Department of Human Services
Commission on Alternatives to Incarceration
Senator Ron Carlisle, Chairman
September 10, 2013

Senator Carlisle, members of the committee, my name is Kerry Wicks, and I am the Clinical Administrator for the ND State Hospital (NDSH) and the Director of the Tompkins Rehabilitation and Corrections Center (TRCC). I am here today to give an overview of the program at the TRCC and to discuss outcomes from this program. As we discuss outcomes, the graphs attached to this presentation will be referenced.

The TRCC is located on the NDSH campus and is operated by the Department of Human Services (DHS) in partnership with the North Dakota Department of Corrections and Rehabilitation (DOCR). The program has been in operation since 1999.

The primary purpose of the TRCC is to reduce recidivism. We have used the most current research from the United States and Canada to provide services that reduce recidivism (return to prison). From the start, the leadership from both the DHS and the DOCR has kept this vision as the guide for program services.

The strength of the program has been in the linking of resources from two of the largest departments in North Dakota to provide efficient and very effective treatment. The program has been reviewed several times by the University of Cincinnati's Criminal Justice Department. In those reviews, the program has been consistently rated in the top 15 percent in the nation among over 500 comparable programs.

The TRCC program has 60 beds for men and 30 beds for women. The program is separated by gender. The occupancy of the TRCC is usually over 95 percent. The DOCR manage the admissions schedule and fill beds within days of availability.

The TRCC is a cognitive behavioral treatment approach within a structured social learning environment. The TRCC is a residential facility with 24-hour a day, seven days a week service. Cognitive restructuring groups are used to reduce risks to re-offend and to support the management of the milieu. The program ties all components of treatment together in a unified approach. The Joint Commission accredits the program and the DHS, Division of Mental Health and Substance Abuse, licenses the program through deemed status.

The TRCC at the NDSH tracks program evaluation data that includes four studies:

1. Perception of Care Survey – describes perception of the resident about the care received. Thirty-one variables are measured. The attached graph report is for the second quarter of 2013.
2. Evaluation of Self and Treatment study – this study measures improvement in the reduction of criminogenic risk (those risks known to increase the likelihood of an offender returning to prison). The study measures improvement from the beginning of treatment to discharge from treatment. The study measures

15 variables that are known criminogenic risks. The attached graph report is for the second quarter of 2013.

3. Six Month Re-arrest Data – this study describes the number of men and women who are arrested in the six months following successful completion of treatment. The percentages are compared to a national average of 32-35 percent. The attached graph is for the second quarter of 2013. For 2013, the success rate so far has been 86 percent. In the second quarter of 2013 the success rate was 92 percent. The average rate of discharge is 75 residents per quarter.
4. Program Evaluation – this study is an 18-24 month post discharge program evaluation. The outcome scores are compared with severity scores at admission. The instrument used to measure results is the Addiction Severity Index; a nationally recognized, valid, reliable instrument used in the evaluation of addiction treatment programs. The Addiction Severity Index measures seven domains that are descriptive of life functioning. See attached graph.

The Domains measured for outcomes are medical, employment, alcohol, drug, legal, family/social, and psychiatric.

Study demographics:

- 87 residents were followed from discharge to 18-24 months post discharge.
- All cases are high risk offenders (risk to re-offend) as measured on the Level of Services Inventory – Revised (LSI-R). The study adheres to three

important guidelines for valid program evaluation.

- The use of the Addiction Severity Index, an instrument that has been validated and tested for reliability.
- Success is measured in 'real life' ways such as improvement in job, family, and other quality of life measures.

A key to success in addiction programs is length of time in treatment. It is well documented that continuing care is necessary for long term recovery. In addition to over three months in residential treatment, staff at the TRCC successfully places 90 percent of discharged residents in continuing care programs. The overall length of stay for residents in the TRCC program is 100 days; length of time in total treatment is 6–12 months including continuing care. We treat approximately 300 residents per year and have treated over 3,000 since beginning the program.

