



Supporting Tribal Justice Innovations

*The Office of Justice Services, Field Operations
Directorate, Indian Country Recidivism Reduction
Initiative (ICRRI)*

All-Tribes Performance Monitoring Report

January 1, 2017 through September 30, 2020

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RRI Tribes Represented:

*Soaring Eagle Juvenile Justice Fort Belknap Agency
Pascua Yaqui Tribe
Red Lake Nation
Shoshone – Paiute Tribes – Duck Valley
Ute Mountain Ute Tribe
Lower Brule Sioux Tribal Court*

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Executive Summary

Through a contract with the Bureau of Indian Affairs, Office of Justice Services, the Chestnut Health Systems contractor provides a Recidivism Reduction Initiative (RRI) performance monitoring report to OJS on a bi-annual basis and via direction from the RRI Coordinator, conducts technical assistance to the tribes participating in the RRI.

This report begins with highlights, and continues with the background of the RRI, a brief overview of the participating tribes, the methodology for the evaluation, general evaluation questions, results from the evaluation to date, conclusions, recommendations and next steps. Except for the highlights section directly below, this report covers the period from January 1, 2017 through September 30, 2020.

Highlights since Last Report (03/31/20)

- 42 new offenders were enrolled into RRI
- 136 follow-ups were completed, with 20 at 3 months, 20 at 6 months, 24 at 9 months, 37 at 12 months, and 35 at 15 months.
- The two newest RRI tribes (Penobscot Nation, and Tlingit & Haida) have not yet started data collection (see page 4)
- We continue to track changes each tribe makes due to COVID-19 to understand the impact on RRI (see page 6).
- The Behavioral Health Problem Profile now presents the screener scores in order of severity. The National Native GAIN dataset numbers for reference are also included in this section (see pages 13-14)
- Included the National Native American/Alaskan Native recidivism rate (see page 14)
- Included an Appendix illustrating interventions for individual RRI tribes
- Added a References section

Summary

- Since January 1, 2017, **510** offenders have been enrolled and followed in the RRI.
- **508** offenders were administered a baseline GAIN-SS risk and need screening instrument.
- At program entry, **43%** of offenders were at high risk for reoffending in the next 12 months.
- **82%** had substance use or behavioral health problems warranting a referral into the community(s) behavioral health system. These offenders would meet criteria for DSM diagnosis when administered the full GAIN-I assessment.
- **90%** of offenders have been referred for RRI services and **79%** have initiated services.
- RRI service options at each tribe vary and at a minimum include; new or enhanced Healing to Wellness Courts as alternatives to incarceration, improved access to community substance abuse treatment, improved access to mental health services, access to cultural health and wellness services, enhanced partnership linkage to community support programs such as housing, transportation, child care, education and an increased emphasis on incorporating spiritual, cultural, and traditional community practices.
- After 6 months in RRI, **77%** of offenders did not recidivate (have a new arrest)
- After 12 months in RRI, **69%** of offenders did not recidivate (have a new arrest)

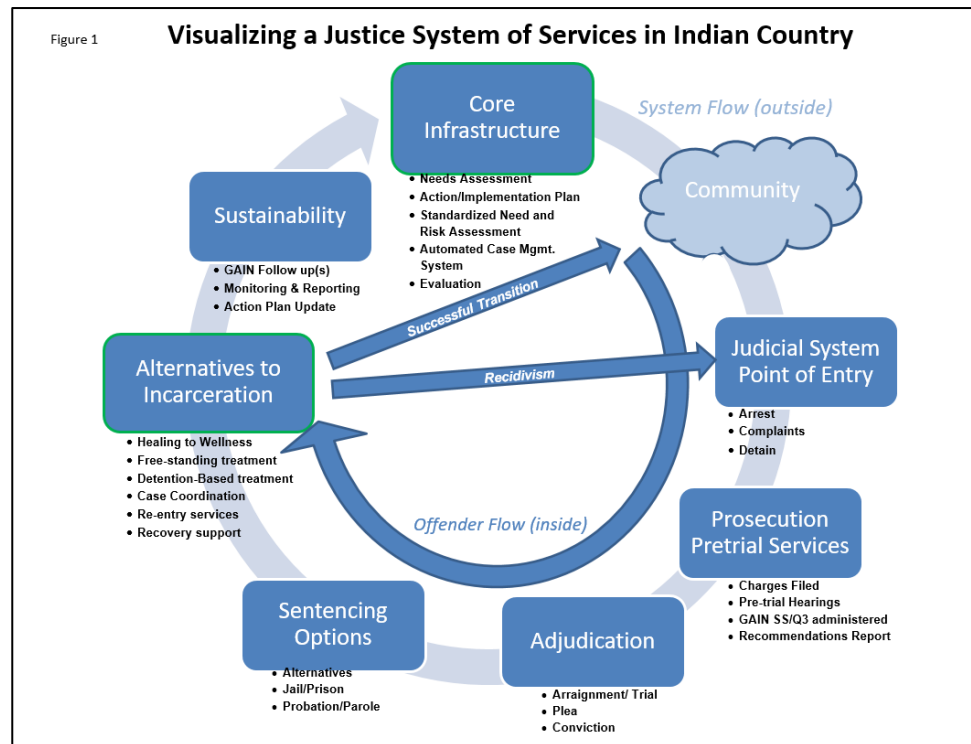
- 371 offenders had at least one quarterly GAIN-SS follow-up. The average follow-up rate is between **35%** and **54%** over 15 months. During the follow-up, offenders reported fewer problems between baseline and 12-months. While this is a positive trend, a follow-up rate of **70%** or better is ideal in order to evaluate in a comprehensive manner, the impact to date of the RRI. The good news is that the participating tribes are making steady progress toward meeting the recommended contact rate.

Indian Country Recidivism Reduction Initiative – What Is ICRR?

In 2014, as a response to tribal leaders expressing grave concern about the high rates of alcohol and drug driven crimes being committed in tribal communities, the BIA/OJS created the Diversion to Re-entry Division (DRD) within the Tribal Justice Support Directorate to address the need for reducing crime-based recidivism through identification of need and risk, referral, treatment, re-entry and tracking offenders along a cascade of justice services. Further, the RRI design and intent is to create a native-specific need and risk screening instrument and data infrastructure that allows for dedicated data analysis effort to determine root cause(s) of crime-based recidivism. Further the RRI efforts provides a critical analysis of the primary factors that contribute to this high incidence and prevalence involvement in the justice system trend, most of which are associated with alcohol and drug usage. Finally, these service and data infrastructure developments clearly illustrate and identify the unmet need for substance use disorder treatment in tribal communities and the tribal justice system. It is noted that, the Recidivism Reduction Initiative began with three Tribes in 2013 and as of September 2020, has, at the request of tribes, expanded to include eight Tribes.

The intent of the RRI is to over time; strengthen and guide the current BIA/OJS institutional practices by assisting participating tribes to consider creating more of an *Integrated Justice System of Services*

approach that includes improved access to a full and comprehensive menu of justice system services that at a minimum include; infrastructure development, standardized risk and need screening/assessment, application of alternative to incarceration sentencing options that build onto and link to existing community treatment



service continuums, create and provide links to long-term detention-based treatment options when warranted and available, provide for dedicated re-entry preparation services and longitudinal performance evaluation. RRI supports a “practice-based evidence” approach to alternatives to incarceration, and encourages tribes to develop practices, protocols and services that meet and support the unique needs of their community. (See Figure 1 above for an illustration of an example of a Justice System of Services model).

