

**SUCCESS OF MORAL RECONATION THERAPY
(MRT) IN KENTUCKY CORRECTIONAL
SETTINGS UNDER THE NOA COUNSELING
MODEL:
TREATING MENTAL HEALTH AND CREATING
BEHAVIORAL CHANGE**

Robert A. Kirchner, Ph.D.
Susan Greenough
Glacier Consulting, Inc.

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¹ This report is an intensive evaluation of the implementation of Moral Reconciliation Therapy throughout the Kentucky Correctional System addressing criminal behavior and drug abuse disorder problems of inmates. The evaluators would like to thank Noa Counseling Counseling Director Lada Odobasic and her staff for the assistance they provided in their busy schedules to make this evaluation a success. This report was prepared by Glacier Consulting, Inc., a non-profit research organization dedicated to providing information on what works in treatment of criminal offenders. The views of the authors do not represent the opinions, policies, or official positions of the Kentucky Department of Corrections.

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Executive Summary

Treatment of offenders with drug and alcohol disorders and those with serious mental health disorders, in a correctional setting, has been an ongoing struggle for the criminal justice system. Lessons learned since the 1970s that promote comprehensive mental health services for the incarcerated population have produced practices which can enhance current services. Research on these modalities confirm that treatment can make a difference. The development of a program for the offender population of Kentucky Department of Corrections (KYDOC), with assistance from Noa Counseling, LLC (Noa Counseling) was a direct result of more than five years of effort. The initiative put in place, however, went further by designing a highly structured and comprehensive framework to improve upon earlier approaches.

The combination of correctional supervision, assessments, and treatment resources, supported by an established “team,” is becoming a model testing a new approach which increases the objectives of treatment in correctional settings. Performing the program evaluation for the first five plus years of implementation, the evaluation team constructed an evaluation design based on questions that Noa Counseling had requested for study. The purpose behind this design was to answer key policy questions for the KYDOC to determine the efficiency and effectiveness of the program developed and implemented.

1. Has the KYDOC program been implemented as planned, and are services being delivered to program participants?
2. Does KYDOC reduce substance abuse, criminal behavior and manage mental health problems?
3. Does KYDOC reduce recidivism compared to existing practices?
4. Are the Costs and Benefits producing an effective program?

Has the KYDOC program been implemented as planned, and are services being delivered to program participants?

Noa Counseling began by establishing an implementation plan, including policies and procedures to direct initial implementation efforts. Through a multi-method approach, KYDOC conducted assessments to determine eligibility of participants and the characteristics of the different groups entering the program, as well as the development of treatment plans for those entering the program. Preliminary results of this study explain accomplishments to date:

- The program is creating positive impacts on managing mental health issues, with increased compliance to medication treatment and counseling sessions.
- The program is seeing positive behavioral changes among the participants engaged in Moral Reconnection Therapy (MRT) sessions. MRT is creating an environment for inmates to handle mental health issues, and MRT participants are more compliant in taking prescribed medications.
- The relationships between Psychiatric Services Unit (PSU) and program participants makes the inmates more successful when attending groups and progressing in their treatment plans.
- The program is effective for both female and male participants.

Does MRT reduce substance abuse, criminal behavior and manage mental health problems?

- Before implementation of the new initiative, KYDOC had witnessed almost 90% of the incoming population abusing drugs, 86% with serious mental health problems², and 89% on psychotropic medications. Treatment of these individuals is difficult, especially since so many

² **Severe mental illness** is defined by its length of duration and the disability it produces. These **illnesses** include **disorders** that produce psychotic symptoms, such as schizophrenia and schizoaffective **disorder**, and **severe** forms of other **disorders**, such as major depression and bipolar **disorder**.

are assessed as high-risk inmates. KYDOC has been very successful in recognizing and meeting the needs of those participants. KYDOC utilizes several assessment tools to identify its target population, as well as to develop individual treatment plans. The incoming participants are all high risk/high need. Inmates are assigned to one (1) of six (6) levels of custody by the classification committee as outlined in CPP 18.1.³ This level of custody is assigned based on the risk assessment of the inmate as outlined in the Classification Manual.

- The number of disciplinary write-ups decreased during and after entry into the program which is a critical performance measure to determine effectiveness. To measure statistical significance of change following the program, a paired *t-test* was applied to the population. Here, the number of disciplinary write-ups for the participants for the period prior to program entry was compared to the number of disciplinary write-ups for the period during and after the program. The **p-value = .03** (less than .05) which enables us to confirm that the decline in number of disciplinary write-ups is statistically significant over time. DR Reduction (Total Population): The total client population (n = 4,578) and compares the number of disciplinary write-ups for the 2-year period prior to enrollment to the number of disciplinary write-ups during the program to the number of disciplinary write-ups during the 2-year period after the program. As shown in Figure 17 below, the number of DRs was significantly reduced overall by 86% after enrollment. There was a significant reduction across the 13 institutions. DR Reduction (Client Population with More than 45 Days): The client population who have more than 45 days in the program (n = 3,229) and compares the number of disciplinary write-ups for the 2-year period prior to enrollment to the number of disciplinary write-ups during the program to the number of disciplinary write-ups during the 2-year period after the program. As one would expect, the number percent decline is a bit

³ See Appendix

lower (76%) than the total population due to the few number of write-ups for this the group who stayed in the program longer

- KYDOC uses private counselors through Noa Counseling Counseling for both group and individual sessions in its delivery of services. Qualifications of counselors are exemplary, and all are certified in MRT, MRT Trauma, Motivational Interviewing and other CBT approaches and techniques. Treatment delivery is producing positive behavioral change and reductions in drug abuse, as well as producing strategies to manage mental health problems.
- Reduced substance abuse has led participants to opportunities on release they could not achieve before entering the program. Additional indicators reveal that substantial gains are being made by participants to improve their health.

Does MRT reduce recidivism compared to existing practices?

