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# Day Reporting Centers as an Intermediate Sanction: Evaluation of Programs Operated by The ATTIC Correctional Services

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# Day Reporting Centers as an Intermediate Sanction: Evaluation of Programs Operated by The ATTIC Correctional Services

## Executive Summary

Intermediate sanctions are increasingly important to courts and correctional systems as the number of convictions increases and concomitant incarceration costs soar. Day reporting centers "may well be the best answer to what is likely to be the defining question for corrections in the 1990's: 'What interventions are likely to simultaneously meet the goals of equitable punishment, public safety, offender rehabilitation, and cost effectiveness?'" (Corbett, 1992).

To begin to examine this idea, we evaluated three DRC programs operated by ATTIC Correctional Services (ATTIC) in Wisconsin. We selected a single state to better focus on the research issues and to allow comparisons among programs in different types of locations that are operated by the same organization under the same set of policies and procedures.

The overall goal of this project has been to provide the criminal justice field with the most in-depth evaluation of DRCs conducted to date. The project conducted both a process and outcome evaluation that described the implementation and programmatic operation of three DRCs. It also examined the recidivism of DRC clients compared to similarly situated offenders who did not participate in the program. Several research questions guided our study:

- How do DRC operations differ across geographic locations and in different-sized jurisdictions?
- What are the crucial implementation issues and barriers for programs to be aware of and to overcome when considering establishing DRCs?
- Do programs serve the types of offenders they were designed to serve? If not, what types of offenders are admitted to and best served by DRCs?

- What factors appear to be associated with successful completion of DRC programs? What barriers to successful completion do clients face?
- What factors are associated with rearrest of DRC clients?
- Are DRC clients less likely than other probationers to have further arrests?
- What factors are associated with how long DRC clients (compared to other probationers) remain in the community without further arrests?

We used a quasi-experimental design, and compared ATTIC clients to probationers overall (in their respective counties) and to ATTIC-eligible probationers (i.e., substance-abusing probationers).

## Overview of ATTIC Correctional Services Day Reporting Center Programs

The three centers in the study are located in different types of areas: Baraboo (Sauk County), a town of 9500 in a mostly rural county of 47,000; La Crosse (La Crosse County), a small city of 51,000 in a county of almost 100,000; and Madison (Dane County), a city of almost 200,000 with a county population of about 356,000 and a total metropolitan area of more than 500,000 people. The DRCs in Baraboo and La Crosse serve offenders in their respective counties who are under supervision of the Wisconsin Department of Corrections, primarily probationers under supervision of the Division of Probation and Parole (DPP). Clients in the Dane County center are primarily under sanction of the county, rather than the state. All DRC clients are considered to be at high risk for reoffending and to have a relatively high level of need for services.

DRCs in Baraboo and La Crosse have almost identical schedules and content. They consist of three 4-week phases in decreasing levels of intensity, followed by 3 months of aftercare. All clients have a case manager who monitors client progress, provides individual counseling, and coordinates client activities with DPP and other agencies. Programming is provided in three major areas: (1) Alcohol and other Drug Abuse, including sobriety support, denial focus groups, addiction education groups, treatment/process groups, and family/significant other counseling; (2) Criminality Issues, including rational-emotive therapy, corrective thinking, and aggression

replacement training; and (3) Independent Living Skills, including employment readiness training, income management, parenting/family counseling, and personal issues counseling.

ATTIC's DRC program in Madison is the Dane County Treatment Alternatives Program (TAP). It is quite different from the other two. It is one of a statewide group of programs modeled on the Treatment Alternatives to Street Crime (TASC) approach. ATTIC provides case management for male TAP clients and conducts a Corrective Thinking group. Case management includes assessment, referral to appropriate services, urinalyses, and periodic meetings regarding progress and plans. TAP is designed to last six months. Most clients are referred as an alternative to conviction at the county level; few are on probation.

## Process Evaluation Findings

### DRC Differences by Type of Location

Although the administration, programming, staffing, and policies are very similar in the Baraboo and La Crosse programs, we noted some distinct differences. When compared to the Baraboo DRC, La Crosse has a larger client capacity, a higher proportion of high risk/high need clients, slightly less staffing, and apparently less confrontational relationships with DPP field staff. Clients in Baraboo, which has a higher completion rate, report liking their treatment more than clients in La Crosse.

While it is difficult to develop defensible generalizations from an analysis of two programs, there are some important lessons that new programs can learn from ATTIC's experience with different size jurisdictions. First, assess the location's culture, including the culture of other organizations important to the program (e.g., DPP). Issues like role definition between POs and DRC case managers, for example, may be more important in smaller than larger jurisdictions. Second, recognize that in rural areas, the program may have different and/or more intimate relationships with other organizations simply because the program may be the only provider of that service in the area. Third, client mix is different between these two programs, a characteristic likely to be at least partly related to jurisdiction size. It is crucial that state contracting processes recognize differences and allow flexibility in programming to best meet the needs of the population being served (e.g., allow larger transportation budgets in rural areas).

## Implementation Issues

The major facilitators of ATTIC's successful program implementation mirror those described in other studies of DRC characteristics (see e.g, Parent, et al., 1995).

**Leadership.** ATTIC's director (president/CEO) and the key staff persons all have many years of experience with the criminal justice system and have strong leadership skills. They also have an intense level of commitment to their jobs, other staff, the clients, and the organization.

**Relationships with the Community.** ATTIC continually assesses its relationship with the community. One potential negative consequence is if the organization is viewed as too political, then its programs may be viewed merely as means to promote its political goals and not primarily as efforts to help people.

**Relationships with Funding and Collateral Agencies.** ATTIC keeps in close touch with the DOC administration, tries to be a key player in policy discussions whenever feasible, and continually advocates for community-based corrections in general and for effective programming for substance abusing offenders in particular. While being a high-profile advocate may not be necessary, it is clearly important for practitioners to carry their concerns to the state level (and any other level at which programs are funded).

In the area of finance, it is important to have sound and enforceable agreements. As is the case with any nonprofit organization, ATTIC is ill-equipped to absorb the financial burden of habitual and/or lengthy delays in reimbursement that can be common in government agencies. A different type of funding issue lies in obtaining funding for rural and small urban programs. Economies of scale can be very difficult to achieve in such areas, and may result in some under funded, ineffective programs. Contracting policies must be flexible enough to respond to these issues.

ATTIC also has a working relationship with the Dane County Department of Health and Human Services, which funds the TAP program. The county administrator of AOD funds said that the agency's relationship with ATTIC has been both productive and painful. Most of the difficulties have involved problems with role definition, especially regarding case management. The criminal justice system tends to equate case management with community protection and monitoring of compliance with legal requirements. Clinicians, on the other hand, view case management primarily as a tool to facilitate treatment and recovery. This elucidates one of the most challenging problems facing DRC programs; the inherent conflict between treatment and

criminal justice system norms and expectations. Before programs can be effective, these issues must be addressed and major obstacles cleared.

**Good Quality, Innovative Treatment.** It is apparent that all ATTIC staff have a strong belief in the effectiveness of treatment. ATTIC employs both 12-step and rational therapy models of treatment in an attempt to work with the clients on their own terms and within their own system of beliefs, while emphasizing that there are morals that span all cultures. Additionally, ATTIC continues to develop new program components and continues to expand and embellish upon existing programs. Funding (and not staff expertise) is probably the most important barrier to continued development and improvement of programming. In addition, the staff is too small to have flexibility to schedule DRC programming around clients' employment. Staff /client ratios are also too high to implement program components or separate tracks for women and young offenders.

**Well-Trained and Committed Staff.** Staff at all three sites reported using a job-sharing model and team approach. These DRCs are small enough that roles are clear and everyone understands how the DRC fits into the overall system. In areas with larger DRCs or DRCs that operate via a consortium of agencies, such clarity is no less important, but is often much more difficult to attain. Small DRCs probably demand the job-sharing approach used by ATTIC, but the danger to that approach is that not all individuals are equally competent in all areas. With small DRCs, though, the staffs probably have little choice. One area in which ATTIC does distinguish between case managers and treatment staff is in the provision of substance abuse treatment; the case managers do not provide substance abuse treatment unless licensed to do so.

## Types of Offenders Served by DRCs

Generally, the Baraboo and La Crosse DRCs are designed to serve offenders who are higher risk and have more service needs than other offenders. Both our quantitative and qualitative analyses indicate that the DRCs are serving the types of offenders they are designed to serve. In fact, ATTIC tends to serve clients that have significantly higher risk and need scores than the pool of ATTIC-eligible probationers.

In addition, our analysis indicates that ATTIC clients in Baraboo and La Crosse are significantly different in their drug use patterns from both of their probation comparison samples in each county. About two-thirds of ATTIC clients reported polydrug use, compared with less than 40% of probationers overall and compared with less than half of the ATTIC-eligible

probationers. Therefore, it seems that ATTIC clients may also have more serious substance abuse problems than probationers overall as well as other high risk/high need probationers.

In summary, ATTIC clients seem to be appropriate for at least the level of treatment and other services they receive. On average, they have more substance abuse problems, a greater need for services, are of greater risk to the community, and are assigned higher average levels of supervision than offenders in our probation samples. We, therefore, may not expect the outcomes to be the same between these two groups. In other words, if the DRC clients start off with more problems than other probationers, it may not be reasonable to expect the DRC clients to excel beyond the probationers in terms of their post-program outcomes.

## Factors Associated with Successful Completion of DRC Programs

Before discussing this research question, it is important to point out that our analysis of the relevant issues was severely limited by the necessity to rely on the ATTIC MIS as our source of quantifiable data. We could not track important program retention factors such as participation in treatment and other program activities, urine monitoring, whether the client is core or non-core, whether the client participated in the Transitional Living Program (TLP), their employment, support system (e.g., family), and the like. Primarily we were limited to considerations of demographic characteristics and prior criminal history. Our logistic regression analysis showed little consistency across sites in factors important to program completion. We, therefore, relied primarily on the qualitative analyses drawn from interviews, the client satisfaction survey, and client focus groups.

When asked for a profile of a successful completer, the La Crosse DRC staff described this person as an older client (35-40 years old) who had been in prison 6-10 years and who had been in the system even longer. What staff observe is that offenders eventually get tired of being in the system and decide they want out. It is this desire to change and avoid the criminal justice system that seems to motivate them to complete the program and successfully move away from criminal activity. This characterization reflects an ageing-out process. Hard-core offenders may reach a point that they want to stop criminal activity, but do not know how to do so successfully. They need the DRC programming to provide them with the tools to learn to live in a new way.

Our observations, staff interviews, and client focus groups revealed the following potential barriers to program completion. It is important to recognize that some things perceived as

barriers are important to the treatment process, and it might not be preferable to remove them. Additionally, these barriers are not easily quantifiable.

**Paperwork.** Clients complete extensive paperwork at the beginning of the program and are required to take tests and do homework throughout each of the program components. This work is not graded per se, but it must be done and its contents are discussed with the case manager. Clients usually have time while at the center to do much of this work. The required paperwork could discourage clients from participating in the program, although it appears to be an important component of the DRC treatment process. It may be especially problematic for clients with learning disabilities or language barriers; staff report making accommodations for such individuals.

**Access to Existing Services.** Staff reported that some clients have limited access to community services because community service providers view these clients as wards of the state, rather than the responsibility of the county. One important service is TLP beds. Everyone (staff, clients, probation officers) wanted more housing resources in general and TLP beds in particular.

**Willingness to Change.** Clients agreed that the DRC program was a reasonable setting in which to change -- for those motivated to do so. One client suggested dividing the clients into two groups, those who want to be in treatment and those who do not. While this suggestion may seem on the surface to be inappropriate, it is certainly reasonable to include a "treatment readiness" component in any DRC program. Such a component may be used to assign clients to different program tracks.

**Psychological Challenges of the Program.** Clients thought that ATTIC is much more difficult than being in prison because in ATTIC they are forced to deal with their psychological processes and to face uncomfortable issues. They acknowledge that this not a deficiency in the program, but that people may find it an insurmountable obstacle. Treatment readiness is another important issue. Some clients suggested that the requirement of family involvement in the treatment was frustrating and created a barrier to their desire to fully participate in the program. Limited resources probably contribute to these feelings, because ATTIC does not have the funds to develop and implement a comprehensive family program nor a coherent treatment readiness component.

**Program Length and Intensity.** Most clients agreed that three months for this type of program was not long enough to effect change. They emphatically stated that we should not

expect to find improved outcomes from program participation. According to them, the program needs to be twice as long to see results. Research, especially in substance abuse treatment, supports this point of view. Staff also reported that three months was seen as minimally adequate. They were also concerned that most clients did not stay in the program for three months, because the requirements for employment (often imposed by the DOC) took precedence over treatment. After a while, clients simply ran out of energy to do both, and could not participate fully in treatment. Clearly, this barrier interacts with other issues, such as housing. Employment is necessary for self support, but TLP housing is usually considerably less expensive than other options. Clients in the TLP report being better able to juggle treatment and employment, because the economic pressures are less (at least while they are in ATTIC).

Another barrier to successful program completion according to clients is the program hours and program's intensity of requirements. The clients reported that it is very difficult to find employment that fits into the ATTIC schedule (their shift would need to begin after 6 pm). Additionally, the homework required by the program and the intensity of the day results in exhaustion. On the other hand, it is possible that the substance abuse component may not be intensive enough to meet the needs of the clients. The constraints of the funding environment may not allow for a change in this area, however.

**Level of Staffing.** Clients (and staff) in both DRC sites reported that there is inadequate staffing. Clients wanted more one-on-one time with counselors, especially to help with difficult personal/psychological issues they were uncomfortable talking about in a group and to work on planning issues (e.g., job training).

## Evaluation of Client Outcomes

### Factors Associated with Rearrest of DRC Clients

The small sample sizes in several of the analysis groups greatly limited our ability to comprehensively address these questions. Typically, analyses consisted of examination of bivariate associations between variables of interest.

The most important question to answer to address this research issue is whether participation in ATTIC appears to influence the likelihood of rearrest. In all three programs,

those who completed the DRC program were significantly less likely to be rearrested in the year following program participation than those who did not complete.

When logistic regression analyses of rearrest were conducted, a different story emerges. Although program completers had a significantly lower probability of recidivism than noncompleters, program completion is not a significant variable in the multivariate analysis. No variables were consistently significant across the programs. Again, it is important to stress that the small sample sizes make it likely that these results are not robust.

Another analysis examined whether the risk and need scores of ATTIC clients might be related to rearrest. Because risk and need scores were available only for a subset of ATTIC clients, these variables could not be considered in multivariate analyses. Analysis showed that, overall, ATTIC clients who were rearrested had significantly higher risk scores than those not rearrested. Need scores did not significantly differ; all such scores were relatively equally high. Rather than illuminating any aspect of the ATTIC program, what these (and other) results may suggest is that Wisconsin's Case Management Classification risk score is a reasonably good predictor of the likelihood of recidivism for the probationer population in general. (Our study does not address whether the CMC risk score is an accurate predictor for any given individual.) The specific results of this study may suggest that the type and/or intensity of the intervention provided by DRCs may not be sufficient to address the needs of the highest risk probationers.

## Arrests of DRC Clients Compared to Other Probationers

Given that this study used a quasi-experimental design, we cannot directly model whether participation in the DRC programs reduces recidivism. We can, however, examine whether the recidivism of ATTIC clients and similarly situated probationers is different. We used a set of independent variables to control for the lack of random assignment to the DRC.

As stated earlier, ATTIC clients are of significantly higher risk and need than the general population of ATTIC-eligible probationers, so we might expect DRC clients to have higher rearrest rates. Indeed, our analyses show this to be the case. When comparing all ATTIC clients to the full comparison group of ATTIC-eligible probationers, ATTIC clients have higher rearrest rates (significantly higher in La Crosse and TAP). In comparison to only the high risk/high need probationers, Baraboo and TAP program completers had lower recidivism rates, but the difference was not significant. That is, these results could have been due to chance rather than to

program participation. In La Crosse, the program completers had higher rearrest rates than high risk/high need probationers, but the difference was not significant.

Probation officers in Baraboo refer their highest risk probationers to ATTIC. Logically, these people should be most at risk for rearrest. One year after completing the ATTIC program, these individuals are rearrested no more frequently than probationers who were eligible for ATTIC but not referred. This outcome suggests both a successful referral strategy as well as a successful treatment program. In La Crosse, POs appear primarily to refer their most troublesome supervisees to ATTIC as well as those they deem to be most in need of treatment services; both types of individuals also have high risk and need scores. For those who complete the ATTIC program, their rearrest rate is not significantly higher than other high risk/high need probationers who do not receive such programming.

The final research question could not be addressed in our study, because small sample sizes prevented modeling of factors associated with the timing of rearrest. In addition, bivariate analyses showed no significant differences between ATTIC clients rearrested and probationers rearrested. This result held across all programs and all subgroups in the study.

## Conclusions and Policy Recommendations

Generally, this study has demonstrated that day reporting centers provide a viable correctional treatment option for the highest risk offenders supervised in the community. The programs studied here are of a single model and focus on serving a specific population. As such, we cannot draw any conclusions about how the type of DRCs we examined might affect the recidivism of other types of offenders (e.g., lower risk/need levels, women). In addition, because we did not use an experimental design, we cannot conclude that program participation, or the lack thereof, is the primary factor influencing recidivism. As stated in the previous chapter, the quasi-experimental design and the small scale of the study make our findings suggestive rather than definitive.

With these caveats in mind, we make several recommendations. Given the relatively positive outcomes for clients completing the program regimen in these centers, we strongly recommend that these (and other) programs implement practices and services that will enhance

program completion. One important facet of successful DRC completion appears to be access to the Transitional Living Program. Affordable, safe, and drug-free housing for community-based offenders is essential, but frequently unavailable. Anecdotal evidence indicates that this problem exists throughout the country, and is not limited to Wisconsin. The TLPs in Wisconsin are an excellent option for offenders, especially while they are in treatment. DRC clients report that participation in the TLP gives them the freedom to focus more on the treatment program, because many stressors associated with living in the community have been lessened. If this ability to focus leads to an increased chance of program completion, then outcomes are likely to be better. Therefore, increasing TLP slots would seem to be a worthwhile investment.

Other factors that may improve program completion result in more general programmatic recommendations (applicable to any DRC, not only the ones in the present study). The client-staff ratios in Baraboo and La Crosse seem inadequate to provide effective case management. We recognize that ATTIC's client-staff ratio meets the requirements of its contracts and is based on the availability of funds, but it appears that the one-on-one time available is still insufficient to address activities essential to successful outcomes (e.g., job training, education, family). In addition to addressing family issues with the case manager individually, a program module that formally involves the family may enhance the likelihood of program completion and subsequent success. Again, these recommendations are general, and may not be appropriate for all offenders.

A final recommendation to improve program completion is to reduce the rigidity of the DRC schedule. Offenders receive conflicting messages about the priority of treatment in relation to employment. Obviously, offenders in the community must become self-sufficient (whenever possible), and employment is crucial to reaching this goal. At the same time, offenders are often required to fully participate in treatment (i.e., they are required to participate in the core program). Clearly, full-time treatment in a DRC and full-time employment are incompatible. Without temporary supported living arrangements and/or a flexible treatment schedule, completion of the program is not likely. Without completion of treatment, outcomes may be less positive. A cost-benefit analysis was beyond the scope of this study, but it bears examination whether the lack of funding for temporary supported living while in treatment incurs more future criminal justice system costs than it saves.

Although ATTIC's DRC programs are structured identically in both locations, the day-to-day operation is somewhat different in each site, because the local offender population, as well as

the local correctional, treatment, and political environments vary. This study has shown that it is essential for an organization implementing a program to have a clear and continuing understanding of the local correctional, treatment, and political environments. The program must be willing to adapt to the local environments, while maintaining program integrity.

Perhaps one important lesson learned from studying the ATTIC programs is that DRCs can probably effectively serve a wide variety of offenders. The program content should be tailored to offender type, though. For example, community-based programs are frequently unwilling to accept offenders with any prior violent offenses. Our analyses suggest, however, that such individuals fare no differently from offenders without a history of violent crimes, either in terms of program completion or rearrest. (Due to data anomalies, we could not effectively address outcomes for those with current violent offenses.)

## Research Recommendations

This study has demonstrated that DRCs are a viable correctional and treatment option, but many questions remain unanswered, and many important issues have not been addressed. First, a careful study of program process at the client level is essential. We need to ascertain what aspects of DRC programming enhance completion and influence outcomes. A comprehensive and systematic client-level computerized MIS can facilitate such a study. More important, such an MIS can allow the program itself to examine factors associated with program completion. In so doing, staff can identify areas of the program that may need to be changed.

Second, an examination of an array of outcomes can provide an understanding of the relationship between important life activities and recidivism (e.g., how relapse to substance abuse, employment failure, and/or family situation relates to recidivism). Such a study would best be conducted using random assignment, but this approach is not often feasible in criminal justice research. In the absence of experimental design, a multi-site study using a carefully constructed comparison group (or groups) is recommended.

Third, a comprehensive cost-effectiveness and benefit-cost study of DRCs is essential to evaluating their utility as a community-based correctional and treatment alternative. As more states move away from prison construction and toward sentencing options that increase the

number of relatively high-risk offenders supervised in the community, it is crucial to learn more about for whom DRCs are most appropriate and effective.

Finally, we urge more study of programs that combine substance abuse treatment and correctional programming. Program providers in these two areas tend not only to have very different philosophies, purposes, and methods, but also to operate from within different agencies. More and more, these two areas are being asked to worked together, however, little systematic study at the organization/agency level has been conducted about how to "marry" the two effectively.

# 1 INTRODUCTION

Intermediate sanctions are increasingly important to courts and correctional systems as the number of convictions increases and concomitant incarceration costs soar. Day reporting centers "may well be the best answer to what is likely to be the defining question for corrections in the 1990's: 'What interventions are likely to simultaneously meet the goals of equitable punishment, public safety, offender rehabilitation, and cost effectiveness?'" (Corbett, 1992). Very little research has been conducted, however, on the characteristics and effectiveness of day reporting centers (DRCs) and their role in intermediate sanctions.[1] DRCs are viable intermediate sanctions that address important criminal justice system goals. They can:

- **provide equitable punishment.** DRCs can strike a balance between traditional probation and incarceration, giving judges a palatable and fair option from which the community, the justice system, and the offender can benefit.

- **ensure public safety.** The high cost of building jails and prisons meets with public resistance, yet the public must be protected from criminal offenders. This dilemma has meant, and will continue to mean, that many individuals who might at one time have been incarcerated will be in the community. DRCs provide a high degree of surveillance over the daily activities of such individuals, often in combination with electronic monitoring.

- **provide cost-effective options.** Cost-effective ways to supervise and treat offenders are needed, not only to avoid (or decrease) further criminal justice costs, but also to avoid secondary costs of incarceration that take a toll on other public agencies (e.g., welfare expenditures to support offenders' dependents). DRCs offer many of the attractive features of residential programs but without the high cost of residential facilities. They are also designed to increase the employability of offenders, thereby enabling them to contribute to the economy.

- **rehabilitate offenders.** DRCs generally provide a variety of services in a central facility to which offenders report. Frequency of reporting and time to be spent at the center vary, but clients normally report several days a week and spend several hours at

[1] In this study, we consider intermediate sanctions to encompass a wide range of penalties and interventions that are either based outside correctional facilities or include short-term or limited incarceration.

each visit. Duration of a DRC program can range from a few weeks to several months. Programs often combine practical issues of community living (e.g., employment readiness) with therapeutic interventions (e.g., substance abuse treatment) (Parent, 1990). Because of the degree of intensive attention paid to offenders and the variety of needs addressed, DRCs can offer a meaningful rehabilitation opportunity.

We evaluated three DRC programs operated by ATTIC Correctional Services (ATTIC) in Wisconsin. [2] We selected a single state to better focus on the research issues and to allow comparisons among programs in different types of locations that are operated by the same organization under the same set of policies and procedures.

The overall goal of this project has been to provide the criminal justice field with the most in-depth evaluation of DRCs conducted to date. The project conducted both a process and outcome evaluation that described the implementation and programmatic operation of three DRCs. It also examined the recidivism of DRC clients compared to similarly situated offenders who did not participate in the program. Several research questions guided our study:

- How do DRC operations differ across geographic locations and in different-sized jurisdictions?
- What are the crucial implementation issues and barriers for programs to be aware of and to overcome when considering establishing DRCs?
- Do programs serve the types of offenders they were designed to serve? If not, what types of offenders are admitted to and best served by DRCs?
- What factors appear to be associated with successful completion of DRC programs? What barriers to successful completion do clients face?
- What factors are associated with rearrest of DRC clients?
- Are DRC clients less likely than other probationers to have further arrests?
- What factors are associated with how long DRC clients (compared to other probationers) remain in the community without further arrests?

[2] ATTIC refers to two of these programs as "day treatment centers." For consistency, we will use the generic term DRC except when referring to these specific programs. In addition, ATTIC operated a fourth program during this project period, but it had only recently been implemented and was, therefore, not included in the study.

## 1.1 Overview of ATTIC Correctional Services Day Reporting Center Programs

We selected ATTIC because it has consistently operated DRCs several years longer than most other organizations in the United States, and, therefore, has a higher degree of stability and experience. In addition, ATTIC operates DRCs in several different types of locations. Centers in the study are located in

- Baraboo (Sauk County), a town of 9500 in a mostly rural county of 47,000;
- La Crosse (La Crosse County), a small city of 51,000 in a county of almost 100,000; and
- Madison (Dane County), a city of almost 200,000[3] with a county population of about 356,000 and a total metropolitan area of more than 500,000 people.

The DRCs in Baraboo and La Crosse serve probationers in their respective counties who are under supervision of the Wisconsin Department of Corrections (DOC) Division of Probation and Parole (DPP) and Division of Intensive Sanctions (DIS). [4] Clients in the Dane County center are primarily under sanction of the county, rather than the state.

ATTIC's mission is "to conceive and develop more effective sanctions which will enable offenders to avoid incarceration, satisfy community concern for retribution, and provide a setting which will facilitate treatment and the reduction of possible recidivism" (ATTIC Correctional Services, no date). The primary therapeutic goal of all the DRC programs is to assist offenders in achieving responsible living within their own community.

All DRC clients are considered to be at high risk for reoffending and to have a relatively high level of need for services, as determined by their initial DOC Case Management Classification (CMC) assessments of risk of reoffending and need for services/interventions.

DRCs in Baraboo and La Crosse have almost identical schedules and content.

- Phase I -- 4 weeks; 5 days per week; 5 hours per day
- Phase II -- 4 weeks; 3 days per week; 5 hours per day

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[3] All city population figures are 1992 estimates. All county population figures are for 1990, and include the city population. The Dane County metropolitan area includes other counties in addition to Dane. All information was obtained from the Wisconsin Taxpayers Alliance.

[4] This is a simplified description of the service areas of the DRCs. DRCs actually accept clients throughout one or more "probation units" which contain at least the county in which the center is located and may include adjacent counties.

- Phase III -- 4 weeks; 2 days per week; 5 hours per day
- Phase IV -- Aftercare:
  Month 1 - 1 day per week; 5 hours per day
  Month 2 - 2 days during the month; 5 hours per day
  Month 3 - 1 final meeting

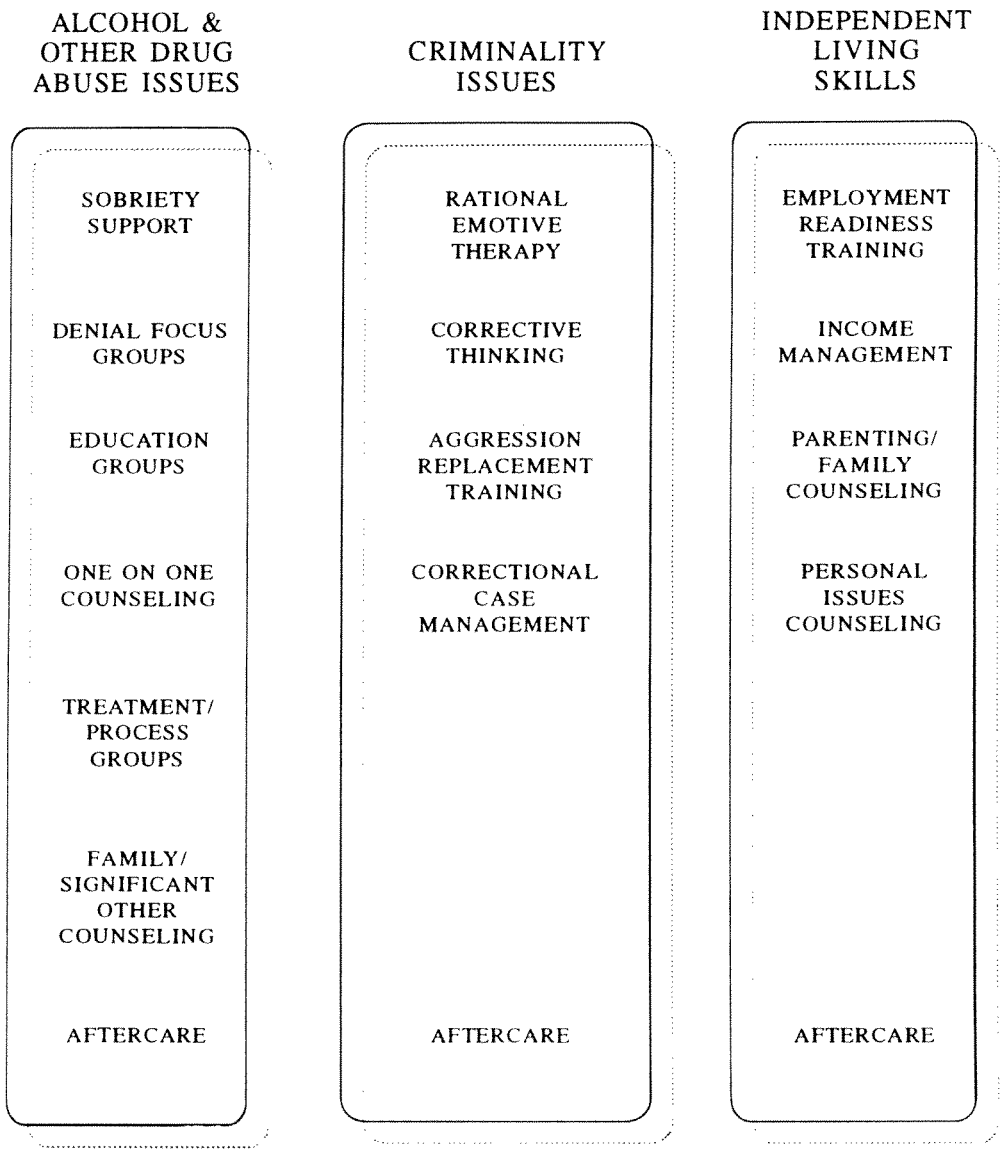
Movement to the next phase requires satisfactory progress toward completion of the treatment contract made at admission (including having no urinalyses positive for drugs). It is possible to move to the next phase more quickly than the four weeks prescribed. By the same token, individuals who do not progress satisfactorily may be retained in one phase until they successfully complete the goals of that phase. ATTIC's programs are treatment oriented, and, in fact, are referred to by ATTIC as "day treatment programs." Program content is outlined in Figure 1-1. All clients have a case manager who monitors client progress, provides individual counseling, and coordinates client activities with DPP and other agencies.

ATTIC's program in Madison is the Dane County Treatment Alternatives Program (TAP). It is quite different from the other two. It is one of a statewide group of programs modeled on the Treatment Alternatives to Street Crime (TASC) approach. ATTIC provides case management for male TAP clients and conducts a Corrective Thinking group. Case management includes assessment, referral to appropriate services, urinalyses, and periodic meetings regarding progress and plans. TAP is designed to last six months. Most clients are referred as an alternative to conviction at the county level; few are serving sentences of probation.

