FINAL

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Connections Corrections Program-East

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By

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INTRODUCTION

Research has consistently shown that programs that adhere to key principles, namely the risk, need, responsivity (RNR), and fidelity principles, are more likely to impact delinquent and criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism. To ensure that high quality services are being delivered, there has recently been an increased effort in formalizing quality assurance practices in the field of juvenile justice treatment and corrections. As a result, more legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, under the direction of Montana Code Annotated §53-1-211, The Montana Department of Corrections (MDOC) completed an assessment of Connections Corrections Program-East (CCP-E) using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of the facility's practices and to compare them to best practices within the criminal justice and correctional treatment literature. Facility strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the facility are offered. This is the first CPC assessment of this program.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)[i] for assessing correctional intervention programs.[ii] The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from four studies[iii] conducted by UCCI on both adult and youth programs were used to develop and validate the CPC indicators. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score. Two additional studies[iv] have confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators on the CPC.[v]

To continue to align with updates in the field of offender rehabilitation, the CPC has been revised twice. A substantial revision was released in 2015 (CPC 2.0) and in 2019, minor revisions were made (CPC 2.1). Throughout this document, all references to the CPC are a direct reference to the revised CPC 2.1 version of the assessment tool.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46%

to 54%), or Low Adherence to EBP (45% or less). It should be noted that the five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report (i.e., this document) is generated which contains all of the information described above. In this report, your program's scores are compared to the average score across all programs that have been previously assessed. This report is first issued in draft form and written feedback from you and your staff is requested. Once feedback from you is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program and/or the agency requesting the CPC and UCCI will not disseminate the report without prior approval. The scores from your program will be added to our CPC database, which we use to update scoring norms.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the results are based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs.[vi] Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been

assessed using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 14% of the programs assessed have been classified as having Very High Adherence to EBP, 20% as having High Adherence to EBP, 24% as having Moderate Adherence to EBP, and 42% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE FACILITY AND SITE VISIT PROCESS

The Connections Corrections Program- East (CCP-E), located in Butte, Montana, is a 62-bed, alternative secure, (unique to Montana, a placement made as an alternative to incarceration in a secure care facility) that provides intensive treatment for male adults. All of the clients served at CCP-E have both been convicted of a felony and are under the custody and supervision of the MDOC and have a substance use disorder. Clients come to CCP-E from a number of previous placements including but not limited to prison, assessment/sanction facilities, jail, and/or community. A placement status established as a result of 2017 legislative changes allows for MDOC to place clients who are currently on community supervision into CCP-E for a maximum of 90-days. For this specific population, because they are coming from the community, the program's current Covid-19 protocols require a 14-day quarantine prior to placement into any treatment facility. When this occurs, they are provided with screenings and assessments, as well as required to complete therapeutic activities such as the "Surviving Addiction Workbook" and "Gratitude Workbook." Following program placement, clients can discharge to a variety of settings to include a prerelease, sober living home, community of origin or where supports have been established, etc. Length of time left on clients' sentence after their placement range from a discharge at completion to a substantial length of time on supervision.

The CCP-E program was originally established and offering care in 1998 and has remained in the same location in uptown Butte the entire time. There are a couple of Community, Counseling, and Correctional Services, Inc. (CCCS) programs located in this same area. The first floor of the CCP-E building has the kitchen that stores and prepares meals for all three programs. CCP-E ensures their population does not interact with participants in either of the prerelease programs. Another unique feature is that CCP-E has a sister program, Connections Corrections Program-West (CCP-W). The CCP-W program is housed in a separate, secure building where clients who have violent or escape histories are more likely to be placed and receive similar services.

In order to be accepted into CCP-E, a screening packet must be completed and submitted for the local screening committee to review and either approve or deny. The screening packet should consist of the following: a robust history of criminal, treatment, and employment, future plans and aspirations, health, medications, Presentence Investigation, and the Montana Offender Reentry and Risk Assessment (MORRA), to name a few. If a client is accepted but does not have pertinent information for case planning, the appropriate assessments are conducted at intake.

Upon entry into the CCP-E program, each client will begin their first seven days in an orientation period of Phase I. During this time, needed testing or assessments will be completed to develop an individualized case plan. Clients will also meet face to face with their Licensed Addictions Counselor (LAC) and Case Manager (CM). After a minimum of four weeks in Phase I, and after demonstrating progress on both their case plan and prosocial behaviors, they may be promoted to Phase II. This phase also lasts approximately four weeks and the client must again demonstrate ongoing participation in groups, and acquisition of learned skills. Upon successful completion of Phases I, and II, clients move into Phase III. This phase focuses on relapse prevention and discharge planning and lasts approximately four weeks. Separate and different from the phase system at CCP-E, is the honor system. Where the phase system represents the progress a client has made in their treatment in CCP-E, the honor system dictates the privileges, restrictions and responsibilities of the particular level at which the client has obtained/earned.

