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# **Evaluation of the Earned Release Program (ERP)**

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**For  
The Wisconsin Department of Corrections**

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## **INTRODUCTION AND METHOD**

The University of Wisconsin Population Health Institute was asked by the WI Department of Corrections to provide an evaluation of its Earned Release Program (ERP). The examination of the ERP began on March 1, 2006 and will conclude on February 28, 2007. This report summarizes evaluation activities, progress, and recommendations resulting from the examination of the program.

The ERP is a residential substance abuse treatment program offering the incentive of early release to eligible non-violent offenders that complete the program. ERP is available to eligible male inmates at the Drug Abuse Correctional Center (DACC) located in Oshkosh, Wisconsin. ERP is available to eligible female inmates at the Robert E. Ellsworth Correctional Center (REECC) located in Union Grove, Wisconsin.

The evaluation included documenting program implementation, analyses of program participant criminal recidivism after release, an examination of the effectiveness of the “reach-in” or re-entry component, and an examination of patterns in program termination and drop-out.

A broad range of qualitative and quantitative methodologies were utilized to gather process and outcome data related to the implementation of ERP. Extensive assistance in collection of data for the evaluation was provided by DOC central office staff, ERP administrative and treatment staff, and Division of Community Corrections (DCC) agents and administrative staff. In addition, preliminary evaluation results and recommendations for improvement were provided to the Secretary of the Department of Corrections in a private briefing in August 2006.

### **Process Evaluation Methods**

Process evaluation data on the implementation of ERP was collected through attendance at ERP Oversight Committee meetings, on-site meetings with ERP staff, review of available program materials, monthly interviews with program staff, examination of available program-level data, and telephone and email communication with staff and administrators. In addition, the examination of the reach-in component included a review of DOC contact standards for DCC probation and parole agents, an examination of a random sample of actual pre-release contacts between agents and ERP participants using DCC EChrono data, and four separate satisfaction surveys to obtain feedback on this program component (Appendix 1).

With the assistance of DCC administrators, surveys were sent via email to agents of ERP graduates who had been released to the community. The agents were asked to complete a satisfaction survey and to ask each of the ERP graduates under their supervision to complete a survey as well. Region 1 (47 cases) was excluded because all institutional cases are assigned to a single agent until release and are then transferred to the agent of record who supervises them in the community. Thus, the agent of record for graduates in Region 1 do not have contact with participants prior to their release to the community.

Table 1 details the satisfaction survey method and response rates. Fifteen percent of the agent surveys and 16 percent of the graduate surveys were returned. Some agents emailed the evaluator to indicate that they did not complete the survey because they did not have contact with the ERP participant while they were incarcerated, the case had been recently transferred to them, the agent had quit or retired, etc. Agents indicated that they were unable to have many graduates complete the survey for a variety of reasons: no longer under supervision, absconded, in jail or prison, moved out of state, did not report during October 2006, etc.

	Method	# Requested	# Received	% Response
ERP Staff	Superintendent requested completion by staff of anonymous survey	20 DACC 10 REECC	10 DACC 10 REECC	50% 100%
Agents of ERP Graduates	Agents of graduates were asked to complete an anonymous survey	253	37	15%
ERP Graduates	ERP graduates since program start were given an anonymous survey by their parole agent when they reported to the agent in October 2006	403 Total 358 DACC 45 REECC	60 Total 57 DACC 3 REECC	16%
Current ERP Participants	Current participants in August 2006 were asked by ERP staff to complete an anonymous survey	All currently in program	182	100%

The EChrono data was gathered with DCC assistance from the parole agents of a random sample of ERP graduates. The EChrono narratives were requested for 15 graduates (10 males and five females) and were received for 14 of these offenders. These extensive narrative logs of agent activity specific to individual offenders were quantified by the evaluator to document the number, type, and timing of pre-release contacts with ERP participants prior to release.

The small samples of agent and graduate surveys available for analysis may limit the generalizability of some of the results. We encountered difficulties gathering survey data from the probation and parole agents of ERP graduates, ranging from refusal to complete the survey to system-level issues (case transfer, agent retired, etc.) that impacted their ability to respond to the survey. Although the response rate was not high, the surveys returned were from a diverse sample spread out across regions and representing a roughly proportionate number of both male and female ERP graduates. Similarly, while the actual number of EChrono logs analyzed was small due to the narrative nature of the data and the resources available for the evaluation, the cases were randomly selected to proportionately represent graduates of both genders who had graduated from ERP during its first two years in operation.

### **Outcome Evaluation Methods**

Comprehensive data on ERP participants was received from the Department of Corrections in July 2006. DOC staff provided a data file of 113 specifically requested measures from the CIPIS, CACU, and OATS data systems. These data included available demographic and criminal justice characteristics, needs and risk assessment data, and any recidivism data for all ERP admissions through June 2006. These data were cleaned and reconciled with participant-level data obtained from the two ERP program sites.

## **OVERVIEW OF THE EARNED RELEASE PROGRAM**

The ERP is a residential substance abuse treatment program offering early release to eligible non-violent offenders that complete the program. ERP is a six-month program available to eligible male inmates at the Drug Abuse Correctional Center and to eligible female inmates at the Robert E. Ellsworth Correctional Center. The program is designed to be a sentencing option for judges to promote public safety while holding the offender accountable, and was developed as a part of a larger set of initiatives in the state budget to control Wisconsin's prison population.

### **Program Admission Eligibility Criteria**

The focus of ERP is to provide intensive substance abuse treatment to non-assaultive, non-violent offenders. The court determines eligibility for ERP and articulates this eligibility in the Judgment of Conviction. The offender must:

- Have an identified substance abuse treatment need;
- Have a bifurcated sentence under s. 973.01 and have a sentencing date on/after 7/26/03;
- Not have previous adult prison time for a violent/assaultive crime; and
- Not be facing a conviction for an offense involving a weapon.

After eligibility determination is made by the court, the DOC utilizes the following prioritization and suitability criteria to determine placement into ERP:

- Inmate must be classified as minimum or minimum-community custody;
- Inmates serving a confinement term of five years or less will be given priority;
- Inmates in need of sex offender treatment are not eligible for ERP;
- Inmates who have dropped out or been terminated from the Challenge Incarceration Program are not eligible for admission to ERP;
- Inmates must volunteer to enter ERP;
- Inmates with physical or psychological limitations will be reviewed on a case-by-case basis;
- Inmates with significant dental needs must have these needs resolved prior to transfer; and
- Inmates with poor institutional adjustment need to demonstrate appropriate behavior prior to approval for transfer.

Additionally, on the system-level current DOC policy requires that an inmate eligible for both ERP and the Challenge Incarceration Program (CIP) must enter CIP rather than ERP. If they are eligible for CIP and refuse to enter, they are not eligible to participate in ERP treatment.

### **Program Structure and Services**

Table 2 presents an overview of the structure of the ERP sites at DACC and REECC as of Fall 2006, including a description of target population and capacity, program model and length, and staffing patterns. Both ERP sites provide gender-specific residential substance abuse treatment of 26 weeks in duration consisting of three clearly defined treatment phases. In addition to substance abuse treatment, ERP participants also receive victim impact sessions, parenting classes, and relapse planning and reintegration services. The overall program model also includes a "reach-in" component that includes pre-release contacts (either in-person or via telephone) with their probation and parole agent to complete a comprehensive release plan.

<b>Table 2: Overview of Earned Release Program Sites</b>		
<b>Program Element</b>	<b>DACC</b>	<b>REECC</b>
Target population	Male	Female
Capacity	200 ERP	30
Model	Residential substance abuse treatment  35 hrs/wk of structured activity with a minimum of 30 hours of AODA treatment Three tracks/core components: <ul style="list-style-type: none"> <li>• Social skills approach</li> <li>• Cog-behavioral approach</li> <li>• OWI 5<sup>th</sup> offense</li> </ul>	Residential substance abuse treatment utilizing a therapeutic community model  35 hrs/wk of structured activity with a minimum of 30 hours of AODA treatment
Date of first admission(s)	March 2004	September 2004
Date of first graduate(s)	September 2004	February 2005
Program length	Six months Three phases of 10 weeks, 10 weeks, six weeks (with a two-week break for staff at end) TOTAL = 26 weeks of treatment Some may repeat a treatment phase for a longer total stay	Six months Three phases of eight weeks each with a one-week break between phases TOTAL = 26 weeks of treatment Some may repeat a treatment phase for a longer total stay
Physical facility	Whole facility is treatment, with exception of temporary hold beds	Segregated unit for all activities
Staffing pattern	Five units at DACC: <ul style="list-style-type: none"> <li>• Each one contains 4 full-time social workers for a total of 20, with 2 more added in late 2006</li> <li>• 1 full-time treatment specialist</li> <li>• 2 full-time program supervisors</li> <li>• 4 full-time program assistants</li> <li>• 3 captains for security</li> <li>• superintendent (credentialed for AODA)</li> </ul>	<ul style="list-style-type: none"> <li>• Two full-time social workers + one 20% social worker not in budget</li> <li>• One full-time treatment specialist, changed to social worker in late 2006</li> <li>• Two full-time treatment sergeants</li> <li>• One full-time office operations assistant (PA)</li> <li>• 50% program director</li> <li>• institution psychologist (10-15 hrs/week)</li> <li>• educator (12 hrs/week; not in budget)</li> </ul>
Caseload assignment and staffing approach	Cohorts of 10 men assigned to a specific social worker; one treatment specialist floats among all five units caseload = 10 men per staff	Assigned primary counselor, but team staffing thereafter; treatment specialist carries caseload; caseload = 20 women per staff
A&E needs filled	Anger management Parenting GED (if participate)	CGIP Anger management Parenting GED (if participate)

The female participants at REECC receive this treatment through a therapeutic community (TC) model using the *New Freedom* curriculum that provides for a regimented environment that includes strict community norms regulating participant behavior and involvement in community management. The treatment focus is on cognitive restructuring and skills acquisition related to cognitive, behavioral, social, and vocational issues. Phase 1 includes orientation to the therapeutic community with an emphasis on cognitive approaches to change and trauma issues. Phase 2 focuses on victim impact and anger management. Phase 3 focuses on relapse prevention, parenting, and release planning. Treatment is provided through groups that address addiction, social and emotional skills, family reunification, anxiety, depression, and physical health. Individual counseling is also provided. REECC has integrated numerous therapeutic community elements into their treatment model and services: physical separation of participants, daily community meetings, encounter groups, behavioral consequences and rewards, work crews, and common meals and recreational activities. While each participant is assigned a primary counselor, an integrated team staffing approach is used to provide treatment.

The male participants at DACC receive treatment utilizing the *Criminal Conduct and Substance Abuse Treatment* curriculum or the *Driving With Care* curriculum (for OWI offenders). Revision of offender individual goals is supported by the *Residential Drug Abuse Program* for men by The Change Companies. DACC utilizes *Inside/out Dad* parenting curriculum, and offers a family reintegration day where fathers and children share a recreational activity outside of the institution. DACC has developed a residential AODA treatment program, divided into 3 phases. The Phase 1 includes orientation with emphasis on a cognitive approach to change, Phase 2 focuses on victim impact, and Phase 3 focuses on relapse prevention and reintegration. DACC targets two populations -- offenders meeting the earned release criteria and those who have an OWI 5<sup>th</sup> offense conviction. The staffing approach at DACC includes admission of participants in groups of 10 men, each assigned to a single social worker who provides their primary treatment.

**Participant Assessment:** Both sites have utilized different screening and assessment tools to determine the individual needs of ERP participants at the time of program admission. DACC conducts an initial interview to collect information related to chemical history, criminal history, goals identification, and reintegration. In addition, each admission completes the Alcohol Use Inventory and the Personality Research Form. REECC conducts an initial interview with each participant to conduct a program-developed psychosocial assessment, and the AAPI parenting assessment is conducted as a pre-test for the parenting curriculum. Both sites also complete participant progress evaluations at the end of each treatment phase.

**Program Staffing:** The treatment staff at DACC consists of 20 social workers and one treatment specialist. The staff is all Caucasian, with the exception of one Hispanic social worker. DACC recently hired two additional social workers to increase the capacity of the OWI program for males by 20 to a total capacity of 220 (440 males annually). The treatment staff at REECC has consisted of 2.2 FTE social workers, a treatment specialist, and two treatment sergeants. With the transfer of the treatment specialist to DCC in Fall 2006, REECC has received approval to change the position to a social worker classification and is working to fill the position. All of the current REECC staff are Caucasian.

### **Program Mission/Goals/Objectives**

The ERP Oversight Committee, ERP program staff, and the evaluator collaboratively developed a comprehensive program mission statement, program goals, and program objectives to formalize the program purpose and structure. Table 3 presents the goals and objectives finalized in Fall 2006, as well as the specific program activities associated with each objective for each ERP site and the measures to be used to assess compliance with objectives. The following five primary goals were developed for ERP:

1. Develop AODA treatment programs at DACC for males and at REECC for females;
2. Develop procedures to identify, refer, and admit eligible inmates;
3. Implement programs at DACC and at REECC;
4. Implement reach-in/reentry services; and
5. Improve the community outcomes of ERP graduates after release.

### **Collection of Participant Data At ERP Sites**

The two ERP sites have had dramatically different capabilities with regard to documentation of characteristics of program admissions. While DACC has collected standardized admission and discharge information on male participants utilizing an electronic database, REECC has not received the technical assistance necessary to do so and has collected only admission and discharge dates for female participants.

DACC has utilized an on-site database to document admission and discharge characteristics of male participants since program inception. This database (using *Statistix* software) was created for them by faculty at Marion College, and includes:

- Basic demographics from CIPIS (date of birth, race, education, marital status, military, occupation, conviction county, governing offense, and number of prior incarcerations)
- Program admission information (ERP admit date, age at admission, and social worker name)
- Program discharge information (ERP exit date, exit status, # of reintegration presentations attended, release date, release county, release type, and employment and residence plan)
- Graduate follow-up information gathered from agents via email survey (if reincarcerated since release, reason for incarceration, governing county and offense for reincarceration, violations of parole/probation, number of times used substances, if employed, fired, where reside, if attend support groups, if participate in aftercare, and offender view of what helped most from program)
- Program Pre/Post Test (50 questions based on program materials created by staff used to show increased percent of correct items)
- Alcohol Use Inventory scores (standardized tool purchased to assess alcohol use, but does not document diagnosis or drug of choice)
- Personality Research Form scores (standardized tool purchased to assessed personality characteristics useful in treatment planning)
- Offender end-of phase progress evaluation (consists of learning/applying treatment skills, restorative justice and community service, goal realization, relationship with treatment staff, and behavioral interventions).