## 1.2 Outline of Report

This report discusses the background and relevant literature of DRCs, describes the research methodology and procedures and programming offered in the ATTIC DRCs, presents findings from the process and outcome evaluations, and discusses the conclusions and policy implications of the study. Detailed methodological and descriptive information is contained in appendixes.

**Figure 1-1. Program Content of ATTIC Day Reporting Centers**



# 2 LITERATURE REVIEW

Because DRCs are a relatively recent innovation in the supervision and rehabilitation of offenders, most of the literature is descriptive and focuses on identifying the range of DRC programs and describing their operations. Although DRCs exist for individuals in preconviction status, the following discussion covers only programs that serve people convicted of crimes, because they are the focus of our study.

## 2.1 Characteristics of Day Reporting Centers

DRCs began in Great Britain in the late 1960s in response to the recognition that chronic but less serious offenders lacked the basic skills for social and economic survival. Reformers argued that continued traditional supervision or imprisonment only further weakened the offender's social support networks and decreased his or her employability. The group-centered services offered in DRCs (called "Day Treatment Centres" in Great Britain) were believed to be superior to traditional individual case management because services could be provided more efficiently. In Great Britain, the Criminal Justice Act of 1982 established probation day centres (now called "probation centres") as a major method of working with offenders (Parent, 1990).

A 1989 survey sponsored by the National Institute of Justice (NIJ) collected information about DRCs in the United States. This survey identified two DRCs that were established in the mid-1970s but found that no others started until the mid-1980s. DRCs started here in response to jail and prison crowding rather than as a result of the desire for more successful and comprehensive community-based treatment. Currently, though, DRCs serve both functions. This NIJ study ultimately located 14 programs in six states. To better define what constitutes a DRC, the NIJ study identified three elements:

- Offenders must report to the center regularly and frequently as a condition of supervision or release.

- The number of contacts per week must be higher than that which clients would have received through normal community supervision or release.

- The programs must (themselves or through arrangements with other organizations) provide services not available to offenders outside the DRC, or not available in such a focused and intensive manner.

The 1989 NIJ study also identified several primary purposes of DRCs. These purposes overlap significantly in most programs.

- Enhancement of probation or parole supervision -- Such centers provide additional surveillance for offenders who are having problems abiding by supervision conditions.

- Treatment of offenders' problems -- All DRCs either provide or broker treatment services. The range and intensity of services offered is broad.

- Reduce prison or jail crowding -- These centers target offenders who would otherwise be confined (at any point in the criminal justice process).

The DRCs identified in the survey operate in a variety of settings, serve a wide range of clients (including pretrial and postconviction populations), offer a variety of programs and services, provide programs of various durations, operate on the basis of different philosophies, and sometimes serve juvenile as well as adult offenders. A few are operated by government agencies, but most are operated by private nonprofit organizations (Parent, 1990).

Clearly, DRCs are not a unidimensional intermediate sanction. Curtin (1992), in fact, describes DRCs as a "concept" that can be adapted to a variety of offender populations, treatment needs, and rehabilitation or supervision goals. For example, a 1980 survey of DRCs in England and Wales characterized the centres by the primary intent of the programs they offered (Fairhead, 1981).

- Alternative to custody -- These centres targeted offenders who otherwise would not have been eligible for community supervision, either due to the seriousness or the habitual nature of their offenses; 5% of centres had such a primary focus.

- Alternative to traditional probation methods -- Attendance at a day centre substituted for conventional probation supervision. Centre programs included rehabilitation, prevention of future offending, and self help; 11% of centres provided these alternatives.

- Employability/educational -- Most or all activities at these centres concerned job training, social skills, and work habits related to success in employment settings, employment readiness, and remedial education; 13% of centres focused on enhancing employability and education.

- Socialization -- The underlying assumption of these centres is that clients' criminal activities were related to personal problems. Centre programs focused on maintaining personal relationships, organizing personal affairs, and developing coping skills; 15% of centres had such a focus.

- Containment -- These centres primarily provide function as a place for clients to go, to help them stay away from places and situations in which they may cause (or simply find) trouble; 9% of centres were of this type, and an additional 20% of centres offered this type of program solely to homeless offenders.

These characterizations are compatible with the purposes of DRCs discussed by NIJ.

DRCs began to proliferate in the early 1990s. NIJ studied this growing interest and activity. A 1992 NIJ-sponsored survey of felony court prosecutors and judges regarding the handling of drug offenders found that at least 71 of the 264 respondent jurisdictions now have either a pretrial or postconviction DRC (or both), and at least an additional 95 believe one should be established (Milkman, Beaudin, Tarmann, & Landson, 1993). This number is considerably higher than that reported in the 1989 NIJ survey. This 1992 survey indicates that DRCs are highly desired among prosecutors and judges. This finding is significant because prosecutors and judges are likely to be major referral sources for DRCs. Moreover, the study suggests that DRCs have proliferated, and will continue to do so.

In 1994, a subsequent NIJ DRC survey identified 114 DRCs (Parent, Byrne, Tsarfaty, Valade, & Esselman, 1995). Researchers used a snowball sampling technique in which they began by contacting the directors of programs located in the 1989 survey. They asked the directors for names and contact information for people who had contacted them regarding establishing DRCs in other areas. Based on the characteristics of the snowball sampling technique, it is likely that the United States has many more DRCs than the 114 identified for the 1994 survey. Of the 114 centers located, 54 (47%) responded to the NIJ survey. Results should be interpreted in light of the low response rate obtained using a nonprobability sampling technique that undoubtedly failed to identify some number of programs.

The 1994 survey highlighted recent trends in the development and expansion of DRCs. Of the 54 DRCs operating in 1994 whose directors responded to the NIJ survey, 22 were operated by private organizations and 29 by public agencies, compared to 1989 in which most were privately operated.

In summary, DRCs developed in this country in response to jail and prison crowding, rather than as a result of the desire for more successful and comprehensive community-based treatment. They proliferated due to the recognition that new forms of correctional sanctions were going to be necessary to handle the increasing number of offenders in the community due to changes in sentencing practices, particularly regarding drug-related crimes. According to the 1994 NIJ survey, DRCs have evolved to serve both treatment and surveillance functions (Parent, et al., 1995; Parent, 1990).

## 2.2 Issues of Implementation and Operation of Day Reporting Centers

Apart from general literature on community-based correctional programs, little information exists pertaining to issues specifically applicable to the establishment or operation of DRCs. Parent (1990) discusses guidelines for policy makers and planners considering setting up DRCs. He states that a well-defined program purpose is crucial. Furthermore, he recommends that a single DRC not attempt to respond to all offender types and criminal justice system needs. Also, the program's purpose(s) must be relevant to the characteristics of the local offender population.

Once the primary program purposes are identified, eligibility criteria and selection procedures must be established. If, for example, a DRC's major aim is to provide treatment, then planners must identify the population most likely to benefit from the planned treatment. Likewise, program components must be designed to meet both the program's primary purpose and the needs of the offenders eligible for participation. Important issues include program duration, intensity, and range of services.

As part of this process, officials must determine the agency or organization best able to develop and operate the DRC. Once underway, DRC operations should be monitored. Cost, client, and criminal justice system outcomes should also be evaluated.

A report by McDevitt, Pierce, Miliano, Larivee, Curtin, and Clune (1988) consists of an implementation study and an analysis of client characteristics for the first year of operation for the Hampden County Day Reporting Center in Massachusetts. This report describes the process by which the DRC concept was developed and introduced to the community, how the program was sited, what funding was obtained to start the program, and the program's components. This study was conducted after the program had admitted just over 100 clients. The researchers concluded

that the DRC did not endanger public safety and the program was able to maintain a high level of supervision of its clients. More specifically, researchers reported the following findings regarding program implementation:

- Support from a legitimate group (in this case, the Crime and Justice Foundation) enabled broad support for the DRC concept, as well as technical assistance for program development and operations;
- Resistance to the DRC was avoided by leaving the specific program components to be determined at a later time;
- Prior to implementing the DRC, Hampden County had previous experience with implementing innovative service programs; and
- Representation from the Sheriff's department and community service agencies in planning contributed to successful program implementation.

## 2.3 Evaluations of Day Reporting Centers

As mentioned above, DRCs were established in the United States in response to the increasing prison and jail populations. Most of the literature describes program characteristics, but few studies include a process or outcome evaluation of the programs.

McDevitt, et a. (1988) analyzed the characteristics of program clients and completion rates in the Hampden County DRC. They found that overall the program had a successful completion rate of 81% during the first year of operation. Clients appeared to have the most trouble with the program during their second to fourth weeks in the program. Additionally, the DRC seemed to work equally well for all types of offenders, regardless of the seriousness of their offenses. Finally, the research team found that the program completion rate was higher for those clients who reported substance abuse problems, who were white, more highly educated, and living with one or both of their parents.

McDevitt and Miliano (1992) expanded this work to study the six DRCs in Massachusetts, all of which focus on providing an option for early release from relatively short incarceration periods. A preliminary analysis showed that the programs were successful in accomplishing early release and that clients' low rates of return to incarceration indicated that their presence in the community did not endanger the public.

The average length of stay in the Massachusetts programs is six to eight weeks, and most offenders have been convicted of either drug, alcohol, or property offenses. All but one center

require treatment (for whatever problems are identified), and all require (and provide) urine testing for illicit drugs. Clients who have had a recent major violation of institutional rules cannot be admitted to the DRC. The rate of successful completion was 79% overall; 5% failed to complete; and the remainder of early releases were for administrative reasons. Although these results are impressive, the selection criteria that exclude individuals with disciplinary infractions may lead to a DRC population of relatively low-risk offenders from whom we would expect better-than-average community adjustment. Also, clients are aware that they will be returned to custody if they do not complete the program successfully.

The programs that use electronic monitoring as an adjunct to DRC participation report that this monitoring has little effect on program security and absconsion. Anecdotal evidence indicates that the presence of electronic monitoring deters some individuals from misconduct, however, because of the perception that the DRC is a "tough" program. Program staff also report that electronic monitoring helps allay the concerns of residents in the communities where DRCs are located. McDevitt and Miliano conclude that DRCs are very attractive because of their flexibility to serve a broad range of offenders and to implement a wide array of programs. They caution though that this flexibility should not be extended to the point that the structure of the program cannot provide the support and treatment necessary to help offenders make the transition away from crime.

A profile of the New York Department of Correctional Services pre-parole day reporting program for 1991 shows an overall successful completion rate of 60% (Humphrey, 1992). No follow-up data area available for this program.

Mair and Nee (1992) studied reconviction of day centre clients in England. They examined individuals admitted to centres by court order in 1986. Over 80% were under age 25, and 67% had been convicted of burglary or theft. These individuals overall were considered to be at relatively high risk of reconviction. During the 24 months following conviction and admission to a day centre (clients were admitted immediately upon conviction), 63% were reconvicted for at least one new offense. The reconviction rates were higher for the younger offenders. They also examined the timing of reconvictions, with the proviso that the offense may have occurred a substantial and/or unknown length of time before the conviction date used in the analysis. Analysis indicates that about 20% of offenders were reconvicted during the first six months (i.e., while still in attendance at day centers). After six months, the reconviction rate increased sharply.

These findings combine data from all 38 centres in the study. Centres, however, accept different kinds of offenders, are open different hours, and have different program offerings. Mair and Nee (1992) investigated the reconviction rates among centres and found that eight of the 38 had reconviction rates above 75% while five had rates below 50%. Not surprisingly, serious previous criminal histories of the offenders in the programs (measured by number of prior convictions) appeared to be particularly associated with high rates of reconviction. Reconvictions, however, tended to be for less serious offenses than the original offense on which the day centre placement was based.

The study did recognize, however, the aspects of centres and the community environment that may influence reconviction rates, but that are not amenable to direct study. For example, the manner in which a centre is operated, staffing, and detection rates of the local police force all may be important in determining the factors associated with reconviction. Unfortunately, no recent comparative reconviction rates were available for offenders who were not ordered to day centres, but older figures indicate that day centres may show some limited improvement over other types of supervision.

The researchers conclude that day centres are a qualified success. They handle offenders who are expected to have high rates of reconviction, and do so less expensively than custodial options. Clearly, the potential economic benefits of DRCs relative to incarceration is an issue that future studies should address.

## 2.4 Summary of Literature

Research on DRCs is minimal, and most efforts simply describe or categorize programs. Only a few provided some limited evaluation of DRC operations. The extant literature by and large does show that DRCs appear to offer a successful alternative to incarceration and that offenders can be effectively supervised and provided with rehabilitative options in this setting. Very little research data are available on client outcomes, and virtually none are available on criminal justice system impact.

# 3 STUDY METHODOLOGY

This section describes research design, data sources, data collection procedures, and analysis methodology for the process and outcome evaluation components.

## 3.1 Process Evaluation Design and Methodology

The primary goal of the process evaluation was to produce a case study that specifies the components of the DRCs, their features, and the factors that affect their operations in order to provide policy makers, planners, and practitioners with information needed to make decisions about designing, implementing, and operating DRCs. Although case studies are limited in terms of their generalizability, they are an excellent method for showing what problems a program encounters, how programs handle those problems, and how broad policy decisions affect program-level actors. The process evaluation of the three DRCs provides a detailed description of the implementation process, content, and operations of the programs. The process evaluation was designed to address the following research questions:

- How do DRC operations differ across geographic locations and in different-sized jurisdictions?
- What are the crucial implementation issues and barriers for programs to be aware of and to overcome when considering establishing DRCs?
- Do programs serve the types of offenders they were designed to serve? If not, what types of offenders are admitted to and best served by DRCs?
- What factors appear to be associated with successful completion of DRC programs? What barriers to successful completion do clients face?

### 3.1.1 Site Visits

We made three site visits to the ATTIC programs. The first was primarily an orientation visit to gather background information about the sites. We spent approximately two days at the Madison site and one day at each of the other two sites. Most of the data gathering occurred during the second site visit, during which we spent one to two days at each of the three sites interviewing DRC staff and staff from other agencies, observing the sites and client groups, and distributing client satisfaction surveys. During the final site visit we conducted additional program observations and focus groups with clients, conducted final interviews with DRC staff (including documenting any programmatic changes), and provided DRC staff with preliminary results of the evaluation findings.

Generally, multiple data sources were used to collect information to address the research questions. Most of the quantitative data (e.g., program enrollment, number of program dropouts, basic demographics) were available through the ATTIC's management information system (MIS). Throughout the process evaluation preparation, we were careful to record and specify what information we needed, what we had, and what we were missing.

### 3.1.2 Data Collection

Most of the information needed to address the research questions was collected during the three site visits. Our data collection techniques were interviews, document reviews, program observations, a client satisfaction survey, and focus group sessions with DRC clients. Because we planned across-program comparisons, we made special efforts to ensure that the methods used during the evaluation were consistent across all sites, to the extent possible. We gathered qualitative and descriptive information in the areas described in Figure 3-1.

**3.1.2.1 Interviews.** We prepared of interview protocols before for each category of person to be interviewed (e.g., ATTIC administrative staff, ATTIC program director, counselors, etc.). We developed a second set of interview protocols for the second site visit that expanded knowledge gained from the first site visit and filled gaps in information not obtained during the first site visit. Each interview took approximately one to two hours. Questions asked of program personnel were primarily open-ended, but their content was fairly structured (see interview protocols in Appendix A ).

## Figure 3-1. Information Collected for Process Evaluation

**External Program Environment**

- Federal, state, and local policies and regulations
- Funding sources (existing and potential)
- Public perceptions
- Program siting issues

**Program History and Development**

- History and mission
- Why and how changes in program have been made

**Internal Operations**

- Organizational structure
- Physical facility and space needs
- Resource collaboration
- Client processing policies and methods
- Client capacity, average enrollment
- Number of clients
- Numbers and types of discharge
- Number of staff and credentials
- Staffing needs
- Staff hiring practices
- Staff training
- Budget, expenditures, and financing
- Management information systems (computerized and noncomputerized)
- Existing feedback mechanisms (program self-evaluation, program monitoring)

**Client Characteristics**

- Client characteristics (including served, not accepted into program, and discharged)

**Service Components and Procedures**

- Types of services offered (either on- or off-site)
- Services provided by staff and by contractors
- Client capacity
- Treatment philosophy and approaches
- Client monitoring policies and practices (for example, urinalysis)
- Availability of and access to services
- Referral sources and process
- Discharge and aftercare/follow-up policies and practices

**Barriers**

- Institutional barriers to establishing DRCs
- Political/public barriers to establishing DRCs
- Barriers to success for individuals in DRCs

Because each of the programs is in a different part of Wisconsin, we took care to capture information about their external environments, to be able to address differences that political environments, varying degrees of urbanization, and community perceptions make in program operations.

Internal program operations were assessed qualitatively by in-depth personal interviews with various program personnel, including the program director, several administrative staff, and counselors at each DRC site. We gathered most of the information regarding program history and environment, internal operations, and program components and procedures from program staff interviews. Counselors were asked about the external and internal program environment, client characteristics, and barriers clients might face during their treatment. We also interviewed several other people at each site who have some interaction with DRC staff, such as probation agents and program staff from social service agencies. The interview protocols for these latter groups of respondents were fairly short (approximately one-half hour) and focused almost exclusively on their perceptions of the DRC operations, the implementation process, and their perception of the success of the DRCs as an intervention.

**3.1.2.2 Document Reviews.** We requested copies of policy and procedures manuals, contracts, employee handbooks, and other pertinent forms from each DRC program, the DOC, and Dane County DHHS. We also obtained copies of all documents that program participants receive as well as the intake and treatment progress forms completed by staff and clients. From the ATTIC MIS and the DHHS MIS, we were able to calculate obtain aggregate statistics about clients who entered and left ATTIC. We were also able to collect information on services received by ATTIC clients.

**3.1.2.3 Program Observation.** Before the second site visit, we developed an observation protocol to complete while at the programs (see Appendix B). The observation protocol was designed to gather objective information about site location characteristics, physical characteristics, and observer impressions. We observed and recorded field notes from several client groups at each DRC site. We conducted these observations on the second site visit and noted consistencies as well as differences between the sites. We also observed an intake interview at the TAP program in Madison. Because most TAP treatment activities are conducted by other agencies we were not able to observe them.

**3.1.2.4 Client Satisfaction Survey.** Before the second site visit, we developed a one-

page, self-administered Client Satisfaction Survey. The purpose of this survey was to gather participants' impressions of the program and their participation in the program, their perception of DRCs as an alternative to incarceration (in particular, if they perceived the program to have any rehabilitative success), what barriers they encountered during their treatment, and what they would have liked to have had as part of such a program. We also asked clients to report which services they have received and their length of time in the program. Participating in the survey was both voluntary and anonymous. Although individual respondents could not be identified, the surveys were printed on two colors of paper so that we could determine which program the completed survey was from. (See Appendix C for survey instrument.)

As part of our second and third site visit protocols, we distributed these surveys with self-addressed stamped envelopes to all clients present at the Baraboo and La Crosse programs. We gave an additional supply of surveys to program staff to hand out to clients not at the center during our visit.

**3.1.2.5 Focus Groups.** During the third site visit, we invited 8-10 clients from the two program sites to participate in a focus group session that gathered more in-depth information from the DRC clients (see Appendix D). Each focus group lasted approximately one hour and had a moderator and an assistant moderator. A written protocol, based in part on aggregate responses obtained from the client survey, was used for conducting the focus group discussions. We also provided the name and phone number of the NIJ Program Manager and PIRE project director in case anyone had concerns about the use of this information or the way that the focus groups were conducted. We asked permission to tape the sessions and informed participants that the tapes would be destroyed after the data were reported. All individuals in both groups gave permission to be taped, but technical difficulties prevented taping one of the groups.

### 3.1.3 Analysis

From the interviews, observations, and document reviews, we were able to describe the DRC programs and their strategies and barriers to program development, and to draw conclusions about the relative feasibility and effectiveness of DRCs as intermediate sanctions. We generally followed Yin's (1989) approach for analyzing qualitative case study information. First we created a descriptive framework for organizing the case study data around protocol questions and then prepared site visit summaries. Cross-site comparisons were possible because of the standardization in protocol administration across the sites.

Client Satisfaction Surveys returned surveys to PIRE were entered into a SAS data set for tabulation of responses. Responses to open-ended questions were coded based on key words, and frequencies of specific responses were computed.

In order to analyze the focus group information, we prepared a summary immediately after each focus group session. During the focus groups, one of the moderators recorded cues about the tone, intensity, and context of comments. The content of the sessions was consolidated by examining key ideas, words, phrases, and recommendations.

### 3.1.4 Problems Encountered

We confronted one major issue when learning about the ATTIC sites during the project startup: The ATTIC TAP program in Madison is a different model from the other ATTIC day treatment programs. When we refer to "DRC" we are really referring to the day *treatment* model in Baraboo and La Crosse. We have described the TAP model but did not believe it appropriate to equate it with the other programs in the analysis. This issue is discussed in more detail in Chapter 4.

Overall, we encountered very few problems conducting interviews and gathering information for the process evaluation. Interviewees and ATTIC clients seemed to be very candid with their opinions, both positive and negative. We had similar experiences with the observations. Our presence did not appear to interrupt the client groups, and the staff did not object to our being there. Most of the deviations between the proposed and actual process evaluation methodology were minor. For example, we developed a brief set of questions to use in interviews with nearby residents. We decided, however, not to conduct formal interviews because, in each of the sites, there were no nearby residences. There were also few adjacent businesses during the study period (some businesses had recently become vacant).

The only noticeable limitation of our data collection efforts was that we observed that we were working with a fairly "closed system." Essentially, there were a limited number of people and organizations for us to talk with and, therefore, a limited number of perspectives to be investigated.

## 3.2 Outcome Evaluation Design and Methodology

This study used a quasi-experimental design to facilitate comparison of outcomes for DRC clients in the three ATTIC programs to outcomes for similarly situated offenders who did not

participate in ATTIC's DRC program. [5] The outcome evaluation addresses the following research questions:

- What are the factors associated with rearrest of DRC clients?
- Are DRC clients less likely than other probationers to have further arrests?
- What factors are associated with how long DRC clients (compared to other probationers) remain in the community without further arrests?

### 3.2.1 Sample Selection

The sample of ATTIC DRC clients consisted of all individuals admitted from July 1, 1991 through September 30, 1993 and discharged before April 30, 1994.

Before selecting the comparison group, we considered ATTIC admission and exclusion criteria and the supervision status of ATTIC clients at the time of program admission. In addition, we considered any overwhelming characteristics of the ATTIC DRC population, because such characteristics become *de facto* admission and exclusion criteria. All ATTIC programs require that the individual have either an alcohol or drug problem and that they be at least 18 years of age. TAP provides services to male offenders only (female offenders receive services from another agency). No other formal exclusion or inclusion criteria exist. In terms of supervision status, DRC clients in Baraboo and La Crosse were under the supervision of the DOC, either as probationers, parolees, or through the Division of Intensive Sanctions (DIS). DIS is a placement within the DOC through which individuals receive prison sentences but serve their sentences in community-based placements.

In the TAP program, most DRC clients were under a county sentence alternative (CSA) or post-sentence modifications (PSM) -- sanctions relevant to TAP clients only. Individuals under these types of sanctions are not sentenced to the DOC (under DPP or DIS), as would usually be the case. Participation in TAP is, in fact, normally used as a mechanism of diversion from a sentence to DOC. CSA and PSM sanctions include no other type of criminal justice system supervision outside of TAP.

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[5] Ideally, we would have conducted a prospective design using random assignment, but this was not possible. Also, given the relatively small annual number of admissions to each program, it was not possible to achieve a sufficient sample size for appropriate recidivism (or other outcome) analyses by relevant subgroups within the 24-month time frame of an NIJ project. In addition, few individuals referred to ATTIC were maintained on a waiting list. Therefore, a large pool of eligibles from which to randomly assign did not exist. In the absence of random assignment, this quasi-experimental design allows maximum flexibility to address research issues and analyze data.

The theoretical comparison population consists of individuals eligible for ATTIC DRC admission, but who were never admitted to ATTIC or any other DRC during the study period. Based on information from Table 3-1, four general populations are relevant for the present study: for DRCs in La Crosse and Baraboo, we considered (1) probationers under the supervision of DPP and (2) individuals under DIS supervision. For TAP we considered both of these groups as well as individuals under a County Sentence Alternative or a Post-Sentence Modification. Because only the Baraboo DRC had female clients, we excluded females from consideration for any other comparison group frame.

**Table 3-1. ATTIC Client Sample, Percentage Breakdown by Program and Supervision Status at Admission**

| DAY REPORTING CENTER | SUPERVISION STATUS AT ADMISSION | | | |
|---|---|---|---|---|
| | DPP (Probation) | DIS | Other | CSA/PSM |
| Baraboo | 89.7% | 8.6% | 1.6% | Not applicable |
| La Crosse | 96.9 | 2.3 | 0.8 | Not applicable |
| Dane Co. TAP | 26.2 | 0.0 | 0.8 | 73.1 |

In Baraboo and La Crosse, the complete comparison group was easily identified. It consisted of DPP and DIS supervisees. Because DIS was established in August 1991, very few ATTIC clients were under DIS during the period of our study (7/91-4/93). The percentages of DIS clients in Table 3-1 corresponds to 16 individuals in Baraboo, three in La Crosse, and none in TAP. Because these small numbers could not support the subgroup analysis approach preferred by both PIRE and the DOC and because these clients have a substantially different legal status from probationers, we dropped DIS clients from the study altogether.

For TAP clients, no similarly situated group of individuals exists for whom records were reasonably accessible. Based on the figures presented in Table 3-1 and the unavailability of an ideal comparison group frame for TAP clients, we decided to create a comparison group frame

using the population of male probationers from Dane County. Anecdotal information from ATTIC staff indicated that TAP clients are similar to probationers in many respects.

In the final analysis plan, each comparison group frame for each of the programs consisted of the substance-involved probationers (male only in Dane and La Crosse Counties and male and female in Sauk County) who are 18 years of age and older, for the specific county served by the specific ATTIC program. For example, the TAP comparison group frame consisted of male probationers from Dane County. Information about substance abuse of probationers came from the Case Management Classification (CMC) information maintained in the DPP MIS (discussed below).

Power analysis indicated that a comparison group of 540 is sufficient to detect a 5% difference in recidivism, with 80% probability (Cochran & Cox, 1957). We decided to select a comparison group of 650 to allow for the possibility of missing criminal history records and other incomplete key data. Three county-level sampling frames were constructed using a proportional allocation of comparison group "slots" based on the program breakdown of ATTIC clients. For example, if 30% of the total number of ATTIC clients in the study were in the Baraboo program, then 30% of the 650 in the comparison group were selected from Baraboo (Sauk County). Once the sampling proportions were determined, we selected the samples using simple random sampling with replacement. (No individuals fell into the sample twice, however.)

### 3.2.2 Data Sources, Quality, and Completeness

All client-level data for the outcome study came from automated record keeping systems. Table 3-2 summarizes the general types of data available from each record source. As anticipated, the different data sources varied in completeness and quality. This discussion describes the data sources and the basic types of information available from each.

**Table 3-2. Data Sources and Types of Information Collected**

| ATTIC MIS | Dane County Department of Health and Human Services | Division of Probation and Parole | Crime Information Bureau |
|---|---|---|---|
| Client demographics; background information; ATTIC admission and discharge information | Treatment program referrals for TAP clients only | Comparison group demographics; supervision information | Criminal history |

**3.2.2.1 ATTIC Management Information System.** The ATTIC MIS is a PC-based spreadsheet-based system with one record for each admission to any ATTIC program. Complete information was available for each client's admission(s) to ATTIC beginning on July 1, 1991 (the date on which the computerized MIS was created). Although it is rather cumbersome and does not contain extensive information, we found it to have very little missing or unusable data.

**3.2.2.2 Dane County Department of Health and Human Services.** As discussed earlier, virtually all programs for clients in Baraboo and La Crosse are provided at the DRC site. TAP clients, however, are referred to county-funded programs by the ATTIC case manager. To most efficiently collect information about client referrals and participation in treatment programs, we obtained an electronic data file from Dane County DHHS. This file has an entry for each referral made for each TAP client throughout his TAP participation. Its primary limitation occurs when a referral is made for "outpatient" or "residential" treatment; we could not determine whether treatment was for mental health or substance abuse (or both) or something else. Anecdotal information from TAP case managers indicates that almost all referrals are for substance abuse treatment. In addition, we could not reliably ascertain the duration of treatment episodes because discharge dates frequently did not appear to reflect the date an individual actually ended treatment (e.g., a 30-day residential program may show a release date 4 months after admission).

**3.2.2.3 Division of Probation and Parole Management Information System.** This information source identified individuals eligible for the comparison group, provided data on probationers selected for the comparison group, and provided DPP data for ATTIC clients who were placed on probation during the time for which we were able to obtain these computerized files. The components of the DPP MIS used in this study include demographic data and information on probation supervision, risk and need assessment, current offense, and probation discharge. The system contains multiple computerized files, of which two were required for this study. One file contains demographic and sentence information and the other contains case management classificaiotn information (i.e., selection criteria data). We were able to access data from the on-line files only (vs. the archived tapes). The on-line files contain information on probation admissions after July 1992. Because no identification numbers were common to both DPP and ATTIC files, we hand-matched ATTIC clients to DPP information by name, sex, race, and date of birth.

For an individual to be considered eligible for inclusion in the comparison group sampling frame, both of the DPP files as well as key variables had to be present in each. Table 3-3 summarizes the case attrition due to missing files or missing data on comparison group selection criteria (e.g., substance abuse, county, sex). Before conducting the calculations presented in Table 3-3, three groups of individuals were deleted: women in Dane and La Crosse Counties; any probationers 18 years of age; and ATTIC clients. These deletions were not considered attrition.

**Table 3-3. Probation Admission and Data Attrition**

| Location of ATTIC Program | Total Probation Admissions | Number Missing Demographic Data Items | Number Missing Selection Criteria Data | Final Number in Master Comparison Group Frame |
|---|---|---|---|---|
| Sauk County (Baraboo) | 428 | 158 | 0 | 270 |
| La Crosse County | 673 | 114 | 0 | 559 |
| Dane County | 1681 | 469 | 18 | 1194 |

In addition to being the source of comparison group data, this entire set of DPP information ideally would have been available for all ATTIC clients in Baraboo and La Crosse and for about a quarter of TAP clients (based on Table 3-1). Many DRC clients in Baraboo and La Crosse, however, may have been placed on probation before July 1992, so DPP data were not available for them. This lack of data limited the comparisons that could be made between the groups. Also, Table 3-3 shows a rather high degree of sample attrition due to missing information for all probationers (including ATTIC clients on probation). We had to assume that the data and/or files were missing in a random fashion. Unfortunately, it is, by definition, not possible to test this assumption.

**3.2.2.4 Crime Information Bureau.** We obtained computerized criminal history information from the CIB. Because we did not have the agency's individual-level identification number (SID number), CIB searched on name, sex, race, and date of birth. They retrieved the entire hardcopy record for each individual in the sample, and PIRE staff entered these data using a PC-based data entry system. Overall, CIB located a records for about 95% of ATTIC clients and 88% of probationers. The Wisconsin CIB does not maintain information on any traffic-related

offenses, including operating a motor vehicle while intoxicated or driving while license suspended/revoked. These records are maintained by the Division of Motor Vehicles and were unavailable for this study.

Although CIB located a record for almost everyone in the study, disposition information was unavailable for 22 % of the total *arrests* in the sample (not total *individuals*). Moreover, at least one disposition was missing for approximately two-thirds of those sampled. We, therefore, determined that is was not feasible to use disposition as a prior record or recidivism indicator.

