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Division of Policy and Budget
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AN EVALUATION OF THE IMPACT OF THE
WISCONSIN RESOURCE CENTER ON INMATES

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DOCUMENT DIGEST

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Wisconsin Resource Center on Inmates

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Introduction and Research Objectives

The Wisconsin Resource Center (WRC) is a medium security prison administered by the Division of Care and Treatment Facilities. WRC provides specialized programming to male inmates whose mental health and/or behavioral needs cannot be addressed in the Division of Corrections (DOC) prison system.

This study assessed the impact that WRC has on the adjustment of inmates after their transfer from WRC back to a correctional institution. It also examined the characteristics of inmates referred to WRC and identified the types of offenders whom WRC served most effectively.

Findings

- 1) Inmates received fewer and less serious conduct reports after WRC treatment, indicating improved behavioral adjustment upon return to a DOC prison.
- 2) WRC had a positive impact on the ability of men to be able to transfer to lower security prisons. Most of the men were referred to WRC from maximum security prisons, but nearly three-fourths were able to be transferred to a medium or a minimum security prison after WRC treatment.
- 3) WRC treatment improved the mental health of many inmates. About one-third of the men in the study population were perceived by DOC as having reduced mental health needs following WRC discharge.
- 4) Certain types of inmates were more likely to complete the WRC program and to be more positively affected by the WRC program. For example, property offenders, younger inmates, men relatively new to prison, and men without prior penal experience were more positively affected by WRC.

Recommendations

Staff in DOC should consider the inmate characteristics which were found to be associated with a change in the incidence of conduct reports as well as those inmate characteristics which were associated with program completion in making WRC referral decisions. Giving priority to referring men who may be more responsive to WRC treatment may maximize the impact of WRC on inmates' behavioral adjustment and may contribute to diminishing the institutional disruption caused by maladaptive behavior.

In addition, study findings indicate that the presenting problems of the inmates referred to WRC are changing and that WRC is currently being used more as a programming resource for mentally ill inmates and less as an alternative placement for inmates with behavioral adjustment problems. It is recommended that the Department periodically review the mission, role and target population of WRC to assure continued systemwide responsiveness to changing prison system needs and to maximize the effective utilization of WRC. For example, it may be appropriate to implement specialized units in the new prisons to serve certain types of inmates (e.g., the Chronically Mentally Ill and the Developmentally Disabled) who currently require relatively long and expensive WRC stays. Serving such inmates in the DOC prison system rather than maintaining them at WRC would enable WRC to treat more inmates with behavior adjustment problems and treatable mental illness, which would be a more effective utilization of WRC.

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CHAPTER I: INTRODUCTION

PROGRAM DESCRIPTION

The Wisconsin Resource Center (WRC) is a 155 bed medium security prison which is administered by the Division of Care and Treatment Facilities (DCTF) and located on the grounds of the Winnebago Mental Health Institute. WRC provides specialized learning programs, individualized programming and an alternative placement for inmates whose behavior presents serious problems to themselves, other prisoners and/or the orderly operation of the prison and whose needs cannot be addressed in the Division of Corrections (DOC) prison system.

Types of Inmates Referred to WRC

The inmates referred to WRC from correctional institutions have mental health and/or behavior adjustment problems which vary in severity. Some are experiencing acute mental illness problems such as severe depression or suicidal tendencies. Others have less severe mental/emotional disorders, are developmentally disabled or have difficulties coping with interpersonal relationships. WRC provides specialized programming to deal with the inmate's individual mental health and/or behavioral problems and to prepare him to return to a DOC prison.

Many of the inmates sent to WRC have serious behavior adjustment problems and difficulties coping with the prison environment. These inmates tend to have a history of numerous violations of the prison disciplinary code

(HSS 303) which result in the issuance of conduct reports, and in many cases, the imposition of penalties such as loss of privileges, loss of good time or placement in segregation. The program at WRC attempts to modify inmates' attitudes and behaviors so that disciplinary code violations are reduced and their incarceration is less disruptive to the operation of the prison.

The WRC program is also used to provide a programming alternative for the correctional system. In some cases, a change in the institutional setting may have a positive impact on the inmate's behavior. At a minimum, the use of WRC as an alternative placement acts to temporarily relieve the stress and institutional disruption caused by unmanageable, conduct report prone inmates, and also reduces the need to use the already overcrowded segregation facilities in the DOC prisons.

Some of the WRC inmates have characteristics which make them appropriate for a medium/minimum security facility, but they have been retained in a maximum security setting due to disciplinary problems. These men are near their mandatory release date and need to be prepared for release to the community. The WRC program attempts to modify these inmates' behaviors, to teach them to be aware of and take responsibility for their behavior and to assist them in making a successful transition to the community.

Description of WRC Treatment¹ Units

The Wisconsin Resource Center has eight treatment units. The population on each unit varies from 20 men to 24 men. A given inmate may experience several treatment units during his stay at WRC.

There is a reception unit which assesses and orients the incoming inmate. This unit is also used for crisis intervention; for example, should an inmate require close observation for suicidal tendencies or medication changes.

There is a security unit for those in temporary lock up, adjustment segregation, controlled segregation, program segregation, or observation status. Not all inmates in program segregation are kept on this unit as they are afforded the opportunity of involvement in other treatment programs.

There are two basic living skills units which utilize a token economy. These behavior modification programs stress basic grooming and hygiene, and basic social skills. Typically, the lower functioning inmate resides on one of these units.

¹ The term "treatment" is broadly defined to include those psychological, educational, social or other programming techniques used by WRC which are designed to improve the ability of inmates to adjust to prison and/or to the community.

There are two social skills units for the inmate who has progressed through a basic living skills program, or who was directly transferred from the reception unit. These units reinforce assertive communication in a community setting.

A seventh unit provides for those transferring to another institution. Inmates who have been targeted as moving to another medium or a minimum security institution are placed on the transfer unit. This unit attempts to provide an atmosphere that more closely resembles a traditional prison. That is, infractions of the rules result in documentation in formal warnings or conduct reports.

The final program is the Mandatory Release/Discharge unit. Inmates who are within six to nine months of their release reside on this unit and concentrate on release planning and those skills required to successfully follow through with these plans (e.g., job seeking and keeping skills).

Referrals In and Out of WRC

The vast majority of WRC's population is referred there from one of the DOC maximum security prisons such as Waupun or Green Bay, or enter WRC directly from Assessment and Evaluation at Dodge Correctional Institution. A relatively small proportion of the clients are transferred from medium and minimum security prisons. Upon completion of the WRC program, most of the WRC inmates are transferred back to a DOC prison to serve the balance of their sentence. About one-tenth of the WRC population is directly released from WRC to the community.

STUDY OBJECTIVES

This evaluation attempts to provide information to two types of decisionmakers regarding this innovative institutional program. Within the broader context of Departmental objectives and responsibilities for correctional inmates, key administrators require information regarding the capability of a specialized, expensive, treatment oriented, institutional program to contribute to the behavior adjustment of problem inmates, while they are incarcerated.

Staff in DCTF or DOC who make decisions which affect the daily management of the WRC program have similar concerns about program performance, but somewhat different requirements for information. Decisions which directly affect program management can be informed by research findings which assess client behavior after treatment.

With these audiences in mind, the study has two objectives. One objective is impact oriented and the other objective is primarily descriptive. The first objective is:

- 1) To assess the impact that WRC has on the adjustment of prison inmates after their transfer from WRC to a correctional institution.

A primary indicator of program impact employed by the evaluation is the change in the incidence and nature of conduct reports following WRC treatment. Additional impact indicators are the progress/adjustment and willingness of inmates to participate in prison programs, the

ability of the inmate to avoid having his security classification increased after treatment, the willingness of certain inmates to continue to take appropriate psychotropic medications upon return to prison and changes in mental health needs.

The second objective is:

- 2) To examine the characteristics of inmates being referred to WRC and to identify the types of inmates whom WRC programs serve most effectively.

To accomplish this, an inmate profile was developed to describe the types of inmates DOC has referred to WRC. This profile makes it possible to identify the characteristics of inmates who appear to benefit most from the WRC program. This information may be helpful to DOC staff who refer inmates to WRC. Given limited resources, it makes sense to refer inmates who may be more likely to be responsive to the WRC program.

CHAPTER II: IMPACT OF WRC ON PRISON ADJUSTMENT

INTRODUCTION

Several measures of the impact that WRC had on inmates' prison adjustment were assessed. These were:

- o The change in the incidence of conduct reports after WRC treatment;
- o The ability of inmates to return to a DOC prison and avoid having their security classification increased to maximum;
- o The willingness of inmates to participate in programs upon return to prison;
- o The willingness of inmates to continue to take psychotropic medications upon return to prison; and
- o The severity of the inmate's mental health needs following WRC treatment.

For the most part, these outcome measures tend to be oriented towards DOC's perception of what constitutes appropriate behavior and effective treatment. There are several reasons for taking this approach. First of all, since DOC refers clients to WRC and accepts them back, it makes sense to examine how DOC evaluates change in inmates' behavior after their return from WRC. In addition, most WRC clients are referred by DOC because of disciplinary and/or behavior adjustment problems, and therefore, it is reasonable to focus on the impact which WRC may have on disciplinary problems, as measured through conduct reports. While institutional conduct

is only one of many possible indicators of behavioral change, it is one of the best measures of institutional adjustment available.

Serious and/or frequent disciplinary problems act to inhibit the inmate's ability to move to lower security prisons, to have access to the full range of programming available through the DOC prison system and to be granted a discretionary parole. Thus, other aspects of the prison experience make the avoidance of conduct reports critical to the inmate's overall adaptation to prison and timely release from prison.

While this study tends to focus on WRC's impact on the incidence of conduct reports, other outcome measures such as changes in the willingness of inmates to participate in programs and to continue to take psychotropic medications when appropriate were assessed to get a broader indication of the impact of the WRC program experience. In addition, changes in the severity of inmates' mental health needs following WRC treatment were assessed to get a general indication of the impact which the primary mental health treatment resource available to the DOC prison system has on the mental health of the inmates exposed to WRC treatment.

These outcome measures together provide WRC with feedback on the impact which their innovative mode of treatment has on inmates' behavior.

Further, these measures permit DCTF, DOC and other Department administrators to examine the effectiveness of WRC treatment.

CRITERIA USED IN SELECTING THE STUDY POPULATION

Four criteria were used in selecting the study population for the analysis of the impact of WRC on the adjustment of prison inmates. First of all, the inmate had to have been referred to WRC on or after January 1, 1984. The WRC program went through considerable developmental and leadership changes during its first year of operation in 1983, and the program did not stabilize until 1984 when Bob Ellsworth was appointed to be the superintendent. Thus, to enable an evaluation of the impact of the current program approach, a WRC admission date of January 1, 1984 or later was decided upon. The second criterion which was used was that the inmate had to have been in prison for at least three months both prior to and following his treatment at WRC. This requirement was necessary to enable a comparison of each man's incidence of conduct reports pre and post WRC. The last two major criteria were that the inmate had been referred to WRC as a permanent transfer¹ and that he spent at least one month in the program. These final criteria insure that the inmate was exposed to the WRC program.

The application of these four criteria resulted in the selection of 111 men for the study population.

¹ As bed space permits, WRC is used to hold short term temporary transfers between DOC prisons and these types of inmates would be inappropriate for the study population because they do not go through the WRC treatment program.

DESCRIPTION OF THE STUDY POPULATION

There is not one stereotype that can be applied in describing the population that WRC serves. Rather, there is considerable variety in the characteristics of inmates who are referred to WRC. This variety was exhibited in the study population for the program impact portion of this evaluation.

Presenting Problems¹ and Program Completion

Most (80.2%) of the men in the study population were referred to WRC because of behavior adjustment problems in prison. A few (7 of the 89) of these men were also considered to have mental illness problems, but their mental illness problems were not considered to be their primary treatment need. Of the remaining men in the study population, 18% were referred to WRC primarily for the treatment of their mental illness and the remaining 1.8% were developmentally disabled.

¹ Assessments of each inmate's treatment needs/general client type were made by WRC clinical staff. Each inmate was labeled as: 1) mentally ill; 2) behavior adjustment problem; or 3) developmentally disabled. In those cases where the inmate had more diverse treatment needs, both a primary and a secondary client type was specified by WRC.