As noted above, the case plan is developed in Phase I with the client by using the MORRA. Based on the criminogenic need areas identified by the MORRA, individualized treatment plans are developed with the client. Groups that are offered at CCP-E consist of include a morning Chemical Dependency (CD) Group, Criminal and Addictive Thinking (CAT), Relapse Prevention, Cognitive Behavioral Interventions-Substance Abuse (CBI-SA), Living Skills, Anger Management, and Recovery Management. Groups that focus on substance abuse are facilitated by a LAC and groups that require formalized training are facilitated by staff who have successfully completed the required certification.

The assessment using the CPC took place on September 14, and 15, 2021. The assessment process consisted of a series of structured interviews with the clinical staff, facility staff, and clients. Clinical staff include the Program Director, Mental Health, LACs, case managers, and counselor techs. Facility staff include the administrator and security staff. A total of nine staff and six clients were interviewed, and seven groups were observed. Additionally, 20 representative files (open and closed) as well as other relevant program materials (e.g., policy and procedure manuals, staff training information, assessments, curricula, client handbook, etc.) were reviewed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below.

FINDINGS

Program Leadership and Development

The first subcomponent of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the facility), their qualifications and experience, their current involvement with the staff and the clients, as well as the development, implementation, and support (i.e., both organizational and financial) for the treatment services. As noted above, the clinical treatment supervisor serves as program director for the purpose of the CPC.
The second subcomponent of this domain concerns the initial design of the treatment services. Effective interventions are designed to be consistent with the literature on effective correctional services, and facility components should be piloted before full implementation. The values and goals of the facility should also be consistent with existing values in the community and/or

institution, and it should meet all identified needs. Lastly, the facility should be perceived as both cost-effective and sustainable.

Program Leadership and Development Strengths

Ms. Lisa Miller possesses an associate's degree in Addiction Counseling, and a bachelor's degree in Liberal Studies. While obtaining these degrees, she took course work specific to the criminal justice system such as "Psychology of Criminal Justice." With regards to certifications, Ms. Miller maintains a LAC certification as well as a clinical supervision certification. Ms. Miller is very experienced having been with the CCCS organization for 24 years and in her current supervisory position for almost two years. Both Ms. Miller's educational background and experience working with people involved in the criminal justice system provide for a well-rounded background to oversee a program that is more likely to reduce recidivism.

When there are vacancies in the CCP-E program, Ms. Miller participates in the hiring process from developing the position description through to hire. She participates in the panel interview, committee discussion, and recommends the hiring of the successful candidate to the Chief Executive Officer (CEO). Further, once the new hire completes their 40 hours of orientation at the CCCS central office, they will participate in training with Ms. Miller and other designated staff at CCP-E. Finally, the new hire will shadow staff who hold the same position and duties. By having the program director involved in both the hiring and training process, they are able to bring people onto the team who are both qualified and trained in the program the way it is intended to be operated.

Ms. Miller provides clinical supervision to all service delivery staff. As noted above, she is qualified to provide this service as she has received training and maintains a certification. Ms. Miller facilitates a weekly staff meeting on Tuesdays. Staff in these meetings include the Clinical Treatment Supervisor, Chief of Security, LACs, Case Manager, Counselor Techs, and an Administrative Assistant. Topics covered include but are not limited to honor ups, home group announcements, review of assessments currently used, and a review of a cross section of clients regarding progress or lack thereof. Additionally, Ms. Miller observes groups on a regular interval and provides written, constructive feedback to staff, maintains an open-door policy, and weekly 1:1 contact with each direct service delivery staff.

Not only is Ms. Miller responsible for providing her staff with clinical supervision, but she also maintains a small caseload of approximately 5-10 clients. Additionally, she is providing direct services by conducting a pilot, facilitating a graduated skills practice group. Program Directors who deliver some of the services themselves helps to keep them informed as to population changes and staff challenges. Last, for case planning purposes, she conducts a variety of assessments to include the American Society of Addictive Medicine Assessment (ASAM), the Michigan Alcohol Screening Test (MAST), and Drug Abuse Screening Tool (DAST) to name a few.

The facility reports having support of the justice community. Stakeholders include Probation and Parole, Judges, Assessment Centers, MDOC, and local law enforcement (i.e., both City Police and County Sheriff). Overall, it was reported that individuals from these justice stakeholders are supportive, and processes have been put into place to discuss concerns as they arise. Examples of

support include parole officers and local law enforcement staff serving on the screening committee, consistent referrals when appropriate, and consistent funding through the contract with MDOC.

The facility staff also recognize how important support from the community-at-large is for the success of the program. Community stakeholders' direct participation has changed because of Covid restrictions, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) volunteers being unable to enter the facility but make efforts to remain involved. As noted above in the support from criminal justice stakeholders, community members also have people identified to serve on the screening committee. Further, the Board of Directors consist of community members and their contribution to the program is robust.