KYDOC staff track all individuals participating in the program, as well as those that declined to enter the program although they were eligible. GCI found:

- Recidivism of Released Clients: The length of time a client (with a released date; n = 2,669)) has remained out of the program. The results explain that 58% of clients have remained in the community for more than 2 years across all 13 institutions. Recidivism of Returning Clients: The number of clients released (n = 2,669) and the number with a returned date reported. Of the 2,669 clients who were released, 13% returned overall.

Are the Costs and Benefits producing an effective program?

- Operating Costs per Client: Participation in treatment activities costs amount to \$ 296.74 on average.

- Benefits within the Program: A significant reduction in disciplinary writeups compared behavior before entering the program. Assists in strengthening individual plans for re-entry preparation. Elevates pressure for constant supervision by correction officers.
- Effective Outcomes: Successful transition to the community. Reduced recidivism and re-offenses upon release. Reducing prison population while increasing public safety.

NOA COUNSELING, while meeting the needs of a high risk, high-need population, witnessed improvements in the correctional system given the high number of participants assessed with mental health problems, has been impressive. Rehabilitating individuals that abuse drugs and commit criminal activities, along with managing their mental health problems, has resulted in producing useful citizens with increased positive results for public safety of the community. Moreover, it has been recognized that the program has effectively changed prison culture in which participants were easier to manage, officers experienced a less stressful and safer work environment, participants experienced a safer living environment and experienced motivation to engage/enter additional programs/service, which produced the domino effect once again.

The evaluation presents results of a correctional program, including MRT, that are both efficient in its practices and effective in program delivery. We believe that it could be considered a model for other jurisdictions to improve other programs through the lessons learned by their efforts.

INTRODUCTION

This is a study of the implementation of treatment protocol to enhance compliance with regulations, change negative behavior and manage mental health issues among inmates at the institutions of the Kentucky Department of Corrections (KYDOC). The intervention under investigation is Moral Reconciliation Therapy (MRT) facilitated by private contract counselors of Noa Counseling. MRT is a highly-recognized program that has proven to help individuals involved in the correctional system. MRT has been implemented in every state and has a proven success rate in reducing the possibility of participants returning to jail and/or prison.

MRT is a 12 to 16 component program that guides participants to work toward increasing their self-awareness, accepting responsibility for their own behavior and developing skills that will increase their ability to examine past choices and make better choices in the future. In MRT, participants learn to set realistic and achievable short-term and long-term goals, as well as the necessary steps to successfully reach these goals. The participants learn to examine current and past relationships, and their role in these relationships. They learn how to begin to heal damage that has been caused due to past behaviors, and to accept the extent to which they have control in these situations.

The most important lesson they learn is that “they, and they alone, are responsible for their past, current and future decisions. By taking accountability for their actions they begin to take ownership of their choices (good and bad) and begin to take charge of their lives.”

Glacier Consulting Inc. was contracted to conduct a continuing program evaluation of the NOA COUNSELING program to judge the efficacy and effectiveness in the delivery of services. The principal investigator, Dr. Robert A. Kirchner, Director of Research, Glacier Consulting, Inc. (GCI) has been involved in the evaluation of treatment programs nationwide for over 20

years. GCI evaluated the KYDOC implementation of MRT, and is reporting on the overall performance since January 1, 2012 through April 30, 2017.

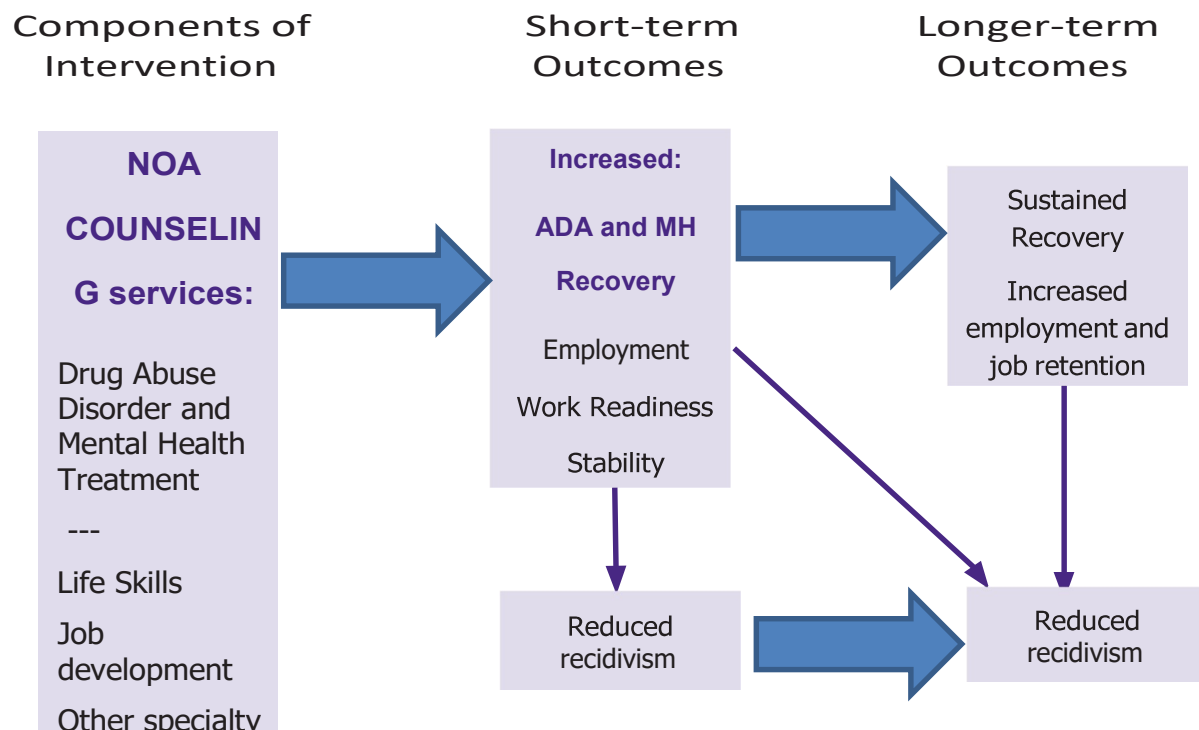
At the time of this evaluation, the KYDOC had completed the program for 3,229 of its inmates. It continues to treat many more. Components of the KYDOC program include the following:

- ❑ Correctional oversight and Mental Health Services and medication management
- ❑ Access to treatment resources and services
- ❑ Prerelease Services and aftercare community resources
- ❑ Supervision by probation and parole, if required
- ❑ Successful transition when returning to the community

Program Implementation

In response to the Kentucky Department of Corrections (KYDOC), Noa Counseling, Inc. designed an implementation plan for providing treatment and rehabilitation services for inmates across Kentucky's thirteen (13) prisons. The design contains three (3) elements: operations; programming; and quality assurance. These elements have been put in place within a program logic model for the overall program, as see in the diagram below.

