for the best use of the State's resources in addressing substance abuse by felony level probationers and parolees. The proposed legislation allows for additional options to the courts and the Department to address these violations in ways that do not obligate expensive prison beds for longer than is necessary.

Potential Evaluation Questions

Should the Management Audit Committee wish to move forward with a full evaluation of the recidivism rates of offenders treated for substance abuse through the Wyoming Department of Corrections, the scope of the evaluation could include, but is not limited to, the areas of study listed below:

1. How does Corrections monitor its treatment service contracts to assure compliance with contract conditions, including provider certifications and meeting treatment standards and requirements?
2. In light of budget cuts to substance treatment services, what other policy and practice options are available to Corrections to maintain or possibly reduce recidivism rates for inmates and probationers and parolees with substance abuse needs?
 - One example may include review of sentencing policies for how, when, and under what conditions offenders enter incarceration.
 - Another example may include review of incentive and sanction policies, including for technical violations, to encourage offenders' successful transition back into society.
3. Review and validation that recidivism rates for inmates, probationers, and parolees are accurate. Further review could be conducted to evaluate:
 - Cohorts of treated versus non-treated offenders within each category.

Appendix A

Pew Center on the States – Offender Recidivism Rates

Table A.1
State Prison Releases and Offender Recidivism Rates

State	1999-2002		2004-2007	
	Release	Recidivism	Release	Recidivism
Alaska*	N/A	N/A	11,619	50.40%
Arizona	13,091	39.60%	15,795	39.10%
Arkansas*	5,663	49.00%	6,244	44.40%
California	126,456	61.10%	118,189	57.80%
Colorado	N/A	N/A	N/A	N/A
Connecticut*	13,950	45.80%	16,100	43.70%
Delaware	N/A	N/A	N/A	N/A
Florida	N/A	N/A	N/A	N/A
Georgia*	16,951	38.00%	18,972	34.80%
Hawaii	N/A	N/A	N/A	N/A
Idaho	1,071	33.00%	1,574	33.60%
Illinois	25,025	51.80%	35,606	51.70%
Indiana	N/A	N/A	13,651	37.80%
Iowa*	2,953	32.40%	3,533	33.90%
Kansas*	5,088	55.10%	5,178	42.90%
Kentucky	7,622	38.80%	10,743	41.00%
Louisiana	12,787	43.90%	13,391	39.30%
Maine	N/A	N/A	N/A	N/A
Maryland	N/A	N/A	N/A	N/A
Massachusetts*	2,860	38.10%	2,299	42.20%
Michigan	10,985	38.00%	14,217	31.00%
Minnesota	3,940	55.10%	5,189	61.20%
Mississippi	5,742	26.60%	8,428	33.30%
Missouri	12,974	48.70%	18,637	54.40%
Montana	906	41.80%	1,253	42.10%
Nebraska	1,612	28.80%	1,846	32.30%
Nevada	N/A	N/A	N/A	N/A
New Hampshire *	N/A	N/A	1,082	44.20%
New Jersey	14,034	48.20%	14,039	42.70%
New Mexico	N/A	N/A	3,615	43.80%
New York	25,592	39.90%	24,921	39.90%
North Carolina	23,445	43.80%	22,406	41.10%

State	1999-2002		2004-2007	
	Release	Recidivism	Release	Recidivism
North Dakota	N/A	N/A	845	39.60%
Ohio	22,128	39.00%	26,695	39.60%
Oklahoma	7,802	24.10%	8,159	26.40%
Oregon	2,769	33.40%	4,202	22.80%
Pennsylvania	6,844	36.60%	8,750	39.60%
Rhode Island	N/A	N/A	770	30.80%
South Carolina	9,299	26.80%	11,211	31.80%
South Dakota	1,231	33.70%	2,034	45.50%
Tennessee	N/A	N/A	N/A	N/A
Texas*	56,571	32.10%	72,130	31.90%
Utah	2,563	65.80%	3,056	53.70%
Vermont	N/A	N/A	N/A	N/A
Virginia	8,997	29.00%	11,999	28.30%
Washington	5,738	32.80%	8,093	42.90%
West Virginia	N/A	N/A	1,346	26.80%
Wisconsin*	5,206	46.10%	8,501	46.00%
Wyoming	N/A	N/A	705	24.80%
Total	470,666	45.40%	567,903	43.30%