**Table 3: ERP Mission, Goals, and Objectives**

**The Earned Release Program provides the opportunity for court-eligible non-violent offenders to earn release through participation in an intensive, evidence-based alcohol and other drug abuse treatment program that is designed to promote successful transition to community supervision, reduce the risk of committing a new crime, and save taxpayer dollars through reduced use of prison bed space.**

Goals	Objectives	Program Activities		Measures
		DACC (males)	REECC (females)	
1. Develop AODA treatment programs at DACC for males and at REECC for females	A. Develop program model(s), program design, and target population	DACC has developed a residential AODA treatment program, divided into 3 phases. The Phase 1 includes orientation with emphasis on cognitive approach to change, Phase 2 focuses on victim impact, and Phase 3 focuses on relapse prevention and reintegration. DACC targets two populations -- offenders meeting the earned release criteria and those who have an OWI 5 <sup>th</sup> offense conviction.	REECC has developed a residential therapeutic community (TC) AODA treatment program, divided into 3 phases. The 1 <sup>st</sup> phase includes orientation to the therapeutic community with an emphasis on cognitive approaches to change and trauma issues. Phase 2 focuses on victim impact and anger management. Phase 3 focuses on relapse prevention, parenting, and release planning.	Describe treatment program and model
	B. Develop gender-specific program curriculum and materials	DACC uses the <i>Criminal Conduct and Substance Abuse Treatment</i> curriculum by Wanberg and Milkman or the <i>Driving With Care</i> curriculum by Wanberg, Milkman, and Timken. Revision of offender individual goals is supported by the <i>Residential Drug Abuse Program</i> for men by The Change Companies. DACC utilizes <i>Inside/out Dad</i> by the National Fatherhood Initiative, as well as a family reintegration day where fathers and children share a recreational activity outside of the institution.	REECC uses the <i>New Freedom</i> substance abuse treatment curriculum, and offers the following gender-specific approaches: Therapeutic community approach Daily TC meetings Repeat of treatment phases to increase program retention Trauma Parenting Family reunification (visits by children, <i>Beat the Streets</i> video, collaboration with social services) Community crews	Document curriculum chosen and gender-specific content

Goals	Objectives	Program Activities		Measures
		DACC (males)	REECC (females)	
	C. Develop program treatment length of at least six months and appropriate schedule of activities	DACC has developed a 6-month residential AODA treatment program for men that has a daily program activity schedule that includes all program activities for the 26 weeks.	REECC has developed a 6-month residential therapeutic community for women that has a daily program activity schedule that includes all program activities for the 26 weeks.	Document schedule of program activities and program length
2. Develop procedures to identify, refer, and admit eligible inmates	A. Target inmates who have less than 5 years to serve	BOCM staff identify and refer eligible offenders	BOCM staff identify and refer eligible offenders	Average sentence length
	B. All admissions will meet the established Department placement and suitability criteria	ERP staff examine additional program suitability factors of eligible offenders Intake includes assessment of substance use diagnosis (or diagnostic impression), substance use history, criminal history, and personality/behavioral factors	ERP staff examine additional program suitability factors of eligible offenders Intake includes assessment of substance use diagnosis (or diagnostic impression), substance use history, criminal history, personality/behavioral factors, and parenting skills	Describe characteristics of admissions
	C. Admit eligible participants to program	Capacity of 200 participants, for a total of 400 men per year. 742 males admitted as of June 30, 2006	Capacity of 30 participants, for a total of 60 women per year. 121 females admitted as of June 30, 2006	# of admissions
3. Implement programs at DACC and at REECC	A. Provide treatment services to 100% of all active ERP participants	DACC has 20 social worker positions, one treatment specialist, and two program supervisors to operate ERP. Participants are admitted in groups of 10, assigned to a social worker as a group, and each social worker is the primary treatment provider for his/her group of 10 participants for the six-month program period.	REECC has a treatment team comprised of social workers, a treatment specialist, two treatment sergeants, an office operations assistant, and a program director. Participants are admitted in cohorts, assigned a primary counselor, and receive group treatment from the ERP treatment team for the six-month program period.	Document services provided

Goals	Objectives	Program Activities		Measures
		DACC (males)	REECC (females)	
	B. Sixty percent of all appropriate admissions will successfully complete the program	DACC treatment specialist tracks the number of admissions and discharges to determine the completion rate. DACC had a completion rate of 77% as of July 2006	DACC program specialist tracks the number of admissions and discharges to determine the completion rate. REECC had a completion rate of 62% as of July 2006	# of appropriate admissions who: - complete - do not complete
	C. Participants will be housed in units separately from the general population	The DACC facility will be completely devoted to housing ERP participants when the remaining temporary hold beds are phased out	Participants are housed in a unit separated from the general population	Level of contact with general population
	D. Systematically document demographic and treatment characteristics of all admissions	DACC has a participant-level database (Statistix 8) to document selected characteristics of admissions to ERP	Access database developed to document admission and discharge characteristics of program participant	Comprehensive description of all admissions
	E. Systematically document reasons for participant discharge/termination	DACC has a participant-level database (Statistix 8) to document selected characteristics of discharges.	Access database developed to document admission and discharge characteristics of program participant	Comprehensive description of all discharges
4. Implement reach-in/reentry services	A. Agents will contact all ERP participants three times prior to release to facilitate release planning: 1. Within six months of release, agents will conduct an Initial Planning Conference by telephone, in-person, or teleconference 2. Within three months of release, the DCC agent, institutional social worker, ERP	DACC staff initiate contact with agents within the 1 <sup>st</sup> month of program by submitting a DOC 2266 to agents. DACC staff initiates telephone contacts and/or face-to-face meetings with DCC agents and offenders with a minimum of 3 contacts within 6 months per inmate. The offender, agent and social worker review and identify concerns regarding the 2266 (i.e., residence and employment). 2 <sup>nd</sup> contact confirms status of the residence plan and begins to formulate employment / education	One telephone call from agent to participant in each treatment phase Phase 1: introduction Phase 2: residence plan Phase 3: release planning [same basic content as DACC] Participant completes the DOC 2266 and gives to treatment specialist who forwards to agent along with an introduction letter Some DCC units have a liaison agent who does the reach-in and then transfers the case to a different agent upon release to the community	Comparison of contact standards with actual implementation

Goals	Objectives	Program Activities		Measures
		DACC (males)	REECC (females)	
	<p>participant, and any support system members will meet to conduct the Final Release Planning Conference</p> <p>3. Within 30 days of release, agents will conduct a telephone, in-person, or teleconference with the participant and institutional social worker to discuss the release plan and make any specific arrangements</p>	<p>and community support activities offered. Expectations of supervision are addressed. The 3<sup>rd</sup> contact finalizes residence, employment, mode of transportation, and release of funds. The last DCC contact generates the C-15 for release. If any changes occur, offender, social worker, and agent schedule another conference.</p>		
	<p>B. Within six months of release, all ERP participants will complete a Community Reintegration Questionnaire (Form 2266) and send it to their agent</p>	<p>DACC offenders complete Form 2266 within the 1<sup>st</sup> month of program with social worker, and social worker submits to DCC agent</p>	<p>REECC offenders complete Form 2266 within the 1<sup>st</sup> month of program with treatment specialist, and treatment specialist submits to DCC agent</p>	<p>Comparison of contact standards with actual implementation</p>
	<p>C. Within six months of release, DCC agents will complete the Community Reintegration Case Plan (Form 2267) for all participants and email it to the institutional social worker</p>	<p>Staff indicate that they seldom receive a follow-up DOC-2267 after contact with DCC agent and offender.</p>	<p>Staff indicate that they seldom receive a follow-up DOC-2267 after contact with DCC agent and offender.</p>	<p>Comparison of contact standards with actual implementation</p>

Goals	Objectives	Program Activities		Measures
		DACC (males)	REECC (females)	
5. Improve the community outcomes of ERP graduates after release	A. Provide program services to ERP participants that will help reduce criminal recidivism after release to the community	DACC recommends high-risk ERP offenders participate and complete CGIP prior to ERP. DACC identifies high-risk offenders as those offenders with multiple incarcerations, gang-affiliation, and resistance to change. DACC Earned Release Program offers groups addressing criminal and addictive thinking, victim impact, anger management, parenting, domestic violence, and GED/HSED programming	Thinking Distortions Handbook (Adapted for females) <i>The Criminal Personality.</i> (Yochelson & Samenow)  Program handbook from DACC  <i>Offender Triggers &amp; Warning Signs</i> (Relapse Prevention for Chemically Dependent Offenders)  Cognitive interventions, thinking distortions, goal-setting, crew activities provide structure, problem-solving, mental health counseling with psychologist	Reincarceration for new crime
	B. Provide program services to ERP participants that will reduce substance use after release to the community	DACC provides AODA groups, support groups (both in house and in the community), assistance in obtaining AODA community sponsors, and attendance at community MADD victim impact panels.	Self-inventory worksheets Life history <i>AODA Triggers &amp; Warning Signs</i> (Relapse Prevention for Chemically Dependent Offenders) Performing community service <i>Breaking the Addiction Cycle</i> (CL Productions) <i>A Manual for Chemical Dependency &amp; Psychiatric treatment</i> (L. Mark; J. Olesen, J. Fallon) <i>Women Beat the Street</i> video #5 Shame & addiction--video (Bradshaw) Drug Education Videos (variety of drugs & worksheets) AA, Al-anon, SMART, sponsors Relapse prevention skills	

Goals	Objectives	Program Activities		Measures
		DACC (males)	REECC (females)	
	C. Provide program services to ERP participants that will help them obtain and maintain employment after release to the community	DACC provides job readiness, financial planning, field trip to DWD offices, resume preparation, CCEP speaker, GED/HSED assistance, DOT/DMV services, and confirm community service hours to DCC agent, courts	REECC provides resume preparation, cover letters, JobNet access, help to apply for jobs prior to release, letters of recommendation from staff or agent, list of references	Employment status Days to employment Length of employment
	D. Provide program services to ERP participants that will help them maintain personal stability after release to the community	DACC identify and process forms to initiate community services for offenders (i.e., DVR, SSI, and social security). DACC HSU provides offenders with release medication up to 2 weeks and a release follow-up appointment with community MD.	Staff contact with children and families, coordination with county social services to facilitate child visitation, SSI eligibility and application in Phase 2, positive leisure activities, role playing, prescriptions for medication after release, resource book of local community resources/services	Residential stability Source of financial support Driver's license Positive leisure Child support compliance Child custody

While DACC's documentation of participant characteristics has been consistent and should be commended, there are several difficulties with some of the data which should be addressed. For example, the quality of the program pre/post test data is likely not high enough to analyze for use as an intermediate outcome measure. Its current use as a treatment tool to boost participant self-esteem through increased scores from pre to post is appropriate, but the fact that each of the five DACC units administers the tests differently sheds doubt on our ability to draw conclusions from the data. Different units at DACC administer different versions of the test, and the frequency of administration varies by unit as well, with some administering them at admission and discharge, and others administering them at the beginning and end of each ERP phase. In addition, the post-release follow-up surveys are sent only to the agents of ERP graduates, and according to DACC staff about two-thirds of the agents respond. These follow-up data only describe the outcomes of the graduates *who are reporting and have involved agents who return the form*. These outcome results, particularly the reincarceration/recidivism outcomes, are biased toward the positive and are not adequate indicators of program success/impact. The evaluator will work with DACC staff during January and February 2007 to begin to examine and resolve these issues.

The characteristics documented for past ERP admissions have not included substance use diagnosis, drug of choice, or criminal risk/needs. The AODA assessment tool used at DACC (the Alcohol Use Inventory) focuses almost exclusively on alcohol use and does not provide a DSM-IV diagnosis or diagnostic impression. This tool was used with all ERP admissions regardless of their type of addiction, partially because the tool was adopted when the program focused exclusively on OWI offenders. In Fall 2006, ERP administrative staff at both sites decided to utilize the SUDDS assessment tool which provides a DSM-IV diagnosis upon completion to assess all program admissions. To further increase consistency in tools between the two ERP sites, REECC will begin to implement the Personality Research Form that has been in use at DACC. In addition, program administrators have agreed to work with the evaluator during Winter 2007 to select and implement an assessment of criminal risk/need with all ERP admissions.

A participant-level database was designed by the evaluator based on discussions with ERP staff and consideration of data elements already being collected by DACC (Appendix 2). This database was adopted immediately by REECC as they did not have a tool with which to collect admission and discharge information. DACC staff have agreed to evaluate both the effectiveness of their current database system and the possibility of transferring their data to the newly developed ERP participant database during Winter 2007. The desire to have the two sites gather consistent data utilizing similar procedures (i.e., the same database) must be balanced against the disruption and staff resources necessitated by converting to a new database system.

### **Demographic Description of ERP Admissions**

Table 4 describes the characteristics of ERP admissions for each ERP site as obtained from the CIPIS data system. There were only a few statistically significant differences (noted with an asterisk) in these characteristics by site, partially a result of the small number of female admissions.

<b>Table 4: Demographic Description of Earned Release Program Admissions</b>			
	<b>DACC (Male)</b>	<b>REECC Female)</b>	<b>TOTAL</b>
<b>Number Admitted Thru 6/30/2006</b>	742	121	863
<b>Race</b>			
Caucasian/White	69%	68%	69%
African American	26	27	26
Native American	3	3	3
Asian/Pacific Islander	1	0	1
Missing/No Data	2	2	1
<b>Age</b>			
18-25 years	18%	10%	17%
26-35 years	28	36	29
36-45 years	36	36	36
46+ years	18	18	18
<b>Average Age at ERP Admission</b>	36 years	36 years	36 years
<b>Ethnicity</b>			
Hispanic	3%	6%	4%
Non-Hispanic	93	78	90
No Data	4	16	6
<b>Marital Status</b>			
Single	60%	50%	58%
Married	9	14	10
Divorced	25	26	25
Separated	3	6	3
Widowed	1	4	1
Common Law Marriage	1	0	1
No Data	2	1	2
<b>Highest Education Completed</b>			
Less than twelfth grade	33%	37%	34%
High school graduate	18	15	18
GED/HSED	29	19	28
Some college (1-3 years)	17	23	18
College degree (BA or BS)	1	6	1
Advanced degree (MA, MS, Ph.D., or law)	1	0	1
No Data	3	1	2
<b>Average Reading Grade Level</b>	9.5	9.1	9.5
<b>Average Math Grade Level</b>	7.9	7.2	7.8
<b>Disability</b>			
None	83%	80%	82%
Physical	6	8	7
Developmental/emotional	4	9	5
Physical and developmental/emotional	1	2	1
No Data	6	1	5



<b>Table 4: Demographic Description of Earned Release Program Admissions</b>			
	<b>DACC (Male)</b>	<b>REECC Female)</b>	<b>TOTAL</b>
<b>Mental Health Need</b>			
No need	91%	57%	86% *
Mental health need (MH1 or MH2)	9	43	14
<b>Military Service</b>			
No	86%	99%	88%
Yes	11	0	9
No Data	3	1	3
<b>Substance Use Diagnosis (DACC data is “drug of choice,” not diagnosis)</b>			
	[N=658]	[N=101]	
Alcohol dependence	57%	41%	55%
Cocaine dependence	10	25	4
Marijuana dependence	27	14	13
Opiate dependence	4	8	24
Polysubstance dependence	0	5	3
Amphetamine dependence	2	4	1
Alcohol abuse	0	2	<1
Cocaine abuse	0	1	<1
<b>Primary Offense</b>			
OWI	41%	21%	38% *
Drug possession/manufacture/delivery	30	33	30
Burglary/theft/fraud/forgery	18	36	20
Robbery	3	3	3
Battery	1	0	1
Weapons	2	1	2
Other violent	2	3	2
Other	3	5	3
Missing	2	0	2
<b>Average Age at First Conviction</b>	26 years	28 years	27 years
<b>Average Prior Incarcerations</b>	0.6	0.4	0.6
<b>Average Felony Convictions</b>	2.4	2.4	2.4
<b>Assaultive Crime Flag in CIPIS</b>			
No	92%	93%	92%
Yes * Only non-assaultive admitted after 12/1/2005	6	7	7
No data	2	0	1
<b>Drug Crime Flag in CIPIS</b>			
No	69%	67%	68%
Yes	30	33	30
No data	1	0	2
<b>Sexual Crime Flag in CIPIS</b>			
No	100%	100%	100%
Yes	0	0	0

More than two-thirds of all admissions are Caucasian and about one-quarter are African American. Further investigation into this result with the assistance of the ERP Oversight Committee and the Bureau of Offender Classification suggests that two system-level factors may be having an impact on this disparity in admission rates. First, many non-white offenders have weapons charges which make them ineligible for ERP. Second, DACC staff indicated that DACC reserves 80 of its beds for OWI offenders and that these offenders tend to be Caucasian. The current ERP data support this conclusion, as 94 percent of the OWI admissions to DACC are Caucasian. Of these OWI admissions, 56 percent have a high school diploma or GED/HSED and 25 percent have a college degree or higher. Ninety percent of the OWI admissions at DACC have completed the program.