Conceptual Model of NOA COUNSELING Program Design



Noa Counseling Operations: After determining the requirements of the program requested by KYDOC, the development of policies and procedures were codified in an operation manual, both to establish an implementation plan and to determine staffing requirements to meet the objectives. Next, NOA COUNSELING developed position descriptions for necessary staff as

well as identifying training and logistical needs for implementation and continued execution of effective and efficient services.

Programming: Based on recommendations from KYDOC, Noa Counseling attained the skills necessary, along with the materials required to put in place evidence-based therapeutic treatment programs for inmates. The principal modality being implemented is Moral Reconation Therapy, complemented by a number of the MRT specialty programs, interactive journaling (Motivational Interviewing) and other CBT methods and approaches as called upon meet clients' needs.

Quality Assurance: With the use of auditing instruments, direct observation and client feedback, Noa Counseling have put in place a process to ensure the fidelity of the interventions being implemented. In addition, staff performance is evaluated on a consistent and precise basis.

Independent evaluations of Noa Counseling program delivery and outcomes have been conducted by the University of Louisville in the past, and now by Glacier Consulting, Inc.

Investing in the Future: Cost-Effectiveness

A cost-benefit analysis is an important indicator of effective implementation, and is useful for determining future program decisions: should the program be continued as is, or should changes be made to increase effectiveness, or should alternatives to the program be considered. GCI analyzed data on the costs of implementation and related it to the program design put in place to improve treatment in the Kentucky prison institutions.

With one in one hundred Americans behind bars and prison budgets consuming an increasing share of state budgets, the direction of correctional policies is a critical factor in changing inmate behavior before release. Many attempts have been made to improve inmate behavior while incarcerated, and ensure those changes will result in reduced recidivism upon release. The question remains: Are the benefits of changing criminal behavior through treatment worth the costs?

We obtained the costs of both treatment delivery and incarceration from Noa Counseling and KYDOC. The table below is a summary of the analysis we conducted. It is important to note that the delivery of treatment services has benefits for behavior while in prison, as well as post-incarceration. Both a reduction in disciplinary write-ups and a reduction in correctional officer supervision during treatment sessions are critical elements of implementation. Of course, the reduction in re-offending once released is the goal for KYDOC.

However, preparation for re-entry depends on the eventual success of the treatment programming, complemented by the existing opportunities already in place (case management; assessments; work; education) established by each of the institutions. The critical cost factors we looked at are (1) the cost of incarceration and (2) the cost of treatment delivery.

Costs, Benefits, and Effectiveness

COSTS	Short-Term Benefits	Long-Term Effectiveness
<p>Average number of client Treatment Sessions = 26</p> <p>Cost of facilitation of a treatment session for 8-15 participants = \$125.00</p> <p>Average cost per client session = \$9.49</p> <p>Daily cost of a client's participation in all components of the MRT program = \$0.76</p> <p>Average Cost of a client's participation = \$296.74</p>	<p>DR Reduction (disciplinary writeups)</p> <p>Inmates move to lower security levels</p> <p>Inmates receive increased good time for completing treatment</p> <p>Engagement in Learning and Work (including inmate mentors)</p> <p>Reduced correctional control during treatment sessions</p> <p>Preparation for Re-Entry</p>	<p>Successful transition to the community</p> <p>Reduced Recidivism</p> <p>Reduced Prison Population of returning offenders (State Inmate Average Cost Per Annum = \$11,439.10 Per Day = \$31.34)</p> <p>Increased Public Safety</p>

The overall costs of treatment delivery are the primary focus to understand the investment the KYDOC has committed to bring improvements to their institutions. Compared to similar treatment delivery efforts in correctional settings we have evaluated over time, Noa Counseling is implementing a program designed to control costs while maintaining high levels of quality control of its operation and delivery of services to inmates.

Assuming the results produce reductions in recidivism, even at the level witnessed for the past few years, the current initiative could not only continue to reduce prison population but could also produce cost savings based on individuals not returning to prison. These two goals

explain the efforts of correctional systems nationwide to continue in their efforts to improve their capability to manage inmates while incarcerated, as well as reduce prison population overall.

Finally, to date, those released that have not returned was 84% of the released population, or 1,758 participants. Days released with no return amount to 1,283,340 days. Since these individuals did not return to prison, this amounts to an estimated cost savings to KYDOC of \$40,218,622.60.

