

Can a Pay for Success Financing Model
Help Missoula County's Overcrowded Jail?

A Feasibility Study



MISSOULA
COUNTY
DETENTION FACILITY

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EXECUTIVE SUMMARY

Pay for Success (PFS) is a social impact bond model that relies on private funders to finance a preventative social program in order to achieve predetermined measurable outcomes. The private funders are only paid back if the program is statistically proven to meet those outcomes through a rigorous, independent evaluation. This model, in theory, will shift the upfront financial burden from government to the private sector. PFS is currently in various phases of implementation nationwide addressing complicated social issues such as recidivism, homelessness and early childhood education.

Missoula County was awarded a PFS grant from the Sorenson Impact Center, a sub-grantee of the White House's Social Innovation Fund, to test the feasibility of using PFS to address overcrowding at the Missoula County Detention Facility (MCDF). MCDF has been operating more than 20 percent above capacity since at least January of 2014. The grant paid for Missoula County to hire a PFS Fellow and Analyst, Rachele Whitfield, to complete the local study within nine months. In addition, the Sorenson Impact Center provided technical expertise to assist the County with: identifying a high-risk and high-need population, selecting an evidence-based intervention to reduce the cycle of incarceration, calculating the costs and benefits of a new intervention's outcomes, assessing the interest of private investors to provide upfront capital and analyzing the capacity of local agencies to perform the rigorous work.

Although Missoula County was able to identify the target population, an intervention, costs of implementation for the PFS project, the results were unfeasible due to several key findings, including:

- The County's target population of 73 chemically dependent recidivists was deemed too small to generate statistically significant results
- Local providers do not currently have the capacity to engage in rigorous program evaluations due to a lack of data tracking and analysis and constrained resources
- After analyzing the financial impact of the drug court costs versus tangible financial benefits (no societal benefits were monetized in this calculation), the return on investment (ROI) was negative 49 percent
- PFS overhead costs were predicted to account for at least 20 percent of the total project budget, further reducing the possibility of cashable savings
- Considering the low financial return and additional project overhead costs, local investors were not interested in providing upfront capital for a new drug court intervention
- Lastly, since FY13, there has been a 13 percent reduction in the number of inmates being booked into MCDF, which means that although the County jail experiences overcrowding, MCDF's population is declining overall.

Drug court models are a highly researched criminal justice intervention in the United States with proven outcomes of 10 to 15 percent reductions in recidivism when implemented appropriately. It is estimated that a drug court would cost approximately \$4,300 per participant to administer in

Missoula County. However, the overall level of impact for Missoula County Detention Facility was found to be too small to justify the implementation of a drug court in this instance. Reducing recidivism by 10 to 15 percent for 75 inmates per year would only result in a 0.6 to one percent reduction in annual jail bed utilization, which would not impact current operations. Also, with the overall population and number of bookings in MCDF already declining, it would be challenging to prove a reduction in recidivism was the result of a new drug court intervention.

Though the financial model of PFS was deemed unfeasible, the process of the study proved to be invaluable for Missoula County. The issues identified lead to an overall solution of improving current processes by implementing industry best practices before designing a new intervention. Missoula County should evaluate what structural and procedural changes could be implemented to elevate current social services that could positively impact the community. Rachele Whitfield's final recommendations for Missoula County are:

- Require a validated risk and need assessment (RNA) tool for all inmates booked into MCDF.
- Determine pretrial/jail diversion program eligibility and treatment options based on individual risk classification from RNA.
- Provide educational training for judges and criminal justice professionals on the importance of utilizing an RNA.
- Consider requiring optional inmate demographic data be input into New World System during MCDF booking process to bolster future research capabilities (especially housing, employment, and familial data).
- Conduct additional research about the true local impact of criminalized petty crimes and traffic offenses and consider legislative changes.
- Ensure inmates are receiving proper financial assessments for indigence to protect their constitutional rights and reduce inappropriate incarceration.
- Reevaluate performance metric benchmarking for organizations that receive grant funding from Missoula County and require better reporting.
- Help local service providers move from measuring outputs towards measuring outcomes to prove community impact.
- Consider requiring a percentage of total County grant funded dollars to be utilized for independent program evaluations.

These recommendations are detailed within the report and focus on improving current programming, collecting additional data and shifting towards operations focused on data and outcome-based programming. Missoula County is grateful for the opportunity to work with the Sorenson Impact Center and expand local leadership's knowledge of outcome-based decision-making.

INTRODUCTION & BACKGROUND

Missoula County successfully won a grant opportunity from the Sorenson Impact Center in May of 2015 to explore a new way of financing social service projects called “Pay for Success”. The grant requires the County to conduct a feasibility study regarding the likelihood of successfully implementing this type of financing to address a complicated social issue that aligns with the local government’s policy priorities. Missoula County, in partnership with the Sheriff’s Office, decided to focus on the serious and challenging issue of Missoula County Detention Facility’s (MCDF) overcrowded population for this feasibility analysis. The Sorenson Impact Center generously awarded the necessary funds to hire a local Project Manager/Analyst, to lead the effort and provided technical assistance to undertake this work. In June, Rachele Whitfield was hired to complete the feasibility study within a nine-month project timeline.

Missoula County

Missoula County is located in western Montana, covers 2,600 square miles and is home to a population of approximately 112,000 people. It is a unique county with a highly engaged citizenry who are passionate about public service and helping those in need, as demonstrated by more than 1,200 registered local non-profit organizations. Three elected commissioners who serve six-year terms govern the County. The Commissioners’ terms are staggered with elections held every two years. Commissioner Dr. Nicole ‘Cola’ Rowley took office in January of 2015 and learned of the grant opportunity with the Sorenson Impact Center. Commissioner Rowley has become a champion of holistic solutions to address issues within Missoula’s criminal justice system. Dr. Rowley remains dynamically engaged with the Pay for Success project as well as other community initiatives related to jail overcrowding. The County also has a newly elected Sheriff, TJ McDermott, who took office in January of 2015. Sheriff McDermott has actively been involved with finding a solution to MCDF’s overcrowded population. Missoula leadership does not believe the solution to jail overcrowding is to simply build more jail space. This important social problem has been prioritized by many of Missoula’s leaders and has resulted in multiple initiatives to better understand the local criminal justice system.

Missoula County’s leadership understands that incarceration can unintentionally be used as a primary tool when serving challenging residents who require multiple social services. Community leaders have stated their belief that people with mental health issues, drug addiction and the poor are disproportionately represented in the local jail population. Thus, building an expensive addition onto Missoula County’s current detention facility does not address the core problem of understanding who is going to jail, why they are there, how long they are staying and what can be done to break the cycle of incarceration.

Overcrowding of Missoula County Detention Facility



The United States of America incarcerates more people than nearly any other country in the world and has seen the prison and jail population more than quadruple since 1980 (Wogan, 2015). The majority of states are battling the same issues in their state prisons and county jails. Missoula County is not immune to this social problem.

MCDF was constructed in 1999 with a total of 394 beds. The jail has three sections that house State of Montana inmates, juvenile inmates and City/County adult inmates. The Missoula Assessment and Sanction Center (MASC) pod holds inmates sentenced to detention for longer than one year. The MASC pod has 146 available beds and is operated by the State of Montana despite its physical location inside of MCDF. The juvenile pod contains 24 beds. The MASC and juvenile pods do not experience overcrowding. However, Missoula County's adult inmate pods are overcrowded daily.

The City/County section of MCDF contains 224 beds. The US Department of Justice's Jail Capacity Planning Guide states it is best practice to consider a detention center (jail or prison) full when 80-90 percent of the total available beds are filled (Bennett & Lattin, 2009). This benchmark is used to help detention facility management account for peak periods of bookings as well as proper classification of offenders. Which capacity buffer should be utilized depends on each facility and the type of population

typically housed therein. Objective jail classification (OJC) is a process of assessing every jail inmate's custody and program needs and is considered one of the most important management tools available to jail administrators and criminal justice system planners (Austin, 1998). With sizeable sex offender and female populations in MCDF, inmate classification often proves to be a challenging process for staff. As a result, MCDF leadership has stated they would like to see 20 percent of the jail beds open to properly classify inmates. Successfully meeting this capacity metric would improve the safety of both inmates and jail employees. Figure 1 below illustrates how MCDF has been operating well above the 80 percent capacity threshold since January, 2014 and presumably prior to 2014 as well.

Figure 1: MCDF Jail Bed Utilization Capacity

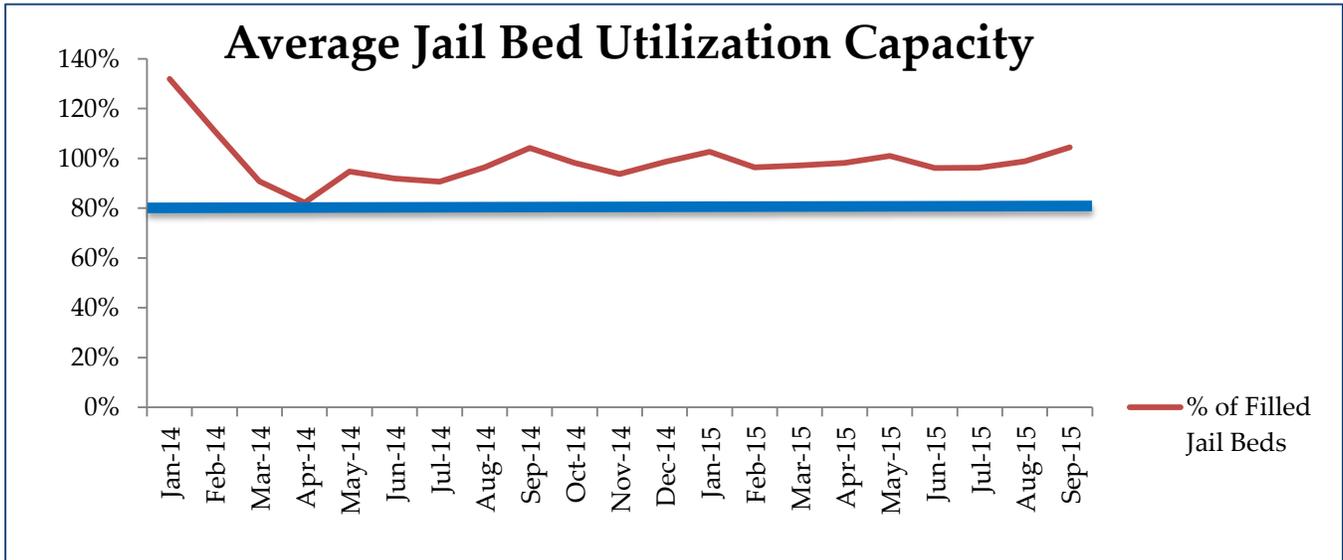


Figure 1 illustrates that MCDF operated beyond the 80% capacity threshold since at least January 2014 and presumably prior

What is ‘Pay for Success’ and How Does it Work?

Communities across the nation are experiencing constrained budgets at all levels of government and are consequently looking for innovative ways to create positive impact with fewer resources. It is becoming increasingly important to drive limited public resources towards proven and effective programming. The consulting group, Moneyball for Government, reports, “less than \$1 out of every \$100 spent by government is backed by even the most basic evidence that the money is being spent wisely” (n.d.). This means that the overwhelming majority of public programming is not able to substantiate its impact on the local community.

Pay for Success (PFS) is a financing model that attempts to shift government programming away from unsubstantiated effects and towards data and outcomes. It is a form of performance-based contracting that helps government efficiently allocate resources to achieve measurable, pre-determined outcomes. This financial model utilizes private investment dollars to supplement initial operating costs of new social service programming. Since private investors theoretically assume the risk of the new social program they receive a return on investment if the pre-determined outcomes are successfully met. The government must rely upon an independent evaluator to determine whether the new program has achieved the specified outcomes through robust and meaningful evaluation standards, and that project results cannot be attributed to any external factors. The PFS financial model is drastic departure from the everyday government procurement model.

Traditionally, government has invested taxpayer dollars directly to community service providers who were providing social programming to the public. The performance metrics for public contracts or grants have been based on outputs defined by the volume of work completed or the number of people served. For example, the local government may grant funding for a job-training program where performance metrics may involve the number of people who enroll in the program and the number of people who graduate. In contrast, a Pay for Success project would measure long-term outcomes for the target population and overall community impact. In the job-training program example cited above, a PFS project may track the participants following graduation to see whether they were able to find and maintain a job and if/how much their earnings increased post-program. Measuring outcomes versus outputs for public programming ensures that taxpayer dollars are being spent effectively and producing a positive impact in their communities. Ultimately, PFS programs are meant to create a social investment market for proven solutions that can be utilized for some of communities' toughest social problems.

