CAPPS
CITIZENS ALLIANCE ON PRISONS & PUBLIC SPENDING
CONSENSUS
Addressing the social and economic costs of prison expansion Spring, 2011

Prison treatment programs: rehabilitating the system

As efforts are made to reduce corrections spending, there is inevitably focus on prisoner programs. However, the nature of that focus varies widely.

The current version of the Senate bill for corrections appropriations in FY 2012 would reduce prisoner education by $10 million. It assumes another $10 million in savings from privatizing mental health services. The chair of the Senate Subcommittee on Corrections Appropriations expressed frustration that more than 1,000 prisoners are not being considered for parole because they are "missing a class."

On the other hand, the comparable House bill adds $2.9 million to finance 32 "corrections program coordinators" who would be responsible for developing prisoner programming and ensuring that prisoners complete programs across facilities. The House also added $1.6 million to provide additional resources for programs that are needed to achieve parole, particularly those for assaultive and sex offenders.

Corrections professionals know that programming is a critical aspect of prison operations. Thus, the American Correctional Association has numerous standards that address programming in all its forms. To make cost-effective and realistic choices about which prison programs to fund and to what extent, we must clearly understand their nature and purpose.

To make cost-effective choices about prison programs we must understand their nature, purpose.

The most immediate function that programming serves is institutional management. Some prisoners who are seriously mentally ill are so unable to control their behavior that treatment is necessary to enable them to function. More broadly, prisoners are people living where they would rather not be, in overcrowded and highly restrictive conditions, facing uncertain futures. Their time must be occupied somehow. Work (to the extent that jobs are available), school (for people lacking high school or GED), recreation (sports, chess, cards) and television are four of the most common activi-

(continued on page 2 -- See Prison)

What's Inside

CONTACT INFORMATION

403 Seymour Avenue
Suite 200
Lansing, Michigan 48933
Phone: (517) 482-7753
Fax: (517) 482-7754
capps@capps-mi.org
www.capps-mi.org

Prison treatment programs: rehabilitating the system

(Continued from page 1)

ties in prison. However, the more that varied and positive programming is available, the less likelihood there is that tension and discontent will develop into conduct that is disruptive or outright dangerous.

For many people, programming is also critical to reducing the risk they will reoffend. The majority of former prisoners do not commit new crimes. Their offenses were situational, they have matured or they have been deterred by the experience of prison. However for many, reducing risk requires programs relevant to the causes of their criminal conduct.

Finally, programming can promote self-improvement. Even people who are at very low risk of reoffending may better their own lives and, in turn, have more to offer to their families and communities, if they have the opportunity to increase their knowledge, skills and self-esteem. As one prisoner wrote to CAPPS: "No prisoner should leave prison the way that they came in. Lack of confidence, love, and a debilitating sense of defeat is the cause of criminal activity."

Over the years, as the prison population has swelled, management philosophies have varied and budget pressures have increased, the variety and availability of programming have both declined. Prisoners routinely express their frustration at not being able to access treatment programs required for parole. But they also express their desire for a range of programs they feel would prepare them for life on the outside – from relevant vocational training, college classes and social skills to family relationships, art and music. The sentiments of those who remember when programs were more available and volunteers came into the prisons more often are reflected in the statement of the prisoner who told CAPPS: "Prisoners could take advantage of the many activities provided, and seek outside assistance and contact. The whole of prisoner life was not just about surviving the year or meeting basic needs, but about being a whole person on release."

While many programs serve multiple purposes, the range of actual and potential in-prison programs can be better understood when viewed as four broad categories: treatment, academic and vocational, life skills, and recreation and leisure. Because of the importance of programming and concerns about its availability, CAPPS will do a series of articles about the programs available to Michigan prisoners in each of these categories. We start with treatment services for mental health, substance abuse and assaultive or sexual behaviors.

Mental Health Care

The prevalence of mental illness among Michigan prisoners poses many difficult issues. The national movement to deinstitutionalize the

(Continued on page 8 -- See Prison)

If we want fewer cuts to other programs

Why not reduce corrections spending now?

The budget process for Fiscal Year 2012 is posing a complex mix of opportunities, challenges and frustrations. Shortly before Gov. Snyder released his budget recommendation, expectations were high that corrections spending would be cut by hundreds of millions of dollars. However the budget proposed for corrections continues to be $2 billion and to consume nearly 25% of all General Fund spending. Meanwhile, proposed cuts to other state programs include: K-12 education - $781 million, higher ed -- $216 million, revenue sharing -- $101 million, state employee concessions -- $180 million, earned income tax credit -- $350 million.

There are three ways to reduce corrections spending. Lower the prisoner population. Reduce personnel costs. Make department operations more efficient. If all three approaches are utilized, without excessive reliance on any one, $500 million could be found in corrections without jeopardizing the safety of the public or of the institutions in which employees must work and prisoners must live.

The Snyder administration has said it is deferring consideration of parole policies until after it has passed budget and tax changes. However parole is a policy issue with large budget implications. While not attempting to tackle every issue in the administration's first six months is understandable, addressing corrections spending now could mitigate at least some of the draconian cuts in other areas.

Others, including prosecutors and some legislators, are suggesting that the prison population is not too large; we just spend too much per prisoner. They say the way to reduce the corrections budget is to focus only on personnel costs and "efficiencies", like privatizing services and, perhaps, entire prisons. But why reject population reduction unless it is demonstrably unsafe? And what is the basis for concluding we have the "right" number of people locked up? While it has become apparent that reducing the population, standing alone, is not a sufficient solution, it is still a necessary one.

Without purporting to know anything like all the answers, CAPPS has identified nearly $374 million in potential cuts to the MDOC budget. The bulk of them involve reducing the prisoner population. (See pg 6) If the will were there, such changes could begin in time to affect spending choices in FY 2012.

The single highest impact would be from presumptive parole. That is, change the statutory mandate to the parole board so it must grant parole to someone who has served the minimum sentence unless the person has:

- a serious history of institutional misconduct or
- there is objective, verifiable evidence that the person poses a current threat to the community.

We estimate that, given those criteria, parole grant rates on the earliest release date would be about 80%. The annual cost savings would be about $243 million.