PROGRAM EFFECTIVENESS

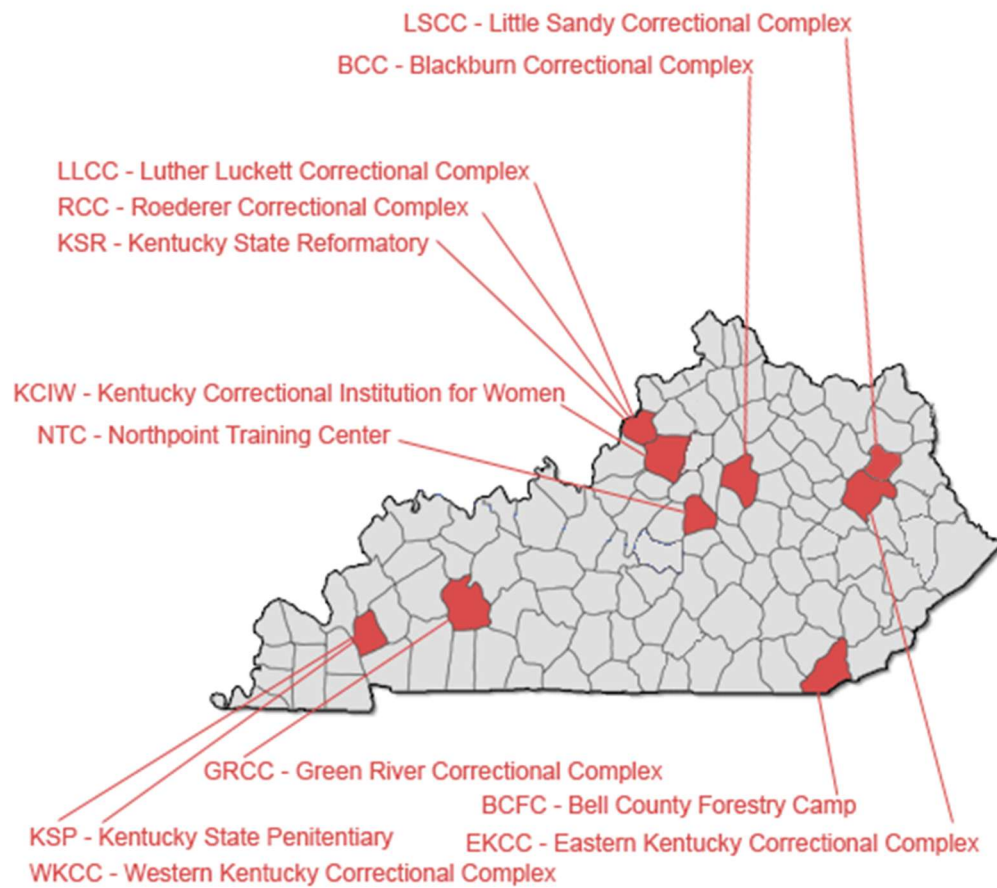
DATA AND FINDINGS

Data for this report came from sources that are internal to the Department's systems for tracking the program. Reported data from January 1, 2012 to April 30, 2017 is used for this report that covers the 13 institutions in Kentucky. The data provided the necessary information to depict the population based on 5 selection criteria, together with additional descriptive variables. Program outcomes are then reported along with relational analyses that help understand the trends and patterns of implementation over time.

Each institution has determined their selection criteria of application and enrollment, although the combined report shows consistency across the state. Findings relating to the following institutions are included in this report:

- Blackburn Corrections Complex (BCC)
- Bell County Forestry Camp (BCFC)
- Eastern Kentucky Correctional Complex (EKCC)
- Green River Correctional Complex (GRCC)
- Kentucky Correctional Institution for Women (KCIW)
- Kentucky State Penitentiary (KSP)
- Kentucky State Reformatory (KSR)
- Luther Luckett Correctional Complex (LLCC)
- Little Sandy Correctional Complex (LSCC)
- Northpoint Training Center (NTC)
- Roederer Correctional Complex (RCC)
- Ross Cash Correctional Complex (RC)
- Western Kentucky Correctional Complex (WKCC)

The locations of the institutions are shown on the map appearing on the following page.



Note: Ross Cash Correctional Institute is housed with the Western Kentucky Correctional Complex.

Program Population Size

The program's 13 institutions have a combined population size of 4,578 clients. The number enrolled has increased over the years as shown in Figure 1 below. From 2015 to 2016, there was a 91% increase in population across institutions. The largest institutions are EKCC and LLCC.

Figure 1: Number of Enrolled Clients by Institution

Institution	2012	2013	2014	2015	2016	2017	Total Clients
BCC	8	18	21	99	102	57	305
BCFC	4	30	31	77	95	39	276
EKCC	6	22	71	163	211	86	559
GRCC	16	39	79	94	184	75	487
KCIW	16	33	57	73	131	49	359
KSP	15	36	34	36	197	83	401
KSR	22	72	105	102	52		353
LLCC	14	64	55	54	309	66	562
LSCC	18	22	55	56	230	81	462
NTC	17	47	60	62	104	57	347
RC				16	35	13	64
RCC		22	40	33	71	22	188
WKCC	12	23	47	61	46	26	215
Total Clients	148	428	655	926	1767	654	4,578

Note: 2017 numbers are through April 30, 2017 only.

Selection Criteria

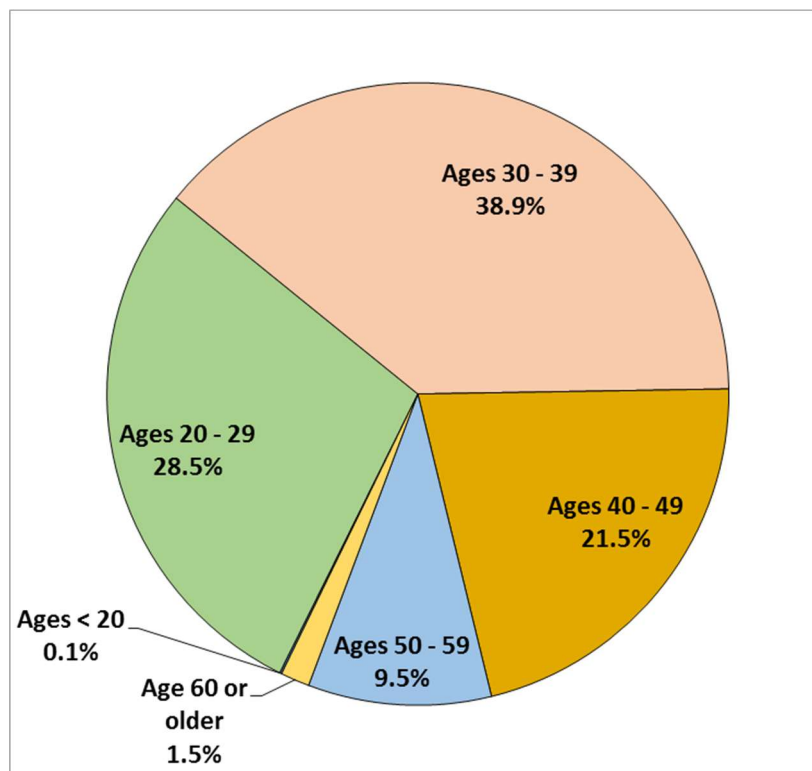
The client selection criteria used by the institutions include the following variables:

- **Age**
- **Race**
- **Level of Education**
- **Mental Health Score**
- **Level of Security**

Each variable is addressed below in terms of the combined total of all clients and then by institution.