While WRC staff will attempt to work with all inmates referred to them, not all inmates are considered treatable¹ and not all inmates complete the WRC program.² Most (79.3%) of the men in the study population were considered to be treatable and most (63.1%) of the study population completed the WRC program. The most common reasons³ for men not completing the WRC program were disciplinary problems (25 cases), security problems (10 cases) and untreatability (9 cases). A few men refused treatment (4 cases) and a few men were transferred out of WRC prior to WRC program completion because they had other program needs (3 cases).

Prior Offenses and Prison History

Most (66.7%) of the 111 men in the study population were property offenders, with burglary (32 cases) and robbery (29 cases) being the most common offenses. One-third of the men in the study population had committed more serious assaultive offenses, including sexual assault, aggravated assault, murder, and attempted murder. The men in the study population had been in prison⁴ for an average of 1.7 years prior to admission to WRC and the range of time in prison prior to WRC treatment was 3 months to 10.5 years.

¹ Assessments of the inmate's treatability were made by WRC staff after the inmate was transferred out of WRC.

² Assessments of whether the inmate completed the WRC program were made by WRC staff.

³ Several reasons were given by WRC staff for some inmates being unable to complete the WRC program.

⁴ This refers to time in prison on this incarceration only.

Many of the men in the study population had a rather extensive criminal history. Over half (53.2%) of the men in the study population had two or more felony convictions, 46% had prior penal institution experience and 34.2% had been incarcerated as juveniles.

WRC Population Flow

Most (65.8%) of the men in the study population were referred from the maximum security prisons at Green Bay and Waupun. About one-sixth (15.3%) of the study population were referred directly from Assessment and Evaluation at Dodge Correctional Institution. About one-tenth (10.8%) of the study population were referred from medium security prisons and the remaining 8.1% were referred from minimum security facilities. Following treatment, about one-third of the study population were transferred to maximum security prisons (35.2%), about one-third were transferred to medium security prisons (36.9%) and the balance (27.9%) were transferred to minimum security prisons.

WRC Treatment Duration

The duration of WRC treatment varied considerably. The average length of stay for all 111 men in the study population was 6.9 months, with the range being 1.2 to 16.8 months. Those men who successfully completed the program

experienced a slightly longer stay¹ than did those men who did not complete the program. Developmentally disabled men had the longest WRC treatment time - an average of 11.8 months, followed by mentally ill men - an average of 7.4 months, men with behavior adjustment problems - an average of 6.8 months, and chronically mentally ill men - an average of 5.9 months.

There are differences in the nature of treatment provided to men of various client types which affect the duration of treatment. Treatment provided to men with behavior adjustment problems focuses primarily on modifying values and behaviors which lead to conduct reports. This focus is less important with other client types. With mentally ill men, WRC treatment focuses on resolving their mental health problems which in turn should improve general prison adjustment and result in a reduction of inappropriate behaviors. With developmentally disabled men, the WRC treatment focuses on the development of daily living skills and interpersonal relationship skills, which should improve the inmate's ability to adjust to prison.

Security Classification

All of the men in the study population had a security classification of medium upon admission to WRC, which is ranked as a medium security facility, however, many (59.4%) of these men had a custody score which normally would result in their having a different security classification.

¹ For those men who completed the WRC program, the range of time spent in treatment was 1.7 to 16.8 months (an average of 7.8 months) and for those men who did not complete the WRC program, the range of time spent in treatment was 1.2 to 13.2 months (an average of 5.2 months).

DOC uses an objective formula to derive a custody score which is used in determining the inmate's security classification. This formula considers the inmate's institution conduct as well as the nature of his criminal offense(s). This custody score influences but does not determine the inmate's custody rating. Rather, DOC may consider other more subjective criteria, such as program needs, and then may override the inmate's custody score to assign him at a higher or lower security classification. DOC frequently¹ exercises this override capability with the general prison population. In looking at the custody scores of the study population, it was noted that just prior to WRC admission, 34.2% had custody scores that without override would normally result in a security classification of maximum, 40.6% had custody scores which were consistent with their security classification of medium and 25.2% had custody scores that would normally result in a security classification of minimum.

¹ The custody scores of 46.8% of the current DOC inmate population (i.e., as of 8/31/86) have been overridden. Of the current inmate population, 16% have been assigned to a security classification that is lower than their custody scores provide for (i.e., downward overrides), 30.8% have been assigned to a security classification that is higher than their custody scores provide for (i.e., upward overrides) and 53.2% are classified consistent with their custody scores.

IMPACT OF WRC ON INMATE CONDUCT REPORTS

One of the program outcomes which was analyzed related to the incidence of conduct reports¹ upon return to a DOC prison. It was hypothesized that the WRC program experience should have a positive impact on behavior which would result in a reduction in the incidence of conduct reports.² Each man acted as his own control, and his incidence of conduct reports during the three months prior to his treatment at WRC was compared with his incidence of conduct reports during the three months immediately following WRC treatment. In addition, a six month follow-up of the incidence of conduct reports was performed for those men who had sufficient time in prison to make such a comparison possible.

In analyzing these data, both the type and number of conduct reports were observed. An incident of inmate misconduct may be handled as a major or minor disciplinary infraction by prison staff depending on the type of

¹ Only those conduct reports with a finding of guilty were included.

² It should be noted that changes in the incidence of conduct reports may not be an optimum indicator of positive behavioral change or improved mental health for those men who were referred to WRC primarily for mental health treatment. However, it is believed that changes in the incidence of conduct reports are an appropriate measure of behavioral change for the vast majority of the study population who were referred to WRC due to behavioral adjustment problems.

behavior observed. Major¹ infractions are more serious than minor² misconduct incidents and may result in more severe penalties such as segregation. This classification provides an indication of the severity of the conduct violation. In addition, we identified those conduct reports which resulted in the imposition of a segregation penalty on the inmate. Segregation is usually imposed for only the most serious disciplinary infractions. Consequently, conduct reports which result in segregation mark behavior which is unusually disruptive to both general prison functioning and also to the inmate's ongoing program participation and institutional responsibilities.

Several measures of the post WRC impact on conduct reports were used. We analyzed changes in the incidence of conduct reports for the entire population and observed the number of cases where the individual inmate's incidence of conduct reports decreased, increased or remained the same. This analysis provided a gross measure of the impact of the WRC program. We also computed the average number of each type of conduct report received by men of various characteristics, such as client type and age, to give a better sense of the magnitude of behavioral change and to compare the

¹ A major conduct report is defined as a conduct report that is handled with a full due process hearing or a referral to civil authorities. Inmates may be placed in segregation or may lose good time as punishment for a major conduct report.

² A minor conduct report is defined as a conduct report that is handled with a summary disposition or a minor hearing. A variety of lesser punishments may be imposed for minor conduct violations, including cell restrictions, loss of privileges etc., however, minor conduct violations may not result in segregation or a loss of good time.

impact which the WRC program may have on different types of inmates. It is believed that the WRC program may be more effective with certain types of inmates, and this comparative analysis was performed to identify the types of inmates who experienced improved behavior (defined as fewer conduct reports) following the WRC treatment experience. These findings may be useful to DOC staff who make decisions to refer inmates to WRC.

Impact of WRC on the Entire Study Population

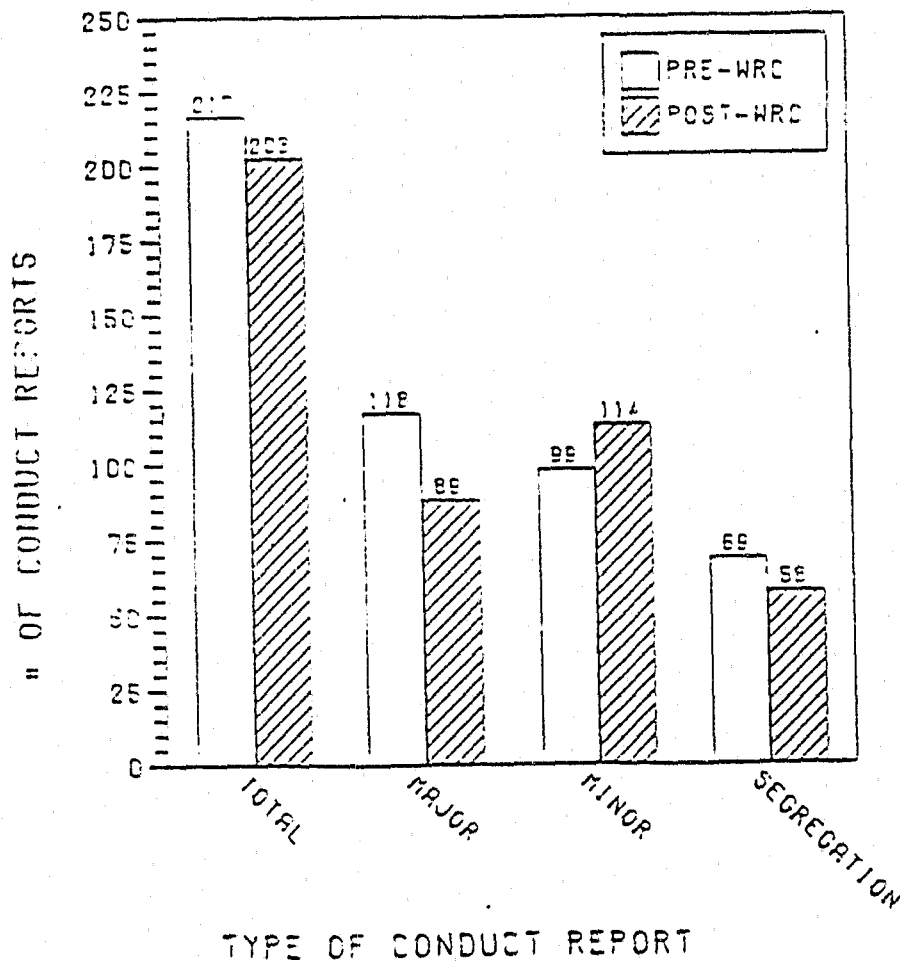
Three Month Follow-Up

In looking at all 111 men in the study population, it was found that there was a slight (i.e., 6.5%) reduction in the overall incidence of conduct reports during the three months following WRC treatment. Table 1 illustrates the changes in the incidence of conduct reports prior to and following WRC treatment.

The biggest changes in the incidence of conduct reports were a 24.6% decrease in the incidence of major violations and a 15.9% decrease in the need to use segregation after WRC.

Table 1

CONDUCT REPORTS 3 MONTHS PRE AND POST WRC TREATMENT
BY TYPE OF REPORT



The reductions in the incidence of major conduct violations and in the need to use segregation are very positive program outcomes that should result in reduced disruption to overall prison operations as well as to the individual inmate's prison experience.

It was noted that minor conduct violations increased by 15.1% during the three months following WRC treatment. WRC handles minor conduct violations with a progressive system of warnings, whereas the DOC prisons are likely to immediately write up such infractions. Thus it is not unusual for

inmates to exhibit an increased incidence of minor misconduct during the process of making the transition from WRC back to a DOC prison.

WRC Impact on the Conduct of Completers vs. Non-Completers

WRC is willing to attempt to treat all men referred to them, however, in some cases, the inmate does not complete the treatment program.¹ The data indicate that the WRC program has a positive impact on the behavior of some men regardless of whether they completed the WRC program. On average, those men who completed the WRC program had fewer conduct reports both pre and post WRC than did those men who did not complete the program, but there was a positive impact on some of the men who did not complete the program, as illustrated in Table 2. Those men who completed the WRC program experienced a reduction in the per capita incidence of total and major conduct reports and in the incidence of conduct reports resulting in segregation, while the incidence of minor conduct reports increased.

Those men who did not complete the WRC program also experienced a reduction in the per capita incidence of major conduct reports, and it was found that some of these men experienced a decrease in the incidence of each type of conduct report.

¹ According to WRC treatment staff, 41 of the 111 men (36.9%) in the study population were not considered to have completed the WRC program.