Presumptive parole has a lot to recommend it besides these potential savings. It would:

- give real meaning to the minimum sentence, which has been imposed by a judge, in accordance with legislative sentencing guidelines and, frequently, in accordance with plea negotiations between the defense and prosecution.
- create transparency and certainty for both defendants and victims. It is the ultimate form of truth in sentencing.
- help depoliticize the parole process by mandating a certain outcome unless specified criteria are met.
- preserve a role for the parole board in identifying people who are truly high risk. It constrains parole board discretion but is not as extreme as determinate or flat sentencing, which eliminates all discretionary decision-making by a parole board and simply requires release when a specified term of years has been served.

(Continued on page 4 -- See Why)

Why not reduce corrections spending now?

(Continued

- not conflict with current laws on "truth in sentencing." Because presumptive parole just involves enforcing the existing minimum sentence, not changing it in any way, it can begin having an effect immediately.

Releasing just half of the 850 lifers who are currently eligible for parole would save about $12 million a year. The parolable lifers are a unique population that has been whipsawed by changes in policy, practice and personnel. The 700 or so who became parole-eligible in 10 years have now served, on average, nearly 30 -- far longer than thousands of people who committed comparable crimes. They are typically at very low risk for re-offending and most have excellent institutional records. Because their median age is now about 55, costs for their medical care are increasing.

Restoring modest amounts of credit for good conduct could save anther $40.5 million. Restoring community transition programs for selected people who are nearing parole could save $22 million more.

Michigan has 10,000 prisoners currently eligible for release. No one suggests they should all just be let out the door. However, research and experience have proven three points. More people can be released from prison sooner without any significant impact on public safety. Lengthy incarceration is not a cost-effective crime control strategy. We pay a great deal to extend people's incarceration based on how we feel about the offense, rather than on their actual risk of reoffending.

Although it has declined substantially from its all-time high, Michigan's prison population still stands at roughly 44,000. In the last 40 years, our state population has grown by 6.7% while our prisoner population has grown by 191%.

Prison growth results from numerous policy choices. We closed mental hospitals without adequately funding community-based treatment; now as many as 20% of prisoners are mentally ill. We got tough on parole and now 23% of the population is past their first parole date. We eliminated all sentencing credit and community transition programs in the name of "truth in sentencing", which helped push our average length of stay well beyond that of similar states. We require people to complete treatment programs before they will be paroled, then we deny parole because we can't deliver the treatment programs on time. We established sentencing guidelines, then eliminated the commission that was supposed to monitor their effectiveness. Because of these choices we incarcerate thousands of prisoners who are at very low risk for re-offending.

We pay a great deal to extend people's incarceration based on how we feel about the offense, rather than on their actual risk of reoffending.

Our excessive spending on corrections continues to undermine priorities critical to Michigan's future and, ironically, its safety. We need a balanced, comprehensive plan for recreating a prison system that incarcerates fewer people but treats them more effectively. That plan should rest on the twin pillars of principled policies and reliable research. And we should begin developing it now.

Principles for cutting corrections costs

Too often, cost reductions in corrections are reactions to immediate financial or political pressures instead of carefully thoughout pieces of a comprehensive plan. This prison is closed, that program is scrapped or those positions are eliminated without adequate long-range planning to reach goals consistent with effective corrections policies. Such planning should begin with a set of principles that can guide each step in the process. Here is one example.

1. Protect public safety
    - Do not release individual prisoners who present a demonstrable threat to the public in general or to any particular person
    - Provide evidence-based risk reduction programs to prisoners with severe behavioral problems regardless of their security classification
    - Maximize the opportunity to address people's needs while they are incarcerated
    - Use validated risk assessment tools and objective, verifiable evidence to determine whether each person eligible for parole presents a current risk of reoffending

2. First do no harm
    - Do not jeopardize the health or safety of prisoners or staff by worsening conditions in prisons that are already overcrowded
    - Do not place prisoners at higher security classifications than are necessary
    - Do not "max out" any prisoner directly from segregation or maximum security
    - Eliminate expensive and often counterproductive restrictions on probationers and parolees; tailor conditions of supervision to each individual's actual risks and needs.

3. Treat prisons as a scarce resource
    - Incarcerate only people who present an ongoing risk to public safety or whose crimes require the harshest punishment
        - o Do not sentence people to prison who do not meet one of these criteria
        - o Do not keep people in prison longer than a court has determined appropriate for punishment or than is necessary because of current risk
        - o Do not return parolees to prison unless their conduct demonstrates that any level of community supervision would pose a danger to the public
    - Do not use prison to deliver services that could be community-based, whether it is mental health or substance abuse treatment, education or the care of people who are aging or medically fragile.

4. Follow the research
    - Undertake or identify relevant research; do not avoid seeking answers because they may not fit preconceptions
    - Use credible research to develop policies, even when it contradicts popular assumptions
    - Require all opposition to cost-saving measures to be justified by credible evidence
    - Routinely evaluate all programs, services and contracts for quality and efficiency

5. Innovate
    - Be willing to experiment with non-traditional programs or practices
    - Seek common interests with non-traditional allies
    - Find ways to supplement corrections resources through other government agencies, higher education, private foundations, non-profits and volunteers

Prospective Savings – MDOC Budget

Substantial reductions in corrections spending can be achieved without harming public safety. A mix of approaches based on widely-accepted corrections policies can produce a smaller, more cost-effective system. For example, once a few missing pieces are identified in the following proposal, the savings would approach a half-billion dollars.

Population reduction (assumes $30,000/prisoner, $2,200/parolee)

Presumptive parole (parole 8,566 more people on ERD, including 2,878 paroled after ERD and 5,688 continued in 2010 -- assumes overall grant rate of 80%)	$242,777,400
Parole 425 of 850 eligible lifers	11,815,000
Sentencing credits (up to 15% -- reduce av. yrs. at release from 5.2 to 4.4 for 9,000 parolees)	40,500,000
Shorten average deferral period of 3,039 parole decisions from 6 to 4 mos/assume 80% grant rate (2,431)	12,156,000
Release 200 medically fragile prisoners at $70,000 each	14,000,000
Restore community transition program for 800 prisoners nearing parole	22,000,000
Restore sentencing commission/revise sentencing ranges	???