CCP-E has been in existence since March of 1998. Over the past two years the program has undergone substantial changes moving towards using evidence-based practices. However, they have been providing substance use treatment services for decades. Furthermore, it was reported that funding for the facility has been both adequate and stable in the recent past, and no large cuts have taken place in the last two years.

Program Leadership and Development: Areas in Need of Improvement and Recommendations

It is important the program is based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research and where it can be found and recognize the purpose of the review of the literature. Research articles are identified and discussed during meetings and trainings, then stored in a shared drive. The correlation could not be consistently made between programmatic changes as a result of best practices literature.

- ***Recommendation:*** CCCS as an agency and/or the program director should continue to conduct regular reviews of the literature and ensure that an effective program model is implemented consistently throughout all components of the facility. This literature search should include major criminological and psychological journals as well as key texts. Some examples of these texts are *Psychology of Criminal Conduct* by Don Andrews and James Bonta; *Correctional Counseling and Rehabilitation* by Patricia Van Voorhis, Michael Braswell, and David Lester; *Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply*, edited by Alan Harland; and *Contemporary Behavior Therapy*, by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include *Criminal Justice and Behavior, Crime and Delinquency.* and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered at CCP-E. It is important that the staff consistently recognize the core program, and all of its components, are based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).

Changes to the CCP-E program are routinely tested before they become a formal facility practice. However, the current practice does not meet all the necessary components to be considered a full pilot. Pilots that are occurring are a minimum of 30-days and obtain feedback

from the staff that are immediately involved in the modifications, but not the entire staff of the program. Additionally, one pilot documented receiving the participants input, but was not consistently present. All documents lacked a formal start and stop dates which provides necessary structure to the process. Research indicates that effective programs consistently meet all necessary components while observing a formal pilot period prior to implementing modifications as subsequent revisions are often difficult to make once a change has been formally instituted.

- ***Recommendation:*** As new components are incorporated into CCP-E, a formal pilot period for each new component should be regularly undertaken. Specifically, a formal pilot period of at least 30 days should be conducted, with a formal start and end date, to sort out content and logistics and identify any necessary modifications to be made. It is understandable that these formal dates may need to also be modified as programs must prioritize client and staff health during a pandemic. The pilot period should conclude with a thorough review of the changes, including client and facility staff feedback, and review of relevant data. Following this review, the decision should then be made about whether to fully implement the new component with the appropriate revisions.

STAFF CHARACTERISTICS

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the staff. Certain items in this domain are limited to full-time and part-time internal providers and would include external providers if CCP-E utilized their services, who conduct groups or provide direct services to the clients. Other items in this domain examine all staff that work in the program. Excluded from this section in totality is the program director, as she was assessed in the previous domain. In total, ten staff were identified as providing direct services, including the LAC staff and Counselor Tech staff delivering groups or individual sessions. Of those staff, four were interviewed. Additionally, three facility staff were also interviewed.

Staff Characteristics Strengths

Research has shown that programs that hire staff who have both an associate's degree or higher coupled with at least two years of experience with the specialized population are more likely to reduce recidivism than those that do not. The CPC requires a minimum percentage of direct service delivery staff to have at least an associate's degree in a helping profession. At the time of the assessment, CCP-E staff exceeded this requirement. In fact, 83% of CCP-E staff met the CPC indicator for education. Further, 8/12 or 66.7 % have the appropriate length of experience working in treatment programs specific to a criminal justice population.

CCP-E has developed job descriptions and a hiring process to ensure the successful candidate has the desired skills, abilities, and characteristics they are seeking. Staff consistently demonstrated a belief that the clients they serve can indeed change their behavior. The clients appeared to be treated fairly and empathy was observed. Included in the hiring process for the CCCS, a background check is completed on every employee. Programs who have staff that consistently demonstrate these qualities have a better impact on behavior change, thus reducing recidivism.

Every Tuesday there is a standing Clinical Meeting that the Program Director facilitates with an agenda. The Chief of Security, LACs, Case Manager, Counselor Tech, and Administrative Assistant attend and sign in for record keeping purposes. Topics discussed include 'honor ups' for Wednesday, progress for clients eligible to phase up, problems in the facility, treatment progression or difficult behaviors, roundtable discussion, and new program training. Further, staff are strongly encouraged to ensure client cases are reviewed at intake and systematically on an ongoing basis.

These clinical meetings provide an opportunity for the professional staff at CCP-E to receive ongoing clinical supervision. As noted above, Ms. Miller has a certificate in clinical supervision which demonstrates her qualifications to provide this service to her staff.