Background on RRI Tribes: Who Is Involved?

The six RRI-involved tribes are Soaring Eagle Juvenile Justice Fort Belknap Agency, Pascua Yaqui Tribe, Red Lake Nation, Shoshone-Paiute Tribes of Duck Valley, Ute Mountain Ute Tribe and Lower Brule Sioux Tribal Court. Two new tribes will be participating starting in 2020 – Penobscot Nation and Tlingit & Haida, however the pandemic of COVID-19 will have to subside before full implementation can be achieved.

Among the tribes, tribal membership ranges from about 2000 to about 19,000, and reservations encompass from 675 to 840,000 acres across varying areas of rural, remote, or urban locations. Tribes have differing court procedures and resources, while serving differing aged offenders. Primary employment across the tribes includes agriculture/ranching, tribal and federal government, limited private business, casino workplace, and traditional artisan goods.

Recidivism Reduction Practice – What Are Tribes Doing to Reduce Recidivism?

Interventions

To date, each tribe has established a RRI service cascade (see a generic diagram in Figure 5 below), or constellation of services, designed to reduce recidivism. These services which often incorporate spiritual, cultural, and traditional community healing practices, were brought together to serve offenders. This required a partnership between many community service providers and community elders. To list a list of each RRI Tribe's interventions, please see the Appendix. For a comprehensive discussion about each tribe's RRI response, see individual tribe RRI performance monitoring reports.

Response to COVID-19

Each RRI tribe followed up with updates and strategies to safely continue their RRI work during the COVID-19 pandemic. These strategies include completing intake and follow-up GAIN-SS over the phone, limiting hours in the office, or staggering staff shifts to minimize person to person contact, working from home if able, connecting with RRI offenders via phone, Facebook messaging and Skype to stay in contact and support through social distancing, and limiting number of offenders for specific RRI classes that are continued to be held.

Methodology – What Data are We Using and How Do We Collect It?

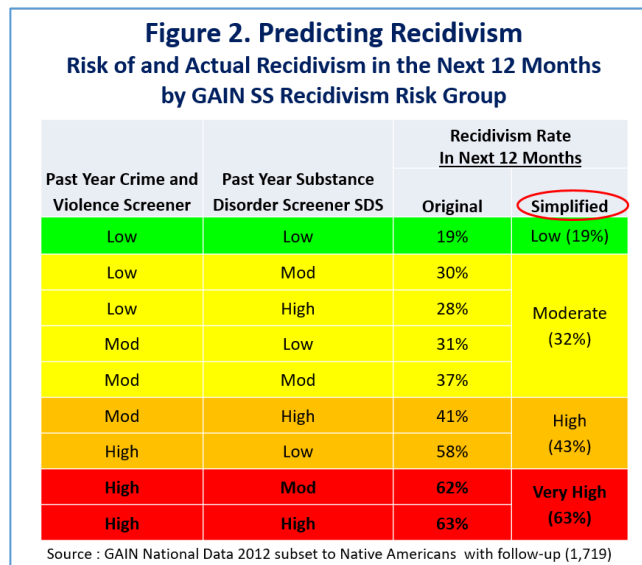
At the direction of the Field Operations Directorate/RRI Contract Officer Representative, Chestnut Health Systems staff provides technical assistance to tribes to help ensure that each tribe implements all RRI Protocols. Technical assistance activities include training on how to administer the GAIN-SS RRI and conduct follow-ups, how to develop goal-based action plans, active participation in monthly coaching telecons, webinars and tribal community site visits, as well as how to interpret specific data collected for evaluation and program planning purposes. Details about the measurement and methods can be found below.

Measurement

Risk and Need Assessment: The GAIN Short Screener (GAIN-SS)¹ is a brief 5 to 10-minute instrument designed to quickly and accurately screen general populations of both adults and adolescents for possible internalizing or externalizing psychiatric disorders, substance use disorders, crime and interpersonal violence problems, as well as gaging the risk for future recidivism. A result of moderate to high problem severity in any single area or overall suggests the need for further assessment or referral to some part of the behavioral health treatment system, and an intersection of substance use and crime and violence problems indicates a range of risk of recidivism. The GAIN-SS comprises four sub-screeners (five to seven items each): the Internalizing Disorder Screener (depression, anxiety, trauma, and suicide), the Externalizing Disorder Screener (inattention, hyperactivity, conduct disorder, and gambling), the Substance Disorder Screener (frequency of substance use and substance use disorder symptoms), and the Crime and Violence Screener (criminal activity and interpersonal violence).

Items endorsed in the past year in each screener are summed and scored as low (0 items endorsed), moderate (1-2 items endorsed) or high (3 or more items endorsed).

Recidivism Risk: Risk of recidivism is estimated using the level of severity of two screeners from the GAIN-SS: The Substance Disorder Screener (SDScr) and the Crime and Violence Screener (CVScr). To determine risk of recidivism for the Native American population, we used the 2012 GAIN National dataset² subset to look at Native Americans with a GAIN follow-up. Figure 2 shows the nine possible combinations of levels of severity for the past year crime and violence and past year substance disorder screener, and the recidivism rate each pairing predicts. These 9 groups are then collapsed into 4 levels of recidivism risk (Low, Moderate, High, and Very High).



Justice System Engagement: RRI measures recidivism based on the Juvenile Justice Model Data Project (MDP), an OJJDP led effort, which has created a common set of specifications, data elements, and coding for creation of a set of model recidivism measures in the Juvenile Justice System. RRI is modeling our measure of recidivism (for adults and juveniles) based on the simplest measure of re-offending proposed by the MDP which is the percent of youth/adults who are referred to court for a new offense committed while under community supervision. Arrest data must be collected both on and off reservation to accurately capture all recidivism events. In order to ensure fidelity in the collection process Chestnut Health Systems have worked with each Tribe to document their current practice for collecting arrests both on and off reservation. Chestnut Health Systems is in the process of modifying our software so that Tribes will be able to identify if the arrests were off-reservation/out of jurisdiction. Once the software modifications are complete, each tribe will be asked to collect arrests on and off reservation and document it as such in the software.

Cultural Considerations: Through collaboration and feedback from the RRI Tribes, eight additional questions about cultural identity, engagement, and needed supports (collectively referred to as Cultural Considerations) were appended to the GAIN-SS to emphasize the strong value placed on Native American identity and culture as it relates to being of critical importance to ongoing recovery from substance use and lifestyle change factors. Responses to each of these questions were analyzed on a scale of “Strongly Agree” to “Strongly Disagree.”

Service Cascade/Administrative Data: Administrative data includes information to help assess if the risk and need report is used in the court process and if the offender successfully began, and engaged in RRI services. Specifically, this data includes:

- Offender RRI eligible (yes/no),
- GAIN-SS RRI narrative report was used to inform court personnel of the offenders problems and need for services and referral (yes/no),
- Offender was referred to recidivism reduction services (yes/no),
- Offender began such services (yes/no),
- Offender completed services (yes/no), and
- Offender was successfully reintegrated into the community (yes/no).