Personnel

Eliminate dry cleaning allowance of $575 for 7,883 custody staff	4,532,725
Eliminate high security retention premium	3,000,000
Eliminate institutional worker premium	2,200,000
Reduce use of overtime	???
Eliminate use of vacation hours in calculating overtime	4,100,000

Efficiencies

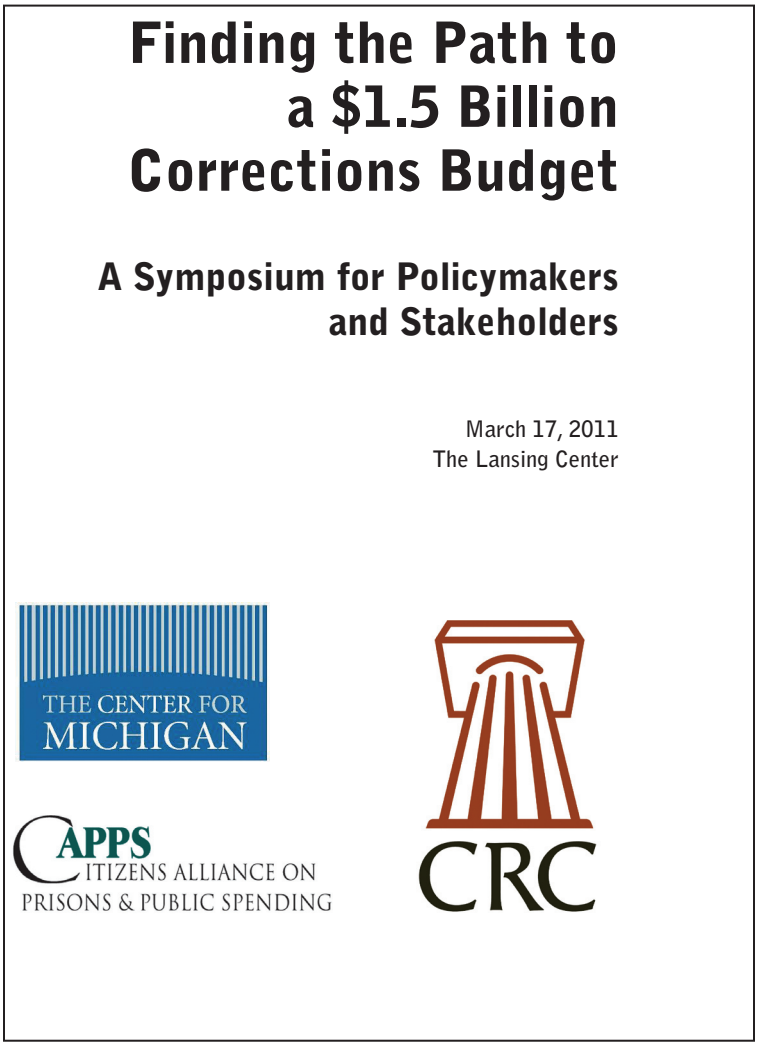
Restore prisoner personal clothes at Levels 1 & 2 (assume savings of $250 each for 17,600 prisoners -- half of Level 1 & 2 population)	4,400,000
Establish risk-based classification for sex offenders/reduce cost of electronic monitors ($17.1 million) & intensive parole caseloads ($3.1 million) by 60%	12,120,000
Negotiate contracts for more locked wards in community hospitals	???
Estimated savings	$373,601,125+???

CAPPS, 4-8-11

CAPPS co-sponsors symposium on reducing corrections spending

While steep cuts are being proposed for critical services from education to revenue sharing, the Executive Budget for Fiscal Year 2012 would keep corrections virtually unchanged – at $2 billion. Once again, corrections would consume nearly 25% of all General Fund spending.

Debate about the FY2012 budget and policy discussions about how to reduce Michigan Department of Corrections (MDOC) spending while protecting pubic safety are on-going. The Citizens Alliance on Prisons and Public Spending (CAPPS), the Citizens Research Council of Michigan (CRC) and The Center for Michigan recognized the need to provide an unbiased, non-partisan, and factual foundation for the current dialogue in Lansing. On March 17, these three organizations co-sponsored an event to provide invited policy makers and stakeholders with a wealth of information about how the MDOC appropriation is allocated, how it affects the overall state budget, and what options exist for reducing it. The title of the program was "Finding the Path to a $1.5 billion Corrections Budget."



"Suggestions already under consideration include strategies for lowering the prisoner population, making operations more cost-effective and containing personnel costs. To decide which options are best, it is critical to understand their parameters, their practical consequences and what their individual and cumulative cost-savings would be," noted Barbara Levine, executive director of CAPPS.

Speakers included Jeff Guilfoyle and Craig Thiel from CRC, who addressed, respectively, historical and comparative trends in corrections spending and personnel matters. Bob Schneider, associate director of the House Fiscal Agency, explained how the MDOC appropriation is actually spent. Barbara Levine described strategies for safely reducing the prisoner population. Phil Weaver from Hope Network discussed prisoner re-entry. A panel including Natalie Holbrook of the American Friends Service Committee, Ron Crabtree from MetaOps and Barry Wickman from the MDOC addressed operating efficiencies. John Bebow from The Center for Michigan served as moderator.

All the materials presented at the symposium are available for download from the CRC website at www.corrections.crcmich.org.

Prison treatment programs: rehabilitating the system

(Continued from page 2)

mentally ill and the availability of psychotropic medications resulted in the closing of 40 state-operated psychiatric institutions between 1974 and 2010. Only four hospitals (including the Forensic Center), with a total capacity of 847 beds, remain for mentally ill adults.

This revolution did not bring adequate investment in community-based treatment. Although they were ill-equipped to identify and treat mental health problems, prisons became the treatment providers of last resort. Since prisons are designed to address rule violations with discipline, prisoner advocates became increasingly concerned that mentally ill inmates who could not conform to the rules were often treated as "behavior problems."

Currently, nearly 9,100 prisoners, 20.4% of the population are receiving mental health services.

Evidence emerged of mentally ill people being confined for months or years in segregation cells where they decompensated or placed in top-of-bed restraints for days without adequate attention to their worsening conditions.

After the 2006 death of mentally ill prisoner Timothy Souders captured national media attention, the legislature directed the MDOC to contract for an independent evaluation of the prevalence of mental illness among Michigan prisoners and the provision of services. That study, led by the University of Michigan, concluded that in 2008, 20.1% of male prisoners and 24.8% of females had psychiatric symptoms at the severe level.