Source: Pew Center on the States, *State of Recidivism: The Revolving Door of America's Prisons* (Washington, D.C.: The Pew Charitable Trusts, April, 2011).

NOTES: The national total for 1999–2002 is not directly comparable to the national total for 2004–2007 because eight states did not report data for the 1999–2002 cohort. The 2004–2007 recidivism rate for the 33 states that reported data in both years is 43.3 percent, but the total releases are 534,270. Data are missing for nine states (Colorado, Delaware, Florida, Hawaii, Maryland, Maine, Nevada, Tennessee and Vermont). Eight additional states provided data for 2004–2007 only (Alaska, Indiana, North Dakota, New Hampshire, New Mexico, Rhode Island, West Virginia and Wyoming).

*Idiosyncrasies in state data.

Appendix B

Recent Wyoming Legislative History on the Substance Abuse Services System

Legislation in 2001 and 2002 created a foundation for the State’s substance abuse prevention and treatment efforts. Through 2001 House Bill 83 (2001 Laws, Ch. 151), called the Substance Abuse Control Plan, the Legislature authorized and funded a report called *Reclaiming Wyoming: A Comprehensive Blueprint for Prevention, Early Intervention, and Treatment of Substance Abuse* (Blueprint). Written through collaborative efforts of the Department of Health (Health), Corrections and other stakeholders, the report identified target populations as a priority for services and specifically included the criminal justice population.

The Blueprint emphasized the need to address criminogenic and substance abuse treatment needs collectively through research-based programs and services. Through House Bill 82, also passed in 2001, the Legislature authorized funding and administration requirements for Wyoming’s newly established Drug Court program which provided community-based treatment service alternatives for offenders prior to incarceration.

Through 2002 House Bill 59 (2002 Laws, Ch.), also called the Substance Abuse Control Plan, the Legislature began implementing the Blueprint’s recommendations, such as authorized funding for a 100-bed secure residential treatment facility for persons in Corrections’ custody.¹ The number of residential treatment beds was subsequently increased to better meet treatment demands. This effort set the precedent for utilization of evidence based substance abuse treatment within WDOC programs.

House Bill 59 also created the Addicted Offenders Accountability Act (AOAA), which expanded substance abuse treatment alternatives for criminal offenders. Corrections was authorized to promulgate rules and regulations establishing treatment standards in State correctional facilities and the secure residential treatment facility in consultation with Health, and the Departments of Education, Family Services, and Workforce Services. Corrections moved to adopt Health’s rules and regulations for substance abuse treatment programs, which facilitated the development of in-prison substance abuse treatment programs in line with community programs. This decision enhanced the ability of Corrections to collaborate with other substance abuse treatment providers across the State in meeting offenders treatment needs, reducing duplication of services, and facilitating referrals along the continuum of care.

Through 2003 Senate File 16 (2003 Laws, Ch. 179), the Legislature authorized an independent evaluation of Corrections’ existing substance abuse programs and future needs for programming with respect to criminal thinking, cognitive skills, alcohol and drug abuse, employment, and educational training. The recommendations from this evaluation guided further development of Corrections’ substance abuse treatment programs which were embedded within research-based principals for criminal justice populations from the National Institute on Drug Abuse.

¹ The 2002 bill is commonly referred to as the HB 59 Substance Abuse Control Plan. Refer to the program evaluation report on the impact of this legislation at the following link:
<http://legisweb.state.wy.us/progeval/REPORTS/2006/SubstanceAbuse/TOC.HTM>