In addition, we had to infer arrest information in about 5% of cases. The most common situation occurred when the record indicated that individual was admitted to prison, but the arresting agency and/or court did not provide an arrest/disposition record to CIB. In these cases, we used the earlier of the disposition and incarceration dates as the arrest date and the disposition or incarceration offense (whichever was available) as the arrest offense. Given this additional data characteristic, we concluded that we could reliably examine only arrest information in our analysis of recidivism and prior record.

### 3.2.3 Data Available for Analysis

We undertook the quantitative analysis based solely on the data contained in MIS records. This approach always has limitations and usually presents problems of data quality and completeness; the present study is no exception. Moreover, in the absence of random assignment, it is essential that the sample size be sufficient to statistically model outcomes. As discussed above, we selected all clients from all years for which computerized MIS data were available. The total sample size available for analysis across all programs was 277 (92 in Baraboo, 57 in La Crosse, 128 in TAP) (see Table 3-4). Some recidivism analyses were designed to compare ATTIC completers to high risk/high need probationers. In these analyses, the pertinent dependent variable categories for each program are the total number of ATTIC completers and high risk/high need probationers without a subsequent arrest (109 in Baraboo, 68 in La Crosse, 128 in TAP) and ATTIC completers and high risk/high need probationers with a subsequent arrest (25 in Baraboo, 21 in La Crosse, 52 in TAP). Of particular importance in determining the statistical techniques that can be used is the number in the smaller category of the dependent variable. In this case, it is the second set of numbers presented above. It is not possible to undertake very informative statistical modeling for the programs with 25 and 21 individuals in the smaller category of the dependent variable, because such models could only include two or three

independent variables. Moreover, these numbers are too few to support event history modeling of recidivism, as was originally planned. Given these numbers, most analyses are limited to univariate statistics and bivariate associations between the ATTIC client and comparison groups.

**Table 3-4. Sample Sizes Available for Outcome Analysis --ATTIC Clients and Comparison Group**

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| | Total Sample | With at Least 1 Arrest | Total Sample | With at Least 1 Arrest | Total Sample | With at Least 1 Arrest |
| All DRC clients | 92 | 22 | 57 | 27 | 128 | 39 |
| DRC Completers | 60 | 10 | 28 | 10 | 48 | 9 |
| Total Comparison Group | 175 | 28 | 137 | 22 | 261 | 64 |
| High Risk/High Need Probationers | 74 | 15 | 61 | 11 | 132 | 43 |

# 4 ATTIC PROGRAMMING AND PROGRAM ENVIRONMENTS

## 4.1 Introduction

This chapter describes the three ATTIC programs in the study. The information presented here was obtained from document review, telephone interviews, and activities conducted during the site visits described in Chapter 3, which occurred in 1994 and 1995. Therefore, our discussion reflects the systems and programs at that time. More detailed descriptions of program components and ATTIC are contained in the Process Evaluation Case Study, a supporting document to the present report.

## 4.2 Funding and Referral Agencies

The two divisions of the Wisconsin Department of Corrections (DOC) that are the sources of referrals to the DRCs are the Division of Probation and Parole (DPP) and the Division of Intensive Sanctions (DIS). The majority of DRC clients statewide are probationers (in ATTIC as well as other vendors' programs). DIS was created in 1991 to ease current and projected prison crowding. Individuals under the supervision of DIS are prison inmates, but they serve their sentences in the community. DIS has four phases, each of which is at least three months long: (1) confinement in a halfway house or transitional living program; (2) electronic monitoring, required work or school attendance, and frequent contacts with the DIS agent; (3) and (4) gradual cessation of electronic monitoring and fewer contacts with the DIS agent.

The Dane County TAP program is one of three such programs in Wisconsin authorized by a 1987 law (Moberg, Grimstad, Van Stelle, Mauser, Treece, & Connor, 1991). Funding for TAP, which funnels through the Dane County Department of Health

and Human Services (DHHS), comes from Federal block grants and the State General Revenue funds. TAP is based on the TASC program model, the goal of which is to interrupt the cycle of substance abuse and crime in non-violent offenders. The TAP concept seeks to create collaborative relationships between the criminal justice and substance abuse treatment systems, which is supposed to result in cost-efficiencies for both systems. Dane County DHHS contracts with six organizations to cover different facets of the program. ATTIC provides case management and urine monitoring services for male offenders in Dane County TAP. All offenders sentenced to TAP are screened and assessed by the Dane County Mental Health Center. ATTIC also provides a Corrective Thinking group for TAP clients. Four other agencies provide day treatment, outpatient, and residential treatment to TAP clients.

## 4.3 Program Descriptions

### 4.3.1 DRCs in Baraboo and La Crosse

ATTIC's DRC programming, which is built from techniques found in the substance abuse treatment and criminal behavior modification literature, has developed and evolved over the past decade. The focus has always been and continues to be on reducing violence, substance use, and criminal behavior. The core program components focus on drug and alcohol abuse, with an emphasis on both education and treatment. Treatment groups consist of AODA treatment, Corrective Thinking, Aggression Replacement Training, Rational-Emotive Therapy, Independent Living Skills and Income Management, and Employment Readiness Training. Each treatment group meets multiple times per week for 1.5 to 2 hours per session.

ATTIC relies on certified professionals, as opposed to paraprofessionals, to deliver treatment. Additionally, it is important to ATTIC that the DRC staff have experience working with both offenders and treatment clients. A large component of ATTIC's programming is case management. All clients in ATTIC are assigned a case manager who is responsible for working with them to plan and evaluate their treatment progress. The case managers meet regularly with probation officers or DIS agents to coordinate services and assess problems and progress. Urine monitoring of drug use is conducted on-site, at intervals specified by DOC contracts and as needed.

The Baraboo DRC has 20 client slots and La Crosse has 22. Both centers can serve approximately 1.5 times this number of clients, because non-core clients receive fewer contact hours. Core vs. non-core client programming is discussed below.

**4.3.1.1 Phases of Treatment.** DRC programming consists of three phases, each lasting 4 weeks, although the time requirements are flexible depending upon the needs and progress of the client. Case managers develop individualized case plans with the client that define problem areas, goals, and specific action plans to accomplish goals. The case plans are developed for each phase and clients must participate in developing the plans and acknowledge agreement by signing the case plans.

Progression from one phase to another is based on completion of phase goals and program participation. Specific areas in which goals are developed include: employment and education training; chemical abuse; corrective thinking; aggression; income management; women/relationship issues; leisure time; and personal and family issues.

Phase I is the most intensive phase and is structured to "get the client's attention." This phase requires clients to establish a routine of following rules, defining problems, and beginning to make changes. Specific expectations include:

- Continually seeking employment or have satisfactory job performance;
- Complete intake materials within several days of entry into program; and
- Meet with staff within five days of entry to outline needs and goals.

These expectations, along with individualized personal goals, must be met. The program manger reviews all promotions from phase I to phase II.

Phase II focuses on maintaining phase I accomplishments and working on personal problems and skills development. Phase III prepares the client to return to successful independent living in the community. Special expectations of clients in this phase are to: set a target discharge date with the case manager and the regional program manager; create a relapse prevention plan approved by the case manager and program manager; and complete all discharge procedures and paperwork.

Clients can be held back in one or more phases, or demoted/put back one phase, as their case manager deems appropriate. These judgments are made based on behavior and adherence to ATTIC policies.

There is a phase IV (aftercare), but staff report that it is rarely used as a formal phase. When individuals enter aftercare (and very few do), they attend evening group sessions approximately once weekly for one months, then every other week during the second month, and once in the last month.

Clients are encouraged to complete a relapse prevention plan form upon DRC program completion. This prevention plan asks the client to consider where and with whom they will be living, where they will be employed or in school, how they will handle finances, what their system of support will include, in addition to anticipating what dangers, stressors, and pressures they are likely to face. By helping clients think through potential problems and how they might be handled, ATTIC staff hope the clients have a better chance of staying out of the criminal justice system.

**4.3.1.2 DRC Core and Non-core Clients.** DRC clients are either core or non-core -- distinguished by the level of participation in ATTIC programming. Day and evening programs operate at both core and non-core levels. Referral agents recommend clients to be either core or non-core, usually based on other commitments of the clients such as work or school. Most clients referred by DPP are core, which means that they will participate in the standard programming and phases of treatment. Non-core clients are typically involved only in components offered in the evening, as determined by an individual plan developed with their case manager to address their specific and greatest needs. They do not progress through the standard phases of treatment.

Day core clients remain at the ATTIC facility from noon to 6 o'clock pm Monday-Friday, and participate in at least two programs. Evening core is a 12 week program for two hours per night, Monday-Thursday. Non-core day requires a minimum of 4 hours of programming per week. Non-core evening has reduced hours as well, and is tailored to the individual's needs and schedule. Evening programs often are also used as an aftercare program upon finishing day treatment.

ATTIC staff stated that they prefer that clients participate in core rather than non-core programming. Core clients are required to make ATTIC a priority because they spend five days a week at the DRC. Also, case managers believe that client interaction in groups is an important component of the treatment; consistency in the groups makes them

more effective. Finally, staff perceive that they can better impact clients who are at the DRC all day and can participate in the full range of programming.

**4.3.1.3 Admission Procedures.** Clients are referred to the DRCs by DPP and DIS agents; a certain number of client slots are set aside for each. According to staff, ATTIC tends to prioritize admissions based on the individual's risk to the community when there is a waiting list. Admission of those with perceived higher risk and need is usually expedited whenever possible. A probation agent/officer (PO)[6] or DIS agent (PO) refers a client to ATTIC via a letter and a DOC referral form. ATTIC reviews the potential client's file within 14 days of the referral. This review process identifies any situation that would disqualify him/her from further consideration, primarily due to an inappropriate history. An initial interview (approximately 45 minutes) is conducted with the individual to obtain general information about the his/her social and criminal history, substance use, perception about need for treatment, and treatment history. After reviewing the file, the ATTIC case manager makes a recommendation via a letter to the PO. If the individual is accepted, this letter contains information about recommended classification (core or non-core) and the hours that the client must be at the ATTIC facility. The letter will specify what ATTIC programs the case manager thinks are most appropriate for the client. The case manager reviews his or her decisions with the program manager before sending the letter to the PO. Rarely are there disputes between PO and ATTIC about whether an offender is appropriate for DRC placement, because the POs are well informed about the type of offenders ATTIC does not accept.

Each DRC site has some limitations on the kinds of clients it will serve. DRCs are most hesitant to admit someone with a violent or sex offense background. La Crosse will take clients charged with assault if it is a secondary and not primary offense. The case managers estimate that this pre-admission process usually takes about 4-5 hours per client and then about 2-3 more hours with the client during the admission, resulting in approximately 6-8 hours total for each core admission. On average, a client waits 21 days to get into the DRC.

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[6] As a simplification, we will use "PO" interchangeably when referring to either DPP agents or DIS agents (unless we are specifically referring to one as distinct from the other). Wisconsin uses the term "agent" rather than the more common "officer" as the job title of individuals who supervise offenders on probation or parole or in DIS.

At intake, clients are given a packet of materials to complete and return to their case manager. These materials include a psychosocial history and a series of other assessments and pre-tests for each program (i.e., AODA, CT) they will be participating in. The assessment areas include employment/education, leisure activities, stress/health issues, substance abuse, and spirituality. Two standardized inventories, the Alcohol Use Inventory and the Career Assessment Inventory, are completed by clients and scored by National Computer Systems in Minneapolis.

The case manager reviews several required intake forms with the clients, including a TB screening form, which may result in a referral to the local health department for a TB test. Other forms that must be signed by the client include an initial contract to participate in program activities, permission to conduct searches and urinanalyses (UAs), authorization to release confidential information, informed consent for treatment, and a medical release. Additionally, the case manager reviews the program rules and policies and procedures (including grievance procedures) with the client to be certain they are understood. ATTIC policies include: all clients must sign in and sign out; clients cannot have any contraband on site (includes alcohol, drugs, weapons, sexually explicit or violence-exemplifying materials, dark sunglasses, and stereo systems); ATTIC staff can search a client if there is reason to suspect the client has contraband; clients may not use any alcohol or drugs while in the program; clients must complete daily chores as assigned; and they must behave appropriately at all times. A checklist goes in the client record indicating that all required documentation has been reviewed and is in the client record.

**4.3.1.4 Sanctions and Discharge.** Staff can impose several types of sanctions on clients for misbehavior or rule violations. Most often, verbal or written reprimands are used, and the misbehavior may result in changes to the client's treatment plan. For example, staff can retain a client in a treatment phase longer or increase required attendance. When a staff member believes that a client has violated a policy or a contract obligation that can not be appropriately addressed through informal resolution, the staff member will write an Incident Report (IR). The client receives a copy of the IR, as does the program manager. Infractions can be either minor or major. Minor infractions include things like being late without calling or being disrespectful. Several minor infractions can add up to a major infraction. Major infractions include violence or threat of violence,

positive UAs, renewed criminal activity, or violation of the rules of probation; any of these can result in termination from the program. Because termination has such serious consequences for clients, staff must follow a series of steps before a client can be terminated. The program manager reviews the staff member's judgement about the client and may talk with the PO. If the program manager agrees with the case manager about the extent of the client's misbehavior, a hearing is held. The client, case manager, PO, and program manager attend the hearing. A client may be placed on ATTIC's probation for a specified period of time as a consequence of the hearing.

If a staff person feels a client needs to be terminated from the program for any reason, the program manager must approve the recommendation. Usually this involves a series of conversations among the case manager, program manager, PO, and client.

ATTIC case managers are required to submit monthly reports to POs. These reports include progress made toward phase and treatment goals and other significant events. The significant events section gives the case manager space to document any incident reports, UA results, and any significant shifts in attitude. The monthly reports, in addition to telephone and in-person contacts, keep the POs informed of client progress and potential problems. When a client is discharged or terminated from the program, the case manager completes a report which includes the reason for discharge/termination [including successful completion, removal from program by PO or self, or unsuccessful completion (continued substance use, renewed criminal activity/revocation, ATTIC programmatic violations, or client absconsion)]. Included in this report is a summary of the client's program objectives as noted in the case management plan, including an aftercare plan if appropriate.

### 4.3.2. TAP

TAP is designed to be a six-month program. Clients meet once per week with their case manager. During the first meeting, the client and case manager develop a case plan designed to meet the client's needs and goals. Most of the treatment services TAP clients receive are determined by the screening done by Dane County DHHS before the client is seen at ATTIC. As the client progresses, or if he is involved in extensive programming, he may be required to meet less frequently with the case manager. TAP clients usually participate in a weekly ATTIC Corrective Thinking (CT) program after

staying in TAP for three months. This program component is identical to the CT program in the Baraboo and La Crosse DRCs. For their first three months in TAP, clients typically sign in 5 days a week and see their case manager for a half-hour once a week. ATTIC's hours for sign-in and urinanalyses (UAs) are Monday -Friday, 8:30 am to 8:00 pm and Saturday 8:30-11:00 am. UAs are usually done two times per week and clients call in the morning to find out if they need to provide a urine sample that day.

Most TAP placements are made by judges who require clients to participate in TAP as part of their sentence or as a diversion from conviction in county/district court. These individuals are not supervised by DPP or DIS.

The rules for discharge for TAP clients are approximately the same as for the other DRCs. The only mandatory discharge basis is being found guilty of Operating a Motor Vehicle while Intoxicated (OWI) while enrolled in TAP. According to TAP staff, if a client misses more than one meeting with his case manager, he is at risk for being discharged.

## 4.4 Program Setting and Culture

### 4.4.1 Baraboo

The Baraboo program has a small town, somewhat casual and informal atmosphere. Being a small town, many people in Baraboo know each other and know the ATTIC clients. According to both staff and clients, it is difficult to commit a crime and not get caught or have the activity reported to the PO. In the Baraboo program, one of the full-time case managers is male and the other is female. During a conversation with the male case manager, he mentioned how important family involvement is in the treatment process and, consequently, the DRC staff send out an extensive family survey to the families of clients. According to clients in the focus groups, talking with family members is a "necessary" part of the treatment that they do not think is always appropriate or helpful. From our observations, the Baraboo treatment model seems to be closer to a substance abuse treatment model, than to a more general criminal justice programming model.

While on site, we observed two group sessions. The sessions were fairly loosely structured, with relatively minimal authority apparent from the facilitator. Clients tended

to get off track and the facilitator appeared to be actively empathetic with the clients. Additionally, profanity seemed to be tolerated or at least ignored by program staff.

### 4.4.2 La Crosse

The La Crosse program has an urban, small city atmosphere. Staff were friendly to clients but were obviously working to be in control and authoritative. The case management staff in La Crosse is predominantly female. The treatment model seems to rely on criminal justice, rather than substance abuse treatment, norms. The two sessions we observed were actively facilitated by the case managers and little misbehaving was permitted. Clients were continually reminded by staff that inappropriate behavior has adverse consequences. During the session observed, the session outline was followed closely. Staff called on clients to answer questions and was fairly effective in re-centering the group when the conversation started to stray away from the topic. Outside of the groups, staff were quick to tell clients what they needed to be doing and how they should be behaving. For instance, profanity seemed not to be tolerated by program staff. It is fair to say that the staff tends to treat the clients like children and that the clients often act like children (i.e., they play around and resist being serious).

### 4.4.3 Madison

Staff seem to be friendly to clients but still keep their distance. The case managers typically see their clients once or twice per week so the interaction is less intense than in the DRC programs. It is obvious that there is less of a relationship established between TAP clients and their case managers than in the two DRCs. At the end of their participation in the program, TAP clients are sent a client satisfaction survey to complete. The anonymous survey is in a checklist form and asks whether staff followed specific procedures and how the client would rate their experience with the specific ATTIC programs.

# 5 PROCESS EVALUATION DATA ANALYSIS

## 5.1 Introduction

This chapter presents the data analyses that were conducted as part of the process evaluation. First, we describe the characteristics of each group of ATTIC clients and their corresponding comparison groups. Next, we examine the factors associated with program completion. Then, we compare clients with multiple DRC admissions to those with only one. Finally, we describe clients' perceptions of the programs.

## 5.2 Client and Comparison Group Descriptions

Table 5-1 displays the characteristics of clients in the three programs and in the corresponding comparison groups. First, we will highlight differences between the Baraboo and La Crosse clients. Then we will compare DRC clients to their corresponding comparison groups. Finally, we will compare the TAP clients to their comparison group of probationers.

### 5.2.1 Baraboo and La Crosse

Compared to La Crosse, Baraboo clients tend to be a bit older (28 vs. 25), and are more likely to be: high school graduates (56% vs. 47%); male (98% vs. 82%); and married (20% vs. 9%). Clients in both programs are mostly white and substance abusers. It may appear strange that at least 10% of the clients are not reported as being substance abusers, because ATTIC is designed specifically to treat that population. The information in table 5-1 is based on interviews with clients at intake, however, so some individuals are likely to deny substance use at that time. Both ATTIC staff and POs acknowledged that some clients who are not substance abusers are referred to DRCs to receive other services.

The ATTIC admission status shows that most of both the Baraboo (78%) and La Crosse (80%) clients are in ATTIC as a condition of probation/parole. In La Crosse,

16%, compared with only 6% in Baraboo, of the clients are in ATTIC as an Alternative to Revocation (ATR). ATTIC staff suggested that this difference is likely to a reporting artifact. Probation officers in La Crosse are more likely to report a formal ATR, whereas POs in Baraboo tend to handle things more informally. This could be explained in part by a rural vs urban procedures and practices. It also may indicate that clients in La Crosse are referred to the DRC after informal mechanisms have been exhausted.

Clients in Baraboo are more likely to enter the DRC with a higher income (mean at admission $635 vs. $354) and to complete treatment (61% vs. 35%). Clients in La Crosse appear to gain employment during their treatment at ATTIC; the median monthly income at admission is $25 compared with $506 at discharge, which probably indicates that a relatively small percentage was employed at admission and a larger percentage was employed at discharge. Anecdotal information from staff support this notion.

The Baraboo comparison group is similar to the DRC clients in age, race, and gender. A slightly higher proportion of the comparison group have high school degrees (or GED) and more are married. The comparison group is a bit older at first arrest and has marginally fewer prior convictions in their lifetime than the DRC clients.

Because of differences in the way the current offense is defined between the ATTIC MIS and the DOC database, it is not possible to compare the two groups on this variable. In ATTIC records, offenses against persons include disorderly conduct. While many cases of disorderly conduct may be fights and minor assaults, many also reflect non-violent activities. The only way to compare offenses is to combine the "person" and "public order" categories for the comparison group and compare that to the DRC "person" category. Doing so, we find that the comparison group in Baraboo has 64.2% "person/public order" offenses compared to 40% for the DRC clients.

The La Crosse comparison group is similar to the DRC clients in gender and race. The comparison group is older, a higher proportion has a high school degree (or GED), and more are married. Again combining the "person" and "public order" offenses for the comparison group, we see that 62.1% of their offenses fall into this category, compared with 37% of the DRC client's offenses. Most of the DRC client's offenses are property offenses. The comparison group is a little older at the time of their first arrest and about the same number of prior convictions in their lifetime as the DRC clients.

## Table 5-1. Characteristics of Day Reporting Center Clients and Comparison Group

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| | DRC (n=142) | COMP. GROUP (n=173) | DRC (n=100) | COMP. GROUP (n=138) | DRC (n=198) | COMP. GROUP (n=260) |
| **CLIENT CHARACTERISTICS** | | | | | | |
| Median age at admission (years) | 28 | 29 | 25 | 30 | 31 | 29 |
| Percentage high school graduates, at admission | 55.6% | 59.1% | 47.4% | 60.3% | 52.0% | 52.3% |
| Percentage white | 95.1% | 94.8% | 93.0% | 90.6% | 70.7% | 60.8% |
| Percentage male | 97.9% | 100.0% | 82.0% | 81.9% | 95.5% | 100.0% |
| Percentage married | 20.4% | 23.4% | 9.0% | 25.0% | 15.7% | 21.9% |
| Percentage substance abusers | 90.1% | -- | 87.0% | -- | 100.0 | -- |
| Percentage alcohol abusers | -- | 96.0% | -- | 93.5% | % | 90.4% |
| Percentage drug abusers | -- | 53.8 | -- | 54.4 | -- | 63.5 |
| | | | | | -- | |
| Current Offense | | | | | | |
| *Person* | 40.1% | 16.8% | 37.0% | 8.0% | 27.8% | 18.1% |
| *Property* | 35.9 | 12.1 | 48.0 | 11.6 | 20.2 | 10.8 |
| *Drug/Alcohol (non-OWI)* | 19.0 | 11.0 | 12.0 | 14.5 | 10.1 | 16.9 |
| *Oper. MV while Intox. (OWI)* | 2.8 | 0.0 | 2.0 | 0.0 | 38.4 | 0 |
| *Public Order* | -- | 47.4 | -- | 51.4 | -- | 40.8 |
| *Other* | 2.1 | 12.7 | 1.0 | 14.5 | 3.0% | 13.5 |
| ATTIC Admission Status | | | | | | |
| *Alternative to Revocation* | 5.6% | n/a | 16.2% | n/a | 17.2% | n/a |
| *Condition of Probation/Parole* | 77.5 | | 79.8 | | 6.6 | |
| *CSA (TAP Only)* | n/a | | n/a | | 0.0 | |
| *DIS* | 4.9 | | 0.0 | | 63.1 | |
| *Other* | 11.9 | | 4.0 | | 13.1 | |
| Type of Client | | | | | | |
| *County* | 13.4 | n/a | 0.0 | n/a | 31.3 | n/a |
| *State* | 83.8 | | 100.0 | | 65.2 | |
| *Federal* | 2.8 | | 0.0 | | 0.5 | |
| ATTIC Discharge Status | | | | | | |
| *Completed* | 60.7% | | 35.4 | | 28.9% | n/a |
| *Noncompliance/Absconded* | 9.3 | n/a | 18.8 | n/a | 28.4 | |
| *Client Witndrew* | 24.3 | | 6.3 | | 28.9 | |
| *Administrative/Neutral Reason* | 3.6 | | 5.2 | | 9.8 | |
| *Other* | 2.1 | | 6.3 | | 4.1 | |
| Median Months Spent in ATTIC DRC (current admission) | 3 | n/a | 3 | n/a | 4 | n/a |

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| | DRC (n=142) | COMP. GROUP (n=173) | DRC (n=100) | COMP. GROUP (n=138) | DRC (n=198) | COMP. GROUP (n=260) |
| Monthly income at admission | | | | | | |
| *median* | $633 | n/a | $25 | n/a | $800 | n/a |
| *mean* | $635 | | $354 | | $773 | |
| Monthly income at discharge | | | | | | |
| *median* | $800 | n/a | $506 | n/a | $800 | n/a |
| *mean* | $684 | | $449 | | $839 | |
| **CRIMINAL HISTORY** | | | | | | |
| Age at first arrest (in years) | | | | | | |
| *median* | 20 | 22 | 20 | 23 | 22 | 23 |
| *mean* | 23 | 25 | 22 | 26 | 24 | 26 |
| Number of convictions before admission | | | | | | |
| *median* | 3 | 2 | 3 | 2 | 8 | 2 |
| *mean* | 4 | 3 | 4 | 4 | 10 | 4 |
| Arrests before admission (as % of all arrests) | | | | | | |
| *Person* | 16.6% | 23.0% | 10.5% | 17.4% | 20.5% | 26.4% |
| *Property* | 26.3 | 25.4 | 37.4 | 21.2 | 26.6 | 23.4 |
| *Drug/Alcohol* | 9.0 | 7.5 | 7.1 | 10.8 | 14.2 | 13.9 |
| *Probation/Parole Violation* | 18.1 | 5.5 | 9.8 | 6.6 | 7.6 | 3.7 |
| *Public Order* | 19.7 | 24.6 | 19.4 | 33.1 | 19.4 | 20.2 |
| *Other* | 10.2 | 14.0 | 15.9 | 10.8 | 11.8 | 12.4 |
| Number of arrests in 12 months before admission | | | | | | |
| *median and mean* | 1 | 1 | 1 | 1 | <1 | 1 |

n/a Not Applicable

-- Not Available

### 5.2.2 TAP

As reported in Table 5-1, the median age of TAP clients is 31. Most are high school graduates, but only a small percentage are married. Even though ATTIC currently serves male TAP clients only, it served female clients when it began; therefore, this sample includes a few female clients. Approximately 71% of TAP clients are white; most of the remainder are black. All clients in TAP are substance abusers. Nearly 40% are in TAP because of an offense of Operating a Motor Vehicle while Intoxicated (OWI). Sixty-three percent are in TAP as a County Sentence Alternative (CSA) -- a county-level diversion program. Only about 29% of TAP clients in our sample completed the 6-month program.

According to ATTIC staff, TAP clients tend to be relatively high functioning. This is reflected in their monthly income, which changes little between admission and discharge (median is $800 at both admission and discharge, see Table 5-1). The median age of first arrest is 22 for TAP clients and the median number of prior convictions is 8 and the mean is 10. Surprisingly, the previous crimes TAP clients have been arrested for are fairly evenly distributed across types of crime. As was mentioned in a previous section, we were not able to access OWI arrest data, which one would expect to be high among this population. When the percentage of previous offenses against persons (21%) is compared to currents offense against persons (28%), it appears that TAP clients escalated their offending over time from less to more serious crimes.

TAP clients are a bit older than their comparison group, more likely to be white, and less likely to be married. Otherwise, they are very similar, even though most TAP clients were not currently on probation.

The Dane County DHHS is responsible for TAP clients' treatment referrals. Clients in our sample were referred to an average of 1.7 programs while in TAP. Table 5-2 lists the major types of treatment and the percent of total admissions to each for our sample. Records do not distinguish between mental health and substance abuse treatment for outpatient and residential placements but TAP reports most admissions are for substance abuse treatment rather than mental health services. A client can have more than one admission, even to the same treatment or service.

**Table 5-2. TAP Treatment Admissions**

| Treatment Type | Percentage of Total Admissions |
|---|---|
| Outpatient Treatment | 81.0% |
| Residential Treatment | 31.4% |
| AODA Day Treatment | 29.7% |
| Detoxification | 29.7% |

### 5.2.3 Substance Use

Tables 5-3 and 5-4 provide descriptive information about substance use as reported to DPP. (Recall that these data are not available for all ATTIC clients.) Chi-square results in Table 5-3 indicate that ATTIC clients and the total population of probationers in each site are significantly different in their drug use patterns. Although the chi-square measures indicate that this relationship is not due to chance, the correlations are weak (Spearman and Pearson correlations ranging from .07 to .16). Across the three sites, 20-25% of the probationers report no substance abuse compared with 2-14% of ATTIC clients. It is important to note that these data are based on self-report information obtained during interviews conducted at the beginning of probation supervision and may reflect some degree of initial misrepresentation of substance abuse history by the client.

Baraboo and La Crosse DRC clients typically abuse both alcohol and drugs. By comparison, only about one-third of probationers report abusing both. Overall, ATTIC clients are more likely than the general probation population to have a substance abuse problem, thus justifying their assignment to ATTIC treatment services.

Table 5-4 presents the comparison of substance abuse patterns between ATTIC clients and probationers in each county who are eligible for ATTIC. Eligibility criteria are discussed in Chapter 3; the primary criterion is the presence of a substance abuse problem (not mere use). Chi-square tests show significant differences between the ATTIC clients in Baraboo and La Crosse and comparison groups. Compared to ATTIC clients, ATTIC-eligible probationers tend to abuse alcohol only. Thus, ATTIC seems to admit more

people who have problems with both alcohol and drugs, rather than alcohol alone. This relationship is particularly evident in La Crosse. If this group is representative of all ATTIC clients, then ATTIC clients in La Crosse may have substantially more serious substance abuse problems than La Crosse probationers and other groups in the study. This may indicate that their outcomes would be expected to be less positive.

**Table 5-3. Substance Abuse Patterns of ATTIC Clients Compared to All Probationers**

| | BARABOO* | | LA CROSSE* | | TAP* | |
|---|---|---|---|---|---|---|
| **Type of Substance** | **DRC Clients (n=39)** | **Sauk Co. Probationers (n=662)** | **DRC Clients (n=37)** | **LaCrosse Co. Probationers (n=883)** | **TAP Clients (n=53)** | **Dane Co. Probationers (n=2526)** |
| None | 2.6 | 25.8 | 13.5 | 21.5 | 1.9 | 20.9 |
| Alcohol Only | 28.2 | 34.7 | 13.5 | 34.8 | 28.3 | 25.7 |
| Drugs Only | 2.6 | 5.1 | 2.7 | 5.6 | 3.8 | 9.0 |
| Alcohol & Drugs | 66.7 | 34.3 | 70.3 | 38.2 | 66.0 | 44.5 |

* Chi-square, p = .001

**Table 5-4. Substance Abuse Patterns of ATTIC Clients Compared to ATTIC- Eligible Probationers**

| | BARABOO* | | LA CROSSE** | | TAP | |
|---|---|---|---|---|---|---|
| **Type of Substance** | **DRC Clients (n=39)** | **Sauk Co. Probationers (n=491)** | **DRC Clients (n=32)** | **LaCrosse Co. Probationers (n=693)** | **TAP Clients (n=52)** | **Dane Co. Probationers (n=1999)** |
| Alcohol Only | 29.0 | 46.8 | 15.6 | 44.3 | 28.9 | 32.4 |
| Drugs Only | 2.6 | 6.9 | 3.1 | 7.1 | 3.9 | 11.4 |
| Alcohol & Drugs | 68.4 | 46.2 | 81.3 | 48.6 | 67.3 | 56.2 |

* Chi-square, p < .05
** Chi-square, p = .001

### 5.2.4 Need and Risk

Tables 5-5 and 5-6 report the differences among ATTIC clients, all probationers, and ATTIC-eligible probationers on the mean scores for need for services, risk to the community, and the Assignment Level of Supervision (ALOS). All of these scores are based on the DPP Case Management Classification decisions. The total need score ranges from 0-60, with 60 being highest need. The total risk score ranges from 0-52, with 52 being highest risk. The ALOS ranges from 0-5, and is categorized as administrative, minimum, medium, maximum, intensive, and high risk.

