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AN EVALUATION OF THE MILWAUKEE COMMUNITY
CORRECTIONS RESIDENTIAL CENTERS - A PHASE
II STUDY OF THE NEW PROGRAM MODEL (THE
RESPONSIBILITY MODEL PROGRAM,
IMPLEMENTED IN 1981)

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The Milwaukee Community Residential Centers are small, urban-based minimum security prisons used for offenders who are generally within six months of prison release. The purpose of the Community Residential Center program is to prepare offenders for re-entry into their home community through the provision of work experience, educational opportunities, counseling and other programming.

In May, 1981, the Bureau of Community Corrections began implementation of a new Community Residential Center program model. Some of the major changes included in the new program model are the use of a "Case Management Classification System" that classifies inmates according to program needs and treatment types and places them into specialized Centers for programming, the implementation of the "Responsibility Model Program," which establishes individualized contracts with inmates and rewards responsible behavior with increased independence and privileges, and the establishment of a pilot parole unit in Milwaukee, which initiates the direct involvement of the offender's parole agent with him/her when s/he is transferred to the Residential Centers. The purpose of this evaluation is to analyze the program experiences and short term outcomes of the new program model (referred to as the "Phase II Study"). In addition, the Centers' experiences with disciplinary problems and parole outcomes were analyzed and compared with their experiences under the former program model (referred to as the "Phase I Study")¹ to determine if the new program model resulted in fewer disciplinary problems and increased successful parole outcomes.

The program experiences and selected short term outcomes of offenders who met the following two criteria were analyzed for this study:

1. The offender was admitted to one of the five Milwaukee Community Residential Centers on or after September 1, 1981 and was released to the community or returned to a Bureau of Adult Institutions' facility on or before June 30, 1982; and
2. The offender spent at least sixty days in the Center system (i.e., the combination of reception and the specialized program Center).

The findings of this evaluation were as follows:

- o The level system, which places clients at different levels of responsibility, as it currently operates may be more effective in eliciting responsible behavior from certain types of offenders.

¹ The Phase I report was issued in July 1982. This study analyzed the 1980 Community Residential Center program and operations.

- o Community Residential Center Social Services staff continued to be the major providers of direct services. In addition, Purchase of Services contracts and security staff were also relied on to provide many services. It was found that the superintendents' offices at the Centers and the parole agents were generally minimally involved in the provision of direct services.
- o The Centers try to maximize the amount of money that each offender has upon prison release; however, it was found that only about half (53.3%) of the offenders were able to save any money while in the Centers. Among those who saved money, the average savings was \$373.08 and the range was \$2 to \$3247.
- o One-third of the study population pursued an educational program while in the Centers. The most common educational objectives were to obtain a GED (39.1%) or a vocational degree (26.1%). Only two of the 46 offenders who pursued an educational program completed their educational program; however, an additional thirty-six (78.3%) planned to continue their educational program upon release.
- o Some offenders had considerable contact with their family; however, others had little or none of the kind of contact which would promote family reintegration. Of the married offenders, nearly one-third (30.4%) were never visited by their spouse and of the offenders with children, almost half (43.5%) were never visited by their children. Almost half (44.3%) of the offenders were never taken on a home visit and only one fourth of the offenders with families participated in a family counseling session. It was also reported that many residents experienced little or no improvement in their relationships with their family.
- o The Women's Metro was found to provide a quality program of community reintegration opportunities. The Women's Metro had a high (83.3%) rate of work release placements, and they provided considerable family reintegration experiences to their residents. In addition, both the Phase I and the Phase II studies showed that the former residents of the Women's Metro experienced very successful parole outcomes.
- o The Parole outcomes of the Phase II study population were similar to those experienced by the Phase I population. It was found that 83% of the Phase I population and 79.6% of the Phase II population experienced a successful parole outcome. (It should be pointed out that while the two groups had similar follow-up periods, the follow-up periods were not identical.)
- o The new program model intended that each offender would spend two weeks in reception, followed by approximately six months in a specialized program Center; however, it was found that on average, offenders spent approximately twice as long in reception (29.6 days on average) and approximately half as long as expected in the specialized program Center (12.7 weeks on average).
- o The new program model contains incentives for inmates to exhibit appropriate and responsible behavior, which includes the avoidance of rules violations. The study found that the incidence of rules violations within the Centers decreased by 7.9% under the new program model.

The recommendations of this evaluation are as follows:

- o The new program model should be fine-tuned to make certain offenders (i.e., limit setting and environmental structure offenders) more responsive to it.
- o The Bureau of Community Corrections should consider taking additional steps to increase parole agent contact with offenders while the offender is still incarcerated, to promote continuity in supervision.
- o Consideration should be given to ways to increase incentives for offenders to save more money while in the Centers, to facilitate their community reintegration.
- o Each offender's educational objectives and/or program should, where appropriate, be initiated prior to the offender's arrival at the Centers. This would increase the likelihood of the offender completing his/her educational program and would enable him/her to make optimum use of the various educational, vocational and employment resources available in Milwaukee.
- o The Community Residential Centers should give more priority to activities which would encourage families to have contact with the offender, and also to provide all appropriate offenders with family counseling sessions and home visits, to promote the reintegration of the offender with his/her family.
- o The Division of Corrections should consider using the availability of family as a criterion in making Community Residential Center transfer decisions.
- o The Division of Corrections should consider expanding the capacity of the Women's Metro to ease prison overcrowding at Taycheedah and also to enable community reintegration opportunities to be provided to additional offenders.
- o The Division of Corrections should consider targeting Milwaukee area women with children for placement at the Women's Metro.
- o The Division of Corrections Classification and BCC staff should continue to work together to resolve the Center's population management problems by providing written specification of CRC transfer criteria for use by institution Program Review Committees and by monitoring the implementation of the criteria.
- o The Division of Corrections also should consider developing transfer criteria which would prevent offenders with extensive and potentially problematic escape histories from being transferred to the Centers.

Acknowledgements

Special thanks should go to the superintendents and the social workers of the Milwaukee Community Residential Centers for their assistance in providing program process and short term outcome data for this study and to Carl Sam of the Office of Information Management and Janet Brown of the Milwaukee Regional Office for the continued invaluable assistance which they provided in helping Bureau of Evaluation staff to access and interpret general prison population movement data and other data included in DOC's prison information systems. In addition, special thanks should go to Kelly Lyle for her assistance in collecting Community Residential Center population movement data for this study.

AN EVALUATION OF THE MILWAUKEE COMMUNITY CORRECTIONS RESIDENTIAL CENTERS

CHAPTER 1: INTRODUCTION

Program Description

The Bureau of Community Corrections (BCC) in the Division of Corrections (DOC) operates seven Community Residential Centers. The Community Residential Centers are small minimum security prisons located within urban communities. Five of the Centers are in Milwaukee, one is in Green Bay and one is in New Richmond in St. Croix County. Only the Milwaukee Centers were included in this study.

The purpose of the Community Residential Center program is to prepare offenders for re-entry into the community through the provision of work experience, educational opportunities, counseling and other programming. In addition, by virtue of greater proximity to the home community, the Community Residential Centers facilitate the reintegration of the offender with his/her family.

To become eligible for placement in a Community Residential Center, the inmate must meet three basic criteria. These are:

1. The inmate must have a security classification of minimum;

2. The inmate must generally be within three to six months of release. This includes a sentence with a six month or less "parole defer" status, or a sentence within six months of mandatory release. In addition, an offender with a longer sentence may be transferred to a Residential Center if the placement is deemed to be critical to a work or study release placement that is likely to continue upon release.
3. The inmate must generally be a resident of the county where the Center is located.

In May 1981, BCC began the implementation of major program changes in the Milwaukee Centers. Some of the major changes were:

- o A standardized five to six month length of stay at the Residential Centers;
- o The establishment of a Reception Center to process transferred offenders, and the implementation of the "Case Management Classification System," a case management system including a socio-psychological assessment instrument which is used to screen inmates to determine treatment approaches and program needs, and to provide specialized programming based on both general treatment type and individual client needs;
- o The specialization of the Centers by Case Management Classification (CMC), which concentrates offenders with the same CMC and correspondingly similar treatment and program needs in the same Center;

- o Implementation of a "Responsibility Model Program," which establishes individualized contracts with inmates and rewards responsible behavior with increased levels of independence to promote the inmate's reintegration into society; and
- o The establishment of a pilot parole unit in the Milwaukee region which initiates the direct involvement of the offender's parole agent with him/her when s/he is transferred to the Residential Centers to provide continuity in supervision when the offender is paroled.

Under the new program model, BCC assumes that each resident will spend two weeks in reception, followed by approximately six months in a specialized program Center. During reception, the Case Management Classification (CMC) instrument is administered with each resident. The CMC is a fairly structured psycho-sociological interview which solicits information on each offender's interpersonal relations, general lifestyle, the circumstances surrounding the offense and criminal attitudes, as well as other selected social and psychological data.

The use of the CMC results in the classification of each offender into one of four basic treatment types.¹ The treatment type provides a general framework to be used in case planning and service delivery. Offenders with the same CMC, and correspondingly similar program and treatment needs, are transferred to the

¹ These four treatment types are: limit setting, environmental structure, casework/control, and selective intervention (situational or treatment). These treatment types are described in detail on pages 11 and 12 of this report.

appropriate specialized Center for programming. During this study, the specialization within the Centers was as follows: the Abode had the limit setting offenders; Baker House had the casework/control offenders; and St. John's had both the selective intervention and the environmental structure offenders. The Men's Metro was used as the Reception Center for all men. Due to the relatively small female offender population, the Women's Metro was used for all Case Management Classifications for women.

Under the new program model, each offender goes through reception which includes mandatory group instruction in areas such as employment skills (e.g., job search, application and interviewing skills), survival skills, (e.g., budgeting), and family living. In addition, each offender must observe survival skill oriented individual instruction tapes of his/her choosing using teaching machines. Examples of teaching machine topics are credit, insurance, nutrition and community services.

The reception process also includes the development of a case plan (referred to as a pre-parole agreement) for each resident. This case plan delineates specific treatment and/or behavioral objectives for each client, and programming that the client agrees to participate in while in the specialized program Center.

Upon transfer to the specialized Center each resident goes through Program Review and is approved for work and/or study release. Each resident's progress on their case plan is regularly monitored, providing staff and the resident with ongoing feedback on progress and problems.

Another important aspect of the new program model is the level system. The level system rewards responsible behavior and positive performance on case plans with increased privileges such as social home visits, recreational activities, use of the telephone and spending money. There are three levels, with each level being associated with increased responsibilities and privileges. The intent of the level system is to affect each resident's attitudes and behavior while in the Centers and to continue this behavioral change once s/he is released to the community to encourage long term responsible behavior.

Evaluation Methodology

Study Objectives

The study design for the evaluation of the Milwaukee Community Residential Centers (CRC) delineated a two phase study. The Phase I study examined the operations, process, and effectiveness of the 1980 Residential Center program, and the security procedures and disciplinary problems within the Centers prior to the implementation of the new program model. The Phase I report was issued in July 1982.

The design for the Phase II study proposed an elaborate analysis of the process and effectiveness of the new program model. This included an analysis of the type of programming available in general as well as that made available on an individual client basis; an analysis of the impact (short term and long term) that the Centers had on offenders in terms of parole supervision needs, criminal

behavior after release (i.e., recidivism), family reintegration, community reintegration, employability and other selected areas (e.g., mental health, alcohol and other drug abuse problems); and an analysis of the security and disciplinary problems in the Centers.

The objectives of the Phase II study, as delineated in the evaluation study design were:

- A. To delineate program goals and outcome measures for Phase II of the Centers' operations.
- B. To evaluate the effectiveness of the Community Residential Centers at meeting program goals.
- C. To analyze the population characteristics and the operations of the Community Residential Centers.
- D. To analyze the scope, appropriateness and effectiveness of programming provided to clients in the Community Residential Centers. Programming includes work or study release, programming provided directly by Community Residential Center staff, Purchase of Services programming, and other responsibility model programming.
- E. To determine whether the rate of recidivism is lower among those inmates who were released from the Community Residential Centers versus inmates released directly from other minimum security institutions and the Correctional Camp

System. Also, to determine if the Phase II Community Residential Center program is more effective at reducing recidivism than the Phase I Community Residential Center program.

- F. To assess the security and number of escapes from the Community Residential Centers as compared to other minimum security institutions and the Correctional Camps.

Due to lags in the implementation of the new program model, and the relatively high rate of missing data in the Division of Correction's information systems, the Division of Corrections and the Division of Policy and Budget decided that the Phase II study should be curtailed. The Phase II study was revised to be much more process, and short term outcome oriented, and a more limited analysis of objectives D, E, and F became the focus of the study. The revised Phase II study objectives were:

- D. To analyze the scope, appropriateness and short term effectiveness of programming provided to clients in the Community Residential Centers.
- E. To analyze parole outcomes to determine whether the rate of recidivism is lower among those inmates released from the Centers under the responsibility model program as compared to those released under the old program model.
- F. To assess the incidence of disciplinary problems experienced in the Community Residential Centers as compared with other minimum security facilities, and to compare the incidence of disciplinary problems under the old and the new program models.

Study Population

The study population for objectives D (programming analysis) and E (parole outcomes analysis) consisted of all offenders who met the following criteria:

1. The offender was admitted to one of the five Milwaukee Community Residential Centers on or after September 1, 1981 and was released to the community or returned to a Bureau of Adult Institutions (BAI) facility on or before June 30, 1982.
2. The offender spent at least sixty days in the Center system (i.e., the combination of reception and the specialized program Center).

There were 161 offenders who met these two criteria. The parole outcomes of these 161 offenders were analyzed and are presented in chapter six. The Residential Centers provided the Bureau of Evaluation with detailed program participation information and short term outcome data on 137 (85%) of the 161 offenders in the study population. The analysis of these program and outcome data is presented in chapters two, three, four and five of this report.

There were an additional thirty-five offenders (a total of 196) who met the first criterion, but who were in the Centers for less than sixty days. Chapters 7 and 8 of this report present population flow data (e.g., number released to field or returned to a BAI facility) as well as selected disciplinary data (e.g., use of jail time, escapes) on these 196 offenders.

There were a total of 304 offenders who flowed through the Centers during the study. The term "flowed through" is defined to mean that the offender was admitted on or after 9/1/81, and was transferred through the Centers (i.e., released to field supervision, returned to a BAI facility or transferred out of reception to a program center, but not yet released from prison) on or before June 30, 1982. Chapter 7 presents information on average length of stay in the Centers for these 304 offenders.

The study population for objective F (security analysis) consisted of all conduct reports in the Centers between October 1, 1981 and March 31, 1982. The incidence of conduct reports in the Centers during the Phase II study was compared with the incidence of conduct reports experienced in the BAI minimum security facilities during the same time period. The BAI minimum security facilities were selected as the comparison group because of the consistency in the security classification of the offenders. In addition, this study compared the incidence of conduct reports in the Centers under both the old and the new program models to determine if the new program model resulted in fewer disciplinary problems. The security analysis is presented in Chapter 8 of this report.

Data Sources

Several data sources were used for this study. A "Resident Program Summary Sheet" (form developed by the Bureau of Evaluation) collected information on the types of programs individual residents participated in, each resident's experience in achieving the short term objectives in his/her pre-parole agreement, and short term employment, educational and family reintegration

experiences and outcomes. In addition, some basic process data was collected on length of stay, type of release, responsibility level and case management classification. Appendix I contains a copy of the "Resident Program Summary Sheet." Resident Program Summary sheets were received on 137 of 161 offenders who met the study criteria.

The Resident Program Summary sheets were completed by the Residential Center Social Workers. The program summaries contain considerable subjective information (e.g., rankings of improvements in each offender's relationships with their family or the degree to which case plan goals were met) and it is possible that there may be problems with the validity and/or the reliability of this data because it reflects subjective judgements made by several different social workers.