Methods

GAIN-SS: The GAIN-SS RRI is administered to offenders at the point of pre-trial/pre-sentencing and the reports are used in the judicial process as detailed information to assist with sentencing determination specific to what services might be most helpful to the offender to address identified needs. Offenders are determined eligible for RRI if they have had more than one arrest in the past year and/or scored in the high to very high range for recidivism risk using the GAIN-SS RRI. The GAIN-SS RRI narrative report is used in the court process to help determine appropriate referrals to services offered to offenders intended to reduce the likelihood of reoffending. The GAIN-SS RRI is administered every 90 days for a minimum of 15 months to assess change in problems over time. All GAIN-SS data is entered into a web-based database called GAIN Assessment Building System (ABS).

The target date for each collection window is based on 90 day increments after the date of the initial GAIN-SS (e.g., 3 month target date is 90 days after the GAIN-SS intake, the 6 month target date is 180 days after the GAIN-SS intake, etc.). For each follow-up interview, there is a window of time that is considered appropriate for the interview to be given. This collection window is between 30 days before and 60 days after the target date. An offender is “due” to receive a follow-up if they are within this window. Follow up rates are calculated as the number of offenders who completed an interview for that window divided by that same number of completed interviews plus any collection windows for that timeframe that have now closed.

Arrest Data: Specific charges from arrests are obtained from records for each offender for 1 year prior to RRI entry through 15 months, and is entered into GAIN ABS. Information collected includes the specific charge, arrest date, if the charge was a status offense, citation, misdemeanor or felony, and any additional notes as needed.

Service Cascade/Administrative Data: Administrative data is also obtained from records for each offender and is entered into a Follow-up and Tracking Excel spreadsheet. Information includes offender ID, date of the intake GAIN-SS, if the GAIN-SS report was given to the judge, if the offender was eligible for RRI, if the judge referred offender to RRI services, and if the offender began RRI services. The file also tracks due dates for follow-ups (through at least 15 months), completion dates of follow-ups collected, and status codes for follow-ups not collected.

Program Evaluation – What Questions Are We Asking?

The GAIN-SS data and resulting narrative report is useful for court staff and case managers to assess need and risk of each offender as they engage them in court proceedings, create service plans and make referrals for appropriate services. OJS uses the information in this report to evaluate the RRI program by answering the following questions.

- What are the socio-demographics of the offenders in my RRI program? Are we reaching the number and types of clients that we expected to?
- What is the level of recidivism risk in the group of offenders?
- What is the severity and types of problems experienced by RRI clients?
- How many clients are being screened, referred for services, starting services, and staying in services? Are clients who need services receiving them? Are services going to those at greatest need?
- How is clients' problem severity and recidivism changing over time?
- Are offenders recidivating and if so, what are they being re-arrested for?

Results – What Do We Know So Far?

Offender Engagement in RRI

Five hundred and ten (510) offenders were determined to be eligible for the Recidivism Reduction Initiative program. Five hundred and eight (508) of these offenders had a baseline GAIN-SS administered and are included in this report. Follow-up rates for all 5 Tribes submitting data, combined range from 22% to 54%. While we can comment on general trends over time (outcomes) for the RRI offenders, research suggests that to draw conclusions about the success of a program a 70% or better follow-up rate should be obtained (Figure 3).

GAIN-SS and Arrest Data Collection as of September 30, 2020												
	Fort Belknap		Lower Brule		Pascua Yaqui		Shoshone-Paiute – Duck Valley		Ute Mountain		RRI Total	
	GAIN-SS	Arrest data	GAIN-SS	Arrest data	GAIN-SS	Arrest data	GAIN-SS	Arrest data	GAIN-SS	Arrest data	GAIN-SS	Arrest data
Total RRI Eligible	89	N/A	189	N/A	82	N/A	24	N/A	126	N/A	510	N/A
GAIN-SS Baseline	88	85	189	63	82	72	24	18	125	121	508	359
3 Mo Follow-up	67/81 (83%)	18	134/189 (71%)	17	21/75 (28%)	16	15/24 (63%)	8	26/121 (21%)	20	263/490 (54%)	79
6 Mo Follow-up	62/78 (79%)	6	127/181 (70%)	15	12/73 (16%)	6	10/24 (42%)	5	20/116 (17%)	12	231/472 (49%)	44
9 Mo Follow-up	55/75 (73%)	4	104/165 (63%)	9	7/71 (10%)	4	7/21 (33%)	3	16/112 (14%)	11	189/444 (43%)	31
12 Mo Follow-up	55/72 (76%)	9	90/138 (65%)	2	13/67 (19%)	9	9/18 (50%)	3	17/104 (16%)	8	184/399 (46%)	31
15 Mo Follow-up	44/69 (64%)	4	51/111 (46%)	3	6/62 (10%)	3	7/17 (41%)	1	10/79 (13%)	10	118/338 (35%)	21
18 Mo Follow-up	20/65 (31%)	18	32/87 (37%)	1	2/62 (3%)	4	3/17 (18%)	3	9/69 (13%)	22	66/300 (22%)	48

Source : OJS/BIA RRI GAIN SS Baseline Data (n=510) Data from January 1, 2017 to September 30, 2020
 *RRI Red Lake Nation – Cohort 2, Penobscot Nation and Tlingit & Haida to begin collecting data in 2020

Figure 3

Regarding arrests, numbers in this table also represent the number of offenders with an arrest during each time frame. It is possible that re-arrest at later time frames were committed by the same offenders. The number of overall arrests appears to diminish as follow-up timeframes pass from baseline through 15 months. *It is beneficial to note the Lower Brule Sioux Tribal Court makes up about a third of the current RRI dataset, and therefore, the totals are weighted toward that tribe.*

Demographic Characteristics

Of the 508 RRI eligible offenders with GAIN-SS data, 62% were male. Fifty-three percent were between 26 to 49 years old. The average age across all RRI agencies is 29.4 (Figure 4).