Selecting and designing the most appropriate community "solutions" through Pay for Success projects is complicated due to the number of stakeholders involved and the necessary legal contracts. This results in lengthy project construction design timelines with multiple contracts and multiple stakeholders. In a PFS project, not only are the government and service providers included as stakeholders, but each project also has a private investor(s), an intermediary and an independent evaluator. Figure 2 below illustrates the PFS process from conception to project execution.

Figure 2: PFS Project Timeline

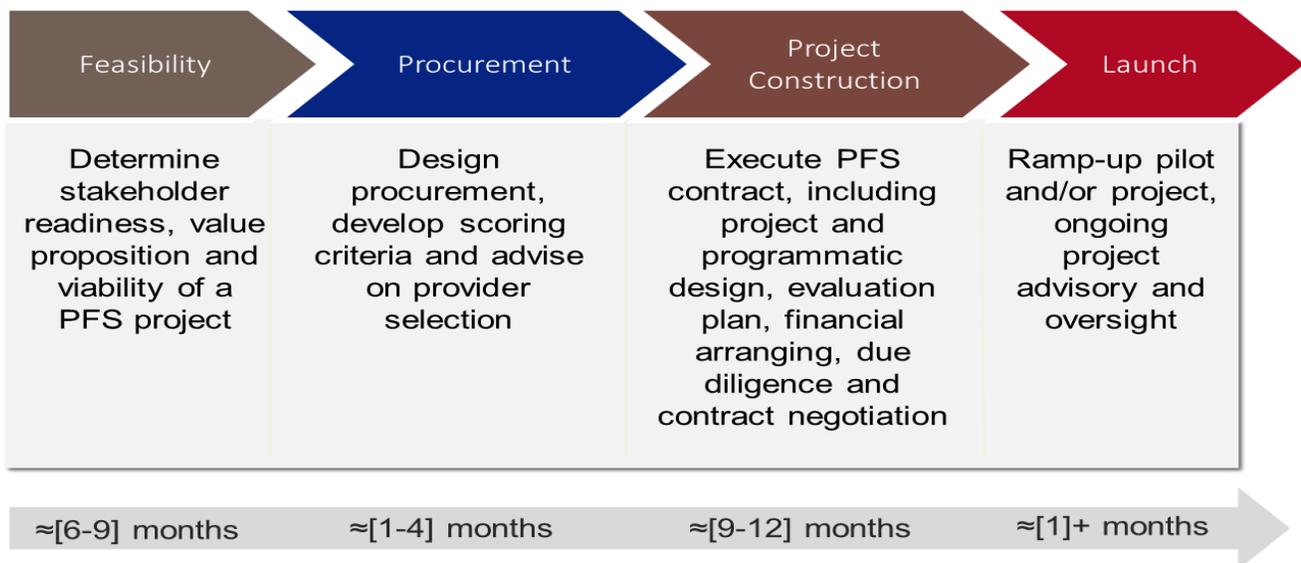


Figure 2 illustrates the timeline of 18 to 24+ months developing a PFS project

Figure 3: Third Sector Capital Partners' PFS Diagram

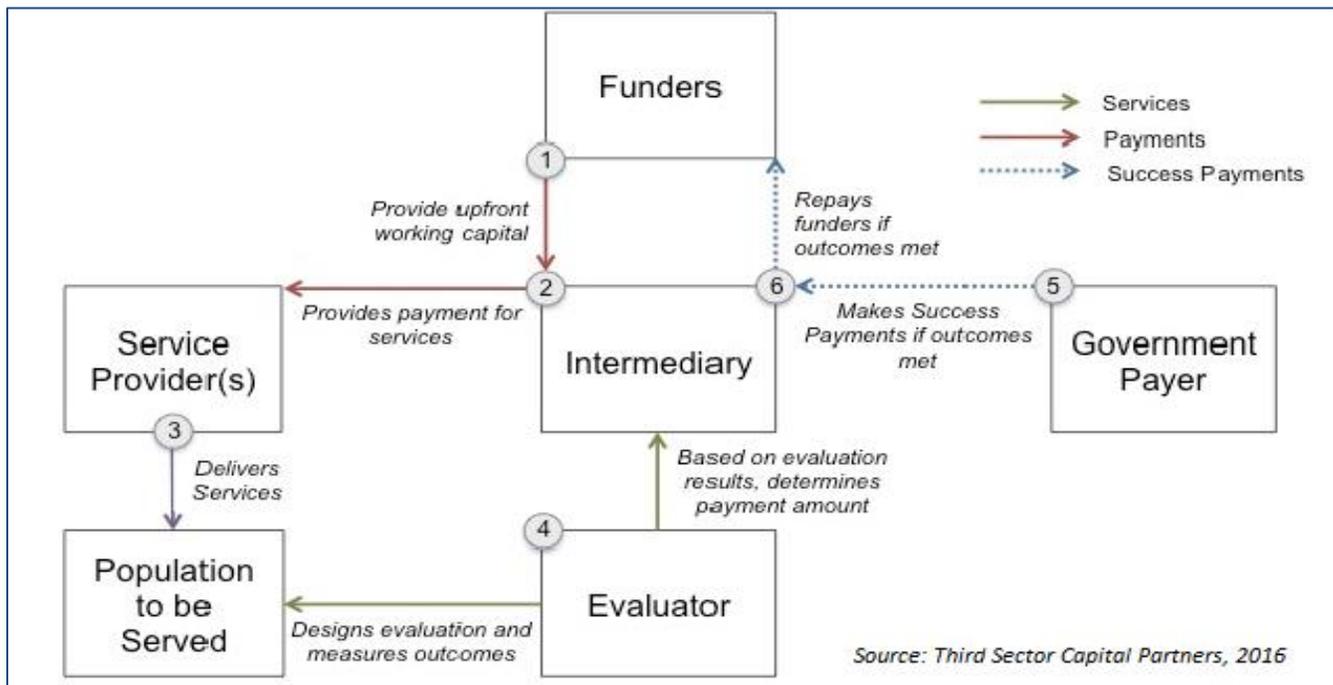


Figure 3 illustrates PFS stakeholders and their roles in the project

In addition to long design timelines, Figure 3 above illustrates the complexity of constructing a PFS project. The diagram shows the government as responsible for prioritizing the social issue, determining what measurable outcomes it is willing to pay for and making subsequent success payments to the private investor(s) when warranted. The investor(s) provides the initial capital to the intermediary to get the project off the ground, which theoretically shifts the risk of a new program from taxpayers. The intermediary acts as the project manager and processes the initial capital investment for the service provider(s) and subsequent success payments. Success payments are only made if pre-determined outcomes were met and proven by the independent evaluator. The service providers are meant to provide an evidence-based (EB) intervention to a target population while simultaneously working with the intermediary (project manager) and evaluator to complete a rigorous evaluation of the program. The independent evaluator should be present for the project design phase to guide all stakeholders on what outcomes are truly measurable and on the design of the evaluation methodology. Before a government designs a PFS project, it is imperative that they undertake a feasibility study to determine if the rigorous process and additional costs of a true PFS project are appropriate for the community. In fact, the St. Petersburg (UK) and Massachusetts' PFS pilot projects addressing jail overcrowding and recidivism both took two years to develop (McKay, 2013).

The PFS financial model is in its infancy and no projects have yet to be successfully completed. Therefore, there are no existing projects on which to model a feasibility study, increasing the importance of the current feasibility process. Pay for Success feasibility studies set out to determine if new programming can create government savings substantial enough to repay private investors for their up-front capital as well as the additional PFS overhead costs (Dugger & ReadyNation, 2013). Beyond evaluating the financial viability, the purpose of this feasibility study is to ascertain stakeholder readiness, value creation, local capacity to complete the work, and an overall capability of moving into the contract design phase of a PFS project. The Sorenson Impact Center created a useful list of several considerations for PFS feasibility that all governments should undertake:

1. Identify a high-need target population that is aligned with the government's policy priorities.
2. Find an evidence-based intervention to be implemented with fidelity by local service providers that retain adequate data for rigorous analyses and is able to undergo an independent evaluation.
3. Assess the availability of sufficient government and service provider capacity to successfully complete the project.
4. Conduct a cost-benefit analysis that shows substantial value creation for the government in order to repay investors if pre-determined outcomes are attained.
5. Determine philanthropic and/or private sector interest in investing upfront capital.

This report addresses the PFS feasibility criteria listed above as well as lessons learned during the feasibility process and the next steps for Missoula County in addressing the overcrowded population of MCDF and Pay for Success project readiness.

FEASIBILITY METHODOLOGY

The majority of criminal justice reform publications have relied on data for prison incarceration versus local jails. Anyone sentenced to *prison* would typically spend more than one year incarcerated, whereas *jail* incarceration is typically less than one year. A topic that is growing within the field is the parallel rise of local jail incarceration rates with that of state or federal prison incarceration rates. Since 1983, local jail populations have more than tripled nationally totaling 730,000 inmates, most of whom have not yet been convicted of a crime (Henrichson et.al, 2014). Many city and county governments have seen their detention center budgets increase substantially throughout recent years with many leaders recognizing that the rising costs of incarceration outweigh the benefits (Travis et.al, 2014). Missoula County's decision to search for solutions to their overcrowded jail population is not only timely but essential. The first step to finding solutions is to better understand MCDF's population.

Understanding the Population in MCDF

To start, the County had to define who would be included in the population analyses. It was determined that the population analyses would include all City and County adult inmates (over the age of 18 years old at the time of their booking) regardless of criminal charge type. Criminal offense types could include violent and non-violent offenders, misdemeanor and felony charges and/or criminal procedural violations. All analyses exclude inmates who were booked and immediately released, juvenile inmates and inmates who were housed in the MASC section of MCDF. An important caveat is that there was consistently MASC inmates housed in the County section of the jail that had already been convicted, sentenced and were awaiting transfer to the Department of Corrections (DOC). These inmates were included in the MCDF population analyses as they occupied an estimated 15 to 20 percent of available County jail beds while awaiting transfer. Following the identification of which inmates should be included in the analyses, the next step was to examine the jail population trends across a three-year timeframe.

Data was pulled to show the total number of inmates booked through MCDF starting in fiscal year 2013 (FY13) through fiscal year 2015 (FY15). Missoula County's fiscal year begins July 1 and ends June 30 of the following year. The data revealed that, although the County jail experiences overcrowding, MCDF's population has been declining overall. Figure 4 illustrates that both the number of inmates and the number of bookings have declined over the past three fiscal years for the general population. Since FY13, there has been a 13 percent reduction in the number of inmates being booked into MCDF.

Figure 4: MCDF Adult Population & Bookings

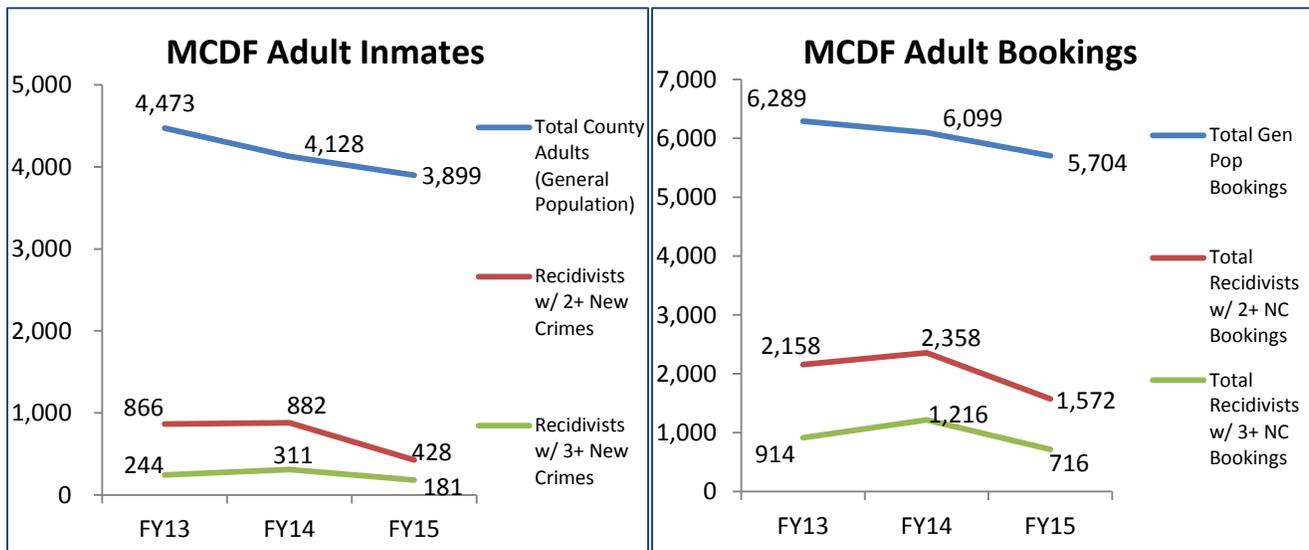


Figure 4 illustrates adults and bookings in MCDF have declined since fiscal year '13

Many criminal justice interventions target recidivists and Missoula County had to define who would be considered a recidivist for this project. The County defined a recidivist as anyone who has been booked into MCDF more than once in a single year for new crimes. Referring back to Figure 4, recidivists who allegedly committed either two or three new crimes (2+ NC or 3+ NC) in FY15 were also declining. MCDF's recidivist population increased slightly in FY14 but drastically decreased in FY15. Figure 4 shows that the number of recidivists who had committed two or more new crimes fell over 51 percent since FY13 while the number of recidivists who committed three or more new crimes fell by 26 percent. It is important to differentiate those who are cycling through the detention center for multiple, new crimes (true recidivists as defined above) versus those who are cycling through on criminal procedural charges after being found guilty of a single crime.