The average age of ERP admissions is 36 years old, and the vast majority (83 percent) are single or divorced. One-third have less than a high school education and nearly one-half have either a high school diploma or GED/HSED. The average ERP admission has a ninth grade reading level and a seventh grade math level. Overall, thirteen percent have some type of physical, developmental, or emotional disability. This does vary (non-significantly) by site, with 19 percent of the females and 11 percent of the males classified as having a disability. In addition, females admitted to ERP were significantly more likely than males to have a mental health need. Approximately nine percent of the admissions have a military service history.

Substance use diagnosis is not captured in the CIPIS data system and was not part of the dataset supplied by DOC for this evaluation. Working collaboratively with the evaluator, the ERP sites began to gather this information in late Summer 2006. REECC staff documented substance abuse diagnosis retrospectively for 83 percent of their program admissions. While DACC was able to gather drug of choice retrospectively for their hundreds of admissions, it was not received until November 29, 2006 and could not be included in the data analyses for this report. However, overall frequencies were summarized and are shown in Table 4. Roughly one-half of ERP participants have problems with alcohol, an additional one-quarter with marijuana, and about one-tenth with cocaine.

Slightly more than one-third of all admissions are incarcerated for OWI, one-third for drug charges, and an additional one-fifth for property or fraud crimes. The typical ERP admission was first convicted at age 27, has 0.6 prior incarceration experiences, and 2.4 prior felony convictions. CIPIS generates fields that indicate or “flag” whether an offense is considered assaultive, a drug crime, or a sexual crime. To assess adherence to the program eligibility criteria of restricting admission to non-violent offenders without sex crimes, these CIPIS fields were examined. Overall, seven percent of ERP admissions had an offense classified as assaultive, but these offenders were admitted prior to December 1, 2005 when the eligibility criteria were better operationalized. Since December 1, 2005 no offenders with an assaultive crime have been admitted to ERP. No offenders with an offense classified as a sex crime have ever been admitted to ERP.

### **Program Retention – Factors Predicting Completion**

Table 5 presents the reasons for ERP exit that were obtained from CIPIS. Overall, three-quarters of all admissions complete the program, with both program sites successfully meeting the program objective of at least a 60 percent completion rate. It is clear that DACC utilizes a broader range of discharge codes within CIPIS than REECC, particularly with regard to the “inadequate performance” code. DACC staff indicated that they use the code to distinguish participants who are not making adequate treatment progress. Staff from the two sites plan to meet to discuss more consistent use of the discharge codes between sites.

	<b>DACC</b>		<b>REECC</b>		<b>Total</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Completed/Graduated	409	77	55	60	464	75
Participated	3	1	1	1	4	1
Termination - Disciplinary	62	12	29	32	91	15
Termination – Inadequate performance	33	6	0	0	33	5
Termination – Drop-out	13	2	5	5	18	3
Termination – Refuses/denies need	4	1	2	2	6	1
Termination – Program deficits	2	<1	0	0	2	<1
Termination – Criteria not met	2	<1	0	0	2	<1
Termination – Excluded offense	1	<1	0	0	1	<1
Termination – Administrative	1	<1	0	0	1	<1
<b>TOTAL</b>	<b>530</b>	<b>100%</b>	<b>92</b>	<b>100%</b>	<b>622</b>	<b>100%</b>

ERP graduates participate in the residential treatment program for an average of 177 days, while terminations participate for an average of 82 days (Table 6). Nearly one-half of the terminations leave during Phase 1 of treatment (the first 75 days). Ten percent of the terminations are discharged after a stay of 10 days or less. There is a marginally significant difference between the two ERP sites, with a larger proportion of DACC terminations leaving during Phase 1 than at REECC. It is interesting to note that 10 percent of the DACC terminations are discharged during Phase 3 after spending more than 150 days in the program.

	<b>DACC</b>	<b>REECC</b>	<b>Overall</b>
<b>Graduates</b>	177 days	174 days	177 days
<b>Terminations</b>	79 days	90 days	82 days
<b>Phase of Discharge For Terminations Only:</b>			
<b>Discharged in Phase 1</b>	51%	40%	49% *
<b>Discharged in Phase 2</b>	39	57	42
<b>Discharged in Phase 3</b>	10	3	9
* significant at p<.10			

To explore any differences between program graduates and terminations, Table 7 presents available demographic and criminal justice characteristics of ERP completers and terminations for each of the two sites.

At DACC, the male graduates are significantly more likely to be older, white, and divorced than those who are terminated. Completers are also more likely than terminations to have higher reading and math levels, and to have higher educational levels. Graduates are also more likely to be charged with OWI as their primary offense, to have been older at the time of their first felony conviction, to be non-assaultive, and to not be assigned a “drug crime” flag within CIPIS. Conversely, male terminations are more likely to be younger, non-white, single, have less than a 12<sup>th</sup> grade education, and be incarcerated for a drug charge. There was no significant difference in DOC risk scores between graduates and terminations, although the males at DACC do have significantly higher risk scores than the females. There were three significant differences between female graduates and terminations, with white women and those without a disability code or mental health need code within CIPIS more likely to complete.

**Impact of Level of Functioning on Program Completion:** Program staff, particularly those at REECC, expressed concern about the appropriateness of ERP for lower functioning offenders. While ERP has set a sixth grade reading level as one of its admission eligibility criteria, many offenders are admitted with reading levels less than sixth grade if they are determined to have reached as high a reading level as they are able.

According to program staff, some individuals can have difficulty understanding the written materials, as well as difficulty cognitively processing many of the more abstract treatment concepts. The data reveal a significant difference in the reading levels of ERP graduates and terminations -- while 11 percent of graduates read below the sixth grade level, 22 percent of terminations read below the sixth grade level (Table 8). This difference results from the system-level criteria that allows offenders to be eligible for ERP only if they are not eligible for DOC’s more physically demanding program called the Challenge Incarceration Program. This procedure can result in a larger proportion of the women eligible for ERP being physically, emotionally, or developmentally disabled in some way. In addition, 12 percent of the graduates and 22 percent of the terminations have a physical, emotional, or developmental disability. Another factor impacting this relationship was the elimination of DOC’s “AODA level system” in 2005. Historically, offenders were assigned to a treatment level category based on their need for a specific type of AODA treatment. The levels differentiated among offenders with varying types and levels of AODA treatment needs, such as a need for residential treatment, dual diagnosis treatment, treatment specifically for lower functioning, or cognitive-base treatment. The elimination of this system of categorization resulted in a diverse and broad range of abilities admitted into treatment programs and groups, without regard to their level of functioning. This change resulted in the ERP admission of lower functioning inmates (who had previously entered programming designed to accommodate their functioning level).

<b>Table 7: Characteristics Of Completers And Terminations By Site</b>				
	<b>DACC (N=560)</b>		<b>REECC (N=91)</b>	
	<b>Completers</b>	<b>Terminations</b>	<b>Completers</b>	<b>Terminations</b>
<b>Age</b>				
18-25 years	17%	27% **	9%	14%
26-35 years	26	26	39	29
36-45 years	37	38	32	40
46+ years	20	9	20	17
<b>Average Age at ERP Admission</b>	37 years	34 years **	37 years	37 years
<b>Race</b>				
Caucasian/White	72%	53% **	66%	56% *
African American	23	40	31	29
Native American	3	3	3	3
Asian/Pacific Islander	1	0	0	0
Hispanic	2	4	0	12
<b>Marital Status</b>				
Single	58%	71% **	48%	57%
Married	9	5	9	17
Divorced	28	16	30	20
Separated	3	6	5	6
Widowed	1	1	5	0
Common Law Marriage	1	0	0	0
No Data	0	2	3	0
<b>Average Reading Grade Level</b>	9.8	8.5 **	8.7	8.7
<b>Average Math Grade Level</b>	7.9	6.8 **	7.2	7.0
** p<01, * p<.05				

<b>Table 7: Characteristics Of Completers And Terminations By Site</b>				
	<b>DACC (N=560)</b>		<b>REECC (N=91)</b>	
	<b>Completers</b>	<b>Terminations</b>	<b>Completers</b>	<b>Terminations</b>
<b>Highest Education Completed</b>				
Less than twelfth grade	30%	43% *	39%	26%
High school graduate	20	16	16	14
GED/HSED	29	25	14	26
Some college (1-3 years)	18	14	18	31
College degree (BA or BS)	1	0	11	3
Advanced degree (MA, MS, Ph.D., or law)	1	0	0	0
No Data	1	2	2	0
<b>Disability</b>				
None	86%	80%	82%	66% *
Physical	7	8	11	8
Developmental/emotional	3	7	5	20
Physical and developmental/emotional	1	2	0	6
No Data	3	3	2	0
<b>Mental Health Need</b>				
	8%	13%	38%	50% *
<b>Primary Offense</b>				
OWI	48%	22% **	21%	17%
Drug possession/manufacture/delivery	26	41	34	28
Burglary/theft/fraud/forgery	17	18	33	43
Robbery	2	6	5	0
Battery/conduct regardless of life	1	4	2	6
Weapons/ Other violent	3	5	2	3
Other	3	4	3	3
** p<01, * p<.05				

<b>Table 7: Characteristics Of Completers And Terminations By Site</b>				
	<b>DACC (N=560)</b>		<b>REECC (N=91)</b>	
	<b>Completers</b>	<b>Terminations</b>	<b>Completers</b>	<b>Terminations</b>
<b>Average Age at First Felony Conviction</b>	27 years	24 years **	28 years	28
<b>Average Prior Incarcerations</b>	0.56	0.73	0.30	0.69
<b>Average Felony Convictions</b>	2.3	2.3	2.3	2.4
<b>Average DOC Risk Assessment Score</b>	29.7	31.1	23.4	25.3
<b>Assaultive Crime Flag in CIPIS</b>				
No	93%	84% **	89%	91%
Yes	6	16	11	9
No data	1	0	0	0
*Note. Only non-assaultive admitted after 12/1/2005				
<b>Drug Crime Flag in CIPIS</b>				
No	74%	61% **	66%	71%
Yes	26	39	34	29
No data	1	0	0	0
<b>Sexual Crime Flag in CIPIS</b>				
No	100%	100%	100%	100%
Yes	0	0	0	0
<b>Military Service</b>				
No	87%	89%	98%	100%
Yes	12	9	0	0
No Data	1	2	2	0
** p<01, * p<.05				

Table 8 illustrates a significant difference in the level of functioning of ERP graduates and terminations. Terminations are more likely than graduates to read below the sixth grade level and have a physical, developmental, and/or emotional disability. Terminations are also significantly more likely to have a mental health need than graduates.

<b>Table 8: Reading Level and Disability Status Relationship To Completion</b>		
	<b>Total (N=325)</b>	
	<b>Graduates</b>	<b>Terminations</b>
<b>Reading Level Below Sixth Grade</b>	11%	22%
<b>Disability Code in CIPIS</b>	12%	22%
<b>Percent Who Are....</b>		
Disabled and read below 6 <sup>th</sup> grade	4%	9% *
Disabled and read above 6 <sup>th</sup> grade	9	13
Not disabled and read below 6 <sup>th</sup> grade	7	14
Not disabled and read above 6 <sup>th</sup> grade	79	64
<b>Mental Health Need</b>	12%	22% *
* significant difference		

**Participant Feedback on Reasons for Non-Completion:** As part of the satisfaction survey, current ERP participants were asked to provide their opinions on why some participants do not complete the program. Selected quotes from the vast amount of qualitative data collected are presented below to allow the participants to provide feedback in their own voices.

The vast majority felt that offenders do not complete ERP because they are not motivated or ready to change their behavior or that they entered the program only to earn the early release. Consistent with the above results on disability status and reading level, others felt that the program materials were at too high a level for some of the participants. Some of the male participants indicated that another reason for termination is related to their criminal attitudes.

**Not motivated to change behavior:**

- “I believe people who don't want to change and are not open and honest have a higher risk of not completing.”
- “I think if a person isn't ready to change... the program isn't going to work for them!”
- “Some people absolutely refuse to look at their negative behavior and their consequences. I believe a lifetime of AOD abuse and a criminal lifestyle is all they want to know.”
- “No Way- People are given a chance its not the program, its the individual- those who don't complete don't want to complete or just don't want to change-Its not ERP.”
- “No, it has a very good staff. From what I can see, if you don't make it in this program, it's your fault! Not ERP.”

**Only enter the program for early release:**

- “Don't want to change and want to get out early so they can go back doing what they like doing. The dope dealers don't do drugs or drink they just sell drugs.”



- “I think a lot of people come here just to get out early and they don't truly want to change.”
- “If you don't want to make any changes, you shouldn't be allowed to be here. This should be determined beforehand.”
- “They want to stay criminals. Just get out early.”

**Program materials too high-level for lower functioning participants:**

- “Some people lack comprehension skills.”
- “If the person has problems reading, writing and understanding.”
- “A lot of people give up trying because the work can be overwhelming.”
- “Addictive behavior slow the brain, lot of info some is lost and too much to pick up at class.”
- “Some people lack education. (reading and writing skills) and it goes unaddressed, they are just told to do their best.”

**Criminal attitudes of participants:**

- “Many people have prison attitudes and I don't think that is addressed enough by the program.”
- “Criminal code, feeling they have no problem.”
- “...People not able to relinquish their criminal pride.”
- “The unwillingness to part with criminal thinking.”
- “Their attitude coming in and the criminal code. Their criminal ways. Maybe how hard some of this stuff is but they don't call it earned release for nothing.”
- “It's not the staff or materials that people have to deal with. It's just that they don't want to let go of their criminal ways.”

**Impact of Prison “Time To Save” on Program Completion:** ERP administrative staff requested an examination of the impact of prison time to save upon program completion. Staff felt that admissions who would earn a release date that was not significantly earlier than their mandatory release date were more likely to drop-out of the program. However, the current results did not lend support to this theory (Table 9). On average, graduates had 256 days to save and terminations had 280 days to save. The number of days between release through ERP completion and MR/ES date (calculated for terminations by adding six months and 13 days to their ERP admission date) was not related to whether they completed the program or not. Nor did separate examination of OWI admissions reveal any significant differences between graduates and terminations. Males did have the potential to save significantly more days than females, due primarily to longer sentences for males.