Table 2

COMPARISON OF THE INCIDENCE OF CONDUCT REPORTS THREE MONTHS
PRE AND POST WRC BY WHETHER THE INMATE COMPLETED THE WRC PROGRAM

	<u>Men with Fewer Conduct Reports After WRC</u>	<u>Men with More Conduct Reports After WRC</u>	<u>Men with Same Incidence of Conduct Reports After WRC</u>	<u>Aggregate Incidence of Conduct Reports</u> <u>Pre WRC Post WRC</u> <u># Ave. # Ave.</u>				<u>Aggregate Change in Incidence Following Treatment¹</u>
A) <u>Total Conduct Reports</u>								
1) Men Who Completed the WRC Program ²	42.9%	32.8%	24.3%	119	1.7	105	1.5	11.8% decrease
2) Men Who Did Not Complete the WRC Program ³	39%	39%	22%	98	2.4	98	2.4	No change
3) Total	41.5%	35.1%	23.4%	217	1.9	203	1.8	6.5% decrease
B) <u>Minor Conduct Reports</u>								
1) Men who Completed the WRC Program ²	28.6%	25.7%	45.7%	64	.9	75	1.1	17.2% increase
2) Men Who Did Not Complete the WRC Program ³	24.4%	26.8%	48.8%	35	.8	39	.9	11.4% increase
3) Total	27%	26.1%	46.9%	99	.9	114	1.0	15.1% increase
C) <u>Major Conduct Reports</u>								
1) Men Who Completed the WRC Program ²	37.1%	17.2%	45.7%	55	.8	30	.4	45.5% decrease
2) Men Who Did Not Complete the WRC Program ³	41.5%	31.7%	26.8%	63	1.5	59	1.4	6.3% decrease
3) Total	38.7%	22.5%	36.8%	118	1.1	89	.8	24.6% decrease
D) <u>Conduct Reports Resulting in Segregation</u>								
1) Men Who Completed the WRC Program ²	22.9%	15.7%	61.4%	32	.5	21	.3	34.4% decrease
2) Men Who Did Not Complete the WRC Program ³	31.7%	24.4%	43.9%	37	.9	37	.9	No change
3) Total	26.1%	18.9%	55%	69	.6	58	.5	15.9% decrease

¹ The percentage change in aggregate incidence is based on the change in the total number of each type of conduct report.

² Seventy men completed the WRC program.

³ Forty-one men did not complete the WRC program.

Six Month Follow-Up

In those cases¹ where a six month follow-up of comparative behavior was possible, changes in the incidence of conduct reports were very similar to the three month follow-up findings but of a different magnitude.

During the six months following WRC treatment, the incidence of all types of conduct reports decreased. Further, the data indicate that the positive impact of the WRC program experience was enhanced over time. In those cases where the incidence of conduct reports decreased over three months, the incidence decreased even more over six months. In the case of minor conduct reports which increased during the three months following treatment, it was found that inmates' behavior stabilized enough so that there was a slight decrease in incidence during the six months following treatment. Table 3 illustrates the change in the incidence of conduct reports three and six months after treatment.

Table 3
COMPARISON OF THE CHANGE IN THE INCIDENCE OF CONDUCT REPORTS
THREE AND SIX MONTHS AFTER WRC TREATMENT

<u>Type of Conduct Report</u>	Change in Incidence	
	<u>Three Months After Treatment</u>	<u>Six Months After Treatment</u>
Total Conduct Reports	6.5% decrease	16.7% decrease
Minor Conduct Reports	15.1% increase	2.8% decrease
Major Conduct Reports	24.6% decrease	42.4% decrease
Segregation Related Conduct Reports	15.9% decrease	31.2% decrease

¹ 48 (43.2%) of the men in the study population had sufficient time in prison both prior to and following WRC treatment to enable a six month comparison of behavior problems.

Impact of WRC on Inmates of Various Characteristics

While many men in the study population experienced substantial behavioral improvements following WRC treatment, others experienced no change or their behavior deteriorated upon return to prison. To determine if the behavior of certain types of inmates is more favorably impacted by the WRC program, the relationship between various inmate characteristics and the incidence of conduct reports after treatment was explored. These findings may prove useful to DOC staff who refer inmates to WRC.

Relationship Between the Incidence of Conduct Reports and Client Type¹

WRC serves three general types of clients. These are: men experiencing behavioral adjustment problems in prison, mentally ill men and developmentally disabled men.

The vast majority of WRC's clients are referred for treatment due to behavior adjustment problems, and the data indicate that this may be the type of client that WRC is most effective with in terms of impacting conduct. This outcome is consistent with the WRC treatment approach, which has a strong behavior modification orientation. Table 4 illustrates changes in the incidence of conduct reports by client type.

¹ Assignments of client type were made by WRC clinical staff.

Table 4

INCIDENCE OF TOTAL CONDUCT REPORTS PRE AND POST WRC BY CLIENT TYPE¹

<u>Client Type</u>	<u>Men With Fewer Conduct Reports</u>	<u>Men With More Conduct Reports</u>	<u>Men With Same Conduct Reports</u>	<u>N</u>	<u>Pre-WRC Average</u>	<u>Post-WRC Average</u>	<u>Change in Incidence</u>
A) Behavior Adjustment							
1) Men Who Completed the WRC Program	45%	33.3%	21.7%	60	1.8	1.5	16.7% decrease
2) Men Who Did Not Complete the WRC Program	41.4%	37.9%	20.7%	29	2.4	1.9	20.8% decrease
3) Total	43.8%	34.8%	21.4%	89	2	1.6	20% decrease
B) Mentally Ill							
1) Men Who Completed the WRC Program	37.5%	37.5%	25%	8	1.1	1.9	72.7% increase
2) Men Who Did Not Complete the WRC Program	33.3%	41.7%	25%	12	2.4	3.6	50% increase
3) Total	35%	40%	25%	20	1.9	2.9	52.6% increase

¹ Data on developmentally disabled men was not presented because they had no incidence of conduct reports during the three months prior to or following WRC treatment.

The men with behavioral adjustment problems experienced a higher rate of program completion than did the mentally ill men, and a decrease in the incidence of major, minor and total conduct reports. They also experienced a decrease in the use of segregation following their treatment at WRC. This decrease in the incidence of conduct reports existed regardless of whether the inmate completed the WRC program.

On the other hand, WRC had little positive impact on the prison conduct of men who were mentally ill. Following treatment, the incidence of major conduct reports decreased slightly (i.e., a 6.9% decrease), but the incidence of total, minor, and segregation related conduct reports increased among the mentally ill men. These data are qualified by the small number of observations, but they suggest that the WRC program experience may actually have a negative impact on the ability of some mentally ill men to behave appropriately upon return to prison.

At WRC, the staff to client ratio is quite high and men receive considerably more attention and treatment than is possible in a DOC prison. Further, the Disciplinary Code is not rigidly enforced at WRC, and behaviors which may be permissible at WRC may result in the issuance of a conduct report in a DOC prison. Mentally ill men may have more difficulty readapting to such drastic environmental changes as those presented between WRC and DOC prisons, and inappropriate behaviors may be the result.

If changes in the incidence of conduct reports is the primary DOC goal for WRC treatment, then DOC may want to emphasize referral of inmates who are experiencing behavior adjustment problems. WRC has an obvious positive

impact on this target group. In addition, they may want to consider more carefully the referral of mentally ill men to WRC because the program experience may hinder their ability to readjust to the rules of a DOC prison and may cause greater behavioral problems for the receiving institution.

Relationship Between the Incidence of Conduct Reports and Offense

The relationship between the type of crime that the inmate was convicted of and his incidence of conduct reports was examined to determine if the WRC program is more effective with certain types of offenders. The men in the study population were convicted of many different offenses. A detailed analysis of changes in the incidence of conduct reports by specific crime was not considered to be particularly meaningful due to the limited size of the study population and the diversity of their offenses. For purposes of this analysis, offenders were collapsed into two groups. These were: men convicted of violent crimes (i.e., murder, attempted murder, aggravated assault, sexual assault, etc.) and men convicted of property and other nonviolent crimes (i.e., burglary, car theft, forgery, etc.)

There appears to be differences between these two groups, as illustrated in Table 5.

Table 5

INCIDENCE OF CONDUCT REPORTS
PRE AND POST WRC BY TYPE OF CRIME

	Violent Offenders (N=38)			Property/Other Offenders (N=73)		
	<u>Pre WRC Average</u>	<u>Post WRC Average</u>	<u>Change</u>	<u>Pre WRC Average</u>	<u>Post WRC Average</u>	<u>Change</u>
Total Reports	1.24	1.34	8.1% increase	2.33	2.08	10.7% decrease
Major Reports	.5	.5	no change	1.65	.96	41.8% decrease
Minor Reports	.74	.84	13.5% increase	.97	1.12	15.5% increase
Segregation Related Reports	.29	.37	27.6% increase	.79	.6	24% decrease

Conduct report patterns suggest that the prisons are sending WRC property offenders with serious behavior problems and violent offenders with less serious behavior problems. As a group, the property offenders had a higher incidence of conduct reports than did the violent offenders, however, WRC had more of an impact on the property offenders. Following treatment, the property offenders experienced a per capita decrease in their incidence of major, total and segregation related conduct reports. In comparison, the men convicted of violent crimes experienced a per capita increase in total, minor and segregation related conduct reports, and the same incidence of major conduct reports. After treatment, the property offenders still had a somewhat higher incidence of all types of conduct reports than did the violent offenders, but they did experience improved behavior, whereas the behavior of the violent offenders deteriorated.

Based on these behavioral changes, DOC may want to consider the nature of the inmate's offense in making referral decisions, and they may want to consider giving priority to property offenders.

Relationship Between the Incidence of Conduct Reports and Age

We analyzed the relationship between the inmate's age¹ and his incidence of conduct reports following treatment. For purposes of this analysis, age was defined to be the inmate's age on the date he was transferred to WRC.

It appears that WRC may have a greater impact on younger men than older men. Younger men tended to exhibit a higher incidence of conduct reports prior to WRC treatment, but they tended to exhibit improvements in behavior following treatment. In comparison, on average, older men tended to have a lower incidence of conduct reports prior to treatment than did younger men, but following treatment, their incidence of conduct reports tended to increase. For example, men over 30 experienced a 69.2% increase in total conduct reports and an increase in all types of conduct reports following treatment. In comparison, men under 24 experienced a decrease in total,

¹ The men in the study population ranged in age from 18 to 52, with 26.7 being the average age at admission to WRC.

major and minor conduct reports and in reports leading to segregation, and men between 24 and 30 experienced a decrease in total, major and segregation related conduct reports and an increase in minor conduct reports following treatment.

Based on these outcomes, DOC may want to consider assigning a higher referral priority to young men exhibiting serious conduct patterns, particularly if major conduct reports and reports resulting in segregation are problematic. In addition, DOC may want to examine more closely the referral of older inmates to WRC because of the limited success experienced in reducing their incidence of conduct reports.

Relationship Between the Incidence of Conduct Reports and the Length of Time the Inmate Had Been Incarcerated Prior to Treatment

The relationship between the length of time the inmate had been incarcerated prior to treatment and his incidence of conduct reports was analyzed to determine if WRC treatment is more effective at different points in the incarceration. Time in prison was broken out into three month increments for this analysis, and changes in the incidence of conduct reports were analyzed.

It was found that men who had been incarcerated for a relatively short time or for over two and one-half years were most affected by WRC treatment. Those men who had been incarcerated for three months prior to treatment exhibited decreases in all types of conduct reports. Men who had been in

prison for three to six months experienced a decrease in total, major and segregation related conduct reports, but an increase in minor conduct reports. The WRC program had a mixed and more limited impact on men who had been in prison between six months and two and one half years, however, the incidence of major conduct reports tended to decrease following treatment. Men who had been in prison for over two and one-half years experienced decreases in the incidence of all types of conduct reports following WRC treatment.

This data suggests that a high level of effectiveness may be achieved with men who are relatively new to prison and who are exhibiting immediate behavioral problems. The intervention of WRC treatment early on may act to prevent the development of maladaptive behavior patterns, may limit the degree to which such behaviors are valued and considered by the inmate to be of a source of high esteem and/or may effectively teach the inmate what types of behaviors simply are/are not acceptable in prison.

While the WRC program may be the major reason for improvements in the behavior of more experienced inmates, several other factors may be impacting behavior. These men may be nearing mandatory release or approaching eligibility for parole and the desire to get out of prison quickly may act as an incentive for improved behavior, or they may be close to release and interested in participating in certain educational, vocational or work release programs which are only available to men in lower security prisons. Another explanation is that these men may simply

have "burned out" on bad behavior and/or have a desire to avoid additional time in segregation.

Considering these findings, DOC may want to place priority on utilizing WRC for men who are exhibiting serious behavior problems at the beginning of their incarceration.