Figure 5: MCDF Crime & Motor Vehicle Charges vs. Procedural Charges

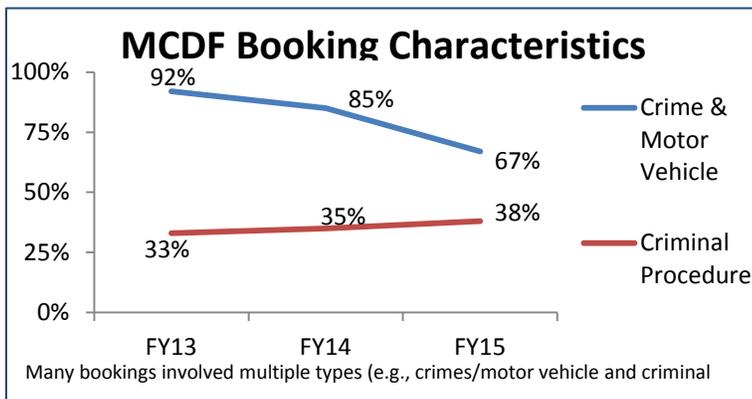


Figure 5 illustrates that new crime charges are declining while procedural charges are increasing

Many inmates cycle through MCDF multiple times a year without committing new crimes. Rather, they are being detained for violations of their original sentence conditions. Figure 5 demonstrates that, although new crime bookings are declining, procedural charges are increasing. It is not uncommon for bookings in MCDF to contain multiple types of charges. In fact, most bookings in MCDF contain

multiple charges and may include criminal charges, motor vehicle charges, procedural charges or a combination of all three. Recidivists in MCDF average more than three different charges per booking (Appendix A: Recidivists Data).

Criminal procedural charges include warrants or extraditions, probation or parole violations and commitments or sentencing. Examples of how these three categories of procedural charges are utilized include a warrant for someone's arrest after they have failed to appear (FTA) in court, a misdemeanor probation violation caused by not checking in with their probation officer as scheduled, or being found guilty and sentenced to jail, prison or a diversionary program. Commitments occur when an inmate is found guilty of their accused crime and is subsequently sentenced to the custody of an agency. The agencies may include: MCDF, Montana State Prison, Montana State Hospital or misdemeanor probation. Any commitment or sentencing to MCDF's County side of the jail is limited to 12 months. It is possible for City or County inmates to stay longer than 12 months if they were awaiting trial in jail before adjudication and subsequently not

given credit for time already served at sentencing. Figure 6 below illustrates that probation and parole violations account for the majority of MCDF's criminal procedural bookings each year.

Figure 6: MCDF Procedural Booking Types

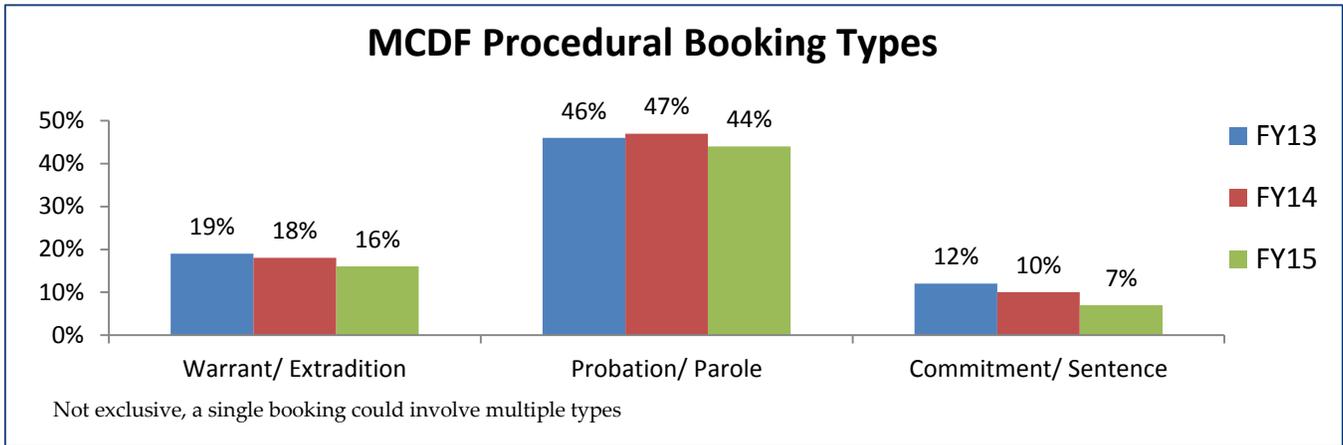


Figure 6 illustrates procedural charges in MCDF's adult bookings

The next step in understanding MCDF's population was to analyze the types of alleged crimes that led people to be booked into MCDF. Figure 7 shows the breakdown of person, property, drug, motor vehicle, public order and public administration crimes for FY13-15. While the person and property criminal charge categories declined in FY15, drug charges have remained stagnant. Public order and administration charges have increased steadily and are commonly added onto the original criminal and/or traffic charges that initiated the arrest. Examples of public order and administration offenses may include charges such as resisting arrest and contempt of court.

A large proportion of inmates were housed in jail with a motor vehicle crime as their primary offense, representing 26 percent of all processed bookings in FY15. Note that driving under the influence (DUI) bookings in Figure 7 are a subset of the motor vehicle bookings and are therefore shaded differently than the rest of the figure. In FY15, there were 1,493 bookings into MCDF with the motor vehicle charge as the primary offense. Of those 1,493 bookings, only 74 bookings listed the primary offense as a DUI. Though there are a substantial number of residents booked into MCDF on traffic charges, this population is not an appropriate target population for a Pay for Success project because it does not meet the requirements listed in the beginning of this section of a high-risk and high-need population who would benefit from an evidence-based intervention with measurable outcomes.

Figure 7: MCDF General Population Criminal & Motor Vehicle Booking Types

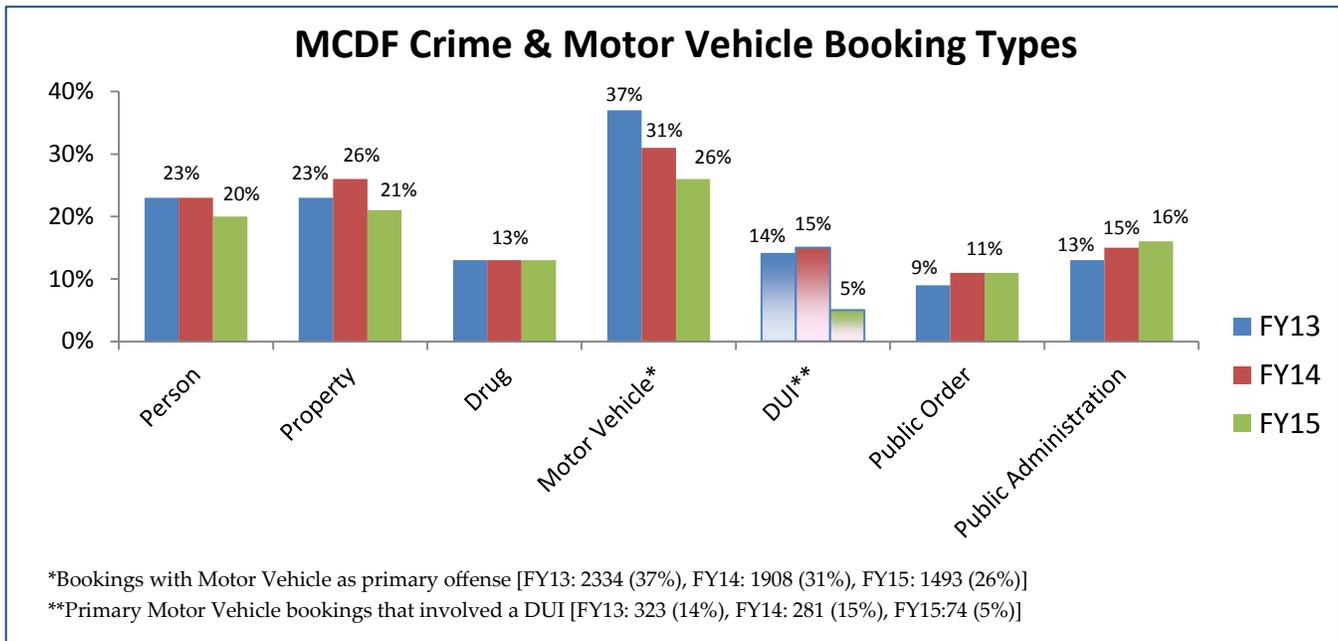


Figure 7 illustrates the type of criminal & motor vehicle booking charges in MCDF each year

LESSON LEARNED: CERTAIN POPULATIONS NOT SUITABLE FOR PFS

Detaining residents for petty crimes has drastically increased in recent decades. This began in the late 1980s when Congress passed laws revoking driver licenses for men who did not pay their child support obligations. Since that precedent was set, there are now 18 states that have expanded the criminalization of traffic offenses and suspend licenses for non-driving traffic charges (Shapiro, 2014). Currently, Montana law allows judges to indefinitely suspend licenses until court conditions are met for non-payment of fines, failure to appear notices, failure to pay child support, or defaulting on student loan payments (MT DOJ, n.d.), while someone convicted of a first time DUI offense loses their license for just six months. Motor vehicle charges no longer mean that those arrested were necessarily engaging in driving that would subsequently put others at risk.

Criminalizing traffic violations and petty crimes have turned the nation’s incarceration system into debtor’s prisons. Debtor’s prisons marginalize poor community members who have received a fine for a petty crime, which they are unable to pay. Those who do not have enough income for fines or bond fees begin the cycle of incarceration and remain impoverished. Courts should be properly assessing each individual’s ability to pay fines or fees. Incarcerating people for the inability to pay court fees may violate their constitutional rights. Addressing the criminalization of traffic offenses requires legislative changes and would not be impacted by a direct social intervention. Although this subpopulation is not an appropriate target population for a PFS project, addressing incarceration for petty crimes and traffic charges would presumably provide additional jail bed

availability for MCDF. Missoula City and County should consider engaging in further research to ensure defendants are formally assessed for indigence and that their constitutional rights are being upheld.

Identifying the Target Population for PFS

Isolating a target population was challenging due to the data indicating a reduction in the number of bookings and inmates processed through MCDF. The PFS team met with local criminal justice professionals to help pinpoint a specific subpopulation. Participants included representatives from the public, policing, legal, detention and social service sectors. All participants agreed, anecdotally, that most defendants cycling through the system likely had a drug and/or alcohol dependency issue. Missoula's leadership asked for deeper data analyses regarding drug and alcohol crimes. Missoula County does not currently track chemical dependency within the jail population. Therefore, the County had to start with national chemical dependency data and statistics.

The National Council on Alcoholism and Drug Dependence (NCADD) has published staggering facts about the prison population nationwide. NCADD states that 80 percent of offenders abuse drugs and/or alcohol, nearly 50 percent of which screen as clinically addicted and 60 percent of individuals arrested for most crimes test positive for illegal drugs at the time of their arrest. NCADD also states that offenders who commit violent crimes are under the influence of alcohol 40 percent of the time (2013). Alcohol, more than any other type of drug, is a factor during the commission of violent crimes such as murder, assault, rape, or child and spousal abuse. The Bureau of Justice Statistics (BJS) states that there is a criminal link for those who are committing property crimes and have a drug addiction (though it is not a direct correlation). Data from 2004 on BJS's website reports that 30 percent of state prisoners who were convicted of property crimes stated they committed their crimes for drug money. As a result of the research above, Missoula County decided to include property offenses during the deeper dive into MCDF's population accused of drug related crimes.