The MDOC was providing mental health treatment to 17.7% of the population. However, researchers found a mismatch between the prisoners they found to be severely mentally ill and those who were receiving treatment. They offered several plausible explanations for why prisoners they did not identify as mentally ill might have been positively assessed by the MDOC. Much more troubling was that 65.0% of the prisoners that researchers did find to be experiencing symptoms of severe mental illness had not received any treatment for at least a year. While the MDOC has expressed concerns about the research methodology and the instrument used in the U-M study, it acknowledges that for many years the number of mentally ill prisoners was undercounted and appropriate treatment was too often denied.

The MDOC has taken steps to better identify prisoners with mental health needs and to provide more treatment to those placed at higher custody levels because of behavior problems. Currently nearly 9,100 prisoners, 20.4% of the population, are receiving services. While the vast majority is outpatient care, these services also include crisis stabilization, acute care, residential care and social skills development for the developmentally disabled. However, the department continues to face major challenges. One is the difficulty of finding qualified mental health professionals to employ. Non-competitive wages, the locations of many facilities, and an aversion to working either with prisoners or in the prison environment all play a part. The majority of psychiatrists are now provided by an independent contractor.

Another major issue is cost. For FY 2010, more than $60 million was appropriated for mental health services. From January through July 2010, nearly $8.5 million was spent just for psychotropic medications. A recent report by the Auditor General was critical of the amount spent on particularly ex-

pensive antipsychotic medications. While the legislature is placing substantial pressure on the MDOC to control these costs, advocates fear that fiscal concerns will trump the needs of the mentally ill.

Substance Abuse Services

There is no debate that substance abuse is an important problem within the prison population. In 2006, 65% of all U.S. inmates met the medical criteria for substance abuse addiction. Nationally, alcohol or drug use was involved in 78% of violent crimes, 83% of property crimes and 77% of other crimes. The figures are similar in Michigan.

The MDOC's Substance Abuse Services section (SAS) is responsible for providing substance abuse testing and treatment for prisoners, as well as administering the MDOC's Residential Sex Offender Program (RSOP). In-prison programs include residential and outpatient treatment and educational programs. Self-help groups, such as Alcoholics Anonymous and Narcotics Anonymous, exist at some prisons where community volunteers are available to run them. SAS also administers community-based residential and outpatient substance abuse treatment programs for probationers and parolees.

In FY 2009, the MDOC contracted with 23 residential and 56 outpatient treatment providers to serve a total of 23,166 prisoners, probationers and parolees. The SAS budget for that year was nearly $19 million.

The federally-funded Residential Substance Abuse Treatment (RSAT) program is a therapeutic community designed to prepare prisoners with substance abuse issues for re-entry. RSAT participants reside together, apart from the general population. Fifteen-member cohorts within the community move through the program together. The focus is on reducing both criminal and substance abuse behaviors for people with severe dependency. RSAT utilizes multiple therapists to provide a mix of educational programs, cognitive skill training, therapy, and relapse prevention planning. There is one RSAT program for men and one for women.

In-prison outpatient treatment consists of 16-20 group sessions, with 16-18 members per group. Outpatient treatment is reserved for prisoners who have a moderate to high probability of dependency and are within 180 days of their ERD.

The in-prison educational program is a structured didactic program that is provided by both institutional staff and contractors. It is reserved for prisoners with a low probability of dependency.

During FY 2009, a total of 8,821 prisoners received in-prison substance abuse treatment services.

Service Type	Number of Prisoners	Percentage
Assessment Only	136	1%
Educational	3,640	41%
Outpatient	4,701	53%
Residential (RSAT)	344	4%

All prisoners who have not been assessed previously are assessed at in-take to determine if they have a substance abuse issue and what level of programming would be most effective. The assessments include completion of the Substance Abuse Subtle Screening Inventory (SASSI), interviews with staff, and examination of other information from the prisoner's file.

According to the SAS, in 2010, of 5,548 SASSI scores, about 51% showed a substance abuse history that indicated a moderate to high probability of dependence while nearly 16% had a current severe dependence.

SASSI Result	Service Required	Percentage*
No/Low Probability	No Treatment	22.8%
Moderate Probability	Education	11.5%
High Probability	Outpatient	39.0%
Severe Dependence	Intensive	15.7%

Although some people who initially test as severely dependent may be screened out of RSAT

(Continued on page 10 -- See Prison)

Prison treatment programs: rehabilitating the system

(Continued from page 9)
upon re-evaluation, the number of beds available for people needing intensive treatment remains insufficient.

Assaultive and sex offender programs

For many years, the MDOC has provided two treatment programs designed to address specific types of criminal behavior: the Assaultive Offender Program (AOP) and the Sex Offender Program (SOP). Similar in format, both are group therapy models designed to address the factors that underlie the antisocial behavior. Psychologists lead groups in 44 sessions that are 1½ - 2 hours long. Over the years, the group size increased from 10 to 13 and the duration was reduced from 11 months to six. Typically there have been 100 or more AOP and SOP groups running at any given time.

Traditionally, prisoners were referred to either AOP or SOP based on their crime. Everyone convicted of a specified offense was required to complete them, regardless of their individual histories or the circumstances of their crime. In 2009, 9,048 prisoners (20%) had been convicted of sex offenses; 22,942 (50%) had been convicted of non-sexual assaultive offenses, including 3,388 who were serving life without parole for first-degree murder. People could also be referred to either program by institutional staff based on in-prison conduct or by the parole board. Priority for actually entering programs was based on how close people were to their earliest release date (ERD).

The delivery of AOP and SOP has long been fraught with problems. In April 2005, CAPPS and the American Friends Service Committee, Criminal Justice Program jointly published a report called *Penny-wise and Pound-foolish: Assaultive offender programming and Michigan's prison costs*. Although it focused only on AOP, the report summarized concerns common to both programs.

One of the biggest concerns was with waiting lists so long that many prisoners could not complete programs before they became eligible for parole. The parole board then either deferred its decision or denied parole outright. The prisoner lost another year of his or her life to incarceration and the public paid to house someone for another year because the MDOC couldn't deliver a program that it chose to require. As of Feb. 1, 2005, 1,190 people on AOP waiting lists had already served past their ERD. Another 1,066 were within 12 months of their ERD and stood little chance of completing treatment before their first parole review. More than half were classified at security levels I or II.