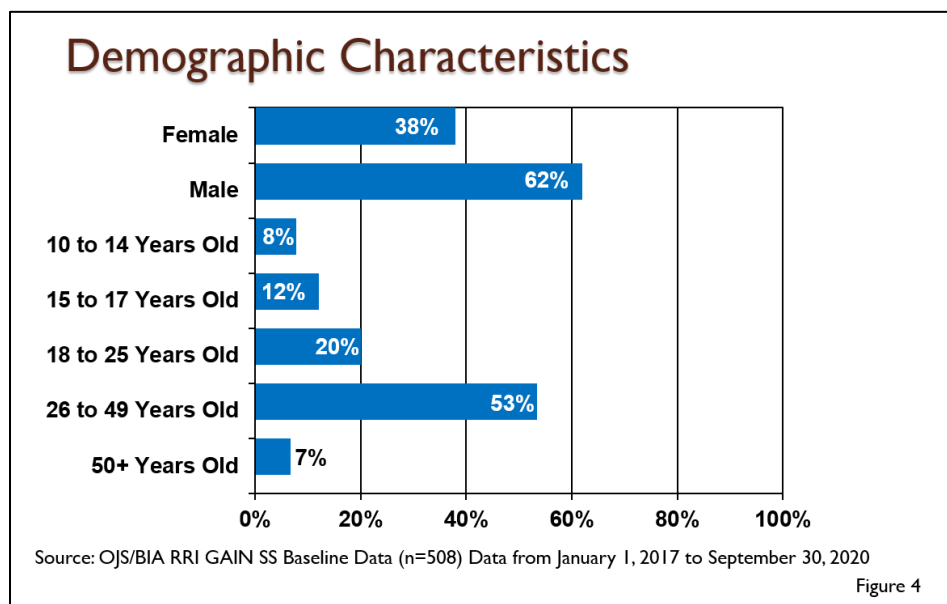


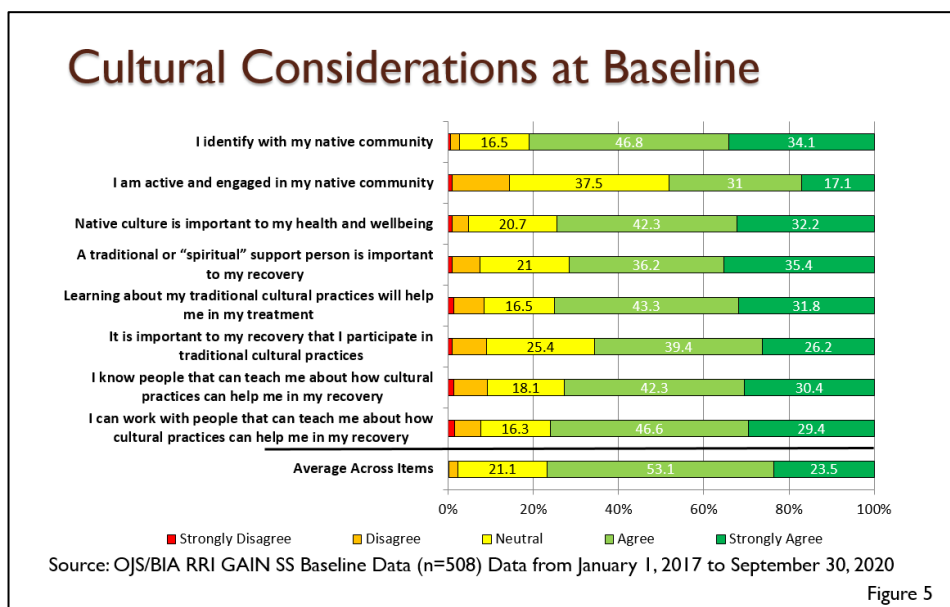
Figure 4

Cultural Considerations

The Cultural Considerations items were analyzed and summarized below (see Figure 5).

Across all Cultural Consideration items, 24% strongly agreed with the items, 53% agreed, 21% were neutral/mixed, 2% disagreed and less than 1% strongly disagreed with them. It should be noted that these

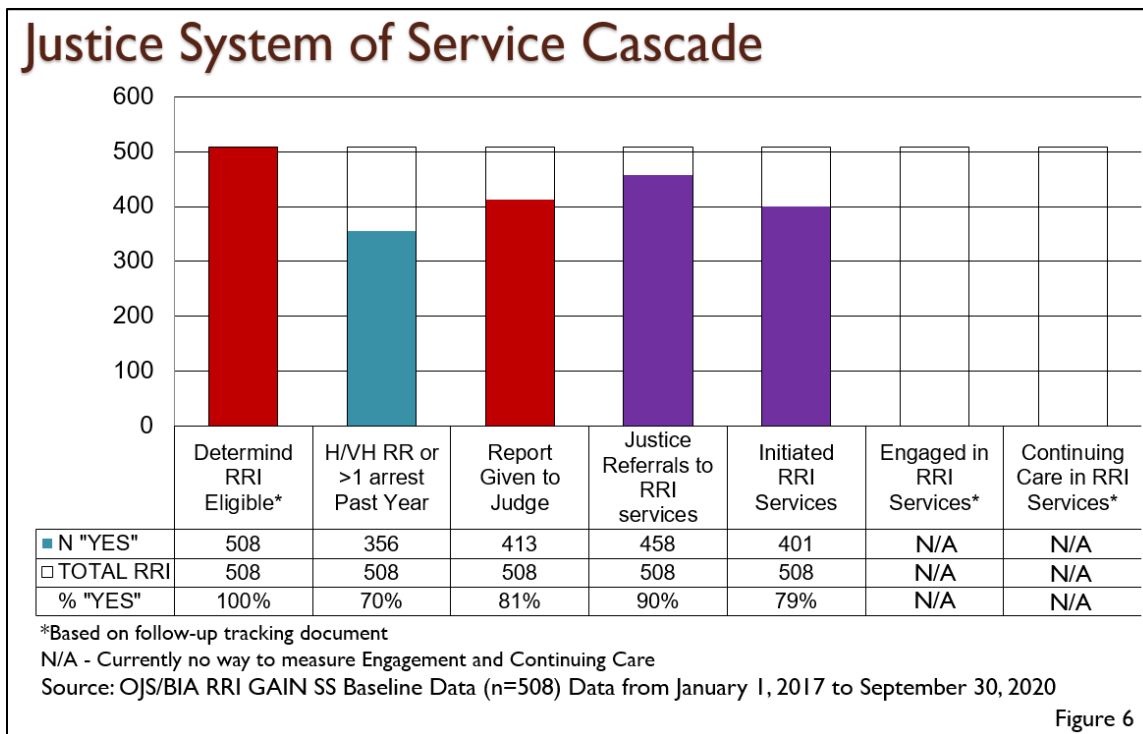
responses are from both youth and adult offenders. The youth would approach these questions with a different level of maturity and life experience compared to adult offenders. Overall, RRI offenders are responding more positively towards questions regarding their native culture and wellbeing. This may suggest RRI offenders identify with their native culture and find it to be an important or helpful part of their wellbeing and recovery.



Service Cascade

Between January 1, 2017 and September 30, 2020, participating tribal RRI agencies screened and completed a GAIN-SS intake assessment with 508 RRI eligible offenders. Of these offenders, 356 (70%) met the RRI eligibility requirement, either having a "high" or "very high" risk of recidivism or having more than 1 arrest within the past year prior to intake. It should be noted that the Lower Brule Sioux Tribe also includes offenders who have a "moderate" risk of recidivism as a part of RRI. This suggests that those offenders at greatest risk for recidivating are being enrolled into RRI. Even if an offender does not meet the RRI eligibility requirements, RRI staff can determine if services would be beneficial for an offender based on previous knowledge or collateral information.

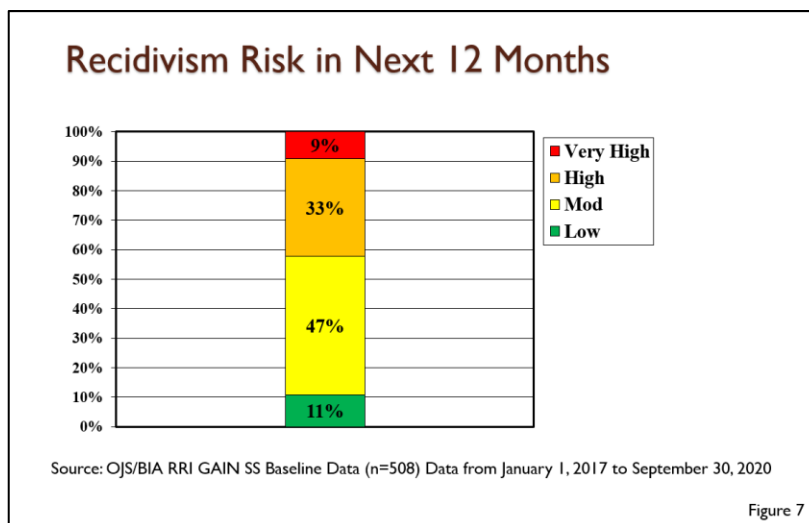
Of the 508 offenders, 413 (**81%**) had their GAIN-SS reports given to the judge for review. Four hundred and fifty-eight offenders (**90%**) have been referred for RRI services, and 401 (**79%**) have initiated treatment. This is a very encouraging level of referral and entry to the system of services. Currently, RRI tracking and documentation protocols do not capture engagement in RRI services or linkage to continuing care, but this is intended to be addressed as the initiative continues to move forward.