Relationship Between the Incidence of Conduct Reports and Prior Penal Experience

Nearly half (46%) of the men in the study population had experienced multiple incarcerations. The relationship between prior penal experience and the incidence of conduct reports was analyzed to determine if men experiencing their first incarceration were more affected by WRC treatment.

It was found that men experiencing their first incarceration exhibited more maladaptive behavior prior to treatment, but that they were more responsive to treatment than were more experienced inmates. Those men who had previous penal experience had lower levels of all types of conduct reports prior to treatment than did those men who were experiencing their first incarceration. This suggests that men with previous prison experience have learned to adapt to much of the rules and rigidity of prison, whereas men who are relatively new to prison experience more difficulties with the adjustment to prison and express a greater degree of maladaptive behavior. WRC seems to be quite effective at impacting the behavior of the first timers. Those men who were experiencing their first incarceration

exhibited reduced levels of major and segregation related conduct reports and a slight increase in minor conduct reports after treatment. In comparison, those men with previous penal experience exhibited an increase in their incidence of minor conduct reports, and no change in their incidence of major and segregation related conduct reports after treatment. Table 6 summarizes changes in the incidence of conduct reports for these two groups.

Table 6
INCIDENCE OF CONDUCT REPORTS
PRE AND POST WRC BY PREVIOUS PENAL EXPERIENCE

	<u>Men Experiencing Their First Incarceration</u>			<u>Men with Previous Penal Experience</u>		
	<u>Pre WRC Average</u>	<u>Post WRC Average</u>	<u>Change</u>	<u>Pre WRC Average</u>	<u>Post WRC Average</u>	<u>Change</u>
Total Reports	2.4	2.1	12.5% Decrease	1.5	1.6	6.7% Increase
Major Reports	1.3	.8	38.5% Decrease	.8	.8	No Change
Minor Reports	1.1	1.2	9.1% Increase	.7	.8	14.3% Increase
Segregation Related Reports	.7	.5	28.6% Decrease	.5	.5	No Change

WRC seems to be able to teach first-time inmates how to better adapt to prison, thus breaking the cycle of high levels of conduct violations. After treatment, their incidence of major and segregation related conduct reports were quite similar to those exhibited by the men with previous penal experience.

This data suggests that the WRC program may be more appropriate for men experiencing their first incarceration than for more seasoned inmates. Men experiencing their first incarceration were more responsive to treatment and DOC may want to consider this finding in making WRC referral decisions.

Relationship Between the Incidence of Conduct Reports and the Inmate's Inappropriate Behavior Patterns Prior to WRC

The incidence of conduct reports following WRC treatment was analyzed relative to the inmate's total number of conduct reports prior to WRC to see if WRC was more effective with men who have exhibited varying levels of inappropriate behavior in prison. The total number of conduct reports which the inmate received during his incarceration is recorded on each Program Review Inmate Classification Summary. The data on the inmate's total number of conduct reports prior to treatment was extracted from the Program Review Inmate Classification Summary which immediately preceded transfer to WRC.

It was found that WRC treatment had less impact on men with relatively few conduct reports and on men with established chronic behavior problems. Those men who had received over 30 conduct reports prior to WRC experienced a higher incidence of all types of conduct reports following treatment. Those men who had relatively few conduct reports (i.e., less than six conduct reports) prior to treatment experienced a decrease in major and segregation related conduct reports, but an increase in total and minor conduct reports. In comparison, after treatment, those men who had a

moderate level of conduct reports prior to treatment (i.e., six to thirty conduct reports), experienced fewer minor and major conduct reports and fewer conduct reports which resulted in segregation.

Based on this data, DOC may want to avoid referring men to WRC if they have established chronic behavior problems. These men do not appear to be responsive to the type of treatment offered at WRC.

Relationship Between the Incidence of Conduct Reports
and the Inmate's Custody Score Prior to Treatment

The security classification of many inmates was overridden to enable them to participate in WRC. It was speculated that the inmate's custody score prior to treatment might be related to the severity of his treatment needs and an indicator of the likelihood of the inmate's behavior being affected by the WRC program. Therefore, the relationship between the inmate's custody score prior to treatment and his incidence of conduct reports after treatment was analyzed to assess this impact.

The WRC program had the greatest impact on the incidence of conduct reports among men whose pre-WRC custody score was in the range for a medium or minimum security classification. These men experienced a decreased incidence of total, major and segregation related conduct reports and a slightly higher incidence of minor conduct reports after treatment. In comparison, those men whose pre-WRC custody score was in the range for a security classification of maximum experienced an increase in major and

minor conduct reports and a very slight decrease in segregation related reports following treatment.

This data suggests that custody score may be a predictor of successful WRC treatment. DOC may wish to consider the inmate's custody score in making referrals to WRC.

Relationship Between the Incidence of Conduct Reports and the Inmate's Length of Stay at WRC

The duration of WRC treatment varies considerably due to the diversity of inmates' treatment needs. While some inmates pose minor behavioral problems, others exhibit a high level of mental illness and/or extremely maladaptive behavior. It is assumed that men with less serious problems will require less extensive treatment and that their length of stay will be of a shorter duration. The relationship between the inmate's length of stay at WRC and his incidence of conduct reports after treatment was analyzed to assess the cost effectiveness of long term treatment compared with shorter term treatment.

WRC is the most expensive prison operated by the Department. The Fiscal Year 1985 annual per capita cost of WRC treatment was \$48,779¹. The average per capita treatment cost² for the men in the study population was

¹ The Fiscal Year 1985 annual per capita costs at some of the other prisons were: Waupun \$17,328; Green Bay \$15,702; Fox Lake \$15,093; and Kettle Moraine \$19,183.

² Per capita treatment costs are based on Fiscal Year 1985 rates and on an average length of stay of 6.9 months.

\$28,049. Treatment costs per client ranged from \$4,878 for the client who was in treatment for 1.2 months to \$68,292 for the client who was in treatment for 16.8 months.

The data indicate that WRC treatment had more impact on men who were at WRC for a shorter length of time, and that this impact existed even if the inmate did not finish the program. This data suggests that even a brief exposure to the WRC program has an impact on behavior and that men with less severe program needs may be more responsive to WRC treatment than men whose program needs are serious enough to require long term treatment at WRC. Table 7 illustrates changes in the incidence of conduct reports by length of stay.

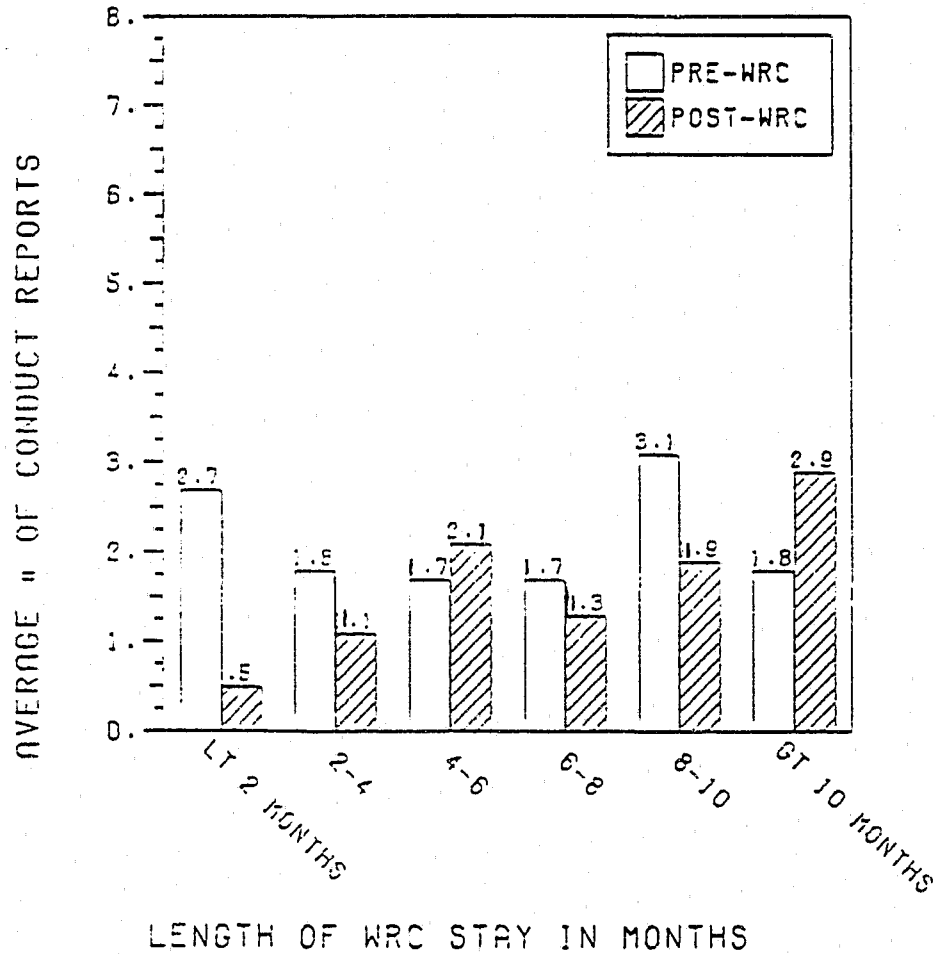
There was a direct relationship between length of stay and program completion, however, a long stay at WRC and program completion was no guarantee of improved behavior. The data show that the men with the longest stays had the highest rate of program completion¹, but their incidence of conduct reports actually increased following treatment. In comparison, those men who were at WRC for much less time had much lower rates of program completion,² but experienced a decrease in their incidence of conduct reports.

¹ 91.3% of the men who were at WRC for more than ten months completed the program.

² 16.7% of the men who were at WRC for less than two months completed the program and 41.2% of the men who were at WRC for two to four months completed the program.

Table 7

INCIDENCE OF CONDUCT REPORTS PRE AND POST WRC
BY LENGTH OF STAY AT WRC



Based on these findings, DOC may want to consider using WRC primarily for short term treatment and avoid referring men who are anticipated to need extensive treatment. This would enable more inmates to be treated at WRC and might be more cost-effective than using WRC resources for long term treatment of highly problematic inmates.

OTHER MEASURES OF THE IMPACT OF THE WRC PROGRAMImpact of WRC on Inmates' Security Classifications

One measure of program success was the ability of the inmate to return to a DOC prison and avoid having his security classification increased to maximum.¹ It was hypothesized that if WRC treatment succeeded in either resolving the inmate's mental health problems and/or teaching the inmate to better adapt to prison life, that behavior which would result in the need for an increase in the inmate's security classification would be avoided.

Slightly over half (54.1%) of the men in the study population exhibited adequately adaptive behavior upon return to prison to avoid having their security classification increased to maximum. About three-fourths (74.3%) of the men who successfully completed the WRC program were able to avoid an increase in security classification.

Nearly half (45.9%) of the men in the study population had their security classifications increased to maximum following their WRC treatment. About two-thirds (33 of 51) of these men were not considered by WRC to have completed the program. Most of these men who did not complete the WRC

¹ Data on changes in security classification may be misleading because some men had their security classification overridden for programmatic reasons i.e., so they could participate in the WRC program.

program and who had their security classifications increased exhibited serious disciplinary or security problems while at WRC and they were returned to prison where their security classifications were promptly¹ increased to maximum.

Of the men who completed the WRC program and had their security classifications increased after WRC treatment, about half (44.4%) were reclassified quite soon (i.e., within three months of completing the WRC program) after transfer back to prison. Almost all (17 of the 18) of these men had been referred to WRC due to behavior adjustment problems, and they apparently continued to exhibit these problems even after treatment. Some (5 of the 18) of these men were later returned to WRC for additional treatment.

Impact of WRC on Inmates' Program Participation

One program outcome which was assessed related to the inmate's program adjustment and willingness to participate in programs following the WRC program experience.² Program participation data from the Program Review Inmate Classification Summary immediately preceding the man's transfer to

¹ In 31 of 33 cases the inmate's security classification was increased within three months of transfer, and in some cases this increase coincided with the transfer.

² Assessments regarding the inmate's program adjustment and willingness to participate in programs prior to and following the WRC program experience were made by DOC staff.

WRC was compared with program participation data from the Program Review Inmate Classification Summary following the inmate's transfer out of WRC back to a DOC prison.