The delays in program delivery had multiple causes:

- There were not enough therapists available to conduct AOP groups.
- There was not a single statewide AOP waiting list. Instead, facilities had their own lists which changed constantly as prisoners were transferred for various reasons.
- The availability of AOP at Level I and II prisons and camps varied widely.
- AOP groups were not conducted at Level III, IV and V prisons.
- Prisoners nearing their release dates were commonly housed at facilities where the treatment was not even provided.

One of the biggest concerns with AOP and SOP has been waiting lists so long that many prisoners could not complete programs before becoming parole eligible.

- Program eligibility criteria were changed over time, and then applied retroactively.

After *Penny-wise & Pound-foolish* was published, the MDOC developed a single statewide waiting list for treatment programs. If prisoners at the top of the list could not access a required program where they were housed, they were transferred. However, this change in the delivery system was not enough to solve the problem. In mid-March 2011, there were 714 assaultive offenders who were past their ERD who had not entered treatment. There were 2,331 who were within 12 months of their ERD. Thus, six years later, the number of assaultive offenders awaiting treatment who were past their ERD had declined by 40% but the number who were within 12 months of their ERD had more than doubled. And there were an additional 763 sex offenders who were past or within 12 months of their ERD and were awaiting placement in sex offender programs. If as few as 1,000 of the total were paroled on their ERD instead of being delayed by program availability, it could save approximately $30 million.

AOP and SOP are not provided at higher custody facilities on the rationale that people at these levels are far less likely to be paroled. While this method of prioritizing scarce resources is understandable, it has consequences beyond delaying people's access to programs until their classification is reduced. Some people -- perhaps those who need treatment the most -- "max out" of prison from higher custody levels without ever receiving it. As a result, an opportunity to minimize risk to the community is missed.

In addition, people whose in-prison conduct might improve with treatment are denied help that could lower their custody level. Using treatment programming to reduce the risk of assaults within the prison system is a desirable way to protect staff and other prisoners. It is also cost-effective, since higher security prisons are far more expensive to operate.

The pressure to resolve treatment delays and the national trend toward "risk reduction" in corrections are leading the MDOC toward new program models. These models have two key characteristics: eligibility for treatment based on the prisoner's level of risk and the utilization of "cognitive restructuring". Not only have "cog" programs shown some success in reducing recidivism, they can be delivered by institutional line staff, unlike a therapeutic approach that requires a psychologist.

Risk Assessment

To begin, the MDOC contracted with Northpointe Institute for Public Management, Inc. to develop an assessment tool that measures an individual's risks and needs. The COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) measures both static (historical) and dynamic (changeable) factors. COMPAS yields multiple scales to provide a complete profile that is then used to design a plan for risk reduction through programming and risk management through community supervision. COMPAS is administered to

(Continued on page 12 -- See Prison)

Prison treatment programs: rehabilitating the system

(Continued from page 11)

all incoming prisoners and has now been given to more than 95% of the current population.

While COMPAS has a violence risk scale, it does not measure the risk of sexual offending. For that the MDOC uses the VASOR (Vermont Assessment of Sex Offender Risk), a nationally recognized actuarial tool for assessing male sex offenders. When prisoners score low risk for reoffending on the VASOR, the MDOC re-evaluates by administering a second commonly used sex offender assessment instrument, the STATIC-99. Both these tools only measure static factors and thus cannot capture changes in risk over time. And, like any statistical risk assessment instrument, these tools cannot predict whether a particular individual will recidivate. On the other hand, they provide very accurate estimates and high reliability among assessors.

The MDOC utilizes these risk assessment instruments to determine the nature and intensity of treatment it will require. Instead of referring prisoners to treatment programs based solely on their offense, it now determines whether each individual is at high, medium or low risk for violence and whether sex offenders are at high, medium or low risk for committing a new sex offense. Since research indicates requiring low risk offenders to complete intensive programming does no good and may actually increase the chance of reoffending, prisoners at low risk for violence will not be required to complete any program for assaultive offenders. Low risk sex offenders will be required to complete only a brief, low intensity program.

Nearly 55% of the total population scores low risk for violence on COMPAS, with nearly 23% scoring medium and another 23% scoring high. It has not yet been determined how these proportions apply just to those prisoners convicted of assaultive offenses or how people not serving for assaultive offenses who score high or medium risk for violence will be handled. VASOR results show about 60% of sex offenders score low risk, 30% score medium and about 10% score high.

Assaultive Offenders

The programs themselves are also changing. For assaultive offenders, the goal is to utilize the Violence Prevention Program (VPP) developed by Correctional Service of Canada. VPP is a cognitive program that emphasizes how errors in thinking, attitudes and beliefs lead to assaultive behavior.

VPP will incorporate two different treatment tracks, both much more intense than AOP. A prisoner who is determined to be high risk will be referred to the five-month VPP – High Intensity (VPP-HI), which involves 83 group sessions held five days a week. A prisoner who has a moderate risk will be referred to the three-month VPP – Moderate Intensity (VPP-MI), which involves 36 sessions held three times a week. Both models consist of 2½ hour group therapy sessions with 10 members per group, several individual sessions, and homework assignments.

Requiring low risk offenders to complete intensive programming does no good and may actually increase reoffending.

Psychologists will not be delivering VPP. Rather line staff the department considers to be qualified will be trained to deliver the program. The MDOC believes this will allow for a significant increase in the availability of assaultive offender programming. It is unclear just who these staff

will be, how many will be needed or who will assume their duties while they're engaged in delivering VPP.

The intent is to make VPP available at all custody levels and all facilities. Placement on lists will still be in order of proximity to ERD. It is unclear whether parolable or non-parolable lifers will be eligible without a referral from the parole board. VPP is currently being piloted at three facilities with statewide implementation planned for January 2012.

Until VPP is available, the MDOC is using interim measures to provide programming to 1,346 moderate and high risk assaultive offenders who are currently past or within 12 months of their ERD, have custody levels of I or II, and had not begun treatment as of April 1st. The 655 people who scored high violence risk on COMPAS and an additional 86 who were referred back by the parole board will be placed on the list for a somewhat altered version of AOP. While the program will still consist of 44 sessions conducted by a psychologist, group size will be increased to 17. The MDOC intends to add 40 more groups to those currently running at various prisons. The lack of psychologists at some facilities will continue to require prisoner transfers.

The 605 prisoners with moderate risk COMPAS scores will be placed on the list for Thinking for Change (T4C), a cognitive program focused on criminal thinking, attitudes, and beliefs. Each T4C group will have 15 prisoners (although the program model recommends 12) and be led by two trained institutional staff. The program consists of 32 two-hour sessions over 16 weeks. According to the MDOC, a total of 37 groups are scheduled to begin running immediately, with at least one at every Level I and 2 facility.