Age: Regarding age, the distribution of clients is grouped into the following six categories: < 20 years, 20 – 29, 30 – 39, 40 – 49, 50 – 59 and > 60. The percentage breakdown is shown in Figure 2 below:

Figure 2: Percentage of Total Clients by Age Group

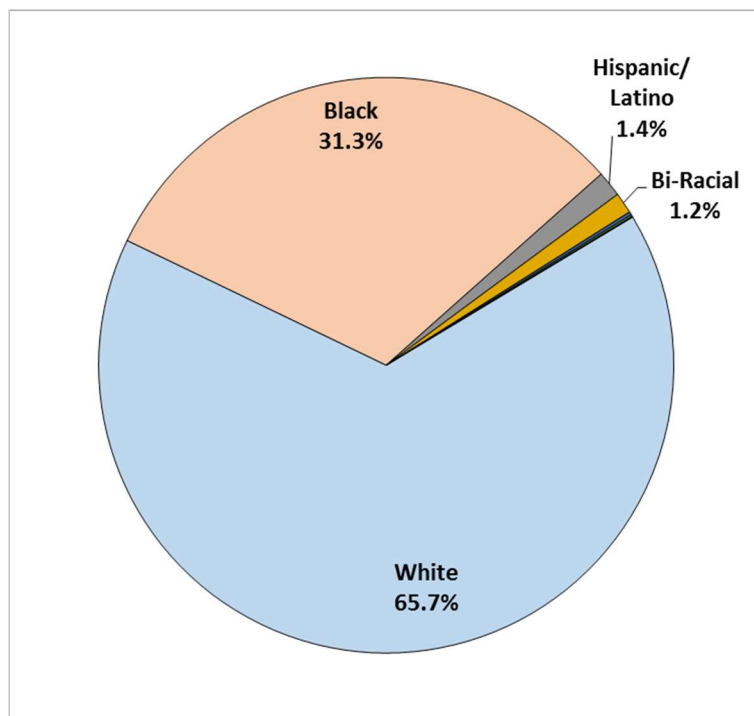


As seen in Figure 2, most of, many of clients (38.9%) are ages 30 – 39. However, the program addresses and is showing success with clients across the age spectrum as shown below.

Specifically, there is a significant distribution of clients in the 20 – 29 age group (28.5%) as well as the 40 – 49 age group (21.5%). The median age for FY 2016 is 36 years of age, which is consistent with previous years.

Race: Enrollment criteria based on race is presented in Figure 4 below. Race is grouped according to the following categories: White, Black, Asian or Pacific Islander, and Hispanic/Latino. As shown in Figure 3, most of the clients selected are white (65.7%); black clients are the next largest group (31.3%).

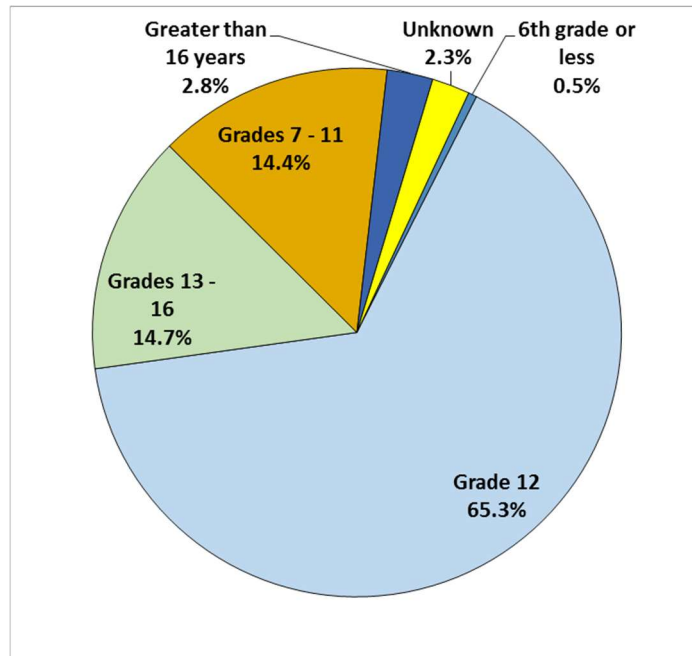
Figure 3: Ethnicity Percentage of All Clients



Education Level: The next selection variable is education level. For purposes of analysis, education level is depicted by group in Figure 4 according to the following categories: 6th grade or less, grades 7-11, grade 12, grades 13-16 and greater than 16.