A second key to success is the therapeutic relationship. The Perception of Care Survey indicates excellent data regarding therapeutic relationships. On the measure of being treated with dignity and respect is 98 percent 'good/ excellent'. On the Evaluation of Self and Treatment, counselor rapport was rated at 90 percent 'good/excellent.

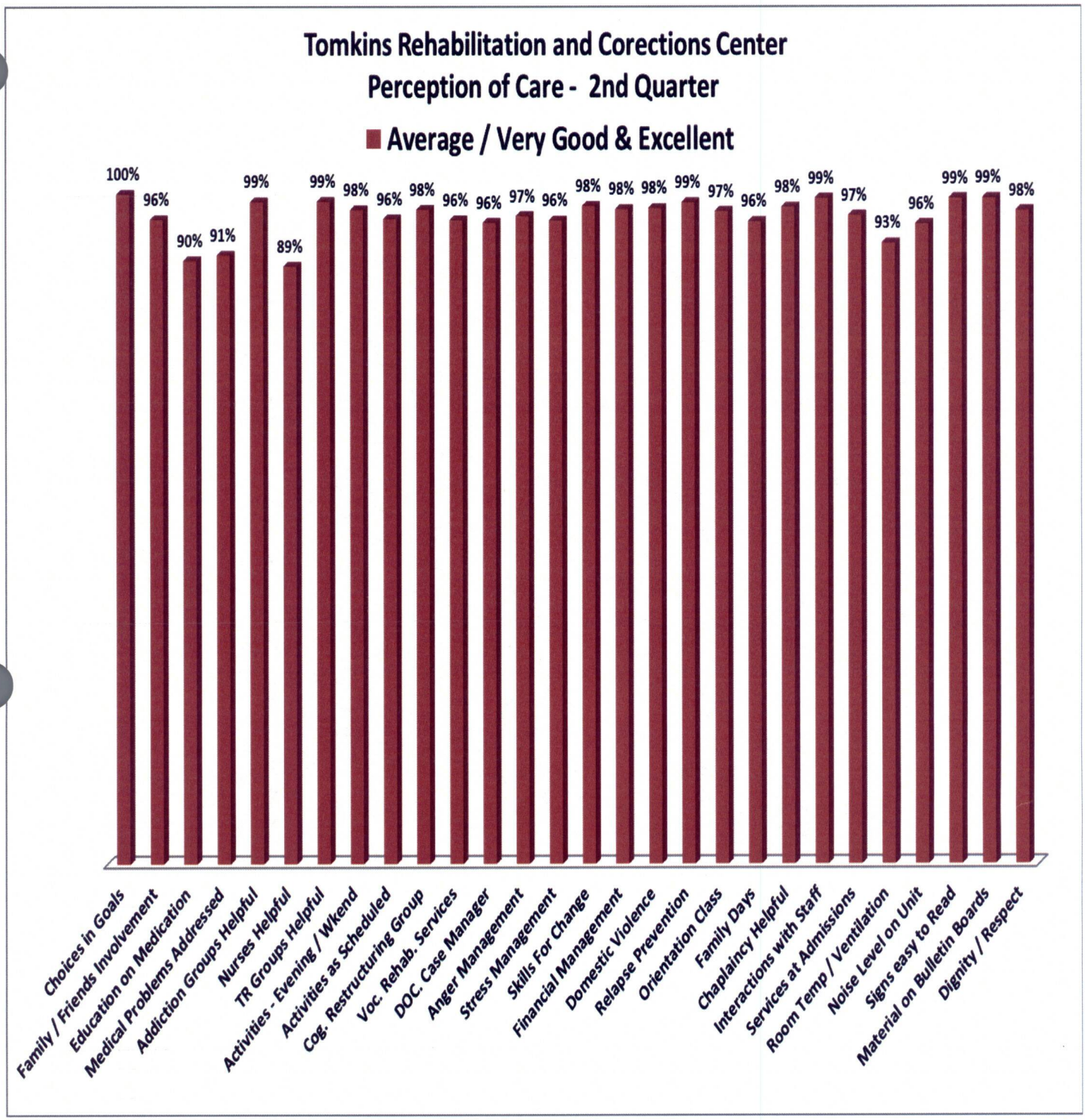
A third key to success is the inclusion of family members and other pro-social influences during treatment. Staff at the TRCC has successfully included over 200 family members in family interventions

this year. This includes a structured education and treatment program.