The following table summarizes the programming for assaultive offenders.

Sex Offenders

The MDOC is also redesigning its programming for sex offenders. Here too, the intensity of programs will ultimately depend on risk. The vision is that all sex offenders within five years of their ERD will reside in units at six to eight selected "hub" facilities where self-help groups and specialized library materials will be available and staff can closely monitor people's progress. As they approach their ERD, they will begin treatment with the intensity depending on their risk. High risk offenders will receive 300 hours of treatment over 12-18 months. The moderate risk program will require 200 hours over six to nine months. The model for both tracks will be a 10-member group therapy format run by psychologists, although it will also incorporate some individual sessions and a prisoner peer-run component.

In the meantime, the MDOC is also using interim measures to provide programming to sex offenders. There are 4,837 people on the SOP waiting list. Of these, 562 are currently past or within 12 months of their ERD, have custody levels of I or II, and had not begun treatment as of April 1st. High and moderate risk sex offenders will continue to be referred to SOP. Like AOP, SOP will be altered, with group size being increased from 13 to 17. The MDOC has added seven SOP groups to those already running. The Residential Sex Offender program (RSOP) will also continue.

Unlike assaultive offenders, low risk sex offenders will still be required to complete some programming. Sexual Offender Didactic (SOD) is an educational program that will cover such topics as behavioral triggers and life-style choices. The program will consist of nine one-hour sessions conducted by a psychologist. The MDOC anticipates running 15 SOD groups with 25 members each at six facilities.

COMPAS Score	Interim	Planned
High	AOP (44 Sessions)	VPP-HI (300 Hours)
Moderate	T4C (32 Sessions)	VPP-MI (200 Hours)
Low	Nothing*	Nothing*

**Unless referred by parole board*

(Continued on page 14 -- See Prison)

Prison treatment programs: rehabilitating the system

(Continued from page 13)

The following table summarizes the programming for sex offenders.

VASOR Score	Interim	Planned
High	SOP (44 Sessions)	SOP (300 Hours)
Moderate	SOP (44 Sessions)	SOP (200 Hours)
Low	SOD (9 Hours)	SOD (9 Hours)

Anyone who scores moderate or high risk for both violence and sexual offenses will be referred to sex offender programming. Conversely, low risk sex offenders who have high COMPAS scores for violence will be referred to AOP while low risk sex offenders who have moderate COMPAS scores will be referred to T4C and SOD.

Questions

This brief look at the major changes being implemented for assaultive and sex offender programming leaves many open questions.

Most fundamental is the effectiveness of any of the programs. How do we know that specific programs actually improve outcomes for the people required to complete them?

AOP and SOP have been used for many years without having been validated on a Michigan population.

VPP has been validated for Canada and a few other countries but is not used in any other U.S. jurisdictions and has not been validated in Michigan. Thus it is not known what the effect might be of differences in the Canadian prisoner population, prison system or method of delivery. It is already known not to work for women or people whose conduct involves domestic violence, so other programming must be developed to meet the needs of these groups.

Thinking for Change, while commonly used in many correctional settings, including Michigan prisons, has also not been validated on Michigan prisoners.

It is difficult on its face to imagine that a nine-session education course like SOD will change outcomes much for sex offenders who are already unlikely to reoffend. And the new SOP has not yet been fully designed.

Questions about validation do not mean that the MDOC should not employ any of the programs described here. The effort to retool treatment programming is important and the challenges are large. No attempt at change can include a guarantee of results from the start. It does mean, however, that ongoing independent evaluation will be critical. If decisions about public safety are to be based on assumptions about the effectiveness of innovative treatment programs, those assumptions should be tested as soon as adequate data is available.

Another key issue will be the receptiveness of the parole board to risk-based program placement. A problem noted in *Penny-wise & Pound-foolish* was that successful completion of AOP did not guarantee parole because the board commonly disagreed with the assessments of therapists. (The disconnect was even greater for sex offenders who had very low release rates regardless of their SOP termination reports.) When the board concludes that a prisoner who has completed treatment with a positive assessment remains a risk to release, it is not required to explain its reasoning. No process exists for reviewing the board's findings or appealing its decisions. If the board is willing to reject the assessments of psychologists who have spent months with a prisoner in therapy, will it be even less likely to accept evaluations from institutional line staff? Might parole grant rates for non-assaultive offenders actually go down if those who score high or moderate for violence on COMPAS are not placed in treatment programs?

Beyond the board's comfort with the specific programs being offered and beyond the reliance it will be willing to place on successful completion of programs by individual prisoners, lies an even larger question. Will the board accept the concept

that people at low risk do not need and should not be put through programming? Two indicators suggest the answer may be "no." First, there is the decision to require SOD for a large number of people who have been determined not to need programming at all. Second is the board's referral back to AOP of 86 people with low violence scores on COMPAS.

There is no doubt that individual decisions must be based on more than statistical risk. It may well be that the prisoner's responses at a parole interview suggest the need for treatment. However, if the board regularly requires low-risk people to complete treatment programs after they have reached their ERD, a whole new group of delayed paroles will develop.

If the board regularly requires low-risk people to complete treatment programs after they have reached their ERD, a whole new group of delayed paroles will develop.

Inevitably, given the magnitude of the changes and the current state of flux, a host of other questions also exist. How will the priority to be given assaultive and sex offender treatment affect other programs prisoners are required to complete, like GED and substance abuse treatment? Will any program other than T4C be provided at all custody levels? Will enough trained institutional staff be available to offer newly required programs? How receptive will both staff and prisoners be to the new role of line staff in delivering programs? What will the costs be to develop and evaluate programs, train staff, run sufficient groups and transfer prisoners? Will those costs be more than offset by reducing treatment requirements for some people and eliminating them altogether for others?

Conclusion

The MDOC's current efforts to improve the delivery of treatment services for prisoners are sorely needed and long overdue. They are also ambitious. Providing treatment in a prison setting is always a challenge. Security and program priorities often conflict. Simultaneously changing multiple treatment methods for thousands of prisoners, many with overlapping needs, who are spread across dozens of facilities, will take enormous planning and coordination. The task will be even more complicated in the context of prison closings, staff reductions and constant pressure to reduce costs.