Data from the DOC Disciplinary Reporting System was analyzed to assess the extent of disciplinary and security problems which the Centers experienced under the new program model. Disciplinary data was compared with that in the other Division of Corrections (DOC) minimum security facilities, and also compared with parallel Phase I disciplinary data.

Data on parole outcomes came from the Institution Accounting System, and from caseload and case file records maintained by the Corrections Central Records Unit.

Data on the population flow within the Centers was collected from the DOC Institution Daily Population Reports, which each prison submits to the DOC Office of Information Management on a daily basis.

CHAPTER 2: DISTRIBUTION OF CASE MANAGEMENT CLASSIFICATIONS
AND LEVELS AT RELEASE

Case Management Classifications

The new program model classifies¹ offenders based on their criminal and social history and attitudes. Each classification implies certain program directions and treatment approaches that may be appropriate for the client. There are four basic Case Management Classifications (CMC).

These are: Selective Intervention - These are generally first time offenders who lead a relatively stable, pro-social lifestyle and who committed their offense in response to a stressful event or a neurotic problem.

Environmental Structure - These offenders tend to have minimal social and vocational skills and/or intellectual deficits. They tend to be involved in crime due to their association with more sophisticated criminals who direct and manipulate them into criminal activities.

Limit Setting - These offenders tend to be "professional criminals." They have established a pattern of long-term involvement with criminal activities, particularly those resulting in material gain.

¹ The Case Management Classification (CMC) instrument is administered to assess the client's attitudes, to obtain some objective information on the client, and to classify each client according to specific treatment models.

Casework/Control - These offenders tend to lead an unstable, non-goal directed lifestyle, which is often caused and/or exacerbated by their habitual involvement with alcohol and other drugs. Their offenses tend to be associated with serious long term emotional problems and/or drinking or drug problems.

During the Phase II study, the distribution¹ of Case Management Classifications was as follows:

<u>Case Management Classifications</u>	<u>#</u>	<u>%</u>
Selective Intervention	23	16.8%
Environmental Structure	29	21.2%
Limit Setting	46	33.6%
Casework/Control	36	26.3%
No Data	3	2.2%

Limit setting was the most predominant Case Management Classification. Approximately one-third of the study population was classified as limit setting. Slightly over one-fourth of the study population was classified as casework/control, slightly over one-fifth was classified as environmental structure and approximately one-sixth was classified as selective intervention.

The new program model includes specialization within the Centers, so that offenders with similar treatment needs are placed together where similar services are available and where a consistent treatment approach is used. The Abode specializes in limit setting offenders. Baker House specializes in casework/control offenders, and St. John's specializes in selective intervention

¹ The CMC distribution was reported by social workers on the "Resident Program Summary Sheets" which were received on 137 of 161 offenders who were transferred out of the Centers during the Phase II study and who spent at least sixty days in the Centers.

and environmental structure offenders. The Women's Metro is the only Center for women and they have all CMCs. The Men's Metro was used as the Reception Center during the Phase II study; however, they currently specialize in limit setting, the most frequently occurring CMC.

The uneven distribution of CMCs caused some population management problems for the Centers during the Phase II study. The result was generally that of the offender being detained in the Reception Center while awaiting the availability of a bed in the appropriate Center. The specialization of the Men's Metro has alleviated this problem, in that now, offenders are classified in advance and transferred from BAI directly to the appropriate Center as beds become available.

Distribution of Levels at Release From the Centers

The new program model utilizes a "Level System" which further categorizes offenders. The level system intends to prepare the offender for successful independent living in the community by demonstrating the value of responsible behavior. Each new Center resident starts out as level one. As offenders exhibit responsible behavior (as measured by progress on case plans, avoidance of rules violations, and meeting other Center requirements), they progress to the next level (level two), where they are given increased privileges. Continued responsible behavior can result in the offender progressing to level three where the greatest number of privileges are available.

Table 1 summarizes the distribution of levels (at release/transfer) and CMCs in the five Milwaukee Centers.

Table 1

SUMMARY OF CASE MANAGEMENT CLASSIFICATIONS
AND LEVELS AT RELEASE/TRANSFER BY CENTER

<u>Case Management Classification</u>							
Level at Release	Selective Intervention (Situational)	Casework/Control	Environmental Structure	Limit Setting	Selective Intervention (Treatment)	No Data	Totals
Level One	1 0 2 0 <u>3</u> (2.2%)	1 0 0 6 <u>7</u> (5.1%)	0 0 15 0 <u>15</u> (11%)	0 20 0 6 <u>26</u> (19%)	0	2 0 0 0 <u>2</u> (1.5%)	4 Women's Metro 20 The Abode 17 St. John's 12 Baker House <u>53</u> (38.7%)
Level Two	0 1 10 0 <u>11</u> (8.0%)	2 0 0 19 <u>21</u> (15.3%)	0 0 13 0 <u>13</u> (9.5%)	2 14 0 2 <u>18</u> (13.1%)	0 0 3 0 <u>3</u> (2.2%)	0 0 1 0 <u>1</u> (.7%)	4 Women's Metro 15 The Abode 27 St. John's 21 Baker House <u>67</u> (48.9%)
Level Three	2 0 4 0 <u>6</u> (4.4%)	2 0 0 6 <u>8</u> (5.8%)	0 0 1 0 <u>1</u> (.7%)	0 1 0 1 <u>2</u> (1.5%)	0 0 0 0 <u>0</u>	0 0 0 0 <u>0</u>	4 Women's Metro 1 The Abode 5 St. John's 7 Baker House <u>17</u> (12.4%)
TOTALS	3 1 16 0 <u>20</u> (14.6%)	5 0 0 31 <u>36</u> (26.3%)	0 0 29 0 <u>29</u> (21.2%)	2 35 0 9 <u>46</u> (33.6%)	0 0 3 0 <u>3</u> (2.2%)	2 0 1 0 <u>3</u> (2.2%)	12 Women's Metro 36 The Abode 49 St. John's 40 Baker House <u>137</u>

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4/6/83

It was found that few of the Phase II study population progressed to level three. Only seventeen offenders (12.4% of the study population) had progressed to level three by the time they were released/transferred from the Centers. Nearly half (48.9%) of the study population had progressed to level two when they left the Centers. The remaining 53 offenders (38.7% of the study population) were at level one when they left the Centers.

Further analysis of the data indicates that certain types of offenders experienced more success in moving through the level system. Offenders with CMCs of selective intervention and casework/control had the most success moving through the level system; 26% of the selective intervention offenders and 22% of the casework/control offenders were released at level 3. In comparison, the environmental structure and the limit setting offenders seldom made it to level 3; over half of these offenders never progressed past level one.

Table 2 summarizes the distribution of levels at release/transfer for each Case Management Classification.

Table 2
SUMMARY OF LEVELS AT RELEASE/TRANSFER BY CASE MANAGEMENT CLASSIFICATION

<u>Case Management Classification (CMC)</u>	<u>Level at Release/Transfer</u>					
	<u>Level One</u>		<u>Level Two</u>		<u>Level Three</u>	
	<u>#</u>	<u>%¹</u>	<u>#</u>	<u>%¹</u>	<u>#</u>	<u>%¹</u>
Selective Intervention (N = 23)	3	13%	14	61%	6	26%
Casework/Control (N = 36)	7	20%	21	58%	8	22%
Environmental Structure (N = 29)	15	52%	13	45%	1	3%
Limit Setting (N = 46)	26	57%	18	39%	2	4%
No Data (N = 3)	2	67%	1	33%	0	
Totals (N = 137)	53	38.7%	67	48.9%	17	12.4%

¹ Reflects the percentage of this type of CMC released at this level.

Summary

Limit setting was the most predominant Case Management Classification (CMC) in the Centers with approximately one-third (33.6%) of the Phase II population being reported as having this CMC. Of the remaining Phase II population, approximately one-fourth (26.3%) were casework/control, approximately one-fifth (21.2%) were environmental structure and approximately one-sixth (16.8%) were selective intervention.

Few offenders progressed to the highest responsibility level (i.e., level 3). Only seventeen offenders (12.4% of the study population) had progressed to level 3 by the time they left the Centers. Of the remaining Phase II study population, nearly half (48.9%) were at level 2 when they left the Centers. It was found that certain types of offenders experienced more success in moving through the level system. Offenders with CMCs of selective intervention and casework/control had considerable success in progressing through the level system. In comparison, the environmental structure and the limit setting offenders seldom made it to level 3; in fact, over half of these offenders never progressed past level one.

CHAPTER 3: COMMUNITY RESIDENTIAL CENTER PROGRAMMING

Background

Under the old program model, Community Residential Center (CRC) social services staff (i.e., social workers, work release coordinators) and Purchase of Service (POS) contracts were used to provide most services to clients. The new program model utilizes a team approach and assumes that other CRC staff (security staff, the superintendent's office) and parole agents will also provide services.

A team consisting of the CRC social worker, a security staff person and the CRC superintendent or assistant superintendent is assigned to work with each resident. Team members are involved in pre-parole case planning, the provision and monitoring of services and evaluating each resident's progress on case plans (referred to as pre-parole agreements).

Another innovative aspect of the new program model was the development of one Parole Unit to supervise all CRC releases. The parole agents are to become quite involved in case planning and service delivery while the offender is in the Centers and this role continues when the offender is released to field supervision.

When the offender enters the Centers, a pre-parole agreement is developed. The pre-parole agreement specifies treatment and behavioral goals for each client and programming that s/he will participate in while in the Centers. The offender's team, along with the parole agent, develops this pre-parole agreement. To provide descriptive information on service delivery patterns, this study

collected data on the types of programming that offenders participated in and on the provider (e.g., POS contract, social worker) of the programming. Table 3 summarizes the types of programming that residents in each Center participated in, as well as the provider of the program.

Program Participation and Providers of Services

A review of the data on who provided services to Center residents indicates that CRC social services staff (i.e., the social worker and the work release coordinator) continue to be the major provider of services. Social services staff provided employment related services to over three-fourths (78.1%) of the offenders, educational/vocational training or counseling (43.8%) and family reintegration services (45.3%) to almost half of the offenders, and financial planning services to 35% of the offenders. In addition, social services staff provided other types of counseling to 54% of the offenders.

Security staff were also utilized by the Centers to provide services. Under the new program model, security staff have an integral role in the monitoring and provision of service delivery. Security staff provided employment related services and leisure time services to slightly over one third (37.2%) of the offenders and health related services (generally escort) and other counseling to approximately one sixth of the offenders.

The Center superintendent's office (i.e., superintendent and assistant superintendent) tended to provide some services, but to be less involved in the

Table 3

SUMMARY OF RESIDENTS' PROGRAM PARTICIPATION

Provider of Service/Program

Center	Volunteer	POS	CRC Social Worker or Work Release Coordinator	CRC Security Staff	CRC Superintendent or Assistant Superintendent	Parole Agent	Type of Program Resident Participated In
Women's Metro	4	12	8	12	12	0	Employment counseling or skills
Abode	1	5	13	8	5	3	
St. John's	0	0	49	4	6	4	
Baker House	24	4	37	27	0	2	
Subtotal	29 (21.2%) ¹	21 (15.3%) ¹	107 (78.1%) ¹	51 (37.2%) ¹	23 (16.8%) ¹	9 (6.6%) ¹	
Women's Metro	1	2	8	1	0	0	Educational/vocational training or counseling
Abode	8	1	5	3	1	0	
St. John's	0	0	39	0	0	3	
Baker House	11	5	8	1	0	0	
Subtotal	20 (14.6%) ¹	8 (5.8%) ¹	60 (43.8%) ¹	5 (3.7%) ¹	1 (.7%) ¹	3 (2.2%) ¹	
Women's Metro	4	12	1	9	0	0	Leisure time
Abode	1	3	1	0	0	1	
St. John's	4	48	27	8	0	0	
Baker House	33	39	0	34	0	0	
Subtotal	42 (30.7%) ¹	102 (74.5%) ¹	29 (21.2%) ¹	51 (37.2%) ¹	0	1 (.7%) ¹	
Women's Metro	3	4	12	1	3	0	Family Reintegration (includes family counseling, couples counseling, residence planning, family planning, etc.)
Abode	5	0	4	1	4	1	
St. John's	0	0	44	2	1	21	
Baker House	2	0	2	1	1	4	
Subtotal	10 (7.3%) ¹	4 (2.9%) ¹	62 (45.3%) ¹	5 (3.7%) ¹	9 (6.6%) ¹	26 (19.0%) ¹	
Women's Metro	1	11	2	1	0	0	Health
Abode	0	0	0	0	0	0	
St. John's	0	0	22	22	4	0	
Baker House	0	40	0	0	0	0	
Subtotal	1 (.7%) ¹	51 (37.2%) ¹	24 (17.5%) ¹	23 (16.8%) ¹	4 (2.9%) ¹	0	
Women's Metro	5	0	2	12	1	0	Financial planning
Abode	0	0	1	0	0	5	
St. John's	0	0	45	1	12	18	
Baker House	0	0	0	0	0	0	
Subtotal	5 (3.7%) ¹	0	48 (35%) ¹	13 (9.5%) ¹	13 (9.5%) ¹	23 (16.8%) ¹	
Women's Metro	0	0	0	0	0	0	Alcohol and Other Drug Abuse
Abode	0	1	3	0	0	2	
St. John's	0	0	0	0	0	0	
Baker House	1	0	0	0	0	0	
Subtotal	1 (.7%) ¹	1 (.7%) ¹	3 (2.2%) ¹	0	0	2 (1.5%) ¹	
Women's Metro	2	9	12	3	2	1	Other counseling (includes personal growth, communication skills, problem solving, etc.)
Abode	3	5	12	4	4	2	
St. John's	1	1	48	13	11	18	
Baker House	8	1	2	4	0	4	
Subtotal	14 (10.2%) ¹	16 (11.7%) ¹	74 (54%) ¹	24 (17.5%) ¹	17 (12.4%) ¹	25 (18.3%) ¹	

¹ Indicates the percentage of residents (for whom data was available) that received this type of service from this type of provider. For example, data reported on program summaries indicated that 21.2% of the residents received employment skills programming and/or counseling from a volunteer.

direct provision of services than other staff. The superintendent's office was most involved in providing employment related services (to 16.8% of the offenders), other counseling (to 12.4% of the offenders) and financial planning services (to 9.5% of the offenders).

Parole agents were also involved in providing selected direct services to offenders. The program areas where parole agents were most involved in providing direct services were family reintegration (where 19% of the offenders received services from the parole agent), financial planning (where 16.8% of the offenders received services from the parole agent) and other counseling (where 18.3% of the offenders received services from the parole agent). It was noted that the level of direct services provided by agents varied among Centers; the parole agent assigned to the St. John's residents accounted for most of the services provided by parole agents (this agent provided family reintegration, financial planning, and other counseling services to approximately half of the offenders from St. John's). The agents assigned to the Abode, Baker House and the Women's Metro provided programming to a rather small number of offenders (e.g., five Abode offenders received financial planning services from the agent, four Baker House offenders received family reintegration services from the agent, one Women's Metro offender received other counseling from the agent).

The Centers made heavy use of POS vendors to provide leisure time services (74.5% of the offenders were provided with leisure services through POS vendors) and to provide health services (37.2% of the offenders were escorted to health services such as medical and dental appointments). POS vendors were used somewhat but to a lesser degree to provide employment related services (to 15.3% of the offenders) and other counseling (to 11.7% of the offenders).

The Centers also relied on volunteers to provide all types of services to offenders. Volunteers provided leisure time services to nearly a third (30.7%) of the offenders and employment related services to approximately one-fifth (21.2%) of the offenders. Volunteers also provided educational services to 14.6% of the offenders, family reintegration services to 7.3% of the offenders, and other counseling to 10.2% of the offenders.