Figure 8: Missoula County Adult Population Drug, DUI & Property Crimes

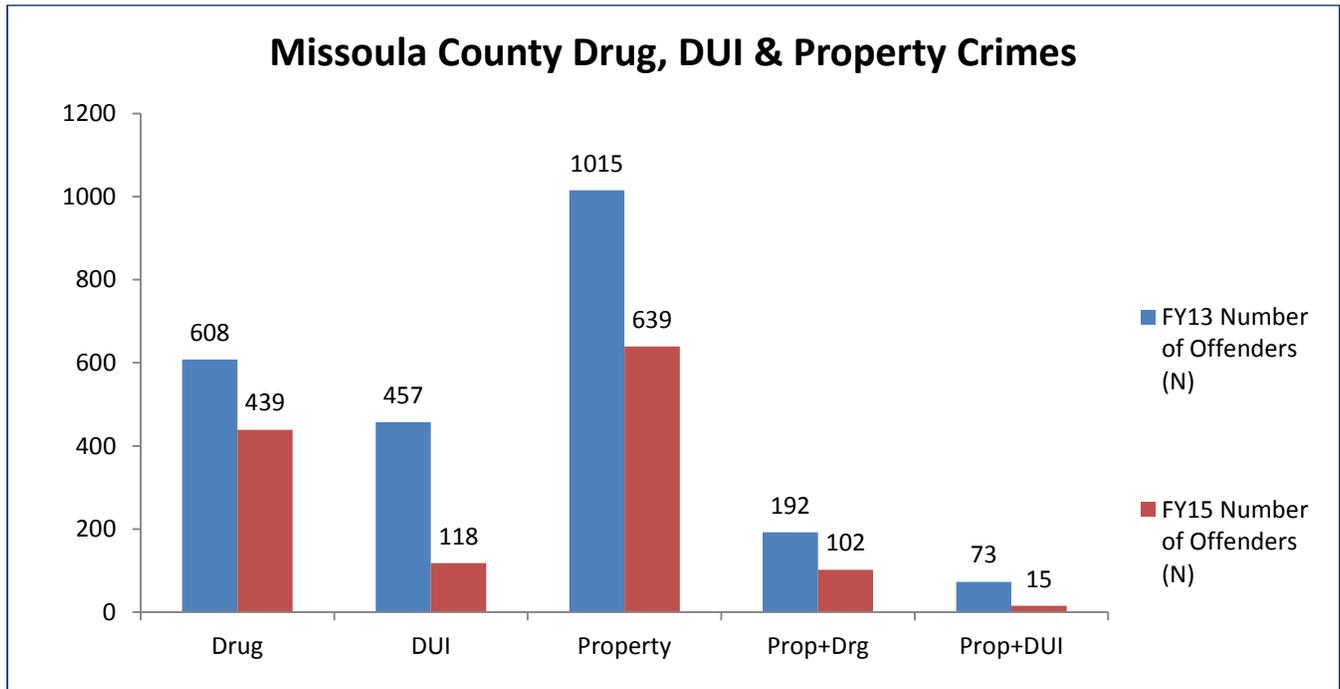


Figure 8 illustrates the number of inmates charged with drug, DUI and/or property crimes

Figure 8 shows MCDF’s total number of offenders whose primary booking charges were drug, alcohol and property crimes. It is important to note that the number of offenders in Figure 8 likely contain duplicative inmate counts. Reviewing this data shows that DUI related crimes have fallen by 74 percent since FY13. Bookings with property and DUI charges dropped 79 percent. At this time, the County cannot state the reason behind the drastic decrease in DUI crimes and any theories regarding these trends would be purely speculative. Drug offenses fell 28 percent, property crimes fell 37 percent and property with drug charges dropped 47 percent from FY13 to FY15. Referring back to Figure 7, overall drug crimes have remained static in relation to the general population decline. Looking at the yearly criminal charge trends, along with the request of Missoula County’s leadership to focus on chemical dependency, the County decided to narrow its focus to offenders with drug charges. The next step was to then identify the drug recidivists and analyze the other types of charges their bookings contained.

Figure 9: MCDF Drug Recidivists and Booking Details

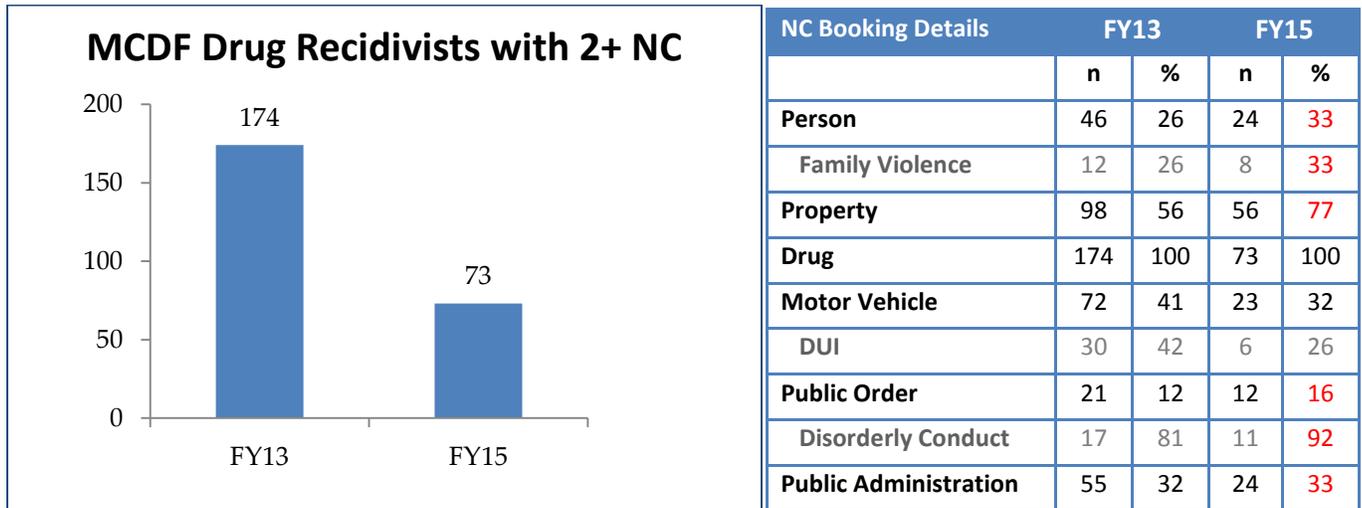


Figure 9 illustrates the charge types that have increased for drug recidivists who commit two or more new crimes

Figure 9 above shows the number of drug recidivists booked through MCDF with two or more new drug crimes in FY13 and FY15. The table illustrates the other types of criminal charges associated with these offenders' bookings. The recidivists in FY13 represented 28.6 percent of the drug population while the recidivists in FY15 represented 16.6 percent. Though recidivism has declined, other associated booking charges against a person, property, public order or administration have all increased. These other criminal charges may explain this group's longer average length of stay in jail, reflected in Figure 10.

Figure 10: Jail Bed Utilization- General Population vs. Drug Crimes

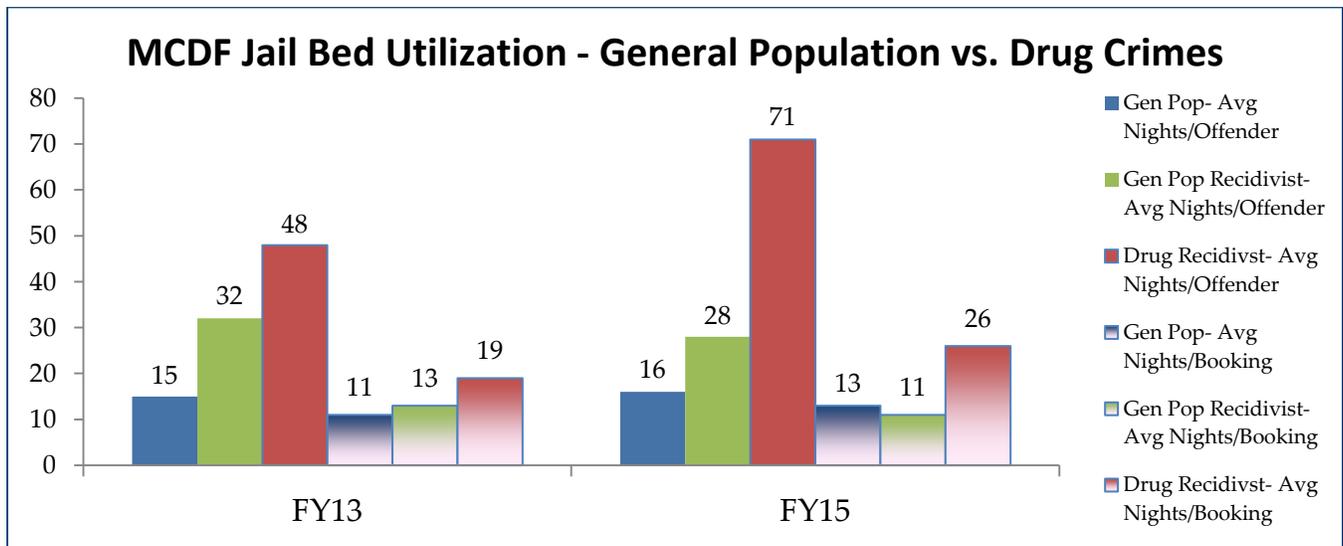


Figure 10 illustrates that drug recidivists are housed in MCDF much longer than others

Figure 10 illustrates that drug recidivists are housed more than two and a half times longer than other recidivists with non-drug charges. The 73 drug recidivists were detained for a total of 5,214 days in FY15. Though the numbers of drug recidivists are declining and seemingly small, they are high utilizers of the County jail. Long average jail stays, in conjunction with national statistics, justified focusing on drug recidivists as a high-risk and high-need Pay for Success target population.

Missoula County does not currently utilize an evidence-based risk and needs assessment (RNA) to objectively measure offender risk levels. As such, a caveat to these findings is that the target population analyses had to rely on recidivists as a rough gauge of offender risk level. Without a current RNA, Missoula County had to assume that offenders who are booked into MCDF more than once in a given year on new crimes are high-risk offenders.

LESSON LEARNED: IMPLEMENT A RISK AND NEEDS ASSESSMENT (RNA) TOOL

RNA tools measure specific static and dynamic offender risk factors that could be targeted in order to help reduce one's probability of reoffending. These dynamic factors also referred to as criminogenic needs, highlight offenders' antisocial behavioral tendencies and association with antisocial peer groups. Inmates who possess strong antisocial behavioral tendencies and interact with antisocial peer groups are more likely to commit new crimes compared to inmates who do not have these tendencies. When defendants are not properly assessed they are more likely to be put into the wrong treatment group, which has demonstrated negative effects.

Imprisonment has proven to be ineffective in changing offenders' criminal behaviors, especially for those who are assessed as low risk (Andrews & Dowden, 2007). The Risk-Needs-Responsivity (RNR) model is a statistically proven treatment model for reducing recidivism that utilizes an evidence-based assessment as a fundamental component (Elek et al., 2015). The RNR model posits that supervision and treatment should be aligned with an individual's risk categorization from a proven, objective assessment. Treatment should target the individual's criminogenic traits through a cognitive behavioral modification intervention. Simply, offenders who are considered low-risk should either not be supervised pretrial or should receive low levels of supervision. Offenders considered high-risk should receive high levels of supervision and intensive treatment.

Adhering to any of the three principles of the RNR model (risk, need, responsivity) leads to a reduction in recidivism; adhering to all three principles leads to the greatest reduction in recidivism. Incarceration of low risk offenders during pretrial proceedings increases their likelihood of committing a new crime before trial. Low-risk individuals who are held in jail two to three days are 40 percent more likely to commit a new crime(s) before trial than those who are held less than 24 hours. When low-risk defendants are held eight to 14 days they become 51 percent more likely to commit a new crime(s) before trial (Lowenkamp et.al, 2013a). Not only does

inappropriate pretrial supervision or incarceration of low-risk defendants increase likelihood of recidivism but it also increases their likelihood of being found guilty at trial, resulting in longer sentences than those who are released pretrial.

Implementing RNAs would introduce an objective tool to inform and compliment judges' decision-making processes regarding pretrial eligibility. Without objective risk data, judges assess the risk of each offender in court based on their professional experiences, past criminal record, information provided by legal counsel and personal judgements. Though unintentional, these factors are highly subjective and have a profound effect on defendants awaiting trial. Low-risk defendants detained in jail for their entire pretrial period are more than 5.41 times more likely to be sentenced to jail and 3.76 times more likely to be sentenced to prison. When found guilty, their sentences are nearly three times longer in jail and twice as long in prison (Lowenkamp et.al, 2013b). Evidence-based risk and need assessment tools are not meant to replace a judge's decision-making capability or authority but rather to provide additional information for consideration. These tools, when used appropriately, help reduce future crime while still ensuring that appropriate punishment for the current, alleged crime is administered. No evidence-based intervention can be successfully implemented for inmates who are cycling through the justice system without a proven and objective RNA.