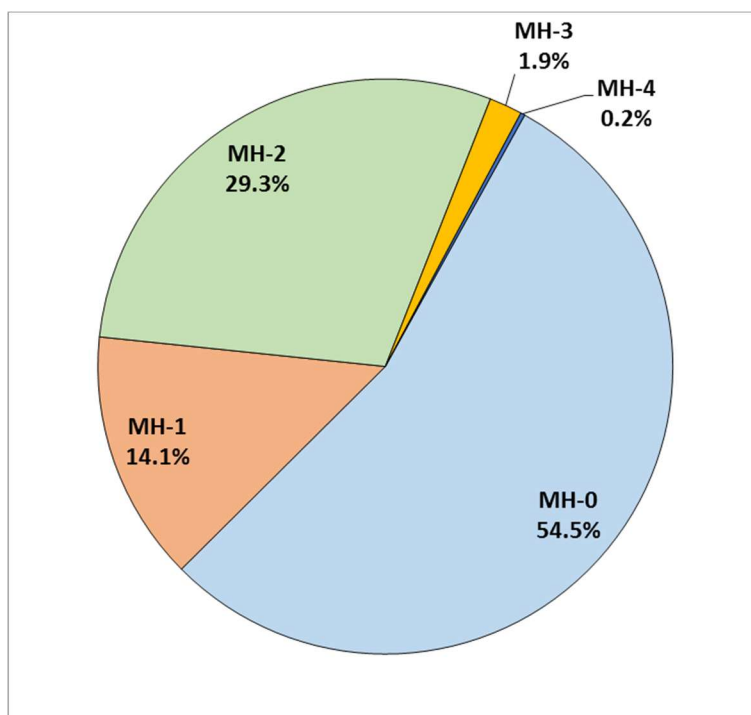
The distribution of clients based on the number of grades is shown in the Figure 4 below. The largest group of clients completed 12th grade (65.3%). The next largest group completed grades 7 – 11 (14.4%).

Figure 4: Education Level of All Clients



Mental Health Score: The next variable is the mental health score. This includes scores from 0-5 with 0 being no mental health to 5 beings severally mentally ill. Figure 5 below depicts the percentage of clients for each mental health score. The data shows that 54.5% reported no mental health issues. 29.3% reported a mental health score of 2.

Figure 5: Mental Health Score Percentage for All Clients

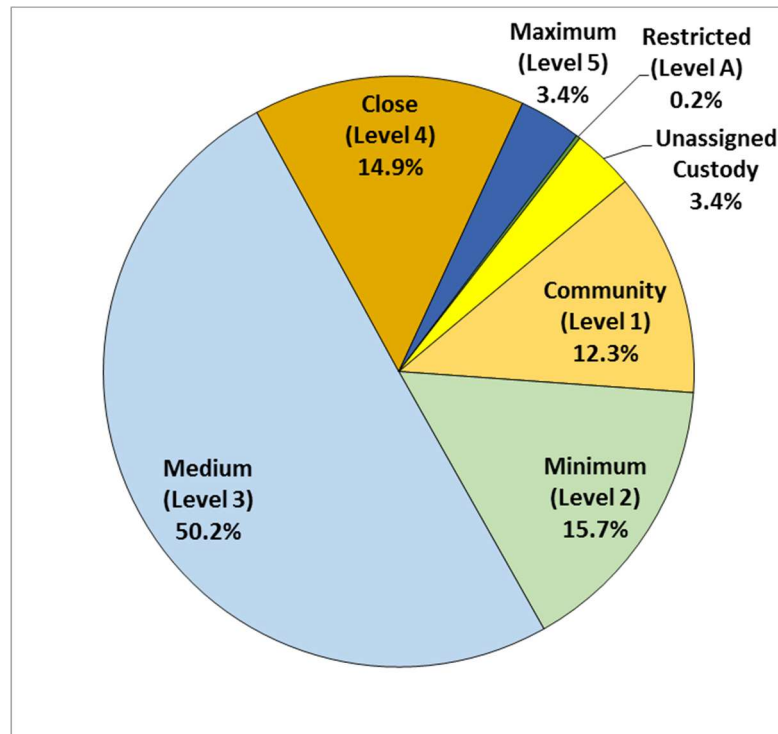


Level of Security: The final selection variable is level of security (referred to in the data as the “custody level”). The categories include the following:

- Community (Level 1)
- Minimum (Level 2)
- Medium (Level 3)
- Close (Level 4)
- Unassigned Custody

Figure 6 shows the breakdown of clients by custody level. The figure shows a that approximately one-half the clients enrolled in MRT are designated as medium custody (50.2%).

Figure 6: Level of Security Percentage for All Clients



Additional Characteristics

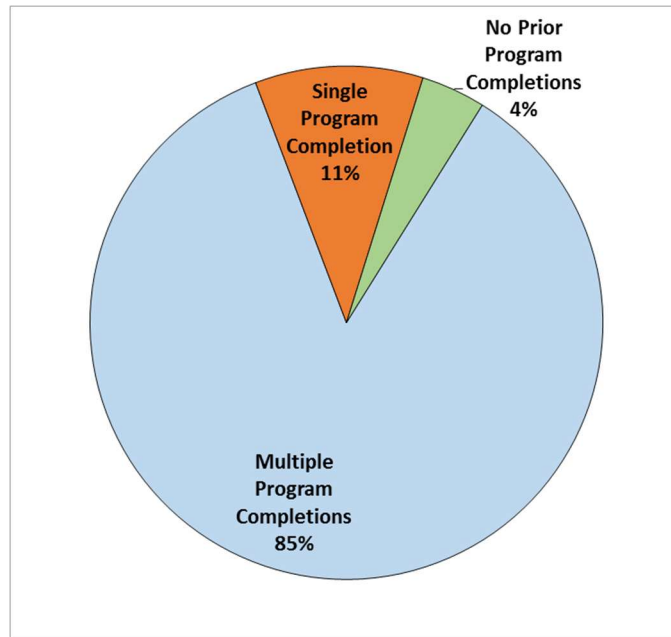
The additional characteristics that often indicate MRT success include the following:

- **Prior Program Completions**
- **Disciplinary Write-ups**

Each variable is addressed below in terms of the combined total of all clients and then by institution.

Prior Program Completion: Figure 7 below shows the breakdown of clients by prior program completions. The overwhelming majority of the clients have completed multiple programs (85%). This is encouraging as most have had program exposure prior to MRT.

Figure 7: Percentage of All Clients with Prior Program Completion



DR to Population Size Ratio: Disciplinary write-ups (DR) were totaled for the 24-month period prior to enrollment. Based on the total enrolled population, the average ratio of write-ups is 3:1, as shown in Figure 8 below.