Pre-Parole Agreement Outcomes

The pre-parole agreements establish goals for each offender in six specific major goal areas. These are: employment, educational/vocational training, leisure time/recreation, family reintegration; alcohol and other drug abuse, and other counseling (e.g., psychological, budgeting). The offender's pre-parole agreement may have one or more goals in each relevant major goal area, based on each offender's program needs.

During the fall of 1981, a sample of case plans were reviewed to assess the types of goals used in case plans. It was found that many of the goals were process oriented (i.e., the offender was to do something, such as go through job interviews); however, some goals were outcome oriented (i.e., the offender was to accomplish something specific, such as attain a GED). Many of the goals included multiple tasks, directed at a specific outcome. A few examples of the types of goals which were established for offenders are presented in Table 4.

Table 4

EXAMPLES OF GOALS FROM PRE-PAROLE AGREEMENTS

<u>Major Goal Area</u>	<u>Client Specific Goal</u>
Employment	Actively seek employment; prepare a resume; participate in 3 job interviews per week.
Family Reintegration	Participate in weekly marital counseling sessions led by CRC social worker.
Educational/Vocational	Attend tutoring sessions twice weekly to prepare for GED exam. Take GED exam.
Alcohol & Other Drug Abuse	Participate in out-patient drug counseling; remain drug free and submit to urine surveillance (to detect drug usage) three times weekly.
Leisure Time	Prepare a list of recreational interests. Participate in a volunteer project of interest.
Other (e.g., Financial, Budgeting)	Maintain an accurate, current record of resident account balance; complete teaching machine tapes relating to budgeting; make payments on outstanding debts; work with social worker to prepare a budget for use upon prison release.

This study collected data on the types of goals included in each offender's pre-parole agreement and on the degree to which the offender was able to meet the goals while in the Centers. Assessments on goal outcomes were provided by CRC social workers. A summary of the data on goal outcomes is presented in Table 5. The data indicate that through the provision of counseling and other direct services and through linking clients into community programs, the Centers were able to facilitate most offenders' progress in meeting case plan goals. Overall, 60.7% of all goals were fully met, and an additional 18.5% of all goals were partially met.

It was found that most (92.7%) offenders had an employment related goal in their case plan and that approximately half of them met their goals (48.8% fully met

Table 5
SUMMARY OF TYPES OF PRE-PAROLE AGREEMENT GOALS AND OUTCOMES

Goal Area on Pre-Parole Agreement	Pre-Parole Agreement Outcomes					No Goal Stated
	Centers	Goal Fully Met	Goal Not Met	Goal Partially Met		
Employment	Women's Metro	10	1	0		1
	The Abode	16	15	1		4
	St. John's	24	18	4		3
	Baker House	12	25	1		2
	Subtotal	62 (48.8%) ¹	59 (46.5%) ¹	6 (4.7%) ¹		10 (7.3%) ²
Educational/Vocational Training	Women's Metro	5	1	0		6
	The Abode	14	8	3		11
	St. John's	7	7	9		26
	Baker House	15	2	0		23
	Subtotal	41 (57.8%) ¹	18 (25.3%) ¹	12 (16.9%) ¹		66 (48.2%) ²
Other Counseling	Women's Metro	11	0	0		1
	The Abode	10	8	2		16
	St. John's	18	1	30		0
	Baker House	13	2	0		25
	Subtotal	52 (54.7%) ¹	11 (11.6%) ¹	32 (33.7%) ¹		42 (30.7%) ²
Leisure Time/Recreation	Women's Metro	9	1	0		2
	The Abode	5	0	0		31
	St. John's	32	1	16		0
	Baker House	37	0	0		3
	Subtotal	83 (82.2%) ¹	2 (2%) ¹	16 (15.8%) ¹		36 (26.3%) ²
Family Reintegration	Women's Metro	9	2	0		1
	The Abode	7	3	2		24
	St. John's	14	3	23		9
	Baker House	5	0	0		35
	Subtotal	35 (51.5%) ¹	8 (11.7%) ¹	25 (36.8%) ¹		69 (50.4%) ²
Alcohol and Other Drug Abuse	Women's Metro	5	2	0		5
	The Abode	9	5	0		22
	St. John's	12	1	8		28
	Baker House	25	5	0		10
	Subtotal	51 (70.8%) ¹	13 (18.1%) ¹	8 (11.1%) ¹		65 (47.4%) ²
Totals	Women's Metro	49 (87.5%) ³	7 (12.5%) ³	0		16 (22.2%) ⁴
	The Abode	61 (56.5%) ³	39 (36.1%) ³	8 (7.4%) ³		108 (50%) ⁴
	St. John's	107 (46.9%) ³	31 (13.6%) ³	90 (39.5%) ³		66 (22.4%) ⁴
	Baker House	107 (75.4%) ³	34 (23.9%) ³	1 (.7%) ³		98 (40.8%) ⁴
	Subtotal	324 (60.7%) ³	111 (20.8%) ³	99 (18.5%) ³		288 (34.6%) ⁴

¹ Indicates the percentage of residents who had a goal in this area and experienced the stated outcome. For example, 48.8% of the residents who had an employment goal, fully achieved this goal, 46.5% did not achieve their employment goal, and 4.7% partially achieved the goal.

² Indicates the percentage of residents who did not have a pre-parole agreement goal in this area.

³ Indicates the overall percentage of residents at each Center who had a goal and experienced the stated outcome. For example, 87.5% of all goals that residents of the Women's Metro had were fully met.

⁴ Provides an indication of the extent to which residents did not have goals stated in each goal area.

the goal and 4.7% partially met the goal). Approximately half (51.8%) of the offenders had an educational/vocational training goal and they made considerable progress in meeting the goal; 57.8% of these offenders fully met the goal and 16.9% partially met the goal. The Centers had a high success rate in helping offenders to meet their leisure time/recreational and alcohol and other drug abuse goals. Nearly three-fourths (73.7%) of the offenders had a leisure time goal, and 82.2% of them fully met the goal. Slightly over half (52.6%) of the offenders had an Alcohol or Other Drug Abuse (AODA) goal; 70.8% of them fully met the goal and another 11.1% of them partially met the goal. About half (49.6%) of the offenders had a family reintegration goal. Approximately half (51.5%) of them fully met the goal and another 36.8% partially met the goal. Approximately two-thirds (69.3%) of the offenders had other counseling goals (such as budgeting or resolving psychological problems); 54.7% fully met the goal and another 33.7% partially met the goal.

It was found that goal outcomes varied among the Centers. The Women's Metro residents had the highest rate of success on goals. They reported that 87.5% of all goals were fully met. The Baker House residents also had considerable success in meeting pre-parole agreement goals, with 75.4% of all goals being reported as having been fully met. Residents of St. John's and The Abode had less success in meeting pre-parole agreement goals. St. John's reported the lowest rate of goal attainment, with 46.9% of goals reported as being fully met; however, another 39.5% of the goals were reported as being partially met, indicating that they were able to make some progress on these goals. The Abode reported that 56.5% of all goals were fully met and an additional 7.4% of goals were partially met.

Summary

The new program model uses a team approach for the planning and delivery of programming and assumes that all Center staff (i.e., social services, security and superintendent's office staff), as well as parole agents will provide services to offenders. Social services staff were found to be the major provider of services. Security staff were also utilized to provide services, particularly in the areas of employment related and leisure time services. Purchase of services contracts and volunteers were also used, particularly to provide escorts to employment interviews and medical appointments. It was found, however, that the superintendent's office and parole agents were generally minimally involved in the provision of services.

When the offender enters the Centers, staff develop a pre-parole agreement which specifies treatment and behavioral goals for the offender. Most offenders (92.7%) had an employment related goal, and approximately half met their goals. The majority of the offenders (73.7%) had a leisure time goal, and nearly all (98%) met or partially met the goal. Nearly half (49.6%) of the offenders had a family reintegration goal, and only about half (51.5%) of them fully met the goal.

Overall, 60.7% of all pre-parole agreement goals were fully met, and an additional 18.5% were partially met. Goal outcomes varied among the Centers, with the Women's Metro residents having the highest success rate (87.5% of all goals were fully met), followed by the Baker House residents (75.4% of all goals were fully met).

CHAPTER 4: WORK AND STUDY RELEASE PARTICIPATION

Background

Work and study release are primary components of the Community Residential Center program. The Centers try to certify all residents for work and/or study release. Participation in work release is considered to be a key factor in promoting the reintegration of the offender back into the community. Work release gives the offender the opportunity to acquire job training and/or experience, to establish a job that may continue upon release, and to save some money to ease the transition back into the community.

Educational programs are also emphasized as a means of improving the offender's employability and potential earnings level, and to provide incentives to pursue a crime free lifestyle. Basic educational attainment (such as a GED) can enhance the offender's functional proficiency and may enable him/her to obtain employment or to become eligible for other educational/vocational programs. Generally, offenders are in the Centers for less than six months, so both the initiation and completion of many educational programs (with the exception of perhaps a GED) is not very feasible. However, the Centers do try to get offenders started in an educational program where appropriate, and ideally promote the continuation of the program upon release.

Work Release

Nearly half (48.9%) of the study population was reported as having been on work release while they were in the Centers. On the average, offenders were employed for 7.7 weeks, with a range of one to twenty-three weeks.

The Women's Metro residents had the most success in getting jobs; 83.3% of their population was employed at some point while in the Centers. Just over half (57.1%) of the St. John's residents were employed and just under half (47.2%) of the Abode's residents were employed at some point while in the Centers. The Baker House residents had the least success in getting jobs; only 30% of their population was employed at some point while in the Centers. Table 6 provides details on the number of weeks that offenders were employed, broken out by individual Center.

Table 6
WORK RELEASE PARTICIPATION BY CENTER

		<u>Residential Centers</u>				
		Women's Metro	The Abode	St. John's	Baker House	Total
# Work Release Participants		10 (83.3%) ¹	17 (47.2%) ¹	28 (57.1%) ¹	12 (30%) ¹	67 (48.9%) ¹
# Weeks Employed:	one	1	3			4 (6.8%) ²
	two		2	4		6 (10.2%) ²
	three		2	1		3 (5.0%) ²
	four	1		2	5	8 (13.6%) ²
	five			1		1 (1.7%) ²
	six			4		4 (6.8%) ²
	seven		2	2		4 (6.8%) ²
	eight	1	2	1	3	7 (11.9%) ²
	nine	1		2		3 (5.0%) ²
	ten		4	1		5 (8.5%) ²
	eleven					0
	twelve			3	2	5 (8.5%) ²
	thirteen		1	1		2 (3.4%) ²
	fourteen					0
	fifteen			3		3 (5.0%) ²
	over fifteen	1	1	2		4 (6.8%) ²
	missing data	5		1	2	8

¹ Indicates the percentage of the Center population who were reported as having been on work release while in the Residential Centers during the study period.

² Percentages were calculated using only the 59 cases with data on the duration of Work Release participation.

The Center residents were employed in a wide range of jobs. Slightly over one-fourth (28.3%) were employed in a skilled trade (e.g., mechanic, meat cutter), one-fourth were employed in restaurants (e.g., cook, dishwasher), and one-fifth were employed in general labor jobs. The remaining residents were employed in retail/sales jobs (8.3%), factory work (6.7%) or a variety of other jobs (such as office work, gas station attendant, etc.). Table 7 summarizes the distribution of jobs by Center.

The Centers try to maximize the amount of money that each offender has when s/he is released to the community. The Centers encourage offenders to save as much of their work release earnings as possible. If offenders do not locate employment, they are encouraged to preserve their resident account balance. This study collected data on how much money each offender saved while in the Centers. Data on the amount of money saved by residents was obtained by computing the difference between each resident's account balance¹ when s/he entered the Center and when s/he was transferred out of the Center or released to the community.

It was found that seventy-three of the 137 (53.3%) Center residents in the Phase II study population saved some money while in the Centers. Among those offenders who saved money, the average savings was \$373.08 (with a range of \$2 to \$3247). In addition, thirty offenders saved no money while in the Centers and twenty-four offenders left the Centers with less money than they had upon admission.

¹ While it is likely that the primary savings resource was employment earnings, it is possible that other income sources such as veteran's benefits, disability benefits, interest, dividends, gifts from friends/family and/or gate money may have contributed to the resident's account balances at release.

Table 7
TYPES OF JOBS RESIDENTS WERE EMPLOYED IN WHILE ON WORK RELEASE

Jobs	Women's Metro (N = 10)	The Abode (N = 17)	St. John's (N = 28)	Baker House (N = 12)	Totals (N = 67)
Skilled Trades:	<u>0</u>	<u>5</u>	<u>9</u>	<u>3</u>	<u>17 (28.3%)¹</u>
Barber		1			1
Baker			1		1
Meat Cutter			1	1	2
Meat Packer			4		4
Electronics Repair		1			1
Upholsterer		1			1
Mechanic		1	1	1	3
Auto Body Repair			1		1
Roofer				1	1
Home Repairs		1			1
Medical Advisor to Attorney			1		1
General Labor:	<u>0</u>	<u>2</u>	<u>3</u>	<u>7</u>	<u>12 (20%)¹</u>
Janitor		1			1
Security/Janitor			1		1
General Maintenance				1	1
Mover				1	1
Truck Delivery			2		2
Laborer		1		5	6
Restaurant Work:	<u>6</u>	<u>2</u>	<u>6</u>	<u>1</u>	<u>15 (25%)¹</u>
Cook	4		2		6
Waitress	2				2
Dishwasher		2	4	1	7
Retail and Other Sales Jobs:	<u>0</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>5 (8.3%)¹</u>
General Sales		1	2		3
Telephone Sales		1			1
Stock Clerk				1	1
Factory Work:	<u>0</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>4 (6.7%)¹</u>
Assembly		1			1
Tool Grinder			1		1
General Factory Work		1	1		2
Other:	<u>2</u>	<u>3</u>	<u>2</u>	<u>0</u>	<u>7 (11.7%)¹</u>
Office Work	1				1
Security Guard		1			1
Counseling			1		1
Library Aid		1			1
Gas Attendant	1		1		2
Transitional Employment					
Program Placement (YMCA)		1			1
Missing Data	<u>2</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>7</u>

¹ Cases with missing data were excluded in calculating the percentages.

The average amount of money saved by residents varied among Centers, as follows:

Average Savings¹ of Center Residents

	Women's Metro	The Abode	St. John's	Baker House	Total
Average Savings: All Cases with Data ²	(N = 12) \$128.42	(N = 34) \$ 53.44	(N = 48) \$393.21	(N = 33) \$103.18	(N = 127) \$201.87
Average Savings: All Cases that Saved at Least \$1 ³	(N = 7) \$231.14	(N = 21) \$125.14	(N = 36) \$544.00	(N = 9) \$378.33	(N = 73) \$373.08

¹ Indicates the average amount of money which residents saved while in the Centers.

² Any resident with savings data (i.e., savings, no savings or negative savings) is listed and included in the average. Ten cases were missing data on savings (7 from Baker House, 1 from St. John's and 2 from the Abode).

³ Any resident with net savings of at least \$1 is included in this average.

The St. John's residents were able to save the most money. Three-fourths of the residents left St. John's with more money than they were transferred in with, and the average savings for this group was \$544 (with a range of \$2 to \$3247). The residents of the other four Centers had less success in saving additional money. The Baker House residents had the next highest average savings. For those cases that saved additional money, the average savings was \$378.33 (with a range of \$6 to \$1140), however, only 27% of their residents were able to save any

additional money. The Women's Metro residents saved an average of \$231.14 (with a range of \$62 to \$610); 58.3% of their residents were able to save money. The Abode residents saved the least additional money while in the Centers; 61.8% of their residents saved an average of \$125.14 (with a range of \$12 to \$600) while in the Centers.

Table 8 provides details on the range of savings experienced by offenders within each Community Residential Center.