Relatively few¹ men had program review data describing program participation both prior to and following treatment. Of the 111 men in the study population, only 48 (43.2%) had program participation data on their program review forms preceding and also following their WRC treatment. The program review data show that there were relatively few cases where the inmate's program progress/adjustment or willingness to participate in programming improved following WRC treatment.

In terms of program progress/adjustment, performance remained the same in about three-fifths of the cases, performance improved in nearly one-fifth of the cases and performance deteriorated in about one-fifth of the cases. Table 8 illustrates specific changes in program progress/adjustment.

¹ The high rate of missing data regarding inmates' program adjustment and willingness to participate in programs limits the degree to which inferences may be drawn to the overall population.

Table 8
COMPARISON OF PROGRAM PROGRESS/ADJUSTMENT
PRIOR TO AND FOLLOWING WRC TREATMENT

Changes in Progress/ Adjustment Ranking After Treatment	<u>Ranking of Progress/Adjustment Prior to WRC Treatment</u>						
	<u>Excellent</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Poor</u>	<u>Totals</u>		
	#	#	#	#	#	%	
Same	0	28	0	1	29	60.4%	
Improvement	0	5	2	2	9	18.8%	
Deterioration	2	8	0	0	10	20.8%	
	<u>2</u>	<u>41</u>	<u>2</u>	<u>3</u>	<u>48</u>	<u>100%</u>	

In terms of program participation about three-fourths (79.2%) of the inmates' willingness to participate in programs remained the same following WRC treatment, it improved in about one-tenth (8.3%) of the cases and it deteriorated in about one-eighth (12.5%) of the cases. Table 9 illustrates specific changes in the willingness to participate in programs.

Table 9
COMPARISON OF THE INMATE'S WILLINGNESS TO PARTICIPATE IN PROGRAMS
PRIOR TO WRC TREATMENT AND FOLLOWING WRC TREATMENT

Change in Inmate's Willingness to Participate in Programs	Level of Participation Following Treatment				Totals	
	Currently Enrolled	Inmate Dropped Out, Lack of Interest	Inmate Terminated, Behavior Problems	Inmate Terminated, Administrative Reasons	#	%
Same Level of Participation	36	1	0	1	38	79.2%
More Willing to Participate in Programs	3	0	0	1	4	8.3%
Less Willing to Participate in Programs	0	2	4	0	6	12.5%
	—	—	—	—	—	—
	39	3	4	2	48	100%

Impact of WRC on The Willingness of Inmates to Continue Psychotropic Medications

Many of the men who are referred to WRC have serious mental health problems which result in the exhibition of very disruptive behavior in prison. The use of psychotropic drugs may facilitate the management of these behaviors. Prison and WRC staff indicate that many inmates refuse to voluntarily take psychotropic medications while in a DOC prison, yet, WRC staff are able to persuade many of these inmates to voluntarily take psychotropic medications. WRC staff believe that in many cases, it would be nearly impossible to work with these men without the use of such medications.

All men who were taking psychotropic medications when they were transferred out of WRC were identified, and a follow-up was performed to determine if these men were willing to continue to take these medications upon return to a DOC prison. We also analyzed the relationship between continuity of these medications and the inmate's security classification.

WRC indicated that thirty-five (31.5%) of the men in the study population had been taking psychotropic medications while at WRC. In eleven cases, these medications were discontinued prior to transfer out of WRC, so this left a group of 24 men who were on psychotropic medications when they left WRC. We found that most (17 or 70.8%) of these men willingly continued to take their psychotropic medications upon return to prison. An additional two men were willing to take medications, but prison staff did not believe they were necessary, and the prison discontinued the medications. There were only five cases (20.8%) where the inmate absolutely refused to take psychotropic medications when he was returned to prison.

The continuation of psychotropic medications appeared to enable inmates to avoid having their security classification increased to maximum. Those men who continued to take psychotropic medications experienced a similar rate¹ of increased security classification as did the general study population,

¹ 49.5% of the general study population compared to 47% of the men who continued to take psychotropic medication had their security classification increased after WRC treatment.

whereas, six of the seven men who did not continue these medications had their security classifications increased to maximum after WRC treatment. Therefore, when appropriate, the use of psychotropic medications may be useful to facilitate the transfer and adaptation of men to lower security prisons.

Impact of WRC on Emotional/Mental Health Needs

When DOC conducts a program review, they assess each inmate's emotional/mental health needs and rate needs as: 1) "Exhibits appropriate emotional response" (i.e., low); 2) "Has some signs of mental health problems but not related to crime and would not lead to institutional adjustment problems" (i.e., moderate); or 3) "Severe problems affecting institutional adjustment or related to criminal pattern" (i.e., serious).¹ The rating given to each inmate's emotional/mental health needs on his program review which preceded his WRC treatment was compared with the rating following treatment. This comparison was made to determine if inmates had lower emotional/mental health needs as a result of their WRC treatment experience in the opinion of DOC staff.

¹ Appendix A contains the specific guidelines and definitions used by DOC institution staff in assessing and rating the inmate's emotional/mental health needs.

Nearly half (48.2%) of the population was rated as having serious emotional/mental health needs prior to their WRC treatment, and nearly as many men (42.7% of the population) were rated as having moderate emotional/mental health needs.

Program review data indicate that the overall WRC population experienced some reduction in the severity of emotional/mental health needs following their WRC treatment, as illustrated in Table 10.

Table 10
COMPARISON OF EMOTIONAL/MENTAL HEALTH NEEDS OF
THE STUDY POPULATION PRE AND POST WRC TREATMENT

Rating	Pre-WRC		Post-WRC	
	#	%	#	%
Serious	53	48.2%	37	38.5%
Moderate	47	42.7%	36	37.5%
Low	10	9.1%	23	24%
Missing	1		15	

The WRC program seemed to have a positive impact on the mental health needs of some men, but there was no impact or a negative impact on the mental health needs of many men. Nearly one-third (32.6%) of the men were perceived by DOC to have reduced emotional/mental health needs following their WRC treatment experience. The emotional/mental health needs of about half (51.6%) of the men were ranked to be the same following WRC treatment and the remaining men (15.8% of the study population) were perceived to have higher emotional/mental health needs following treatment.

It is believed that men who completed the WRC program would be more likely to have experienced a reduction in their mental health needs than men who did not complete the program and the data generally supported this assumption. Table 11 shows the specific changes in mental health needs after WRC treatment, considering whether the inmate completed the WRC program.

Table 11
COMPARISON OF EMOTIONAL/MENTAL HEALTH NEEDS RATINGS
PRIOR TO AND FOLLOWING WRC TREATMENT TAKING INTO
CONSIDERATION WHETHER THE INMATE FINISHED THE WRC PROGRAM

Men with Reduced Mental Health Needs		Men Who Completed the WRC Program	Men Who Did Not Complete the WRC Program	Totals
Pre	Post			
WRC Needs	WRC Needs			
Serious	Moderate	10	3	13
Serious	Low	6	1	7
Moderate	Low	$\frac{11}{27}$ (45%) ¹	$\frac{0}{4}$ (11.4%) ²	$\frac{11}{31}$ (32.6%) ³
Men with Increased Mental Health Needs				
Pre	Post			
WRC Needs	WRC Needs			
Moderate	Serious	6	4	10
Low	Moderate	3	0	3
Low	Serious	$\frac{0}{9}$ (15%) ¹	$\frac{2}{6}$ (17.2%) ²	$\frac{2}{15}$ (15.8%) ³
Men with No Change in Mental Health Needs				
Pre and Post WRC Needs				
Serious		7	17	24
Moderate		12	8	20
Low		$\frac{5}{24}$ (40%) ¹	$\frac{0}{25}$ (71.4%) ²	$\frac{5}{49}$ (51.6%) ³

¹ Refers to the percentage of the men who completed the WRC program.

² Refers to the percentage of the men who did not complete the WRC program.

³ Refers to the percentage of the entire population.

Completion of the WRC program seemed to have a positive impact on the mental health needs of many inmates. Nearly half (45%) of the men who completed the WRC program experienced a reduction in mental health needs. A few (i.e., 11.4%) of the men who did not complete the program also experienced a reduction in mental health needs and it was noted that all of these men were considered by WRC to be untreatable. Two-fifths of the men who completed the WRC program experienced no change in mental health needs, and about three-fourths (71.4%) of the men who did not complete the WRC program experienced no change in mental health needs. About one-sixth of the men experienced increased mental health needs, and most (9 of 15) of these men finished the WRC program.

CHAPTER III: PROFILE OF 1984 ADMISSIONS TO WRCINTRODUCTION

The program impact portion of this evaluation, which has been presented in the preceding chapter, involved only a subgroup¹ of the men referred to WRC during 1984. Several criteria were applied in selecting the population for the program impact assessment which excluded most (58.9%) of the 1984 admissions from the analysis. The criteria which had the greatest impact of screening out inmates was the requirement that the inmate had been in prison for at least three months both prior to and following WRC treatment. These criteria were necessary to enable a comparison of each inmate's incidence of conduct reports pre and post WRC.

To provide a complete profile of all men referred to WRC during 1984, the characteristics of all of these men were analyzed. This profile provides a composite description of the kinds of inmates who DOC referred to WRC. In addition, we analyzed the relationship between inmate characteristics and WRC program completion to identify the types of inmates likely to be most favorably impacted by the WRC program. Such data could be considered by DOC in making WRC referral decisions.

¹ 93 of the men who were included in the program impact portion of the evaluation were admitted to WRC during 1984 and 18 were admitted to WRC during 1985.

STUDY POPULATION SELECTION CRITERIA

During 1984, 261 men were admitted to WRC. Thirty-five of these men were temporary admissions held at WRC pending an inter-prison transfer. These men were not exposed to the WRC program and they were not included in the study population. Thus, during 1984, 226 different men were transferred to WRC for specialized programming and they constitute the population described in this section of the report.

POPULATION FLOW IN AND OUT OF WRC

Most 1984 WRC admissions were referred from maximum security prisons. About one-third (34.1%) of the 1984 WRC admissions were referred to WRC directly from Assessment and Evaluation, and about half (50.9%) of the 1984 WRC admissions were referred to WRC from the maximum security prisons at Green Bay and Waupun. The balance of the 1984 admissions were referred from medium security prisons (8.8%) and minimum security prisons (6.2%).

The duration of WRC treatment varied considerably. The average length of stay for the men admitted to WRC during 1984 was 8 months and the range of time spent in treatment was .4 to 25 months.

Following WRC discharge, men were returned to the various types of DOC prisons or to community supervision. About three-fourths of these men were returned to a DOC prison (22.1% to maximum security prisons, 27% to medium

security prisons and 22.1% to minimum security prisons). In addition, 41 men (18.2% of the population) were directly released to the community from WRC. The remaining 24 men (10.6% of the population) were still at WRC as of January 1986.

In some cases, inmates are unresponsive to WRC treatment or they exhibit disciplinary or other problems which prevent effective treatment. These men are generally promptly returned to a DOC prison. In other cases, inmates are responsive to treatment while at WRC, but their behavior deteriorates upon return to prison. Many of these men are later returned to WRC for additional treatment. About one-fifth (19.5%) of the men who were admitted to WRC during 1984 were subsequently returned to WRC. Forty percent of these men were considered to have completed the WRC program and sixty percent had not completed the WRC program.

IMPACT OF WRC ON INMATES' SECURITY CLASSIFICATION

As of January 1986, most (71.3%) of the men who were admitted to WRC during 1984 had been returned to a DOC prison to serve the balance of their sentence.¹ Follow-up was performed to determine what effect WRC may have had on the security classification of these individuals. It was found that

¹ The rest of the WRC 1984 admissions had been directly released from WRC (i.e. 41 men) or were still there (i.e. 24 men).

over half (59.6%) of the men who were transferred back to a DOC prison were able to avoid having their security classification increased to maximum. In most (81.5%) of the cases where the inmate's security classification was increased, the increase occurred quite soon (i.e. within three months) after his return to a DOC prison.

PROGRAM COMPLETION

Slightly over half (55.3%) of the men transferred from DOC prisons to WRC during 1984 completed the program during an average stay of 9 months. The men who did not complete the program spent an average of 6.2 months at WRC. The most common reasons cited for noncompletion of the WRC Program were disciplinary problems (29 cases), inmate still at WRC (24 cases), inmate released from prison prior to program completion (19 cases) and client untreatable (19 cases). In addition, a few men refused treatment (9 cases), a few men posed security problems (7 cases), a few men had programmatic needs that WRC could not meet (3 cases) and one man required treatment in an inpatient setting.