Missoula County's goal of providing holistic treatment services with positive outcomes is immediately stymied by not utilizing a proven RNA tool. It is recommended that a validated RNA be implemented for all inmates entering MCDF. Educational presentations should be made to local judges about the benefits of utilizing these tools in their decision-making processes. Pretrial incarceration decisions should take risk-level categorization into account and ultimately community supervision and/or service levels should be appropriately tied to each individual's risk classification. Based on national statistics of criminal risk levels, it is likely that a large proportion of the jail population in MCDF would be categorized as low-risk if an RNA tool was used. Once objective risk levels can be substantiated for MCDF's population, additional jail bed space should theoretically become available as other more appropriate pretrial options are utilized instead of incarceration. In addition to risk and needs assessments, Missoula City and County should utilize a validated drug screen (such as the TCU Drug Screen) to properly assess the severity of individuals' addictions in order to properly treat chemically dependent recidivists.

Administering the TCU Drug Screen IV

MCDF does not currently track inmates who are suspected to be chemically dependent. In order to establish if the PFS target population of drug recidivists ($n=73$) could be expanded; Rachele Whitfield administered the anonymous TCU Drug Screen IV inside the adult pod of MCDF on January 18th, 2016. Utmost care was utilized to preserve anonymity and to ensure participants' civil

rights were protected. The TCU drug screen is a self-administered questionnaire with 11 scored questions and six additional un-scored drug usage questions. The MCDF team met before administering the survey to determine additional demographic questions that should be built into the screen that were not currently being captured in booking data. See Appendix B for a copy of a blank TCU Drug Screen IV with the additional demographic questions. On January 18, there were a total of 216 inmates booked into MCDF with three inmates who were not allowed to participate due to safety concerns. Out of 213 eligible inmates, 108 volunteered to participate, approximately 51 percent of that day’s population. Figure 11 shows the breakout of the inmates’ screening scores. The drug screen scoring table shows the distribution of scored answers for the inmates who volunteered to participate. A score of six points or higher is categorized as severe, four or five points is categorized as moderate, two or three points is categorized as mild, while zero or one point is categorized as having no addiction issue. There were three participants who participated by answering the additional demographic questions but elected not to complete the scored drug assessment, leaving the survey blank.

Figure 11: TCU Drug Screen Scoring Results Table & Chart

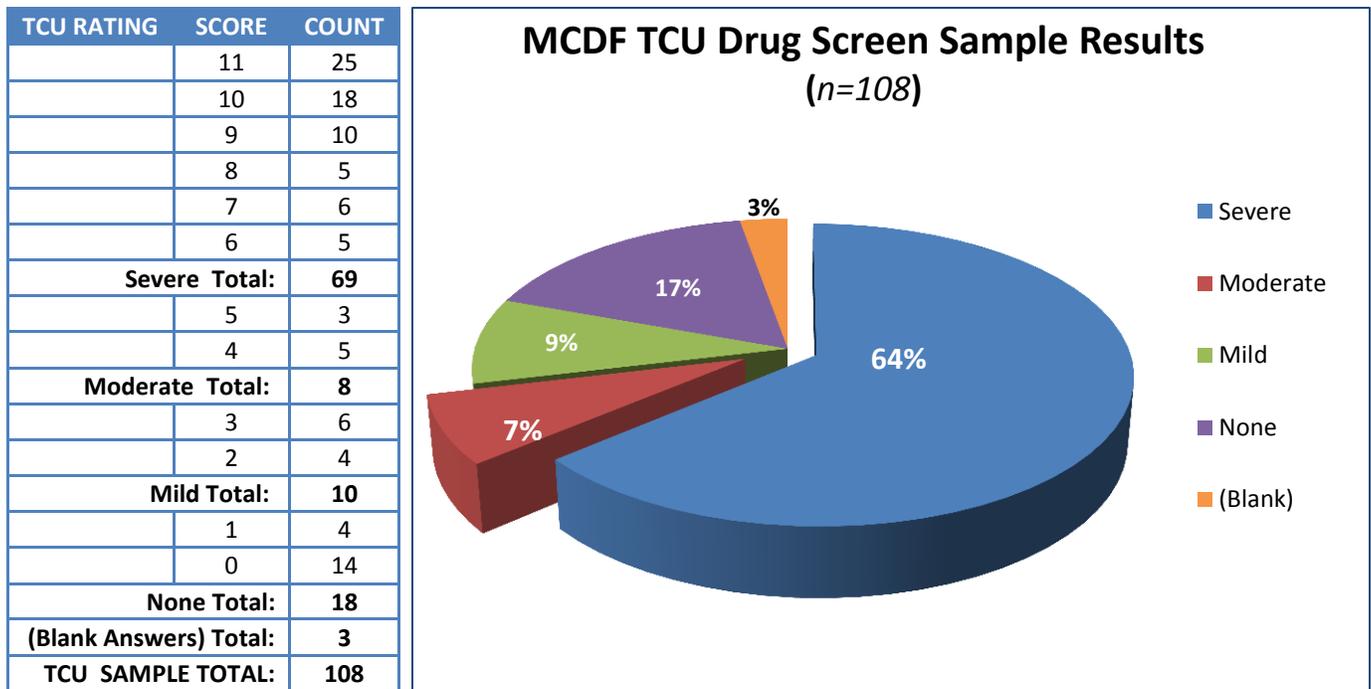


Figure 11 illustrates the TCU scores & classifications for those inmates who participated

An evidence-based intervention must be implemented for individuals assessed as high-risk and high-utilizers of social services in order to achieve the most impactful outcomes. Therefore, any intensive drug addiction/recidivism intervention would be implemented for those inmates categorized as either severely or moderately addicted. Positive outcomes would likely be

unsuccessful for those who scored in the mild range. Depending on their assessments, low-risk participants could be recommended for less intensive treatment as a preventative measure. After assessing risk categorizations, the next step was to analyze the demographic data collected for those with chemical dependency issues.

Figure 12, shows the results of the demographic questions added to the assessment. Of those inmates who were categorized as severe or moderate, every person had been previously arrested and self-reported an average of more than 11 prior arrests. Nearly all of the 77 inmates who categorized as severe or moderate stated they had been convicted of a previous crime with an average of eight prior convictions. Nearly a quarter of these inmates reported they were homeless by living on the streets, in a shelter or in their car. More than half of the sample reported being unemployed. It is important to note that, due to participation anonymity, Rachele Whitfield was unable to follow up with participants who did not follow the screening directions. Therefore, any participants who answered with multiple responses were not included in the demographic analyses. Results from the demographic questions are presented in the next figure.

Figure 12: Demographic Question Frequency Tables

Demographic Data for Severely or Moderately Rated Addicts	
Unemployed	55%
Homeless	23%
Have Children <18 years	66%
Prior Arrests	100%
Average # of Prior Arrests	11.6
Prior Convictions	94%
Average # of Convictions	8
Health Insurance	32%
Medicaid Recipients	21%

Two-thirds of those sampled have at least one child under the age of 18 years old. The correlation of having a parent in jail or prison increasing the likelihood of their child eventually going to prison is contested. The Department of Public Health and Human Services states that a child is seven times more likely to end up in jail if a parent is incarcerated. In contrast, the Osborne Association’s Children of Incarcerated Parents Fact Sheet states that current research does not show a statistical correlation (n.d.). The Osborne Association does state it is proven that parental incarceration affects children negatively through increased poverty, instability, stigmatization, traumatization and lack of social support in

comparison to children who do not have an incarcerated parent. It may not yet be known if there is a proven statistical correlation to the cycle of intergenerational incarceration, but it is known that children with incarcerated parents need additional support to promote positive outcomes in their lives.

Ultimately, the goal of administering the TCU Drug Screen IV was to determine whether the target population could be expanded outside of drug recidivists to include inmates who are chemically

dependent but not jailed repetitively due to drug charges. Due to what was considered low participation rates in the survey, resulting in only 69 inmates being categorized as severe and 8 inmates categorized as moderate, Missoula County was not able to expand their target population of 73 inmates.

LESSON LEARNED: SMALL TARGET POPULATION, NEED MORE DATA

After reviewing the daily population of MCDF on January 18, there were only 41 out of 216 people charged with a new crime or procedural charge associated with drugs and/or property crimes. It is important to note that administering a self-reporting screening with only a 51 percent participation rate would not yield statistically significant data. When analyzing quantitative data of self-reported surveys it is generally accepted that a 50 to 59 percent response rate is “barely acceptable” due to the high level of bias by each participant (Bryman, 2012: pp. 235). Individual inmates’ motivation to participate in the survey and the possibility of exaggerated answers are also concerning.

Due to the low participation rates, screening results do not justify Missoula County expanding the number of inmates who would receive the drug intervention. Though the data acquired from this screening isn’t statistically powerful, it does illuminate the need to correct current data acquisition processes in Missoula’s criminal justice system. Collecting additional data elements should become mandatory during the booking process. Though the identified target population is small, it represents high utilizers of social and public services. For this reason, Rachele Whitfield continued the feasibility process by researching an evidence-based intervention for a cost-benefit analysis.

Drug Courts, Local Service Provider Capacity & Independent Program Evaluations

The Sorenson Impact Center’s criminal justice experts, Dr. Robert Butters and Ms. Erin Becker-Worwood, advised Missoula County to focus its efforts on vetting the implementation of a proven drug court model. This intervention could be implemented as a pilot project to address the issue of having a smaller-than-expected target population. Dr. Butters and Ms. Becker-Worwood explained to Missoula County that evidence-based drug courts are the most well researched criminal justice intervention in the country and are proven to be effective in reducing recidivism. The Sorenson Impact Center’s team encouraged the County to research the intervention model as the next step in the feasibility process.

The first drug court was established in Miami-Dade County in 1989 and was deemed a success due to its reduction in recidivism for participants. Within 10 years, there were drug courts operating in every state. Since 1994, the National Association of Drug Court Professionals (NADCP) has worked diligently in all levels of government to promote and spread the message of effective

treatment for criminally involved addicts. There are currently more than 3,400 drug courts operating in the United States. “The scientific community has put drug courts under a microscope and concluded that drug courts significantly reduce drug abuse and crime and do so at far less expense than any other justice strategy” (NADCP, 2013). The National Institute of Justice’s (NIJ) Multisite Adult Drug Court Evaluation found that participants reported a 13 percent reduction in criminal activity, 10 percent reduction in arrests, 20 percent reduction in reported drug use and 17 percent reduction in likelihood of testing positive for drugs than comparable offenders (NIJ, 2009).

In Dr. Marlowe’s “Research Update on Adult Drug courts” for the NADCP, he summarized the findings of the five independent, meta-analyses of different groupings of drug courts shown in Figure 13 (2010, pp. 2). Meta-analyses are advanced, statistically powerful procedures to determine effects of a program. In each meta-analysis, the findings showed a measurable reduction in crime for those admitted into the program. The group of drug courts evaluated had a total of 1,156 participants from 23 different geographic clusters around the country. The drug court participants were then compared to a similarly matched sample of 625 drug offenders from six different non-drug court geographic areas. Figure 12 below illustrates the recidivism reduction rate found for each analysis. Taking the ‘average of averages’ yields an overall reduction in recidivism of 10 to 15 percent. The documented success of drug courts spawned the creation of other problem-solving courts in an effort to reduce the number of people cycling through the criminal justice system.

Figure 13: Results of MADCE Drug court Effectiveness Meta-Analyses

Citation	Institution	Number of Drug courts	Crime Reduced on Average
Wilson et al. (2006)	Campbell Collaborative	55	14% – 26%
Latimer et al. (2006)	Canadian Department of Justice	66	14%
Shaffer (2006)	University of Nevada	76	9%
Lowenkamp et al. (2005)	University of Cincinnati	22	8%
Aos et al. (2006)	Washington State Institute for Public Policy	57	8%
*Meta-analysis is an advanced statistical procedure that yields a conservative and rigorous estimate of the average effects of an intervention. It involves systematically reviewing the research literature, selecting out only those studies that are scientifically defensible according to standardized criteria, and statistically averaging the effects of the intervention across the good-quality studies (e.g., Lipsey & Wilson, 2002).			
**“Heavy use” of alcohol was defined as ≥ 4 drinks per day for women, and ≥ 5 drinks per day for men.			

Figure 13 illustrates the results of the meta-analysis of multiple drug court evaluations

The main principles of an evidence based drug court (or problem-solving court) are: targeting a high-risk and high-need population; utilizing a proven risk and needs assessment; allowing equal participation opportunity for historically marginalized people; finding an engaged and active judge to oversee the court and follow the model’s best practices; fairly administering

incentives/sanctions/therapeutic adjustments to participants; and providing evidence-based treatment for participants' substance abuse while also addressing criminogenic behavioral traits (NADCP, 2013). Taking these factors into consideration, the County's next steps were to map the locally available problem-solving court services, determine if existing programming was operating with fidelity to a proven model and to understand the costs and benefits of expanding this model for a drug court.

Missoula County does not currently have a drug court, but there are operational Co-Occurring and Veteran Courts. These problem-solving courts manage similarly to the drug court model but have different eligibility requirements for admission. Standing Master Brenda Desmond and specialty court coordinator Hannah Holden operate the courts and are Missoula's local champions for problem-solving courts. All participants must be diagnosed with a severe mental health diagnosis and an addiction issue. The Veteran Court requires combat experience in the military in addition to the mental health and addiction diagnoses. The problem-solving court team targets high-risk participants; uses an evidence-based assessment called the Risk and Needs Triage (RANT) to help the team determine eligibility; does not discriminate against participants when determining eligibility; fairly and consistently administers incentives or sanctions to participants; and partners with local service providers who are trained in evidence-based treatments.