Additionally, each tribe has their own unique service cascade as depicted in Figure 1. Figure 6 shows an overview of how offenders enter RRI services in general.

Recidivism Risk in Next 12 months

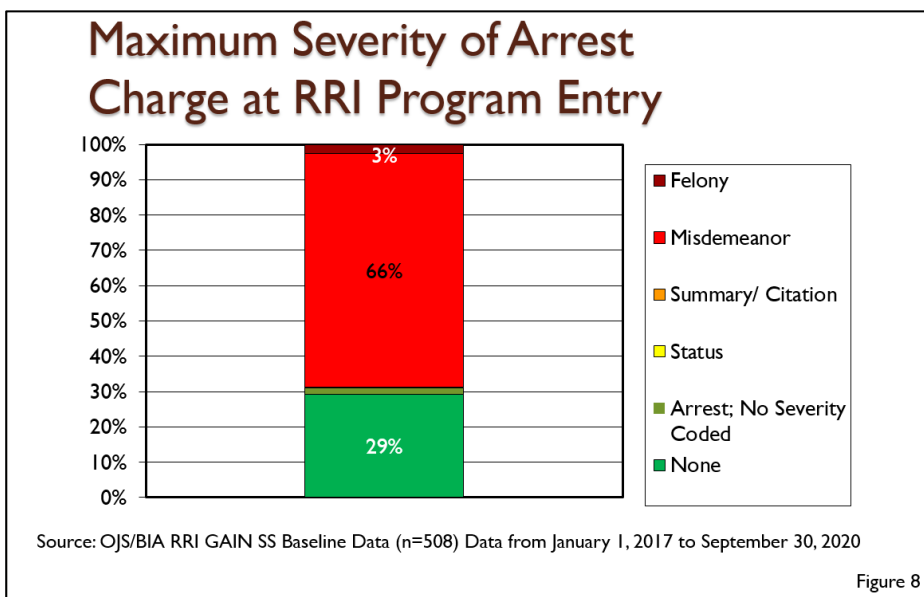
Of the 508 offenders screened at baseline, 11% were identified as low risk of recidivism, 47% as moderate risk, 33% as high risk and 9% at very high risk, shown in Figure 7. Thus, **42%** of the RRI offenders were in the high to very high-risk groups and are the most likely to recidivate in the next 12 months. These offenders were most *likely responsible for most of the crime, violent crime and cost of crime to society*. The other **58%** included offenders at moderate and low risk of



recidivism who are RRI eligible based on having more than one arrest in the past 12 months or were recommended to begin RRI services, and are excellent candidates for diversion from incarceration to substance use treatment services.

Severity of Charges at RRI Program Entry

Charges were ranked from least severe (status offenses) to most severe (felony offenses) for each arrest. For each offender, the most severe charge reported for arrests before entering the

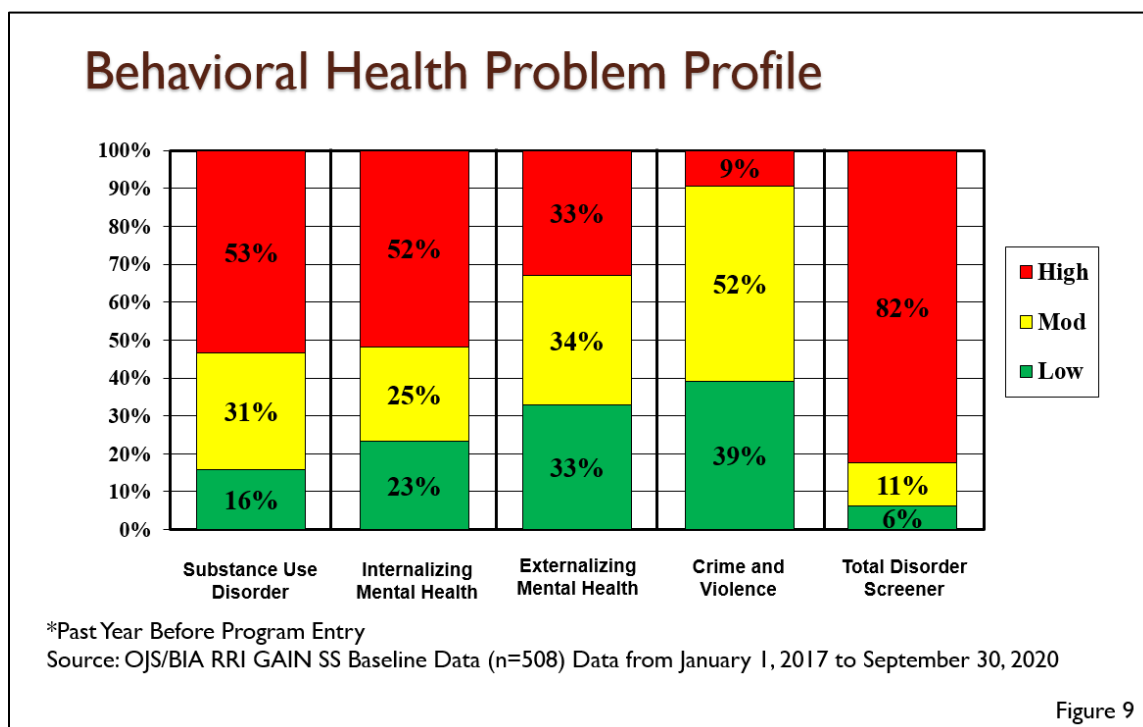


RRI program was determined. Twenty-nine percent of the offenders entered the program with no prior arrest charges reported. Sixty-six percent (66%) were arrested for a misdemeanor, and 3% for a felony. See Figure 8. *Please note: Lower Brule Sioux Tribal Court is in the beginning stages of entering*

arrest data into the system. As they continue to update this information, the All RRI Tribes Total will change over time and give a more overall accurate picture of the maximum severity of arrests at intake. As these data are examined over time it is anticipated that the 66% misdemeanor status offenses group cause and effect will be due to the excessive use of alcohol and/or drug substances.

Behavioral Health Problem Profile at RRI Program Entry

Five hundred and eight (508) offenders had a baseline GAIN-SS administered. Figure 9 below summarizes their level of severity on each of the four behavioral health GAIN-SS sub-screeners and on the total disorder screener. A score of moderate or high severity in any of the screeners or overall suggests that an individual is likely to meet criteria for a behavioral health-related diagnosis when administered the full GAIN-I, and would therefore benefit from behavioral health services.