RELATIONSHIP BETWEEN INMATE CHARACTERISTICS AND WRC PROGRAM COMPLETION

Men with certain characteristics experienced a significantly higher rate of WRC program completion. In the preceding section of this study which assessed the impact of WRC on the adjustment of inmates after their return to a correctional institution, it was found that those inmates who

completed the WRC program experienced greater behavioral improvements than did the inmates who did not complete the program. They experienced greater reductions in their incidence of conduct reports, were more able to avoid having their security classification increased to maximum after treatment, and more of them experienced reductions in mental health needs than did the inmates who did not complete the WRC program. Thus, WRC program completion is associated with behavioral improvement. The analysis of the relationship between inmate characteristics and WRC program completion provides data on the types of inmates likely to be most favorably impacted by the WRC program. Appendix B illustrates the specific statistical results regarding the WRC program completion rates of men of various characteristics.

The characteristics most strongly associated with program completion and which may influence future referral decisions were:

- o Client Type - Men with behavior adjustment problems were more likely to complete the WRC program than were men who were mentally ill;
- o Education - There was no significant relationship between the inmate's actual education level and program completion, but there was a significant relationship between the inmate's tested grade level and program completion. Men with higher educational proficiency levels had higher rates of program completion;

- o Type of Transfer Out of WRC - Men who were returned to prison after WRC treatment were more likely to complete the WRC program than were men who were directly released to the community from WRC;
- o Length of Stay - Men who were in treatment for a longer period of time were more likely to complete the WRC program;
- o Prior Penal Experience - Men experiencing their first incarceration were more likely to complete the WRC program than were men with prior penal experience;
- o Length of Time in Prison Prior to Treatment - Inmates who had been incarcerated for a shorter time were more likely to complete the WRC program than were men with more time in prison prior to treatment;
- o Release Type - Men who were released from prison as a Special Action Release or on parole were more likely to complete the WRC program than were men released from prison as a mandatory release, and men released from prison as a direct discharge were the least likely to complete the WRC program;
- o Treatability - Men who were considered to be untreatable were highly unlikely to complete the WRC program; and

- o Number of WRC Admissions - Men who were repeat admissions were less likely to complete the WRC program than were men who were experiencing their first admission to WRC.

DOC may want to consider those characteristics which were associated with program completion in making the decision to refer inmates to WRC for treatment. This practice could increase the likelihood of inmates completing the WRC program, which in turn may facilitate their adjustment to prison and lead to improved behavior.

DESCRIPTION OF THE CHARACTERISTICS OF THE MEN REFERRED
TO WRC DURING 1984 COMPARED WITH THE GENERAL PRISON POPULATION¹

Reasons for WRC Referral

Most (166 or 73.5%) of the men admitted to WRC during 1984 were referred there because of behavior adjustment problems in prison. Twelve of these men were also considered to have mental illness problems, but their mental illness problems were not considered to be their primary treatment need.²

¹ Data on the general prison population is based on all men incarcerated on 12/31/84. Appendix C provides more details on the characteristics of both the WRC referrals and the general prison population.

² Judgements regarding treatment needs were made by WRC clinical staff.

Of the remaining 1984 admissions, about one-fourth (58 or 25.7%) were referred to WRC primarily for the treatment of their mental illness and two men were referred to WRC primarily for treatment/training related to their developmental disabilities. More recent data indicate that the WRC population profile may be changing. A survey of the primary treatment needs of the WRC population on June 15, 1986 revealed that nearly half (47.8%) of the inmates were referred to WRC because of mental illness problems, 44.1% were referred to WRC because of behavior adjustment problems, and the remaining 8.1% were developmentally disabled.

These data suggest that DOC may be referring slightly different types of inmates to WRC than they referred during the early years of WRC operation. It appears that WRC is currently being used more as a specialized program for men with mental problems and less as an alternative setting for men with behavior adjustment problems.

Prior Offenses and Prison History

Most (68.1%) inmates referred to WRC during 1984 were property offenders. About one-third (31.9%) of the population was convicted of assaultive offenses. The most common governing offenses were burglary (63 cases), sexual assault (46 cases) and robbery (42 cases).

The governing offenses of the men referred to WRC were generally quite similar to those of the general prison population. These two groups had similar rates of violent offenses and property/other offenses, although there were differences in the composition of the violent offenses. WRC received a higher percentage of sex offenders and fewer murderers than were found in the general prison population.

Many of the 1984 referrals had a rather extensive criminal history. Over half (52.2%) of the men had two or more felony convictions, 43.4% had prior penal experience and 27.9% had been incarcerated as juveniles. In comparison, of all men admitted to prison during 1984, 42.4% had two or more felony convictions, 29.9% had prior penal experience and 25.5% had been incarcerated as juveniles.

The 1984 WRC admissions had been incarcerated for an average of 1.7 years prior to their referral to WRC and half of the men had been incarcerated for less than seven months prior to their referral. The length of time which men had been incarcerated prior to transfer to WRC ranged from 10 days to 40.7 years.

Age

The men who were referred to WRC were relatively young. The average age at admission to WRC was 27.6 and the median age was 25. Men ranged in age from 18 to 79 at the time of their admission to WRC. In comparison, among all men who were incarcerated in Wisconsin prisons on December 31, 1984, the average age was 29 and the median age was 27.

Race and Ethnicity

The inmates referred to WRC during 1984 were predominantly white. Two-thirds of the men were white. Most of the balance of the population was black (72 or 31.9%) and the remaining three men were American Indian. Twelve men (5.3%) were hispanic.

The race and ethnicity of the men referred to WRC were fairly similar to that of the general prison population, as illustrated in Appendix C.

Marital Status

Most (81%) of the men referred to WRC during 1984 had never been married. A few men were married (7.5%) and the balance (11.5%) of the 1984 WRC referrals were separated, divorced or widowed.

In comparison, more of the men in the general prison population were currently married (i.e., 16.5%) or previously married (i.e., 17.8%) than were the WRC referrals.

Educational Level and Proficiency

Both the educational experience and proficiency of the 1984 WRC admissions were relatively low. Nearly half (49.1%) of the men did not complete high school. About one-third (32.3%) of the men had a high school diploma or a GED and only six men (2.6%) had any additional post-secondary education or training. Data on the education level of the balance of the population was unavailable.

About two-thirds (68.1%) of the men had a tested grade level of eighth grade or less, and nearly half (69 of 154) of these men had a tested grade level of less than fifth grade. About one-fifth (18.6%) of the men had the educational proficiency of a high school student and only five men (2.2%) had the educational proficiency of a high school graduate. Data on the educational proficiency of the balance of the WRC population was unavailable.

The educational experience and proficiency of the WRC referrals was somewhat lower than that of the general prison population. Slightly over half (54.4%) of the general prison population had a high school diploma, a GED or some post secondary education/training, whereas only about one-third (34.9%) of the WRC referrals had similar levels of education. About half (49.5%) of the WRC referrals had a tested grade level of sixth grade or less, whereas, only 29.6% of the general prison population exhibited such low levels of educational proficiency.

CHAPTER IV: SUMMARY, CONCLUSIONS AND IMPLICATIONS FOR THE FUTURE

SUMMARY AND CONCLUSIONS REGARDING THE IMPACT OF WRC ON DISCIPLINARY BEHAVIOR AND THE USE OF SEGREGATION IN THE PRISON SYSTEM

WRC has a definite impact on the incidence of disciplinary problems and on the need to use segregation in the DOC prison system. At a minimum, WRC provides an alternative placement for inmates who exhibit behavior problems in prison. Even the temporary removal of disruptive inmates contributes to the orderly operation of the prisons and reduces the burden on overcrowded segregation facilities. In addition, WRC has a demonstrated positive impact on the ability of certain inmates to adjust to prison.

On average, inmates received fewer and less serious conduct reports following the WRC program experience. While WRC participants experienced a slight (i.e. 6.5%) reduction in the overall incidence of conduct reports during the three months following WRC discharge, much greater reductions were observed in the incidence of major conduct reports (i.e. a 24.6% reduction) and in conduct reports serious enough to result in the imposition of segregation (i.e., a 15.9% reduction). Thus, the program has an impact on more serious disciplinary problems and reduces the use of segregation in correctional facilities.

To identify the types of inmates likely to be most responsive to the WRC program, we analyzed the relationship between the change in the incidence of conduct reports and various inmate characteristics. Certain characteristics were found to be associated with a decrease in the incidence of conduct reports and other characteristics were associated with an increase in the incidence of conduct reports. These characteristics were:

- o Men with behavioral adjustment problems in prison were more positively affected than were men with mental illness;
- o WRC improved the conduct of property offenders, but men convicted of violent crimes exhibited an increased incidence of conduct reports;
- o The prison conduct of younger men, especially those under 24, was improved more than that of older men. Men over 30 exhibited an increased incidence of all types of conduct reports after WRC discharge;
- o Men with a short length of stay experienced more improvement in behavior than men whose problems were serious enough to require a longer stay at WRC;
- o Men who were relatively new to prison (i.e., men who had been in prison for six months or less) and men who had been in prison for over two and one half years experienced the greatest improvements in behavior;
- o Men experiencing their first incarceration exhibited a decrease in their incidence of conduct reports, whereas men with previous penal experience exhibited an increased incidence of conduct reports;
- o Men with established chronic behavior problems, defined as over thirty conduct reports, experienced an increase in all types of conduct reports; and
- o Men whose custody score was in the range for a medium or minimum security classification experienced a more positive impact on behavior than did men with a custody score in the maximum range.

DOC may want to consider these characteristics in making WRC referral decisions. This information may increase the likelihood that an inmate

will be responsive to the WRC program and help maximize the effective utilization of the strengths of the WRC program.

SUMMARY AND CONCLUSIONS REGARDING THE IMPACT
OF WRC ON OTHER ASPECTS OF PRISON ADJUSTMENT

In addition to the program's impact on prison conduct, WRC was found to have a positive impact on the ability of many inmates to avoid having their security classifications increased to maximum. About half (54.1%) of the men in the study population exhibited adequately adaptive behavior upon return to prison to avoid having their security classifications increased, and this result was obtained for nearly three-fourths (74.3%) of the men who WRC staff feel completed the program. This implies that the WRC program experience succeeded in helping many inmates adapt to prison life or in resolving their mental health and other problems that were resulting in more restrictive security classifications.

WRC had little impact on inmates' program participation upon return to prison. In most cases, the inmate's progress in correctional programs and willingness to participate in programs after WRC discharge was identical to his progress and willingness prior to WRC. Actual program performance improved in only nine cases and willingness to participate improved in only four cases.

The WRC program experience did, however, have a positive impact on the willingness of men to participate in psychotropic drug therapy. While

relatively few (i.e., 21.6%) of the men in the study population were taking psychotropic medications when they were transferred out of WRC, all but five of these inmates willingly continued to take their medications upon return to prison. It was noted that the men who continued psychotropic medications were better able to avoid having their security classification increased to maximum than were the men who discontinued their medications. This implies that when appropriate, the use of psychotropic medications may help to facilitate the transfer and adaptation of certain inmates to lower security prisons.

The WRC program experience was also found to improve the mental health functioning of some inmates. Nearly one-third (32.6%) of the men for whom a post secondary follow-up was conducted were perceived by DOC as having reduced mental health needs. This impact was even higher among those men who completed the WRC program. Nearly half (45%) of the men who completed the WRC program were assessed by DOC staff to have reduced mental health needs.

IMPACT OF WRC ON SOCIAL SERVICES PROGRAMMING IN THE DOC PRISON SYSTEM

The DOC prisons have fairly limited treatment and social services resources relative to their population. Many of the inmates sent to WRC had very high treatment and program resource needs and placed considerable demand on the time of prison treatment and social services staff. Since WRC is capable of providing more intensive and more specialized programming and

services to inmates than the DOC prisons, it may have both a short range and a long range impact on social services programming available in the DOC prisons. In the short run, the removal of high need inmates from the DOC prisons results in more treatment and social services resources being available for the general inmate populations. In addition, since the WRC program experience improves the behavior and reduces the mental health needs of certain inmates, the longer term treatment needs of such inmates should decrease.