Summary:

- 90 percent complete treatment successfully.
- Minimal incidents of using drugs while in treatment.
- 90 percent of residents who successfully complete treatment are transitioned to continuing care.
- 98 percent of residents who successfully completed treatment rated being treated with dignity and respect 'good/excellent'.
- Counselor rapport rated 90 percent 'good/excellent'.
- 108 residents had family involvement in treatment (200 family members).
- 73.5 percent have improved on the domains targeted for intervention as measured by the Addiction Severity Index.
- Success with methamphetamine users and opiate users was equal to success with other alcohol/drug users.

This concludes my testimony, I would be happy to answer any questions.


Tomkins Rehabilitation and Corections Center
Perception of Care - 2nd Quarter
Average / Very Good & Excellent
100%
96%
90%
91%
99%
89%
99%
98%
96%
98%
96%
96%
97%
96%
98%
98%
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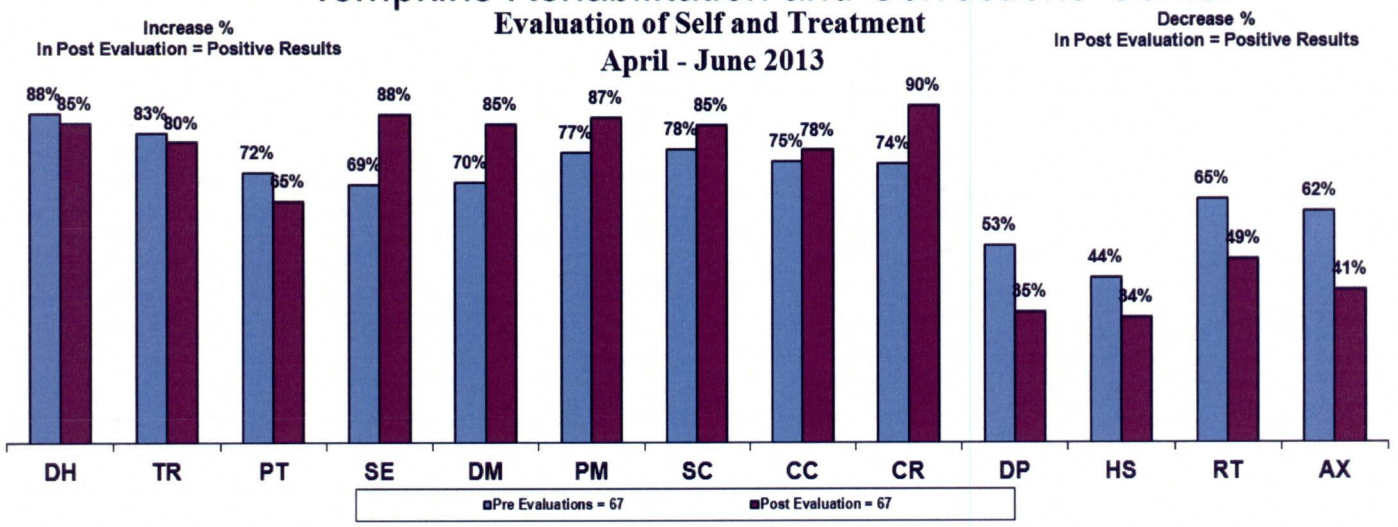
Choices in Goals
Family / Friends Involvement
Education on Medication
Medical Problems Addressed
Addiction Groups Helpful
Nurses Helpful
TR Groups Helpful
Activities - Evening / Wkend
Activities as Scheduled
Cog. Restructuring Group
Voc. Rehab. Services
DOC. Case Manager
Anger Management
Stress Management
Skills For Change
Financial Management
Domestic Violence
Relapse Prevention
Orientation Class
Family Days
Chaplaincy Helpful
Interactions with Staff
Services at Admissions
Room Temp / Ventilation
Noise Level on Unit
Signs easy to Read
Material on Bulletin Boards
Dignity / Respect