Of the 508 RRI offenders who were screened, 84% scored in the moderate to high range of the Substance Use Disorder Screener suggesting the need for substance use disorder treatment and, in more extreme cases, detoxification or maintenance services. This is slightly higher compared to the National Native GAIN dataset³, where only 77% scored in the moderate to high range on this screener.

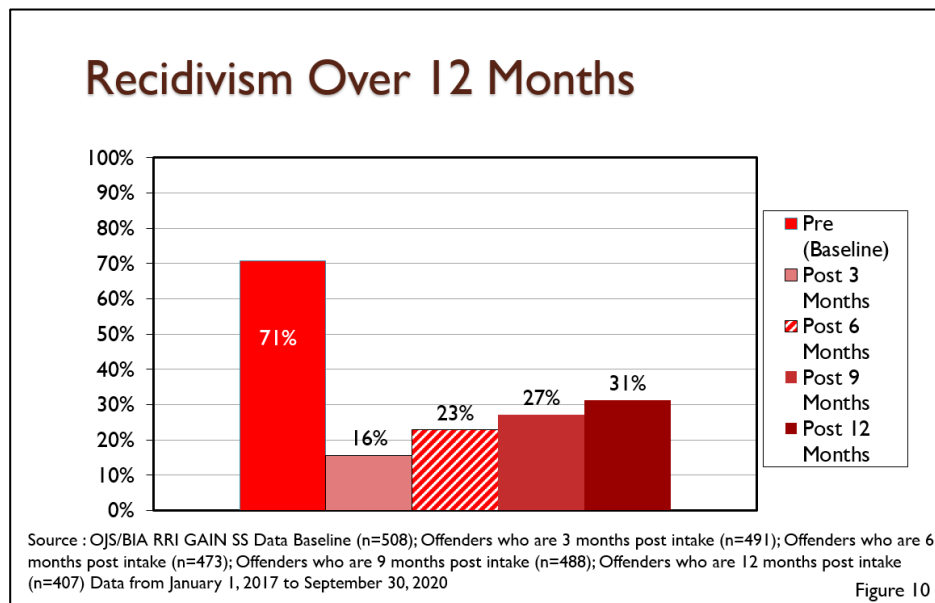
Seventy-seven percent (**77%**) were in the moderate to high range of the Internalizing Disorder Screener suggesting high need for mental health treatment related to somatic complaints, depression, anxiety, trauma, suicide and in rarer cases serious mental illness (e.g. psychosis). This is slightly higher compared to the National Native GAIN dataset³, where **72%** also scored in the moderate to high range on this screener. Sixty-seven percent (**67%**) scored in the moderate to high range of the Externalizing Disorder Screener suggesting the need for mental health treatment related to attention deficits, hyperactivity, impulsivity, conduct problems, and, in rarer cases, for gambling or other impulse control disorders. This is higher compared to the National Native GAIN dataset³, where only (**59%**) scored in the moderate to high range on this screener.

Sixty-one percent (**61%**) scored in the moderate to high rate of the Crime and Violence Screener, suggesting the need for anger re-placement therapy, cognitive restructuring, cognitive behavioral therapy, contingency management, motivational interviewing, multi-systemic therapy, medication to control impulsive violence and co-occurring problems, more intensive monitoring/supervision and in extreme cases incarceration. This is higher than the National Native GAIN dataset³, where (**49%**) scored in the moderate to high range on this screener.

Finally, eighty-two percent (**82%**) scored in the high range in the total disorder screener, which suggests these offenders in this study would meet criteria for a full behavioral health disorder diagnosis when administered the full GAIN-I. A further, (**11%**) scored in the moderate range and suggests a need of a referral to some part of the behavioral health system for a more comprehensive assessment to determine if they meet diagnostic criteria. For reference, this is very similar to the National Native GAIN dataset³, where (**98%**) scored in the moderate to high range on this screener.

Recidivism Over 12 Months

Recidivism is measured as any arrest in the 12 months post intake according to arrest records. Out of the 508 eligible offenders, 359 (**71%**) had at least one arrest reported before entering the program. Six months after baseline, **23%** of offender's recidivated. By 12 months after



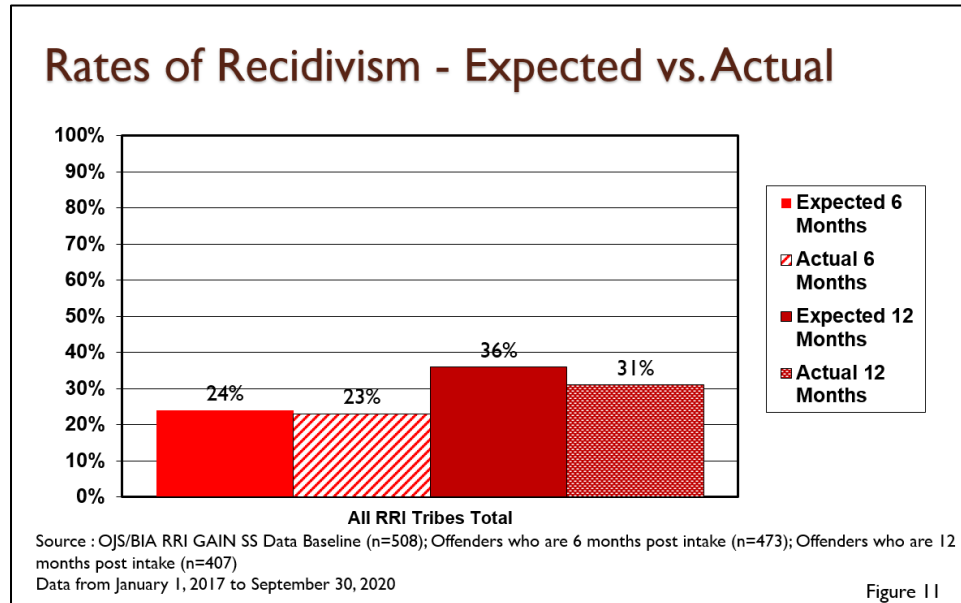
baseline, **31%** of offenders had recidivated. In other words, at 6 and 12 months out, respectively, **77%** and **69%** were not re-arrested. The increase in recidivism between 6 and 12 months is expected as any arrests between 6 and 12 months would cause the percentage to

increase. Comparing this to Figure 2, this is lower than what would be expected for high to very high groups (**43-63%**) at 12 months. For comparison, the American Indian/Alaska Native National dataset recidivism rate is (**44%**) within 12 months⁴. *The current All RRI Tribes Total is likely to change substantially over the next 6 months as Lower Brule begins to collect offender arrest data, and this total will also become a more representative of all tribes participating in RRI.*

77% of RRI offenders did not recidivate at 6 months
69% of RRI offenders did not recidivate at 12 months

RRI Recidivism Compared to National Data

Another way to assess recidivism is to compare the expected rate of recidivism to the actual rate of recidivism. The expected rate of recidivism is based on the GAIN national data subset to American Indians. As seen in figure 2 (page 6), for this national sample, the rate of



recidivism at 12 months varied by the severity of both substance use and crime and violence problems at intake, with the more severe of the 9 groups having the higher rates of recidivism (from **19%** to **63%**). The 9 risk groups were calculated for the RRI offenders based on their severity of substance use and crime and violence problems and the expected recidivism rate from the table was used. The same process was used to calculate the 6-month expected recidivism rate (6-month National Data table not shown). The average expected recidivism rate for 6 and 12 months was then compared to the average actual recidivism rate at 6 and 12 months, (**24%** and **36%**) of RRI offenders were expected to recidivate 6 and 12 months after intake respectively. The actual percentage of the RRI offenders who were arrested was (**23%**) and (**31%**) at 6 and 12 months respectively (Figure 11). The actual rate of recidivism for RRI offenders is lower than the expected national averages for recidivism at both 6 and 12 months. *As mentioned above, the overall RRI Tribes total recidivism information will change as Lower Brule Sioux Tribal Court begins entering their offender arrest data into the system.*

Behavioral Health Outcomes

We illustrate outcome trends by comparing the GAIN-SS sub-screener from baseline to follow-up. Specifically, using the GAIN-SS we can compare past 90-day problems at baseline (B) and at follow-up for each of the sub-screener presented in Figure 9. When comparing data from baseline to 6 and 12-month follow-up, we include only baseline records that have both follow-ups.