Table 5-5 compares ATTIC clients in each of the three sites to all probationers in each of the three counties. ATTIC clients' mean scores on risk and need are significantly higher than those of the probationers across all three counties. Thus, ATTIC serves clients who are higher risk and have higher needs than the general probation population in the county. The ALOS, is significantly higher for ATTIC clients in Baraboo and La Crosse than for the probationers. The ALOS difference is not significant for TAP clients. Additionally, these figures show some consistency across the three counties between the risk score and ALOS, lending credibility to these data. Presumably, individuals with higher risk and/or need scores will be placed in more stringent supervision categories. These analyses verify that this tends to occur.

Table 5-6 compares the mean scores among ATTIC clients in each site and ATTIC-eligible probationers. The ATTIC clients in Baraboo and La Crosse have significantly higher need, risk, and ALOS scores than the ATTIC-eligible probationers. TAP clients do not differ significantly, except on risk, on which they have higher scores. Thus, excluding TAP, it appears that compared with ATTIC eligible probationers, ATTIC is serving people who are, on average, more in need of services and a higher risk to the community. Recall that the primary criteria for ATTIC eligibility is the presence of a substance abuse problem. Therefore, it is fair to say that ATTIC tends to admit individuals who are of significantly higher risk and need, on average, than other substance-abusing probationers.

## Table 5-5. Difference of Means for Need, Risk, and Level of Supervision between ATTIC Clients and All Probationers

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| Mean Scores | DRC Clients | Sauk Co. Probationers | DRC Clients | La Crosse Co. Probationers | TAP Clients | Dane Co. Probationers |
| Total Need | 29.1** | 22.7 | 31.9** | 21.8 | 25.8+ | 23.3 |
| Total Risk | 27.7** | 19.7 | 30.6** | 20.9 | 28.6** | 24.1 |
| Assignment Level of Supervision | 3.1* | 2.6 | 3.5** | 2.7 | 3.1 | 2.9 |

\+ $p < .10$
* $p < .05$
** $p < .01$

## Table 5-6. Difference of Means for Need, Risk, and Level of Supervision between ATTIC Clients and ATTIC Eligible Probationers

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| Mean Scores | DRC Clients | Sauk Co. Probationers | DRC Clients | La Crosse Co. Probationers | TAP Clients | Dane Co. Probationers |
| Total Need | 29.6** | 25.3 | 34.5** | 23.8 | 25.9 | 25.3 |
| Total Risk | 28.3** | 21.7 | 31.3** | 22.8 | 28.8+ | 25.8 |
| Assignment Level of Supervision | 3.2* | 2.7 | 3.4** | 2.7 | 3.0 | 3.0 |

\+ $p < .10$
* $p < .05$
** $p < .01$

## 5.3 Analysis of Program Completion

The statistical analysis of program completion included the full range of information available from the ATTIC MIS. As discussed earlier, these variables are limited in their description of both the personal characteristics of the clients and their activities while at ATTIC (e.g., employment experience, urine monitoring results). Variables entered into models were: dummy coding for offense with individuals variables for property and drug/alcohol-related offenses, with all other offenses included in the reference category; length of residence; race; sex (where applicable); marital status; age at DRC admission; age at first arrest; income at ATTIC admission; number of prior convictions; and length of time in program. Logistic regression analysis was performed in a stepwise fashion, largely because the sample sizes were not large enough to permit inclusion of all variables at once. Table 5-7 presents the reduced models for each program, showing only the significant variables.

**Table 5-7. Logistic Regression Analysis of Program Completion**

| | **BARABOO** (71 completers 53 noncompleters) | | **LA CROSSE** (32 completers; 47 noncompleters) | | **TAP** (23 completers; 89 noncompleters) | |
|---|---|---|---|---|---|---|
| | **Parameter Estimate** | **Odds Ratio** | **Parameter Estimate** | **Odds Ratio** | **Parameter Estimate** | **Odds Ratio** |
| Months in program | | | .55** | 1.7 | .50** | 1.7 |
| Income at admission | .001* | 1.001 | | | | |
| Sex (male=1) | | | -2.3** | 0.05 | | |
| Property crime | | | -1.29* | 0.27 | | |

* $p < .05$
** $p < .01$

As expected, the more months spent in the program, the more likely a client is to complete. Unexpectedly, this relationship does not hold for Baraboo. Clients tend to stay in this program longer without completing than do clients in other programs. In La Crosse, males and property offenders are significantly less likely to complete the program than are females and those convicted of any other type of offense. Perhaps what is most interesting about these findings is that several variables frequently found significant in studies of correctional programs are not significant here; most notably missing are age at first arrest, age at program admission, and race. This may indicate that ATTIC is not appreciably more or less effective in working with any particular client group.

## 5.4 Multiple Admissions

Another question we posed is whether clients who have been in ATTIC before are more likely to successfully complete the program with their second admission. Results of comparisons between single and multiple admissions are shown in Tables 5-8 and 5-9. Thirty-three clients had multiple admissions to the two DRCs over the course of our study period: 19 in Baraboo and 14 in La Crosse. All but one client had two admissions (one person in La Crosse had three admissions). In Baraboo, 6 of the 11 (55%) and in La Crosse, 3 of the 5 (60%) clients with multiple admissions who had at least one successful completion discharge had their most recent discharge as the successful one. Analysis showed that clients are not significantly more or less likely to successfully complete treatment during their second or third admission to the program than their first. Several clients, in fact, had both admissions coded as successful completions.

In Baraboo (Table 5-8), clients with multiple admissions have some significantly different characteristics when compared to clients with only one admission, including a lower income at admission ($p<.10$) and discharge ($p<.05$) and a higher number of prior convictions ($p<.10$). Individuals with multiple admissions are more likely to have committed property offenses than violent crimes. Clients with multiple admissions have a mean of 5 prior convictions and clients with a single admission have a mean of 3 prior convictions ($p<.10$).

## Table 5-8. Characteristics of Clients with Single Compared to Multiple Admission in the Baraboo DRC

| Characteristics | Single Admission (n=147) | Multiple Admissions (n=19) |
|---|---|---|
| % successfully completed treatment (any admission) | 62.7% | 55.6% |
| Mean number of years of education | 11.3 | 10.8 |
| % White | 93.9% | 94.7% |
| Mean income at admission | $645.63* | $367.37 |
| Mean income at discharge | $712.32** | $444.67 |
| Mean number of prior convictions | 3.7* | 5.2 |
| % of crimes - violent | 44.9% | 26.3% |
| % of crimes - property | 29.9% | 73.7% |
| Mean number of months spent in program | 3.5 | 3.3 |

* $p < .10$ ** $p < .05$

## Table 5-9. Characteristics of Clients with Single Compared to Multiple Admission in the La Crosse DRC

| Characteristics | Single Admission (n=101) | Multiple Admission (n=14) |
|---|---|---|
| % successfully completed treatment (for any admission) | 44.2% | 45.5% |
| Mean number of years of education | 11.3** | 10.4 |
| % White | 93.1% | 92.9% |
| Mean income at admission | $357.54 | $376.21 |
| Mean income at discharge | $487.66 | $408.89 |
| Mean number of prior convictions | 3.7 | 4.2 |
| % of crimes - violent | 35.6% | 28.6% |
| % of crimes - property | 46.5% | 50.0% |
| Mean number of months spent in program | 3.2 | 2.5 |

** $p < .05$

In La Crosse (table 5-9), approximately the same percentage of clients successfully completed the program, regardless of number of admissions. None of the other variables were significant, except for education status; clients with a single admission had on average, one additional year of education than those with multiple admissions.

No clear patterns are evident nor is there any indication that a client is more or less likely to successfully complete the program on their most recent admission. The Baraboo DRC had a greater difference between completion rates of multiple and single admission clients than the La Crosse DRC. There are some differences between these two groups in Baraboo that might help to explain the differences between completion rates by number of admissions. The multiple admission clients in Baraboo had less income and committed more property crimes. This general lack of employability and more antisocial behavior may be characteristic of clients who are not likely to respond to treatment regardless of the number of times they participate in a program. Overall, the notion that a second admission to a DRC improves the likelihood of successful completion does not hold true according to our data.

## 5.5 Client Perceptions of DRCs in Baraboo and La Crosse

As part of the process evaluation we used two methods to gather information from clients about how they perceive the DRC programs and services. We asked clients in Baraboo and La Crosse to complete an anonymous client satisfaction survey and conducted one focus group at each site. The results of each activity are reported in this section. This information was not collected for TAP clients.

### 5.5.1 Client Satisfaction Survey

We received a total of 47 completed client satisfaction surveys, out of 60 distributed; this represents a return rate of 78%. Twenty were from the Baraboo DRC and 27 were from the La Crosse DRC.

Table 5-10 reports some of the data from the survey (a copy of the client satisfaction survey is in Appendix C). The median age of the Baraboo and La Crosse respondents are 24 and 25 years old, respectively. Consistent with our multiple admission data (above), more clients in Baraboo than La Crosse reported being in ATTIC before (40% and 16%, respectively). The same percent (40%) in both sites reported that they have received services from other agencies (e.g., other substance abuse treatment, food stamps, AFDC, etc.) in the

past twelve months. The median age of Baraboo clients in our satisfaction survey sample is 4 years less than in our outcome evaluation sample (see Table 5-1), whereas the median ages are the same in both samples for the La Crosse clients. Differences are probably due to the fact that our outcome data reflects clients from 1991-1993 and our surveys were distributed to clients during our site visits in 1994 and 1995. Baraboo staff told us during interviews that they perceived that their client population has been getting younger over time.

The client satisfaction data complements the general trends found in the comparison of program completers and non-completers. The program completion rate for the Baraboo program is 61% and 41% for La Crosse. Similarly, the percentage of clients disagreeing with positive opinion statements is consistently higher in La Crosse than Baraboo (see Table 5-10). Clients in La Crosse perceive that their progress is not terribly significant whereas a greater proportion of clients in Baraboo perceive that they have made progress while in the program. Ninety-five percent of clients in Baraboo agreed that they made significant progress over the past month whereas 74% of clients in La Crosse agreed with this statement. Similarly, more clients in Baraboo than La Crosse agreed that they were better at making choices since being at ATTIC. Well over half of the clients in both programs were in agreement about being treated fairly by ATTIC staff, that they do not receive enough individual attention from staff, and that ATTIC's services are the best they have received in the criminal justice system. A greater proportion of clients in La Crosse than Baraboo agreed that the AODA sessions have given them practical tools to stay out of trouble. Conversely, a greater proportion of clients in Baraboo than La Crosse agreed that ART and CT have given them practical tools to stay out of trouble. Overall, more clients in Baraboo than La Crosse report that the ATTIC program services are useful and think they have made progress during their time in the program, which corresponds with the program completion rates. It also may reflect the previous finding that clients in La Crosse may have more serious substance abuse problems and a higher risk of criminal activity, and, therefore, may need more treatment and intervention than can be provided in the DRC setting, as currently configured.

The Client Satisfaction Survey asked clients to list two things that are most helpful about ATTIC and two things that should be changed. Ninety-five percent of clients in Baraboo and 85% of clients in La Crosse named at least one thing that is helpful about

ATTIC. Approximately three-quarters of clients in both programs did not name one thing that should be changed. The responses were very similar across both programs and are reported here in aggregate. Clients said they found staff's understanding, willingness to help, and the AODA program most helpful. They wanted to reduce the number of hours per day and have more one on one time with counselors. One client suggested that counselors need to be more strict with clients so that all clients "who are there want to be there." In other words, clients who do not want to be in the program should be discharged and not allowed to interfere with people who seriously want the program. Client focus groups yielded similar responses to questions about client perceptions about the program.

**Table 5-10. Client Satisfaction Survey Results**

| Variable | Baraboo n = 20 | | | La Crosse n = 27 | | |
|---|---|---|---|---|---|---|
| | median | s.d. | range | median | s.d. | range |
| Age | 23.5 | 6.2 | 19 - 36 | 25.0 | 7.6 | 18 - 46 |
| # months in ATTIC | 2.0 | 2.6 | .25 - 12 | 2.0 | 1.5 | .25 - 7 |
| Client opinions about ... | % agree [a] | | % disagree [b] | % agree | | % disagree |
| treated fairly by ATTIC staff | 80.0 | | 20.0 | 81.5 | | 18.5 |
| services help me deal with problems | 85.0 | | 15.0 | 77.8 | | 22.2 |
| other services I need but cannot get | 60.0 | | 40.0 | 30.8 | | 69.2 |
| I receive enough individual attention from staff | 55.0 | | 45.0 | 66.0 | | 33.0 |
| I have made significant progress getting my life together past month | 95.0 | | 5.0 | 74.0 | | 26.0 |
| I am better at making choices since being in ATTIC | 84.0 | | 16.0 | 59.3 | | 40.7 |
| ATTIC's services are the best | 75.0 | | 25.0 | 66.6 | | 33.3 |
| AODA given me practical tools | 80.0 | | 20.0 | 92.3 | | 7.7 |
| ERT given me practical tools | 76.0 | | 24.0 | 75.0 | | 25.0 |
| ART given me practical tools | 100.0 | | 0.0 | 76.0 | | 24.0 |
| CT given me practical tools | 95.0 | | 5.0 | 73.0 | | 27.0 |

[a] includes those who responded either "agree or strongly agree"
[b] includes those who responded either "disagree or strongly disagree"

### 5.5.2 Focus Groups

The focus groups conducted in Baraboo and La Crosse provided insight into how the clients perceive the ATTIC program and staff, and what is necessary for them to live crime-free lives. Clients in both programs appeared willing to answer questions and free with their opinions. Staff resonated many of the themes and points of view expressed by the clients, so it appears that the line of communication between clients and staff is relatively open.

In Baraboo, we had 11 male participants. The age range seemed to be relatively wide (19 - 40s). We were introduced to the clients by a case manager who asked the clients to behave appropriately before shutting the door. It was apparent that the clients were not used to closed door discussions. Over half of the clients reported being in ATTIC more than one month. Three of the clients said they have been in the program before. Two clients were in DIS and two were in ATTIC as an ATR.

Several clients said that the prison system is a farce. "They let you out because they know you will be back!" said one client. They also said that programs like ATTIC, especially CT, should be in prisons. It was also said that prison gives a person no options to change his life, and after a while, prisoners become institutionalized and cannot function on the outside.

When asked about ATTIC, the clients had a lot to say. Several agreed that it was an okay setting in which to change, but "if someone doesn't want to change, they are not going to." This comment was received with several nods of agreement from other clients. CT seems to be the real difference between ATTIC and other programs, according to these clients. CT helped them to realize that it takes time to change and that it is okay to be weak. Also, one client reported that CT helps him and others to think more clearly. The clients insinuated that all of these elements are key to living clean lives.

Overall, clients thought that ATTIC is mentally much more difficult than being in prison and is really more punishment than anything else. The counselors act like clients have choices about how to behave, but clients believe they really do not. Some clients complained about the requirement to air issues in a group setting. Said one client, "you have to talk about it - sometimes you want to blow up or do blow up, leave the program, or get kicked out because you get mad. Staff doesn't respect the desire to remain silent." The inference is that one cannot solve a problem until it is discussed in a group setting. Several clients felt that sometimes "you understand what you need to do, but you just don't need to talk about

it...." At least one client said that three months of programming is not enough time to see results for most people.

When asked about the 'street word' on ATTIC, clients said they had heard ATTIC is worthwhile. They were also warned to be careful because the POs and ATTIC staff talk a lot and share information. This seemed to annoy several of the clients. About half said they preferred ATTIC staff to their PO and the other half said just the opposite. "Your PO wants to change you no matter what you want. ATTIC knows you need to want to change first," said one client.

Clients agreed that the ATTIC staff are decent and 'real.' They reported that most of the staff had either first or second hand experience with substance abuse, which earned them respect among the clients. They also said that it was bad when counselors do not use the same principles they teach. It was apparent that a recent incident with a counselor had caused a problem within the group and the clients were probably especially sensitive to this topic during our focus group discussion. When asked if staff ask their opinion of the program, the clients said no, but sometimes they wish they would. The prevailing attitude of staff according to clients is "if you don't like it, leave." Being treated like a kid is something they did not like, although at least one client pointed out that sometimes that's a good way to teach responsibility.

Clients would like to have more field trips, more breaks, and more one on one time with counselors. The worst part of ATTIC according to clients is the hours and homework. Clients reported that 6 hours per day are too many and there is too much downtime. The hours also cause problems for finding jobs to fit the hours. Clients said ATTIC demands that treatment comes first, but the clients did not agree that this is realistic. Clients also said that ATTIC staff are not too supportive or helpful with finding jobs to fit ATTIC's schedule.

Throughout the focus group, all of the clients were respectful to us and to each other. It was evident that they had a history of working together, including knowledge of each other's criminal backgrounds. The tone was relatively positive and constructive.

In La Crosse, we had five males participate in the focus group. Staff asked these five clients to wait in one of the conference rooms. The staff did not introduce us, so we introduced ourselves to the clients before beginning the focus group. Three clients appeared to be under 22 years old and two appeared to be a bit older. Two clients reported being in

ATTIC once before. One client had been in ATTIC for one month, another had been in ATTIC for two months, and three clients had been in the program for only two weeks.

When asked about what they had heard about ATTIC before coming into the program, several clients agreed that they had heard bad things about the program. One client said, "the program doesn't help you, it just keeps you out of work." They said that the ATTIC programs would not work in jail either. When asked about the staff, clients had little comment other than that the staff seem nice and understanding. Clients say they have to be guarded about what they tell staff because they know staff talk to the POs and "tell them everything."

These clients had few positive things to say about the program. One client admitted that ATTIC increased awareness about things in his life. The clients agreed that the AODA, ART, and RET programs were helpful to them. Another positive thing mentioned about ATTIC was not going to jail. One client said he got into ATTIC because he could not get into substance abuse treatment any other way. He found it upsetting that the state will put him in jail but will not provide him treatment. Clients also said they wanted more individual time with counselors.

Clients had a lot to say about what they did not like about ATTIC. They said ATTIC is too intense, the days are too long, and it interferes with working (they would prefer fewer hours spread over more months); there is too much homework; it should only be twice a week; the groups are too large: there should to be more staff; clients are too overloaded; clients have to take all of the programming even when they think they do not need it (clearly some of these clients thought they did not need most of the programs); and ATTIC staff treat clients like kids too often. At least one client said he would rather be in jail most of the time than in ATTIC. Overall, they did not think the program works and thought that it was possible to still use drugs and be in the program. "It's a joke because no one stays sober," said one client. Another client said he thought it would be helpful to separate clients who want to be there from those who do not.

When asked if staff ever ask them about what they think of ATTIC, clients said "no." They said their friends and PO ask, but not the staff because "the staff doesn't care to ask because we're just another group to them."

Throughout this focus group, the clients were swearing and acting out to some

extent. The tone was negative with an anti-establishment flavor. Engaging this group in participative conversation was more difficult than the Baraboo group.

### 5.5.3 Summary of Client Perceptions

The results from our two focus groups and the client satisfaction data are similar in many respects, although there were some distinct differences. During focus group in Baraboo, which was fairly well attended (11 clients), the clients were generally open and positive about the program and were interested in telling us what they thought. On the satisfaction survey data, 95% of the clients in Baraboo agreed that they have made significant progress getting their lives together over the past month. Similarly, over 80% thought they had been making better choices since being in ATTIC. Clients reported that the programming has given them practical tools to use, especially the ART and CT programs (100% and 95% respectively). Clients in the Baraboo focus group reported that before entering the program, they had generally heard positive things about ATTIC from sources outside the program.

Our experience with the La Crosse focus group was very different. Their survey data revealed that 74% of clients (compared with Baraboo's 95%) believe they have made significant progress getting their lives together while in the program. Less than 60% believed they were making better choices since being in ATTIC. AODA is the program they agreed (92%) gave them practical tools; only approximately three-fourths of the clients thought the other programs (CT, ART, and ERT) gave them practical tools. Before entering the program, clients in La Crosse told us they heard bad things about ATTIC from outside sources, including that the program is a joke and does not work.

Overall, the percent of clients disagreeing with positive opinion statements was consistently higher in La Crosse than Baraboo. Clients in La Crosse, even though they had been in the program for the same average length of time, perceived that their progress was less significant than clients in Baraboo did. This corresponds directly with the program completion rates, which are higher in Baraboo than La Crosse. It is important to note, that even with their complaints, clients generally perceive ATTIC's services to be the best they have received in the criminal justice system and they perceive that staff treat them fairly.

# 6 CLIENT OUTCOME EVALUATION

## 6.1 Studying Rearrest

As discussed previously, rearrest is the client outcome of interest in the present study. We first discuss the selection of outcome measures, the time period under study, and the groups to be studied. Next, we describe the analysis methodology. Finally, we present results of analyses of rearrest for various subgroups of ATTIC clients and their corresponding comparison groups.

### 6.1.1 Measures of Rearrest

We originally planned to examine arrests for new offenses and probation violations separately, but two obstacles prevented this approach. First, most TAP clients are not on probation, so data about violations was too sparse to analyze for this group. Second, in La Crosse one of two things apparently occurs -- either probation agents rarely formally arrest individuals for probation violations or the local law enforcement agencies do not report such arrests to the state criminal history repository -- CIB. Regardless of the situation, very few arrests for probation violations can be located in CIB records. It is, of course, possible that the extremely low number of arrests for probation violations is due to a high degree of compliance with the conditions of probation. Given that only La Crosse's numbers of probation violation arrests are much lower than in other counties in the study, however, it does not seem likely that this is the primary explanation. Finally, as discussed in Chapter 3, we were unable to obtain arrest information from the DMV. Therefore, we considered arrest for those offenses contained in the state criminal history information system as the measure of recidivism for this study.

### 6.1.2 Time Period for Study

The second aspect of studying rearrest is to determine the most appropriate time frame. For ATTIC clients, we used the 12 months following discharge from the DRCs or TAP. Normally, individuals discharged from DRCs will complete their probation term, unless supervision is revoked. As discussed above, most TAP clients will usually not be under any type of criminal justice system supervision when discharged from ATTIC.

Preliminary analysis indicated that ATTIC clients (for whom we had DPP data) were typically admitted to ATTIC an average of 3.5 months after being placed on probation. For this reason, we thought it most appropriate to select probationers for the comparison group who had not been rearrested before the middle of the third month of supervision, and to follow that group for 12 months beyond that point (i.e., 3.5 months to 15.5 months after probation admission). These individuals comprise the pool from which ATTIC clients are most likely to be selected, and, therefore, they are the general group to whom ATTIC clients were compared (termed the "Full Comparison Group" in the analysis).

### 6.1.3 Subgroups Studied

In addition to the full comparison group described above, we selected a subgroup of probationers for detailed analysis. ATTIC programming is designed primarily to serve high risk and/or high need probationers. Analyses presented previously verify that ATTIC clients typically have significantly higher scores on the Case Management Classification (CMC) scales that assess their risk (to society and of rearrest) and their need for various types of services. Therefore, we divided the comparison group based on whether individuals fell into the lower, middle, or upper third of scores on risk or need. Those in the full comparison group (considered separately for each county) whose risk and/or need score falls in the upper third of the distribution of scores in the full comparison group was defined as "high" risk or need. This group is designated as "High Risk/High Need Probationers" in the analyses. (Preliminary analyses showed that risk and need scores are highly positively correlated with each other, indicating that individuals with high risk characteristics also tend to have a high need for services.)

We also considered the issue of which ATTIC clients should be analyzed and compared to probationers. We decided to use two groups: (1) all ATTIC clients; and (2) ATTIC clients who completed the programs. We compared both of these groups to the

probationers described in the previous paragraph. Individuals were defined as "completers" if they were listed in the ATTIC MIS as completing the program or being referred to aftercare. "Noncompleters" consisted of those who dropped out/absconded, were rearrested, were withdrawn by the probation agent for violations or other reasons, or were discharged for program noncompliance. The number of cases available for analysis is smaller than in the completion analysis presented earlier, because cases were dropped from the outcome analysis for individuals without 12 months of follow-up data. In addition, some clients did not complete the program due to administrative reasons (e.g., moved to another area of the state). These individuals were deleted from the recidivism analysis because they had not technically had the opportunity either to complete or to fail to complete the program, and were, therefore, not comparable to either of the other two groups of clients.

## 6.2 Analysis Methodology

The outcome analyses concern the likelihood of having at least one arrest in the 12 month follow-up period. Again, this period is defined for ATTIC clients as 12 months after discharge from ATTIC, and is defined for comparison group members as the 12 month period from 3.5 to 15.5 months after probation admission.

In most of the analyses presented in this chapter, we used bivariate associations, primarily based on Chi-square; multivariate modeling was limited due to small sample sizes. We considered a Chi-square value to be significant if it indicated at least a 90% chance that the relationship found did not occur by chance (i.e., $p<.10$). For continuous variables, we conducted difference of means tests to ascertain whether the differences observed between two average values of a particular variable across study groups occurred by chance.

## 6.3 Rearrest of ATTIC Clients

### 6.3.1 ATTIC Completers Compared to Noncompleters

In the first part of the outcome analysis, we describe the rearrest of ATTIC clients without making comparisons to the rearrest of probationers. Row 1 of Table 6-1 shows the overall recidivism rates of clients who completed ATTIC programs compared to those who did not. In each site, a significantly smaller proportion of clients who completed the ATTIC program were rearrested compared to those who failed to complete.

The second row of Table 6-1 provides information on only those clients who were rearrested in the 12 months after leaving ATTIC. It shows the average (mean) number of months that elapsed between ATTIC discharge and the first arrest. Statistical tests show that these differences were not significant.

What this analysis shows is that those who complete ATTIC programs successfully are significantly less likely to be rearrested within 12 months after leaving ATTIC. Those who do have an arrest during this period, however, are arrested an average of about four to five months after ATTIC discharge regardless of whether they complete the ATTIC program.

**Table 6-1. Recidivism of ATTIC Completers vs. Noncompleters**

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| | Com-pleters | Noncom-pleters | Com-pleters | Noncom-pleters | Com-pleters | Noncom-pleters |
| Percentage Rearrested | 16.7** | 35.5 | 35.7* | 58.6 | 18.8** | 38.0 |
| Mean Time to First Arrest (in months), for those Arrested | 4.5 | 5.1 | 5.3 | 4.0 | 4.9 | 4.9 |

** $p < .05$
* $p < .10$

### 6.3.2 Rearrest of ATTIC Completers

The first detailed analysis of rearrest considers only those who completed the DRC or TAP program. Given the very small sample sizes, significant associations should be understood as suggestive of a relationship and not conclusive. Table 6-2 shows the full range of independent variables available for analysis. Asterisks indicate which variables were not independent of rearrest (based on chi-square tests).

## Table 6-2. Chi-Square Tests of Rearrest of ATTIC Completers

| | BARABOO | LA CROSSE | TAP |
|---|---|---|---|
| Current offense | | | ** |
| High school graduate (1=yes) | | | |
| Length of residence (1= greater than 1 year) | | | |
| Race/ethnicity (white/nonhispanic=1) | * | | |
| Sex (male=1) | | | |
| Marital status (married=1) | | | |
| Age at ATTIC admission | | | ** |
| Age at first arrest | | ** | |
| Monthly income at ATTIC admission | | | |
| Monthly income at ATTIC discharge | | | |
| Number of prior convictions (self-report) | | | |
| Number of prior arrests (from criminal history records) | | * | |

** $p < .05$

* $p < .10$

The only variable significantly associated with rearrest of Baraboo clients is race/ethnicity. About 14.3% of white clients were rearrested, compared to 50% of minority clients. The latter figure represents only two individuals (out of a total of four minorities in the program), so the chi-square may not be meaningful.

In La Crosse, individuals who were younger at their first arrest or who have more previous arrests were more likely to be rearrested. The ten program completers who were rearrested within 12 months were on average 19.4 years old (standard deviation=1.8) at their first arrest, whereas the 18 completers not rearrested averaged 24.8 years old (s.d.=7.8) at their first arrest. Those rearrested had an average of six prior arrests (s.d.=5.3) and those not

rearrested averaged three prior arrests (s.d.=1.6). Because these were bivariate associations, the relationship between rearrest and of number of prior arrests did not control for age (i.e., time at risk). A logistic regression analysis controlling for age (results not shown) found that age was not significant. Therefore, the more prior arrests a person has, the more likely s/he is to be rearrested, regardless of age. In this model as well as the bivariate association, number of prior arrests maintained a $p < .10$ significance level. In general, this analysis shows that, not surprisingly, even when clients complete the program, those with extensive prior records still have a higher chance of rearrest. Note that it is the number of prior arrests and not the number of prior convictions that is associated with rearrest. This is an interesting difference that may indicate that arrest for a crime is a better measure of propensity to criminal activity than is conviction. The sample sizes are very small, however, so these results should be interpreted as suggestive only.

Like the other two programs, few variables were significantly associated with rearrest of TAP clients. The chi-square test first indicates that offense is not independent of rearrest; concomitant measures of association reveal no pattern, though. Crosstabulations show that 40% (2 of 5) property offenders were rearrested, as were 7% (2 of 29) of alcohol/drug offenders and 36% (5 of 14) "other" offenders. "Other" is a residual category that includes all offenses not property or alcohol/drug-related. Recall that offense categorizations are not very meaningful because of the manner in which the ATTIC MIS codes offenses against the person (e.g., assaults cannot be distinguished from disorderly conduct). Also recall that a majority of TAP clients' current offense is OWI, but that the criminal history record system does not include any motor-vehicle offenses. Therefore, the most appropriate interpretation is that those currently in TAP for an alcohol or drug offense are least likely to be rearrested for a non-motor vehicle offense. It tell us nothing about whether a person currently under an OWI charge is likely to have another OWI charge. Also significant in this analysis is age at admission to the TAP program. Clients rearrested were, on average, 26 years old when admitted to TAP; clients not rearrested were, on average, 34 years old at TAP admission.

### 6.3.3 Rearrest of All ATTIC Clients

Next, we modeled the likelihood of rearrest for all clients, regardless of whether they completed the program. As can be seen from the above analysis, the sample sizes are too small to statistically model rearrest of completers only. This analysis does, however, consider

completion status along with the full range of available independent variables (presented in Table 6-2) in a logistic regression analysis of rearrest. Models were developed in a stepwise manner, primarily due to the small sample sizes. Even though the sample sizes are larger than those described in the previous section (6.3.2), they are still small, and results should be viewed as suggestive only. Table 6-3 presents the final models of rearrest. Most notably, completion status is not significant in any model. In the bivariate associations presented above in Table 6-1, a significantly different percentage of ATTIC noncompleters were rearrested compared to completers. This relationship did not hold true when controlling for other factors, however.