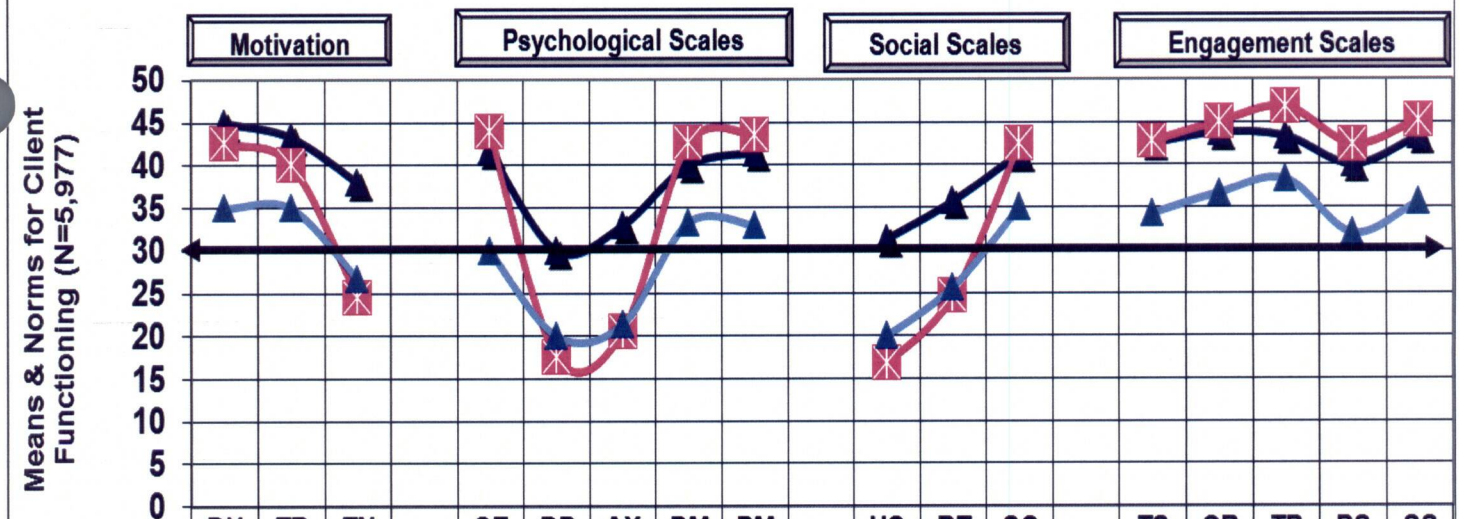
Tompkins Rehabilitation and Corrections Center

Evaluation of Self and Treatment

April - June 2013



DH	=	Problem Recognition	DM	=	Decision Making	CC	=	Counselor Competence	HS	=	Hostility
TR	=	Treatment Readiness	PM	=	Self Efficacy	CR	=	Counselor Rapport	RT	=	Risk Taking
PT	=	Pressures for Treatment	SC	=	Social Consciousness	DP	=	Depression	AX	=	Axiety
SE	=	Self Esteem									



	DH	TR	TN	SE	DP	AX	DM	PM	HS	RT	SC	TS	CR	TP	PS	SS
0.75	45	43.3	38	41.7	30	32.9	40	41.4	31.3	35.7	41.3	42.5	43.8	43.3	40	43.3
TRCC	42.6	40.1	24.5	43.8	17.5	20.5	42.6	43.4	16.8	24.6	42.4	42.7	45	46.7	42.3	45.2
0.25	35	35	26.7	30	20	21.4	33.3	32.9	20	25.7	35	34.3	36.7	38.3	32	35.6

DH	=	Desire For Help	AX	=	Anxiety	SC	=	Social Conformity	PS	=	Peer Support
TR	=	Treatment Readiness	DM	=	Decision Making	TS	=	Treatment Satisfaction	SS	=	Social Support
TN	=	Treatment Needs	PM	=	Self Efficacy	CR	=	Counselor Rapport			
SE	=	Self Esteem	HS	=	Hostility	TP	=	Treatment Participation			
DP	=	Depression	RT	=	Risk Taking						