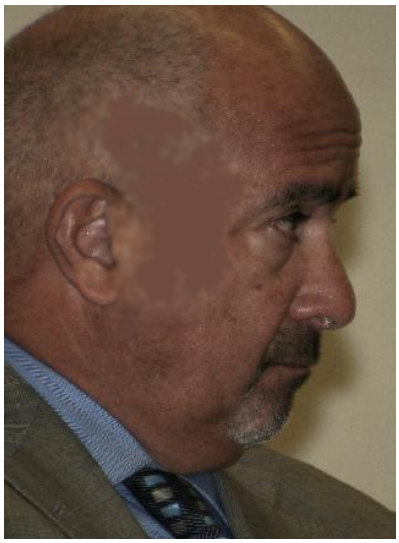
Ultimately the need for prison programs reflects the inadequacy of social services in the community. While there is no way to stop all crime, surely part of the solution is to devote more resources to community mental health, substance abuse treatment, child protection and foster care, and K-12 education. The MDOC will only be able to devote fewer of its resources to programming when people can get more of their needs met without coming to prison.

New CAPPS board members add depth, diversity

CAPPS has added three new members to its board of directors to enhance alliances with business, higher education and community mental health. All three groups are stakeholders in the issue of corrections spending.

The new members are:

Dr. Michael A. Boulus, executive director of the Presidents Council, State Universities of Michigan; Brad Williams, director of government relations for the Detroit Regional Chamber of Commerce; and Michael K. Vizena, executive director of the Michigan Association of Community Mental Health Boards.



Boulus

Boulus, who has been part of an ad hoc corrections reform group hosted by the Center for Michigan for several years, has been executive director of the President's Council, the coordinating body for the state's public universities, since January 2003. Previously he was deputy state treasurer for the Michigan Department of Treasury, overseeing a number of agencies including the Bureau of Student Financial Assistance and the Michigan School Bond Loan Program. Former executive director of the Middle Cities Education Association and former deputy executive director of the Michigan Association of School Administrators, Boulus is chair of the Education Alliance of Michigan. He holds a doctoral degree in education leadership from Michigan State University.

Williams, who earned a degree in education from Calvin College, has been in his current post with the Detroit Chamber since 2008. Previously he was legislative liaison for the Michigan Department of Transportation and has been a legislative aide and a policy analyst in the House of Representatives. He has written the Chamber's policy statement on corrections spending and a commentary on the issue for the Lansing State Journal He is also a member of the ad hoc corrections reform group hosted by the Center for Michigan.

Williams

Vizena has been executive director of the mental health association since 2009. This trade organization represents 46 community mental health boards and 60 providers under contract with the boards. Previously, he directed Community Mental Health Services for Lapeer and Genesee counties. He began his career with the Macomb County Community Mental Health Board where he held administrative and clinician posts. Vizena was also administrator for Genesys Behavioral Health Services, in the Flint area.

Vizena

He holds master's degrees in guidance and counseling from Oakland University and in business administration from the University of Michigan.

The Detroit Crime Lab underfunding: Consequences

Problems with the Detroit Crime Lab surfaced in April 2008 when the defense in a double murder case used an independent expert to challenge Detroit Crime Lab firearm identification results. The lab had concluded that all 42 shell casings from the crime scene were fired from the same weapon. The defense expert discovered that the casings had obviously been fired in two different weapons. Based on this new evidence, the Wayne County Prosecutor's Office agreed to allow the defendant to withdraw his guilty plea and go to trial.

The irregularities in that case prompted a Michigan State Police audit of the Detroit Crime Lab's ballistics unit. Auditors found a 10% error rate in firearms analysis and concluded that the lab was in noncompliance with 66 out of 101 crime lab accreditation criteria. Among other violations, the firearms unit was operating without a proper procedure for documenting evidence, with microscopes that were not properly calibrated or maintained, and without proper training for examiners.

The entire Detroit Crime Lab, all forensic disciplines, was permanently closed in October 2008. The work has been shifted to the State Police Crime Lab.

Causes - Under funding

So how could such an immense problem with the reliability of crime lab results have occurred, and then gone unnoticed? While the degree of human error is appalling, a big part of the answer is money. The lab itself lacked adequate funding, resources and training. And the defense attorneys who represent the vast majority of defendants are appointed. As Dawn Van Hoek, Director of the State Appellate Defender Office (SADO) explains, the inadequate fee schedule, coupled with the knowledge that local court practices all but prohibit independent forensic testing, means that appointed attorneys are discouraged from asking for funds for independent experts. In the rare cases when such funding is approved, defense attorneys have a hard time securing qualified experts who will work for court-appointed fees.

The failure to invest in the criminal justice system up front has led to enormous costs. While the full extent of the harm may never be measured, the clean-up costs and at least some of the damage from unjustified prison sentences are evident.

Costs

The unreliability of the Detroit Crime Lab resulted in unreliable trials. The consequence of unreliable evidence presented at trial is complicated post-conviction processes. This includes the need for a thorough review of all cases affected by the lab, litigation of post-conviction motions, the retesting of forensic evidence and the retrial of cases. Not incidentally, much money is wasted on the unwarranted incarceration of people convicted through tainted Detroit Crime Lab evidence.

Since the crime lab closure, SADO obtained a federal grant of $318,000 to review cases of incarcerated individuals in an effort to provide relief to those who were convicted based on faulty forensic evidence. The Detroit City Council also reallocated nearly $1 million from the Detroit Police Department budget to the Wayne County Prosecutor's Office to establish a Forensic Evidence Review Unit. To date, four cases have been retried. In one, retesting of forensic evidence resulted in a new trial and the reduction of a life sentence to a seven-year minimum, saving the state an estimated $930,000 in incarceration costs. In another case, where the defendant had been sentenced to a minimum term of 17 years, retesting of forensic evidence resulted in a new trial and an acquittal, saving the state over $500,000 in incarceration costs.

While the financial implications are immense, the most significant consequences are sustained by individuals who have lost their freedom due to the failures of the criminal justice system. They will probably all never be identified and some can never be made completely whole.

Review Continues

SADO is continuing to review cases for issues connected to the closure of the Detroit Crime Lab. It is interested in any case that meets the following criteria: (1) the offense occurred within the City of Detroit and (2) the case involved any type of forensic evidence (e.g., DNA, ballistics, gunshot residue). Readers who know of a case that meets these criteria may request SADO's Detroit Crime Lab questionnaire by writing to: Kim McGinnis, Crime Lab Unit, State Appellate Defender Office, 645 Griswold, Suite 3300, Detroit, MI 48226.