**Table 6-3. Logistic Regression Analysis of Rearrest for All ATTIC Clients**

| | BARABOO (n=88) | | | LA CROSSE (n=54) | | | TAP (n=113) | | |
|---|---|---|---|---|---|---|---|---|---|
| | β | Std. Err. | Odds Ratio | β | Std. Err. | Odds Ratio | β | Std. Err. | Odds Ratio |
| Property offense † | | | | | | | 1.282 | .056 | 3.603 |
| Age at first arrest | | | | -.353 | .133 | .703 | -.113 | .052 | .893 |
| Months in program | -.455 | .184 | .634 | | | | -.235 | .091 | .791 |
| Number of prior arrests | .237 | .087 | 1.267 | | | | | | |
| Marital status | | | | -.930 | .369 | .394 | | | |
| Age at ATTIC admission | | | | .133 | .067 | 1.142 | | | |

Note: All variables are significant at the $p < .05$ level (Wald chi-square)

† Dummy variable. Entered current offense category into model using dummy variables for property offenses, alcohol/drug offenses, "other" (as reference category).

In Baraboo, those who spend longer in the program are significantly less likely to be rearrested as are those with fewer prior arrests. These findings suggest that the actual length

of time spent in the program influences rearrest rather than formal program completion itself. This model supports the bulk of criminal justice research that has shown that prior record is the best predictor of future criminality. Likewise, it supports the widely-observed finding in substance abuse treatment research that the longer a person stays in treatment, the better the outcome.

In La Crosse, personal characteristics were the only factors associated with rearrest. This lends credence to the previous observation that the clients in the La Crosse program are more "hard-core" than the Baraboo clients. It is important to point out that La Crosse had only 26 clients with a rearrest, so this model is not very robust. Here, we see that individuals who were younger at their first arrest are more likely to be rearrested. This is a finding consistent with similar outcome studies. Married clients were significantly less likely to be rearrested than unmarried clients. On the other hand, clients who were older at admission were more likely to be rearrested. This last relationship is contrary to most research findings. Again, it is possible that this is true in this population; older offenders in La Crosse may indeed be the more serious offenders, and hence more likely to reoffend. It is perhaps just as likely that the finding is merely an artifact of the small sample size. The lack of significance of completion status or time in the program may indicate that in general offenders in La Crosse are not likely to be significantly helped by a program of this length. Their histories and substance abuse problems may, on average, require more intervention than is possible in the DRC format as it is currently designed.

Three variables were significant in examining rearrest of TAP clients. Individuals whose current offense was a property offense were more likely to be arrested than those whose offense was a drug/alcohol or other offense. Those who were younger at their first arrest and who had spent less time in the program were more likely to be rearrested. Again, program completion per se does not appear to be important to rearrest.

Another analysis performed on the data set containing all ATTIC clients examined rearrest in light of risk and need scores. Because only a relatively small subset of ATTIC clients had DPP records, this information could not be combined with the above analyses. To do so would have yielded sample sizes far too small to analyze. As it is, the sample sizes are so small that results of this analysis should be viewed as impressionistic only. Table 6-4 shows the results of a difference of means test for risk and need. We compared the scores

for risk of reoffending and need for services for ATTIC clients rearrested to those not rearrested to determine whether the two groups differ significantly. Across all three programs, those who were rearrested had significantly higher risk scores than those not rearrested. Scores for need for services were not significantly different across the three programs. Interestingly, the risk scores for clients in La Crosse who were rearrested were almost twice as high as those who were not rearrested. We have already seen that La Crosse clients' risk scores were significantly higher than those of the high risk/high need probationers. These findings add credence to the previous observation that clients in La Crosse tend to be more "hard-core" offenders than those in other ATTIC programs. Taken together, this final analysis supports the logistic regression analysis showing that characteristics of criminal history were generally the most important in predicting rearrest.

**Table 6-4. Rearrest by Risk and Need Scores for ATTIC Clients**

| | BARABOO (n=12) | | LA CROSSE (n=8) | | TAP (n=23) | |
|---|---|---|---|---|---|---|
| | **Mean** | **Std. Dev.** | **Mean** | **Std. Dev.** | **Mean** | **Std. Dev.** |
| **RISK** | | | | | | |
| Score for clients rearrested | 42.0* | 6.7 | 33.2** | 10.3 | 37.8*** | 8.4 |
| Score for clients not rearrested | 27.6 | 12.9 | 18.5 | 3.5 | 24.5 | 10.0 |
| **NEED** | | | | | | |
| Score for clients rearrested | 31.3 | 8.4 | 31.2 | 8.7 | 26.8 | 12.0 |
| Score for clients not rearrested | 29.3 | 7.9 | 33.0 | 5.7 | 25.7 | 8.9 |

*** $p < .01$
** $p < .05$
* $p < .10$

## 6.4 ATTIC Clients Compared to Probationers

The second part of the analysis compares two subgroups of ATTIC clients to two subgroups of probationers.

### 6.3.4 Bivariate Analyses of Rearrest

As discussed above, it is arguable that the most appropriate rearrest comparison is between clients who complete ATTIC programs and probationers who are high risk/high need. These percentages are presented in the last row of Table 6-5. These recidivism results form the basis for the quasi-experimental analysis of rearrest. If differences in rearrest between ATTIC clients and corresponding comparison groups are not significant, then nothing will be learned from more extensive or multivariate analysis.

**Table 6-5. Recidivism of ATTIC Clients and Comparison Groups**

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| | DRC | Comp. Group | DRC | Comp. Group | DRC | Comp. Group |
| All DRC Clients vs. Full Comparison Group | 23.9% | 17.4% | 47.4%** | 19.6% | 30.5%** | 19.6% |
| DRC Completers vs. Full Comparison Group | 16.7 | 17.4 | 35.7* | 19.6 | 18.8 | 19.6 |
| All DRC Clients vs. High Risk/High Need Probationers | 23.9 | 22.7 | 47.4** | 23.3 | 30.5 | 24.5 |
| DRC Completers vs. High Risk/High Need Probationers | 16.7 | 22.7 | 35.7 | 23.3 | 18.8 | 24.5 |

** $p < .05$
* $p < .10$

In Baraboo, a smaller percentage of ATTIC completers are arrested than are high risk/high need probationers, but the difference between the two is not significant. In La Crosse, the difference is significant, but a significantly larger percentage of ATTIC clients are arrested than are high risk/high need probationers. This relationship may indicate that POs in La Crosse tend to refer their highest risk probationers to ATTIC when they have not responded to other interventions. Anecdotal information from the agency representatives we interviewed as well as from the client focus group supports this explanation. Individuals receive risk and need scores upon entry to probation supervision. It is possible that ATTIC

receives referrals primarily (but not exclusively) from the group of high risk and/or high need probationers who have been the least likely to conform their behavior to the requirements of the conditions of probation. It would not, therefore, be surprising if, in some counties, participation in ATTIC (or any other community corrections or treatment program) reduced the recidivism of this very high risk/high need group but not to the extent that their recidivism was lower than those not considered to need such services. In Table 6-5, we see that the overall recidivism rate of the group that is admitted to the ATTIC DRC in La Crosse is 47.4%; this is significantly higher than similarly situated probationers not referred to ATTIC. Table 6-1 shows that those who complete the ATTIC DRC program have significantly lower recidivism than those who do not. Taken together, these analyses suggest that the group referred to ATTIC may be by far the most prone to recidivism and that participation in ATTIC may significantly reduce the recidivism rate, but that rate is still high.

The final significant difference in this analysis is in the TAP program. TAP clients who complete the program are significantly less likely to be rearrested than high risk/high need probationers. Although only about one-quarter of TAP clients are actually on probation, those who are tend to be high risk/high need. It is possible that the majority of TAP clients (completers and noncompleters) actually have less serious risk and need characteristics than the TAP clients who are on probation. If so, then one would expect that, overall, TAP completers should have significantly less recidivism than high risk/high need probationers. It may be more appropriate to compare the recidivism of TAP completers to the full comparison group. The second row of Table 6-5 shows that although 18.8% of TAP completers were rearrested during the 12-month follow-up period compared to 19.6% of TAP-eligible probationers, the difference was not significant.

The final bivariate recidivism analysis concerns the timing of rearrest. Table 6-6 shows time to rearrest separately for all DRC clients and completers during the 12 months after ATTIC discharge, and rearrest from 3.5-15.5 months after probation admission for the full comparison group and high risk/high need probationers. These results indicate that -- for those ATTIC clients and probationers who were rearrested -- no significant differences exist between the timing of recidivism between any two groups being compared. In other words, both ATTIC clients and probationers, who are rearrested, on average tend to be rearrested about the same time after the follow-up period begins.

## Table 6-6. Time to Recidivism of ATTIC Clients and Comparison Groups

| | BARABOO | | LA CROSSE | | TAP | |
|---|---|---|---|---|---|---|
| **Mean Time to First Arrest (in months) for Those Rearrested** | **DRC** | **Comp. Group** | **DRC** | **Comp. Group** | **DRC** | **Comp. Group** |
| All DRC Clients vs. Full Comparison Group | 4.6 | 4.6 | 4.4 | 6.1 | 4.9 | 4.6 |
| DRC Completers vs. Full Comparison Group | 4.5 | 4.3 | 5.3 | 6.1 | 4.9 | 4.6 |
| All DRC Clients vs. High Risk/Need Probationers | 4.6 | 4.2 | 4.4 | 5.5 | 4.9 | 4.8 |
| DRC Completers vs. High Risk/High Need Probationers | 4.5 | 4.2 | 5.3 | 5.5 | 4.9 | 4.8 |

Note: No relationships were significant at the $p < .05$ or $p < .10$ level.

### 6.3.5 Factors Associated with Rearrest of ATTIC Clients and Probationers

Using the results presented above, we would not pursue further analyses in Baraboo because no significant differences in rearrest exist between DRC clients and the comparison group. In La Crosse and TAP, further analysis is warranted. Even if the sample and cell sizes could support event history analysis, the fact that the timing of recidivism does not differ between the two groups means that it is not informative to use this technique to study rearrest. Therefore, the final facet of the outcome study is to determine whether the DRC client group and the comparison group(s) differ significantly on rearrest, controlling for a set of independent variables. We used logistic regression to examine these outcomes.

The final logistic regression models are presented in Table 6-7. The sample sizes are minimally adequate for the analysis undertaken, so, again, interpretations are impressionistic and suggestive only. This table shows that two analyses were conducted of La Crosse clients, one comparing all DRC clients to the full comparison group and the other comparing all DRC cleints to high need/risk probationers. When comparing DRC clients to the full comparison group, controlling for other factors, being in ATTIC is associated with a significantly higher chance of rearrest as is being younger at the first arrest. No other variables were significant.

When comparing DRC clients to the high risk/high need probationers, a somewhat different picture emerges. ATTIC clients who are males and have a current drug/alcohol offense are significantly more likely to be arrested than probationers in the high risk/high need group overall. For TAP clients compared to the full comparison group, clients who are of a racial/ethnic minority, and have prior arrests for either drug/alcohol or property offenses (as opposed to compared to "other" offenses) are significantly more likely to be rearrested.

In each analysis, it is clear that ATTIC clients are significantly more likely to be rearrested even when controlling for other factors. It is equally clear that other factors play just as much a part in rearrest as does participation in the ATTIC program. It is important to stress that these finding do not demonstrate that being in ATTIC causes a person to be rearrested. It is at least as likely that the person was sent to ATTIC because the PO felt s/he was a much greater risk for rearrest, and was certain to be rearrested without intervention.

## Table 6-7. Logistic Regression of Rearrest of ATTIC Clients and Comparison Groups

| | **LA CROSSE** All Clients (n=55) Full Comparison Group (n=145) | | | **LA CROSSE** All Clients (n=55) High Risk/Need Group (n=86) | | | **TAP** All Clients (n=92) Full Comparison Group (n=301) | | |
|---|---|---|---|---|---|---|---|---|---|
| | **β** | **Std. Error** | **Odds Ratio** | **β** | **Std. Error** | **Odds Ratio** | **β** | **Std. Error** | **Odds Ratio** |
| Study group (ATTIC=1) | 1.36** | .348 | 3.1 | 1.15** | .399 | 3.2 | .57** | .267 | 1.8 |
| Race/Ethnicity (white/nonhispanic = 1) | | | | | | | -.83** | .279 | 0.4 |
| Sex (male=1) | | | | 1.59** | .662 | 4.9 | | | |
| Number of prior drug/alcohol offense arrests | | | | | | | .36** | .169 | 1.4 |
| Number of prior property offense arrests | | | | | | | .12** | .057 | 1.1 |
| Age at first arrest | -.07** | .029 | 0.9 | | | | | | |
| Current drug/alcohol offense† | | | | 1.23* | .653 | 3.4 | | | |

** $p < .05$

* $p < .10$

† Dummy variable -- entered current offense category into model using dummy variables for property offenses and alcohol/drug offenses; "other" was the reference category.

# 7 EVALUATION CONCLUSIONS AND RECOMMENDATIONS

## 7.1 Introduction

In this section, we discuss results and conclusions from the study and recommendations for future research and policy directions. We address each of the research questions defined in Chapter 1, drawing upon the descriptive information and analyses discussed in Chapters 5 and 6. [7] Most of the discussion will focus on the two DRC programs because they are comparable programs. The TAP program will be discussed separately and as appropriate and relevant.

## 7.2 Examination of Research Questions

### 7.2.1 Research Question 1: How do DRC operations differ by location?

The most obvious difference between the La Crosse and Baraboo DRC programs is that one is in a rural area and the other is in an urban area. This difference exhibits itself in a number of ways. For example, Baraboo staff and clients report that it is rare for probation violations to go unnoticed, because the community is small enough that many people know each other and know the POs. La Crosse seems anonymous by comparison. Transportation is another way in which the rural/urban difference comes to light. Baraboo has no public transportation, so it can be more difficult for clients to participate in ATTIC and other programming than is the case in La Crosse. Staff report that adequate ancillary services exist in both areas, although access is sometimes a problem. In Baraboo, where clients tend to be relatively young, the staff report that clients are sometimes ignorant of the services available.

[7] Note that our observations and discussions with staff occurred during our site visits in 1994 and 1995. Since that time, some aspects of program staffing or operations may have changed.

Although adequate ancillary services exist in Baraboo, this is not always the case with rural areas that are perhaps not as close to a major metropolitan area as is Baraboo.

ATTIC's centralized administration results in many similarities across these two DRCs. The treatment programs and protocol are standardized, as are the intake and discharge processes. The rules, policies, and procedures have been developed by the central office, although they have been slightly "personalized" for each program.

The staffing and client capacities are similar at each site. One program manager supervises the case management staff at both programs, so there is a high degree of consistency in how client admissions, disciplinary actions, and terminations are handled. Based on our analysis, La Crosse arguably has a higher proportion of more difficult clients than Baraboo and with slightly less staffing. We do not know if this situation is common in urban programs in Wisconsin, but it can easily occur in urban programs in general.

Despite the similarities in programming and structure, there are several striking differences about the two programs. First, the program milieu/culture in Baraboo is informal and somewhat relaxed, compared with La Crosse, which seems much more structured and controlled. The sessions we observed in Baraboo were much less structured and the facilitator was more empathetic to clients than in La Crosse, where the sessions were very structured and a "no nonsense" approach was used by facilitators. The data from our sample suggest that clients in Baraboo have higher rates of completion compared to clients in La Crosse. The results from the focus groups and the client satisfaction survey indicate that a greater proportion of clients in Baraboo than La Crosse perceive that they are benefiting from treatment at ATTIC. During the focus groups, clients in Baraboo (the more permissive of the two environments) were talkative and positive about the program. Conversely, clients in La Crosse were not talkative and the group had a negative demeanor.

During the time we observed sessions and client/staff interactions, the gender composition of staff was different in the two sites. Baraboo had a mix of female and male case managers while La Crosse had all female case managers. Staff in La Crosse reported that their clients had high levels of aggression and alcohol use. Additionally, it was clear that the staff had on-going power struggles with the clients. Gender may be one factor affecting the likelihood of these power struggles. Male offenders may perceive female case managers

more often than male case managers to be pushovers or weak, or that a female counselor cannot empathize in the same way as a male counselor can.

Our analysis revealed DRC clients in La Crosse to be of significantly higher risk and need than other ATTIC-eligible probationers. This characteristic alone can have important influences on program operations and staff/client interaction. Again, it is possible that urban areas tend to have more "hard-core" offenders, and that this accounts for some of the difference in the atmosphere between these two programs. It is also possible that the "hard-core" offenders in non-urban areas are sent/returned to prison more readily than in urban areas.

During our site visits we met with several POs. All were very supportive of the notion of providing intensive services to offenders in the community. Most were supportive of the services ATTIC provides and suggested that even more DRC slots and transitional living program (TLP) beds would benefit the individuals they supervise. In particular, they felt that the TLP beds were valuable when coupled with day treatment. Most, but not all, were supportive of ATTIC's specific programming. In both places, POs report having close contact with ATTIC staff, and regularly visit the DRC to meet with their supervisees and with staff. For example, one PO reported that although clients complain about the program while they are in it, clients who had left or been dismissed from the DRC frequently ask to come back and finish the program. Additionally, clients often later admit that they learned some things that help them stay out of trouble. This officer reported seeing marked, positive differences in individuals who stayed the full three months in the program; they not only had better attitudes, but seemed better able to handle themselves at work and in their personal relationships.

One major difference between the two jurisdictions is in how ATTIC's role is viewed by DOC staff. In La Crosse, DPP agents have larger caseloads; having ATTIC take on the responsibility of case management is generally welcomed. In Baraboo, however, caseloads are somewhat smaller, a larger proportion of offenders may be less "hard-core," and POs feel that case management is primarily their job and not ATTIC's. They did admit that sometimes, due to high caseloads, case management by the POs is not as thorough as it might be, but they still insisted that it is their job. The POs in Baraboo reported wanting a more tailored program, depending upon client needs and other commitments, such as school or

work. These POs believed that all clients partake in the full range of programming, and that the hours are inflexible, making employment difficult. In La Crosse, POs appeared to be happy to let ATTIC handle these difficult clients in a way in which the PO could be sure that the individual was getting some help and that he was accounted for during most of the day. POs felt that, even though some individuals may not need every aspect of DRC programming, they could still benefit from it. Based on focus group results, the clients in La Crosse, however, probably would not agree with this statement. In Baraboo, POs would prefer a menu of options from which they could choose, depending on client needs and schedules. ATTIC does tailor some programming for non-core clients, but not to the extent suggested by the POs. ATTIC currently does not have sufficient staff coverage for the number of hours in a day that would be required to manage this degree of tailoring of programs. Given state contracting policies at the time of this study, other DRC providers in the state are also not likely to be able to extensively tailor services.

In summary, while the administration, programming, staffing, and policies are very similar in both programs there are distinct differences between the two DRCs. From our on-site observations, it appears that program operations mirror program policies and procedures at both sites. The culture of the DRC, including staff and clients, and the relationships with DPP staff seem to differ a good deal between the two locations. When compared to the Baraboo DRC, La Crosse has a larger client capacity, a higher proportion of DIS clients, slightly less staffing, and apparently less confrontational relationships with DPP field staff. Clients in Baraboo, which has a higher completion rate, report liking their treatment more than clients in La Crosse.

While it is difficult to develop defensible generalizations from an analysis of two programs, there are some important lessons that new programs can learn from ATTIC's experience with different size jurisdictions. First, assess the location's culture, including the culture of other organizations important to the program (e.g., DPP). Issues like role definition may be more important in smaller than larger jurisdictions (e.g., role definition was certainly an issue for DPP in Baraboo, but not La Crosse). Second, recognize that in rural areas, the program may have more intimate relationships with other organizations simply because the program may be the only provider of that service in the area. Third, client mix is different between these two programs, a characteristic likely to be at least partly related to

jurisdiction size. It is crucial that state contracting processes recognize differences and allow flexibility in programming to best meet the needs of the population being served (e.g., allow larger transportation budgets in rural areas).[8]

### 7.2.2 Research Question 2: What are the crucial implementation issues and barriers to DRC programs?

According to ATTIC staff, they faced very few barriers to implementing and expanding the DRCs. Even the media, which can be ruthless, has not caused any problems for ATTIC to date. The Baraboo site was started in Northeast Baraboo and then moved to downtown with no obvious resistance from the community. The La Crosse program has expanded into additional space without any resistance. Generally, the implementation approach included the following activities, which can be viewed as recommendations:

- Attend town meetings to make contact with the local power structure and encourage community leaders to consider the fact that the program will be treating and helping people in their own community;
- Hire qualified, professional staff from the community; and
- Establish and work with an advisory committee within each community that will assist in identifying and resolving potential problems.

Some of the things that appear to have facilitated ATTIC's success include leadership, maintaining good relationships in the community and with payers, offering good and innovative treatment services, and hiring solid, committed staff. Each of these is briefly discussed below. Many of these things are reflected in other studies of the characteristics of DRCs (see e.g, Parent, et al., 1995).

**7.2.2.1 Leadership.** ATTIC's director (president/CEO) and the key staff persons all have many years of experience with the criminal justice system and have strong leadership skills. They also have an intense level of commitment to their jobs, other staff, the clients, and the organization.

**7.2.2.2 Relationships with the Community.** ATTIC continually assesses its relationship with the community. Several people interviewed mentioned that ATTIC is very

[8] We are not suggesting that Wisconsin does not allow this flexibility, because we have not reviewed all DRC contracts to all vendors. Our statement reflects a general recommendation to any state contracting agency.

careful about its relationships with and image in the community. This probably plays a key role in ATTIC's ability to expand its services and programs across the state. One potential negative consequence is if the organization is viewed as too political, then its programs may be viewed merely as means to promote its political goals and not primarily as efforts to help people.

**7.2.2.3 Relationships with Funding and Collateral Agencies.** ATTIC keeps in close touch with the DOC administration, tries to be a key player in policy discussions whenever feasible, and continually advocates for community-based corrections in general and for effective programming for substance abusing offenders in particular. The political nature of the director's work results in criticism in some circles, however, and may become a barrier to relationships at the local level. While being a high-profile advocate may not be necessary, it is clearly important for practitioners to carry their concerns to the state level (and any other level at which programs are funded). One way in which ATTIC fosters its relationship with funding agencies is by conducting a training session with DOC staff every six months. According to the director, this activity serves a marketing function as well as an orientation function for new agents. This latter function is especially important because of perceived relatively high rates of staff turnover among the DOC field staff.

In the area of finance, it is important to have sound and enforceable agreements. As is the case with any nonprofit organization, ATTIC is ill-equipped to absorb the financial burden of habitual and/or lengthy delays in reimbursement. ATTIC, for example, reports taking out loans to cover expenses while waiting for reimbursement from state agencies. Although a cost analysis was beyond the scope of the present study, it is likely that, in the long run, funding agencies will pay for these delays one way or another.

A different type of funding issue lies in obtaining funding for rural and small urban programs. ATTIC's director believes that the bulk of DOC's funding goes to the largest urban area, which results in less funding available for rural and small urban areas. This makes economies of scale very difficult to achieve, and with the increasing number of offenders, may result in some sorely under funded, ineffective programs.

Another difficultly reported by DRC staff involves DIS clients' access to support services. County social service agencies seem to view DIS clients as wards of the state because they are technically state prison inmates. Agencies are, therefore, less willing to

provide services to them. The social service agencies believe it is the state's and not the county's responsibility to provide support services to this group of offenders. Again, this speaks to the need for sound and enforceable interagency agreements.

ATTIC also has a working relationship with the Dane County DHHS. The county administrator of AOD funds said that the agency's relationship with ATTIC has been both productive and painful. Most of the difficulties have involved problems with role definition, especially regarding case management. The criminal justice system tends to equate case management with community protection and monitoring of compliance with legal requirements. Clinicians, on the other hand, view case management primarily as a tool to facilitate treatment and recovery. This elucidates one of the most challenging problems facing DRC programs; the inherent conflict between treatment and criminal justice system norms and expectations. Before programs can be effective, these issues must be addressed and major obstacles cleared.

**7.2.2.4 Good Quality, Innovative Treatment.** It is apparent that all ATTIC staff have a strong belief in the effectiveness of treatment. ATTIC employs both 12-step and rational therapy models of treatment in an attempt to work with the clients on their own terms and within their own system of beliefs, while emphasizing that there are morals that span all cultures. Additionally, ATTIC continues to develop new program components and continues to expand and embellish upon existing programs. Funding (and not staff expertise) is probably the most important barrier to continued development and improvement of programming. In addition, as mentioned above, the staff is too small to have flexibility to schedule DRC programming around clients' employment. Staff /client ratios are also too high to implement program components or separate tracks for women and young offenders.

**7.2.2.5 Well-Trained and Committed Staff.** The ATTIC treatment and administrative staff that we talked with are competent, trained individuals who are committed to ATTIC's mission and possess the skills and experience necessary to implement programs and to carry out ATTIC's mission. Staff at all three sites told us that they use a job-sharing model and work together as a team. These DRCs are small enough that roles are clear and everyone understands how the DRC fits into the overall system. In areas with larger DRCs or DRCs that operate via a consortium of agencies, such clarity is no less important, but is often much more difficult to attain. Small DRCs probably demand the job-sharing approach used by

ATTIC, but the danger to that approach is that not all individuals are equally competent in all areas. With small DRCs, though, the staffs probably have little choice. One area in which ATTIC does distinguish between case managers and treatment staff is in the provision of substance abuse treatment; typically, the case managers do not provide substance abuse treatment unless licensed to do so.

### 7.2.3 Research Question 3: Do the DRCs serve the types of offenders they were designed to serve?

Generally, the Baraboo and La Crosse DRCs are designed to serve offenders who are higher risk and have more service needs than other offenders. Both our quantitative and qualitative analyses indicate that the DRCs are serving the types of offenders they are designed to serve. In fact, ATTIC tends to serve clients that have significantly higher risk and need scores than the pool of ATTIC-eligible probationers.

In addition, our analysis indicates that ATTIC clients in Baraboo and La Crosse are significantly different in their drug use patterns from both of their probation comparison samples in each county. Looking at reported polydrug use, at least 66% of the ATTIC clients report alcohol and drug abuse problems compared with less than 40% of the probation group and compared with less than 49% of the ATTIC-eligible probationers. This pattern is generally true for the TAP clients except that the difference between TAP clients and ATTIC-eligible probationers for reported alcohol and drug problems is not statistically significant. Thus, it seems that ATTIC clients may also have more serious substance abuse problems than probationers overall as well as other high risk/high need probationers.

The qualitative data also support these trends. POs in Baraboo reported that they typically refer the 20 or so clients from their caseload that are high risk to ATTIC, as well as the next 20 who are medium risk/high need. In La Crosse, most referrals to ATTIC appear to be less systematically determined, in that they are based more on behavioral factors and ATTIC is used as an informal alternative to revocation. Similarly, some clients in the La Crosse focus group reported that ATTIC is their "last chance" to stay out of prison. This observation is not a criticism of either approach to referrals; both are reasonable, and both appear to yield clients that ATTIC is designed to serve. Since this study did not primarily concern the nature of referrals, we cannot address whether one approach is better than the other or whether other referral mechanisms should be developed.

In summary, ATTIC clients seem to be appropriate for the treatment and services they receive. On average, they have more substance abuse problems, a greater need for services, are of greater risk to the community, and are assigned higher average levels of supervision than offenders in our probation samples. We, therefore, may not expect the outcomes to be the same between these two groups. In other words, if the DRC clients start off with more problems than other probationers, it may not be reasonable to expect the DRC clients to excel beyond the probationers in terms of their post-program outcomes.

### 7.2.4. Research Question 4: What factors appear to be associated with successful completion of DRC programs and what are clients' barriers to completion?

Before discussing this research question, it is important to point out that our analysis of the relevant issues was severely limited by the necessity to rely on the ATTIC MIS as our source of quantifiable data. This MIS is quite limited in terms of information that is useful for addressing issues of client retention and program completion. We also hasten to point out that we have rarely encountered a program-level information system program that is adequate to address these issues. We could not track important program retention factors such as participation in treatment and other program activities, urine monitoring, whether the client is core or non-core, whether the client participated in the Transitional Living Program, their employment, support system (e.g., family), and the like. Primarily we were limited to considerations of demographic characteristics and prior criminal history. Our logistic regression analysis showed little consistency across sites in factors important to program completion. We, therefore, relied primarily on the qualitative analyses drawn from interviews, the client satisfaction survey, and client focus groups.

When asked for a profile of a successful completer, the La Crosse DRC staff described this person as an older client (35-40 years old) who had been in prison 6-10 years and who had been in the system even longer. What staff observe is that offenders eventually get tired of being in the system and decide they want out. It is this desire to change and avoid the criminal justice system that seems to motivate them to complete the program and successfully move away from criminal activity. This characterization reflects an ageing-out process. Hard-core offenders may reach a point that they want to stop criminal activity, but do not know how to do so successfully. They need the DRC programming to provide them with the tools to learn to live in a new way.

Our observations, staff interviews, and client focus groups revealed the following potential barriers to program completion. It is important to recognize that some things perceived as barriers are important to the treatment process, and it might not be preferable to remove them. Additionally, these barriers are not easily quantifiable.

**7.2.4.1 Paperwork.** It is apparent that the clients have a lot of paperwork to complete. They complete extensive paperwork at the beginning of the program and are required to take tests and do homework throughout each of the program components. This work is not graded per se, but it must be done and its contents are discussed with the case manager. Clients usually have time while at the center to do much of this work. The required paperwork could discourage clients from participating in the program, although it appears to be an important component of the DRC treatment process. It may be especially problematic for clients with learning disabilities or language barriers; staff report making accommodations for such individuals. Again, the client/staff ratio probably precludes extensive work in this area.

**7.2.4.2 Access to Existing Services.** Staff reported that in some instances, DIS clients especially have limited access to community services because community service providers view these clients as wards of the state. Thus, they are less willing to spend their precious few resources on these clients rather than the DPP clients or other people in the community. One important service is TLP beds. Everyone (staff, clients, POs) wanted more housing resources in general and TLP beds in particular.

**7.2.4.3 Willingness to Change.** Clients agreed that the DRC program was a reasonable setting in which to change -- for those motivated to do so. One client suggested dividing the clients into two groups, those who want to be in treatment and those who do not. While this suggestion may seem on the surface to be inappropriate, it is certainly reasonable to include a "treatment readiness" component in any DRC program. Such a component may be used to assign clients to different tracks.

**7.2.4.4 Psychological Challenges of the Program.** Clients thought that ATTIC is much more difficult than being in prison because in ATTIC they are forced to deal with their psychological processes and to face uncomfortable issues. They acknowledge that this not a deficiency in the program, but that people may find it an insurmountable obstacle. In addition, the program requirement that all clients share their thoughts and feelings in a group

setting angered some of the clients. Perhaps greater access to individual counseling sessions would improve this situation. Treatment readiness may also be an important issue here, especially among younger clients. Some clients also suggested that the requirement of family involvement in the treatment was frustrating and created a barrier to their desire to fully participate in the program. Limited resources probably contribute to these feelings, because ATTIC does not have the funds to develop and implement a comprehensive family program.

The sample sizes in the quantitative analysis were very small, but generally showed that women were more likely to complete the program than men and that race/ethnicity was not a significant factor in completion. Barriers for women and minorities may exist at a prior stage; there may be obstacles to them being referred for services. In Baraboo, this is a problem, because so few women are eligible and in need of ATTIC services. ATTIC, in our view appropriately, does not want only one or two women in the center. Therapeutically, having only one woman in a treatment group is often problematic. Because Baraboo is a small area and ATTIC only has one program, serving women who need this type of programming is difficult.

**7.2.4.5 Program Length and Intensity.** Most clients agreed that three months for this type of program was not long enough to effect change. They emphatically stated that we should not expect to find improved outcomes from program participation. According to them, the program needs to be twice as long to see results. Research, especially in substance abuse treatment, supports this point of view. Staff also reported that three months was seen as minimally adequate. They were also concerned that most clients did not stay in the program for three months, because the requirements for employment (often imposed by DPP and DIS) took precedence over treatment. After a while, clients simply ran out of energy to do both, and could not participate fully in treatment. Clearly, this barrier interacts with other issues, such as housing. Employment is necessary for self support, but TLP housing is usually considerably less expensive than other options. Clients in the TLP report being better able to juggle treatment and employment, because the economic pressures are less (at least while they are in ATTIC).