Tompkins Rehabilitation and Corrections Center

Re-Arrest Data

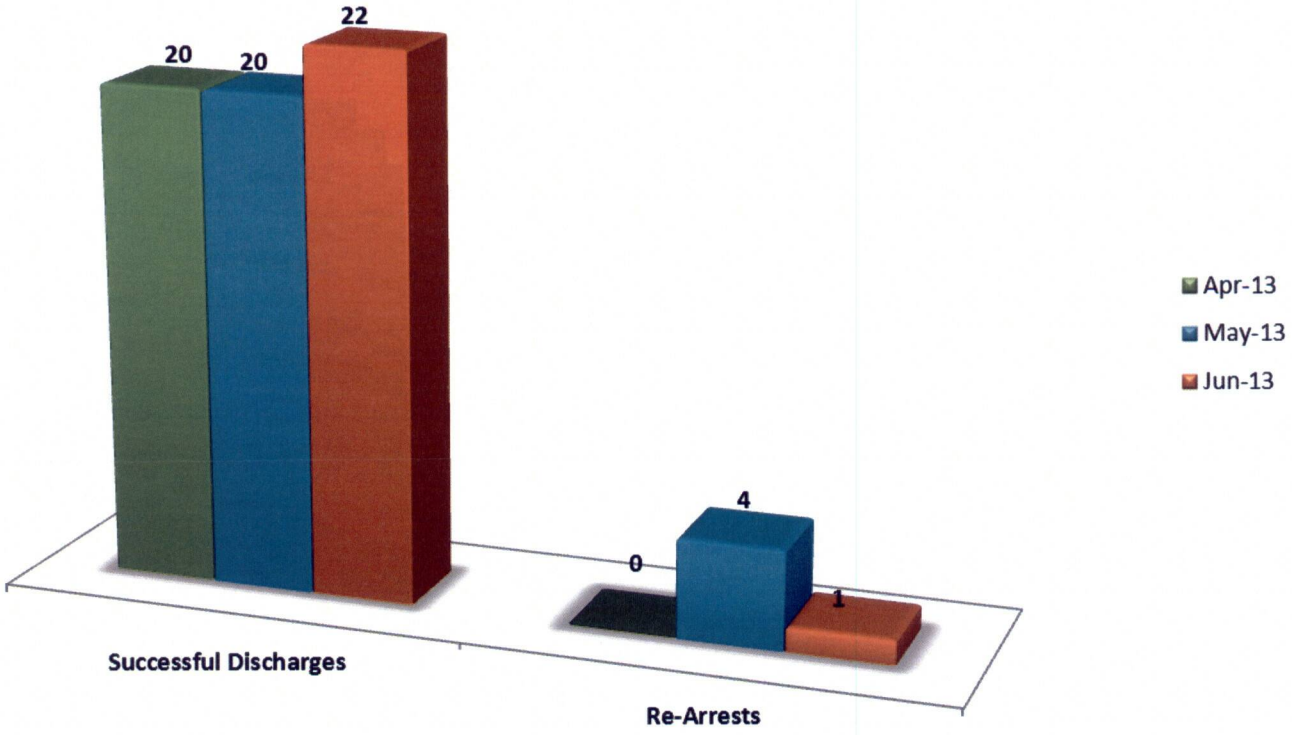
Reporting information:	***Quarter Reports corresponding with Monthly QM Meetings.***	2nd Quarter 2013
		April - June 2013
	WWW.NDCourts.Gov	