Table 8

AMOUNT OF MONEY SAVED¹ BY RESIDENTS WHILE IN THE RESIDENTIAL CENTERS

Cases with Stated Savings

Centers	-\$400- -\$301	-\$300- -\$201	-\$200- -\$101	-\$101 - - \$1	None	\$1- \$100	\$101- \$200	\$201- \$300	\$301- \$400	\$401- \$500	\$501- \$600	\$601- \$700	\$701- \$800	\$801- \$900	\$901- \$1000	Over \$1000	Missing Data
Women's Metro (N = 12)				4	1	2	5										
The Abode (N = 36)		2		7	4	17		1	1	1	1						2
St. John's (N = 49)	1		1	9	1	6	11	6	1	1	1	2		1	1	6	1
Baker House (N = 40)					24	1	2	2	1	1		1				1	7
Total (N = 137)	1 (.7%)	2 (1.5%)	1 (.7%)	20 (14.6%)	30 (21.9%)	26 (19%)	18 (13.1%)	9 (6.6%)	3 (2.2%)	3 (2.2%)	2 (1.5%)	3 (2.2%)		1 (.7%)	1 (.7%)	7 (5.1%)	10 (7.3%)

¹ Data on the amount of money saved by residents was obtained by computing the difference between each resident's account balance when s/he entered the Center and when s/he was transferred out of the Center or released to the community. In those cases where a negative savings is shown, the resident's account balance was lower at release/transfer than at admission to the Center.

Study Release

One-third (46 of 137) of the study population was reported as having pursued an educational/vocational program while in the Centers. Only two (4.3%) of these residents completed their educational program¹ while in the Centers; however, an additional thirty-six (78.3%) planned to continue their educational program upon release.

Of those offenders who pursued an educational/vocational program, the most common objectives were that of obtaining a GED or a vocational degree. In addition, a few offenders pursued a college degree and a few simply wanted to complete a vocational course. Details on the educational/vocational objectives of Center residents are presented in Table 9, below.

Table 9
EDUCATIONAL/VOCATIONAL OBJECTIVES¹ OF CENTER RESIDENTS

<u>Objective/Program</u>	<u># Cases</u>
GED	18 (39.1%)
Vocational Degree (Includes Human Services - 2, Civil Technician, Carpentry, Pneumatics, Engineering, Bricklaying, Welding and Blueprinting, and General - 4)	12 (26.1%)
College Degree (Includes Business Administration - 3, Computer Science, Human Services, Sociology and General-2)	8 (17.4%)
Vocational Course (Includes Cosmetology, Physics, Barbering-2, Auto Body and General)	6 (13.0%)
Missing Data	<u>2</u> (4.4%)
	46 (100%)

¹ The data only indicate that the offender pursued the noted course of study. The study design originally planned to collect follow-up data to assess the outcomes of offenders' educational programs; however, due to the decision to scale back this study, the follow-up data were not collected.

¹ The two offenders who completed their educational program each obtained a GED.

Summary

Nearly half (48.9%) of the Phase II study population was reported as having been on work release while in the Centers. Offenders were employed for an average of 7.7 weeks, with a range of one to twenty-three weeks. Of the offenders who were employed, approximately one-fourth (28.3%) were employed in a skilled trade, one-fourth were employed in restaurants, one-fifth were employed in general labor jobs, and the balance were employed in retail and sales jobs (8.3%), factory work (6.7%), and a variety of other jobs (11.7%).

The study collected data on the amount of money that offenders were able to save while in the Centers. It was found that just over half (53.3%) of the Phase II study population saved some money (the average savings was \$373.08, with a range of \$2-\$3247), thirty offenders saved no money, and twenty-four offenders left the Centers with less money than they had upon admission.

One-third (46 of 137) of the study population pursued an educational program while in the Centers. The most common educational objectives were to obtain a GED (39.1%) or a vocational degree (26.1%). Only two of the offenders completed their educational program while in the Centers; however, an additional thirty-six (78.3%) planned to continue their educational program upon release.

CHAPTER 5: FAMILY REINTEGRATION

Background

One of the goals of the Centers is to promote the reintegration of the offender with his/her family. The availability of a stable, supportive family is considered to be a key contributing factor to the offender's success on parole.

Selected information on each offender's family reintegration experiences and outcomes was collected for this study. The intensity of family reintegration experiences was measured by the frequency with which the offender had contact with selected family members through prison visits while in the Centers, and by the number of therapeutic family counseling sessions and escorted home visits that the Centers were able to provide. Family reintegration outcomes were measured, based on the Residential Center social workers' rankings of the degree of improvement in each offender's relationship(s) with selected family members (i.e., children, spouse or surrogate spouse, and parents/siblings) while they were in the Residential Centers. Table 10 on page 38 presents details on residents' frequency of contact with their family members, and Table 11 on page 40 presents details on improvements in residents' relationships with their family while in the Centers. It should be noted that slight variations in these two tables are due to reporting discrepancies between the two different forms used to collect the information.

Residents' Frequency of Contact with Their Family

Over half (57.7%) of the Center residents had a spouse or surrogate spouse (i.e., fiancée, girlfriend/boyfriend that they generally had or intended to live with) although they did not necessarily have contact with this person during their incarceration at the Centers. Of the married residents, 29.2% were never visited by their spouse. Of the single residents, 23.6% were never visited by their surrogate spouse; however, there was a sizable group that had substantial contact with their spouse/surrogate spouse. Over half (52.9%) of the offenders with a surrogate spouse were visited by this person ten or more times and 37.5% of the married offenders were visited by their spouse ten or more times while in the Centers.

Approximately one-third (35%) of the offenders had children, but again, they did not necessarily have contact with them while in the Centers. All of the women with children had contact with them; however, almost half (43.7%) of the men with children were never visited by their children. Approximately one-third (33.3%) of the offenders with children had considerable contact with them, receiving ten or more visits from their children. The balance were visited by their children from one to six times.

It was reported that 127 of 137 (92.7%) offenders had some family who they could have contact with. The Centers use family counseling sessions as a means to promote the reintegration of the offender with his/her family; however, only one-fifth (20.1%) of the offenders with families participated in a family

Table 10
FREQUENCY OF RESIDENTS' CONTACTS WITH FAMILY WHILE IN THE RESIDENTIAL CENTERS
Frequency of Contact¹

Type of Contact	N/A ²	0	1	2	3	4	5	6	7	8	9	10	11-20	21-30	Over 30
SPOUSE VISITS															
Women's Metro	9	1	0	1		0		0				1	0	0	0
Abode	30	1	1	0		1		0				0	1	2	0
St. John's	43	2	0	0		1		0				0	3	0	0
Baker House	31	3	0	1		1		2				0	1	0	1
Subtotal	113	7	1	2		3		2				1	5	2	1
		(29.2%)	(4.2%)	(8.3%)		(12.5%)		(8.3%)				(4.2%)	(20.8%)	(8.3%)	(4.2%)
CHILDREN VISITS															
Women's Metro	4	0	1	1	0	1	0	0				0	4	1	0
Abode	24	5	1	1	1	0	1	0				1	2	1	0
St. John's	39	5	0	0	0	0	0	1				1	2	0	1
Baker House	22	11	0	1	0	1	1	2				0	2	0	1
Subtotal	89	21	2	3	1	2	2	3				2	10	2	2
		(43.7%)	(4.2%)	(2.1%)	(2.1%)	(4.2%)	(4.2%)	(6.2%)				(4.2%)	(20.7%)	(4.2%)	(4.2%)
SURROGATE SPOUSE (i.e. girlfriend, boyfriend) VISITS															
Women's Metro	5	3	0		0	0	0	0		0	0	1	2	1	0
Abode	22	3	1		0	1	0	0		0	0	0	5	2	2
St. John's	35	5	0		0	1	0	1		0	0	0	2	2	3
Baker House	20	2	4		1	0	2	0		1	1	2	4	0	3
Subtotal	82	13	5		1	2	2	1		1	1	3	13	5	8
		(23.6%)	(9.1%)		(1.8%)	(3.6%)	(3.6%)	(1.8%)		(1.8%)	(1.8%)	(5.6%)	(23.6%)	(9.1%)	(14.6%)
FAMILY COUNSELING SESSIONS															
Women's Metro	2	2	0	0	0	0	2	0				1	3		2
Abode	4	24	1	3	1	3	0	0				0	0		0
St. John's	4	39	1	4	0	0	0	1				0	0		0
Baker House	0	36	1	2	1	0	0	0				0	0		0
Subtotal	10	101	3	9	2	3	2	1				1	3		2
		(79.4%)	(2.4%)	(7.0%)	(1.6%)	(2.4%)	(1.6%)	(.8%)				(.8%)	(2.4%)		(1.6%)
ESCORTED HOME VISITS															
Women's Metro	0	1	0	1	1	2	1	2	1	0		2		1	
Abode	4	18	10	3	1	0	0	0	0	0		0		0	
St. John's	2	25	11	7	2	1	0	0	0	1		0		0	
Baker House	0	33	0	3	3	0	1	0	0	0		0		0	
Subtotal	6	77	21	14	7	3	2	2	1	1		2		1	
		(58.8%)	(16.0%)	(10.7%)	(5.3%)	(2.3%)	(1.5%)	(1.5%)	(.8%)	(.8%)		(1.5%)		(.8%)	

¹ All percentages are reflective of the proportion of offenders with the stated family member.

² Represents those offenders who did not have the stated family member.

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counseling session. The availability of family counseling sessions varied between the Centers. Eighty percent of the women with families participated in family counseling; 25% of the Abode residents, 10% of the Baker House residents, and 13.3% of the St. John's residents with families participated in family counseling.

It was reported that 131 of 137 (95.6%) offenders had a home in Milwaukee; however, less than half (41.2%) of these offenders were taken on an escorted home visit while they were in the Centers. The availability of home visits also varied among Centers. All but one of the Women's Metro residents with a home to visit went on escorted home visits; however, slightly less than half of the St. John's residents (46.8%) and the Abode residents (43.7%) who had homes to visit went on an escorted home visit. It was found that only 17.5% of the Baker House residents with a home to visit went on an escorted home visit.

The data indicate that a considerable number of offenders with families had little or none of the kind of contact which would promote family reintegration. While the Centers have no ability to require families to visit the offender, they indicate that they could provide more home visits with additional staffing or with the recent revisions to the furlough law (s.56.068) which broaden the conditions under which an inmate can be out of the prison and unescorted.

Improvements in Residents' Relationships with Their Family Members

The study collected information on the degree to which each resident's relationships with selected family members improved. Community Residential Center (CRC) Social Workers used a one to five scale (with one being no

Table 11

INFORMATION ON IMPROVEMENTS* IN RESIDENT'S RELATIONSHIPS
WITH FAMILY MEMBERS WHILE IN THE RESIDENTIAL CENTERS

Improvement in Resident's Relationship With	Center	Ranking of Degree of Improvement					Not Applicable	Missing Data
		No Improvement 1	2	3	4	Much Improvement 5		
his/her child(ren)	Women's Metro	0	1	1	3	3	4	
	Abode	4	1	2	2	1	26	
	St. John's	4	2	3	1		39	
	Baker House	6	2	3	3	2	21	3
	Subtotal	14 (31.8%)**	6 (13.6%)**	9 (20.5%)**	9 (20.5%)**	6 (13.6%)**	90	3
his/her spouse	Women's Metro	2					10	
	Abode	3		2	1		30	
	St. John's	3		2	1		43	
	Baker House	4	1	2	2	2	26	3
	Subtotal	12 (48%)**	1 (4%)**	6 (24%)**	4 (16%)**	2 (8%)**	109	3
his/her surrogate spouse (fiance/ girlfriend/ boyfriend)	Women's Metro	1	1	2		1	7	
	Abode	2		6	2	1	25	
	St. John's	3	1	6	1		38	
	Baker House	6	2	5	4	3	17	3
	Subtotal	12 (25.5%)**	4 (8.5%)**	19 (40.4%)**	7 (14.9%)**	5 (10.7%)**	87	3
his/her parents and/or siblings	Women's Metro		1	3	4	1	3	
	Abode	8	3	6	6	1	12	
	St. John's	17	18	10			4	
	Baker House	9	1	10	7	3	7	3
	Subtotal	34 (31.5%)**	23 (21.3%)**	29 (26.9%)**	17 (15.7%)**	5 (4.6%)**	26	3
Total (overall rankings of improve- ments in relationships with family members)		72 (32.1%)*	34 (15.2%)*	63 (28.1%)*	37 (16.5%)*	18 (8.1%)*		

* CRC social workers ranked each resident's improvement with their family members.

** Indicates the percentage of residents that had the stated family member and experienced the noted improvement. For example, 31.8% of the residents with children experienced no improvement in their relationship with their children.

*** Provides an indication of overall improvements in all residents' relationships with family members.

improvement and 5 being much improvement) to assess improvements in each resident's relationship with his/her children, spouse or surrogate spouse, and parents/siblings.

The data indicate that many residents experienced little or no improvement in their relationships with their family. Nearly half (12 of 25) of the residents were reported as having experienced no improvement in their relationship with their spouse. Nearly one-third (14 of 44) of the residents were reported as having experienced no improvement in their relationships with their children (31.8% with no improvement). It was also reported that 34 of 108 (31.5%) offenders experienced no improvement in their relationships with their parents and/or siblings.

The data indicate that some residents did experience considerable improvements in their family relationships. Approximately one-fourth of the residents experienced substantial improvements (i.e., a ranking of "4" or "5") in their relationship with their spouse (24%) or their surrogate spouse (25.6). One-third (34.1%) of the residents have rankings of "4" or "5" in the category of improvements in their relationships with their children and approximately one-fifth (20.3%) of the residents experienced substantial improvements (i.e., a ranking of "4" or "5") in their relationships with their parents and/or siblings.

The average improvement in family relationships for all categories of improvements in family relationships was 2.5 which is slightly below "moderate improvement." Averages for each category of family relationships and in total were as follows:

Family Relationship Category

Improvement in relationship with child(ren)	2.7
Improvement in relationship with spouse	2.3
Improvement in relationship with surrogate spouse	2.8
Improvement in relationship with parents and/or siblings	2.4
Improvement in relationship with family (all 4 categories)	2.5

Summary

The data indicate that a considerable number of offenders with families had little or none of the kind of contact which would promote family reintegration. Over half (57.7%) of the Center residents had a spouse or surrogate spouse and about one-third (35%) had children; however, they did not necessarily have contact with these persons while in the Centers. Of the married residents, 29.2% were never visited by their spouse. All of the women with children had contact with them; however, almost half (43.7%) of the men with children were never visited by their children. Less than half (41.2%) of the offenders were taken on an escorted home visit while they were in the Centers.

It was also found that relatively few offenders participated in family counseling sessions; only one-fifth of the offenders with families participated in a family counseling session. In addition, it was found that many residents experienced little or no improvements in their relationships with their family. Nearly half (48%) experienced no improvement in their relationship with their spouse and nearly one-third (31.8%) experienced no improvement in their relationship with their children.

CHAPTER 6: PAROLE OUTCOMES

Background

The most current parole outcome data available through DOC's information systems was used to assess parole outcomes. Parole outcome data reflects the offender's parole experience within¹ nine to sixteen months of leaving the Community Residential Centers.

Discussion of Parole Outcomes

Three basic categories of parole outcomes were used for this analysis. These were: successful outcomes, which included those offenders who had been discharged from supervision and those offenders who had continued on field supervision during the follow-up period; unsuccessful outcomes, which included those offenders who had recidivated (i.e., had been convicted of a new offense) and returned to prison during the follow-up period; and other unsuccessful outcomes which included those offenders whose parole had been revoked for violating parole conditions and those offenders who had absconded and had not yet been found. In addition, there were four offenders who did not have a parole outcome, because they had not yet been released from prison.

¹ Since parole outcome data is effective through 3/31/83, and the offenders in the Phase II study population were released/transferred during a seven month time period, the follow-up period varies by individual offender.