Figure 8: Ratio of DR to Population Size

Institution	Disciplinary Write Ups (DR)	Total Enrolled Population	DR to Total Population
BCC	201	305	1:1
BCFC	135	276	1:2
EKCC	2,443	559	4:1
GRCC	1,368	487	3:1
KCIW	2,146	359	6:1
KSP	2,212	401	6:1
KSR	919	353	3:1
LLCC	1,525	562	3:1
LSCC	1,576	462	3:1
NTC	1,240	347	4:1
RC	21	64	1:3
RCC	63	188	1:3
WKCC	696	215	3:1
Grand Total	14,545	4,578	3:1

Program Outcomes

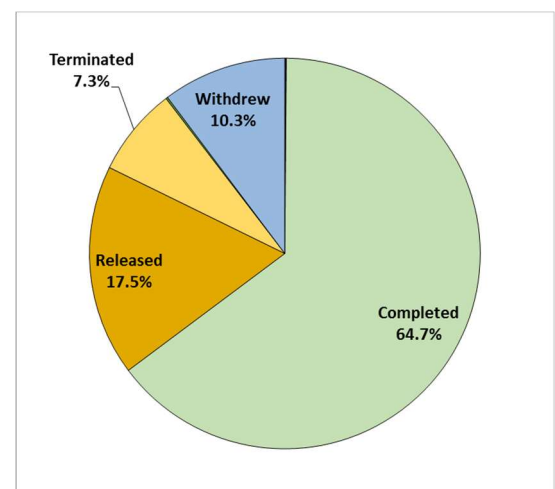
Program status: The status of all clients is presented in Figure 9 below. The figure shows the percentage of clients based on program status. The numbers are encouraging as 71% of all enrolled participants have more than 45 days in the program (n = 3,229). Those participants with less than 45 days received some level of intervention prior to the release, termination, or withdrawal. As such, even if these participants do not complete the program, they may benefit from the sustained effects. Further, the length of time participants is receiving treatment services is related to the intensity of sustained effects over time, particularly in terms of future recidivism. With an average of 119 days in the program, we can expect positive outcomes for some participants that terminate even though they do not complete the program.

Figure 9: Breakout of Clients Based on Days in the Program

Population	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total Clients	Percent of Total
Less Than 45 Days	97	75	202	118	117	131	61	162	153	119	18	36	60	1,349	29%
45 Days or More	208	201	357	369	242	270	292	400	309	228	46	152	155	3,229	71%
Total Clients	305	276	559	487	359	401	353	562	462	347	64	188	215	4,578	
Average Number of Days = 119															

Figure10: Program Status for All Clients with 45 Days or More in the Program

Figure 10 shows the status of clients who have been in the program for 45 days or more. Here we see that the likelihood of program completion is statistically significant as 64.7% of these clients complete the program.



DR Reduction (Total Population): This program outcome measure looks at the total client population (n = 4,578) and compares the

number of disciplinary write-ups for the 2-year period prior to enrollment to the number of disciplinary write-ups during the program to the number of disciplinary write-ups during the 2-year period after the program. As shown in Figure 11 below, the number of DRs was significantly reduced overall by 86% after enrollment. There was a significant reduction across the 13 institutions.

Figure 11: DR Reduction for All Clients

DR Reduction - All Clients Across Institutions (n = 4,578)														
	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
24 months <u>Prior to</u> Enrollment	201	135	2,443	1,368	2,146	2,212	919	1,525	1,576	1,240	21	63	696	14,545
Writeups <u>During the</u> Program	113	80	595	283	537	165	134	259	192	271	10	34	196	2,869
24 months <u>After</u> Enrollment	73	90	270	183	212	209	116	233	200	295	12	34	277	2,204
Percent Decline from Prior to After	64%	33%	89%	87%	90%	91%	87%	85%	87%	76%	43%	46%	60%	85%

DR Reduction (Client Population with More than 45 Days): This program outcome measure looks at the client population who have more than 45 days in the program (n = 3,229) and compares the number of disciplinary write-ups for the 2-year period prior to enrollment to the number of disciplinary write-ups during the program to the number of disciplinary write-ups during the 2-year period after the program. As one would expect, the number percent decline is a bit lower (76%) than the total population due to the few number of write-ups for this the group who stayed in the program longer. Nonetheless, as shown in Figure 12 below, the number of DRs was significantly reduced by after enrollment for this population.

Figure 12: DR Reduction for Clients with More than 45 Days

DR Reduction - Clients with 45 days or More in the Program Across All Institutions (n = 3,229)														
	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
24 months <u>Prior</u> to Enrollment	125	89	1,635	929	1,387	1,227	715	802	885	715	12	44	535	9,100
Writeups <u>During</u> the Program	81	56	540	235	479	115	122	195	152	202	8	31	186	2,402
24 months <u>After</u> to Enrollment	73	90	270	183	212	209	116	233	200	295	12	34	277	2,204
Percent Decline from Prior to After	42%	-1%	83%	80%	85%	83%	84%	71%	77%	59%	0%	23%	48%	76%

Paired T-Test Statistical Assessment of DR Reduction for Clients with More than 45 days

To measure statistical significance of change following the program, a paired *t-test* was applied to the clients with more than 45 days. Here, the number of DRs for the 3,229 individuals for the 24-month period prior to entry was compared to the number of DRs for the 24-month period after the program. After establishing the null hypothesis (i.e., “the program had no impact on the subject’s DRs”), we can then use the score to either reject the null hypothesis -- in this instance, “the program made a difference” or we can disregard the increase or decrease as a merely random event. The paired *t-test* was used to determine whether the difference in the

number of write ups before and after are statistically significant at the .05 level, rather than due to chance or other circumstances. Figure 13 below shows the p-value for each institution and the combined **p-value of .000** (less than .05) which enables us to reject the null hypothesis and confirm that the decline in number of DRs is statistically significant overall. Four institutions did not have a p-value less than .05 (BCC, BCFC, RC and RCC); however, the small populations render the t-test not meaningful in those four instances.