<b>Table 9: Impact of Prison Time To Save on Program Completion</b>			
	<b>Graduates</b>	<b>Terminations</b>	<b>Total</b>
<b>Potential Time To Save Through ERP Completion (Days Between ERP Release Date and MR/ES Date)</b>			
Average for all admissions	256 days	280 days	261 days
DACC	271 days	289 days	275 days
REECC	141 days	250 days	183 days
Those with less than six months to save	44%	40%	43%
Those with less than 12 months to save	75	74	75
Those with less than 18 months to save	92	92	92

**Relationships Among Measures Predicting Program Completion:** Investigation of the factors predicting program completion began with computation of bivariate correlation coefficients to assess relationships among the measures. A wide range of available measures were considered including demographics, criminal history, and potential prison day savings. Only the individual characteristics presented in Table 10 were significantly correlated with program completion. It should be noted that the reading and math score measures were highly intercorrelated ( $r=.70$ ,  $p<.000$ ), suggesting that they are very highly related, and that these measures are also significantly related to the white/non-white measure.

<b>Measure</b>	<b>Correlation Coefficient</b>	<b>Significance Level</b>
Gender	-.15	.00
White/non-white	-.16	.00
TABE reading score	.17	.00
TABE math score	.16	.00
Age at first conviction	.09	.02
Disabled or not (physical, emotional, or developmental)	-.12	.00
Age at admission to ERP	.11	.00
Received a DOC mental health classification or not	-.12	.00
OWI as primary offense or not	.21	.00

Next, logistic regression was utilized to assess the simultaneous predictive power of these measures. Due to the high correlations among the race, reading scores, and math scores, the reading and math scores were not included in the models because they had the largest amount of missing data. The models therefore used gender (site), white/non-white, age at first conviction, disabled or not, age at ERP admission, mental health classification, and a primary offense of OWI to predict program completion.

The results of these analyses (Table 11) revealed that overall presence of a mental health issue and OWI as the primary offense are significant predictors of ERP completion. OWI offenders without mental health issues are more likely to complete ERP. Gender, race, and disability status were marginally significant predictors of completion – these were significant predictors when the model was run without the OWI offense measure. The significance of these measures was reduced when the OWI offense measure was added into the model because many OWI offenders are white males without disabilities (highly related measures).

When examined separately, the models vary somewhat by site (gender). At DACC, those most likely to complete are male OWI offenders without mental health issues. At REECC, those most likely to complete are women who do not have a physical, emotional, or development disability (approaching statistical significance). These differences between the program sites are likely impacted by structural program factors and emphases, as well as program eligibility factors. For example, the program eligibility process for women within DAI limits women who are physically able to admission to the Challenge Incarceration Program (CIP), while the remaining women who are ineligible for CIP are offered ERP admission. This results in a higher proportion of female ERP admissions with disability issues.

**Table 11: Results of Logistic Regression Predicting Program Completion**

Measure	DACC Only (N=497)			REECC Only (N=86)			Overall (N=583)		
	B	Exp(B)	Signifi- cance	B	Exp(B)	Signifi- cance	B	Exp(B)	Signifi- cance
Gender/site	NA	NA	NA	NA	NA	NA	-0.49	0.61	.07
White/non-white	-0.36	0.70	.16	-0.37	0.69	.43	-0.40	0.67	.07
Age at first conviction	0.01	1.01	.49	0.03	1.03	.36	0.01	1.01	.38
Disabled or not (physical, emotional, or developmental)	-0.29	0.75	.36	-0.96	0.38	.08	-0.49	0.61	.07
Age at admission to ERP	0.00	1.00	.83	-0.01	-.99	.76	0.00	1.00	.81
Received a DOC mental health classification or not (MH1, MH2, MH3)	-0.75	0.47	.04 *	-0.42	0.66	.38	-0.62	0.53	.03 *
OWI as primary offense or not	0.89	2.44	.00 *	-0.33	0.72	.61	0.68	1.97	.01 *

### **Prison Days Saved**

ERP graduates are released from prison an average of 272 days (nearly nine months) before their mandatory release (MR) or extended supervision (ES) date. There is a significant difference between the number of days saved by male and female participants, with male participants at DACC saving nearly twice the number of days as females at REECC. This is primarily a function of both the shorter sentences received by female offenders and of an internal policy that identifies women as appropriate for ERP admission when they have less than 18 months to release.

In addition, Table 12 shows the total number of days saved through ERP participation by ERP releases through June 2006. A total of 136,604 prison days were saved by ERP completers since program inception. The smaller capacity of the women's program (in addition to shorter sentences and different eligibility criteria for females) leads to a proportionately smaller total days saved for REECC.

According to 2005 cost estimates obtained from DOC for these analyses, the average annual cost of incarceration is \$25,900 per year (\$70.96 per day) for male inmates and \$31,200 per year (\$85.48 per day) for female inmates. Utilizing these cost estimates, the resulting prison bed savings that can be attributed to ERP through early release of program graduates totals nearly \$10 million dollars through June 2006. This does not include program operational costs.

Table 12 also reveals that ERP graduates remain incarcerated an average of 13 days after their graduation from ERP. If graduates were released more quickly (for example, within seven days of completion), an additional six days could have been saved per graduate resulting in further savings. Estimating a savings of six days for each of the 56 female graduates would result in 336 days X \$85.48 = \$28,721. Estimating a savings of six days for each of the 446 male graduates would result in 2,676 days X \$70.96 = \$189,889. A total additional savings of \$218,610 could have been realized if graduates were released more promptly.

<b>Table 12: Actual Prison Days Saved Thru ERP Completion By Site</b>			
	<b>DACC</b> (N=446)	<b>REECC</b> (N=56)	<b>Total</b> (N=502)
<b>Actual Days Saved By Program Completers</b> (Days Between Release Date and MR/ES Date)			
Average	287 days	154 days	272 days **
Total days saved through ERP to June 2006	127,978	8,626	136,604
Average cost per day for DAI incarceration	\$70.96	\$85.48	NA
Total Estimated Cost of Bed Savings Due to ERP Early Release of Graduates (excludes program operational costs)	\$9,081,319	\$737,350	\$9,818,669
Average number of days from graduation until release	13.2	13.4	13.2
** significant difference (one way analysis of variance, F=25.6, p<.000)			

### **Satisfaction with ERP Residential Treatment**

ERP participants express a great deal of satisfaction with the residential treatment program (Table 13). Approximately 90 percent of graduates and current participants are either very satisfied or mostly satisfied with the program. REECC participants are somewhat more likely than DACC participants to be very satisfied with the program.

	<b>Very Dissatisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Mostly Satisfied</b>	<b>Very Satisfied</b>
<b>Overall Satisfaction With ERP</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Graduates	5	4	37	54
Current Participants	2	10	52	36
DACC	2	10	54	34
REECC	0	14	39	47

Table 14 presents the satisfaction results for agents, graduates, and current participants related to the overall treatment received within the institutional program using a four-point scale where 1 = disagree and 4 = agree. All three groups felt that ERP treatment helped participants to better understand themselves and did not feel that the program kicked participants out without giving them a chance to change. While the graduates and participants felt that ERP treatment helped with abstinence from substances, criminality, and employment after release, the agents did not agree as strongly. In fact, although 91 percent of the agents agreed or somewhat agreed that ERP provides effective substance abuse treatment, 79 percent of the agents agreed or somewhat agreed that releasing participants early through ERP puts public safety at risk. Roughly one-half of the agents, graduates, and current participants felt that ERP allows some people to graduate from the program who don't really deserve to.

In general, ERP participants (both past and present) were glad that they had participated in ERP, felt comfortable talking to ERP staff, and found it easy to fit in (Table 15). The majority felt that the AODA treatment and support groups were helpful to them, and that the program rules were fair. However, there were several significant differences by site with regard to participant feelings about the program staff. REECC participants were significantly more likely than DACC participants to feel that staff kept things confidential (average 2.7 vs. 2.3 rating), that staff treated them with respect (average 2.6 vs. 2.3), and that staff understood where they were coming from (average 2.3 vs. 1.9). The male participants at DACC (average rating of 2.1) were significantly more likely than REECC's female participants (average rating of 1.5) to indicate that they could meet with staff as often as they liked.

<b>Table 14: Agent, Graduate, And Current Participant Opinions Of ERP Treatment</b>				
	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>
<b>The services that ERP participants receive in the program help them to better understand themselves</b>	%	%	%	%
Agents	3	12	52	33
Graduates	3	0	29	68
Current Participants	1	1	19	79
<b>The services that ERP participants receive in the program help them to quit using alcohol and drugs after release</b>	%	%	%	%
Agents	12	15	49	24
Graduates	11	7	18	64
Current Participants	2	1	24	73
<b>The services that ERP participants receive in the treatment program help them to live crime-free after release</b>	%	%	%	%
Agents	12	21	49	18
Graduates	4	7	16	73
Current Participants	1	2	18	79
<b>The services that ERP participants receive in the treatment program help them to get and keep a job after release</b>	%	%	%	%
Agents	9	30	46	15
Graduates	11	11	28	48
Current Participants	7	6	21	66
<b>Staff sometimes kick people out of the program without really giving them a chance to change</b>	%	%	%	%
Agents	60	30	10	0
Graduates	32	20	23	25
Current Participants	46	24	20	10
<b>Staff let some people graduate from the program who don't really deserve to</b>	%	%	%	%
Agents	28	25	34	13
Graduates	20	21	36	23
Current Participants	35	16	29	20

<b>Table 15: Participant Feedback Related to ERP Program and Staff</b>				
	<b>Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Agree</b>
<b>Glad participated in ERP</b>	%	%	%	%
Graduates	2	0	20	78
Current Participants	0	1	7	92
<b>Felt comfortable talking to ERP staff</b>	%	%	%	%
Graduates	3	0	44	53
Current Participants	6	9	34	51
<b>Found it easy to fit in</b>	%	%	%	%
Graduates	7	20	46	27
Current Participants	10	12	39	39
<b>Staff treated me with respect</b>	%	%	%	%
Graduates	5	7	22	66
Current Participants	8	9	31	52
<b>Opinions of Current Participants Only:</b>				
	%	%	%	%
The Earned Release Program rules are fair	5	8	41	46
I think the ERP has too many rules	25	29	36	10
I understand the rules	1	1	13	85
I wish I had not entered the ERP	88	2	9	1
I think community service is a waste of time	93	2	4	1
This program seems like too much work just to get released early	77	12	8	3
Staff keep things confidential	6	8	30	56
Staff have taken the time to get to know me	7	17	35	41
Staff really understand where I am coming from	8	17	44	31
The program alcohol and drug treatment sessions are helpful to me	1	1	18	80
Support group meetings are helpful to me	3	3	18	76
I am able to meet with staff as much as I'd like	11	14	36	49

**Participant Opinions on the Program Aspects They Liked the Most:** Participants overwhelming indicated that the aspect of ERP that they like the most was the program's assistance in helping them to understand themselves and their past behavior to help them achieve sobriety. In addition, many participants felt that the best part of ERP was the dedicated staff. While many also mentioned specific program components such as criminal thinking, community service, anger management, support groups, and victim impact sessions, a large proportion of the male participants felt that the best part of ERP was the opportunity to gain early release from prison. None of the women mentioned early release as one of the things that they liked the most about the program. Some male participants also reported that the opportunity to interact with other addicted men in a group setting was the best part, particularly the opportunity to focus on their substance use problem without distraction.

**Better understand self and develop better thinking skills:**

- “At first I thought being in the program for six months was too long, but longer it took the more better of a chance I got to see how messed up my life really was when I was on the streets.”
- “Beside going home the program is got me to understand myself better. And it's because of me that I'm here today.”
- “ERP made me better understand myself as a sober person.”
- “For giving inmates the chance to not only get out early, but to also help change how he thinks about himself and the world in which he lives in.”
- “I know myself better. I have a better understanding of who I am and why I did what I did and how not to repeat this cycle.”
- “I like being challenged to change.”
- “Showing me how to better understand myself so I can communicate my feelings and set goals.”
- “That it teaches me about me and the way it teaches me to understand my life childhood and how to deal with underlying issues and direct me into change and educating me to be the person and attend me to be and who I want to be I really have all my groups because now I understand and I can make changes and not do it alone.”
- “They give you the opportunity to learn about how you think and why you do what you do. What feelings are behind your thoughts.”
- “It taught and showed me a lot about myself and how to deal with my addiction and how to be a responsible husband and father to my wife and kids.”

**AODA treatment:**

- “A chance to get my mind and body clean so it can start over fresh in the community and to stay clean and not break the laws of Wisconsin or anywhere.”
- “I feel my reason for coming to prison is due to an addiction and "ERP" gives me a chance for treatment of my disease and return me back to society.”
- “Giving me the tools I need to live a responsible life.”
- “That I am able to get help for my addiction. That I can learn how to handle situations in my life without having to use. That I can earn my way out early. That I am able to learn about myself in a positive ways so I can change my negative habits and beliefs and return to society to be a productive person.”
- “The hands on help you get to identify what problem areas you need to work on. That way you could see the other things that connect to that area where you need to work and you can work on these as well.”



**Understand past behavior:**

- “It helped me to honestly find out my main causes for my action. It also was a positive learning experience and the ERP program was exactly what I needed to learn to deal with bad thoughts and core beliefs.”
- “It helps me understand the thing I do before I came here.”
- “It makes you realize that you can’t keep doing what you've been doing.”
- “Learning to recognize the consequences and the ripple effect because of my drug addiction.”
- “Taking a look at my resentment and wanting to forgive others and myself.”
- “That I have been able to learn so much about how my actions affect others.”

**Group interaction with others focusing on AODA:**

- “I am able to be offered a safe environment to objectively work on issues related to make a change in myself related to alcohol.”
- “I like the group setting and open conversation. I learn better when things are talked about not just read through paper work.”
- “That I am able to take the time I need without outside interventions to learn about myself and how my alcohol has effected my life. Learn what to do to stay sober.”

**Program staff:**

- “ERP is committed to change, all the social-workers really put forth effort to give us the best possible chance to change.”
- “How my social work treat us.”
- “Social worker is understanding and helpful.”
- “I like how my social worker takes the time to sit down and understand where we come from and what we are going through. And breaks down what each individual needs to do to change.”
- “That the staff is very understanding and they actually care. They let us know it's ok to make mistakes but what you do about it and how you take responsibility for it is what's really important.”
- “That the staff is willing to help you to their highest potential possible. the groups are small, and they are very intense to help you learn.”
- “The social worker I have really does care about me feelings and helps me with my proper goals to guide me in the right direction.”

**Participant Opinions on the Program Aspects They Liked the Least:** While some of the participants indicated that they like everything about ERP, others provided feedback on what aspects of the program they like the least. The largest group of responses was related to specific treatment content such as discomfort with group discussion of personal matters, the perceived “childish” nature of some of the group projects, and the presence of participants not sufficiently motivated for treatment. Male participants overwhelmingly disliked the six-month program length, the presence of the non-program inmates at DACC, limited opportunity for physical activity, and a lack of options to earn money for release. None of the female participants mentioned any of these issues. Participants at both ERP sites disliked what they felt to be inconsistent enforcement of program rules, and others indicated that they disliked the emphasis on “telling on” or holding other participants accountable.

**Liked everything about ERP:**

- “Their is nothing that I like least about the program. The only reason I won't like something is because it is the truth and I need to change it.”
- “Nothing, I'm truely greatful everyday I know I'm in the right place and I live and wake up for change and a better future.”
- “It's hard to say least because this isn't a program of privileges. Everything here is based on earning my freedom.”