The parole outcomes¹ of the Phase II population were quite similar to those experienced by the Phase I population as illustrated in Table 12. Slightly more of the Phase I population (83%) experienced a successful outcome than did the Phase II population (79.6%). The two groups experienced similar recidivism rates; 11% of the Phase I population and 11.5% of the Phase II population recidivated during the follow-up period. Slightly more of the Phase II population (8.9%) were revoked for violating parole conditions than were the Phase I population (6%). It was also found that as with the Phase I population, none of the women had recidivated¹ during the follow-up period.

¹ The two groups had similar, but not identical follow-up periods. The Phase I population had a consistent one year follow-up period. The follow-up period for the Phase II population varied by individual offender, with data reflecting the offender's parole experience within nine to sixteen months of leaving the Centers.

² While none of the women in the Phase II population recidivated, one woman did have her parole revoked for violating parole conditions. All of the women in the Phase I population were found to have a successful parole outcome at the end of the one year follow-up period.

Table 12
PAROLE OUTCOMES OF THE PHASE I AND THE PHASE II
STUDY POPULATIONS

	<u>Phase I</u> <u>Population</u> ¹		<u>Phase II</u> <u>Population</u> ¹	
A. <u>Successful Outcomes</u>				
Discharged from Parole	32	26%	26	16.5% ²
Continued on Parole	71	57%	99	63.1% ²
SUBTOTAL	103	83%	125	79.6% ²
B. <u>Unsuccessful Outcome-Recidivism</u>				
Parole Revoked, Criminal Charge Pending	1	1%	0	
Parole Revoked, Conviction for a New Offense	13	10%	18	11.5% ²
SUBTOTAL	14	11%	18	11.5% ²
C. <u>Other Unsuccessful Outcomes-Parole Violators</u>				
Absconder Status	0		1	.6% ²
Parole Revoked and Offender Returned to Prison for Violating Parole Conditions	7	6%	13	8.3% ²
SUBTOTAL	7	6%	14	8.9% ²
D. <u>Other-No Parole Outcome</u>				
Offender has not yet been released from prison	N/A ³		4	N/A ³

¹ The criteria for the selection of the two study populations was different. The Phase I population consisted of all offenders released from the Milwaukee Centers during the first six months of 1980, whereas the Phase II population consisted of all offenders who had spent at least 60 days in the Centers during the Phase II study period. Some of the Phase II population had been returned to a BAI facility after spending over 60 days in the Centers and four of those offenders had not been released yet.

² The two groups had similar, but not identical follow-up periods. The Phase I population had a consistent one year follow-up period. The follow-up period for the Phase II population varied by individual offender, with data reflecting each offender's parole experience within nine to sixteen months of leaving the Centers.

³ Percentages were calculated using only those 157 cases with a parole outcome.

Parole Outcomes of Each Community Residential Center

Overall, 79.6% of the study population had a successful parole outcome. There was some variation in parole outcomes among Residential Centers, as illustrated in Table 13.

The Center which experienced the most success with clients was the Women's Metro (92.9% successful). The three men's Centers which provide specialized programming by Case Management Classification had successful outcome rates which were similar to each other and lower than that experienced by the Women's Metro. The successful outcome rates for these three Centers were: St. John's - 82.3% successful; Baker House - 79.1% successful; and The Abode - 76.1% successful. The Men's Metro experienced a 33.3% success rate, however, this rate is based on the parole outcomes of only three offenders, thus, it is not terribly meaningful.

The data indicate that limit setting offenders (i.e., "professional criminals") tended to recidivate more than offenders with other Case Management Classifications. The Abode, which specializes in limit setting offenders experienced the highest recidivism rate (17.4% recidivism) and Baker House, which has a combination of casework/control and limit setting offenders experienced a 13.9% recidivism rate. In comparison, St. John's, which specializes in selective intervention and environmental structure offenders had a 7.9% recidivism rate and no one from the Women's Metro recidivated.

The parole violation rate was quite similar among Centers. Parole violation rates were: The Abode - 6.5%; Baker House - 7%; The Women's Metro - 7.1%, and

St. John's - 9.8%. The Men's Metro had a high parole violation rate (66.7%); however, since this rate is based on the parole outcomes of only three offenders, it is not terribly meaningful.

Table 13

SUMMARY OF PAROLE OUTCOMES
BY COMMUNITY RESIDENTIAL CENTER

Parole Outcomes	Women's Metro		Men's Metro		St. John's		Baker House		The Abode		Total	
	#	% ¹	#	% ¹	#	% ¹	#	% ¹	#	% ¹	#	% ¹
	of cases		of cases		of cases		of cases		of cases		of cases	
<u>A. Successful Outcomes</u>												
Discharged from Parole	3		0		5		11		7		26	
Continued on Parole	10		1		37		23		28		99	
SUBTOTAL	13	(92.9%)	1	(33.3%)	42	(82.3%)	34	(79.1%)	35	(76.1%)	125	(79.6%)
<u>B. Unsuccessful Outcome- Recidivism</u>												
Parole Revoked, Conviction for a New Offense	0		0		4		6		8		18	
SUBTOTAL	0		0		4	(7.9%)	6	(13.9%)	8	(17.4%)	18	(11.5%)
<u>C. Other Unsuccessful Outcomes-Parole Violators</u>												
Absconder Status	0		1		0		0		0		1	
Parole Revoked and Offender Returned to Prison for Violating Parole Conditions	1		1		5		3		3		13	
SUBTOTAL	1	(7.1%)	2	(66.7%)	5	(9.8%)	3	(7.0%)	3	(6.5%)	14	(8.9%)
<u>D. Other-No Parole Outcomes</u>												
Offender has not yet been released from prison	0	N/A ¹	0	N/A ¹	2	N/A ¹	0	N/A ¹	2	N/A ¹	4	N/A ¹
TOTAL POPULATION	14		3		53		43		48		161	

¹ Percentages were calculated using only those cases with a parole outcome.

Discussion of Offenders with Unsuccessful Outcomes

Offenders who were convicted of a new offense (the recidivists) or who were revoked for a violation of parole conditions, were classified as having an unsuccessful parole outcome. Table 14 presents information on the crimes committed by the recidivists, the type of release, and the length of time that the offender was in the community prior to his return to prison.

Those offenders with an unsuccessful parole outcome were in the community for a fairly short time before they committed a new offense or violated parole supervision conditions. The eighteen offenders classified as "recidivists" were in the community following their prison release for an average of 6.8 months (the range was 1.5 to thirteen months) before they were returned to prison for committing another offense. The fourteen offenders classified as "parole violators" were on parole supervision for an average of 5.7 months (the range was one to ten months) before they committed a serious enough violation of parole conditions to have their parole revoked and be returned to prison.¹

Over three-fourths (81.25%) of the unsuccessful cases (i.e., the recidivists and the parole violators) were originally convicted of an offense against property (theft, burglary, auto theft, forgery, or robbery). The balance of the unsuccessful cases were violent offenders who had originally been convicted of sexual assault (four cases) or attempted murder (two cases). The recidivists tended to continue to commit crimes similar to those for which they had just been incarcerated. Nine of the recidivists committed the same crime; in these

¹ One of the parole violators is still on absconder status. In his case, he absconded one month after prison release, and this date was used in computing the average time on the street.

repeater cases, the offense was burglary, sexual assault, auto theft or forgery. Eight of the recidivists continued to commit property crimes that were similar to the previous offense (e.g., robbery followed by theft, burglary followed by receiving stolen property), and in one case, a violent offender committed a more serious offense (i.e., attempted murder followed by murder).

Table 14
OFFENDERS CLASSIFIED AS RECIDIVISTS

Original Offense	New Offense	Type of Release	Length of Time in the Community Before Return to Prison
Forgery	Unarmed Burglary	Early Release	5 months
Forgery	Forgery	Early Release (re-release)	1.5 months
Unarmed Burglary	Receiving Stolen Property	Early Release	6 months
Unarmed Burglary	Unarmed Burglary	Parole (re-release)	11 months
Unarmed Burglary	Unarmed Burglary	Mandatory Release	6 months
Unarmed Burglary	Unarmed Burglary	Early Release	3 months
Unarmed Burglary	Unarmed Burglary	Parole	7 months
Auto Theft	Theft	Parole (re-release)	10 months
Auto Theft	Auto Theft	Mandatory Release (re-release)	3 months
Attempted Murder	Murder	Mandatory Release	4 months
Armed Robbery	Theft	Parole	9 months
Armed Robbery	Unarmed Robbery	Parole	8 months
Unarmed Robbery	Theft	Mandatory Release	9 months
Sexual Assault (third degree)	Sexual Assault (second degree)	Parole	3 months
Robbery	Criminal damage to property	Mandatory Release	12 months
Unarmed Burglary	Unarmed Burglary	Early Release	7 months
Burglary	Armed Robbery	Parole	13 months
Auto Theft	Auto Theft	Early Release	5 months

Summary

The parole outcomes of the Phase II study population were similar to those experienced by the Phase I study population. It was found that 83% of the Phase I population and 79.6% of the Phase II population experienced a successful outcome, that 11% of the Phase I population and 11.5% of the Phase II population had recidivated and that 6% of the Phase I population and 8.9% of the Phase II population had violated their parole conditions and were returned to prison at the end of the follow-up period. (It should be pointed out that while the two groups had similar follow-up periods, the follow-up periods were not identical.)

It was found that the individual Centers experienced similar parole outcomes; however, two trends seemed to emerge. The first trend was that the Women's Metro consistently experienced very high parole success rates (100% successful parole outcomes during the Phase I study and 92.9% successful outcomes during the Phase II study). The other trend is that the limit setting offenders tended to recidivate more than offenders with other case management classifications, which is consistent with their classification as professional criminals.

CHAPTER 7: CENTER POPULATION FLOW AND LENGTH OF STAY

Population Flow

This study monitored the Centers' population flow between September 1, 1981 and June 30, 1982. During this time period (the Phase II study) 304 offenders were admitted to the Centers. Of these, 142 (46.7%) offenders were subsequently released to the community to field supervision, and 54 (17.8%) offenders were returned to a Bureau of Adult Institutions (BAI) facility, generally due to security or disciplinary problems. An additional 108 (35.5%) offenders were admitted to the Centers, but had not been released as of June 30, 1982. Table 15 illustrates the distribution of this population by individual Center.

Table 15

SUMMARY OF OFFENDERS ADMITTED TO THE MILWAUKEE
COMMUNITY RESIDENTIAL CENTERS DURING THE PHASE II STUDY

Centers	# Released to the Community	# Returned to BAI	Subtotal Releases and Returns	# Not Yet Released (as of 6/30/82)	Total Center Population Flow
Men's Metro	6	22	28	0	28
The Abode	37	13	50	32	82
Baker House	38	8	46	22	68
St. John's	48	7	55	29	84
Women's Metro	13	4	17	25	42
Totals	142	54	196	108	304

Length of Stay

The new program model intended that each offender would spend two weeks in reception, followed by approximately six months in a specialized program Center. In the initial stages of the implementation of the new program model, the

Centers had some difficulty realizing this goal due to the impact of the early release program, which was implemented concurrent with the new program model, the transfer of offenders very near mandatory release or parole to the Centers, the transfer of offenders with mental or physical health problems or security problems back to BAI, and other population management difficulties. The impact was that offenders were often in "holdover status," spending more than two weeks in the reception Center while they awaited a bed to open up in the appropriate specialized facility, and/or that offenders often spent less than the optimum six months in the specialized program Center due to a discretionary release (parole) or early release.

The study collected length of stay data on all offenders who were admitted to a Milwaukee Center on or after 9/1/81 and transferred out of reception to a program Center or back to BAI or released to the community by 6/30/82. The average length of stay in reception¹ was 29.6 days, with a range of one to 182 days. The average length of stay in a program Center¹ was 12.7 weeks, with a range of two to 35 weeks. The average length of stay in the Center system (i.e., combination of reception and special program Center) was 14.6 weeks, with a range of one day to forty weeks. Table 16 provides information on the average length of stay for each Center.

The data demonstrate that the population flow at the Centers did not meet the original program expectations. Clients tended to stay in reception longer than

¹ Average length of stay for reception and the program Center individually only include men. Both reception and programming for women is carried out within the Women's Metro and it was not possible to segregate the two stages.

expected¹ (nearly twice as long as expected, on average) and a few offenders were directly released from the Men's Metro Reception Center. In addition, offenders were generally unable to spend the ideal of six months in the program Center due to earlier than expected release or the transfer of offenders to the Centers when they were near mandatory release, or due to a return to a BAI facility.

¹ The reception holdover problem has been resolved. Offenders are now classified while they are still in a BAI facility and they are directly transferred to the appropriate specialized Center as beds become available. Each Center carries out the remaining components of the reception process.

Table 16

AVERAGE LENGTH OF STAY OF OFFENDERS IN THE
MILWAUKEE COMMUNITY RESIDENTIAL CENTERS

Centers	Average Length of Stay ¹					
	Reception		Program Center		Total Length of Stay	
	# Cases	Average # Days	# Cases	Average # Weeks	# Cases	Average # Weeks
The Abode	81	25.5	50	12.8	50	16.5
Baker House	68	33.3	46	12.4	46	16.4
Men's Metro	28	34.1	-	-	28	4.9
St. John's	83	28.7	55	12.9	55	16.4
Women's Metro	Data Unavailable		Data Unavailable		17	14.9
All Centers	260	29.6 ²	151	12.7 ³	196	14.6

¹ Length of stay data was collected for all offenders who met the following criteria: 1) admitted to a Milwaukee Center on or after 9/1/81; and 2) transferred out of reception to a program Center, or back to BAI or released to the community by 6/30/82. (Note: those cases that were still in a Center on 6/30/82 only have reception days reported on this table). There were 304 offenders who met these 3 criteria, however, reception days were reported on only 260. The balance of the study population consisted of 42 women who did not have identifiable reception days and 2 men who bypassed reception and who were admitted directly to a program Center (one to the Abode and one to the Men's Metro). These two offenders are included in other population flow data (i.e., program Center and total length of stay), but not included in this figure (i.e., the number of cases or the average).

² Average length of stay for reception includes only the four men's Centers. Reception days for men occurred at the Men's Metro. Following reception, the men were transferred to one of the three specialized Centers (i.e., the Abode, Baker House or St. John's).

³ Average length of stay for the program Center individually includes only the Abode, Baker House, and St. John's because these are the three specialized programming Centers.

Disposition of Releases and Transfers

The Centers provided information on the release types and reasons for returns to BAI for 137 of 161 offenders¹ that spent at least 60 days in the Residential Centers. It was found that 114 offenders (83.2% of the study population with data) were released to field supervision, 22 offenders (16.1% of the study population with data) were returned to a BAI facility due to disciplinary, security or health problems, and one offender was released to the community on his maximum discharge date. Slightly over half (52.5%) of the study population were granted a discretionary release by the parole board. Approximately one-fifth (21.2%) of the study population were released on their mandatory release date and an additional 12 (8.8%) offenders were released prior to their mandatory release date as part of the Special Action Release (early release program). Table 17 provides additional details on the disposition of releases and transfers by individual Center.

¹ The Centers were to complete questionnaires on all offenders who were transferred through the Centers during the study period and who spent at least 60 days in the Centers. Questionnaires were received on 137 of 161 offenders who met these criteria.