However, there are limitations to Missoula's current problem-solving court operation. The Co-Occurring and Veteran Courts' staff time, finances and technology are currently under-resourced. This underfunding limits the number of participants that are able to enter the court annually. Due to constrained staff time, the team has not been able to track data and clients' outcomes as originally intended. Each staff member works part-time and directs their focus towards the primary function of managing drug court participants' instead of focusing on data collection and reporting. Standing Master Desmond and Ms. Holden both expressed their belief in the positive outcomes associated with the proven drug court model despite their acknowledgement that they could have more impact with additional resources.

If a drug court were to be implemented in Missoula, better outcomes for participants and a greater impact for the community could only be obtained with a fully funded model. The model should include funding for appropriately trained staff, technology and resources for clients' evaluations, drug tests and treatment.

LESSON LEARNED: LOCAL SERVICE PROVIDER CAPACITY

Missoula County is fortunate to have such an expansive, respected and driven set of local nonprofit organizations working to help marginalized residents. However, the rigorous analyses required for Pay for Success projects could prove overwhelming for service providers given their current limited resource allocations. Missoula's service providers who could potentially participate

in the drug court model do not currently have the capacity to engage in a Pay for Success project given their current availability of resources. Most local providers are currently tracking program outputs and have not yet started tracking long-term outcomes. Their missions entail treating mental health and addiction issues for improved clientele health, not for treating criminal behavioral tendencies.

A serious limitation to implementing the drug court model could be the limited control over the type and quality of treatment available for participants by local service providers (Farabee et al., 1999). Service providers who agree to take on the responsibility of providing substance abuse and criminogenic treatment for participants would require additional funding, staffing resources and training to properly implement the drug court's programming with fidelity. Therefore, comprehensive training to deliver criminogenic behavioral modification therapy would be critical, as most providers are not presently offering this type of treatment. In addition, there are no local service providers who could potentially operate the drug court intervention who currently utilize rigorous, independent evaluations to test the impact of their programming. Part of the necessary additional funding for implementation would be to properly document the drug court's data and performance through an independent evaluation.

LESSON LEARNED: PROGRAM EVALUATIONS ARE NECESSARY

Harris and Smith posit the way a program is implemented is at least as important as the program itself (1996). Independent evaluations are recommended for organizations providing evidence-based programming to ensure that the program's principles and methods are implemented and followed with fidelity. Straying from principles of a proven programming model will introduce variables that lessen the likelihood of attaining the positive outcomes that have been claimed by such programs. As mentioned earlier, most organizations in Missoula are still measuring performance based on outputs. Outputs are important business metrics to understand and should not be devalued. However, an organization cannot gauge their true community impact by relying solely on outputs. It is important to note that service providers who receive funding from Missoula County have not previously been required to report on their program's outcomes. It is also important to note that most service providers who worked with Rachele Whitfield seemed motivated and excited to learn how to transition their organizations from reporting outputs to reporting the real impact of their work within the community.

It is recommended that Missoula's leadership prioritize a cultural shift towards continual improvement and learning in order to help organizations become more proficient in effectively measuring performance and community impact. This would help prepare organizations for rigorous program evaluations in the future. In a PFS project, a comparative assessment through with an independent, rigorous evaluation is essential for identifying potential savings. Without

evaluations, a new intervention may not definitively create significant positive outcomes that ultimately guarantee profits for investors' return on investment (Whitfield, 2015).

Economic Analysis & Private Investor Interest

Since Missoula County does not operate a drug court, the next step was to complete a high-level economic analysis to quantify the potential cost savings of treating the PFS target population with a drug court intervention. In order to do so, the Sorenson Impact Center developed a robust cost-benefit analysis (CBA) model for Missoula County to utilize. The model was designed to provide a high-level financial outlook for the PFS project with three projected financial cases for the proposed intervention: best, middle and worst case. Though the CBA was meant to provide a high-level financial outlook, it required very detailed financial data elements. This level of reporting proved to be a challenge for most stakeholders based on their current budgeting processes. The County realized through this process that the majority of their detention facility budget was based on fixed costs and the variable costs were not detailed enough to easily provide objective analysis. Similarly, most stakeholders would have to incur multiple hours of manual data processing to supply the required financial data. The types of data required for the model included: target population size, projected program attrition rates, intervention costs, programmatic costs, recidivism rates, projected reductions in recidivism, cost per recidivism occurrence, jail incarceration variable costs per day, average time spent in jail, costs of other social services provided to the target population (hospital care, homelessness costs, service provider treatment costs, etc.) and finally the costs associated with the design and execution of a PFS project.

The benefits of a drug court to taxpayers are realized through reduced arrest, incarceration, probation, legal processing and victimization costs. With an average cost of \$4,300 per participant, other counties are reporting net benefits of anywhere between \$1,000 and \$15,000 per participant (King & Pasquarella, 2009). A Washington State study analyzing five local drug courts found that for every dollar invested the community gained a net benefit of \$1.74. These savings were realized through reduced court costs and recidivism costs (Belenko et.al., 2005, pp. 44). Based on current available local financial data and the assumptions made in Missoula County's model, the CBA illustrates costs far exceed the financial benefits for a drug court in Missoula.

Figure 14: Drug court Cumulative Costs/Benefits & Financial Metrics

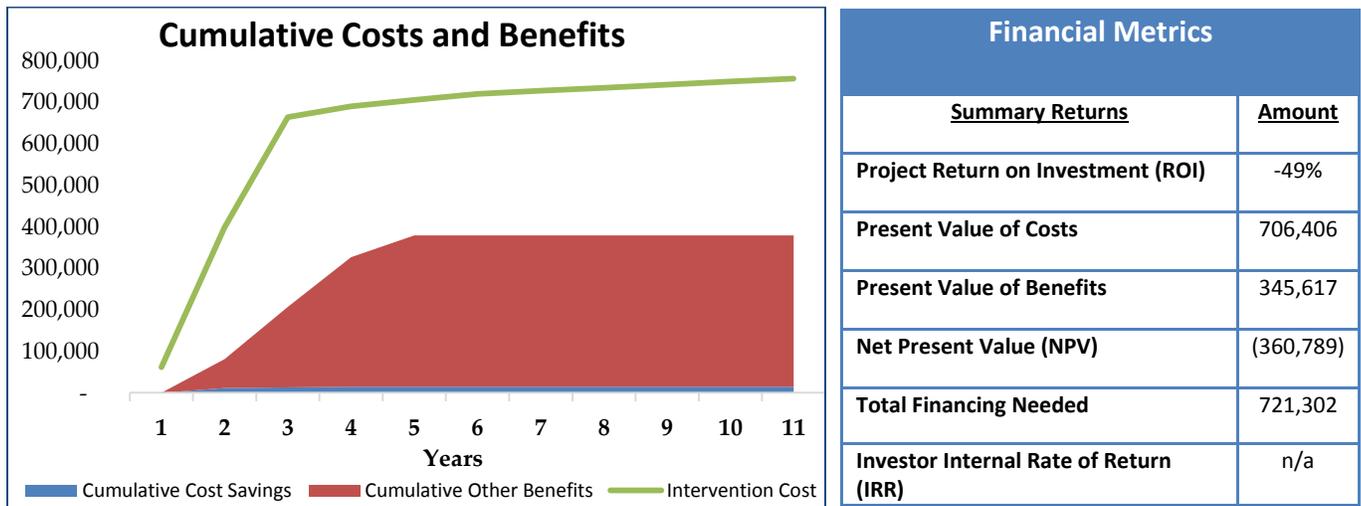


Figure 14 illustrates the PFS economic analysis of a negative 49 percent ROI

Figure 14 reveals the intervention benefits would never surpass the costs given the assumptions used in the CBA. In the best-case scenario, the new drug court intervention is estimated to cost \$721,302, which includes the costs of designing and implementing the PFS model. The overhead costs of the PFS model are projected at \$147,000 over the project lifecycle, which is roughly 20 percent of the total cost. The financial metrics table does not show an Investor Internal Rate of Return (IRR) because the model does not predict the project to yield any direct cost savings. Even with optimistic financial projections and the ‘best case scenario’, a negative return on investment of 49 percent is predicted. In other words, for every dollar spent the community would only receive \$0.51 in benefits. There are a few identifiable explanations for the negative outcomes of the CBA. Two reasons for the negative financial outlook include the inability to objectively measure variable costs or to monetize local societal benefits. Lastly, the County realized that even if cost savings were projected, it is unlikely that they would accrue back to the payer of the PFS project and would mainly accrue to other organizations in the community instead.

LESSON LEARNED: JAIL COSTS ARE PREDOMINATELY FIXED

Typical jail diversion CBAs focus on identifying the additional costs or savings associated with a direct change in jail population. Variable costs are the quantifiable cost of booking a single inmate into the jail such as food, clothing, laundry services and individual inmate treatment. MCDF’s annual budget represents mostly fixed costs, which are expenditures that cannot easily be changed without eliminating an entire operating unit, such as employee salaries and capital/facility costs. Missoula County projected fixed costs account for 86 percent of the \$6.476 million budget, leaving variable costs at 14 percent. It was estimated that the variable cost per jail bed day is \$8 in MCDF.

Although the low variable cost does affect the CBA outcome, it is not the major factor determining the negative return on investment (ROI).

Increasing the variable cost to \$80/day (which would be the entire budget divided by 224 jail beds multiplied by 365 days each year) on the CBA increased the benefits by just 3 percent from negative 49 percent to negative 46 percent. Increasing the variable cost ten times only resulted in a 3 percent change in benefit. Since the largest jail costs are associated with staff salaries, real financial impact will only be realized by substantially reducing the inmate population, which would subsequently reduce staffing levels by means of closing pods within the jail.

LESSON LEARNED: SOCIETAL BENEFITS MUST BE MONETIZED TO REALIZE A POSITIVE ROI

Jail diversion CBAs normally include victimization costs associated with the criminal activity that led to incarceration. Missoula County does not currently collect victimization cost data and would have to provide hypothetical averages to show a positive ROI for this analysis. The legal, arrest and incarceration variable costs were all estimates that were included in the CBA. However, Missoula County was unable to collect several community variable costs such as: the costs for deploying emergency response vehicles, addiction and mental health treatment costs for inmates, wage information for the target population, unemployment rates, social service benefits currently collected by the target population, etc. Due to the small target population, small projected impact, challenge acquiring detailed financial data and high costs associated with PFS project construction, Missoula County decided to conservatively address new programming costs rather than monetize unverifiable societal benefits. With this CBA, the only way to make the financial model report positive outcomes would be to monetize hypothetical and abstract societal benefits. Due to the already speculative nature of the financial analyses Missoula County elected not to monetize societal benefits for this study.

LESSON LEARNED: A WRONG POCKETS PROBLEM EXISTS; BENEFITS DON'T ACCRUE TO THE PAYER

One identifiable issue of Pay for Success projects is that the potential cost savings and/or cost avoidances do not always accrue to the stakeholders responsible for creating the positive outcomes (Henrichson et. al., 2015). Benefits accruing to the wrong entity have been deemed the “wrong pockets” problem. Based on the current data available for Missoula County’s potential PFS project, the majority of cost avoidances would accrue to the local hospitals through a reduction in uncompensated care for addicts. Though not a negative outcome, the organizations who are not directly participating in the intervention would then be the largest financial beneficiary.

LESSON LEARNED: LOCAL INVESTORS ARE NOT INTERESTED

Due to the negative ROI projection and wrong pockets problem, Missoula County found that local investors were not interested in participating in this PFS project. As a small city, Missoula lacks the large for-profit corporation networks that are found in larger cities. Furthermore, due to the small size of Missoula's potential PFS project, large investment firms may not be interested in providing the upfront capital necessary for the project. Realistically, Missoula would need to depend on philanthropic investors to provide the capital for a new intervention. When Missoula County met with local philanthropic investors to gauge interest in PFS, they were not interested in giving upfront capital to the government or funding an intervention for adult recidivists.

Local philanthropic investors explained that providing funding to the government would decrease their grant funding opportunities to Missoula's local service providers creating a "robbing Peter to pay Paul" situation. They also stated that intervening with adult recidivists seemed reactive and thought Missoula County should focus on more proactive and preventative interventions, including targeting young people to prevent their future likelihood of criminal activity and reducing the rate of future recidivism. They suggested that a program that is truly preventative would demand a much longer project timeline and potentially make the project unrealistic for a PFS financing structure. However, Missoula's local philanthropic investors speculated that they could be interested in providing capital for projects that would directly fund service providers' capacity-building to improve their outcomes reporting and, ultimately, overall impact levels.