Figure 13: P-Value Results from Paired T-Tests for Significance

P-Values for Clients in the Program 45 Days or More and Across Institutions														
	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
24 months Prior to Enrollment	125	89	1,635	929	1,387	1,227	715	802	885	715	12	44	535	9,100
24 months After to Enrollment	73	90	270	183	212	209	116	233	200	295	12	34	277	2,204
T-Test P-Value	0.066	0.959	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.000	0.413	0.002	0.000

Recidivism of Released Clients: This program outcome measure looks at the length of time a client (with a released date; n = 2,669)) has remained out of the program. Figure 20 shows the breakdown of the percentage of clients by the time elapsed from their release date to the time of the reported data (April 30, 2017). As the figure shows, the highest percent of clients have remained in the community for more than 2 years across all 13 institutions.

Figure 14: Length of Time Released Clients Remained Out

Length of Time Released Clients with More than 45 Days Remained in the Community														
Category	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
1 - 3 months	20%	17%	12%	8%	16%	10%	5%	5%	17%	10%	13%	11%	6%	11%
3 - 6 months	11%	6%	10%	5%	13%	2%	5%	7%	5%	2%	4%	6%	5%	6%
6 months - 1 year	21%	15%	17%	12%	16%	13%	9%	5%	10%	12%	22%	9%	15%	13%
1 - 2 years	19%	17%	12%	10%	7%	15%	6%	3%	10%	14%	4%	19%	26%	12%
More than 2 years	29%	45%	48%	66%	49%	60%	75%	79%	58%	52%	57%	55%	48%	58%

Recidivism of Returning Clients: The next program outcome measure looks at the number of clients released (n = 2,669) and the number with a returned date reported. Of the

2,669 clients who were released, 13% returned overall. Figure 15 shows a breakdown of the reason for the client's return.

Figure 15: Recidivism Rates Overall and By Institution

Category	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
Clients with Released Dates	191	197	276	307	193	213	206	294	235	222	49	141	145	2,669
Clients with Return Dates	41	43	45	47	19	43	7	4	22	38	1	12	20	342
Percent Returned	21%	22%	16%	15%	10%	20%	3%	1%	9%	17%	2%	9%	14%	13%

The reasons for return are shown in Figure 16 below, with the highest number returning due to parole violation.

Figure 16: Reasons for Return


Reason for Return	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
Returned Parole Violator	33	34	27	34	13	30	2	2	18	18	1	10	16	238
Returned MRS Violator	6	7	10	8	4	7	2	2	2	6			1	55
New Commitment	1	1	5	3	2	2			2	2				18
Other Reason	1	1	3	2	0	4	3	0	0	12	0	2	3	31
Total Returned	41	43	45	47	19	43	7	4	22	38	1	12	20	342

Conclusion

The commitment and the delivery of services across the 13 correctional institutions in Kentucky by Noa Counseling and through the use of Moral Recondition Therapy for those clients selected as qualified for the MRT program is very impressive. The delivery of services to inmates is not only improving the lives of those needing assistance; reducing infractions while in prison; and demonstrates that fewer re-offending issues occur once the clients are released into the community. The program outcome related to recidivism rates provides key data point highlighting the success of the program to date.

Appendix

501 KAR 6:020

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p> <p>Authority /References KRS 196.030, 196.035, 197.020, 197.140 501 KAR 6:080, CPP 18.1, CI-05-02-01 ACA 4-4295, 4-4297, 4-4301, 4-4302, 4-4303, 2-CO-4B-01, 2-CI-2A-3, 2-CI-3A-1, 2-CI-4A- 9, 2-CO-4B-01, 2-CI-5A-4</p>	Policy Number	Total Pages
	18.5	4
	Date Filed	Effective Date
	Subject CUSTODY AND SECURITY GUIDELINES	

I. DEFINITIONS

"Custody" means the level of staff supervision determined by classification and institutional requirements.

"Reduced custody" means minimum or community custody.

"Security" means the level of structural and physical controls provided by an institution.

II. POLICY and PROCEDURES

This policy establishes procedures to determine custody supervision and security level placement to ensure the safety of the community, staff, and the inmate population.

A. These procedures shall:

1. Ensure that custody level designations place the inmate in the least restrictive environment suitable to guarantee adequate custody supervision consistent with the inmate's behavior, criminal record, and classification;

2. Require that custody level designations are not imposed as a form of punishment; and
 3. Provide that custody level assignments have an objective, behavior- oriented foundation.
- B. An inmate shall be assigned to one (1) of six (6) levels of custody by the classification committee as outlined in CPP 18.1. This level of custody shall be assigned based on the risk assessment of the inmate as outlined in the Classification Manual.

The six (6) levels of custody shall be:

1. Community - an inmate with this custody level may qualify for participation in the Community Center Program. If housed in a community center, the inmate may participate in community-based programs. An inmate with community custody shall be within twenty-four (24) months of his parole eligibility or minimum expiration date.
2. Minimum - an inmate with this custody level may qualify for participation in programs and work assignments both inside and outside the institutional perimeter. An inmate with minimum custody shall be within forty-eight (48) months of his parole eligibility or minimum expiration date.
3. Restricted custody - an inmate with restricted custody shall not have more than forty-eight (48) months to his parole eligibility or minimum expiration date. An inmate with restricted custody shall be housed inside the barrier fence of an institution but may be eligible for a work assignment outside the barrier fence of an institution under direct supervision.
4. Medium - an inmate with this custody level may be eligible for a program or work assignment inside the perimeter of the institution. A medium custody inmate may only work outside the perimeter on institutional grounds under the supervision of an armed officer. Any other movement outside the institution shall be in full restraints. Movement within the institutional perimeter shall be subject to the policies and procedures of the institution.

5. Close - an inmate with close custody level may participate in selected programs and work assignments inside the perimeter of the institution. All movement outside the institution shall be in full restraints.
6. Maximum - an inmate with maximum custody level may be permitted participation in selected program or work assignments inside the perimeter of the institution, as dictated by individual circumstances. Movement within the institutional perimeter shall be subject to the policies and procedures of the institution. All movement outside the institution shall be in full restraints.