Table 17

DISPOSITION OF RELEASE TYPES AND TRANSFERS TO BAI

Type of Release	The Abode		St. John's		Baker House		Women's Metro		Total of 4 Centers ¹	
	N = 36		N = 49		N = 40		N = 12		N = 137	
	#	% of Total	#	% of Total	#	% of Total	#	% of Total	#	% of Total
A) To Field Supervision	<u>28</u>	(78%)	<u>44</u>	(90%)	<u>33</u>	(82.5%)	<u>9</u>	(75%)	<u>114</u>	(83.2%)
1) Mandatory Release (MR)	9	(25%)	9	(19%)	11	(27.5%)			29	(21.2%)
2) Pre-MR (Parole)	18	(50%)	30	(61%)	15	(37.5%)	8	(67%)	71	(51.8%)
3) Post-MR (Parole)		0	0		0		1	(8%)	1	(.7%)
4) Early Release	1	(3%)	5	(10%)	6	(15%)			12	(8.8%)
5) Missing Data					1	(2.5%)			1	(.7%)
B) To BAI (Reason)	<u>8</u>	(22%)	<u>5</u>	(10%)	<u>6</u>	(15%)	<u>3</u>	(25%)	<u>22</u>	(16.1%)
1) Disciplinary Problems	6	(16%)	4	(8%)	5	(12.5%)	3	(25%)	18	(13.2%)
2) Health Problems			1	(2%)	1	(2.5%)			2	(1.5%)
3) Higher Security Necessary	1	(3%)	0		0		0		1	(.7%)
4) Missing Data	1	(3%)	0		0		0		1	(.7%)
C) Other	<u>0</u>		<u>0</u>		<u>1</u>	(2.5%)	<u>0</u>		<u>1</u>	(.7%)
1) Maximum Discharge	0		0		1	(2.5%)	0		1	(.7%)

¹ The data for this table was provided in questionnaires completed by Center staff (see Appendix I for a copy of the questionnaire). The Centers were to complete questionnaires on all offenders who were transferred through the Centers during the study period and who spent at least sixty days in the Centers. Questionnaires were received on 137 of 161 offenders who met these criteria.

Summary

The study monitored the Centers' population flow between September 1, 1981 and June 30, 1982. Of the 304 offenders admitted to the Centers during the study period, 142 (46.7%) were released to the community, 54 (17.8%) were returned to a Bureau of Adult Institutions (BAI) facility (generally due to disciplinary problems), and the remaining 108 offenders had not yet been released as of June 30, 1982.

The new program model intended that each offender would spend two weeks in reception, followed by approximately six months in a specialized program Center; however, it was found that on average, offenders spent approximately twice as long in reception (29.6 days on average) and approximately half as long as expected in the specialized program Center (12.7 weeks on average).

CHAPTER 8: SECURITY

Introduction

Communities are frequently concerned that a community based correctional facility will pose a risk to the public safety due to offenders escaping or exhibiting disciplinary problems. Therefore, to define the scope of risk present, this study collected data on escapes and on offenders who spent time in jail due to disciplinary problems. In addition, the study analyzed DOC Disciplinary Reporting System data on conduct reports from 10/1/81-3/31/82 to assess the types of disciplinary problems experienced in the Centers as compared to the BAI minimum security facilities (i.e. Oakhill, the Camp System, Green Bay Oneida Camp, and the Waupun Minimum Security Bunkhouse). The study also compared the incidence of conduct violations under the new and the old program models to determine if the responsibility model program resulted in fewer conduct violations.

Escapes, Jail Time and Returns to BAI Facilities

The Centers experienced serious disciplinary problems with a considerable number of their residents. During the study, 54 of 196 (27.5%) of the offenders who were transferred in and out of the Centers were returned to Bureau of Adult Institutions (BAI).¹ In those cases where an offender is returned to a BAI facility, it is generally due to disciplinary problems and/or the offender

¹ The population flow data on all of the 196 offenders who were transferred in and out of the Centers came from the DOC Adult Movements System. In comparison, the population flow data presented in Table 17 on page 56, came from questionnaires completed by Center staff on 137 of the 161 offenders who were in the Centers at least sixty days during the study time period.

requiring a higher level of security. In a few cases, offenders are returned to BAI due to their having health problems (mental or physical) which require more intensive medical attention than the Centers are equipped to provide. The study was able to identify two offenders who were returned to BAI due to health problems. Table 18 shows selected disciplinary information on the 196 offenders transferred in and out of the Centers.

It was found that relatively few offenders escaped. Of the 13 offenders who escaped, ten were immediately returned to a BAI facility. Most (eight of the ten) of those offenders escaped shortly after transfer to the Centers, while they were in reception. The other three offenders who escaped, but were not returned to a BAI facility, were not considered to pose as high a security risk. These offenders spent time in jail and were then returned to the Centers for the duration of their incarceration and were released from the Centers to field supervision.

If the offender poses a serious disciplinary problem or a threat to institutional security, the Centers may place the offender in the Milwaukee County Jail. Jail placement may be used for punitive purposes, or it may be used to hold a high risk offender awaiting transfer back to BAI. Over two-thirds (70.4%) of the 54 offenders who were returned to BAI spent time in jail. An additional 17 offenders (12% of those offenders released to the community) spent time in jail (generally as punishment for a conduct violation), and were returned to the Centers and eventually released to field supervision. Thus, 28.1% (55 of 196) of all offenders who flowed through the Centers spent some time in jail due to disciplinary or security problems.

In those cases where an offender was transferred back to a BAI facility, it was almost always to a higher security facility. Twenty-seven (50%) of the BAI returns were transferred to a maximum security facility, 26 (48%) were transferred to a medium security facility and only one inmate was transferred to a minimum security facility.

Table 18¹ presents details on population flow, escapes, use of jailtime, returns to BAI and inmates' length of stay for each of the five Centers.

¹ The population flow and disciplinary data presented in this report are from several sources. The data presented in Table 18 is from the DOC Adult Movements System. Table 18 summarizes population flow and selected disciplinary data on all offenders who were transferred in and out of the Centers during the study regardless of length of stay. In comparison, the data in Table 17 is from questionnaires completed by Center staff and is only on those offenders who spent a minimum of sixty days in the Centers during the study, and the data in Tables 19 thru 21 is from the DOC Disciplinary Reporting System, and reflect all disciplinary problems experienced within the Centers during the study.

Table 18

CENTER POPULATION FLOW AND SELECTED DISCIPLINARY INFORMATION¹

	N = 30	N = 55	N = 46	N = 17	N = 28	N = 196
	The Abode	St. John's	Baker House	Women's Metro	Men's Metro	Grand Total
	# % of subgroup ²	# % of subgroup ²	# % of subgroup ²	# % of subgroup ²	# % of subgroup ²	All 5 Centers
A. Offenders Released to Field Supervision	37 (74%) ³	48 (87%) ³	38 (83%) ³	13 (76%) ³	6 (21%) ³	142 (72.5%) ³
1. Offenders who spent time in jail	4 (11%)	8 (17%)	2 (5%)	1 (8%)	2 (33%)	17 (12.0%)
2. Offenders who escaped	2 (5%)	1 (2%)	0	0	0	3 (2.1%)
3. Length of stay in Centers						
a. less than one month	0	0	0	0	2 (33%)	2 (1.4%)
b. one to two months	2 (5.5%)	2 (4%)	3 (8%)	3 (23%)	2 (33%)	12 (8.4%)
c. two to three months	12 (32%)	10 (21%)	5 (13%)	0	1 (17%)	28 (19.7%)
d. three to four months	8 (22%)	15 (31%)	12 (32%)	3 (23%)	0	38 (26.8%)
e. four to five months	10 (27%)	11 (23%)	8 (21%)	2 (15%)	0	31 (21.8%)
f. five to six months	2 (5.5%)	4 (8%)	8 (21%)	5 (39%)	1 (17%)	20 (14.1%)
g. over six months	3 (8%)	6 (13%)	2 (5%)	0		11 (7.8%)
B. Offenders Returned to BAI	13 (26%) ⁴	7 (13%) ⁴	8 (17%) ⁴	4 (24%) ⁴	22 (79%) ⁴	54 (27.5%) ⁴
1. Offenders who spent time in jail	10 (77%)	3 (43%)	7 (77%)	4 (100%)	14 (62%)	38 (70.4%)
2. Offenders who escaped	2 (15%)	0	0	0	8 (36%)	10 (18.5%)
3. Length of stay in Centers prior to return to BAI						
a. less than one month	1 (8%)				13 (68%)	16 (29.6%)
b. one to two months	2 (15%)	1 (14%)	3 (38%)		5 (23%)	11 (20.4%)
c. two to three months	3 (23%)	4 (57%)	4 (50%)	3 (75%)	2 (9%)	16 (29.6%)
d. three to four months	1 (8%)	2 (29%)	1 (12%)	1 (25%)		5 (9.3%)
e. four to five months	3 (23%)					3 (5.6%)
f. five to six months	1 (8%)					1 (1.8%)
g. over six months	2 (15%)					2 (3.7%)
4. BAI Institution offender was returned to						
a. Maximum Security:						
Green Bay		2 (28.5%)	1 (12.5%)		6 (27.3%)	9 (16.6%)
Waupun	6 (46%)	1 (14.3%)	3 (37.5%)		3 (13.6%)	13 (24.1%)
Dodge			1 (12.5%)			1 (1.9%)
Taycheedah				4 (100%)		4 (7.4%)
b. Medium Security:						
Fox Lake	5 (39%)		2 (25.0%)		5 (22.7%)	12 (22.2%)
Kettle Moraine	2 (15%)	3 (42.9%)	1 (12.5%)		8 (36.4%)	14 (25.9%)
c. Minimum Security:						
Oakhill		1 (14.3%)				1 (1.9%)
Camp System						

¹ Data is presented on all offenders admitted to the Centers on or after 9/1/81, and released to field or returned to BAI on or before 6/30/82. (No minimum length of stay.)

² Unless otherwise noted, the percentages are reflective of only the subgroup of offenders released to field supervision (subgroup A) or returned to BAI institutions (subgroup B).

³ This percentage reflects the proportion of the Milwaukee Centers' population who were released to field supervision during the Phase II study time period.

⁴ This percentage reflects the proportion of the Milwaukee Centers' population who were transferred back to the BAI institutions during the Phase II study time period.

Analysis of Disciplinary Problems

The relative frequency of disciplinary problems in the Community Residential Centers was compared with disciplinary problems in the BAI minimum security facilities. Six months of data on rules violations¹ from October 1981 through March 1982 were reviewed for this analysis. The study also compared the Centers' experience with disciplinary problems under the old and the new program models² to determine if the responsibility model program had the impact of reducing disciplinary problems.

Comparison of Overall Rules Violations

There is a substantial population size difference³ between the BCC institutions and the BAI minimum security institutions. To compare the relative incidence of disciplinary problems, a BCC to BAI rules violation ratio which considers population size, was computed.⁴ This study focuses on those rules violations which occurred relatively more frequently in BCC institutions. Table 21 on pp. 69 to 71 presents data on the number of rules violations in the BCC and the BAI minimum security facilities, and on the BCC/BAI rules violation ratios during both the Phase I study and the Phase II study.

¹ A conduct report is prepared when an inmate violates one or more of the Division of Correction's institution rules (promulgated in HSS 303-Discipline). Conduct reports are an indication of a disciplinary problem.

² The Phase I study (the analysis of the old program model) collected data on rules violations reported 10/1/80-3/31/81. The Phase II study (the analysis of the new program model) collected data on rules violations reported 10/1/81-3/31/82.

³ Between 10/1/81 and 3/31/82, BCC provided 22,163 days of inmate care and BAI provided 137,602 days of minimum security inmate care. Thus, BCC provided only 16% of the number of days of inmate care as did the BAI minimum security institutions.

⁴ A BCC/BAI conduct violation ratio of .16 indicates that BCC experienced the same violation rate as did BAI. A ratio larger than .16 indicates that BCC experienced a higher violation rate.

Overall, the Centers had a slightly higher rate of rules violations than did the BAI minimum security facilities. The Centers experienced 270 rules violations, as compared to the BAI facilities which experienced 1,602 rules violations. Thus, the overall BCC/BAI rules violation ratio was 270/1,602, which is a relative incidence rate of .17.

While the Centers experienced a slightly higher rate of rules violations than did the BAI facilities, both the relative and the actual incidence rates were lower under the new program model. During the Phase I study, BCC had a population that was 24% the size of the population in the BAI minimum security facilities; however, BCC had rules violations at 38% of the frequency experienced in the BAI facilities. This represents an overall rules violation occurrence rate that was 58.3% higher in BCC than in BAI during the Phase I study.

In comparison, during the Phase II study, BCC had a population that was 16% the size of the BAI minimum security population; however, BCC had a relative rules violations rate of .17 which was slightly higher than, but approximately equivalent to that experienced in the BAI facilities.

The actual incidence of rules violations were also lower during the Phase II study. During the Phase I study, BCC experienced 283 rules violations, compared with 270 rules violations during the Phase II study. This represents 13 fewer actual rules violations. In addition, the Centers provided 3.6% more days of inmate care during the Phase II study than during the Phase I study. If the Centers' per capita rules violations had remained constant, one would have expected the Centers to have experienced 293 rules violations, corresponding with

their 3.6% increase in population. Thus, considering both the change in population size and the incidence of rules violations together, the Centers experienced a 7.9% reduction in rules violations under the new program model.

Comparison of Specific Rules Violations

Seventeen rules violations¹ occurred relatively more frequently in the Centers than in the BAI facilities. Several of these rules violations occurred in such small absolute numbers that their comparative frequency may not be a valid indication of a problem area. For example, there was one instance of "soliciting staff" within BCG, and one instance in BAI. One case does not represent a trend and it is not necessarily indicative of a weakness in the security system.

To increase the validity and the usefulness of this analysis, those rules violations which occurred relatively more frequently in the Residential Centers, and where there were at least five rules violations, were identified. These violations are summarized in Table 19. Table 21, on pages 69 - 71, contains the supporting detail for Tables 19 and 20.

¹ These violations were: battery, threats, fighting, escape, conspiracy, disobeying orders, unauthorized communication, lying, forgery and counterfeiting, possessing money, possessing intoxicants, loitering, leaving assigned area, misuse of prescription medication, use of intoxicants, gambling and inadequate school or work performance.

Table 19

RESIDENTIAL CENTER RULES VIOLATION PROBLEM AREAS DURING THE PHASE II STUDY

<u>Rules Violation</u>	<u># CRC Rules Violations</u>	<u>BCC/BAI Rules Violation Ratio¹</u>
Battery	5	.33
Fighting	7	.17
Threats	5	.36
Escape	172	1.89
Disobeying Orders	66	.19
Lying	12	.20
Unauthorized Communication	9	.47
Possessing Money	9	1.50
Possessing Intoxicants	11	.35
Leaving Assigned Area	9	.17
Use of Intoxicants	21	.68
Inadequate School or Work Performance	8	.20

¹ To compare the relative frequency of rules violations in BCC institutions vs. BAI institutions, a BCC/BAI rules violation ratio was computed. A ratio of .16 indicates that BCC experienced the same violation rate as did BAI. A ratio higher than .16 indicates that BCC experienced a higher violation rate than did BAI.

² In Table 18, 13 escapes were reported. This escape data was based on cases where the offender was missing for a long duration, such as overnight, and was reported as having escaped when the prison's daily population count was taken. The Administrative Code (HSS 303) however defines an escape to include any case where the offender does not follow his defined schedule or leaves his assigned area and does not return promptly. For example, if an offender is tardy in returning from an approved off-grounds activity such as a job placement, s/he may be charged with escape. Thus, disciplinary reporting system data includes some cases which are technically escapes (based on HSS 303.22), but which may not fit the public's concept of what constitutes an escape and which may not get reported on the prison's daily population count.

During the Phase II study time period, the major disciplinary problem areas where BCC experienced relatively more rules violations than BAI were escape, contraband related offenses (possession of money, possession of intoxicants, use of intoxicants) and unauthorized communication. In addition, the Centers experienced a somewhat higher rate of battery and threats than did the BAI facilities, although the absolute frequency of those offenses was rather low (five cases of each offense).