Another barrier to successful program completion according to clients is the program hours and program's intensity of requirements. The clients reported that it is very difficult to find employment that fits into the ATTIC schedule (their shift would need to begin after 6

pm). Additionally, the homework required by the program and the intensity of the day results in exhaustion. On the other hand, it is possible that the substance abuse component may not be intensive enough to meet the needs of the clients. The constraints of the funding environment may not allow for a change in this area, however.

**7.2.4.6 Level of Staffing.** Clients in both DRC sites reported that there is inadequate staffing. Clients wanted more one-on-one time with counselors, especially to help with difficult personal/psychological issues they were uncomfortable talking about in a group and to work on planning issues (e.g., job training).

### 7.2.5 Research Question 5: What factors are associated with rearrest of DRC clients?

The first four research questions were addressed primarily by the process evaluation component. Research questions 5, 6, and 7 concern client outcomes. The small sample sizes in several of the analysis groups greatly limited our ability to comprehensively address these questions. Typically, analyses consisted of examination of bivariate associations between variables of interest.

The most important question to answer to address this research issue is whether participation in ATTIC appears to influence the likelihood of rearrest. In all three programs, those who completed the DRC program were significantly less likely to be rearrested in the year following program participation than those who did not complete.

When logistic regression analyses of rearrest were conducted, a different story emerges. Although program completers had a significantly lower probability of recidivism than noncompleters, program completion is not a significant variable in the multivariate analysis. No variables were consistently significant across the programs. Again, it is important to stress that the small sample sizes make it likely that these results are not robust.

Another analysis examined whether the risk and need scores of ATTIC clients might be related to rearrest. Because risk and need scores were available only for a subset of ATTIC clients, these variables could not be considered in multivariate analyses. Analysis showed that, overall, ATTIC clients who were rearrested had significantly higher risk scores than those not rearrested. Need scores did not significantly differ; all such scores were relatively equally high. Rather than illuminating any aspect of the ATTIC program, what these (and other) results may suggest is that Wisconsin's Case Management Classification risk score is a reasonably good predictor of the likelihood of recidivism for the probationer

population in general. (Our study does not address whether the CMC risk score is an accurate predictor for any given individual.) The specific results of this study may suggest that the type and/or intensity of the intervention provided by DRCs may not be sufficient to address the needs of the highest risk probationers.

### 7.2.6 Research Question 6: Are DRC clients less likely than other probationers to have further arrests?

Given that this study used a quasi-experimental design, we cannot directly model whether participation in the DRC programs reduces recidivism. What we can do is examine whether the recidivism of ATTIC clients and similarly situated probationers is different. We used a set of independent variables to control for the lack of random assignment to the DRC (vs. no special programming).

As we have stated earlier, ATTIC clients are of significantly higher risk and need than the general population of ATTIC-eligible probationers, so we might expect DRC clients to have higher rearrest rates. Indeed, our analyses show this to be the case. When comparing all ATTIC clients to the full comparison group of ATTIC-eligible probationers, ATTIC clients have higher rearrest rates (significantly higher in La Crosse and TAP).

In comparison to only the high risk/high need probationers, Baraboo and TAP program completers had lower recidivism rates, but the difference was not significant. That is, these results could have been due to chance rather than to program participation. In La Crosse, the program completers had higher rearrest rates than high risk/high need probationers, but the difference was not significant.

According to information presented earlier, POs in Baraboo refer their highest risk probationers to ATTIC. Logically, these people should be most at risk for rearrest. One year after completing the ATTIC program, these individuals are rearrested no more frequently than probationers who were eligible for ATTIC but not referred. This outcome suggests both a successful referral strategy as well as a successful treatment program.

In La Crosse, POs appear primarily to refer their most troublesome supervisees to ATTIC as well as those they deem to be most in need of treatment services; both types of individuals also have high risk and need scores. For those who complete the ATTIC program, their rearrest rate is not significantly higher than other high risk/high need probationers who do not receive such programming.

### 7.2.7 Research Question 7: What factors are associated with how long DRC clients compared to probationers remain in the community without further arrests?

This question could not be addressed in our study, because small sample sizes prevented modeling of factors associated with the timing of rearrest. In addition, bivariate analyses showed no significant differences between ATTIC clients rearrested and probationers rearrested. This result held across all programs and all subgroups in the study.

## 7.3 Conclusions and Program Recommendations

Generally, this study has demonstrated that day reporting centers provide a viable correctional treatment option for the highest risk offenders supervised in the community. The programs studied here are of a single model and focus on serving a specific population. As such, we cannot draw any conclusions about how the type of DRCs we examined might affect the recidivism of other types of offenders (e.g., lower risk/need levels, women). In addition, because we did not use an experimental design, we cannot conclude that program participation, or the lack thereof, is the primary factor influencing recidivism. As stated in the previous chapter, the quasi-experimental design and the small scale of the study make our findings suggestive rather than definitive.

With these caveats in mind, we make several recommendations to policy makers, programs, and researchers. Given the relatively positive outcomes for clients completing the program regimen in these centers, we strongly recommend that these (and other) programs implement practices and services that will enhance program completion. One important facet of successful DRC completion appears to be access to the Transitional Living Program. Affordable, safe, and drug-free housing for community-based offenders is essential, but frequently unavailable. Anecdotal evidence indicates that this problem exists throughout the country, and is not limited to Wisconsin. The TLPs in Wisconsin are an excellent option for offenders, especially while they are in treatment. DRC clients report that participation in the TLP gives them the freedom to focus more on the treatment program, because many stressors associated with living in the community have been lessened. If this ability to focus leads to an increased chance of program completion, then outcomes are likely to be better. Therefore, increasing TLP slots would seem to be a worthwhile investment.

Other factors that may improve program completion result in more general

programmatic recommendations (applicable to any DRC, not only the ones in the present study). The client-staff ratios in Baraboo and La Crosse seem inadequate to provide effective case management. We recognize that ATTIC's client-staff ratio meets the requirements of its contracts and is based on the availability of funds, but it appears that the one-on-one time available is still insufficient to address activities essential to successful outcomes (e.g., job training, education, family). In addition to addressing family issues with the case manager individually, a program module that formally involves the family may also enhance the likelihood of program completion and subsequent success. Again, these recommendations are general, and may not be appropriate for all types of offenders.

A final recommendation to improve program completion is to reduce the rigidity of the DRC schedule. Offenders receive conflicting messages about the priority of treatment in relation to employment. Obviously, offenders in the community must become self-sufficient (whenever possible), and employment is crucial to reaching this goal. At the same time, offenders are often required to fully participate in treatment (i.e., they are required to participate in the core program). Clearly, full-time treatment in a DRC and full-time employment are incompatible. Without temporary supported living arrangements and/or a flexible treatment schedule, completion of the program is not likely. Without completion of treatment, outcomes may be less positive. A cost-benefit analysis was beyond the scope of this study, but it bears examination whether the lack of funding for temporary supported living while in treatment incurs more future criminal justice system costs than it saves.

Although ATTIC's DRC programs are structured identically in both locations, the day-to-day operation is somewhat different in each site, because the local offender population, as well as the local correctional, treatment, and political environments vary. This study has shown that it is essential for an organization implementing a program to have a clear and continuing understanding of the local correctional, treatment, and political environments. The program must be willing to adapt to the local environments, while maintaining program integrity.

Perhaps one important lesson learned from studying the ATTIC programs is that DRCs can probably effectively serve a wide variety of offenders. The program content should be tailored to offender type, though. For example, community-based programs are frequently unwilling to accept offenders with any prior violent offenses. Our analyses

suggest, however, that such individuals fare no differently from offenders without a history of violent crimes, either in terms of program completion or rearrest. (We could not effectively address outcomes for those with current violent offenses.)

As mentioned above, our study has not, unfortunately, provided any insight on how effective DRCs are in treating female offenders. It is especially difficult to provide effective programming for women offenders in rural and small urban areas. ATTIC's La Crosse DRC offers periodic, abbreviated programming for women. This may be the best option available under the DOC's funding constraints, but it still does not yield equitable treatment for men and women. Clearly, the contents of the treatment program need not be identical for men and women, but the principle of equity requires access to programs of similar duration and intensity that address important correctional and treatment issues. Again, such problems are not confined to Wisconsin; they exist throughout the country.

## 7.4 Research Recommendations

As stated above, this study has demonstrated that DRCs are a viable correctional and treatment option, but many questions remain unanswered and many important issues have not been addressed. First, a careful study of program process at the client level is essential. We need to ascertain what aspects of DRC programming enhance completion and influence outcomes. A comprehensive and systematic client-level computerized MIS can facilitate such a study. More important, such an MIS can allow the program itself to examine factors associated with program completion. In so doing, staff can identify areas of the program that may need to be changed.

Second, an examination of an array of outcomes can provide an understanding of the relationship between important life activities and recidivism (e.g., how relapse to substance abuse, employment failure, and/or family situation relates to recidivism). Such a study would best be conducted using random assignment, but this approach is not often feasible in criminal justice research. In the absence of experimental design, a multi-site study using a carefully constructed comparison group (or groups) is recommended.

Third, a comprehensive cost-effectiveness and benefit-cost study of DRCs is essential to evaluating their utility as a community-based correctional and treatment alternative. As more states move away from prison construction and toward sentencing options that increase

the number of relatively high-risk offenders supervised in the community, it is crucial to learn more about for whom DRCs are most appropriate and effective.

Finally, we urge more study of programs that combine substance abuse treatment and correctional programming. Program providers in these two areas tend not only to have very different philosophies, purposes, and methods, but also to operate from within different agencies. More and more, these two areas are being asked to worked together, however, little systematic study at the organization/agency level has been conducted about how to "marry" the two effectively.

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# *APPENDIX A*

## *Interview Protocols*

## QUESTIONS for ATTIC'S DIRECTOR

### External Environment

1. Where do we get data on the crime rates in each city before and after the establishment of ATTIC?

2. Is there any way into TAP other than judges?

3. Did TAP ever exist without ATTIC in Madison?

4. Does ATTIC receive any Federal dollars at all? Any more current interest in United Way funding?

5. Can you describe in detail the political, social, and economic environment into which DRCs were introduced? Are they viewed more as a sanction or a treatment?

6. In your opinion, what the DRC concept well-defined from the beginning or has it evolved a lot?

**Program Level**

7. Explain how the phase system interacts with the core and non-core distinction? How (criteria used) are clients placed in each?

8. When did the LaCrosse program begin?

9. Does the referral and intake process differ for DRC clients and residential clients?

10. Is the only service ATTIC provides to TAP clients (in addition to case management) AODA?

11. How is the Wausau program coming along? Are there only ATTIC clients there now?

12. When are post tests administered and what is done with the scores (do clients know how they did?)?

13. Any plans for opening more ATTIC DRCs? Are you more interested in DRCs now or residential treatment alternatives? Why?

- Are there other individuals or groups you feel the program should serve?

14. In thinking about a typical week in your job, what are your usual activities and approximately what percent of your time do you spend in each?

**Environment**

15. What are the most common barriers you face in trying to get your work done?

- How do you attempt to deal with these barriers?

16. Overall, what do you find most satisfying about your job?

17. How do you know if something is going wrong in the program or could be going better?

- How do you know when things are going well?
- How are problems identified and what happens as a response?

**Client Level**

18. What does the program administration count as far as positive client outcomes?

    - What guidelines are used in deciding when to terminate a client? Is this policy or practice or both?

19. Does ATTIC have a waiting list?

20. How do you (or who) determines which clients get aftercare?

**Topic Guide for DRC Staff**
Case Manager

Background

1. What is your current position/title?

   - How long have you been in your current position?
   - How long have you been at this program?
   - Current job responsibilities?

2. Please briefly describe your background including education, certifications and past experience?

   - Have you worked as a case manager before?
   - Have you worked with this clientele before?
   - Have you worked in social services before?

3. Have you participated in any training in the past year?

   - Are there areas in which you would like to receive more training?
   - Have you received any special training for working with special populations (e.g., HIV positive clients, ethnic minorities, women, pregnant women etc)

Environment

4. Do you work in service teams?

   - If yes, what is your role as a case manager on this team?
   - Is the team approach effective?

5. In thinking of a typical week in your job, what are your usual activities and approximately what percent of your time do you spend in each?

   - How is the paperwork burden in this program?

6. In your current role, do you interact with the staff of other agencies?

   - Are there other agencies you would like to establish a relationship with?

7. What are the most common barriers you face in trying to get your work done?

   - How do you attempt to deal with these barriers?

8. Does the program reward staff for doing good work?

- What kind of incentive structure, if any, does the program use?
- Do you get any feedback about how you are doing?
- What happens as a result?

9. Overall, what do you like or find most satisfying about your job? And is there a particular success story you would like to share?

- Given this local area and type of work, how desirable is your job (benefits, salary, experience)?

Program level

10. How are program goals communicated to staff?

- Are there written policies that guide program practices?
- In what areas (e.g., organization management, financial management, service provision). How are staff made aware of these?

11. How do you know if something is going wrong in the program or could be going better?

- How do you know when things are going well?
- How are problems in operations identified and what happens in response?

12. Based on your experience so far, if you could design the case management component of this program from scratch, what would it look like?

- What would you keep the same? What would you do differently?

Client level

13. What sources of client referral does your program have?

- Is there any outreach or recruitment?

14. Tell us about the kinds of clients who are in your program?

- Age, drug use, backgrounds

15. How are services coordinated and how is client tracking done?

- How do you know how clients are progressing?
- How do you know what sessions clients attend?
- How do clients get the services they need?

16. Why do you think clients leave the program?

- Do you see any of the same clients twice?

17. What do you do, if anything, as a part of the intake process?

- What are the criteria for intake?
- Do you think they need to be changed - broader? narrower?

18. Are there individuals or groups you feel the program should serve that it is currently not serving?

19. What, if any, role do you play in client assessment?

- Is it uniform for all clients?
- How does it differ?

20. Can you describe the process for determining what components of the program a client should participate in?

- When is this decision made?
- Who is it made by? [Client input]
- Are there guidelines?
- Any review process?

21. What kinds of client outcomes does the program view as positive?

- What is expected of clients by the program?
- What changes do you expect clients to go through during treatment?
- What needs to happen at the client level in order for change to occur?
- How do you know the treatment is working/clients are progressing?
- What are the causes of problems in this population?

22. What percent of clients are held back in any one phase of services?

23. What guidelines are used in decide when to terminate a client?

- Does this differ ever? Please distinguish between programmatic guidelines and personal guidelines you may use.

24. What is your case load?

- Is this the average case load?
- How often do you meet with each of your clients?

25. What do you find most difficult about working with your clients?

- What barriers usually exist?
- How do you assist clients overcome barriers?
- What factors have you found that facilitate good relationships with clients?

26. What do you think are the most important ingredients or factors that motivate your clients to stay in the program?

- To successfully exit the program?
- What barriers do clients usually face?

27. Are there services or resources needed by your clients that do not exist in the immediate geographic area?

- If so, what are these?
- Any barriers exist to having those resources available?
- How do you feel the situation could be improved?

28. Do you provide services in any of the following areas and are the on-site or off-site through referral:

Medical; psycho-social; educational; vocational; life skills

- Are referrals followed-up?
- For how long?

29. Are there services or resources for your clients that exist either within or outside the program but have been difficult to obtain?

- If so, what are these?
- Any barriers exist to having those resources available?
- How do you feel the situation could be improved?

**Topic Guide for DRC Staff**
MIS/Administrator

Background

1. Have you participated in any training in the past year?

   - Are there areas in which you would like to receive more training?
   - Have you received any special training for working with special populations (e.g., HIV positive clients, ethnic minorities, women, pregnant women etc)

Environment

2. Do you work in service teams?

   - How do you interact with other staff persons?
   - If yes, what is your role as administrator on this team?
   - Is the team approach effective?

3. In your current role, do you interact with the staff of other agencies?

   - Are there other agencies you would like to establish a relationship with?

4. What are the most common barriers you face in trying to get your work done?

   - How do you attempt to deal with these barriers?

5. Does the program reward staff for doing good work?

- What kind of incentive structure, if any, does the program use?
- Do you get any feedback about how you are doing?
- What happens as a result?

6. How are program goals communicated to staff?

- Are there written policies that guide program practices?
- In what areas (e.g., organization management, financial management, service provision). How are staff made aware of these?

7. Are there annual program objectives established?

- Who participates in establishing these? (e.g., board of directors; program director; which staff; legal counsel; community members)

8. How do you think the paperwork burden in this program is?

9. How do you know if something is going wrong in the program or could be going better?

- How do you know when things are going well?
- How are problems in operations identified and what happens in response?

10. If you could design this program from scratch, what would it look like?

- How would it be different?
- How would it be the same?

Program level

11. How long are client records retained by your program?

12. Have there been any changes in your MIS system or the way you collect information on clients in the past 6 months?

**Topic Guide for DRC Staff**
Counselor / Case Manager

Background

**If have not interviewed person before, ask Q1 & Q2**

1. What is your current position/title?

   - How long have you been in your current position?
   - How long have you been at this program?
   - Current job responsibilities?

2. Please briefly describe your background including education, certifications and past experience?

   - Have you worked as a counselor/case manager before?
   - Have you worked with criminal justice clients before?
   - Have you worked in other social services before?

3. Have you participated in any training in the past year?

   - Are there areas in which you would like to receive more training?
   - Have you received any special training for working with special populations (e.g., HIV positive clients, ethnic minorities, women, pregnant women etc)

Environment

4. Do you work in service teams?

- If yes, what is your role as a counselor or case manager on this team?
- Who else is on the team with you and what does the team do?
- Is the team approach effective?
- Have you participated in any quality circles or TQM teams to discuss issues or company procedures?

5. In thinking of a typical week in your job, what are your usual activities and approximately what percent of your time do you spend in each?

- How is the paperwork burden in this program?

6. In your current role, do you interact with staff from other agencies?

- How would you characterize these interactions? Could they be improved?
- Are there other agencies you would like to establish a relationship with?

7. What are the most common barriers you face in trying to get your work done?

- How do you attempt to deal with these barriers?

8. Does the program reward staff for doing good work?

- What kind of incentive structure, if any, does the program use?
- Do you get any feedback about how you are doing?
- What happens as a result?

9. Overall, what do you like or find most satisfying about your job? And is there a particular success story you would like to share?

Program level

10. How are program goals communicated to staff?

- Are there written policies that guide program practices?
- In what areas (e.g., organization management, financial management, service provision). How are staff made aware of these?

11. How do you know if something is going wrong in the program or could be going better?

- How do you know when things are going well?
- How are problems in operations identified and what happens in response?

12. Based on your experience so far, if you could design the counseling or case management component of this program from scratch, what would it look like?

- What would you keep the same? What would you do differently?

Client level

13. Tell us about the kinds of clients who are in your program?

- Age, drug use, background, treatment and drug use history, etc.

14. Why do you think clients leave the program?

- Do you see any of the same clients twice?

15. Are there individuals or groups you feel the program should serve that it is currently not serving?

16. Can you describe the process for determining what components of the program a client should participate in?

- When is this decision made and by whom?
- What guidelines are used?
- Is there any review process per se?

17. What kinds of client outcomes does the program view as positive?

- What is expected of clients by the program?
- What changes do you expect clients to go through during treatment?
- What needs to happen at the client level in order for change to occur?
- How do you know the treatment is working/clients are progressing?
- What are the causes of problems in this population?

18. What percent of clients are held back in any one phase of services?

19. What guidelines are used in deciding when to terminate a client?

- Does this differ ever? Please distinguish between programmatic guidelines and personal guidelines you may use.

20. What is your current case load?

- Is this the average case load?
- How often do you meet with each of your clients?

21. What do you find most difficult about working with your clients?

- What barriers usually exist?
- How do you assist clients overcome barriers?
- What factors have you found that facilitate good relationships with clients?

22. What do you think are the most important ingredients or factors that motivate your clients to stay in the program?

- To successfully exit the program?
- What barriers do clients usually face?

23. Are there services or resources needed by your clients that do not exist in the immediate geographic area?

- If so, what are these?
- Any barriers exist to having those resources available?
- How do you feel the situation could be improved?

24. Do you provide services in any of the following areas and are the on-site or off-site through referral:

Medical; psycho-social; educational; vocational; life skills

- Are referrals followed-up?
- For how long?

25. Are there services or resources for your clients that exist either within or outside the program but have been difficult to obtain?

- If so, what are these?
- Any barriers exist to having those resources available?
- How do you feel the situation could be improved?

26. Is there anything else we have not asked that you think would help us better understand the ATTIC programs or your role in the program?

# *APPENDIX B*

## *Program Observation Protocol*

Day Reporting Centers: A Process and Outcome Evaluation
Pacific Institute for Research and Evaluation

# OBSERVATION PROTOCOL

Environment and Policies

ATTIC Correctional Services

Site name _____

Site reviewer _____

NOTE: All information recorded should reflect observations made on site visit. If information is from anywhere other than observation (e.g., program staff), please make note of that.

## Section I

### *Program Location Characteristics*

1. Is the neighborhood primarily

| | |
|---|---|
| urban | 1 |
| suburban | 2 |
| rural | 3 |

2. What type of neighborhood is the program in?

| | |
|---|---|
| Houses or low-rise apartment residential | 1 |
| High-rise apartments residential | 2 |
| Business | 3 |
| Both business and residential | 4 |
| Other _____ | 5 |

3. What are the major ethnic groups in the neighborhood?

| | |
|---|---|
| Black | 1 |
| White | 2 |
| Hispanic | 3 |
| Native American | 4 |
| Asian | 5 |
| Other _____ | 6 |

4. What is the social class of the neighborhood?

| | |
|---|---|
| Upper class | 1 |
| Middle class | 2 |
| Lower middle class | 3 |
| Poor | 4 |

5. Describe the surrounding neighborhood:

| | |
|---|---|
| Streets are clean and free of litter | 1 |
| Area seems busy and productive | 2 |
| Several houses or building for sale or rent | 3 |
| One or more houses or buildings | |

| | |
|---|---|
| boarded up | 4 |
| One or more intoxicated or drugged persons on the streets | 5 |
| Seems deserted during the day | 6 |
| Seems deserted during the evening | 7 |
| Pawn shops in the immediate area | 8 |
| Commercial blood collection centers in the area | 9 |
| Obvious begging and panhandling in the area | 10 |
| Trees or other greenery in and around the streets | 11 |

6. What other types of health or social services are there within a two block radius?

| | |
|---|---|
| Medical clinic | 1 |
| Public health center | 2 |
| Hospital | 3 |
| Welfare department | 4 |
| Police station | 5 |
| Homeless shelter | 6 |
| Soup kitchen | 7 |
| Substance abuse treatment | 8 |
| Other _____ | 9 |

7. Is there a public transportation stop within easy walking distance (1/4 mile)?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

## *Program Physical Characteristics*

8. Is the program facility part of another building or is it free-standing?

| | |
|---|---|
| Part of another building | 1 |
| Free-standing | 2 |

9. Is there ample parking for staff and clients?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

10. Is the entrance visible to the street?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

11. Are people permitted to loiter in and around the program facility?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

12. Does the facility seem well-maintained?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

13. What amenities are available to clients?

| | |
|---|---|
| Lounge area | 1 |
| TV room | 2 |
| Kitchen/eating area | 3 |
| Coffee | 4 |
| Vending machines | 5 |
| Other _____ | 6 |

14. Is the facility smoke-free?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

15. Does each entrance to the facility have a staff person present?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

16. Is there a security system?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

17. Are clients required to sign-in upon arrival?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

Describe sign-in procedures:

_____

_____

18. Overall, how would you rate the facility in terms of .....?

NOISE

| | |
|---|---|
| Very quite | 1 |
| Quite | 2 |
| Slightly noisy | 3 |
| Moderately noisy | 4 |

AIR QUALITY

| | |
|---|---|
| Exceptionally fresh air | 1 |
| Normal (notice nothing) | 2 |
| Slightly unpleasant | 3 |
| Moderately unpleasant | 4 |

TEMPERATURE

| | |
|---|---|
| Very comfortable everywhere | 1 |
| Comfortable in most rooms | 2 |
| Slightly uncomfortable | 3 |
| Moderately uncomfortable | 4 |

LIGHTING

| | |
|---|---|
| Very good | 1 |
| Good | 2 |
| Barely adequate | 3 |
| Inadequate | 4 |

CLEANLINESS

| | |
|---|---|
| Very clean | 1 |
| Clean | 2 |
| Slightly dirty | 3 |
| Moderately dirty | 4 |

19. Do counselors have private areas for interviewing clients?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

20. Do new clients receive a handbook of policies and procedures?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

21. What kinds of pictures or wallhangings are on the walls within the facility?

| | |
|---|---|
| Alcohol / drug warning posters | 1 |
| Other health-related messages | 2 |
| Art | 3 |
| Maps and local focused hangings | 4 |
| Other _____ | 5 |

22. Are rules and regulations clearly posted in a visible space?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

23. Is there a list of clients' rights clearly posted in a visible space?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

24. Are the immediate program facilities shared with any other group or program?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

25. How many hours per day do clients spend in this facility?

_____

26. Is there much interaction among clients (excluding groups)?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

27. Is there much interactions between clients and staff (other than sessions)?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

28. How would you characterize interactions between clients and staff?

| | |
|---|---|
| Very friendly (buddy buddy) | 1 |
| Friendly, but keep distance | 2 |
| Civil, but not friendly | 3 |
| Staff are authoritative with clients | 4 |
| Staff and clients don't seem to get along with each other | 5 |

29. Were any of the following kinds of people present at all in the facility?

| | |
|---|---|
| Probation officer | 1 |
| DIS officer | 2 |
| Public defender | 3 |
| Private attorney | 4 |
| Police | 5 |
| Social service | 6 |

30. How easily can staff be differentiated from clients?

| | |
|---|---|
| Very easily | 1 |
| Somewhat easily | 2 |
| Not too easily | 3 |
| Not easily at all | 4 |

31. How enthusiastic do staff members seem to be?

| | |
|---|---|
| Very enthusiastic | 1 |
| Enthusiastic | 2 |
| Somewhat enthusiastic | 3 |
| Not enthusiastic | 4 |

32. Do case managers randomly monitor the weekly activities of clients?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

How is this done?

_____

_____

## *II. Observer Impressions*

1. What was your first impression of the program? (Is this a place you would want to work? Would want someone close to you to receive services here?)

2. Approximately how many hours did you spend in this program?

   _____ hours

3. Over the time you have spent in this program, has your impression changed? How and why?

# *APPENDIX C*

## *Client Satisfaction Survey*

# SATISFACTION WITH SERVICES QUESTIONNAIRE

The National Institute of Justice has hired the Pacific Institute for Research and Evaluation to conduct a study of ATTIC programs. As part of this study, we are interested in your opinion of the services you have received from the ATTIC Correctional Services day treatment center programs in which you are enrolled. You do not have to answer any question, but if you do, ***your answers will not be shared with anyone.*** We will compile everyone's answers and compute general statistics. ***Your decision to participate in this survey will not influence your services at ATTIC.*** ATTIC staff will not know who completed the survey and who did not. To insure the confidentiality of your answers, we have attached a self-addressed, stamped envelope for you to use to return the completed survey directly to us. Please answer all questions honestly and provide comments where you want to. ***Do not write your name on this survey.***

Check each ATTIC program you participate in:

| | | | |
|---|---|---|---|
| Alcohol/drug (AODA) group | ☐ | Corrective thinking (CT) | ☐ |
| Employment readiness group (ERT) | ☐ | Other _____ | ☐ |
| Aggression replacement group (ART) | ☐ | Other _____ | ☐ |

Please tell us your gender and your age: ☐ Male ☐ Female Age _____

How long have you been a client of ATTIC? _____

Have you been in any ATTIC program before? _____

Are you currently, or have you within the last 12 months, received services from any other groups or agencies (for example, another drug or alcohol treatment program, food stamps, department of housing, AFDC)? Yes ☐ No ☐

**CIRCLE THE RESPONSE THAT BEST DESCRIBES YOUR OPINION.**

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| 1. I am satisfied with the ATTIC programs I participate in. | 1 | 2 | 3 | 4 |
| 2. My rights as an individual are respected. | 1 | 2 | 3 | 4 |
| 3. I am treated fairly by ATTIC staff. | 1 | 2 | 3 | 4 |
| 4. I have sufficient input into my treatment and services planning | 1 | 2 | 3 | 4 |
| 5. The services I have received help me to deal more effectively with my problems. | 1 | 2 | 3 | 4 |
| 6. There are other services I need but can't get. | 1 | 2 | 3 | 4 |
| 7. My counselors understand my problems and how I feel about things. | 1 | 2 | 3 | 4 |

| | Strongly Disagree | Disagree | Agree | Strongly Agree | |
|---|---|---|---|---|---|
| 8. The ATTIC facilities are comfortable. | 1 | 2 | 3 | 4 | |
| 9. I receive enough individual attention, such as counseling, from ATTIC staff. | 1 | 2 | 3 | 4 | |
| 10. I find the group counseling sessions helpful. | 1 | 2 | 3 | 4 | |
| 11. My problems are very similar to those of the other ATTIC clients I have met. | 1 | 2 | 3 | 4 | |
| 12. I have made significant progress in getting my life together in the past month or so. | 1 | 2 | 3 | 4 | |
| 13. I am better at making choices and dealing with life since I started coming to ATTIC. | 1 | 2 | 3 | 4 | |
| 14. Overall, I think ATTIC's services are the best services I have received through the criminal justice system. | 1 | 2 | 3 | 4 | |
| 15. The alcohol/drug (AODA) group has given me practical tools that will help me stay out of trouble. | 1 | 2 | 3 | 4 | Not Applicable |
| 16. The Employment Readiness (ERT) group has given me practical tools that will help me stay out of trouble. | 1 | 2 | 3 | 4 | Not Applicable |
| 17. Aggression Replacement Training (ART) has given me practical tools that will help me stay out of trouble. | 1 | 2 | 3 | 4 | Not Applicable |
| 18. The Corrective Thinking (CT) group has given me practical tools that will help me stay out of trouble. | 1 | 2 | 3 | 4 | Not Applicable |

List at least two things you have found helpful about ATTIC's staff and services:

1. _____

2. _____

If you could make two changes to ATTIC programming or services (for example content of sessions, types of sessions, counseling arrangements), what would they be?

1 _____

2. _____

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION!**

# *APPENDIX D*

## *Focus Group Protocol*

## DRC Client Focus Group Questions

The purpose of the focus groups with clients (6 - 8 clients at each of the 2 sites; maybe 2 focus groups at each site) is to gather more information about their perception of ATTIC programs and services. This will give us a better picture of how ATTIC's services fit into the Wisconsin Criminal Justice system, as well as allowing us to give the aggregated feedback to the programs. Additionally, some of the questions are based on responses to the Client Satisfaction Survey. Below are procedures and questions for the focus groups.

### I. Describe purpose and procedures of focus groups:

A. We want to get opinions and thoughts of DRC clients, in part for program improvement and in part for assessment of how well the program works.

B. We will want everybody to express themselves during the discussion. Ground rules are that no one dominates the discussion so that everyone has a chance talk. There are no right or wrong answers.

C. We would like to obtain permission to tape the discussion so that we can write it down later and make sure we don't miss any important information. We will destroy the tape after information has been transcribed from the tape.

D. The information will be shared with ATTIC but only in aggregate form. In other words, no one will be named in any document or report.

E. We will be talking for 1 hour or so. Feel free to ask for clarification if a question does not make sense to you.

### II. OBSERVE:

Number of participants, approximate ages, and genders.