FEASIBILITY SUMMARY

The weakness of utilizing a Pay for Success model for this project is its complexity (McKay, 2013). For Missoula, the challenging nature of this model would increase costs, decrease savings, limit the solutions considered, require rigorous evaluations and would not adequately shift risk from the government as intended. A key principle of policy analysis is that different policy instruments will be best for different policy problems and that it is important to match the right instrument to the right problem (Liebman, 2013). At this time, the Pay for Success financial model is not the right instrument to address recidivism in Missoula.

Small Target Population Equals Small Effect Size & Small Net Benefits

A target population of 73 is too small to statistically determine if positive outcomes were created strictly due to the intervention. A sufficiently large enough target population is generally at least 200 people, which ultimately rules out small samples such as the high-utilizers of public resources identified in this project (Azemati, et.al., 2013). Taking the outcomes of Figure 12 into account, it

could be estimated that out of 73 people receiving treatment, only seven to 11 people would not go back to jail. Out of the 3,899 inmates who were booked through MCDF in FY15, diverting seven to 11 inmates is equal to 0.2 percent to 0.3 percent reduction in the jail population. If avoided jail bed days are compared by using the average days spent in jail of 71 days multiplied by seven to 11 inmates diverted equals 497 to 781 diverted jail bed days. There are 224 beds available for 365 days per year that equals 81,760 available bed days assuming that one person occupies one bed per day. The jail bed days diverted for this sample size would equal 0.6 percent to 1 percent reduction. This outcome will not have a noticeable impact on MCDF's overcrowded jail beds. The small sample size also affects the program's financial viability because there are far less average cost savings with small samples. Larger scale projects would be able to affect reductions in population substantial enough to close pods or wings of a jail, improving the cost benefit analysis.

PFS Project Would be More Costly to Missoula Taxpayers

In addition to low/no direct cost savings in this PFS project, the overhead costs are high due to the additional stakeholders involved. In the CBA completed for the feasibility study, the overhead costs were predicted to be 20 percent of the total intervention budget. ITPI, a research and policy center, states that PFS projects are enticing for states and local governments that are cash-strapped and not able to fund preventative programming with upfront capital despite being costlier in the long term (2015). Missoula is not a cash-strapped county and has the ability to borrow funds, secure low interest rates or utilize available mills for programming. Missoula County would assume more costs utilizing a PFS model, protecting itself against the risk of engaging in an unfounded and complicated project. The County would save money by self-funding a drug court intervention. Due to the increased project costs, lack of direct cost savings and unfounded project process, the PFS project would be more risky for Missoula County.

Risk is Not Sufficiently Shifted from Missoula County

If the risk cannot be shifted away from taxpayers to the for-profit sector, then the local government is assuming additional risk, not minimizing risk (McKay, 2013). PFS projects are meant shift risk from the government to the private sector by only paying for proven outcomes. Given Missoula's current inability to engage in rigorously evaluated programming, the County would assume more risk by utilizing the PFS model at this time. The Government Accountability Office notes that "[i]n practice, investors told us they prefer to back programs that already have a rigorous evidence base because these programs have a known likelihood for success" (ITPI, 2015; pp. 5). Missoula leadership needs to elevate current social programming towards outcome-based decision making before engaging in a PFS project. If performance targets are not met, funding would be revoked and the service provider would need to quickly reduce its scale or find new sources of funding

(Liebman, 2011). Taking this consideration into account, Missoula County would not intentionally place additional risk on local service providers.

Solutions are Limited for Missoula County if Utilizing a PFS Model

Utilizing a PFS model for Missoula's overcrowded jail narrowly focuses on cashable savings and measurable outcomes, limiting potential solutions for this complex issue. In order to address the root cause of recidivism, Missoula County must attack jail overcrowding on multiple levels through effective programming, policy changes, public education, etc. ITPI states that recidivism solutions with potentially substantial impacts include reducing petty crime arrests and/or making bail access easier for residents (2015). Before focusing on what new interventions could be funded by PFS, local government should first evaluate what structural changes could be implemented to elevate current social services that could positively impact the community.

NEXT STEPS

Although it was determined that the Pay for Success financial model is not feasible at this time in Missoula, the feasibility process itself has proven to be invaluable for Missoula County. Working through the feasibility study with the Sorenson Impact Center has enabled the County to better understand their jail population, identify effective programming and build local capacity for outcome-based programming. The feasibility process will also influence other decisions for leadership outside of reducing recidivism. Reducing recidivism is not just a matter of financial viability to Missoula County or its stakeholders. Reducing recidivism is about supporting a healthy community regardless of profitability.

The County realizes its potential to positively impact those who are struggling with chemical dependency and cycling through the criminal justice system. Missoula's leadership realizes their moral obligation to positively impact inmates, their family members and frontline criminal justice employees through adopting industry best practices and continuing to assess the best treatment for recidivists moving forward. Listed below are PFS Fellow and Missoula County Analyst, Rachele Whitfield's final community recommendations to reduce recidivism.

- Require a validated RNA tool for all inmates booked into MCDF.
- Determine pretrial/jail diversion program eligibility and treatment options based on individual risk classification from RNA.
- Consider inputting optional inmate demographic data into New World System during MCDF booking process (especially housing, employment, and familial data).
- Provide educational training for judges and criminal justice professionals on the importance of using RNAs.

-
- Conduct additional research about the true local impact of criminalized petty crimes and traffic offenses and consider legislative changes.
 - Ensure inmates are receiving proper financial assessments for indigence to protect their constitutional rights and eliminate inappropriate incarceration.
 - Reevaluate performance metric benchmarking for organizations that receive grant funding from Missoula County and require better output reporting.
 - Help local service providers move from measuring outputs towards measuring outcomes to prove community impact.
 - Consider requiring a percentage of total County grants funded and contracted dollars to be utilized for independent program evaluations.

ACRONYM GLOSSARY

BJS:	Bureau of Justice Statistics
CBA:	Cost Benefit Analysis
DOC:	Department of Corrections
DUI:	Driving Under the Influence
EB:	Evidence-Based
FTA:	Fail to Appear
FY:	Fiscal Year
IRR:	Internal Rate of Return
ITPI:	In the Public Interest
MASC:	Missoula Assessment and Sanction Center
MCDF:	Missoula County Detention Facility
MT DOJ:	Montana Department of Justice
NADCP:	National Association of Drug Court Professionals
NC:	New Crimes
NCADD:	National Council on Alcoholism and Drug Dependence
NIJ:	National Institute of Justice
OJC:	Objective Jail Classification
PFS:	Pay for Success
RANT:	Risk and Needs Triage
RNA:	Risk and Needs Assessment
RNR:	Risk-Needs-Responsivity Model
ROI:	Return on Investment
TCU:	Texas Christian University
UK:	United Kingdom

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APPENDIX A: MCDF COUNTY INMATE POPULATION DATA ANALYSES

Missoula Detention Center General Jail Overview – Adult Population						
	FY13		FY14		FY15	
Number of Offenders (N)¹	4473		4128		3899	
Offender Characteristics						
Male (%)	73		74		73	
Age:²						
Average Age (Mn (SD))	33 (12)		34 (12)		35 (12)	
Age Groups (% (n)):	n	%	n	%	n	%
18 to 25	1454	33	1182	29	1017	26
26 to 35	1473	33	1371	33	1363	35
36 to 45	728	16	748	18	763	20
46 to 55	560	13	543	13	489	13
56 or older	258	6	284	7	267	7
Race:	n	%	n	%	n	%
White	3754	84	3431	83	3184	82
Black/African American	93	2	99	2	103	2
Indian	510	11	497	12	492	13
Missing	116	3	101	2	120	3
# of bookings per offender (Mn (SD))	1 (1)		1 (1)		1 (1)	
Min, Max # of bookings per offender	1, 12		1, 11		1, 14	
# of nights spent in jail per offender (Mn (SD))³	15 (42)		18 (45)		16 (39)	
Min, Max # of nights spent in jail per offender	0, 627		0, 574		0, 360	
Booking Characteristics						
Number of Bookings (N)	6289		6099		5704	
Booking Type(s):⁴	n	%	n	%	n	%
Crime/Motor Vehicle	5808	92	5206	85	3915	67
Criminal Procedure	2093	33	2102	35	2163	38
Crime/Motor Vehicle Bookings - Type(s):⁵	n	%	n	%	n	%
Person	1343	23	1184	23	776	20
Family Violence	175	13	161	14	80	10
Property	1350	23	1372	26	803	21
Drug	776	13	700	13	495	13
Motor Vehicle⁶	3214	55	2623	50	1873	48
DUI⁷	571	18	485	18	129	7
Public Order	511	9	549	11	422	11
Disorderly Conduct	449	88	478	87	387	92
Public Administration	757	13	767	15	643	16
Criminal Procedure Bookings - Type(s):⁸	n	%	n	%	n	%
Warrant/Extradition	403	19	374	18	347	16
Probation/Parole	967	46	985	47	949	44

Commitment/Sentence	251	12	216	10	146	7
# of nights spent in jail <i>per booking</i> (Mn (SD))	11 (33)		12 (34)		13 (33)	
Min, Max # of nights spent in jail <i>per booking</i>	0, 627		0, 574		0, 414	

¹ Number of offenders booked into the Missoula Detention Center within each year

² Calculated from age at first booking per year

³ Calculated for entire jail stay for bookings originating within each year or until 8/30/15 for bookings still open at time of data pull

⁴ Many bookings involved multiple types (e.g., crimes/motor vehicle and criminal procedure): FY13= 14%; FY14= 12%; FY15= 7%

⁵ Not exclusive, a single booking could involve multiple types

⁶ Bookings with Motor Vehicle primary offense [FY13: 2334 (37%), FY14: 1908 (31%), FY15: 1493 (26%)]

⁷ Primary Motor Vehicle bookings that involved a DUI [FY13: 323 (14%), FY14: 281 (15%), FY15:74 (5%)]

⁸ Not exclusive, a single booking could involve multiple types

Missoula Detention Center Adult Recidivists – Offenders

	2 or More NC Bookings Per Year						3 or More NC Bookings Per Year*					
	FY13		FY14		FY15		FY13		FY14		FY15	
Number of Offenders (N)**	866		882		428		244		311		181	
Demographics												
Male (%)	73		74		71		71		73		67	
Age:***												
Average Age (Mn (SD))	32 (11)		33 (12)		34 (12)		31 (12)		32 (12)		34 (11)	
Age Groups (% (n)):	n	%	n	%	n	%	n	%	n	%	n	%
18 to 25	335	39	293	33	161	26	109	45	114	37	50	28
26 to 35	268	31	295	33	220	36	70	29	99	32	65	36
36 to 45	129	15	142	16	112	18	29	12	43	14	33	18
46 to 55	93	11	106	12	75	12	23	9	40	13	22	12
56 or older	41	5	46	5	41	7	13	5	15	5	11	6
Race:	n	%	n	%	n	%	n	%	n	%	n	%
White	709	82	718	81	503	83	196	80	251	81	140	77
Black/African American	24	3	25	3	11	2	7	3	8	3	4	2
Asian	6	1	1	<1	1	<1	3	1	0	0	0	0
American Indian/Alaskan Native	119	14	124	14	88	14	36	15	49	16	36	20
Native Hawaiian/Pacific Islander	1	0	1	<1	1	<1	1	0	0	0	0	0
Missing	7	1	13	2	5	1	1	0	3	1	1	<1
Offender Characteristics												
# of NC bookings <i>per offender</i> (Mn (SD))	2 (1)		3 (1)		3 (1)		4 (1)		4 (1)		4 (2)	
Min, Max # of NC bookings <i>per offender</i>	2, 12		2, 11		2, 12		3, 12		3, 11		3, 12	
# of new charges <i>per offender</i> (Mn (SD))	8 (10)		8 (11)		8 (10)		9 (15)		14 (15)		13 (14)	
Min, Max # of new charges <i>per offender</i>	2, 104				2, 99		3, 104		3, 95		3, 99	
# of nights spent in jail <i>per offender</i> (Mn (SD))****	32 (60)		33 (57)		28 (51)		44 (61)		51 (66)		43 (58)	
Min, Max # of nights spent in jail <i>per offender</i>****	0, 584		0, 378		0, 308		0, 378		0, 378		0, 308	
Offenders with at least one:	n	%	n	%	n	%	n	%	n	%	n	%