Most of the rules violations which were major problem areas during the Phase II study were also problematic during the Phase I study. Escapes and contraband related offenses (possession of money, possession of intoxicants, use of intoxicants) continued to occur at relatively high rates in the Centers. As noted in the Phase I report, the high rate of escapes experienced by the Centers may be due to the greater opportunity and temptation to escape which are associated with the offender generally having friends and family and an efficient transportation system in close proximity, and the high rate of contraband related violations may be due to the easy accessibility of intoxicants in the Milwaukee area, and the fact that the Centers conduct substantial routine testing of inmates to detect substance usage. Certain offenses against institutional order (disobeying orders, lying, and leaving the assigned area) and threats also continued to be problematic during the Phase II study. The actual and relative incidence of the specific rules violations which were problematic during both the Phase I and the Phase II studies are summarized in Table 20.

Table 20

MAJOR¹ RESIDENTIAL CENTER RULES VIOLATION PROBLEM AREAS
IN BOTH THE PHASE I AND THE PHASE II STUDIES

<u>Rules Violation</u>	Phase I		Phase II	
	<u>Actual Incidence</u>	<u>Relative Incidence</u>	<u>Actual Incidence</u>	<u>Relative Incidence</u>
Threats	7	.37	5	.36
Escape	11	1.00	17	1.89
Disobeying Orders	70	.45	66	.19
Lying	15	.63	12	.20
Possessing Money	7	.70	9	1.50
Possessing Intoxicants	17	.71	11	.35
Leaving Assigned Area	14	.56	9	.17
Use of Intoxicants	16	1.60	21	.68

¹ Major rules violation problem areas are defined to be those cases where the rules violation occurred relatively more frequently in the Centers and where there were at least five rules violations during each study period.

Relationship Between New Program Model and Changes in Occurrence of Specific Rules Violations

The responsibility model program contains incentives for inmates to exhibit appropriate and responsible behavior. The avoidance of rules violations which would be serious enough to result in a conduct report is considered by the Centers to be appropriate and responsible behavior, and is one of the conditions which inmates must meet to be rewarded with the additional privileges associated with the level system.¹

As noted, the overall incidence of rules violations decreased slightly during the Phase II study. A closer review of the changes in the incidence of rules violation categories (e.g., offenses against order, offenses against institutional security) exhibit no clear pattern of change after the new program model was implemented. Changes in the incidence of categories of rules violations were as follows:

<u>Rules Violation Category</u>	<u>% Change in Incidence</u>
Offenses against bodily security	+54%
Offenses against institutional security	+36%
Offenses against order	- 5%
Offenses against property	+100%
Contraband offenses	-35%
Movement offenses	-25%
Offenses against safety and health	-50%
Miscellaneous offenses	+27%

¹ The new program model incorporates a level system into Center operations. There are three levels and each level is associated with increased privileges.

The incidence of rules violations increased in four categories and decreased in four categories. The incidence of individual rules violations was also split, with 16 rules violations¹ occurring more frequently and 17 rules violations² occurring less frequently.

The data do not demonstrate a strong likelihood that the new program model resulted in major behavior changes among all Center residents. However, it is possible that the responsibility model program is more effective with certain types of offenders and that these offenders may have violated fewer rules than they otherwise would have.

¹ The 16 rules violations which increased in frequency were: battery, conspiracy, escape, disruptive conduct, unauthorized communication, misuse of state property, unauthorized transfer of property, possessing money, use of intoxicants, inadequate school or work performance, entry of another inmate's quarters, fighting, talking, damaging property, forgery and possessing excess smoking materials.

² The 17 rules violations which decreased in frequency were: threats, disobeying orders, disrespect, lying, theft, possessing intoxicants, possessing miscellaneous contraband, punctuality and attendance, leaving assigned area, other movement violations, refusing to work or attend school, false names and titles, participating in a riot, disguising identity, possessing drug paraphernalia, weapons offenses, and unauthorized use of the mail.

Table 21

COMPARISON OF RULES VIOLATIONS IN THE BAI MINIMUM SECURITY FACILITIES AND
THE BCC MILWAUKEE COMMUNITY RESIDENTIAL CENTERS DURING TWO TIME PERIODS
(PHASE I - 10/1/80 to 3/31/81; AND PHASE II - 10/1/81 to 3/31/82)

Rules Violations	PHASE I			PHASE II		
	Incidence BAI	BCC	BCC/BAI Rules Violation Ratio ¹	Incidence BAI	BCC	BCC/BAI Rules Violation Ratio ²
A. <u>Offenses Against Bodily Security</u>						
Battery	12	4	.33*	15	5	.33*
Sexual Assault-Contact	1	0	N/C ³	0	0	N/C ³
Sexual Conduct	4	0	N/C ³	1	0	N/C ³
Threats	19	7	.37*	14	5	.36*
Fighting	16	0	N/C ³	41	7	.17*
Category Subtotal	52	11	.21	71	17	.24*
B. <u>Offenses Against Institutional Security</u>						
Inciting a Riot	0	0	N/C ³	1	0	N/C ³
Participating in a Riot	0	1	N/C ³	1	0	N/C ³
Group Resistance	2	0	N/C ³	0	0	N/C ³
Conspiracy	1	1	1.0*	6	2	.33*
Escape	11	11	1.0*	9	17	1.89*
Disguising Identity	0	1	N/C ³	0	0	N/C ³
Category Subtotal	14	14	1*	17	19	1.1*
C. <u>Offenses Against Order</u>						
Disobeying Orders	155	70	.45*	351	66	.19*
Disrespect	40	18	.45*	104	11	.11
Soliciting Staff	0	1	N/C ³	1	1	1.0*
Lying	24	15	.63*	61	12	.20*
Disruptive Conduct	61	11	.18	162	13	.08
Talking	1	0	N/C ³	10	1	.10
Unauthorized communi- cation	9	2	.22	19	9	.47*
False Names & Titles	4	2	.50*	1	0	N/C ³
Enterprises & Fraud	1	0	N/C ³	3	0	N/C ³
Attire	1	0	N/C ³	0	0	N/C ³
Category Subtotal	296	119	.4*	712	113	.16

Rules Violations	PHASE I			PHASE II		
	Incidence		BCC/BAI Rules Violation Ratio ¹	Incidence		BCC/BAI Rules Violation Ratio ²
	BAI	BCC		BAI	BCC	
<u>D. Offenses Against Property</u>						
Theft	19	3	.16	32	2	.06
Damaging Property	11	0	N/C ³	28	1	.04
Misuse State Property	9	1	.11	14	2	.14
Creating a Hazard	0	0	N/C ³	3	0	N/C ³
Unauthorized Transfer of Property	23	2	.09	59	6	.10
Forgery & Counter- feiting	3	0	N/C ³	3	1	.33*
Category Subtotal	65	6	.09	139	12	.09
<u>E. Contraband Offenses</u>						
Possessing Money	10	7	.70*	6	9	1.50*
Possessing Intoxicants	24	17	.71*	31	11	.35*
Possessing Drug Paraphernalia	6	7	1.17*	6	0	N/C ³
Weapons Offense	4	1	.25*	4	0	N/C ³
Possession of Excess Smoking Material	0	0	N/C ³	0	1	N/C ³
Possession of Miscell- aneous Contraband	52	7	.13	73	5	.07
Unauthorized Use of the Mail	0	1	N/C ³	1	0	N/C ³
Category Subtotal	96	40	.42*	121	26	.21*
<u>F. Movement Offense</u>						
Punctuality and Attendance	75	19	.25*	149	17	.11
Loitering	0	2	N/C ³	7	2	.29*
Leave Assigned Area	25	14	.56*	52	9	.17*
Entry of Another Inmate's Quarters	11	4	.36*	36	5	.14
Other Movement Violations	37	16	.43*	92	8	.09
Category Subtotal	148	55	.37*	336	41	.12

Rules Violations	PHASE I			PHASE II		
	Incidence BAI	BCC	BCC/BAI Rules Violation Ratio ¹	Incidence BAI	BCC	BCC/BAI Rules Violation Ratio ²
<u>G. Offenses Against Safety & Health</u>						
Improper Storage	4	6	1.50*	6	0	N/C ³
Dirty Quarters	7	2	.29*	22	0	N/C ³
Poor Grooming	1	0	N/C ³	2	0	N/C ³
Misuse of Prescription Medication			N/C ³	1	4	4.00*
Disfigurement	4	0	N/C ³	6	0	N/C ³
Category Subtotal	16	8	.5*	37	4	.11
<u>H. Miscellaneous Offenses</u>						
Use of Intoxicants	10	16	1.60*	31	21	.68*
Gambling	2	0	N/C ³	7	4	.57*
Refusal to Work or Attend School	11	6	.55*	33	1	.03*
Inadequate School or Work Performance	15	4	.27*	40	8	.20*
Violations of Institution Policies Procedures/Conditions On Leave	20	4	.20	58	4	.07
Category Subtotal	58	30	.52*	169	38	.22
TOTAL	745	283	.38*	1602	270	.17*

¹ During the Phase I six month time period, the total population in the BCC Milwaukee facilities was 24% the size of the combined population in BAI minimum security facilities (i.e., the Camp System and Oakhill). To compare the relative frequencies of conduct violations in BCC facilities vs. BAI facilities, a BCC/BAI conduct violations ratio was computed. Those violations noted with "*" occurred at a relative frequency greater than that of the two populations.

² During the Phase II six month time period, the total population in the BCC Milwaukee facilities was 16% the size of the combined population in the BAI minimum security facilities (i.e., Oakhill, the Camp System, Green Bay Oneida Camp, and the Waupun Minimum Security Bunkhouse). To compare the relative frequencies of conduct violations in BCC facilities vs. BAI facilities, a BCC/BAI conduct violations ratio was computed. Those violations noted with "*" occurred at a relative frequency greater than the ratio of the two populations.

³ This rules violation ratio was not computed because the dividend or the divisor was zero.

Summary

The study analyzed information on the disciplinary problems experienced within the Centers. It was found that 27% of the 196 offenders who were admitted to and transferred out of the Centers during the study spent some time in jail due to disciplinary or security problems. Over two-thirds (70.4%) of these offenders who were jailed had to be transferred back to a BAI facility. Of all of the offenders who were transferred in and out of the Centers during the study, 27.5% (54 of 196) were returned to a BAI facility.

The new program model contains incentives for inmates to exhibit appropriate and responsible behavior, which includes the avoidance of conduct violations. The study found that the Centers experienced a slightly higher rate of rules violations than did the BAI facilities; however, the incidence of rules violations within the Centers decreased by 7.9% under the new program model. The major areas where the Centers experienced problems were escapes and contraband related offenses (e.g., possession of money or intoxicants, use of intoxicants). These rules violations were also found to be problematic during the Phase I study.

CHAPTER 9: SUMMARY AND RECOMMENDATIONS

Introduction

The Community Residential Center study analyzed the program experiences and selected short-term outcomes of offenders in the Centers under the new program model.¹ In addition, the study analyzed the parole outcomes of the Centers' population and the Centers' experiences with disciplinary problems under the new program model and compared both items (parole outcomes and disciplinary problems) under the old and the new program models.

The Centers were found to have considerable programmatic strengths. Efforts are made to place all offenders on work or study release. Under the new program model, implemented in 1981, Center staff develop a case plan for each offender which specifies individualized treatment programs and goals. Appropriate general

¹ The new program model made several changes to the Community Residential Center program. These changes included: the establishment of a Reception Center to consistently process transferred offenders; the implementation of the "Case Management Classification System," including a socio-psychological assessment instrument which is used to screen inmates to determine treatment approaches and program needs; the specialization of the Centers by Case Management Classification; the implementation of a "Responsibility Model Program," which establishes individualized contracts with inmates and rewards responsible behavior with increased levels of independence, to promote the offenders reintegration back into society; and the establishment of a pilot parole unit in the Milwaukee region which initiates the direct involvement of the offender's parole agent with her/him when s/he is transferred to the Residential Centers, to provide continuity of supervision when the offender is paroled. The analysis of the new program model is referred to as the "Phase II Study." The analysis of the Community Residential Center program which immediately preceded the new program model is referred to as the "Phase I Study."

and individualized programming is provided consistent with case plans, to help offenders deal with problems and also to generally facilitate community reintegration. In addition, efforts are made to reintegrate the offender with his/her family through the provision of family counseling, home visits, and other appropriate programming.

While the Centers have programmatic strengths, this study was able to identify certain modifications which could further improve their programs and better facilitate the offenders' community reintegration. The study makes several recommendations for selected Community Residential Center program changes, as well as Division of Corrections system changes which would enhance the overall effectiveness of the Community Residential Center program.

Case Management Classifications and the Level System

The data indicate that the level system may be more effective in eliciting responsible behavior from certain types of offenders. To increase the overall impact that the Centers have on offenders, BCC may want to make selected modifications to fine tune the level system.

The selective intervention and casework/control offenders experienced considerable success in advancing through the level system; whereas over half of the limit setting and environmental structure offenders did not exhibit adequately responsible behavior to progress past level 1. In addition, parole outcome data indicate that the limit setting offenders had a higher recidivism rate than did the other offenders.

The Centers will be likely to continue receiving considerable numbers of limit setting and environmental structure offenders. One-third of the offenders in the study population were classified as limit setting and one-fifth were classified as environmental structure. Since limit setting and environmental structure offenders were found to make so little progress in the level system, BCC may want to make modifications in how the level system operates in the Centers which have these types of offenders. For example, certain types of privileges and/or sanctions may more effectively induce responsible behavior with limit setting offenders. Based on the Centers' experiences with this type of offender, they may be able to identify system changes which could fine tune the level system to make limit setting offenders more responsive. A similar analysis could be done to make appropriate changes in the level system as it applies to environmental structure offenders. Differences in the operation of the level system would be consistent with the general Case Management Classification concept of differential treatment approaches for different offenders.

Community Residential Center Programming

Providers of Services

The new program model uses a team approach for the planning, monitoring and delivery of services and assumes that all Center staff (i.e., social services, security and superintendent's office staff), as well as parole agents will provide services to offenders. Social services staff were found to be the major providers of services. Security staff and purchase of services contracts were also utilized, particularly to provide escorts to employment interviews, leisure

activities and medical appointments. It was found, however, that the staff of the superintendents' offices and parole agents were generally minimally involved in the provision of services.

If BCC wants to promote continuity of supervision through a meaningful involvement of parole agents in offenders' cases, it is recommended that additional steps be taken to increase agent contact and service delivery while the offender is still incarcerated. For example, BCC may want to revise agent workload standards beyond the one-half hour per month which is currently budgeted for each Residential Center client. One-half hour of supervision per month may be adequate for cases in the major institutions; however, it is unlikely that this would enable meaningful client involvement or promote continuity of supervision for Residential Center clients.

Work Release

Nearly half (48.9%) of the Phase II study population was reported as having been on work release while in the Centers. Offenders were employed for an average of 7.7 weeks, with a range of one to twenty-three weeks. Of the offenders who were employed, approximately one-fourth (28.3%) were employed in a skilled trade, one-fourth were employed in restaurants, one-fifth were employed in general labor jobs, and the balance were employed in retail and sales jobs (8.3%), factory work (6.7%), and a variety of other jobs (11.7%).

While the Centers try to maximize the amount of money that each offender has upon prison release to facilitate the offender's community reintegration by limiting immediate economic problems, it was found that only about half (53.3%) of the offenders were able to save any money while in the Centers. Seventy-three offenders (53.3%) saved some money (the average savings was \$373.08, with a range of \$2-\$3247), thirty offenders (21.9%) saved no money, and twenty-four offenders (17.5%) left the Centers with less money than they had upon admission. Data on savings were not available for the other ten offenders in the study population.

To better ease the offender's community reintegration, the Centers may want to take steps to increase incentives for offenders to save money while in the Centers. Such incentives could be built into the level system, with specific additional privileges becoming available for each increment of additional savings achieved.

Educational Programs

One-third (46 of 137) of the study population pursued an educational program while in the Centers. The most common educational objectives were to obtain a GED (39.1%) or a vocational degree (26.1%). Only two of these offenders completed their educational program while in the Centers; however, an additional thirty-six (78.3%) planned to continue their educational program upon release.