New governor abolishes old 15-member parole board; creates new board, gives appointment duties back to MDOC

Gov. Rick Snyder has abolished the 15-person parole board and replaced it with a new 10-member board whose associates have been appointed by the Michigan Department of Corrections (MDOC) director. Snyder also abolished the Executive Clemency Advisory Council.

In 1992, the seven-member civil service parole board was abolished. It was replaced by a ten-person board whose members were to be appointed by the director of the MDOC. While the actual membership has changed repeatedly, the structure of the board was consistent until 2009, when then-Governor Granholm increased the size of the board to 15 and assumed the appointment authority personally. (See "Parole board expands, named by Governor," Consensus, Winter 2010.)

Granholm's goal was to increase capacity temporarily so that the board could work through a large backlog of prisoners who had been repeatedly denied parole. Her executive order included a process for returning the board size to 10 as members' terms expired. Granholm also established the Clemency Council, a group of unpaid volunteers, to give her advice on commutation applications that was independent of the parole board's recommendations.

By changing the board size and appointment authority, Gov. Snyder is simply returning to aspects of the 1992 statutory scheme. However, the scheme also contemplates that board members will be appointed for staggered four-year terms and be removable only for "incompetency, dereliction of duty, malfeasance, misfeasance or nonfeasance in office." Nonetheless, five members of the existing board whose terms had not expired were not reappointed.

The wholesale restructuring of the board announced within weeks after the new administration took office indicates that, in fact, the parole board membership (and presumably its mandate) is actually subject to the desires of each new governor.

The chairperson of the board that will assume its duties on April 15, 2011 is Tom Combs, who has been with the MDOC for nearly 30 years. Combs most recently served as administrator for the Substance Abuse Services Section. A former corrections officer, field agent and supervisor, Combs has degrees in psychology and criminal justice from Michigan State University (MSU) and in public administration from Western Michigan University (WMU).

Five past board members were reappointed for terms of varying lengths. They are: former chairperson Barbara Sampton (four-year term), Sonia Amos-Warchock (four-year term), Stephen DeBoer (three-year term), Anthony King (three-year term) and Charles Brown (two-year term).

The remaining newly appointed members are:

Amy Bonito, who was administrative assistant for the MDOC's Field Operations Administration's Outstate Region, is a former field agent. She has degrees in English, Black American studies and criminal justice from WMU and a law degree from MSU's Detroit College of Law. She has been with the MDOC since 1998. (Four-year term.)

Jayne Price, a former parole/probation supervisor, has also been a corrections officer, a sergeant and a resident unit manager, all with the MDOC. She has degrees in elementary education from Grand Rapids Junior College, in criminal justice from Grand Valley State University and in communications from WMU. She has been with the MDOC since 1983. (Three-year term.)

Abigail Callejas, a former probation supervisor, worked as a probation agent beginning with the MDOC in 1998. Previously, she was a program developer with Goodwill Industries of Greater Grand Rapids. She has degrees in criminal justice and in adult corrections and juvenile delinquency all from MSU. (Two-year term.)

Michael Eagen, formerly an assistant prosecutor for Eaton County who worked his way up to chief assistant prosecutor, was previously a law clerk for the Eaton County Circuit Court. He was an attorney with a large Detroit-based law firm, and also worked with the Michigan Department of Community Health. He has a degree in psychology from MSU and a law degree from the Thomas Cooley Law School in Lansing. (Two-year term.)

Members told at annual meeting

Time is finally right for CAPPS' agenda

After 10 years, the time is finally right for the CAPPS' agenda, members at the annual dinner meeting in January were told.

"There are unprecedented opportunities for change now. Cutting the budget is the focus of the new legislature, and CAPPS' whole goal is reducing corrections spending so more resources are available for other critical state services."

The speaker was Noah Smith, a partner with Capitol Services, Inc., a lobbying and governmental consulting firm working with CAPPS on its public policy strategy.

Also speaking at the meeting in Lansing was Executive Director Barbara Levine who told the group that CAPPS has enlisted the help of new major stakeholders in its efforts to promote debate on how to reduce MDOC spending while keeping the public and prisons safe. She introduced new board members from business, higher education and community mental health services (see related story on page 11).

She explained that CAPPS has a significant role to play that others cannot.

"CAPPS has considerable knowledge and has done extensive research in the area of corrections that will contribute to the dialogue. And since we're a non-governmental entity, we can speak with complete independence" Levine said.

"It's time to let decision makers know that decision-making about the budget must be based on reality, not politics," Levine said. CAPPS plans to do more public speaking now that associate director Peter O'Toole is available to help. There will also be more focus on in-prison programming and on people who have been paroled and are living successfully in the community.

Smith explained the legislative process and talked about CAPPS' effort to influence the state budget.

About 50 members attended the dinner.

CAPPS
CITIZENS ALLIANCE ON
PRISONS & PUBLIC SPENDING

403 SEYMOUR STREET, SUITE 200
LANSING, MI 48933

The Citizens Alliance on Prisons and Public Spending, a non-profit public policy organization, is concerned about the social and economic costs of prison expansion. Because policy choices, not crime rates, have caused our prison population to explode, CAPPS advocates re-examining those policies and shifting our resources to public services that prevent crime, rehabilitate offenders, and address the needs of all our citizens in a cost-effective manner.

Nonprofit org
US Postage Paid
Lansing, MI
Permit No. 20

Be part of the solution -- Join CAPPS

Citizens Alliance on Prisons and Public Spending
Membership Form

CAPPS, 403 Seymour St., Suite 200, Lansing, MI 48933; Phone: (517) 482-7753;
Fax: (517) 482-7754; E-Mail: capps@capps-mi.org; Web site: www.capps-mi.org

My tax deductible contribution, payable to "CAPPS," is enclosed.

My membership category is:
( ) Prisoner — $10 ( ) Student — $10 ( ) Friend (individual/family) — $25
( ) Supporter — $50 ( ) Partner (individual/organization) — $100
( ) Patron -- $250 ( ) Benefactor -- $500

Name:_____Title:_____

Organization:_____

Address: _____

_____

Phone: _____Fax: _____ E-Mail: _____