**Inconsistent enforcement of rules and changing rules:**

- “I like the program, but the rules need to be beefed up and really enforced.”
- “Inconsistant rules and how things must be done.”
- “Too many petty little rules.”
- “The way thing contradict, get told one thing, gettin it turned around to something else.”
- “And that some rules should be pushed more, that way people don't mess up.”
- “How the rules change/and when people have to go into the orange suit (singularity).”
- “I don't like it being different or no consequences for people that do the same or worse behaviors as others (being equal) such as people getting away with things without consequences.”
- “No consistency on rules.”
- “Some of the rules and constant changing of those.”
- “The rules about accountabilities are confusing.”
- “The way some people switch the rules to fit them, covering for their friends, and defending their bad behaviors.”

**Holding other participants accountable for behavior:**

- “I feel the accountabilities are good but tends to put a lot of confusion in the program.”
- “The stress, feeling if you don't do something right you'll be kicked out or not graduate.”
- “I feel that the treatment is sidetracked by everyone worrying about what the other one is doing. A lot of group people think they have tell to pass. I feel that it takes your mind off the main objective.
- “Too much telling on others instead of working on my program.”
- “Issue's of rat (telling) on people - ‘you do it or your out’ mentally forced on us.”
- “The fact that grown men are expected to tell or hold other men accountable for petty actions.”
- “That so much emphasis is placed on being tattlers.”

**Staff, Agent and Participant Suggestions for Program Improvement**

All ERP staff, agents, graduates, and current participants were asked to provide suggestions for program improvement. Analyses of these extensive narrative data resulted in suggestions related to enhancing the residential treatment program activities and making changes to the program structure and procedures. Many of the agents and participants felt that ERP was effective as currently implemented and did not suggest any improvements.

- “Program is very good.”
- “I believe your doing a very good job in a very difficult situation.”
- “I think the earned release program is a good program. Anyone who goes through it will get something out of it.”
- “I think the program itself is a very good one and I don't see that it needs improvement.”
- “I truely believe this program is a good program and everything about it is beneficial. So thank you for this program.”

**Enhance the Residential Treatment Program Activities:** Agents and participants suggested a wide range of ideas to improve the residential treatment services offered. Agents felt that ERP could improve planning for the transition to community treatment by increasing the level of coordination and communication between the ERP staff and community-based treatment providers prior to the release of the participant. Many of the comments made by males were related to shortening the program (see section on program areas liked the least for detailed discussion), but equally important to both male participants and their agents was enhancing the ability of ERP graduates to earn money for their release. Agents indicated that employment and earning release dollars should be stressed more so that graduates have resources upon release and are not behind in child support. Men also expressed the desire for more opportunities for physical recreation to help participants manage stress and develop healthy lifestyle habits.

Both male and female participants felt that ERP should have more consistent rules and that these rules should be enforced fairly by ERP staff. Participants also suggested that providing help for lower functioning participants would improve the program. These comments are similar to the responses of the participants when asked why some offenders do not complete the program. Participants suggested that improvements be made to the way that ERP staff interact with participants, and nearly all of the women requested increased levels of individual counseling (some of the men wanted that as well). Staff and participants indicated that treatment should begin right away for those waiting to enter ERP, possibly utilizing a pre-programming approach. Finally, ERP graduates and many current participants felt that the level of community service required/offered should be increased.

**Improve planning for the transition to community treatment:**

- “Continuity of treatment from institution to community with no long waiting period and pick up where we left off, no repeating the same material.”
- “More involvement with community treatment providers during release program i.e.: Conference calls with agent, social worker, and inmate. Offenders have to be enrolled in an intensive treatment program before release. When phone conferences are held all counselors or treatment providers in the institution should be present.”
- “A way to transition people from Inst. program, to a half-way house then to community while still in ERP. I know that contradicts ERP, but releasing someone from intensive Inst. program to streets after they already served a few years sets them up to fail.”
- “Have offender develop & carry out after care plans prior to release. Make appointments still while incarcerated.”

**Enhance opportunities to earn money for release:**

- “Integrate work-release (part-time) so people don't release destitute.”
- “Combine with work release. Have more integration focus - work release in Phase II or III.”
- “Get good paying jobs so inmates can return to society free of restitutions and not behind in child's supports arrears like me! \$10,000.”
- “Don't take a man out of work release where he can make some money for his release and keep supporting his family and make him sit here for 6 months doing nothing before he starts group.”
- “Jobs for the pre-programmers!”
- “Training or work release to help get people ready to leave here so they have a little something.”
- “Work release and more job searches to assure we get a fresh start.”
- “Include an employment component that requires a nest egg of money sufficient enough to sustain the offender for 60 days after release.”

**Increase physical recreation:**

- “Have more things to do with free time, rec rooms with ping pong or pool tables inside gym in the winter.”
- “More recreation time, we don't get enough exercise time. I watch my diet and still gain weight and I do exercise all I can.”
- “To have more activities during the winter months.”

**Increase consistent enforcement of rules:**

- “Stricter enforcement so all groups follow the same guidelines and rules in order to maintain concentration on more important issues.”
- “Make the same rules on all units.”
- “More consistency between the floors at DACC- seem to have different rules.”
- “...Staff up holding all rules and making stiffer penaltys for not following the rules.”
- “Have a set of rules and procedures written for what it is acceptable for conflict resolution.”
- “Harder punishment for not following the rules of DACC.”

**Provide additional help for lower functioning participants:**

- •Give people more time to complete things.”
- “Give some people more time to change, because some people can't catch on as fast as others.”
- “Groups should be made up of people of similar capacities.”
- “Take time to make sure that everyone understands what is being taught instead of assuming and get a better idea of where people are coming from.”
- “Tutors- to help people like me.”
- “Have factors to help the people who can't catch on to things right away.”

**Improve quality and frequency of staff/participant interaction:**

- “Have more one on one contact with social workers.”
- “Don't confuse emotional injury with intellectual injury. Treat inmates with respect even if they don't say what they are supposed to.”
- “The way guard treats inmates. Not treated as people, more like animals, talk down to you, disrespected.”
- “When you first get there, to make you feel welcome.”
- “More one-on-one with counselor; counselors spent too much time with each other than with people in program.”
- “DOC staff needs to stop treating people like children!”
- “To be treated like someone that is worth while.”
- “Give respect to everyone we are all human.”
- “Don't treat people IN the program like the enemy we are people we're not stupid we have feelings knock us down and build us up. Where's the build up come in?”

**Pre-programming activities for those waiting to enter treatment:**

- “Pre-program- for offenders waiting admission or more in CGIP.”
- “Not having to wait so long to start your group. Consentrate on your one addiction.”
- “Bring people here only they are ready to start the program...”
- “I think a person should be able to get right into the program once they are here instead of waiting two or three months.”
- “Have those who come earlier then their bed date work a decent job since some of us have community custody.”
- “Pre-program preparation group- teach the cognitive behavior model.”

**Suggested Changes to the Program Structure and Procedures:** Many suggestions made were related to the structure and procedures of ERP. The changes most often expressed by male participants were to remove the temporary hold inmates from DACC and to shorten the length of the six-month program. It is interesting to note that no female participants mentioned changing the program length as a possible improvement to the program. ERP staff, agents, and participants agreed that admissions should be better screened for motivation and appropriateness for treatment. Both staff and participants expressed the need for additional staff, particularly at REECC. Staff also indicated that low morale should be addressed by administrative staff.

**Remove temporary hold inmates from DACC:**

- “Stop having temps here. It should be strictly for treatment. The temps disrupt the treatment process.”
- “Do away with the temps.”
- “Don't mix temps with programers they can be negative at times. The program needs to be more positive.”

**Shorten the six-month program:**

- “Maybe shorten the actual program from 6 to 4 months with work-release and community service for the last 2 for a total of 6 months.”
- “Lessen down time. Shorten program to 3 or 4 months.”
- “Make it 6 months with 4 months program and 2 months of work release so people can have a little \$ for when they get out.”
- “Maybe if they made it for four months instead of six they may be able to get more people in it.”
- “Make program more concise. The program should concern itself with the crime only i.e. OWI not drugs if not appropriate.”
- “Make the treatment shorter, but get deeper into the main subject and needs for recovery.”
- “Less down time so people are not bored with program.”
- “Have more time in class instead of dead time.”

**Improve program screening/eligibility criteria:**

- “Better screening- my offender was a habitual offender and was offered the program.”
- “Make client do 1/2 of their original sentence before they would even be considered eligible to participate.”
- “Should be for first time prison offenders.”
- “This guy tells me he had/has no plan to quit drinking (8th OWI conviction). Is there any kind of "contract" for them to sign agreeing to not use/ abuse drugs/alcohol?”
- “Must be more available. Criteria can be changed.”
- “People with less time to gain did not truly want to change, and took advantage of the program.”
- “Better screening of incoming inmates.”
- “Not try to let others fake their way through - total honesty.”

**Increase number of program staff:**

- “More treatment specialists- with the additional reentry and increase of offenders the current position is spread too thin.”
- “More staff. Less clients per social worker.”
- “A counselor for mental/physical health. More staff, they were too few for number of inmates.”
- “Hire those who have experienced drug abuse.”

- “Hire another staff (Teacher?) or give back the psychologist full time position to help ease the staff time constraints. Once per month (at mid-phase evaluations) have the gen. pop. staff that assist in ERP attend staffing to give their feedback on inmates & maintain communication flow.”
- “If the team could be given back another full-time position to service this group. We have many hats and duties within the program and community besides groups and individual treatment meetings. More persons could assist in sharing the other leadership roles we manage within this type of treatment program.”

**Improve morale of existing staff:**

- “Increase staff moral (the AODA raise would help to recognize us since we are providing specialized treatment and need the extra certification/ education).”
- “Staff recognition- show appreciation. Increase benefits instead of taking away, such as willingness to try job sharing.”
- “Additional treatment specialist positions. Possibility for job share to accommodate families with children.”

**PARTICIPANT OUTCOMES**

Criminal recidivism and reincarceration data were obtained from DOC to estimate the impact of ERP participation upon these measures. Data related to criminal recidivism (defined as a conviction for a new offense) was received in July 2006. The data on reincarceration of released ERP participants was received in November 2006 to maximize the sample size and is based on a slightly different timeframe. All analyses of reincarceration and recidivism data are based on releases through June 30, 2006.

Data on participant outcomes other than reincarceration and criminal recidivism were not available for this evaluation effort. To assess the full impact of the program, post-release data on participant employment, substance use, treatment involvement, living stability, and family support should be examined. The importance of utilizing multiple indicators to assess the effectiveness of treatment programs is supported by research conducted by some of the most prominent research in the correctional substance abuse treatment field. One of these studies conducted by Prendergast, Hall, and Wexler (2003) reports that “conclusions about the effectiveness of a treatment program may vary depending on which outcomes are selected.” They continue by concluding that the results of their research “argue for including more rather than fewer outcomes in assessing the impact of prison-based substance abuse treatment.” These data could be gathered from probation/parole agents who supervise ERP participants in the community if a DCC-level effort was made to develop a system to allow electronic reporting of selected indicators at specified intervals after release.

As part of this evaluation, the evaluator, ERP staff, ERP Oversight Committee members, and DCC regional chiefs collaborated to develop a preliminary design for gathering these other outcome measures that included suggestions for indicators and procedures (Appendix 3). This system would allow agents to input information on ERP participant outcomes into a database that would reside on the DCC network. Agents could supply this information at six months and twelve months post-release, or any other interval decided upon by the DOC. Unfortunately, the scope and resources of the current evaluation did not allow for the design or implementation of this database reporting system.

## **Reincarceration After Release**

A total of 559 ERP admissions were released through June 30, 2006 in time for inclusion in these analyses (Table 16). DACC had significantly more releases than REECC due to their larger program capacity and increased admission rate as a result of their earlier program start date. As of November 1, 2006, these releases had been at risk in the community for an average of 390 days (almost 13 months). There was a significant difference in time at risk between sites, with 26 percent of DACC graduates at risk in the community for 18 months or more, compared to only seven percent of the REECC female graduates. In addition, DACC graduates were at risk for a significantly larger number of days than DACC terminations due to their early release through ERP.

Overall, 22 percent of ERP releases as of June 30, 2006 were reincarcerated after release. DACC graduates were significantly more likely to be reincarcerated than DACC terminations, possibly due to their longer time at risk in the community, but this difference disappeared when time at risk was taken into account. Examination of those ERP participants who had been at risk in the community for six months or less revealed that 10 percent were reincarcerated within six months of release. Within six months of release there were no differences in likelihood of reincarceration between sites or between graduates and terminations. Of those who had been in the community for 12 months or less, overall 25 percent were reincarcerated within 12 months of release. While 26 percent of DACC graduates and 30 percent of DACC terminations were reincarcerated within 12 months, this difference was not statistically significant. However, REECC graduates were significantly less likely to be reincarcerated than REECC terminations within 12 months of release. This result should be interpreted with caution, however, as the sample size was extremely small (only six women were reincarcerated within 12 months of release).

While the current effort does not include a control group or matched comparison group of offenders against which to compare these reincarceration rates, other evaluation research studies may provide a point of comparison. An evaluation of a prior DOC earned release program that did include both a matched comparison group and a control group of offenders (Van Stelle, Moberg, and Welnetz, 1998) revealed reincarceration rates similar to ERP, with 12 percent of the graduates, 25 percent of the randomized controls, and 20 percent of the matched comparison group reincarcerated by 12 months after release. Two other recent evaluation studies of therapeutic community treatment programs within DOC showed 12-month reincarceration rates of 33 percent for dually diagnosed male graduates (Van Stelle and Moberg, 2005) and 15 percent for female graduates (Van Stelle and Moberg, 2003). Comparison groups for these studies had 12-month reincarceration rates of 55 percent for the males and 20 percent for the females. One national study of prison-based therapeutic community reincarceration rates reported that 50 percent of controls and 40 percent of treatment completers were reincarcerated by 12 months after release (Wexler, DeLeon, Thomas, Kressel, and Peters, 1999).

<b>Table 16: Reincarceration Of ERP Participants After Release</b>					
	<b>DACC</b>		<b>REECC</b>		
	<b>Graduates</b>	<b>Terminations</b>	<b>Graduates</b>	<b>Terminations</b>	<b>Overall</b>
<b>Number released</b>	426	59	56	18	559 *
<b>Time At Risk in Community (as of 11/1/06)</b>					
Average number of days	416 days	310 days	315 days	279 days	390 days *
Out less than six months	7%	24% *	16%	33%	10%
Out 6-12 months	34	36	52	33	36
Out 12-18 months	33	37	24	34	33
Out 18-24 months	25	3	7	0	20
Out 24 months or more	1	0	0	0	1
<b>Percent of Releases Reincarcerated</b>	22%	13% *	7%	8%	22% *
<b>Percent of Releases Reincarcerated Within SIX Months After Release</b>	(N=16) 9%	(N=4) 10%	(N=0) 0%	(N=0) 0%	10%
<b>Percent of Releases Reincarcerated Within TWELVE Months After Release</b>	(N=33) 26%	(N=6) 30%	(N=3) 13%	(N=3) 50% *	25%
<b>For Those Reincarcerated, Average Days to First Reincarceration</b>	256 days	243 days	328 days	347 days	259 days
* significant difference at p<.05					



Overall, the average number of days to first reincarceration was 259 days for those releases who were reincarcerated (Table 16). There were no differences in the number of days to reincarceration between ERP graduates (259 days) and terminations (260 days). Compared to prison-based therapeutic community releases in California who averaged 190 days to reincarceration (Wexler et. al., 1999), the ERP participants show a time to first reincarceration. Although not statistically significant due to the small sample of women, the average number of days to first incarceration was much higher for the women than the men.