Of the 399 12-month GAIN-SS follow-ups due, 184 were completed (**46%**). One hundred thirty-eight of the 399 completed both a 6-month and 12-month GAIN-SS follow-up. Increases in low severity scores in green (or alternatively decreases in high severity scores in red) can be viewed as

positive outcomes. Notable positive changes can be seen across all screeners, indicating for this sample of 138 offenders with a 6 and 12 month follow up, their outcomes improved over time. (Figure 13).

We can measure change in behavioral health by looking at the average percent of GAIN screener items reported across all RRI offenders (see Figure 14) for each screener at intake, at 6 and 12 months into their RRI services. For the Substance Use Disorder screener,

RRI offenders, on average, endorsed **34%** of the items in this screener at intake. This number decreases to **13%** at the 12-month follow-up. On average for the Internalizing Disorder screener, RRI offenders endorsed 33% of the items in this screener at intake. This number decreases to **15%** at the 12-month follow-up. Similar results for the Externalizing Disorder screener and the Crime and Violence screener can be seen – offenders endorsed **19%** of the Externalizing items at intake (**9%** at 12 month follow-up) and endorsed **11%** of the Crime and Violence items at intake (**4%** at 12 month follow-up). Overall, the Total Disorders screener show offenders endorsed **24%** of the total items at intake, and **10%** at 12-month follow-up. The

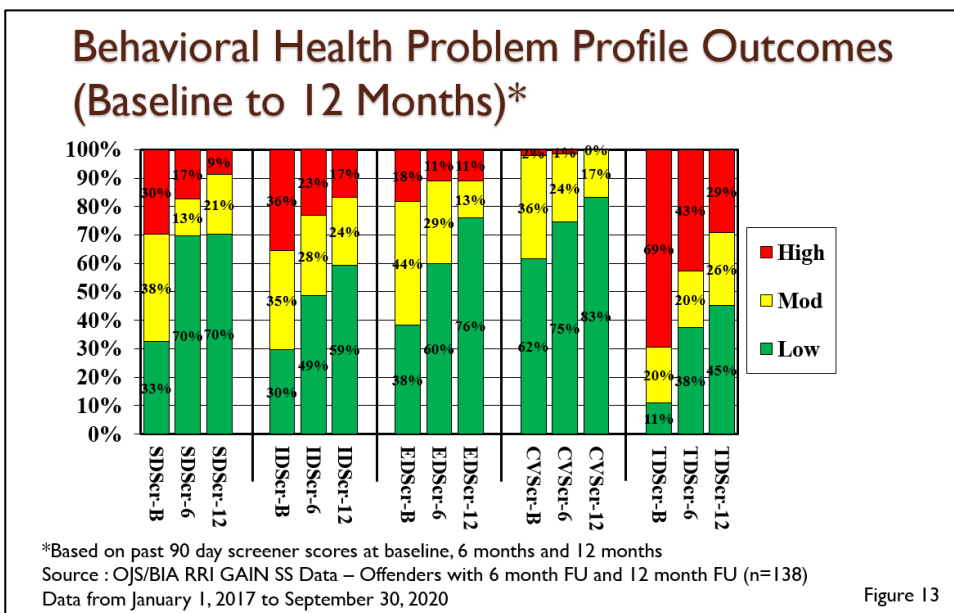


Figure 13

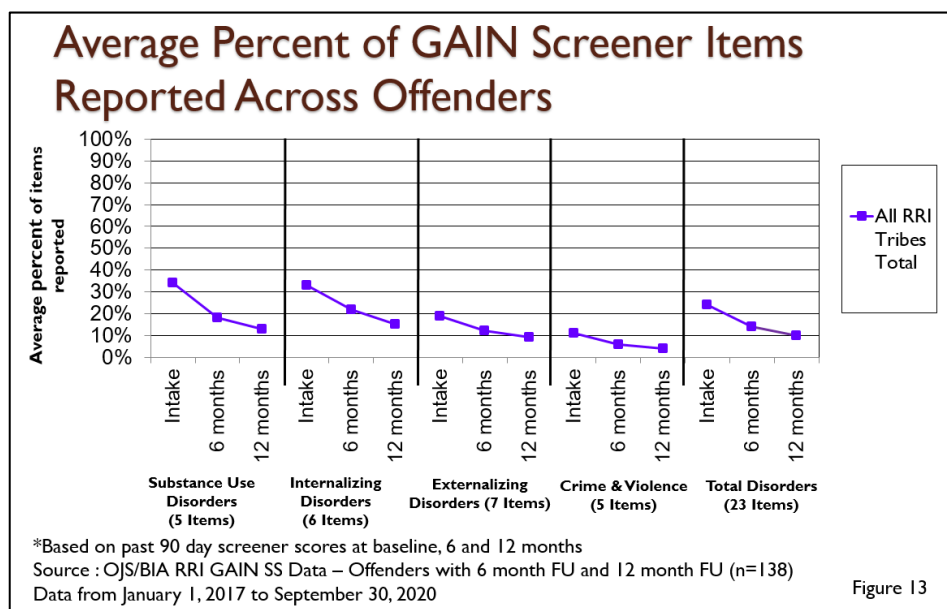


Figure 13

decrease in the average number of behavioral health problem symptoms offenders report experiencing in the previous 90-days from intake to follow-up suggest improvement overtime.

Conclusion: What's Next?

Summary

Based on the data, RRI offenders can be characterized as predominantly male, between the ages of 26 and 49 years old. The majority of offenders met the RRI criteria, with more than half of arrests prior to the RRI program entry being misdemeanor level offenses. Less than half fall into the high to very high recidivism risk in the next 12 months. Most offenders needed some type of referral to the behavioral health or substance use treatment system, and most offenders have initiated RRI services. The majority of offenders reported a high agreement with the Cultural Consideration items and agreeing that cultural is an important part of their recovery. Recidivism rates were lower than what was expected.

Recommendations and Next Steps

As the Indian Country RRI effort moves forward, participating agencies are encouraged to continue providing programming, services, and resources that have the most potential for reducing recidivism in their community, and continue developing their RRI service cascade and protocols to support their efforts. We recommend enrolling all offenders that meet the RRI eligibility criteria, to ensure they capture the most accurate picture of need and risk in the community and follow-up with all RRI offenders during each 90-day interval and complete a GAIN-SS. Completing follow-up assessments at every follow-up interval helps us evaluate the RRI and assess the impact of RRI services on offenders.