TYPES OF INMATES MOST LIKELY TO COMPLETE THE WRC PROGRAM

Inmates with certain characteristics experienced a significantly higher rate of WRC program completion. WRC program completion was found to be an indicator of behavioral improvement in that completers experienced greater behavioral improvements (i.e., greater reductions in their incidence of conduct reports, increased ability to avoid having their security classification increased to maximum after treatment, and reduced mental health needs) than did those inmates who did not complete the program.

The relationship between inmate characteristics and WRC program completion was analyzed to help identify the types of inmates likely to be most favorably impacted by a referral to WRC. Those characteristics most strongly associated with program completion were:

- o Client Type - Men with behavior adjustment problems were more likely to complete the WRC program than were men who WRC staff identified as having mental illness problems;
- o Education - There was no significant relationship between the inmate's actual education level and program completion, but there was a significant relationship between the inmate's tested grade level and program completion. Men with higher educational proficiency levels had higher rates of program completion;
- o Type of Transfer Out of WRC - Men who were returned to prison after WRC treatment were more likely to complete the WRC program than were men who were directly released to the community from WRC;
- o Length of Stay - Men who were in treatment for a longer period of time were more likely to complete the WRC program;
- o Prior Penal Experience - Men experiencing their first incarceration were more likely to complete the WRC program than were men with prior penal experience;
- o Length of Time in Prison Prior to Treatment - Inmates who had been incarcerated for a shorter time were more likely to complete the WRC program than were men with more time in prison prior to treatment;

- o Release Type - Men who were released from prison as a Special Action Release or on parole were more likely to complete the WRC program than were men released from prison as a mandatory release, and men released from prison as a direct discharge were the least likely to complete the WRC program;
- o Treatability - Men who were considered by WRC staff to be untreatable were highly unlikely to complete the WRC program; and
- o Number of WRC Admissions - Men who were repeat admissions were less likely to complete the WRC program than were men who were experiencing their first admission to WRC.

DOC may want to consider those characteristics associated with program completion when selecting inmates for referral to WRC. This practice could increase the likelihood of inmates completing the WRC program, which in turn may facilitate their adjustment to prison and lead to improved behavior in prison.

IMPLICATIONS FOR THE FUTURE:
MISSION AND TARGET POPULATION OF WRC

The WRC mission statement indicates that the facility is to provide specialized care, rehabilitation, training and supervision for inmates whose behavior: 1) poses a problem to themselves or to others in a correctional environment; and 2) cannot be addressed in other correctional

settings. The target population includes men with inadequate adaptive behavior and with a variety of program needs. The mission statement describes the primary characteristics of the men in the WRC general population units to be developmental disabilities, emotional disturbance and/or stress disorders accompanied by inadequate adaptive behavior. The mission statement also makes reference to two other types of inmates who WRC was intended to serve. These are the chronically mentally disabled and men with acute behavior disorders (e.g., psychotic, acute mental illness).

The target population of WRC is intentionally quite broad to give DOC the flexibility to refer those inmates who are perceived by prison personnel to be in greatest need of the WRC program. WRC has allowed DOC to determine who is sent to WRC, which in turn affects the mix of clients in their population. However, WRC has some control over who they serve in that they may reject (i.e., return to prison) any client who they deem to be inappropriate for or unresponsive to their program and they may retain clients as long as they consider necessary.

While the WRC mission statement implies that WRC would primarily serve mentally ill men, most of the men sent to WRC during the early years of operation were referred there due to behavior adjustment problems. However, it appears that the types of inmates being referred to WRC may be changing. In the early years of WRC operations, DOC referred many of their most serious behavior problems to WRC, some of which had been long term residents of Waupun's segregation unit, and several of these men

experienced multiple WRC programming sequences. In comparison, it appears that currently, more of the WRC referrals have mental problems, and fewer experience chronic behavioral adjustment problems. This change in the types of inmates referred to WRC may be due to several factors.

First of all, the treatment needs of the correctional system may have changed somewhat since WRC opened. The prison system does a more thorough assessment of each inmate's programmatic needs than was done in the past and this may be leading to the early identification of inmates with mental health problems. Thus, many men who are appropriate candidates for WRC are being identified and referred to WRC as part of the Assessment and Evaluation process. In addition, the pressures of prison overcrowding, particularly in segregation facilities, may have diminished somewhat, which would act to reduce the need to use WRC as an alternative placement for men with behavior adjustment problems.

Secondly, there may have been changes in how DOC views WRC. Referral patterns and criteria suggest that DOC currently perceives WRC more as a programming resource for seriously mentally ill inmates and less as an alternative placement for men experiencing behavioral adjustment problems in prison. A waiting list is maintained for inmates DOC wishes to send to WRC, and the priority system for evaluating potential transfers to WRC assigns inmates with urgent psychological problems (e.g., suicidal, emotional instability) the highest priority. In the past, many of these inmates would have been referred to Mendota Mental Health Institute for

diagnosis and treatment, whereas now, WRC is frequently viewed to be the more appropriate resource.

While DOC still needs a spectrum of services for offenders, including specialized treatment units and individualized programming such as that provided by WRC, DOC's program capabilities are changing. More treatment programs are now available in the prison system, and DOC's programming capabilities will further expand as new prisons become fully operational. The two new prisons at Oshkosh and Portage have been designed with unit management capabilities, and it may be appropriate to implement specialized units similar to selected units at WRC for the treatment and/or maintenance of certain client groups who are currently consuming considerable WRC resources.

DISCUSSION OF CERTAIN TYPES OF INMATES TREATED AT WRC

As noted earlier, the presenting problems of the inmates who are referred to WRC vary considerably. Correspondingly, the programming approach, program completion rates and the impact which WRC has on different types of inmates also varies. The findings suggest that inmates with behavior adjustment problems may be the client type which WRC serves most efficiently and most effectively.¹ However, recent referral patterns and

¹ It should be noted that we were not able to comprehensively assess the WRC impact on the mental health needs of mentally ill inmates due to their small numbers and an absence of extremely sensitive or complete mental health outcome data.

priorities indicate that DOC also needs to use WRC as a programming resource for mentally ill men. Certain inmates sent to WRC, especially the chronically mentally ill and the developmentally disabled, are maintained at WRC for a long time, and some of these men are never returned to prison. The Department may want to consider alternative program settings for such inmates, particularly for those who are not in active treatment, but who are being maintained at WRC. This would enable more of the inmates with behavior adjustment problems and treatable mental illness to be served at WRC. Other groups of inmates could be shifted to other specialized programs within DOC which could be tailored to their needs and potentially less expensive to operate.

Chronically Mentally Ill Inmates

In 1984, 34 of the 226 (15%) men who were referred to WRC as permanent transfers were classified as Chronically Mentally Ill (CMI) by WRC. WRC indicates that many of the CMI inmates who are referred to WRC are likely to be maintained there until they are released from prison. WRC expects to make minimal progress with these CMI inmates, but they believe that they may be able to function adequately in the WRC program environment, whereas they could not cope in the general prison environment.

While most men referred to WRC are eventually transferred back to prison to serve the duration of their sentence, this is not the case with CMI men. Of the 34 CMI cases transferred to WRC during 1984, thirteen were released

to the community from WRC, seven were still at WRC after two or more years, and fourteen were eventually returned to a DOC prison (six to maximum, six to medium and two to minimum security prisons).

CMI men tend to stay at WRC longer than most other inmates, and they seldom complete the WRC program. The average length of stay for the CMI men who were admitted to WRC during 1984 and eventually transferred out was 10.9 months and the range was 1.2 months to 25 months. In addition, seven of the CMI men who were admitted to WRC during 1984 are still there. Because of their long stays at WRC, the costs associated with providing programming to CMI men are relatively expensive. The average program cost for these men was \$44,308.¹ Many of these men were considered by WRC to be untreatable² and few³ were able to complete the WRC program.

Considering the high costs associated with maintaining the CMI men at WRC, their low rate of program completion and the limited impact which WRC is likely to have on them, the Department may want to consider an alternative program setting for these men. For example, DOC may want to consider developing specialized treatment units in one of the new prisons to use for the treatment and/or maintenance of CMI men. These units could be tailored to meet the program needs of these men rather than trying to fit them into WRC which is quite expensive and which may be no more effective in meeting their needs.

¹ Based on an average length of stay of 10.9 months and annual per capita treatment costs of \$48,779.

² 13 of the 34 (38.2%) CMI 1984 admissions are considered untreatable.

³ 24 of the 34 (70.6%) CMI men did not complete the WRC program.

Developmentally Disabled Inmates

A relatively small proportion of the men referred to WRC are developmentally disabled. Some of these men exhibit behavior problems in prison which may often be the result of their being influenced or manipulated by other inmates. Many of the developmentally disabled men have deficiencies in social skills, interpersonal relationship skills or daily living skills and are in need of structured training to develop these skills. WRC uses a behavior modification program with a token economy as their treatment approach with developmentally disabled men. The WRC program focuses on the development of the needed skills and on teaching clients how to avoid being manipulated by other inmates. The development of these skills should improve their ability to adapt to prison, as well as to live more independently once they are released from prison.

In 1984, few developmentally disabled men were referred to WRC. Only eight (3.5%) of the 226 men referred to WRC during 1984 were developmentally disabled¹. The cost of providing programming to developmentally disabled men at WRC is high due to their relatively long stays. These men² had an average length of stay of 14.4 months, and their range of time at WRC was 5.7 to 33.3 months. Thus, WRC program costs³ for the developmentally disabled men averaged \$58,535 and ranged from \$23,170 to \$135,362.

¹ Five of these men were referred to WRC primarily because of behavior adjustment problems, and one was referred primarily because of mental illness problems, but they also had programming needs related to their developmental disabilities. Only two men were considered to have a primary program need related to their developmental disabilities.

² Seven out of eight of the developmentally disabled men have been transferred out of WRC. The remaining man who is still at WRC has been there since October, 1984.

³ Based on annual per capita treatment costs of \$48,779.

Considering the small numbers of developmentally disabled men referred to WRC, the high cost of maintaining them at WRC, and the continuing waiting list to get into WRC, DOC may want to consider the development of a specialized unit in one of the new prisons to provide the programming required by developmentally disabled men. About 5%¹ of the inmate population is estimated to be of borderline or defective intelligence and it is likely that many of these inmates could benefit from a program similar to that provided at WRC. DOC may want to model a specialized unit after the basic living skills units operated at WRC. This would enable more developmentally disabled men to be placed in a program which is tailored to their needs and would allow more men with serious behavioral adjustment problems or mental illness problems to be referred to WRC.

CHANGES IN WRC'S ROLE

As DOC's programming needs and capabilities change and as their perceptions regarding WRC's role change, so do the characteristics of the inmates referred to WRC. It is important that the mission and programming approach

¹ Of all residents in Wisconsin Adult Correctional Institutions on 12/31/85, 3.9% were assessed by DOC to be of borderline intelligence and 1% were assessed to be of defective intelligence. In addition, 10.5% were assessed to be dull normal in intelligence.

at WRC respond to changes in the DOC system. The Department may want to periodically review the mission and role of WRC to assure this responsiveness and to maximize WRC's effectiveness. If WRC is to be the primary mental health programming resource for the prison system, WRC's target population may need to change over time to enable WRC to be responsive to DOC's programming needs.

The Department may also want to consider the role and target population of WRC relative to the results of this evaluation. It may be appropriate to consider the degree to which WRC should be used primarily to serve those inmates with whom they are most effective and the degree to which they should serve those inmates who DOC perceives to be in the greatest need of programming. WRC has been demonstrated to have a clear impact on the ability of certain types of inmates to adjust to prison. These include men with behavior adjustment problems, young men and men who are relatively new to prison. However, there are many other inmates who are in need of specialized programming.

Many changes could be made to better meet DOC's programming needs. Such changes could include the development of specialized programs within the DOC prison system, further specialization of WRC's programs and target population, and/or the development of alternative programs to serve certain inmates.

DOC may also want to increase their monitoring of the impact of WRC. They could systematically keep track of who is sent to WRC, the reasons for the transfer and the program results. DOC currently uses a WRC referral form, which, with slight modification could be the basis for such a monitoring system. This form details each inmate's mental health and/or behavior problems as well as programming goals. As inmates are returned to a DOC prison, assessments of the degree to which each inmate's mental health and behavior have improved, and the specific programming goals have been achieved could be made. Such a monitoring system would give both DOC and WRC staff feedback on the degree to which WRC is meeting the needs of inmates and would enable them to adjust the WRC programs and/or target populations in ways that maximize effective use of the facility.