Table 17 presents the reasons for reincarceration obtained from the CIPIS/CACU data system and qualitative review of DCC records for a sample of available cases using the “OnBase Client” system. Overall, nearly one-half of the reincarcerations were MR/ES violations, 35 percent were temporary probation/parole placements, 10 percent were alternatives to revocation (ATR) placements, and six percent were new sentences. The data for females at REECC should be interpreted with caution due to the small sample size and are only presented for illustrative purposes.

More detailed assessment of the reasons for these reincarcerations revealed that 12 percent of the MR/ES violations were for drug use and an additional 17 percent were for a new criminal offense. These new offenses included OWI, drug crimes (possession/trafficking), property offenses (theft, forgery) and violent offenses (armed robbery, battery, child abuse). Of the twelve men reincarcerated with new sentences, 11 of them were ERP graduates who were reincarcerated an average of 320 days after release from prison.

### **Criminal Recidivism – Conviction For a New Crime After Release**

Table 18 summarizes the recidivism data received from the DOC related to ERP admissions. Of the 559 ERP releases through June 30, 2006, these preliminary recidivism analyses revealed that three percent were convicted of a new crime within the timeframe of this evaluation. A total of 347 (of the 559) releases had been out in the community for at least six months after release from their ERP episode of confinement. All of the fourteen male ERP graduates who were convicted of a new crime (no women were reconvicted of a new crime in this sample) had been out in the community for more than six months.

It should be noted that this measure of recidivism is a function of time, with new offenses often taking up to a year or more to result in documented convictions. As Table 18 shows, the average number of days from release to the criminal offense was 182 days, while the average number of days to the conviction for the offense was 302 days. As ERP graduates had been in the community significantly longer than the ERP terminations (due to their early release) the graduates comprise the entire sample of those who recidivated.

The largest proportion of new convictions were for OWI and for disorderly conduct. Two of the convictions were for aggravated battery and conduct regardless of life. Closer examination of these fourteen cases revealed that seven of them had been admitted to ERP as OWI offenders. Four of these seven men were again convicted for OWI after release. None of the remaining seven men were convicted of the same type of crime for which they had been imprisoned during their ERP episode of confinement.

<b>Table 17: Type and Reason for Reincarceration After Release</b>					
	<b>DACC</b>		<b>REECC</b>		
	<b>Graduates</b>	<b>Terminations</b>	<b>Graduates</b>	<b>Terminations</b>	<b>Overall</b>
<b>For Those Reincarcerated, Average Days to First Reincarceration</b>	256 days	243 days	328 days	347 days	259 days
<b>Reincarceration Type in CIPIS</b>	Note: N=99	Note: N=15	Note: N=4	Note: N=3	
MR/ES/parole violation	51%	33%	50%	67%	48%
Temporary P/P placement	32	53	50	33	35
Alternative to revocation	11	7	0	0	10
New sentence	6	7	0	0	6
<b>Reason for Reincarceration</b>	Note: N=99	Note: N=15	Note: N=4	Note: N=3	
MR/ES violation for:	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
drug use	12	0	25	67	12
new offense	14	20	0	0	17
reason not specified in records	24	13	25	0	27
Temporary P/P placement for:					
drug use	6	0	0	0	6
new offense	3	0	0	0	3
reason not specified in records	23	53	50	33	34
Alternative to revocation	11	7	0	0	12
New sentence	6	7	0	0	7
* significant difference at p<.05					

<b>Table 18: Recidivism (Conviction For A New Crime) of ERP Releases</b>			
	<b>Graduates</b>	<b>Terminations</b>	<b>Overall</b>
<b>Number released</b>			
DACC (male)	426	59	485
REECC (female)	56	18	74
<b>Time At Risk in Community</b> (as of 6/30/06)			
Average days	282 days	183 days	269 days *
Out less than six months	36%	53%	38%
Out 6-12 months	32	35	32
Out 12-18 months	26	12	25
Out more than 18 months	6	0	5
<b>Releases Convicted of New Crime</b>			
Percent of releases (N=14)	3%	0%	3%
Out less than six months	0%	0%	0%
Out 6-12 months	21	0	21
Out 12-18 months	50	0	50
Out more than 18 months	29	0	29
<b>Average Days to First Offense</b>	182 days	NA	182 days
<b>Average Days to First Conviction</b>	302 days	NA	302 days
<b>Conviction Type</b>			
OWI/Injury OWI	29%	NA	29%
Disorderly conduct	22	NA	22
Battery/Conduct regardless of life	14	NA	14
Prescription drug violation	7	NA	7
Fleeing/eluding	7	NA	7
Operating vehicle without consent	7	NA	7
Forgery	7	NA	7
Violation of restraining order	7	NA	7
<b>Conviction Type</b>			
Felony	57%	NA	57%
Misdemeanor	43	NA	43

These recidivism analyses should be repeated in the coming years to assess the impact of ERP upon criminal recidivism. The DOC may also consider developing a matched comparison group of offenders against which to compare the ERP graduates during any future analyses.

Although a recidivism rate of three percent is promising, these preliminary results should be interpreted in light of the following biases:

- Recidivism as defined for these analyses is a function of time;
- The program has only been in operation for two years and is still stabilizing;
- Only a small sample of ERP terminations have been released;
- The small sample of female ERP participants who have been released; and
- The lack of an appropriate matched comparison or control group of offenders against which to compare the recidivism rates of ERP graduates limits our ability to assess the impact of the program on participant outcomes. It is inappropriate to compare graduates to terminations as there are intrinsic differences in motivation for substance abuse treatment and motivation for change between those who complete treatment and those who do not.

Differing definitions of recidivism make it difficult to evaluate the preliminary recidivism results for ERP. The vast majority of criminal recidivism literature utilizes a three-year follow-up period and definitions of “recidivism” vary widely (Beck, 2001). Recidivism can be defined as post-release arrest, conviction, return to prison, or return with new sentence. The time intervals vary from six months to 20 years for reported recidivism statistics. The type of offenses included in the recidivism measures also varies, as well as the basis for comparison utilized from program to program and from state to state.

However, several studies do provide recidivism rates that utilize roughly equivalent definitions of “recidivism” (conviction for a new offense) and timeframes (12 months) to those used in the current evaluation study. While these studies can provide a rough point of comparison for the current study, it should be noted that the majority present rates for all releases regardless of treatment need or participation. Nationally, 22 percent of the state prisoners released in 1994 were reconvicted of a new offense within one year of release (U.S. Department of Justice, 2002). A recent study of prison releases in Florida found that 10 percent were convicted of new offenses within 12 months (Bales, Bedard, and Quinn, 2003). Two studies assessing the recidivism of female therapeutic community participants found that 50 percent of program admissions were reconvicted of a new offense within 12 months compared to 71 percent of a matched comparison group (Prendergast, 2003) and that 22 percent of program admissions were reconvicted compared to 30 percent of a randomized control group (Mosher and Phillips, 2006).

Recidivism rates calculated by the Wisconsin DOC in November 2006 for all releases from confinement from 1980-2002 show that 38.7 percent are convicted of a new offense within three years (Streveler, 2006). These rates are 39.4 percent for males and 30.3 percent for females.

## **REACH-IN/TRANSITION COMPONENT**

The primary evaluation questions of interest pertaining to the reach-in, or reentry transition, component were: (1) Do the agents meet the current DCC contact standards? and (2) What is the value of the activities to the offender, the agent, and to the DOC system?

### **Adherence to DCC Contact Standards**

The DCC contact standards for probation and parole agents assigned to ERP participants include the following required activities:

- a. Agents will contact all ERP participants three times prior to release to facilitate release planning:
  - i. Within six months of release, agents will conduct an Initial Planning Conference by telephone, in-person, or teleconference
  - ii. Within three months of release, the DCC agent, institutional social worker, ERP participant, and any support system members will meet to conduct the Final Release Planning Conference
  - iii. Within 30 days of release, agents will conduct a telephone, in-person, or teleconference with the participant and institutional social worker to discuss the release plan and make any specific arrangements
- b. Within six months of release, all ERP participants will complete a Community Reintegration Questionnaire (Form 2266) and send it to their agent
- c. Within six months of release, DCC agents will complete the Community Reintegration Case Plan (Form 2267) for all participants and email it to the institutional social worker.

ERP staff indicated that they initiate contact with agents within the first month of program by submitting a DOC 2266 to agents. In addition, REECC staff include a letter of introduction from the participant. The offender, agent and social worker review and identify concerns regarding the 2266 (i.e., residence and employment). The second contact confirms status of the residence plan and begins to formulate employment/education and community support activities offered. Expectations of supervision are addressed. The third contact finalizes residence, employment, mode of transportation upon release, and release of funds. The last DCC contact generates the C-15 form for release. It should be noted that some DCC units have a liaison agent who performs the reach-in activities and then transfers the case to a different agent upon the participant's release to the community.

Information was gathered from ERP staff, current participants, graduates, and the EChrono system to estimate adherence to these standards. These data suggest that some agents are not currently in compliance with the DCC contact standards. Some participants and ERP staff reported minimal pre-release contact with the agents, and some agents indicated confusion regarding ERP procedures. ERP staff indicated that the level of pre-release contacts seems to have decreased since the program began, that the contacts are most often via telephone rather than in-person, and that ERP staff "seldom" receive a completed 2267 form (Community Reintegration Case Plan) from the agent.

As part of the participant satisfaction survey, graduates and current participants were asked how many times they had met with their agent either in-person, by telephone, or via videoconferencing during their time in ERP residential treatment. Table 19 details the number of contacts reported by ERP participants. Sixty-one percent of responding graduates indicated that they had received three or more pre-release contacts, while 11 percent received zero or one contacts. Current participants reported fewer contacts, but this was due to the fact that 40 percent of the respondents were in Phase 1 of the program. Three DACC current participants who were in Phase 3 reported having had no contact with their agents at the time of the survey.

<b>Table 19: Graduate and Current Participant Reports of Number of In-Program Contacts With Agent</b>			
	<b>DACC</b>	<b>REECC</b>	<b>Total</b>
<b>Graduates</b>	<b>(N=55)</b>	<b>(N=3)</b>	<b>(N=58)</b>
Number of contacts	%	%	%
None	4	0	4
One	8	0	7
Two	28	33	28
Three	40	67	42
More than three	20	0	19
<b>Current Participants</b>	<b>(N=154)</b>	<b>(N=28)</b>	<b>(N=182)</b>
Number of contacts	%	%	%
None [Note. 40% of respondents were in Phase 1]	29	36	30
One	29	36	30
Two	17	28	18
Three	24	0	20
More than three	1	0	1

Analysis of a random sample of EChrono contact narratives received from agents who supervised ERP graduates revealed that nearly one-half (six of fourteen) of the graduates did not meet with their agents prior to release (Table 20). Three of the five REECC cases examined did not contain documentation of any pre-release contacts between the ERP participant and the agent. Most of the first pre-release contacts were conducted by telephone and took place an average of 71 days prior to their release. The first pre-release contact for five of the graduates examined occurred on the day of their release to the community (only two of these were Region One transfers to a different agent upon release and would be expected). Twelve of the cases did not receive any in-person pre-release contacts, and two received all of their contacts as face-to-face meetings with their agents.

<b>Table 20: Results of EChrono Analyses of Random Sample of 14 Graduates</b>			
	<b>DACC</b>	<b>REECC</b>	<b>TOTAL</b>
<b>Sample Size</b>	9	5	14
<b>Number of Pre-Release Contacts</b>			
Zero	3	3	6
One	0	1	1
Two	1	0	1
Three	5	1	6
<b>First Pre-Release Contact:</b>			
Type of Contact			
Participant In-person	2	0	2
Participant Phone	3	2	5
Collateral contact In-person	0	0	0
Collateral contact Phone	1	0	1
Content of Contact			
Overall release planning (2266)	4	2	6
Residence planning/home visit planning	2	0	2
# of Days Prior to Release It Occurred			
Zero (first contact was day of release)	2	3	5
Less 30 days prior to release	1	0	1
31-90 days prior to release	0	0	0
91-120 days prior to release	2	2	4
121-180 days prior to release	3	0	3
Average days prior to release	87.5 days	45.8 days	71.5 days
<b>Second Pre-Release Contact:</b>			
Type of Contact			
Participant In-person	2	0	2
Participant Phone	2	1	3
Collateral contact In-person	0	0	0
Collateral contact Phone	2	0	2
Content of Contact			
Overall release planning (2266)	4	1	5
Relay information on release date	1	0	1
Funds disbursement	1	0	1
<b>Third Pre-Release Contact:</b>			
Type of Contact			
Participant In-person	1	0	1
Participant Phone	3	1	4
Collateral contact In-person	0	0	0
Collateral contact Phone	1	0	1
Content of Contact			
Overall release planning (2266)	3	1	4
Residence planning/home visit planning	1	0	1
Sent C-15	1	0	1

### **Satisfaction With ERP Reach-in Component**

The majority of agents, ERP staff, and ERP graduates felt that the pre-release contacts helped to develop a relationship with the agent, increased reporting to the agent after release, improved their housing plan, and increased the participant's readiness for release from prison (Table 21). However, agents generally expressed less positive sentiments than the staff or graduates about the positive impact of these contacts upon the development of a release plan and AODA aftercare plan, and upon abstinence from substances, criminal behavior, employment, and financial support after release. All three groups agreed that the pre-release planning had little or no impact upon child custody or childcare situations after release.

<b>Table 21: Agent, ERP Staff, And ERP Graduate Opinions On Impact Of Pre-Release Contacts</b>				
<b><u>In general, how much do the meetings before release help with the following after release...</u></b>	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
Developing a good release plan?	%	%	%	%
Agents	0	46	33	21
Staff	0	15	55	30
Graduates	2	21	36	41
Developing a good alcohol or drug aftercare plan for treatment in the community?	%	%	%	%
Agents	12	46	18	24
Staff	0	40	45	15
Graduates	5	21	30	44
Developing a good relationship with the agent?	%	%	%	%
Agents	15	33	37	15
Staff	0	25	45	30
Graduates	5	14	35	46
Compliance with reporting to the agent after release?	%	%	%	%
Agents	18	15	49	18
Staff	0	32	42	26
Graduates	na	na	na	na
Increasing abstinence from substances after release?	%	%	%	%
Agents	33	43	15	9
Staff	5	40	50	5
Graduates	na	na	na	na
Reducing criminal behavior after release?	%	%	%	%
Agents	33	43	21	3
Staff	5	45	45	5
Graduates	na	na	na	na
Getting and keeping a job after release?	%	%	%	%
Agents	24	55	18	3
Staff	5	60	35	0
Graduates	12	24	36	28
Their living or housing situation after release?	%	%	%	%



<b>Table 21: Agent, ERP Staff, And ERP Graduate Opinions On Impact Of Pre-Release Contacts</b>				
<b>In general, how much do the meetings <u>before</u> release help with the following <u>after</u> release...</b>	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Much</b>
Agents	12	36	43	9
Staff	0	10	50	40
Graduates	9	9	26	56
Their source of financial support after release?	%	%	%	%
Agents	36	46	15	3
Staff	5	69	26	0
Graduates	19	30	35	16
Child custody or childcare situation after release?	%	%	%	%
Agents	20	53	27	0
Staff	25	50	25	0
Graduates	54	15	18	13
Their confidence or readiness for release from prison	%	%	%	%
Agents	9	40	36	15
Staff	5	25	35	35
Graduates	9	12	37	42

ERP staff, agents, and graduates were asked what pre-release activities helped the most after release. While staff felt that the assistance that they provided with documentation (i.e., social security cards, driver's license, state ID card, etc.) was very important, neither agents nor graduates mentioned these activities. Staff also indicated that victim impact sessions, child support speakers, and community service were very helpful. Agents and graduates were more likely to mention the release planning activities, particularly housing assistance, as the most helpful activity. In addition, numerous graduates felt that the emotional support provided by their agents and the ERP treatment staff prior to release helped them after release. Agents, staff, and graduates agreed that treatment aftercare planning relapse prevention activities were an important component in their recovery after release.