## III. Begin focus group questions:

Background

1. Is this your first time in the ATTIC program? How many people have been in ATTIC programs for at least 1 month?

Criminal Justice Services

3. Do the services or programs you are currently receiving through ATTIC meet your needs? In what ways and why or why not?

4. Are there any other services or programs that you think ATTIC should be providing or are there services you cannot get?

5. **Compared with other services** [criminal justice or social services] you may have received, how successful do you feel the ATTIC program can be with helping you stay out of trouble with the law? Why?

6. What other criminal justice services you have received do you think were better than ATTIC services? Why? Where and how did you get those services? Are those services still available?

Barriers

7. What barriers, if any, are there to you living a "completely legal" [drug and crime free] lifestyle? Is this something **you** really want to do? What are your most important motivating factors (probe for criminal justice, significant others, friends)

8. What barriers are in your way to successfully completing the ATTIC program?

ATTIC Program

9. Do you see a difference in the way you are treated here by staff versus the way you are or have been treated by other criminal justice OR social service agencies?

10. What has been most valuable to you about the ATTIC programs? What about to your family or partner?

11. What do you want more of in the ATTIC programs?

12. What do you want less of in the ATTIC programs?

13. Have you ever been asked to give feedback [or your opinion of the program] to the ATTIC program before? If so, when, how and what do you think the staff did with the information?

ATTIC Treatment Services Received

14. Are there enough counselors at ATTIC and do you have enough time with them? Does it make a difference for you if counselors are male or female?

15. Are the programming hours reasonably convenient for you? Are you able to work as many hours as you would like to?

17. How are the ATTIC services you receive funded?

18. How would you describe your relationship with your probation or DIS agent? Do you have a different relationship with your ATTIC counselor?

19. To the best of your knowledge, what other alcohol and drug treatment programs are in the area? Is there anything similar to ATTIC services? Do you need more AOD services than you can get?

IV. **Wrap up focus group session**; thank clients for their time and participation; answer any questions they might have.

# PROCESS EVALUATION CASE STUDY

## 1 Introduction

This document provides details related to the major topics presented in the Technical Report, and as such, is a companion to the full report rather than a stand-alone product. The information presented is based on case study site visits, telephone interviews, and document reviews. We report on ATTIC's organization and funding, DRC program environments, staffing, clients served, and program components.

## 2 The ATTIC Correctional Services Organization

### 2.1 History and Mission

The ATTIC Correctional Services, Inc. is a private non-profit corporation that opened during 1977 in Madison as a halfway house for Vietnam veterans. ATTIC remained a 12-bed halfway house facility from 1977-1983 when several events converged to cause a transition to a day reporting center. ATTIC's current director, who had previous academic and professional experience in corrections, began working at ATTIC as a security guard and recognized that in order for the organization to remain in business, substantial changes had to be made. At this same time, Wisconsin Department of Correction (DOC) staff began to see the need for expanded community corrections. The current director had visited some DRCs while in England and thought the concept might be useful for Wisconsin corrections.

It took several years for the first DRC program to get approved and funded. Approval had to come from the Division of Probation and Parole (DPP) which required that the community-based programs be an alternative, not an addition, to incarceration. Meanwhile in 1988, the Dane County DHHS began the TAP program and ATTIC won the contract to provide case management services to TAP clients. The first ATTIC DRC began in Baraboo in 1989 as a rural demonstration program. Since Wisconsin is a mostly rural state, ATTIC thought it best to begin a program in a rural area. The La Crosse program began in 1990.

Over the years, ATTIC has expanded to provide other community-based correctional services, in addition to DRCs. It has developed a mission to:

> ... conceive and develop more effective sanctions which will enable offenders to avoid incarceration, satisfy community concern for retribution, and provide a setting which will facilitate treatment and the reduction of possible recidivism.

Thus, ATTIC's goals include appropriate treatment for offenders, concern for community safety, and reduction in burden on the criminal justice system. In the director's terms, ATTIC has two main objectives: community safety and behavioral change. ATTIC asserts that offenders in community corrections need substantial programming in addition to monitoring.

In summary, ATTIC's purpose "is to provide a wide range of services for the correctional client, in the hope of preventing recidivism and future victimization...ATTIC Correctional Services, Inc. is a team of people working together to provide top-quality services to our clients and to our contracted agencies. Our success is due to hiring bright, talented people who work well together toward a common goal" (ATTIC Handbook, p. 2).

## 2.2 Administration

ATTIC is a private non-profit organization governed by a Board of Directors that consists solely of ATTIC staff. The Board is responsible for setting the annual operating budget, establishing personnel policy, and acting as the body for final grievance appeals.

All client intakes are entered into the ATTIC management information system (MIS), and all financial matters are handled by the central administrative staff. Service units provided by ATTIC are not recorded in the MIS. Instead, hard copy monthly reports are prepared and submitted to each payor (e.g., DPP, Dane County DHHS, DIS).

ATTIC has a handbook that all new staff, including volunteers, receive. The handbook describes procedures for hiring and terminations, code of ethics staff are expected to follow, as well as the benefits package and performance evaluation procedures. According to staff, the benefits at ATTIC are good for the area and as good as or better than comparable state and county jobs. Benefits include time-and-a-half pay for hours worked in excess of 40 hours per week; 12 sick days per year; 15 days of paid vacation for the first year and an additional 2 days per year of service thereafter; 2 weeks of paid maternity/paternity paid; medical, dental, life, and disability insurance; an eye care plan; and retirement plans. All benefit costs are covered in full by the company except for medical, dental, and eye care, which are contributory plans.

New staff are evaluated after a probationary period of 90 days. This first evaluation may result in a salary increase. All other staff are evaluated twice a year. ATTIC's policy is to keep performance evaluation separate from salary decisions. According to the ATTIC director, this is done primarily because ATTIC is not in a position to offer much in the way of raises or bonuses. Annual increases average around 3%, in part because state contracts rarely get adjusted upward. The handbook informs staff of the fact that raises depend upon funds available. According to the director, staff are told upon hiring that salaries will not increase much, that few opportunities for advancement exist because promotions are available only when a position becomes vacant, and that ATTIC management generally expects staff to move on to "bigger and better things" after a few years. Program managers are evaluated in part on their ability to be creative and innovative in developing new ways to handle situations and developing and enhancing programs.

In approximately six years, ATTIC's staff has grown to five times its original size. Currently, ATTIC has approximately 90 employees in all its programs and in the administrative office. In addition to DRCs and TAP, ATTIC operates residential treatment programs, transitional living programs, sex offender treatment programs, substance abuse treatment programs, and driver license reinstatement programs. A complete listing of ATTIC services is in Attachment CS-1 to this document.

In Wisconsin, the DRC programs do not have to be licensed, but staff providing services must be certified to do so. All case management staff in the DRCs are state-certified social workers, usually at the bachelor's level. The substance abuse counselors are all certified alcohol and drug abuse counselors (CADAC).

ATTIC is a relatively flat organization, with the Board of Directors at the "top" of the organizational chart and the President just below (see Attachment CS-2 for an organizational chart). Next in the hierarchy are the program managers and directors of each facility. There is a director of residential services. Regional program managers supervise clinical, outpatient services. The central administrative staff in Madison consists of one administrator, two administrative assistants, and one half-time accounting clerk. The administrator estimates that she spends 75% of her time on fiscal management; she also manages the computer systems and writes proposals for all ATTIC programs. As of 1995, administrative offices became housed separately from all program locations.

# 3 DRC and TAP Funding

## 3.1 DRC Funding

DRCs are funded entirely by the DOC, through contracts with DPP and the Division of Intensive Sanctions (DIS).

DPP administers three separate funds to provide services to probationers and parolees: halfway house funds, purchase of service funds, and Federal Anti-drug Abuse Treatment and Rehabilitation Act funds. The DPP allocates the funds to each of the six DPP regions in Wisconsin, and the regions determine how the monies should be spent locally. For FY 1994-95, the DPP allocated: $4.2 million to halfway houses (210 beds in 21 facilities), $2.5 million for purchase of services (which includes most day treatment,[1] employment, and substance abuse treatment programs), and $900,000 in Federal AODA funds (3 halfway houses, several day treatment and counseling programs). In 1994, approximately 10 providers, including ATTIC, had contracts to provide day treatment services in Wisconsin, with the expectation of serving a total of 1106 offenders for a total cost of $1.6 million, for approximately $1450 per offender. The DOC contracts require that the agencies provide a certain range of services to an expected

[1] Under the DPP/DIS contracts, ATTIC is considered a day treatment program. For purposes of this study, we use the more generic term "day reporting center" to identify these programs.

number of individuals. Generally, contracts are awarded annually and price is an important variable in the decision making.

DIS was formed in August 1991. According to the DIS administrator, the program was developed in response to a 1989 study that predicted a dramatic swell in the number of inmates in the Wisconsin criminal justice system over the next decade. This study estimated that an additional $226 million would be required in prison construction alone. The DOC developed a population management plan that expanded both the number of available prison beds by 1600 and created DIS to provide community-based sanctions and programming. DIS is often described as a "prison without walls;" in other words, offenders in DIS are still prisoners and progress through the prison system. In 1994, 1700 inmates were in DIS, 90% of whom were males between the ages of 20 and 24. Only non-violent offenders are considered for DIS, and DIS participants are supposed to be relatively employable. Inmates are in DIS for at least 10 months, after which they may be transferred to DPP as a parolee.

There are four portals of entry into DIS: (1) court sentence; (2) parole (after an inmate serves one-quarter of his/her time in prison); (3) administrative transfer; and (4) alternative to revocation (ATR). All inmates in DIS move through four phases, each of which is at least three months long; all are supervised by a DIS agent (officer). The first phase is confinement in a halfway house or transitional living program. The second phase involves electronic monitoring (paid for by the inmate), attendance at either school or work, and at least 18 contacts with their parole agent. The last two phases involve gradually decreasing electronic monitoring and reducing contact with the DIS agent. Individuals in DIS can be moved back a phase or returned to prison for violations. Because they are technically prisoners, such returns are accomplished via an administrative transfer, rather than court action.

The average agent/offender ratio ranges from 1/25 - 1/40 in DIS, compared with 1/72 in DPP. DIS inmates participate in treatment services such as AODA treatment, corrective thinking, and employment training. Agents update DIS case plans monthly. In general, more aftercare and transitional services are available to DIS inmates than to probationers and parolees. Apart from supervision costs, on average, probationers received $150 worth of services in 1994, and DIS inmates received $2400 in services. According to the DIS Administrator, annual costs per slot are as follows: $22,000 for prison, $13,000 for DPP, and $6,800 for DIS. Thus, the supervision costs are substantially higher in DPP than DIS, although programming expenditures are lower.

## 3.2 TAP Funding

All TAP programs are supported by the Federal block grants and Wisconsin general revenue funds. Monies are allocated to the counties agencies that operate mental health programs. The county agencies administer the funds and contract with local providers to operate all TAP-related functions. In Dane County, TAP is administered by the Department of Health and Human Services. Cost per slot is $11,800.

# 4 DRC Program Environment

## 4.1 Program Location

**4.1.1 Baraboo.** Baraboo, the birthplace of the Ringling Brothers Circus, is approximately 50 miles west of Madison. The 1990 Census recorded a population of 9,203 in Baraboo and a total of 46,846 people in Sauk County. The largest employers (over 400) are mostly manufacturers and include Baraboo Sysco Foods, Flambeau Plastics, Perry Printing, and Gerber (located outside of Baraboo proper). Most of the other firms in the area employ less than 100 people. In 1990, the unemployment rate in Sauk county was 6%. The average price for a home in the Baraboo area is $67,850 and the average monthly rent for a two-bedroom apartment is $300-$400. The Circus World Museum, Baraboo's major attraction, is located near downtown by the Baraboo River. Baraboo has a very small town atmosphere. Staff at the DRC program say that Baraboo is a place where the residents all know each other and the POs, which makes it relatively common for citizens to report probation violations to POs. The town is situated along the Baraboo River and the downtown consists of several "classic-looking" main streets with storefronts facing the town square. A newly built jail is near the square, approximately a block from the ATTIC DRC. The DRC is located next to a small restaurant in a block of storefronts.

In terms of its outward appearance, ATTIC is indistinguishable from other businesses in the area. The town never seemed very crowded -- parking was never a problem when we visited. The streets were relatively empty most of the time and the population and surrounding area appeared to be mostly white and middle class. The streets near ATTIC were well-kept and trees and greenery were in the area.

The ATTIC facility is well-maintained and smoke-free. A lounge area, soda vending machine, refrigerator, microwave, and coffee are available to staff and clients. Everything about the facility is comfortable. There is a reception desk, three offices, two meeting rooms, and one bathroom. Alcohol and drug warning posters, health-related posters, and treatment-specific posters hang on the walls. The staff are friendly to the clients, but seem to keep their distance. Swearing and the use of foul language by clients appeared not to be punished. Staff can easily be distinguished from clients, primarily by dress. Two of the offices are shared by the four case managers. Because she travels between the two DRCs, the program manager's office is often used as individual counseling and interview space for DRC staff and visiting POs. The larger of the two group rooms has one large table that seats approximately 20 people. The smaller room has two couches and room for additional chairs. Baraboo has no public transportation. ATTIC provides a shuttle for some of the clients in outlying areas of the county.

**4.1.2 La Crosse.** La Crosse lies on Wisconsin's western border at the confluence of the Black, La Crosse, and Mississippi Rivers. It is approximately 130 miles northwest of Madison. The 1992 population of La Crosse was 51,120. The University of Wisconsin-La Crosse has an enrollment of approximately 8,659 students and employs approximately 1200 people. The largest employer is Trane, a manufacturing company employing 2408 people. The next three largest employers are health care providers, and the next two are food wholesalers and distributors. In 1990, La Crosse county had an unemployment rate of 5%.

La Crosse has the characteristics of a small, once-industrial city. Old factories are visible along the waterfront and there about 2-3 miles of city blocks. The area appears to have been once booming with industry and now much of the industry is gone. La Crosse currently has mostly low paying, low skill jobs available for people who often used to earn substantially more. According to the ATTIC Director, this situation has led to higher levels of aggression among the (predominantly) white males who are frustrated by the local job market.

The DRC program is located in a strip of businesses, next to a bar. Although the bar is open during DRC operating hours, staff report no problems (except for a few clients who went to the bar several years ago). In the immediate area, there are several houses and buildings for rent or for sale. The area is lower middle class to poor and seems mostly white. There are pawn shops in the area and the streets are deserted at night. Public transportation is available within a quarter mile of the ATTIC program. Ample street parking is available for staff, clients, and visitors.

Like Baraboo, the ATTIC facility is well-maintained, smoke free, has the same amenities, and is indistinguishable from other storefront businesses in the area. In 1994, the facility was expanded, resulting in a total of three case manager offices, four meeting rooms, and both a client and staff bathroom. All four of the meeting rooms are furnished as conference rooms. There is a reception area but no lounge per se. The facility seemed to be slightly noisy at times. Posters on the walls include health-related and treatment-specific messages (e.g., 12 steps). Staff are friendly to clients, but they keep their distance and often are authoritative with clients. Clients are easily distinguished from program staff. Foul language did not appear to be tolerated by staff.

**4.1.3 Madison (TAP).** The City of Madison, according to the 1990 Census, had a population of 190,766. Approximately 90% of Madison's population is white, 5% is black, and the remaining 5% is comprised of Asians and Hispanics. The median age is 29 years and the median income is $29,420. The average sales price of a house in 1991 was $93,879.

Madison is situated on an isthmus of land between two lakes. It is in many respects a "university" city, as the University of Wisconsin enrollment is approximately 42,000 students and the University employs another 27,000 people (including student and part-time employees). So, somewhere near 1/3 of the city's population is associated with the University. Other large employers (over 1,000 employees) include state government (with about 19,000 employees), 4 medical groups/private hospitals, 3 insurance companies, and Oscar Meyer foods. Over 25,000 people are employed in manufacturing industries based in Madison. The 1992 unemployment rate was 2.3 percent for Dane County. Agriculture is an important industry throughout the State, and much of the agricultural research occurs in the Madison area. According to the 1990 Census, there were just over 3,000 farms located in Dane County.

The building where TAP is located is in a strip of businesses with approximately five others. TAP's office is located on the second floor of a building. On the first floor is an Asian grocery store, a coffee shop, and a few small retail and service businesses. These merchants are friendly to ATTIC and seem to know the staff by name. TAP is located in a seemingly poor area of town that appears relatively deserted at night. There are no trees and little greenery around, but the immediate area is clean and seems relatively safe, although staff remarked that there have

been several incidents of crime in the area. A substance abuse treatment center is located a half-mile away and there is public transportation access within a quarter mile. There is ample parking. The front door remains locked and entry is gained by an intercom/buzz entry system. The TAP office is upstairs and is a smoke-free facility. A receptionist is present during all operating hours. The facility has a lounge area, five offices, and two medium size conference rooms, both with couches and chairs. Urinalyses are done on-site, so there is an area with lab equipment in a room near the entrance. The facility is plain but comfortable and clean. Substance abuse and other health awareness posters hang on the walls. Clients have access to coffee and the entry lounge area has a couch. Near the reception desk is a bulletin board upon which the sign-in sheet is posted and where clients can retrieve any messages.

# 5 DRC Staffing

## 5.1 Baraboo

Baraboo shares a program manager with the La Crosse DRC. Baraboo has one certified AODA counselor, two FTE case manager/social worker positions, and one part-time clerical person. One of the FTE case managers works half-time case managing the TLP clients specifically. According to the DOC contract, staff training must occur three time per year; interviews with staff suggest formal training may occur less frequently. (The contract is not clear about exactly what constitutes training, however.) According to ATTIC management, staff hired usually have some background in social work or criminal justice and they hire people they feel can be trained to do the job well. The FTE case managers in Baraboo have a caseload of approximately 13 clients.

## 5.2 La Crosse

La Crosse shares a program manager with the Baraboo DRC. There is a part-time clerical person on staff, a half-time certified AODA counselor, and two FTE case-managers. One of the FTE case managers works half-time managing the TLP clients specifically. Staff are to receive three trainings per year and do so with some variability. The staff at La Crosse reported participating in at least 2 formal trainings per year. Staff said that ATTIC expects staff who attend a training to brief/train other staff persons who did not attend. New staff are trained for their jobs by reviewing the policies and procedures, attending and observing groups, and talking with staff. There have been three case managers who have left the La Crosse program in the past four years. Each FTE case manager's caseload is approximately 16 clients.

## 5.3 TAP

TAP has a senior case manager (caseload of 10), a full time case manager (caseload of 19), and a part time case manager (caseload of 10). The senior case manager has some management responsibilities, including supervision of other TAP staff. Treatment services are provided to TAP clients by several other agencies. In order to keep informed of client progress,

ATTIC staff and service provider staff meet to discuss clients during a weekly staff meeting. They use this time to talk in detail about each client who is up for review that week (all active clients are reviewed once per month). Case plans are updated after this meeting and monthly reports are produced. According to staff, this staggering of client reviews makes the paperwork bearable.

# 6 Clients Served

The following three sections are based on information obtained from staff during on-site interviews. Thus, this section represents the staff's perceptions and the information they have about the types and number of clients they serve in their programs. The technical report describes objective data from the ATTIC MIS and DOC data base about the clients served during our study's time frame.

## 6.1 Baraboo

Baraboo has 20 client slots with approximately 30 clients (core and noncore combined) in the program at any one time. Program capacity is estimated as 1.5 times the number of funded slots. Capacity can exceed the number of slots because noncore clients have fewer contact hours than core clients. DPP funds 17 slots and DIS funds 3. There are 10 POs in Baraboo but, according to program staff, the bulk of the referrals come from 7 POs. A reasonably large proportion of the Baraboo clients come from Portage, a nearby town. ATTIC uses a van to transport these clients to and from day treatment. ATTIC rarely receives an inappropriate referral.

According to staff, clients in Baraboo tend to be young (18-22 years old) white males who are unaware of community resources. The most common offenses include drug possession with intent to sell and theft/burglary. Alcohol is the drug of choice, followed by marijuana and then cocaine.

## 6.2 La Crosse

La Crosse has 22 client slots. At any one time there can be up to 33 clients in treatment. Sixteen slots are funded by DPP and 6 are funded by DIS. According to the DIS agent we met with, DIS clients stay in the program for three months total and agents meet with clients for about 15 minutes twice a month. Typically, La Crosse has 11 day treatment clients and 15 evening clients. No clients are categorically denied access to ATTIC, but on average, La Crosse staff report rejecting 7-10 client referrals per year. Program staff report that POs have occasionally tried to place sex offenders in ATTIC. Staff attribute these attempts to a lack of experience rather than trying to "slip" a client into the program. (ATTIC does operate sex offender treatment programs, but not under the auspices of the DRCs.)

According to staff, clients in La Crosse tend to be relatively young (19-25 years old) white males who are repeat offenders. Overall, they are relatively employable. La Crosse has approximately 25-30 female clients out of 120 clients per year. Female clients are most often in the criminal justice system for prescription fraud and battery. Typical offenses for the male clients include theft and burglary. Few clients have family support. According to program staff, about 40% of the clients leave because of programmatic or condition of probation violations. About 10% of these clients abscond. After absconsion, ATTIC will hold the client's slot for 14 days, after which time s/he would have to repeat the referral and intake process. Alcohol and marijuana are the most commonly abused drugs. LSD also is popular in La Crosse because it is cheap. Crack and cocaine use is not too prevalent. Cheap "highs" including inhalants and cough syrup are popular, so much so that drug stores in La Crosse have a posted age requirement to purchase cough syrup because it is heavily abused by local youth. According to ATTIC staff, clients are in ATTIC primarily as either a condition of probation (70%) or an informal alternative to revocation (30%).

### 6.3 Madison

ATTIC case manages approximately 40 clients at a time. The clients are referred to TAP after they are screened by Dane County DHHS. TAP clients tend to be relatively high functioning, white males. Among TAP clients, alcohol is the first drug of choice, followed by marijuana and cocaine. Most clients are employed, although they may be underemployed. Income is an issue, because TAP clients often owe hefty fines. Approximately two-thirds of clients do not currently have drivers licenses because they have three or more OWIs. According to program staff, clients in the TAP program are typically in their late 20's and early 30's.

## 7 DRC Services and Treatment Programs

The DRCs provide several services and programs all aimed at providing offenders with tools that they can use to refrain from substance abuse and criminal behavior. ATTIC believes that programming should address the full range of areas in a person's life that lead to (or are associated with) criminal behavior. It is clearly recognized that three months is insufficient time to thoroughly address all areas. This is why treatment focuses on providing offenders with practical tools for working out problems on their own or within the context of support groups (e.g., AA, NA). A daily schedule is in Attachment CS-3 and outline of program components is in Attachment CS-4.

### 7.1 Case Management

The key service offered in all three DRCs is case management. Case managers provide assessment and case planning, monitor client progress, assist in seeking employment, refer to ancillary services, and provide individual counseling when necessary and possible.

## 7.2 Alcohol and Other Drug Abuse (AODA)

Because almost all DRC clients are substance abusers, AODA is usually a component of each client's treatment plan. AODA treatment, based on the Minnesota model, is conducted over 42 2-hour sessions. These sessions are either 4 or 5 times per week, depending upon the site and treatment phase. The sessions cover topics such as the disease model and progression of alcohol/chemical dependency, denial, recovery through support groups, "letting go" to a higher power, and developing a solid recovery strategy. Participants are tested half-way through the program and at the end of the program to measure their understanding of the material covered and how it applies personally to their treatment. The goal of the AODA program is to move participants successfully through the denial process into acceptance and recovery, including relapse prevention.

Each AODA session is designed to be interactive and requires an out of class assignment from the participants. These out of class assignments are designed to encourage clients to think introspectively, deal with emotions, understand personal responsibility, and develop goals. Several sessions involve watching and discussing relevant films (e.g., "Drunk and Deadly", "Sure Beats Sitting in a Cell", "Clean and Sober", and "Brother Earl Denial").

## 7.3 Corrective Thinking (CT)

CT is a nine-week class that meets two times per week for a total of 18 2-hour sessions. CT is the only ATTIC program that is completed by both DRC and TAP clients. Many of the principles described in the CT facilitator's manual are based on Samenow and Yochelson's work, *The Criminal Personality*. CT is based on the premise that criminals' thinking is different from non-criminals. Since the pattern of criminal behavior develops at an early age, CT is designed to help participants identify their thinking errors and teach them new corrective thinking responses. Eight thinking errors, and related subcategories, are identified during the nine week program: closed-channel thinking, victim stance, uniqueness, lack of concern for others, lack of effort, irresponsible planning and decision-making, fear of being put down, and power grab. Through an interactive process among the facilitator and clients, each of these thinking errors are discussed at length and corrected responses described. Clients are taught to become more introspective and capable of making more responsible decisions.

Clients are responsible for keeping up with class material including a pre- and post-test and outside class assignments that are designed to address each thinking error. As part of the pre- and post-tests, clients are required to write a criminal history that identifies their criminal cycle from childhood to present, feelings about behavior, consequences of behavior, and steps to reduce future criminal behavior. It is expected that clients will be able to better deal with the latter three pieces of the criminal history after they participate in the CT sessions.

## 7.4 Aggression Replacement Training (ART)

ART is an eight week program that meets three hours per week in 1-1.5 hour meeting sessions. The program focuses on teaching interpersonal and aggression management skills. The

goal of ART is to reduce aggressive behavior and help clients gain self-control over their reactions. ART uses three methods of teaching: structured learning groups, anger control training, and dilemma discussion groups. Both before and after participating in the program, clients complete tests to identify personal characteristics, assess hostility, measure self-control, and describe reactions to situations.

The ART facilitators work with clients in role playing and modeling appropriate behaviors. Clients must maintain a daily hassle log in which they record the number of times each day they: displayed aggression, handled their anger constructively, verbally threatened someone, felt like abusing someone or destroying property, or did physically abuse someone or something. Clients also determine on paper what ART-related skills they are going to use and with whom. Then clients are asked to describe an incident in which they used this skill, the outcome, and how well they think they used the skill.

The facilitators teach interpersonal skills in addition to anger management techniques such as deep breathing and pleasant imagery. Clients are taught to determine what triggers their anger and to consider consequences of their behavior on themselves and other people.

## 7.5 Rational-Emotive Therapy (RET)

RET is a seven week program that meets twice weekly for one hour. RET uses materials from Hazelden to assist clients in rationally dealing with their feelings, setting goals, and taking action. RET covers 6 emotions and attributes: anxiety & worry, perfectionism, depression, understanding, shame, and anger. Clients complete a pre- and post-test and are responsible for completing exercises in the Hazelden workbooks.

## 7.6 Independent Living Skills and Income Management

Case managers work with clients to assist them in basic life skills, including income management. Because many of the clients in the day treatment programs are relatively young, they tend not to have adequate experience with responsibilities such as running a household or managing an income. Older clients, because they have typically been in and out of the criminal justice system, often also need assistance with these basic but crucial skills. Clients meet with case managers approximately twice per week to work on these areas.

Clients living in supervised apartments as part of the Transitional Living Program (TLP) partake in more intensive independent living skills training. ATTIC staff monitor the apartments several times per day to ensure that the clients maintain the apartments in a clean, safe, and orderly fashion. TLP clients submit their work and treatment schedules to ATTIC staff who check to see whether clients are at home when they are supposed to be. Most TLP clients are in the ATTIC DRC, so the apartment checks occur most frequently at night. Clients must adhere to TLP policies, which include monthly payments of $150 in rent, treating all other tenants with respect, and having no visitors.

## 7.7 Employment Readiness Training (ERT)

ERT is a ten week program that meets once weekly. ERT is a very "hands on" practical program that helps clients identify their work skills, behaviors, and employment interests. ERT also teaches basic job search, application, and interview skills. The ERT facilitator conducts a mock interview with clients and works with clients to develop their resumes. During the first meeting, clients complete career and skills assessment inventories. During the last meeting, clients take an employment readiness exam to assess what they have learned during ERT.

## 7.8 Urine Testing

DPP and DIS require drug testing for all supervisees assigned to the DRCs. All clients are tested on-site at ATTIC. The schedule of testing depends on the supervision status of the client. Results are reported to the PO. Testing is not used primarily as a means to revoke supervision, but as a mechanism to identify problem areas that need more attention. Repeated positive urines do, however, result in revocation.

## 7.9 Other Services in the Area

**7.9.1 Baraboo.** According to Baraboo staff, there are adequate services for clients in the area. Staff can usually find employment, housing, and food for clients, although placing homeless clients can prove challenging. The services most difficult for indigent or uninsured clients to access include dental and medical treatment. Difficulties exist because of the perception that ATTIC clients are wards of the state and, therefore, the state (and not county social services) should pay for their treatment. Most of the other area service providers are reasonably comfortable with serving ATTIC clients, according to DRC staff.

According to clients in the focus group, other treatment services in the area include an inpatient 28-day treatment program, outpatient substance abuse treatment, a halfway house, and an alternative to aggression program.

**7.9.2 La Crosse.** According to staff, adequate resources exist in the area. AODA aftercare is available at a nearby hospital. The only service ATTIC staff say is lacking is employment training. Clients in the focus group reported that there are three half-way houses in the area. Substance abuse treatment programs exist, but most require payment or insurance upon admission, thus often limiting access by former ATTIC clients.

# 8 Program Implementation

According to ATTIC staff, program implementation in Baraboo and La Crosse offered some challenges, but overall was relatively uncomplicated. Several common approaches or strategies were used across the sites. For instance, when approaching a community about establishing a DRC, usually during a town meeting, the ATTIC staff encourage community

leaders to consider the fact that the program would be helping people in their own community. This notion of "helping your own community" seemed to facilitate the acceptance of the programs. Another way of improving acceptance among residents is to hire "salt of the earth" community people for program manager positions, as well as other positions if possible. ATTIC has established Community Advisory Committees in each community that can be called together if issues or concerns arise. The media has not been a barrier to the implementation or operation of DRCs.

Perhaps one of the best facilitators to the Baraboo program was the need, as recognized by the DOC, to provide services for offenders in rural areas. Most services, in addition to their limited availability in the rural areas, tended to focus on meeting the needs of the middle class substance abusers and providers did not know how to treat offenders.

In addition to some challenges at the local level, ATTIC has struggled with the different philosophies surrounding the role of treatment in the criminal justice population. Unlike traditional models of substance abuse treatment, ATTIC remains public about their clients, and generally believes that confidentiality should be denied because it tends to enable the client. ATTIC devotes most of its resources to programming, which often is at odds with the DOC mandate of population management and the pressures to build prisons and employ people in corrections positions. (TAP is an exception to this practice, because treatment is not provided at ATTIC.)

One of the barriers/constraints all programs face is funding, especially when the number of offenders in the community continues to increase. Wisconsin, as with most other states, is interested in cutting costs, and typically awards contracts to the lowest bidder. According to ATTIC's director, this creates serious problems for experienced service providers who employ professionally trained staff, in part because per unit reimbursement from the DOC has not increased during the past four years. Potential results of these cost cutting measures are the deprofessionalization of services, fewer services, worse outcomes, and more recidivism. This point of view has been supported in large-scale comparative studies of substance abuse treatment programs. The DOC's position is that it supports the level of programming for which funds are available. All of this may result in higher long-term costs to the system. Although these issues are interesting and important, addressing them systematically is outside the scope of this project.

Another constraint is that the majority of the DOC's community-based program funding, approximately 70% according to ATTIC's director, goes to Milwaukee. Although it is the largest metropolitan area in Wisconsin, approximately 70% of the state's population lives outside the Milwaukee area. Although the crime rates are higher in the large cities and programs are obviously needed there, programs in rural and small urban areas have difficultly achieving economies of scale with limited funds. These programs tend to be smaller, and services can legitimately cost more per client.