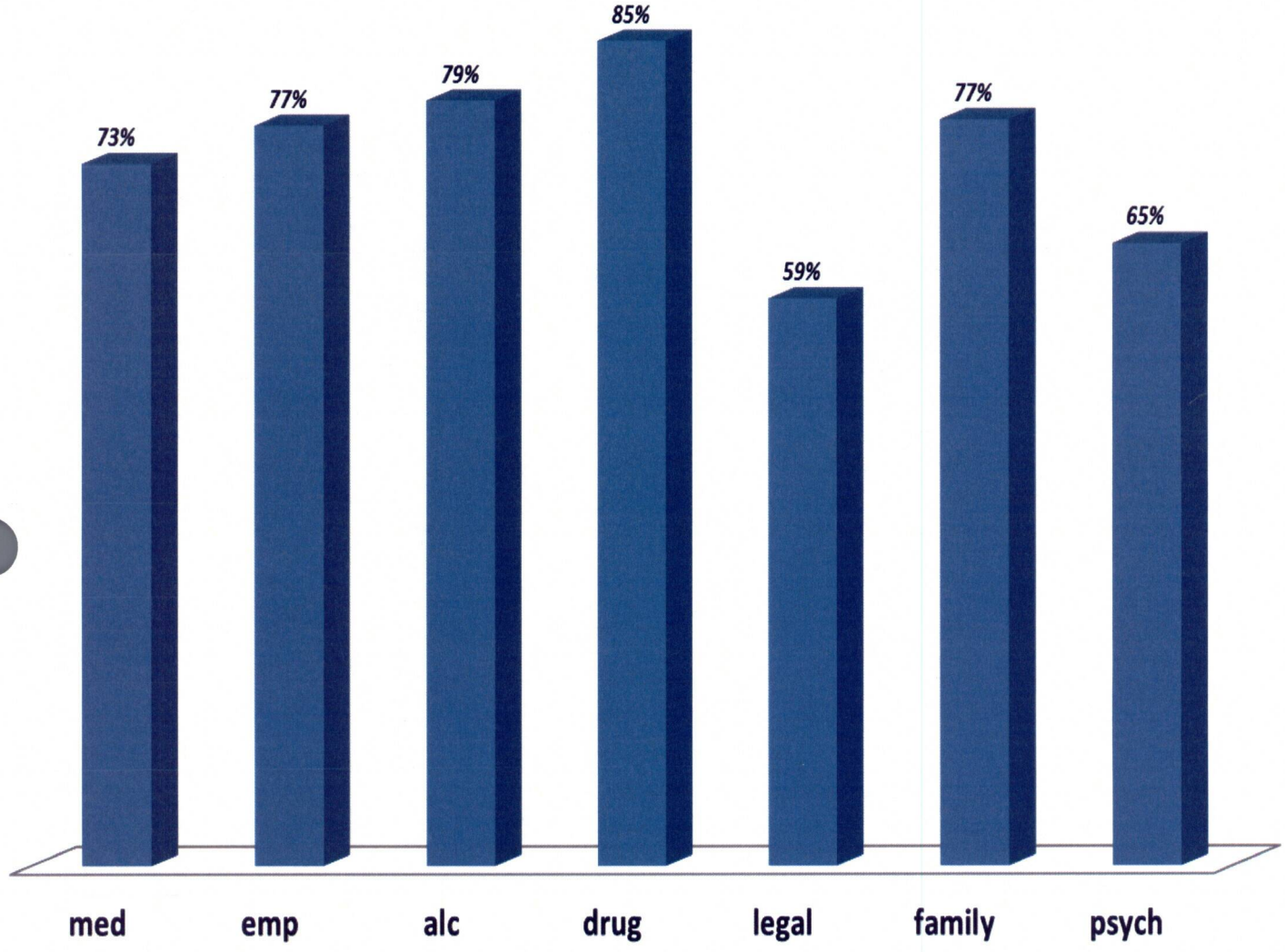
The re-arrest data is tracking the successfully discharged residents six months post discharged from the Tompkins Rehabilitation and Corrections Center.

	Total Residents Discharged Successfully	Did Not Attend Domestic Violence	Attending Domestic Violence
Total Residents Discharged Successfully from the TRCC Program.	62	**59**	3
Total Residents with Re-Arrest information found on the ND Website:	5	4	1

Re-Arrest Data	Successful Treatment
8.1%	**91.9%**

Tompkins Rehabilitation and Corrections Center
Re-Arrest Data



Tompkins Rehabilitation and Corrections Center
Follow-up ASI Assessments 2011 - 2012

Residents Surveyed ***87***