APPENDIX A

GUIDELINES AND DEFINITIONS USED BY DOC IN ASSESSING AND RATING INMATES' MENTAL HEALTH NEEDS¹

Instructions: Inmate Needs Assessment
(TEM-62 9/82)

A&E or PR Classification Committees have the sole responsibility for determining need and priority levels for a resident. However, differences between the initial A&E needs rating and program review rating or between one program review rating and another must have written justification attached to the assessment form to explain changes that occur, particularly in those instances where program completion is not apparent.

CRITERIA FOR ASSESSING NEED LEVEL AND PRIORITY:

Five areas of need are identified. Each area will have recorded a rating and priority. Rating for each area is located on the left margin and priority is rated on the right margin. Your rating response for each area should be based on the material prepared by the centralized Assessment and Evaluation committee and reported in the final report (May 19, 1982).

The rating of need should encompass the directions established for emotional/mental health, alcohol abuse, drug abuse, education and vocational needs. In general, need level (low, moderate, serious) is the assessment of the extent to which a problem area affects an individual's social, personal, and legal status or functioning. Need assessment standards are as follows:

Serious need: Clearly document handicap, deficit, or problem area.

Moderate need: Occasional or symptomatic problem area - deficit areas secondary to others (may be related to other factors).

Low need: Problem area non-existent, not documented or demonstrated.

The rating of priority should encompass the requirements for treatment or services. Four factors are considered when establishing a priority level (low, medium, high): motivation, amenability, immediacy of program involvement, and need. These factors are defined as follows:

Motivation - Motivation level (low, medium, high) is the assessment of the inmate's current personal investment or willingness for investment in an identified area. Recognition of the problem or deficit area and investment for resolution are important consideration.

¹ These guidelines are excerpted from the special instructions for the completion of the Inmate Needs Assessment (DOC-115).

Amenability - Amenability level (low, moderate, high) refers to the anticipated ability of an inmate to benefit from a program or intervention. This may be influenced by factors such as motivation, prior history of services, inmate's capability levels, etc.

Immediacy of program involvement - Anticipated program involvement will occur within designated time frames or cannot occur due to short sentence structure.

The following requirements must be met in order to select priority level for each of the need areas.

<u>High Priority:</u>	<u>Medium Priority:</u>	<u>Low Priority:</u>
Need level - serious	Need level - serious or moderate	Need level - serious or moderate or low
Motivation - high	Motivation - low, medium, high	Motivation - low, medium
Amenability - high	Amenability - low, medium, high	Amenability - low, medium
Immediacy - within the next 2 years	Immediacy - within 2-5 years	Immediacy - over 5 years or not possible due to short sentence structure

EMOTIONAL/MENTAL HEALTH:

PURPOSE: To provide guidelines for assessing an inmate's emotional/mental health need level.

INTRODUCTION: This guide defines three (3) levels of emotional/mental health needs: No significant problems; moderate problems; serious problems. While the final rating recommendation is subjective, definitional guidelines are presented in each of the three levels to be utilized by staff as key areas to be assessed and benchmarks to be considered in determining the emotional/mental health need level the inmate should be rated at.

EMOTIONAL/MENTAL HEALTH NEED LEVELS:

RATING: No significant Problem

DEFINITION: Exhibits appropriate emotional responses.

ASSESSMENT FACTORS:

No significant emotional/mental health problems at the present time that would lead to institutional adjustment problems.

Emotional/mental health problems were not a contributing factor in the inmate's offense(s).

RATING: Moderate Problem

DEFINITION: Has some signs of mental health problems but not related to crime or would lead to institutional adjustment problems.

ASSESSMENT FACTORS (is presenting one or more of the following): Inmate has emotional/mental health problems but these are of minor significance as contribution(s) to the offense(s).

Inmate has emotional/mental health problems, but these are not likely to lead to major problems in institutional adjustment.

Inmate is on psychotropic medication(s) for problems such as insomnia, depression, etc., but these medications are not necessary to maintain contact with reality.

Inmate has had past psychotic diagnosis by a mental health professional but is presently stable.

Inmate has past documented history (within the past five years) of suicide attempts/gestures but is not felt to be a suicide risk at the present time.

Inmate has a history of mental health contacts and/or inpatient hospitalizations (within the past five years) but is felt to be stable at the present time.

Inmate has just been received with a lengthy sentence, first incarceration, etc., and appears to be experiencing situational emotional/mental health problems but is not felt to be a high suicide risk, etc.

RATING: Serious Problem

DEFINITION: Severe problems affecting functioning, institutional adjustment problems, or related to criminal pattern.

ASSESSMENT FACTORS (is presenting one or more of the following):

Emotional/mental health problems were a primary contributing factor in the inmate's offense(s).

Emotional mental health problems will significantly interfere with the inmate's ability to satisfactorily adjust in an institution.

Inmate is exhibiting psychotic or borderline psychotic behaviors.

Inmate is in need of psychiatric hospitalization (at WMHI or CSH) at the present time or should be closely monitored for this by Clinical Services staff.

Inmate needs psychotropic medications to maintain contact with reality and ability to function on a daily basis.

Inmate has a recent history of suicide attempts/gestures and should be closely monitored for this.

Inmate is assessed as being a potential suicide risk at the present time.

Inmate has a history of mental health contacts and/or inpatient hospitalizations and assessed to be unstable at the present time.

APPENDIX B

RESULTS OF STATISTICAL TESTS ON INMATE CHARACTERISTICS WHICH WERE RELATED TO WRC PROGRAM COMPLETION

<u>Client Type</u> ¹	<u>Men Who Finished WRC Program</u>	<u>Men Who Did Not Finish WRC Program</u>	<u>Totals</u>
Mentally Ill Men	23 (39.7%)	35 (60.3%)	58
Men with Behavior Adjustment Problems	101 (60.8%)	65 (39.2%)	166

$$X^2 = 7.808$$

$$DF = 1$$

$$Probability = .0052$$

<u>Educational Proficiency</u> ²	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
Less Than Fifth Grade Level	29 (42%)	40 (58%)	69
Fifth to Eighth Grade Level	54 (63.5%)	31 (36.5%)	85
Ninth Grade Level or Higher	34 (72.3%)	13 (27.7%)	47

$$X^2 = 9.091$$

$$DF = 1$$

$$Probability = .0026$$

<u>Transfer Type</u> ³	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
Direct Release From WRC to the Community	17 (41.5%)	24 (58.5%)	41
Returned to Prison	108 (67.1%)	53 (32.9%)	161

$$X^2 = 9.091$$

$$DF = 1$$

$$Probability = .0026$$

<u>Length of Stay</u> ⁴	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
Less Than Three Months	6 (28.6%)	15 (71.4%)	21
Three to Six Months	29 (52.7%)	26 (47.3%)	55
Six to Nine Months	35 (63.6%)	20 (36.4%)	55
Nine to Twelve Months	25 (71.4%)	10 (28.6%)	35
Over One Year	30 (83.3%)	6 (16.7%)	36

$$X^2 = 20.279$$

$$DF = 4$$

$$Probability = .0004$$

<u>Prior Penal Experience</u> ⁵	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
No Prior Penal Experience	80 (62.5%)	48 (37.5%)	128
Prior Penal Experience	45 (48.4%)	48 (51.6%)	93

$$X^2 = 4.367$$

DF = 1

Probability = .0367

<u>Length of Time in Prison Prior to WRC Treatment</u>	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
Up to Six Months	67 (64.4%)	37 (35.6%)	104
Six to Twelve Months	21 (63.6%)	12 (36.4%)	33
One to Two Years	19 (42.2%)	26 (57.8%)	45
Two to Three Years	8 (44.4%)	10 (55.6%)	18
Over Three Years	10 (38.5%)	16 (61.5%)	26

$$X^2 = 11.384$$

DF = 4

Probability = .0226

<u>Release Type</u> ⁶	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
Special Action Release/Parole	13 (86.7%)	2 (13.3%)	15
Mandatory Release	31 (50%)	31 (50%)	62
Direct Discharge	2 (18.2%)	9 (81.8%)	11

$$X^2 = 12.365$$

DF = 2

Probability = .0021

<u>Treatability</u> ⁷	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Totals</u>
Treatable	125 (67.6%)	60 (32.4%)	185
Untreatable	0	41 (100.0%)	41

$$X^2 = 61.988$$

DF = 1

Probability = .0001

<u>Number of WRC Admissions</u>	<u>Men Who Finished WRC</u>	<u>Men Who Did Not Finish WRC</u>	<u>Total</u>
One WRC Admission	102 (62.6%)	61 (37.4%)	163
Two or More WRC Admissions ⁸	23 (36.5%)	40 (63.5%)	63

$$X^2 = 12.492$$

$$DF = 1$$

$$Probability = .0004$$

- ¹ Developmentally disabled inmates were not included in this statistical computation due to small numbers (i.e., N=2).
- ² Educational proficiency refers to the inmate's tested grade level which is based primarily on reading ability. Twenty-five men were missing data on educational proficiency and they were not included in the statistical computation.
- ³ The 24 men who were still at WRC were excluded from this statistical computation.
- ⁴ The 24 men who were still at WRC were excluded from this statistical computation.
- ⁵ Five men were missing data on prior penal experience and they were excluded from this statistical computation.
- ⁶ Only the 88 men who were released from prison were included in this statistical computation.
- ⁷ Assessments of the treatability of inmates were made by WRC treatment staff.
- ⁸ Fifty-one of these men had two WRC admissions and twelve had three WRC admissions.

APPENDIX C
COMPARISON OF SELECTED CHARACTERISTICS OF
THE 1984 WRC ADMISSIONS
AND THE TOTAL PRISON POPULATION

<u>Governing Offense</u>	<u>WRC Admissions</u>	<u>All Incarcerated Men</u> ¹
Violent Offenses		
Murder, Manslaughter and Homicide	4.9%	11.8%
Attempted Murder	.9%	2.2%
Aggravated Assault and Battery	4.4%	1.8%
Sexual Assault	21.7%	13.7%
Injury By Conduct Regardless of Life	--	1.3%
Other Violent Offenses	--	2.4%
Total Violent Offenses	31.9%	33.2%
Property and Other Offenses		
Burglary/Receiving Stolen Property	27.9%	27.3%
Robbery	18.5%	19.9%
Theft	4.0%	4.6%
Auto Theft	3.1%	2.1%
Forgery	3.1%	3.8%
Weapons Laws Violations	1.3%	.8%
Drug Offenses	.9%	3.9%
Arson	3.5%	1.1%
Commercial Vice/Organized Crime	.4%	.1%
Other Offenses	5.4%	3.2%
Total Property and Other Offenses	68.1%	66.8%
<u>Age</u> ²		
Under 20	7.5%	5.9%
20 to 24	41.6%	33.2%
25 to 29	20.8%	23.0%
30 and Older	30.1%	37.9%
Average Age	27.6	29
Median Age	25	27
<u>Race</u>		
White	66.8%	60.1%
Black	31.9%	36.8%
American Indian	1.3%	2.9%
Other	--	.2%
<u>Ethnicity</u>		
Hispanic	5.3%	5.9%
Non-Hispanic	94.7%	94.0%
No Data	--	.1%

	<u>WRC</u> <u>Admissions</u>	<u>All</u> <u>Incarcerated Men</u>
<u>Marital Status</u>		
Married	7.5%	16.5%
Single, Never Married	81.0%	64.2%
Divorced, Separated or Widowed	11.5%	17.8%
No Data	--	1.5%
<u>Highest Grade Completed</u>		
Up to Sixth Grade	4.9%	3.1%
Seventh to Ninth Grade	23.4%	17.7%
Some High School	21.0%	21.8%
High School Graduate	12.8%	12.9%
GED	19.5%	33.2%
Some Post Secondary Education	2.6%	8.3%
No Data	15.8%	3.0%
<u>Tested Grade Level</u>		
Up to Sixth Grade	49.5%	29.6%
Seventh to Ninth Grade	24.8%	29.4%
Tenth to Eleventh Grade	12.4%	27.4%
Twelve Grade or Higher	2.2%	7.9%
No Data	11.0%	5.7%

¹ Data is on all men who were in prison on December 31, 1984

² Data on age refers to the inmate's age when he was admitted to WRC.