#### **Housing/residence planning:**

- "Establishing a stable and appropriate residence and aftercare plan."
- "Establishing residence and employment ideas."
- "Find housing."
- "Living arrangements, transportation after release are very helpful to talk about prior to release. It's good to talk about where they can go for aftercare also."
- "Make a residence plan."
- "Arranging TLP placement helped in my transition."
- "Going to the TLP and saving money for my own place."
- "Made sure I was OK with T.L.P."
- "Helped me relocate."
- "Transfer to my home county."
- "Having community services regarding DOC programs in place before they are released to community supervision."

**Emotional support from agent:**

- “Her confidence that I would do good when I got home.”
- “We talked about what I did and how I was going to change for the good.”
- “Developing a good relationship.”
- “Let me know that I can talk to them and not to lie and not to be scared to ask for help or let them know something is wrong.”
- “Talked to me and let me know it won't be easy, but let me know that it can work if I really try.”
- “Talking and really being concerned about me. Not treatment me like a number.”
- “Agent made me have a schedule for what I was doing hour by hour. Orrie has been very helpful to me in many different ways.”
- “Confidence building. A dependable contact if I encountered serious problems or had any questions.”

**Preventing substance use relapse:**

- “...I like the ongoing treatment plans that the offenders are released with.”
- “Helped me maintain sobriety.”
- “She put me on the breathalyzer for 3 months. It was a great start to stay sober after getting out. At the time I hated it.”
- “Being able to establish/find a treatment provider that is able to work with their current treatment needs based on referrals from ERP staff.”
- “Getting referrals in early to places that an offender might need services from. i.e.- temporary living placements, halfway house, 3/4-way house, further inpatient AODA placement, job placement. All of these things have long waiting lists so early referrals greatly enhance availability of such programs.”
- “Relapse prevention plan. Role-play high risk situations. Identify triggers, warning signs, and thinking distortions. Setting up aftercare and transitional needs.”

**Suggestions To Improve Communication Between ERP Staff and Agents**

As part of the satisfaction surveys, ERP staff and agents were asked what things could be done to improve their level of communication, coordination, and collaboration. While all of the ERP staff had suggestions for improving this interaction, many of the agents felt that it was currently working well:

- “I had no problem with institutional staff they been good in responding and setting up plans with the agent and offender.”
- “I think it is working well right now.”
- “Institutional staff did a great job.”
- “It's pretty good already from experience. I can't think of changes.”

However, most of the staff and agents offered numerous ideas for improving the level and quality of communication. Staff and agents agreed that a greater effort should be made to comply with the DCC contact standards of implementing three pre-release contacts. In addition, the majority indicated that increasing the level of timely response to telephone calls and emails would improve the reach-in communication. Some ERP staff indicated that some agents appear to be uninterested in the program, while agents indicated that they do not feel as informed about the program and its requirements as they would like. In addition, agents felt that the reach-in process would benefit from improved communication during Phase 3 just prior to release. Availability of suitable housing is a particular problem upon release, with agents requesting earlier notification of release dates.

**Compliance with pre-release contact standards:**

- “Agents need to complete the 3 program phone calls.”
- “Follow through on the reintegration phone conferences and ask questions of each other.”
- “It is important to keep and remember scheduled conference calls.
- “It is very difficult for transfers of supervision to be timely. No housing! No community treatment! DCC agents need to acknowledge and become informed about their role and responsibilities. Fewer DCC agents coming to facility for 1:1 than in the beginning. Less interaction with offenders.”
- “Agents need to be available for scheduled phone calls. Answer e-mails in a timely manner.”
- “Return phone calls, answer emails. Transfer right away! Do not wait until halfway through the program.”
- “I think it has worked well. Just staying in contact before and after release is vital in developing a good release plan.”
- “It would be helpful to receive discharge summaries in a timely manner.”
- “Respond punctually to phone calls and e-mails.”
- “While it is nice to speak with the offender prior to release, this is barely more useful than the parole planning worksheets submitted by non-ERP social workers and inmates.”

**Increase agent knowledge of and interest in ERP:**

- “I think it would help if the agents knew a little about ERP so they understand it isn't like a regular MR release.”
- “Agents don't seem to be aware of the time frame of release with ERP week and a full day on Fridays. Communicate with who will be covering for them if they are on vacation, day-off training, etc. Work together and be more open about resolving the current issues at hand.”
- “It would help if more agents were even knowledgeable of what ERP is; many aren't and some are not receptive either. Agents are also at times, hard to get a hold of for phone calls or do not return messages to even coordinate phone conferences. Knowledge of community AODA resources is needed as well.”
- “Make sure agents understand what ERP releases all entail (short notice, conference calls, etc.). Able to get transfers of area done easily in program so they have a chance to know new agent.”
- “More updates on how offender is doing in program from institutional staff. Agents could ask or request for info on a regular basis.”
- “Answer social workers' correspondence- overall lack of interest on the behalf of the agents.”
- “I don't know this is actually stressful because hard to follow, and [I am] probably am not up to [contact] standard. Would be easier to have caseload of only probationers or parolees because parolees require so much different paper.”
- “Problems occur when agents hold onto cases and do not transfer early enough for new agents to familiarize themselves with case information and planning.”

**Increased communication during Phase 3:**

- “Everything went smoothly, except for housing. The offender was referred for housing but the bed was not ready when he was released. The offender was released regardless and this should not have happened.”
- “Have a solid housing plan. Releases from the program that result in a halfway or transitional living program have little success.”
- “Have institutional staff contact agent 6 to 9 months prior to release - this would agent to get referrals into TLP's & treatment places (as these places always have waiting lists).”
- “Institutional staff need to come up with more reasonable plan, not ‘DOC will provide housing, transportation, and financial support.’ We don't have those resources or the time to provide that.”
- “It might be useful for social workers to help offenders look for housing options and also employment searches before they are just released.”
- “Understand that referrals to half-way and aftercare treatment are not always possible in the community of release. Most local AODA providers only offer continuing care to ‘participants of their structured program.’”

## PROGRAM STRENGTHS

The Earned Release Program has numerous strengths at both the program level and system level:

- ERP provides gender-specific residential substance abuse treatment.
- ERP is actively working to meet each of the goals and objectives set forth for the program.
- Showing a high level of willingness to improve ERP through program evaluation activities, the dedicated and experienced program staff have worked to implement, clarify and enhance the program goals/objectives, program structure and procedures, participant assessment processes, and substance abuse treatment services.
- ERP staff feel that the program's primary strengths are its cognitive/behavioral treatment model, gender-specific programming, victim impact sessions, release and reintegration planning, six-month program length, and the dedication and quality of the treatment staff.
  - "The scope of the program is truly exceptional- it is what all corrections-based treatment should aspire to. I also believe that it is a very salient point that is administered by a single social worker as opposed to a team of professionals or a single AODA counselor. The intimacy of the program grows from this."
  - "Educated staff (CSW/CADA-D) and educated supervisors. Staff that view themselves as a part of a 'treatment team.' Victim impact, AODA, relapse prevention."
  - "Non-violent offenders as targeted population."
  - "Making ties with the community through community service, DMV, DWD, speakers coming in."
  - "Reintegration- re-entry programming."
  - "Good release planning and applied skill building to get through the program."
  - "The way the professional staff work collaboratively for the inmate by having weekly meetings."
  - "Multiple interventions when problem areas are noted. 26 weeks of concentrated treatment."
  - "That inmates get treatment prior to release. Saves the state money- inmates can return to making an income earlier (support family or children)."
- ERP meets DOC's AODA contact standards for the level of residential treatment provided to program participants.
- ERP is supported by an active Oversight Committee that addresses both system-level and program-level issues as they arise.
- ERP meets its program objective of successfully graduating more than 60 percent of admissions, with an overall graduation rate of 75 percent (77 percent for males and 60 percent for females).
- One of the principal strengths of ERP is that the program saves prison bed days through the early release of non-violent offenders. Examination of releases through June 30, 2006 revealed that ERP saved 136,604 prison bed days through early release of graduates. Based on DOC's average cost for incarceration in 2005, this results in an estimated savings of \$9,818,669 since the program's inception.
- Overall, 22 percent of ERP releases were reincarcerated after release since program start. Ten percent of ERP participants who had been at risk in the community for six months or less were reincarcerated. Of those who had been in the community for 12 months or less, overall 25 percent were reincarcerated within 12 months.

- Overall, the average number of days to first reincarceration was 259 days for those releases who were reincarcerated.
- The vast majority of participants surveyed also felt that ERP had numerous strengths which helped them in their recovery from substance abuse. Participants indicated that ERP's strengths included helping them to better understand themselves and their past behaviors, the dedicated staff, the opportunity for early release, community service opportunities, victim impact sessions, and the chance to focus on their addiction with others in a group setting.
  - "I feel my reason for coming to prison is due to an addiction and ERP gives me a chance for treatment of my disease and return me back to society."
  - "It has given me a chance to take a good look at myself and to get me off to a good start on my recovery."
  - "A chance to get my mind and body clean so it can start over fresh in the community and to stay clean and not break the laws of Wisconsin or anywhere."
  - "ERP is committed to change, All the social-workers really put forth effort to give us the best possible chance to change."
  - "I like how my social worker takes the time to sit down and understand where we come from and what we are going through. And breaks down what each individual needs to do to change."
  - "The thing I like is that there is trained people who give me a chance to recognize that I need to change and provide the means to do it."
  - "It helped me to honestly find out my main causes for my action. It also was a positive learning experience and the ERP program was exactly what I needed to learn to deal with bad thoughts and core beliefs."

### **PROGRAM CHALLENGES**

Although ERP has experienced challenges during its initial implementation phase, the DOC has worked to address barriers as they were identified. The following challenges have impacted program implementation:

- Documentation of selected participant characteristics (particularly at REECC) has limited the program's ability to adequately describe the population it has served, most specifically with regard to addiction severity and type.
- Staff at DACC and REECC have utilized a variety of assessment tools to assist in treatment planning for participants at the time of program admission. However, treatment staff reported that the process should be improved. The assessment tools utilized do not provide a substance abuse diagnosis to both document characteristics of admissions and to develop a treatment plan. In addition, no formal assessment of criminogenic risk/need or treatment responsiveness (motivation for change) is conducted. In the words of one staff member, "The assessment of clients is not so good. Sorting out OWI guys is an obvious first step but there is more. For example, should dealers and chronic abusers be treated in the same group?"
- The diverse population of ERP admissions with varying needs and problem severity has been a challenge for ERP. Treating offenders with distinct addictions (i.e., alcohol vs. methamphetamine), use patterns (i.e., chronic user vs. drug dealer), mental health needs (none vs. anti-social personality disorder), and functioning levels (i.e., high vs lower functioning) in the same program groups can diminish the effectiveness of treatment.

- The program continues to address issues relating to program eligibility and internal suitability/placement criteria. The ERP Oversight Committee is actively working to modify the eligibility criteria to improve both the appropriateness of admissions and to increase the potential pool of inmates available for admission.
- ERP has encountered concerns related to treatment retention of participants. Treatment staff have implemented a variety of approaches to retain participants in the program rather than terminating them, including repeating treatment phases, individual interventions, individualizing treatment plans, and providing mentors for lower functioning participants. One staff member felt that staff should have the “ability to extend the time in program - if the offender needs more time we should be able to extend his program- not complete when not ready or terminate.”
- ERP has also experienced challenges related to treatment program staffing. Treatment staff at both DACC and REECC indicated that additional professional staff are necessary to effectively provide treatment. At DACC, staff indicated that staff retention is an issue and that one treatment specialist provides services to all participants. At REECC, general population staff provide services to ERP participants on a regular basis to assist ERP staff, the teacher/educator position was not filled when the program teacher passed away in 2005, and the recent departure of the treatment specialist resulted in the position being converted to a social worker position. REECC has experienced multiple staffing changes at the superintendent, program director, and program levels, as well as reductions in the number of staff dedicated to the program. Staff morale at both sites has become a significant issue, with staff indicating that they do not feel appreciated, adequately compensated, or sufficiently consulted regarding program and curriculum changes.
  - “Not enough staff-- positions were cut or reduced. General population staff fill in-which is much appreciated. We don't always have the ability or consistency to communicate inmate issues.”
  - “Seems to be some low morale among staff.”
  - “More treatment specialists- with the additional reentry and increase of offenders the current position is spread too thin.”
  - “Changing of curriculum with very little treatment staff input.”
  - “The workload on staff is awesome.”
  - “More treatment staff including Sgts. More treatment specialists (2 more).”
  - “We need more staff - treatment specialist, job share, social workers, education.”
  - “Hire another teacher or give back the psychologist full time position to help ease the staff time constraints.”
  - “Management's unwillingness to recognize low morale and need to intervene in certain situations that cause the low morale.”
  - “Retention of social workers. Morale of social workers. Frustration of social workers (all DACC staff). My opinion for all mentioned above is that all the social workers morale has gone extremely down since I arrived here. The staff is very dedicated but goes without notice or appreciation. Management keeps taking away important things from the social workers and are not flexible in the working environment, (i.e. comp. time, job share, the mention of a pay increase due to the extra AODA license we are REQUIRED to maintain). We use to be allowed 24 hours of comp. time. Once again, that was taken away. We are given more and more work, but not compensated in any way for it. We have staff that is willing to put in extra time to get their work done, and would want to take that time off at a later date (which is not costing the state anything). If we are to be considered as ‘professionals’ why are we not treated as such?”

- A barrier to successful implementation at DACC has been the presence of temporary hold inmates housed at the facility. These inmates are extremely disruptive to the treatment process and interfere with treatment provision to ERP participants.
- Challenges related to the reach-in component have also impacted the program. Both ERP staff and agents reported barriers related to completion of the three required pre-release contacts, communication and collaboration (unreturned telephone calls and emails), transfer of cases from agent to agent without sufficient briefing of the new agent, and a lack of familiarity with ERP policies and procedures on the part of some agents.
- Although not specific to ERP, the lack of transitional living and halfway house placement options in the community for ERP graduates presents a challenge at the time of release. Similarly, the lack of smooth transitions to available community treatment modalities presents a barrier to the successful reentry of participants.
- It is difficult to assess ERP's impact on criminal recidivism (reconviction for a new offense) at this early stage in the program's implementation. As recidivism is a function of time, and as the majority of ERP graduates have been in the community after their release for less than one year most would not have been out of prison long enough to have had a new case processed through the criminal justice system.