According to the FBI's 1994 Uniform Crime Report, Milwaukee's index crime rate is approximately 5357 per 100,000. This rate is substantially higher than the 1685 per 100,000 crime rate in places with population of 10,000 or less. Cities outside metropolitan statistical areas

(MSAs) have a crime rate of 4299 per 100,000 and MSAs overall (including Milwaukee) have a rate of 4509 per 100,000. Arguably, 70% of Wisconsin's crime does not occur in the Milwaukee area nor are 70% of the individuals under DOC supervision located there, so program directors outside Milwaukee may justifiably feel short-changed, if the funding is as described above. Such funding practices are not exclusive to Wisconsin, but where they do exist, programming in areas outside the major city(ies) will be negatively affected.

State regulations did not require a public hearing for nonresidential programs, so none was held. ATTIC staff immediately made personal contact with the local power structure, though. If there had been a public hearing, ATTIC's director said he would have asked the local powers, e.g., police chief, to speak on behalf of the program. Through interactions with local people, ATTIC staff reinforced the notion that the offenders in the program are people from the community, therefore the community is "doing right" by taking responsibility for them. According to ATTIC staff in Baraboo, the local residents tend to believe that prisons do not work, cost too much money, and should be reserved for violent offenders.

One of the lessons learned by TAP staff concerns the case managers' relationships with the service providers. Because ATTIC provides AODA services, it is difficult for TAP staff to have no opinion about the AODA treatment TAP clients receive elsewhere. TAP staff found that the providers felt somewhat threatened (or at least uncomfortable) with ATTIC staff making programmatic recommendations. One of the case managers said that once he learned not to discuss AODA issues with the other providers, their relationship improved tremendously and clients became the sole focus of the meetings. It is not known whether or how this situation affected the treatment services provided to TAP clients.

# CASE STUDY ATTACHMENT

## CS-1

*Mission Statement and Current Service Summary*

THE ATTIC CORRECTIONAL SERVICES INC.

## MISSION STATEMENT

OUR TASK IS CONCEIVE AND DEVELOP MORE EFFECTIVE SANCTIONS WHICH WILL ENABLE OFFENDERS TO AVOID INCARCERATION, SATISFY COMMUNITY CONCERN FOR RETRIBUTION, AND PROVIDE A SETTING WHICH WILL FACILITATE TREATMENT AND THE REDUCTION OF POSSIBLE RECIDIVISM.

## CURRENT SERVICE SUMMARY

DANE COUNTY

Residential Services

ATTIC Correctional Treatment Center
- WI. Dept. of Corrections
- U.S. Courts
- Federal Bureau of Prisons

Schwert AODA Treatment Center
- WI. Dept. of Corrections
- U. S. Courts
- Federal Bureau of Prisons
- Dane County Courts

Foster Community Corrections Center
- WI. Dept. of Corrections(D.I.S.)

Home Confinement Program - Federal Bureau of Prisons

Case Management Unit

**Treatment Alternative Program**
- **Dane County/State of Wisconsin**

Transitional Living Program
- Dane County

Driver's License Reinstatement Program (pending)
- WI. Dept. of Transportation

Clinical Services- Sex Offender Unit

Assessment
Plethysmograph Examinations
Denial Focus Groups
Therapy Groups
Behavioral Technique(individual)
WI. Dept. of Corrections, Client Fees, Foundation

Clinical Services- AODA Unit

Assessment
Denial Focus Groups
Treatment Groups
Antabuse Monitoring
WI. Dept. of Corrections, Client fees

Satellite Treatment Programs
Richland Center
Watertown
Jefferson

U.S. Court Drug Aftercare Program
Transition Program- Federal Bureau of Prisons
Multiple Service Program(Employment, Education & AODA)
WI Dept. of Corrections

INSTITUTION SERVICES

Fox Lake
Sex Offender Assessment /Groups
Aggression Replacement Training

Waupun

Aggression Replacement Training
Corrective Thinking Groups

Oakhill

Sex Offender
Corrective Thinking Groups

**ATTIC Correctional Services Center - BARABOO**

Correctional Day Treatment Program
WI. Dept. of Corrections
U.S. Court Drug Aftercare Program
Home Confinement Program- Federal Bureau of Prisons

**ATTIC Correctional Services Center- La Crosse**

Correctional Day Treatment Program
Transitional Living Programs
WI. Dept. of Corrections
U. S. Court Drug Aftercare Program
Home Confinement Program- Federal Bureau of Prisons
Driver's License Reinstatement Program(pending)
WI. Dept. of Transportation

**ATTIC Correctional Services Center - Wausau**

Correctional Day Treatment Program
Sex Offender Services(pending)
Satellite Services Medford(pending)
WI. Dept. of Corrections

U.S. Court Drug Aftercare Program
Home Confinement Program- Federal Bureau of Prisons

**ATTIC Correctional Services Center - Appleton**

Transitional Living Programs

Appleton
Green Bay
Sheboygan

Corrective Thinking Groups
Sex Offender Groups(pending)
Aggression Replacement Groups
AODA Services

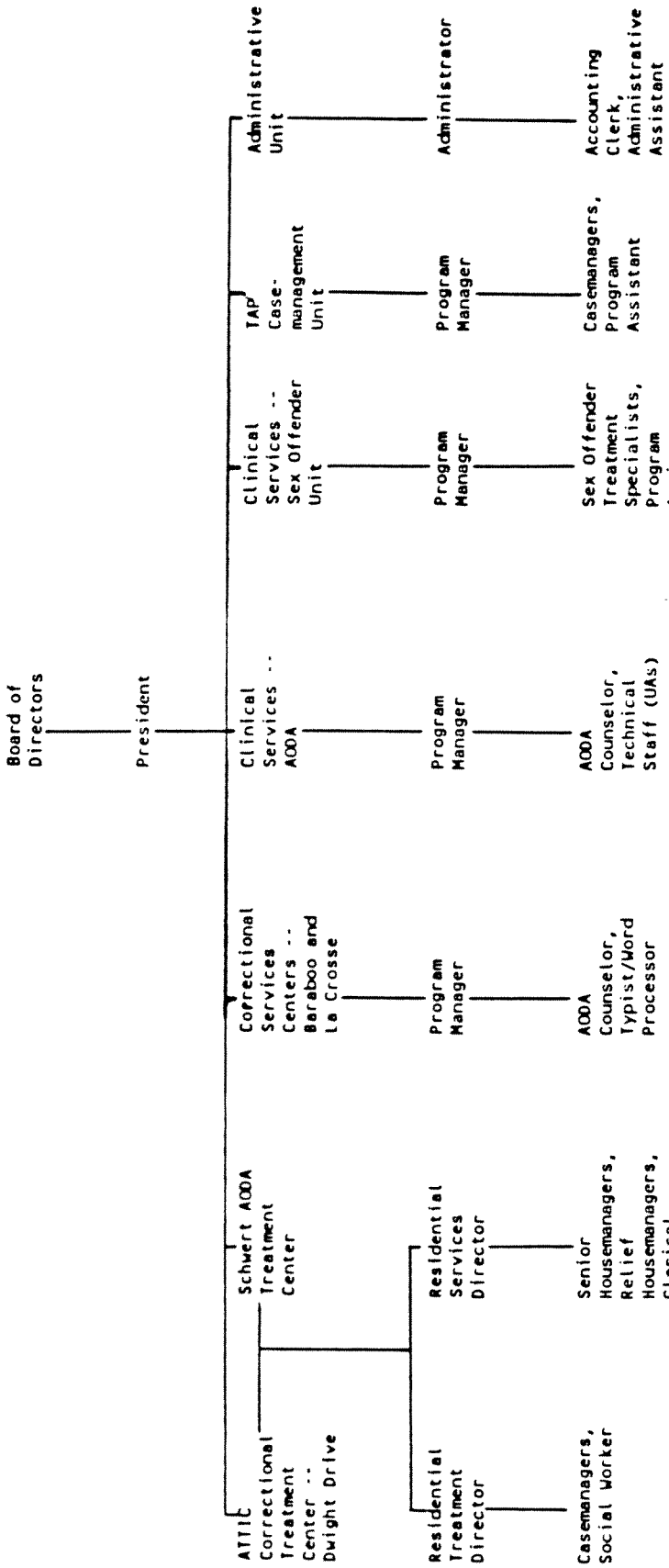
WI. Dept. of Corrections, Client Fees

# CASE STUDY ATTACHMENT

# CS-2

*Organizational Chart*

ATTIC Correctional Services, Inc.



# CASE STUDY ATTACHMENT

## CS-3

*DRC Daily Schedule*

Attachment I.

## ATTIC CORRECTIONAL SERVICES CENTER

## DAILY TREATMENT SERVICES

| MONDAY (PHASE I, II, AND III CLIENTS) | |
|---|---|
| 10:00 A.M. | STAFF-CENTER BUSINESS, CASEMANAGEMENT, INTERVIEWS, INTAKE, HEARINGS, STAFFING, ETC. |
| 12:00 P.M. | DAILY CHECK-IN GROUP (ISSUES, SCHEDULES, CENTER BUSINESS, ETC.) |
| 12:30 P.M | AGGRESSION REPLACEMENT TRAINING |
| 2:00 P.M. | BREAK/UA'S/CENTER CHORES/ONE-ON-ONE SESSIONS |
| 2:30 P.M. | CORRECTIVE THINKING GROUP |
| 3:30 P.M. | BREAK UA'S/STUDY TIME |
| 3:45 P.M. | AODA THERAPY GROUP |
| 5:30 P.M. | CENTER CHORES/UA'S/ONE-ON-ONE SESSIONS |
| 6:00 P.M. | INDEPENDENT LIVING SKILLS GROUP |
| 6:30 P.M. | AGGRESSION REPLACEMENT TRAINING |
| 8:00 P.M. | CLIENTS DISMISSED/CENTER CLOSES |

| TUESDAY (PHASE I CLIENTS) | |
|---|---|
| 10:00 P.M. | STAFF-CENTER BUSINESS, CASEMANAGEMENT, INTERVIEWS, INTAKE, HEARINGS, STAFFING, ETC. |
| 12:00 P.M. | DAILY CHECK-IN GROUP (ISSUES, SCHEDULES, CENTER BUSINESS, ETC.) |
| 12:30 P.M. | RATIONAL EMOTIVE THERAPY |
| 2:00 P.M. | BREAK/UA'S/ONE-ON-ONE SESSIONS |
| 2:30 P.M. | INCOME MANAGEMENT GROUP |
| 3:30 P.M. | DENIAL FOCUS AODA GROUP |
| 4:30 P.M. | BREAK/UA'S/STUDY TIME |
| 4:45 P.M. | AODA GROUP RESUMES |
| 6:00 P.M. | INDEPENDENT LIVING SKILLS GROUP |
| 6:30 P.M. | AODA EDUCATION GROUP |
| 8:00 P.M. | CLIENTS DISMISSED/CENTER CLOSES |

Attachment I.

## DAILY TREATMENT SERVICES

| WEDNESDAY (PHASE I AND II CLIENTS) | |
|---|---|
| 10:00 A.M. | STAFF-CENTER BUSINESS, CASEMANAGEMENT, INTERVIEWS, INTAKE, HEARINGS, STAFFING, ETC. |
| 12:00 P.M. | DAILY CHECK-IN GROUP (ISSUES, SCHEDULES, CENTER BUSINESS, ETC.) |
| 12:30 P.M. | **EMPLOYABILITY READINESS TRAINING** |
| 1:30 P.M. | **CORRECTIVE THINKING GROUP** |
| 3:00 P.M. | BREAK/UA'S/ONE-ON-ONE SESSIONS |
| 3:30 P.M. | **AODA THERAPY GROUP** |
| 4:30 P.M. | CENTER CHORES/UA'S/STUDY TIME |
| 5:00 P.M. | **INDEPENDENT LIVING SKILLS GROUP** |
| 6:30 P.M. | **CORRECTIVE THINKING GROUP** |
| 8:00 P.M. | CLIENTS DISMISSED/CENTER CLOSES |

| THURSDAY (PHASE I CLIENTS) | |
|---|---|
| 10:00 A.M. | STAFF-CENTER BUSINESS, CASEMANAGEMENT, INTERVIEWS, INTAKES, HEARINGS, STAFFING, ETC. |
| 12:00 P.M. | DAILY CHECK-IN GROUP (ISSUES, SCHEDULES, CENTER BUSINESS, ETC.) |
| 12:30 P.M. | **RATIONAL EMOTIVE THERAPY** |
| 2:00 P.M. | BREAK/UA'S/ONE-ON-ONE SESSIONS |
| 2:30 P.M. | **DENIAL FOCUS AODA GROUP** |
| 4:30 P.M. | CENTER CHORES/UA'S/STUDY TIME |
| 5:00 P.M. | **INDEPENDENT LIVING SKILLS GROUP** |
| 6:30 P.M. | **AODA EDUCATION GROUP** |
| 8:00 P.M. | CLIENTS DISMISSED/CENTER CLOSES |

Attachment I.

## DAILY TREATMENT SERVICES

| FRIDAY (PHASE I, II, III, AND IV CLIENTS) | |
|---|---|
| 10:00 A.M. | STAFF-CENTER BUSINESS, CASEMANAGEMENT, INTERVIEWS, INTAKES, HEARINGS, STAFFING, ETC. |
| 12:00 P.M. | LUNCH (ONE-ON-ONE SESSIONS) |
| 12:30 P.M. | **AGGRESSION REPLACEMENT TRAINING** |
| 2:00 P.M. | BREAK/UA'S/CENTER CHORES/ONE-ON-ONE SESSIONS |
| 2:30 P.M. | AFTERCARE |
| 4:00 P.M. | BREAK/UA'S/CENTER CHORES/STUDY TIME |
| 4:30 P.M. | 1ST STEP/AODA THERAPY GROUP |
| 6:00 P.M. | CLIENTS DISMISSED/CENTER CLOSES |

Attachment II

**ATTIC CORRECTIONAL SERVICES CENTER**

**INDEPENDENT LIVING SKILLS GROUP TOPICS**

1. Shopping (Needs vs. Wants)

   a. Cost per unit
   b. Coupons - Where to find them and how to use them
   c. Sale items - What is a good buy and what isn't
   d. Generic vs. name-brand items
   e. Nutrition

   ***Homework** - One-week shopping list with corresponding coupons. Determine your needs vs. your wants.

2. Interpersonal Skills

   a. Communication
   b. Household duties
   c. Visitors
   d. Schedules
   e. Respect for privacy and personal items
   f. How to problem solve

   ***Homework** - List three conflicts, the steps you actually used to solve the conflicts and the results. Determine how you and your roommate will divide household chores.

3. Leisure (Individual and Group Activities)

   a. How important is leisure?
   b. What is leisure and what is not?
   c. How much leisure is enough?
   d. What motivates you to have fun?

   ***Homework** - Plan a 30-day leisure schedule, detailed day by day. Identify three low/no cost group activities.

4. Scheduling Obligations

   a. Why do you need to have a schedule?
   b. What conflicts do the lack of a schedule create?
   c. Rearranging a schedule
   d. Prioritizing a schedule
   e. In-class time management wheel

   ***Homework** - Plan a detailed day-by-day, 2-week schedule. Outline in depth one scheduling conflict you have had.

5. AIDS Presentation

   a. Presentation by County Health Department

   *Homework - AIDS self-risk assessment. Bring in recent HIV-AIDS article.

6. Community Responsibilities

   a. How productive in the community are you?
   b. How can you be more productive?
   c. What is your responsibility to your community?

   *Homework - Ripple-effect chart of two inappropriate actions done in public. Gather information on three places you can volunteer your services.

7. Meal Planning (County Nutritionist)

   a. What does "nutritious" mean?
   b. How healthily do you eat?
   c. What has alcohol/drugs done to your health?
   d. How important is meal planning?
   e. Packing lunches vs. eating fast food

   *Homework - Plan a 1-week menu that is realistic, considering your budget and living arrangements.

8. Community Resources (PIC or DVR Speaker)

   a. What is available?
   b. Identifying your needs
   c. How do you locate resources?

   *Homework - List three resources you have used and how you found them.

9. Developing the Landlord-Tenant Relationship

   a. Rental agreements
   b. Leases
   c. Landlord-tenant conflicts
   d. Utilities

   *Homework - Bring in names and addresses of utilities needed in the City of La Crosse. List one landlord-tenant conflict and how you resolved it.

10. Money Management (WWTC Speaker)

    a. Checkbook organization
    b. Savings accounts
    c. Budgets
    d. Taxes

    *Homework - Bring in one weekly budget sheet. Tax information packet.

ATTIC CORRECTIONAL SERVICES, INC.

CORRECTIVE THINKING EVENING GROUP

*Class Exercise
*Outside Class Assignments

WEEK 1. Introduction Material: Pretest and What is Corrective Thinking?

A. Closed Channel Thinking

1. Discussion of the Error

2. Correction

a. Disclosure: *Client's answer questions that require "openness".

b. Receptivity: *Class exercise on "Active Listening". "Adjective Exercise". Videotape of positive interview between casemanager and correctional client.

c. Self-Criticism: Examples of Error and discussion.

**3. Related Assignments & Logging for the week.

WEEK 2. B. Victim Stance

1. Discussion of the Error. Clients share what factors contributed to their legal problems.

2. Discussion "Other people from similar backgrounds don't have criminal problems." *Class exercise.

3. Correction

a. No More Excuses - Tape "On Accepting Responsibility" by Bruce Larson.

b. Presenting self as a victim is not good because:

c. The Client's victimization of others. *Class exercise: Ripple Effect Chart.

**5. Related Assignments & Logging for the week.

WEEK 3. C. Uniqueness

1. Discussion of the Error. Examples of the Error and *Class exercise on "When did I ask for special consideration?"

2. Correction

a. The Criminal is no different from others.

b. Development of humility.

c. Learn and profit from mistakes-don't be defeated.

d. Don't be overly optimistic-wait for successes.

e. You are not perfect-take an honest look at your abilities and set goals that are realistic and attainable.

**3. Related assignments & Logging for the week.

WEEK 4. D. Lack of Concern of Others

1. Discussion of the Error. Examples of the Error.

2. Correction

a. Take note of the harm to others caused by criminal acts.
*Class exercise "Balance Sheet".
*Class exercise "Ripple Chart with Victim in the Center".

b. Put Oneself in Another's Position.
*Class exercise.

c. Sentimentality: A criminal may help an old lady across the street and that evening rob an elderly person. Recognize that a good deed does not rectify wrong-doing. Develop an approach to beliefs which leads to responsible and consistent habits, values, and concern for others.

**3. Related Assignment on "Sentimentality" and Logging for the week.

# CASE STUDY ATTACHMENT

# CS-4

*Outlines of Program Components*

WEEK 5. E. Lack of Efforts and Lack of Responsible Performance

1. Discussion of Error.

2. Correction

*a. Class Exercise "I can't Attitude". Push yourself to do the difficult - it will become easy to do.

b. Re-distribute your energy. *Class exercise on "Prioritization and Time Management".

c. Replace unfulfilled promises with meaningful commitments.
*Class exercise on "Obligations".

**3. Logging on the week.

WEEK 6. F. Irresponsible Planning and Decision Making

1. Discussion of the Error.

2. Clients elaborate on the who, what, when, where of their last offenses. Question the clients, "Why do you keep getting into trouble?" Discuss impulsiveness, immediate gratification, failure to set realistic goals, and lack of time perspective. *Class exercise on "Will to Fail".

3. Correction

a. Correction for instant gratification: goal setting. *Class exercise and reading material on Motives behind Goals.

b. Correction for poor decision making: learn to fact-find and base decisions on a thorough examination of the facts. *Class exercise on "Questions I need to ask myself."

**4. Logging for the week.

WEEK 7. G. Fear of Fear

1. Discussion of Error. Irrational fear
*Class exercise.

2. *Class exercise "Trust Walk".

a. Discussion on why it's hard to trust.

3. Correction

a. Make rational decisions not based on fear but based on knowledge. Do not make emotional decisions -- make rational decisions.

b. Be self-critical and review even your non-verbal condescending and superior gestures.

c. Zero-state depression will not last. But you're at a dangerous point to "act out". Lower your expectations, let productive fear guild you, set responsible time perspectives, make rational decisions, and avoid injury to others. Don't expect Probation Agents or Attic staff to make concessions while you're in zero-state thinking.

**4. Related Assignments and Logging for the week.

WEEK 8. II. The Power Thrust

1. Discussion of the Error. Give Examples of the Error. Leader vs. Dictator. Legitimate Power and Illegitimate Power. *Class Exercise on "Power". Anger used to gain control.

2. Correction

a. *Class exercise on "Control". Situations that the client used to view in terms of power and control are now to be regarded as opportunities to be of service to others.

b. Deter angry thinking and behavior. Accept the imperfections in yourself and others.

3. Handouts -- Anger Management; Constructive Problem Solving; Effective Communication; Positive Self Statements and Key Words.

**4. Related Assignment and Logging for the Week.

POST-TEST

ATTIC CORRECTIONAL SERVICES, INC.

AGGRESSION REPLACEMENT TRAINING (ART) STRUCTURED LEARNING
EVENING GROUPS

WEEK ONE

A. INTRODUCTION TO ANGER CONTROL

B. COMPONENT GOALS

1. Reduce client's aggressive behavior, which leads to trouble with authorities.

2. To gain self-control and personal power over reactions to others, despite being provoked. By being aggressive you allow others to control you.

C. RULES AND PROCEDURES

1. Attendance, participation, completion of homework (Hassle Log) each week.

2. Techniques for anger reduction will be taught through explanations, demonstration and practice (role playing).

3. Members will role play the anger control techniques in the situations they bring to class. (Hassle Log)

4. Transferring the techniques to outside of situations.

D. INITIAL ASSESSMENTS OF THE A-B-C'S

1. Each conflict situation has three steps:

   a. What triggered the problem? (Actual event)
   b. What did you do? (Behavior)
   c. What were the consequences to you and to the other person? (Consequences)

2. Facilitator gives examples of some conflicts pointing out the A-B-C's.

3. Ask members for examples and have them fill out assignments.

E. DISCUSS CUES

1. Physical signs that let you know you're angry (see hand out).

2. Role play some conflict situations and members discuss their anger arousal signs.

F. DISCUSS ANGER REDUCERS 1, 2, & 3

1. How when you recognize yourself getting angry (physical signs) you can increase self-control by using anger reduction techniques.

2. Anger Reducer 1: DEEP BREATHING

   a. Taking a few slow deep breaths reduces body tension.

   b. Role play "Cues and Deep Breathing" (see handout) and give feedback.

3. Anger Reducer 2: BACKWARD COUNTING

   a. Silently count backwards at an even pace, from 20 to 1, when faced with a pressure situation.

   b. Turn away from the provoking person or situation while counting.

   c. By counting, you gain time to think about how to respond.

4. Anger Reducer 3: PLEASANT IMAGERY

   a. Imagine a peaceful scene that has a calming effect (lying on a beach), whatever you find calming.

   b. Trainer models, members role play "Cues and Pleasant Imagery."

   c. Feedback

**WEEK TWO TRIGGERS & REMINDERS**

A. Review cues and 3 anger reducers.
Turn in daily logs.

B. DISCUSS TRIGGERS

Facilitator reviews that each conflict has (A) a trigger, (B) behavior, and (C) a consequence. Discuss triggers at this session.

a. External Triggers: Things done by one person that leads to another person having angry feelings. Examples: being called a name, being told what to do, or non-verbal external triggers (such as being pushed, obscene gestures).

b. Ask members for examples of triggers that led to their aggression this past week.

c. Internal Triggers: What a person thinks or says to himself when faced with an external trigger (crucial to whether or not you will become angry). (See handout.)

d. Help members identify their internal triggers (self-statements).

C. Reminders (Anger Reducer 4)

1. Reminders are statements used to increase success in pressure situations (when you want to remain calm.)

2. Use reminders to increase self-control and person power, use reminders in place of internal triggers.

a. Example: "Cool it," instead of "I have the right to punch him in the face."

Say reminder out loud, over time think it silently to yourself.

b. Use reminder not too early and not too late. Make the choice to use the reminder in a conflict situation.

WEEK THREE SELF EVALUATION

A. INTRODUCE SELF EVALUATION.

1. Self evaluation is a way for members to judge themselves on how well they've handled a conflict; reward themselves for doing it well; and find out how they could have handled it better (self-coaching).

2. Facilitator gives examples of each.

B. DISCUSS TRIGGERS

Facilitator reviews that each conflict has (A) a trigger, (B) behavior, and (C) a consequence. Discuss triggers at this session.

a. External Triggers: Things done by one person that leads to another person having angry feelings. Examples: being called a name, being told what to do, or non-verbal external triggers (such as being pushed, obscene gestures).

b. Ask members for examples of triggers that led to their aggression this past week.

c. Internal Triggers: What a person thinks or says to himself when faced with an external trigger (crucial to whether or not you will become angry). (See handout.)

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SELF EVALUATION

A. INTRODUCE SELF EVALUATION.

1. Self evaluation is a way for members to judge themselves on how well they've handled a conflict; reward themselves for doing it well; and find out how they could have handled it better (self-coaching).

2. Facilitator gives examples of each.

3. Have members do in-class assignments (Reward statements and self-coaching statements).

B. Thinking Ahead (Anger Reducer 5)

THINKING AHEAD, another way of controlling anger in a conflict situation by judging the likely future consequences for current behavior.

1. Facilitator refers to the A-B-C model and explains (C) consequences -- figuring out what will be the outcome.

2. "If I do this now, then this will probably happen."

3. Distinguish between short term and long term consequences.

4. Encourage members to seek long term results:

   a. Example short term: "If I slug him now, he'll shut up."

   b. Example long term: "If I slug him now, my probation agent will lock me up and investigate."

   c. In-class assignment listing short term and long term consequences.

WEEK FOUR ANGRY BEHAVIOR CYCLE

A. INTRODUCE ANGRY BEHAVIOR CYCLE.

1. What do you do that leads others to have angry feelings? Identify at least three behaviors.

2. Group members confront each other and respectfully tell one another what he does to lead them to having angry feelings.

3. Facilitator contracts with each member to change the named behavior (see contract) in the coming week using "thinking ahead," "if I do this, then (name) may get angry and the situation may get out of hand." Changing this behavior may lead to what positive behaviors?

B. Facilitator models all of the Anger Control Techniques, "Triggers & Cues & Reminders & Anger Reducer(s) and Self Evaluation."

C. Members role play the complete chain of anger control techniques using situations from hassle log and facilitator provides feedback.

D. Review

1. Individual behaviors that lead to others feeling angry.

2. Remind members of their contract to change behavior.

## REHEARSAL OF FULL SEQUENCE

Putting together structured learning skills and anger control techniques.

1. Members now know what not to do in conflict and Structured Learning Skills (constructive, non-aggressive behaviors) are new ways of handling life situations in an effective way.

2. Members role play from situations on their Hassle Log "Trigger & Cues & Reminders & Anger Reducer(s) & SL skill & Self evaluation."

3. Facilitator gives feedback on the role plays.

WEEK FIVE

A. Structured Learning Skills 1 and 2

1. EXPRESSING A COMPLAINT

2. RESPONDING TO THE FEELINGS OF OTHER (EMPATHY)

WEEK SIX

A. Structured Learning Skills 3 and 4

1. PREPARING FOR A STRESSFUL CONVERSATION/RESPONDING TO ANGER

2. KEEPING OUT OF FIGHTS

WEEK SEVEN

A. Structured Learning Skills 5 and 6

1. DEALING WITH ACCUSATION

2. DEALING WITH GROUP PRESSURE

WEEK EIGHT

A. Structured Learning Skills 7 and 8

1. EXPRESSING AFFECTION

2. RESPONDING TO FAILURE

# EVENING AODA EDUCATIONAL SCHEDULE

**Week 1:**

Day 1 — **Progression of Disease**
Client will learn about the stages of use, abuse and dependency.

Day 2 — **Denial**
The role denial plays in substance abuse will be covered in this session.

**Week 2: Pharmacology**

Day 1 — **Alcohol and Human Physiology**
How alcohol travels through the body and its effect on the mind and body.

Day 2 — **Marijuana, Sedative Hypnotics**
How marijuana and sedatives are absorbed and travel through the body; their effect on the mind and body.

**Week 3: Pharmacology**

Day 1 — **Stimulants and Cocaine**
How stimulants and cocaine are absorbed and travel through the body; their effect on the mind and body.

Day 2 — **Inhalants and Opiates**
How opiates and inhalants are absorbed and travel through the body; their effect on the mind and body.

**Week 4: Pharmacology**

Day 1 — **Hallucinogens and PCP**
How hallucinogens and PCP's are absorbed and travel through the body and their effect on the mind and body.

Day 2 — **Intro to AA Recovery Program and Other Recovery Models**
Clients will learn about various recovery models and how to implement them in their lives. (i.e., AA/NA, ACOA, RR)

## EVENING AODA EDUCATIONAL SCHEDULE

PAGE 2.

**Week 5:**

Day 1 — **AIDS and Chemical Abuse**
Material to be covered in this session includes the spread of HIV in the "At Risk" community.

Day 2 — **Dysfunctional Families**
Clients will learn what a Dysfunctional family is and the dynamics of the different survival roles each member plays.

**Week 6:**

Day 1 — **Co-Alcoholics/Co-dependents**
Clients will receive information on the connection and similarities between chemically dependent people and co-dependent people.

Day 2 — **Adult Children of Alcoholics**
Information regarding the symptoms and characteristics of being an adult child.

**Week 7:**

Day 1 — **Relationships in Recovery**
What constitutes a healthy relationship

Day 2 — **Anger**
How chemically abusive/dependent people mismanage their anger. Help clients to identify their own needs for further work in the area of Anger Management.

**Week 8:**

Day 1 — **Self Image/Esteem**
Information on how chemical use can affect their sense of self-esteem.

Day 2 — **Recovery tools**
The practical application of a recovery program.

Attachment III.

**REFERRAL AGENCIES**

| Services | Individual or Group (X one) | | Main Referral Agency |
|---|---|---|---|
| **A. Counseling** | Ind. | Group | |
| 1. Mental Health | X | | Sauk County Human Services |
| 2. AODA/Minority Services | X | | Winnebago Tribal Association |
| 3. Domestic Violence | X | | Hope House/Sauk County Human Services |
| 4. Sexual Violence Issues | X | | Sauk County Human Services, Clinical Services-ATTIC Correctional Services, Madison |
| 5. | | | |
| **B. Education** | Ind. | Group | |
| 1. Basic Education | X | X | MATC-Reedsburg-Portage |
| 2. GED | X | X | MATC-Reedsburg-Portage Renewal Unlimited |
| 3. Literacy | X | | Sauk County Literacy Program |
| 4. College | X | | UW/Baraboo |
| **C. Skills Building** | Ind. | Group | |
| 1. Drugfree lifestyles | X | X | Pathfinder AA/NA |
| 2. Parenting | X | | Renewal Unlimited-St. Clare Hospital, Planned Parenthood, Child Support Office |
| 3. Homemaker Services | X | | Sauk County Human Services |
| 4. | | | |
| **D. Recreation** | Ind. | Group | |
| | | | |
| **E. Other - specify** | Ind. | Group | |
| 1. Employment Services | X | X | Job Services, PIC, Renewal Unlimited, CAP, WCC, Tempo |
| 2. Employment/VOC | X | X | Sauk County Human Services Sheltered Workshop |
| 3. Health | X | | DVR/Sauk County Public Health |
| 4. Health/AIDS | X | | Sauk County Public Health Nursing, St. Clare Hospital |
| 5. Housing | X | | Sauk County Housing Authority General Relief |