We also recommend that all data (GAIN-SS, charges, service utilization) be entered and updated into the GAIN ABS system accurately and in a timely manner. Chestnut Health Systems can provide technical assistance to assist with these activities as needed.

Through the work at each RRI tribe, the RRI will continue to contribute to the GAIN-SS ***native-specific common data platform***, which will allow for more comprehensive analysis and more accurate conclusions regarding the success of RRI efforts. Additionally, at the direction of the BIA/OJS Recidivism Coordinator's office, Chestnut Health Systems, as contractor, will continue to provide proactive technical assistance to each RRI tribe to collect 1) follow-up data on all offenders to better evaluate the RRI and show outcomes, 2) RRI service utilization to document the entire service cascade, and 3) additional detail regarding the severity of charges to better characterize recidivism.

Tribal RRI program staff accomplishing these tasks consistently will help the OJS Recidivism Reduction Initiative Office and Chestnut Health Systems deliver bi-annual reports that accurately evaluate the RRI and illustrate the impact on these efforts on offenders and their communities. Accurately illustrating the overall progress of offender(s) participating in the initiative is the primary goal for demonstrating that the *Indian Country Recidivism Reduction*

Initiative is not only working in tribal communities but deserves consideration for replication on a broader scale.

Appendix 1: Individual Tribe RRI Interventions

Duck Valley

Duck Valley RRI staff have developed collaborative relationships with many agencies and programs that can offer various services to RRI participants. Strong partnerships with Duck Valley Community Services include:

- Owyhee Community Health Facility (OCHF)
- OCHF – Behavioral Health
- OCHF – Diabetes Program
- GED/High School Diploma classes
- Vocational Rehab
- Idaho Low Income Home Energy Assistance Program
- WIC (Women – Children – Infant)
- Native Connections
- Church of Jesus Christ of Latter-Day Saints, New Life Revival, Owyhee Baptist Church, Presbyterian Church, and the Native American Church (NAC)
- Community Health program
- Tribal Social Services
- New Numa Services
- Tribal Day Care
- Food Distribution Center

In addition, many off Reservation Services are available to Duck Valley members in general and RRI participants in particular. They include:

- Barrick Gold of North America
- Substance Use Disorder residential treatments in Elko, NV, Nampa, Idaho, Phoenix, AZ, Mesa, AZ and Portland, OR
- Friends in Service Helping (FISH)
- Southern Bands (IHS) Behavioral Health
- Temporary Assistance for Needy families (TANF)
- Idaho and Nevada Medicaid

Fort Belknap

Fort Belknap is in partnership with other community programs, treatment providers, and Elders, to incorporate opportunity for youth offenders and their families to complete curriculums, classes, and educational/experiential offerings. The Cultural classes include:

- Youth Family Strengthening – Elders
- Language Classes
- Red Road Ahead (Corrective Thinking Classes)

- New Options to Anger Management on the Red Road
- Red Road to Family Healing
- Trauma and Trauma Informed Care
- Red Road to Social Skills
- Making Healthy Choices
- Protecting Mother Earth
- Native American Capable and Strong
- Equine Therapy
- Teaching and Sharing Wisdom – Elders
- Cultivating Care

Fort Belknap also partners with the following service providers:

- Probation
- Case Management
- Chemical Dependency Center
- Behavioral Health Services
- T. Health
- Social Services
- Blue Heaven Ranch
- TANF 477
- Fort Belknap Community Council
- H2W
- School programs – IOP Wrap Around, Bullying, Truancy-Absences

Future programs include:

- Truancy Project
- GAIN 2.0 Version

Lower Brule

Lower Brule offers the following services for RRI offenders through the court and RRI program entry.

- GAIN Initial assessment and Data Reporting
- Alcohol/Drug Evaluations
- Behavioral Health Evaluations
- Dialectical Behavioral Therapy
- Warrior Down
- Wellbriety
- Mending Broken Hearts
- CBISA
- Common Sense Parenting
- Co-dependency
- Grief Counseling

- Anger Management
- Aftercare
- Lakota Culture Class
- Talking Circle (community)
- AA Meetings
- Drug Court

Future plans include:

- Telehealth with Lower Brule IHS Clinic
- Intensive Outpatient Treatment
- Men's Drum Group
- GED test preparation
- Inipi at Corrections
- Life Skills Training
- NA
- 3rd party billing

Ute Mountain

Ute Mountain is in partnership with community service and treatment providers. They are listed below:

- Pre-Trial Services
- Awakened Warrior Program – Ta'wa'av
- White Bison Wellbriety Medicine Wheel and 12 Steps Talking Circle
- Intensive Supervision Probation
- The Good Road of Life
- Local Township Probation Office / Tribal Probation
- Domestic Violence (Perpetrators)
- Victim Support Service Program – “Healing From Within”
- Re-Entry Program “Wellness to Healing”

The Ute Mountain program has collaborated with eight programs within the community dealing with support, guidance and referrals;

- Ute Mountain Counseling & Treatment Center
- Tribal Social Service
- Ute Mountain Housing for the re-entry program
- Drug Free Community with educational presentation
- Ute Mountain Day Labor Program
- Ute Mountain Sunrise Youth Shelter
- Local township Probation Office where clients continue to recidivate.

Pascua Yaqui

Pascua Yaqui has developed an RRI process flow that have resulted in the enactment and enhancement of initiatives and programs that impact and incorporate several departments, youth, Elders, and the general community. These programs include:

- Healing to Wellness Court
- Alternative to Prosecution Program
- Attendance Achievement Program
- Centered Spirit/Sew U'usim Program
- Pascua Is Family Initiative (formally known as Anti-Drug Initiative)
- Mentorship Program

Red Lake

Due to RRI administrative changes, Red Lake started fresh with data collection as of January 1, 2020. To ensure that the historical perspective remains intact, the interventions shown here represent the previous cohort through September 30, 2019. It is included in this report for historical reference at this time. Services included:

- Children's Healing Center
- Mental Health
- Substance Abuse and Public Health Outpatient Services
- Day Treatment Program
- Inpatient Intensive Short Term Residential Treatment Program
- Healing to Wellness Court.

Appendix 2: References

¹Dennis, M.L., Chan, Y., Funk, R.R. (2006) Development and Validation of the GAIN Short Screener (GSS) for Internalizing, Externalizing, and Substance Use Disorders and Crime/Violence Problems Among Adolescents and Adults. *The American Journal on Addiction*, 15: 80-91.

²GAIN Coordinating Center (2013). The 2012 SAMHSA/CSAT Summary Analytic File [Electronic Version]. Normal, IL: Chestnut Health Systems. August 2013.

³Robinson, R.K., Dennis, M., Estrada, B., Modisette, K.C., Sullivan, D., Twanow, T. (2020, August) *National Native Global Appraisal of Individual Needs (GAIN) Profile of Behavioral and Health Needs: A report for the Indian Country Recidivism Reduction Initiative (ICRRI) Project*. Presentation to the Bureau of Indian Affairs (BIA), Office of Justice Services (OJS), Recidivism Reduction Initiative (RRI). Washington DC. Supported by Contract no. 140A1619C0044

⁴Alper, M. et al. (2018). "2018 update on prisoner recidivism: A 9-year follow-up period (2005-2014)". U.S. Department of Justice, Office of Justice Programs, Special Report, May 2018, NCJ250975.