## RECOMMENDATIONS FOR PROGRAM IMPROVEMENT

The current qualitative and quantitative evaluation findings resulted in a variety of suggestions for program improvement. These recommendations are related to system-level issues, treatment program modifications, reach-in/reentry issues, assessment of post-release outcomes, and continuing evaluation.

### System-Level Issues

- 1. Limit Admission To Those With At Least a Sixth Grade Reading Level Or Develop Separate Programming for Lower Functioning Offenders:** ERP should enforce the sixth grade minimum reading level suitability criteria or develop separate programming for lower functioning offenders. Staff feel strongly that admission to ERP should be limited to those with at least a sixth grade reading level due to the cognitive/behavioral program model that focuses on how thinking is related to behavior. The pace of the program and the reading and writing assignments make it extremely difficult for lower functioning inmates to actively participate and benefit. The elimination of the teacher position for the female program has also impacted ERP's ability to provide support for these participants. Although REECC has assigned program tutors and mentors to participants with low reading levels, these women have not completed the program even with additional assistance. REECC staff also have concerns related to the additional burden on the assigned tutor/mentor and the impact upon their own recovery process given the energy required to assist the lower functioning participants.
- 2. Reevaluate Program Staffing Pattern:** DOC should provide additional treatment and support staff positions for ERP, particularly for the female program at REECC which has experienced a decline in the number of staff positions available to operate the program while maintaining the same program capacity. The gender-specific therapeutic

community model implemented for female ERP participants requires a more staff-intensive approach to providing treatment than the standard residential AODA treatment model utilized for the males at DACC. Administrative staff at both sites should also develop a plan to address the retention of treatment staff that could include detailed examination of the staff satisfaction data gathered as part of this effort, group meetings to identify problems and solutions, and a summary of these activities prepared for the ERP Oversight Committee.

- 3. Further Examine the Impact of Race Upon Treatment Completion:** While ERP provides gender-specific treatment, the cultural appropriateness of ERP for the wide range of program admissions has not been assessed. While non-white male participants are less likely to complete ERP, it is not possible to identify from the current effort whether the cultural appropriateness of the curriculum or the paucity of non-white staff impact the likelihood of completion. The logistic regression results indicate that OWI offense and absence of a mental health issue are the most important predictors of completion for males, and these two indicators are closely related to race with a large proportion of white men in these groups. Thus, it does not appear that race is a primary factor in completion, but rather is associated with other factors (offense and mental health) that do impact likelihood of completion. Unfortunately, the participant satisfaction data gathered during this evaluation cannot be analyzed by race because the anonymous survey could not identify respondents by race.
- 4. Convert the Temporary Hold Beds At DACC to ERP Pre-Program Beds:** Due to the disruptions to treatment caused by non-program inmates at DACC, these beds should be reserved solely for ERP eligible/suitable inmates awaiting admission to the program. Treatment staff suggest that a “pre-program” treatment orientation curriculum be developed for inmates occupying these beds. This 2-3 month pre-program phase could include a focus on education, victim impact, and parenting. It would also allow staff to observe participant behavior and provide an opportunity for pre-programmers to observe participants engaging in ERP treatment activities. This approach could be modeled after the pre-treatment activities developed by the Mental Illness Chemical Abuse (MICA) treatment program operated at Oshkosh Correctional Institution which were added to meet a similar need after the program had been in operation for several years.

### **Treatment Program Issues**

- 1. Develop Consistent Data Collection Procedures For Admissions:** It is recommended that both ERP sites utilize a consistent system to document program admissions. ERP staff should develop internal procedures to assign responsibility for collecting and entering these data. While DACC has an existing data system and has been documenting selected characteristics, both sites should develop procedures for gathering and entering participant information into a consistent electronic format. The Access database developed as part of this effort can be used for this purpose. DACC staff should work with the evaluator in Winter 2007 to integrate their existing data into this format and transition to using the uniform system.
- 2. Improve Participant Assessment at Program Admission:** ERP should utilize a validated assessment tool to gather substance abuse diagnosis and addiction severity for the purposes of treatment planning and documentation of participant characteristics. In



Fall 2006, ERP administrative staff at both sites agreed to implement the Substance Use Disorders Diagnostic Schedule (SUDDS) to assess all admissions. DACC staff have agreed to train REECC staff to properly administer the SUDDS. The ERP Oversight Committee and ERP administrative staff should assure that implementation of this tool occurs. In addition, the importance of assessing criminogenic risk/needs as well as treatment motivation has been well established and should be considered for this program. Treatment motivation is perceived as a critical issue impacting treatment effectiveness, particularly at REECC where the former WINSAT program admitted women who were motivated to seek treatment without the incentive of early release. Improving assessment in this way will enable ERP staff to differentiate among the varying needs of admissions and customize treatment services based on individual participant strengths and needs.

- “Go back to the level system so that the program groups can be put together more homogeneously.”
- “We tend to treat all drug problems as being equal. This is silly. The needs of the late stage alcoholic, the chronically unemployed marijuana smoker, and the highly criminal methamphetamine user are different. They need different programs.”

- 3. Consider Modifying Curriculum to Further Emphasize Employment:** Many of the agents, graduates, and current participants felt that the pre-release activities that focused on employment were extremely valuable to participants. Some suggested that additional services such as more employability skills sessions, work release, opportunities to earn money for release, and even job placement assistance would have been beneficial. While ERP must retain its focus on treatment issues, greater support of continuum of care and employment issues that impact success after release could be considered. In a study of strategies for reducing recidivism McKean and Ransford (2004) report that “Three major elements of programs reduce recidivism no matter how it is defined: treatment for substance abuse or mental illness, education that provides skills necessary for employment, and employment after release that provides income to increase stability.”
- 4. Increase Selected Pre-Release Activities at REECC:** To enhance the transitional experience for female participants, REECC should increase consistency with the services at DACC to include graduation celebrations that include food, family picnics and recreational activities, community service outside of the institution, and attendance at support groups in the community during Phase 3. DACC participants reported that these activities helped to “normalize” them in preparation for release.
- 5. ERP Staff Should Discuss Participant Satisfaction Results:** ERP staff should read the participant and graduate quotes in Appendix 4 of this report in their entirety so that they can hear the opinions of participants in their own words. Staff should then meet as a group to discuss the things that they learned from the participants and to process any procedural suggestions for program improvement.
- 6. Increase Consistent Enforcement of Treatment Program Rules:** Participants at DACC reported that some program rules are enforced differently among the units and floors at DACC. With more than 20 social workers operating treatment groups relatively independently this is not unanticipated. One approach to address this issue at DACC could include bringing all staff together for a training session and discussion to increase the consistency of rule application and enforcement. A second approach to address this issue, one of providing treatment utilizing a team treatment concept, was suggested by DACC staff: “Team concept - two social workers per group - if numbers is an issue,

increase the numbers to 18-20 men. Team concept is very productive and beneficial to the inmates!” In addition to being beneficial to the participants, this approach has the potential to also increase staff job satisfaction. The team approach to providing treatment is currently a part of the therapeutic community model for females at REECC.

- 7. Continue To Address Participant Retention Issues:** ERP should continue to address issues related to participant retention through individual treatment interventions and repeating treatment phases if necessary. Repeating a treatment phase is currently an option utilized for the females at REECC. ERP should explore potential ways to integrate this option at DACC to increase both treatment retention and treatment impact for some participants.
- 8. Improve the Speed With Which Participants Are Admitted and Released:** One way to increase the bed savings for ERP graduates would be to release graduates more promptly. Graduates remain incarcerated an average of 13 days after graduation. This delay in release is often due to delays in receiving paperwork from judges or as a result of waiting for housing placements. Development of improved communication procedures for ERP staff, judges, and agents would help to increase coordination and reduce this delay in release. However, reducing or eliminating this delay means that agents must be exceptionally prepared for release upon graduation from ERP, particularly because some agents would like a *longer* delay than currently exists to coordinate transportation, housing, and treatment placements.
- 9. Explore Options to Enhance the Transition/Aftercare Component:** ERP should consider enhancing the program’s effectiveness in reducing offender risk by providing additional transition and aftercare services. Utilizing the continuum of care model successfully implemented in other DOC treatment programs such as the Mental Illness Chemical Abuse (MICA) and Women in Need of Substance Abuse Treatment (WINSAT) programs, ERP could dedicate a staff person to provide transitional activities both inside and outside of the institutional setting. These activities could include communication with agents, release transportation and housing, referrals to community-based treatment providers, monitoring of graduate progress in the community, and facilitation of support groups for graduates in the community. This would increase the quality of the pre-release planning, increase treatment continuity from the institution to the community, and provide additional support for graduates after release. Currently, agents are expected to provide the majority of these services. Effective transition to ongoing treatment and aftercare services in the community facilitates recovery as reported by Belenko, Patapis, and French (2005) who found that “residential prison treatment is cost effective, but only in conjunction with post-release aftercare services.” Wexler (1999) reported a 12-month reincarceration rate of eight percent for offenders completing both treatment and aftercare, compared to 40 percent of those who completed treatment only. Based on best practices as well as the intent of ERP to reduce both risk to the public and recidivism, ERP should consider enhancing the effectiveness of the current program by designating a staff position dedicated solely to providing enhanced transition and aftercare coordination. If budgetary constraints prevent the creation of additional staff positions to provide these services, ERP should consider identifying creative approaches that would assign responsibility for these transition functions to existing staff or staff roles without adding significantly to individual workload.

## **Reach-in/Transition Component**

Analyses of the available data pertaining to the reach-in component of ERP revealed that some agents are not in compliance with the current contact standards. While the EChrono data presented in this report was only for a small random sample of ERP graduates, the corroborating data from ERP staff and participants suggest that many ERP participants are not receiving the three telephone or in-person meetings with their assigned agent prior to release. The Department may consider a combination of the following actions to improve implementation of the reach-in component and enhance ERP's continuum of care approach to treatment:

- 1. Conduct Agent Training Sessions:** While many agents do an excellent job of conducting the required reach-in activities and are in compliance with the contact standards for ERP, it would benefit the program to increase agent knowledge of ERP practices and procedures. DCC should conduct a series of training sessions detailing the contact standards, ERP treatment content and release procedures, and staff/agent recommended communication levels and methods. The training should also address the current finding that 79 percent of agents who returned a satisfaction survey felt that releasing participants early through ERP puts public safety at risk. This training should include a collaborative effort to involve agents in developing appropriate procedures, particularly those related to release processes and the varying types of paperwork required for probationers and parolees. Training of this type could also help to improve agent perceptions of the value of the reach-in activities required by the contact standards.
- 2. Designate Selected Agents to Supervise ERP Graduates:** As an alternative to training all DCC agents on ERP procedures, DCC could designate selected agents within each unit to supervise ERP releases. These designated or liaison agents would be highly familiar with ERP procedures and requirements, simplifying and streamlining both the reach-in and release processes. This could enhance the potential for increased coordination with the program and reduce the number of agents who would need to receive additional training on ERP. Utilizing this approach would also eliminate the current procedure in some P/P units of transferring ERP graduates to a different agent (who may not be familiar with ERP requirements) upon release which severs the relationship built during the reach-in contacts.
- 3. ERP Program Sites Should Document Frequency of Reach-In Contacts:** The number and type of reach-in contacts made for each participant should be systematically documented to increase the possibility of monitoring adherence to the contact standards in the future. ERP staff should document the number and types of reach-in contacts for each participant by entering the information into the program participant-level database developed as part of this effort.

## **Ongoing Evaluation of Participant Outcomes**

To assess the full impact of the program, post-release data on participant employment, substance use, treatment involvement, living stability, and family support should be examined. While DACC staff have worked hard to gather selected post-release data from agents (spending approximately two full days per month of staff time collecting it), the post-release follow-up surveys are sent only to the agents of ERP graduates, and according to DACC staff about two-

thirds of these agents respond. These follow-up data only describe the outcomes of the graduates who are (1) still reporting to their agents, (2) who have involved agents, and (3) who have agents who returned the follow-up form. These outcome results, particularly the reincarceration/recidivism outcomes, are extremely biased toward the positive and are not adequate indicators of program success/impact. To improve the Department's ability to assess the impact of ERP upon program participants, the Department may consider the following actions:

- 1. Develop a Plan for Ongoing Program Evaluation:** ERP should develop a plan for ongoing program evaluation that should include the collection of participant information through a program-level database, and determination of who will summarize and interpret the data, how the results will be reported and to whom, and how the results will be used for program improvement. Without a plan detailing evaluation roles and responsibilities, it is not an efficient use of ERP staff time to collect these data. To address ongoing process evaluation issues, the ERP Oversight Committee should have representation from both ERP sites at each monthly meeting to address program-level and site-specific concerns as they arise.
- 2. Develop System For Agent Reporting of Participant Outcomes:** Data on post-release employment, substance use, treatment involvement, living stability, and family support could be gathered from probation/parole agents who supervise ERP participants (both graduates and terminations) in the community. A system-level effort could be made to allow agent reporting of selected indicators at specified intervals after release via an electronic database. As part of this evaluation, the evaluator developed a preliminary design that includes outcome indicators and procedures (Appendix 3). This system would allow agents to input information on ERP participant outcomes into a database residing on the DCC network. Agents could supply this information at six months and twelve months post-release, or any other interval decided upon by the DOC. The DOC resources necessary to develop this effort may include programming time to develop the database, ongoing identification of ERP admissions for entry into the database, notification of agents supervising participants of upcoming follow-ups due, and development of a mechanism to track agents who do not respond and provide them with a reminder email.
- 3. Develop a System-Wide Procedure for Reporting of Offender Outcomes:** The above reporting system for ERP participants could also be viewed as a pilot test for potential implementation system-wide to collect post-release outcomes for all DAI releases.
- 4. Develop A Matched Comparison Group for ERP:** An additional consideration may be the development of a matched comparison group of offenders who do not participate in ERP. The post-release outcomes of these offenders could be appropriately compared to the outcome of ERP participants to more accurately assess the impact of ERP. A potential group of inmates that could be used as a comparison group might be those who are timeframe inappropriate but meet other ERP eligibility and suitability criteria. This type of effort would require both additional resources and external technical assistance to implement.

## CONCLUSION

These recommendations should be viewed as a compilation of potential options for program improvement. Administrative staff should work with the ERP Oversight Committee to assess the feasibility of each recommendation, prioritize the recommendations, and develop an action plan for implementation of the appropriate modifications.

The goal of the Earned Release Program (ERP) is to provide an opportunity for court-eligible non-violent offenders to earn release through participation in an intensive, evidence-based alcohol and other drug abuse treatment program. ERP is designed to promote successful transition to community supervision, reduce the risk of committing a new crime, and save taxpayer dollars through reduced use of prison bed space. Although ERP has only been operational for two years, results of this initial program evaluation indicate that the program is on target to meet this goal. Since its inception, ERP has produced an estimated \$10 million in estimated bed days saved through the early release of non-violent offenders who have alcohol or drug treatment needs. Similar to the development and implementation of any new program, the Earned Release Program has a sound foundation in place to reach even greater potential benefits. With enhancements to the continuum of care of substance abuse treatment provided including transition planning, reentry support, and aftercare services, the Earned Release Program can provide comprehensive treatment to break the cycle of addiction and criminal behavior.

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## APPENDICES

- Appendix 1: Satisfaction Surveys
- Appendix 2: ERP Participant Database
- Appendix 3: Possible System to Gather Participant Post-Release Outcomes From Agents
- Appendix 4: Complete Program Participant Satisfaction Quotes