To increase the rate of completion of educational programs, it is recommended that the offender's educational objectives be established and/or the educational program be initiated prior to the offender's arrival at the Centers. Where

appropriate, educational objectives could be discussed and educational programs initiated at the point when BCC conducts the Case Management Classification interview. Intervention at this point would give the offender time to apply for admission to an educational program or to start the GED, which would increase the likelihood of the offender completing or making substantial progress on his/her educational program prior to prison release.

In addition, the completion or substantial completion of fundamental educational programs prior to the offender's arrival at the Residential Centers would enable the offender to make optimum use of the various post secondary educational and vocational resources available in Milwaukee, or to obtain employment.

Family Reintegration

Most offenders had some family in Milwaukee, however others did not.

Approximately one-third (35%) had children, and slightly over half (57.7%) had a spouse or a surrogate spouse. Nearly all offenders (92.7%) were reported as having some family members (e.g., spouse, child, parent, grandparent) that they could have contact with, and nearly all offenders (95.6%) were reported as having a home that they could visit.

Some offenders had considerable contact with their family. About half (48.1%) of the offenders with a spouse or a surrogate spouse were visited by this person ten or more times and approximately one-third (33.3%) of the offenders with children were visited by their child(ren) ten or more times while in the Centers.

The data indicate that a considerable number of offenders with families had little or none of the kind of contact which would promote family reintegration. Of the married residents, 29.2% were never visited by their spouse. All of the women with children had contact with them; however, almost half (43.7%) of the men with children were never visited by their children. Over half (58.8%) of the offenders with a home to visit were never taken on an escorted home visit.

It was also found that relatively few offenders participated in family counseling sessions; only one-fifth (20.1%) of the offenders with families participated in a family counseling session. In addition, it was found that many residents experienced little or no improvements in their relationships with their family. Nearly half (48%) experienced no improvement in their relationship with their spouse and nearly one-third experienced no improvement in their relationship with their children (31.8%) or with their parents/siblings (31.5%).

If DOC wants to continue to use the Centers to promote family reintegration, they may want to use the availability of family as a criterion in making BCC transfer decisions, particularly in those cases where the offender has a potentially supportive family. In addition, to improve the likelihood of the successful reintegration of the offender with his/her family, BCC may want to give more priority to activities which would encourage families to have contact with the offender, and also to provide all appropriate offenders with family counseling sessions and home visits.

Recent revisions to the Furlough Law (s.56.068), which were made as part of the 1983-85 Budget, should enable the Centers to provide more offenders with home visits because it will no longer be necessary to always provide an escort.

The Women's Metro

The Women's Metro has demonstrated its ability to provide a quality and effective program of community reintegration opportunities for female offenders and DOC may want to consider expanding the capacity of this facility.

The Women's Metro had a high rate of work release placements, with 83.3% of the Phase II study population being employed at some point while in the Centers. It was also found that considerable family reintegration experiences were made available to the Women's Metro Phase II population. All women with children had contact with them while in the Centers, and almost all participated in family counseling sessions (80%) and went on several escorted home visits (91.7%).

In addition, both the Phase I and the Phase II studies showed that female offenders experienced very successful parole outcomes. No female offender in either study population recidivated; 100% of the Phase I population of female offenders were successful on parole and 92.9% of the Phase II population of female offenders were successful on parole at the end of the follow-up periods. (One female offender in the Phase II population was returned to prison for violating parole conditions.)

Wisconsin's prisons for men have been overcrowded for several years. This overcrowding has recently been experienced in the state's prisons for female offenders as well. The two state correctional facilities for women have a combined rated bed capacity of 151 (126 at Taycheedah and 25 at the Women's Metro). In June 1983, the average daily populations in these prisons were 200.27 in Taycheedah and 21 in the Women's Metro. Thus, the total institutionalized female offender population for June 1983 averaged 221.27, which is 46.5% above the combined rated bed capacities of these two facilities.

The Bureau of Community Corrections is currently trying to locate a different facility for the Women's Metro to move to when their lease expires in February 1984. In planning this move, DOC may want to consider expanding the capacity of the Women's Metro. A substantial¹ portion of the state's female offender population is from the Milwaukee area. Expansion of the Women's Metro would act to ease overcrowding at Taycheedah, and would also enable DOC to provide community reintegration opportunities to additional offenders.

In addition, considering the extensive family reintegration activities that the Women's Metro made available to their population, particularly to those women with children, DOC may want to target Milwaukee area women with children for the Women's Metro. Increasing the capacity of the Women's Metro would facilitate the implementation of this targeting.

Parole Outcomes

The parole outcomes of the Phase II study population were similar to those experienced by the Phase I study population. It was found that 83% of the Phase I population and 79.6% of the Phase II population experienced a successful outcome, that 11% of the Phase I population and 11.5% of the Phase II population had recidivated and that 6% of the Phase I population and 8.9% of the Phase II population had violated their parole conditions and were returned to prison at the end of the follow up period. (It should be pointed out that while the two groups had similar follow up periods, the follow up periods were not identical.)

¹ Approximately two-thirds (65.2%) of the female offender population who were institutionalized on 12/31/83 were from Milwaukee County (39.2%) or the counties in the DOC southeastern region (26.0%).

It was also noted that the offenders having a case management classification of limit setting tended to recidivate more than offenders with other case management classifications, which is consistent with their classification as professional criminals.

Center Population Flow and Length of Stay

The study monitored the Centers' population flow between September 1, 1981 and June 30, 1982. Of the 304 offenders admitted to the Centers during the study period, 142 (46.7%) were released to the community, 54 (17.8%) were returned to a Bureau of Adult Institutions (BAI) facility (generally due to disciplinary problems), and the remaining 108 offenders had not yet been released as of June 30, 1982.

The new program model intended that each offender would spend two weeks in reception, followed by approximately six months in a specialized program Center; however, it was found that on average, offenders spent approximately twice as long in reception (29.6 days on average) and approximately half as long as expected in the specialized program Center (12.7 weeks on average).

DOC has taken steps to alleviate these population management problems. BCC now CMCs the majority of potential transfers while they are still in BAI facilities, and since the offender's CMC is generally known prior to his arrival in Milwaukee, appropriate transfers can be made as beds become available in specialized facilities. In addition, DOC has tried to establish criteria to be used by institution Program Review Committees in making minimum security intraprison transfer recommendations. These criteria are intended to eliminate

inappropriate transfers (e.g., an offender that is about to be released on Mandatory or Early Release), and also to aid the Centers in resolving the general population management problems associated with prison program specialization.

While DOC is attempting to resolve these difficulties, additional written specifications of transfer and classification criteria need delineation and monitoring. It is recommended that appropriate DOC staff continue to work together to develop an effective system to resolve these population management problems.

Security

The study analyzed information on the disciplinary problems experienced within the Centers. It was found that 27% of the offenders who were transferred through the Centers spent some time in jail due to disciplinary or security problems and that over two-thirds (70.4%) of these jailed offenders had to be transferred back to a BAI facility. Of all of the offenders who were transferred in and out of the Centers during the study, 27.5% (54 of 196) were returned to a BAI facility.

The new program model contains incentives for inmates to exhibit appropriate and responsible behavior, which includes the avoidance of rules violations. The study found that during the Phase II study, the Centers experienced a rules violations rate that was slightly higher than, but nearly equivalent to that experienced in the BAI minimum security facilities; however, the incidence of rules violations within the Centers decreased by 7.9% under the new program model. The major areas where the Centers experienced problems were escapes and contraband related offenses (e.g., possession of money or intoxicants, use of

intoxicants). These rules violations were also found to be problematic during the Phase I study. It should be noted that the high rate of escapes experienced by the Centers may be due to the greater opportunity and temptation to escape which are associated with the offender having friends and family and an efficient transportation system in close proximity, and that the high rate of contraband related offenses may be due to both the easy accessibility of drugs and alcohol in the Milwaukee area and to the fact that the Centers conduct substantial routine testing of inmates to detect substance usage.

BCC indicates that escapees from the Centers often have a history of escapes in their record. To minimize problems with escapes, it is recommended that DOC develop and implement criteria to prevent offenders with extensive or serious escape histories from being transferred to the Centers. As part of this criteria, it will be important to acknowledge and define the circumstances under which an escape history is potentially problematic.

NT:bu/90,40,44,100,94,104,2,166,24,135,54
9/26/83

APPENDIX I
RESIDENT PROGRAMMING SUMMARY SHEET

Instructions for Community Residential Center
Resident Programming Summary Sheet

Men

The Bureau of Evaluation of the Department of Health and Social Services Central Office is doing a study of the Milwaukee Community Residential Centers. One goal of this study is to analyze the scope of programming provided to clients in the Community Residential Centers. To assist this study, you are requested to provide some basic information on the client and on the programming which he participated in.

Please complete this form for all clients who were admitted to the Community Residential Centers between September 1, 1981 and March 31, 1982, and remained in a BCC facility (including reception) for at least 60 days. Please complete this form when the client is about to be released from the Community Residential Center. The Residential Center Social Worker has been designated as having primary responsibility for completion of this form because s/he has the most extensive knowledge of the client's program participation and case plan progress. The Parole Unit agent that will be supervising the client in the field has secondary responsibility and should be consulted with to the degree necessary to complete this form.

Completed forms should be sent to Jim Peelen. If you have any questions or need additional forms, please consult with Jim, or contact the project director (Nina Troia, (608) 266-9775).

COMMUNITY RESIDENTIAL CENTER
RESIDENT PROGRAMMING SUMMARY SHEET

MEN

Client Data

Resident Name _____

Resident Number _____

Admission Date _____
(Reception at Men's Metro)

Date of Transfer to releasing Residential Center: _____

Release Date _____

Releasing Institution: _____ St. John's
_____ Abode
_____ Baker House
_____ Men's Metro

Type of Release:

_____ to field supervision; if released
on parole, was release:

_____ Mandatory Release
_____ Discretionary Release (Pre-MR date)
_____ Discretionary Release (Post-MR date)

_____ Return to Bureau of Adult Institutions facility because of:

_____ (a) Disciplinary problems/conduct reports
_____ (b) Inmate request
_____ (c) Other (please describe): _____

_____ Other (please describe) _____

Responsibility Level at Release:

_____ Level 1
_____ Level 2
_____ Level 3

County Released to:

_____ Milwaukee
_____ Other (please list _____)
_____ N/A, not released to community (e.g., returned to
prison.)

Program Participation:

Using the following chart, please indicate other programming that the client received. Only indicate programming that is provided following the standardized two weeks of Reception Center programming. Please check all that apply; indicate whether the service was purchased, or provided by Residential Center Staff, or a parole agent, or by a volunteer.

<u>Volunteer</u>	<u>Purchase of Service Contract</u>	<u>Residential Center Social Worker/ Work Release Coordinator</u>	<u>Residential Center Security Staff</u>	<u>Residential Center Superintendent/ Assistant Superintendent</u>	<u>Parole Agent</u>	
_____	_____	_____	_____	_____	_____	Employment counseling or skills
_____	_____	_____	_____	_____	_____	Educational/vocational training or counseling
_____	_____	_____	_____	_____	_____	Other counseling (includes personal growth, communication skills, problem solving)
_____	_____	_____	_____	_____	_____	Leisure time
_____	_____	_____	_____	_____	_____	Family Planning (includes family counseling, couples counseling, residence planning, family financial planning)
_____	_____	_____	_____	_____	_____	Health
_____	_____	_____	_____	_____	_____	Financial planning
_____	_____	_____	_____	_____	_____	Other (list) _____

Case Management Classification:

- _____ Selective Intervention (Situational)
- _____ Casework/Control
- _____ Environmental Structure
- _____ Limit Setting
- _____ Selective Intervention (Treatment)

Pre-Parole Agreement Summary

Please indicate whether the objectives from the client's pre-parole agreement/ case plan were met. Use a check mark to indicate the appropriate response. Use the comments column to provide additional information that you believe may be necessary.

<u>Major Goal Areas</u>	<u>Was Objective met?</u>				<u>COMMENTS</u>
	<u>Yes</u>	<u>No</u>	<u>Partial</u>	<u>No Objective Stated</u>	
1) Employment					
Objective #1	_____	_____	_____	_____	
Objective #2	_____	_____	_____	_____	
2) Educational/Vocational Training					
Objective #1	_____	_____	_____	_____	
Objective #2	_____	_____	_____	_____	
3) Counseling					
Objective #1	_____	_____	_____	_____	
Objective #2	_____	_____	_____	_____	
4) Leisure Time/Recreation					
Objective #1	_____	_____	_____	_____	
Objective #2	_____	_____	_____	_____	
5) Family Planning/ Relationships					
Objective #1	_____	_____	_____	_____	
Objective #2	_____	_____	_____	_____	
6) Drugs and Alcohol					
Objective #1	_____	_____	_____	_____	
Objective #2	_____	_____	_____	_____	
7) Other Goal Areas (Please Specify Major Goal Area)					
Objective #1					
Objective #2					

Family Relationships

Please indicate the frequency of the client's family relationships while in the Residential Center. Please respond with "N/A" if the client does not have the stated family member.

- 7) How many times did the client's spouse visit him while he was in the Residential Center? _____
- 8) How many times did the client's child(ren) visit him or engage in recreational activities with him while he was in the Residential Center? _____
- 9) How many times did the client's fiancée/girlfriend/lover visit him while in the Residential Center? _____
- 10) How many times did the client participate in structured family counseling sessions while in the Residential Center? _____
- 11) How many times did the client go on an escorted home visit while in the Residential Center? _____

Please rank the improvement in the client's relationship with his family members while he was in the Residential Center. Circle the appropriate rank, using a 1 to 5 scale, with "1" being no improvement, and "5" being much improvement. Circle "N/A" if the client does not have the stated family member

- | | No
Improvement | | | | Much
Improvement | N/A |
|--|-------------------|---|---|---|---------------------|-----|
| 12) Improvement in resident's relationship with child(ren) while in Residential Center | 1 | 2 | 3 | 4 | 5 | N/A |
| 13) Improvement in resident's relationship with spouse while in Residential Center | 1 | 2 | 3 | 4 | 5 | N/A |
| 14) Improvement in resident's relationship with fiancée/girlfriend/lover while in Residential Center | 1 | 2 | 3 | 4 | 5 | N/A |
| 15) Improvement in resident's relationship with parents and/or siblings while in Residential Center | 1 | 2 | 3 | 4 | 5 | N/A |

Employment and Education

16) Did the client participate in Work Release? ☐ Yes ☐ No

a) If yes, how many weeks? _____

b) What type of job(s) was the client employed in (e.g., cook, sales clerk)?

17) How much money did the client save while in the Residential Center? _____

Use the following formula to calculate savings

Savings at Release	-	Savings at Admission	=	Net Savings
--------------------	---	----------------------	---	-------------

18) Was the client making payments to support dependent children?

☐ Yes ☐ No ☐ N/A, no children

a) If yes, what percentage of the child(ren)'s support was paid by the client?

☐ 25% or less
☐ 26% - 50%
☐ 51% - 75%
☐ 76% - 100%
☐ Unknown

19) Was the client paying alimony or supporting a spouse?

☐ Yes ☐ No ☐ N/A

20) Did the client participate in Study Release? ☐ Yes ☐ No

21) Did the client pursue an educational program while in the Residential Center? ☐ Yes ☐ No

(If yes, go on to questions 21a - 21c)

21a) What was the objective of the educational program?

☐ GED
☐ complete vocational course (list course)

☐ Vocational degree (list program)

☐ College degree (list major) _____
☐ other (please describe) _____

21b) Did the client complete the educational program while in the Residential Center?

_____ Yes _____ No

21c) If no, does the client plan to continue the program while in the community?

_____ Yes _____ No _____ N/A, Program Completed

NT/so/139
8/4/81

DPB-0068