Person offense	296	34	281	32	195	32	99	41	122	39	80	44
Property offense	310	36	386	44	219	36	125	51	197	63	105	58
Drug offense	188	22	213	24	141	23	71	29	109	35	61	34
Motor Vehicle offense	594	69	584	66	384	63	169	69	209	67	118	65
Public Order offense	146	17	167	19	121	20	93	38	93	30	52	29
Public Administration offense	240	28	265	30	221	36	99	41	131	42	97	54
Other offense	86	10	96	11	52	9	42	17	47	15	25	14
Most severe charge degree per offender:	n	%	n	%	n	%	n	%	N	%	n	%
Felony	348	40	378	43	208	34	108	44	159	51	81	45
Misdemeanor	481	56	446	51	374	61	130	53	144	46	99	55
Traffic	37	4	58	7	27	4	6	3	8	3	1	1
Ordinance	0	0	0	0	0	0	0	0	0	0	0	0
* "3 or More NC Bookings Per Year" sample is a subset of the "2 or More NC Bookings Per Year" sample												
** Number of offenders meeting 'frequent flier' eligibility criteria within each year												
*** Calculated from age at first new charge booking per year												
**** Calculated for entire jail stay for bookings originating within each year												

Missoula Detention Center Adult Recidivists– Bookings and Charges												
	2 or More NC Bookings Per Year						3 or More NC Bookings Per Year					
	FY13		FY14		FY15		FY13		FY14		FY15	
Booking Characteristics												
Number of NC Bookings (N)	2158		2358		1572		914		1216		716	
# of new charges per booking (Mn (SD))	3 (4)		3 (4)		3 (4)		4 (5)		4 (4)		3 (5)	
# of nights spent in jail per booking (Mn (SD))*	13 (36)		13 (32)		11 (28)		12 (30)		13 (31)		11 (25)	
Min, Max # of nights spent in jail per booking*	0, 543		0, 316		0, 277		0, 356		0, 316		0, 246	
Primary offense type per booking**	n	%	n	%	n	%	n	%	n	%	n	%
Person/Property/Drug	1112	51	1267	54	771	49	501	55	737	61	401	56
Motor Vehicle***	918	43	908	39	578	37	346	38	373	31	193	27
Public Order/Public Administration/Other	128	6	183	8	223	14	67	7	106	9	122	17
Most severe charge degree per booking:	n	%	n	%	n	%	n	%	n	%	n	%
Felony	620	29	650	28	304	19	232	25	313	26	135	19
Misdemeanor	1238	57	1356	58	1058	67	552	60	748	62	516	72
Traffic	298	14	351	15	208	13	129	14	154	13	63	9
Ordinance	2	<1	1	<1	2	<1	1	<1	1	<1	2	<1
Charge Characteristics												
Number of New Charges (N)	6617		7464		4731		3248		4413		2361	
Offense type of new charges:	n	%	n	%	n	%	n	%	n	%	n	%
Person	783	12	863	12	663	14	327	10	502	11	360	15
Assault	542	69	633	73	458	69	222	68	366	73	268	74
Family Violence	219	40	245	39	243	53	90	41	151	41	126	47
Property	1125	17	1631	22	906	19	655	20	1101	25	548	23

Drug	591	9	734	10	503	11	298	9	426	10	247	10
Motor Vehicle	3165	48	2888	39	1585	34	1432	44	1538	35	635	27
DUI	895	28	851	29	447	28	326	23	369	24	128	20
Public Order	308	5	442	6	273	6	181	6	294	7	147	6
Disorderly Conduct	271	88	377	85	246	90	163	90	260	88	140	95
Public Administration	488	7	694	9	656	14	265	8	418	9	329	14
Other	157	2	212	3	145	3	90	3	134	3	95	4
Severity of new charges:	n	%	n	%	n	%	n	%	n	%	n	%
Felony	1063	16	1259	17	680	14	403	12	663	15	302	13
Misdemeanor	3323	50	4170	56	2954	62	1750	54	2608	59	1570	67
Traffic	2146	32	1937	26	1013	21	1048	32	1079	25	428	18
Ordinance	85	1	96	1	84	2	47	1	61	1	61	3

* Calculated for entire jail stay for bookings originating within each year

** Primary offense determined by ranking new offenses within a single booking (high = person/property/drug, middle = motor vehicle, low = public order/public administration/ other)

*** Bookings with Motor Vehicle primary offense that involved a DUI [FY13: 2+ NC bookings: 714 (78%), 3+NC bookings: 245 (71%)], [FY14: 2+ NC bookings: 550 (61%), 3+NC bookings: 187 (50%)], [FY15: 2+ NC bookings: 318 (55%), 3+NC bookings: 79 (41%)]

Missoula Detention Center

Drug, DUI, and Property Offenses – Offender Characteristics

FY13	Drug		DUI		Property		Prop+Drg		Prop+DUI	
Number of Offenders (N)*	608		457		1015		192		73	
Demographics										
Male (%)	75		74		71		68		71	
Age:**										
Average Age (Mn (SD))	32 (10)		35 (11)		33 (12)		31 (10)		33 (10)	
Age Groups:	n	%	n	%	n	%	n	%	n	%
18 to 25	204	34	111	24	362	36	68	35	21	29
26 to 35	241	40	172	38	321	32	77	40	29	40
36 to 45	78	13	74	16	163	16	20	10	13	18
46 to 55	65	11	76	17	119	12	21	11	8	11
56 or older	20	3	24	5	50	5	6	3	2	3
Race:	n	%	n	%	n	%	n	%	n	%
White	501	82	379	83	836	82	160	83	60	82
Black/African American	20	3	8	2	27	3	8	4	--	--
Indian	71	12	61	13	135	13	24	13	13	18
Missing	16	3	9	2	17	2	--	--	--	--
FY15	Drug		DUI		Property		Prop+Drg		Prop+DUI	
Number of Offenders (N)*	439		118		639		102		15	
Demographics										
Male (%)	72		77		67		67		67	
Age:**										
Average Age (Mn (SD))	33 (11)		35 (12)		34 (12)		32 (10)		30 (6)	
Age Groups:	n	%	n	%	n	%	n	%	n	%
18 to 25	137	31	24	20	191	30	29	28	4	27
26 to 35	155	35	49	42	229	36	43	42	7	47

36 to 45	84	19	21	18	102	16	18	18	4	27
46 to 55	43	10	13	11	70	11	7	7	--	--
56 or older	20	5	11	9	47	7	5	5	--	--
Race:	n	%	n	%	n	%	n	%	n	%
White	332	76	97	82	511	80	77	76	13	87
Black/African American	14	3	1	1	13	2	1	1	--	--
Indian	75	17	17	14	102	16	21	21	1	7
Missing	18	4	3	3	13	2	3	3	1	7
* Number of offenders booked into jail with at least one of the following charges during fiscal year: drug, DUI, property, property + drug, and property + DUI										
** Age at first booking during fiscal year										

APPENDIX B: TCU DRUG SCREEN V WITH ANONYMOUS DEMOGRAPHIC QUESTIONS

TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) –

	No	Yes
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	<input type="radio"/>	<input type="radio"/>
2. Did you try to control or cut down on your drug use but were unable to do it?	<input type="radio"/>	<input type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	<input type="radio"/>	<input type="radio"/>
4. Did you have a strong desire or urge to use drugs?	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems?	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use?	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger?	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems?	<input type="radio"/>	<input type="radio"/>
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	<input type="radio"/>	<input type="radio"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
<input type="radio"/> None		<input type="radio"/> Stimulants – Methamphetamine (meth)
<input type="radio"/> Alcohol		<input type="radio"/> Bath Salts (Synthetic Cathinones)
<input type="radio"/> Cannaboids – Marijuana (weed)		<input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol Ecstasy)
<input type="radio"/> Cannaboids – Hashish (hash)		<input type="radio"/> Dissociative Drugs – Ketamine/PCP (SpecialK)
<input type="radio"/> Synthetic Marijuana (K2/Spice)		<input type="radio"/> Hallucinogens – LSD/Mushrooms (acid)
<input type="radio"/> Opioids – Heroin (smack)		<input type="radio"/> Inhalants – Solvents (paint thinner)
<input type="radio"/> Opioids – Opium (tar)		<input type="radio"/> Prescription Medications – Depressants
<input type="radio"/> Stimulants – Powder Cocaine (coke)		<input type="radio"/> Prescription Medications – Stimulants
<input type="radio"/> Stimulants – Crack Cocaine (rock)		<input type="radio"/> Prescription Medications – Opioid Pain Relievers
<input type="radio"/> Stimulants – Amphetamines (speed)		<input type="radio"/> Other (specify) _____

13. How often did you use each type of drug during the last 12 months?	Never	Only a few Times	1-3 Times per Month	1-5 Times per Week	Daily
a. Alcohol	<input type="radio"/>				
b. Cannaboids – Marijuana (weed)	<input type="radio"/>				
c. Cannaboids – Hashish (hash).....	<input type="radio"/>				
d. Synthetic Marijuana (K2/Spice)	<input type="radio"/>				
e. Opioids – Heroin (smack)	<input type="radio"/>				
f. Opioids – Opium (tar)	<input type="radio"/>				
g. Stimulants – Powder cocaine (coke)	<input type="radio"/>				
h. Stimulants – Crack Cocaine (rock)	<input type="radio"/>				
i. Stimulants – Amphetamines (speed)	<input type="radio"/>				
j. Stimulants – Methamphetamine (meth)	<input type="radio"/>				
k. Bath Salts (Synthetic Cathinones)	<input type="radio"/>				
l. Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)	<input type="radio"/>				
m. Dissociative Drugs – Ketamine/PCP (Special K)	<input type="radio"/>				
n. Hallucinogens – LSD/Mushrooms (acid)	<input type="radio"/>				
o. Inhalants – Solvents (paint thinner)	<input type="radio"/>				
p. Prescription Medications – Depressants	<input type="radio"/>				
q. Prescription Medications – Stimulants	<input type="radio"/>				
r. Prescription Medications – Opioid Pain Relievers	<input type="radio"/>				
s. Other (specify) _____	<input type="radio"/>				

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never 1 time 2 times 3 times 4 or more times

15. How serious do you think your drug problems are?

- Not at all Slightly Moderately Considerably Extremely

16. During the last 12 months, how often did you inject drugs with a needle?

- Never Only a few times 1-3 times/month 1-5 times per week Daily

17. How important is it for you to get drug treatment now?

- Not at all Slightly Moderately Considerably Extremely

Demographic Information (Please select one for each category)

18. Age:

- 18 to 25 46 to 55
26 to 35 56 or older
36 to 45

19. Sex:

- Male Female

20. Ethnicity:

- | | | | |
|-----------------|-----------------------|----------------------------------|-----------------------|
| White | <input type="radio"/> | Black/African American | <input type="radio"/> |
| Asian | <input type="radio"/> | American Indian/Alaskan Native | <input type="radio"/> |
| Latino/Hispanic | <input type="radio"/> | Native Hawaiian/Pacific Islander | <input type="radio"/> |
| Other | <input type="radio"/> | | |

21. Education:

- | | | | |
|---------------------------------------|-----------------------|--------------------------|-----------------------|
| Kindergarten to 8 th grade | <input type="radio"/> | Associate degree | <input type="radio"/> |
| Some high school, no diploma | <input type="radio"/> | Professional certificate | <input type="radio"/> |
| High school graduate or GED | <input type="radio"/> | Bachelor's degree | <input type="radio"/> |
| Some college, no degree | <input type="radio"/> | Master's degree | <input type="radio"/> |
| Trade/technical training | <input type="radio"/> | Doctorate degree | <input type="radio"/> |

22. Current Employment Status:

- | | | | |
|---------------------|-----------------------|---------------------------|-----------------------|
| Employed Full-Time | <input type="radio"/> | Student | <input type="radio"/> |
| Employed Part-Time | <input type="radio"/> | Unable to work/Disability | <input type="radio"/> |
| Self-employed | <input type="radio"/> | Military | <input type="radio"/> |
| Unemployed | <input type="radio"/> | Retired | <input type="radio"/> |
| Caretaker/homemaker | <input type="radio"/> | | |

23. Family Status:

- Do you have children under 18 years old? No Yes
If yes, how many children? Age(s)?: _____

Criminal Justice History:

- 24.** Have you ever been arrested before? No Yes
If yes, how many times? _____
- 25.** Have you ever been convicted of a crime? No Yes
If yes, how many times? _____

26. Housing Status: Prior to incarceration, where were you living?

- | | | | |
|----------------------------|-----------------------|-------------------------|-----------------------|
| In your own home/apartment | <input type="radio"/> | With a friend or family | <input type="radio"/> |
| In a shelter | <input type="radio"/> | In a hotel/motel | <input type="radio"/> |
| On the streets | <input type="radio"/> | In a car | <input type="radio"/> |

- 27. Health Insurance Status:** Prior to incarceration, did you have health insurance? No Yes

28. If yes, what type?

- | | | | |
|-----------------------------|-----------------------|---------------------------------|-----------------------|
| Medicaid/Medicare | <input type="radio"/> | VA healthcare | <input type="radio"/> |
| Private medical insurance | <input type="radio"/> | Insurance through your employer | <input type="radio"/> |
| Indian Health Service (IHS) | <input type="radio"/> | | |

- 29.** Will you lose your medical insurance due to incarceration? No Yes I don't know