When all staff are hired to work at CCP-E, they complete a 40-hour introductory training at the corporate CCCS Inc. central office. Further, depending on the role for which they were hired, they will be expected to complete the position specific checklist. Regardless if the new hire is a transfer or new to the organization, there will be a period of job shadowing that will occur. If the new staff will be facilitating groups, and the curriculum requires certification, this will be completed prior to an expectation of this staff facilitating this group. Finally, facilitators will co-facilitate their first round of the curriculum to ensure all the concepts are understood and appropriately conveyed.

At CCP-E, there are a number of ways in which staff are able to provide input on programmatic modifications for consideration by the program director and other supervisory staff. Some examples are the weekly clinical meetings or by dropping by the program directors' office to provide feedback verbally and informally. There was confidence that these offerings were considered as there have been modifications made to the program, including changes to the parenting class curriculum, reinforcers used for behavior modification, and the format of home group meetings.

Through traces gathered and observed, there was evidence that staff and clients support the mission of the program. CCP-E has undergone substantial changes in the last couple years, and it was evident in the climate of the facility. Comments such as 'when this used to be a shame-based program' were consistent and demonstrated that there had been significant shift in philosophies.

Finally, the program outlines ethical guidelines for each position employed at the facility and have staff sign them on a yearly basis. In addition to the facility specific guidelines, the licensed staff also adhere to professional standards through their licensing entities.

Staff Characteristics Areas in Need of Improvement and Recommendations

Initial training provided at CCP-E meets the standard; however, ongoing training does not meet the minimum amount required as indicated by research for effective programs. This research suggests that programs provide at least 40 hours of annual training for all direct service delivery staff with the majority of that related to delivering effective services. Providing treatment for substance use to the criminal justice population is an ever-evolving field. Research and best practices continue to be updated and modified as more and more research is conducted.

- ***Recommendation:*** Each service delivery staff member should receive at least 40 hours of ongoing training. The majority of these hours should be directly related to delivering criminogenic services to clients involved in the justice system and include a review of the principles of effective intervention, behavioral strategies such as modeling and role play, the application of reinforcers and punishments, risk assessments, group facilitation skills, case planning, and updates to the field of offender rehabilitation. It is evident the facility is moving in the right direction to establish a process for this to occur as various lesson plans that include the content of the training were provided.

The CCP-E staff receive a semiannual performance evaluation relative to their position specific responsibilities. There is a second Group Facilitator Observation Form that separately provides staff feedback to important areas of service delivery best practices. This observation form is completed but not in the context of an annual evaluation. It is important to capture and provide feedback on both the position specific responsibilities, but also areas of direct services delivery as well.

- ***Recommendation:*** Programs that effectively evaluate and use the feedback gained from annual evaluations to improve service delivery to participants are found to be most effective. The current evaluation forms should be supplemented to incorporate service delivery skills captured in the observation form, such as knowledge of the treatment intervention model and effective interventions, assessment skills and interpretation of assessment results, modeling of new behaviors, behavioral reinforcements and sanctions, group facilitation skills, and the ability to build positive working relationships.

OFFENDER ASSESSMENT

The extent to which clients are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of clients, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: 1) selection of; 2) the assessment of risk, need, and personal characteristics; and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

CCP-E uses the MORRA Assessment, which was renamed from the Ohio Risk Assessment System (ORAS), to produce both a level of risk and identify individual need domains. The overall risk score is used to help determine if a client is accepted into the CCP-E program. The criminogenic needs are targeted for change through the case plan.

CCP-E provides substance use treatment to their clients. There were a variety of screeners specific to substance use found in the open and closed files. These assessments are critical for gathering objective criteria to inform the treatment planning process beyond what the general risk and needs tools can provide. Specifically, the Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST), Texas Christian University-Drug Screen 5 (TCU-DS5), and American Society of Addiction Medicine (ASAM) assessments were consistently found in files.

In adhering to the risk, needs, and responsivity principles it is important to measure individuals' unique characteristics that could potentially be barriers to their progress in treatment. Some of these factors may be a lack of motivation, which CCP-E evaluates through the use of the University of Rhode Island Change Assessment (URICA). CCP-E also uses the Mental Health Screening Form III (MHSF-III) to alert the clinical staff if a client is potentially having mental health issues. Not only does CCP-E consistently do responsivity assessments, but there are also clear programmatic areas in which this information is used. All the tools used by the CCP-E program have been validated on a criminal justice population.

Research has demonstrated that by targeting higher risk clients, we are able to provide needed interventions and positively impact the potential of future recidivism. At the time of the site visit, only 7.25% of the CCP-E clients are considered to be low risk and over 92% are of moderate risk or higher. This percentile falls within the acceptable range of low-risk clients accepted to a program. Additionally, because the percentage of low-risk clients to higher risk clients is in the acceptable range and clients have a significant substance use disorder, staff in the program identified that the population accepted to CCP-E is deemed appropriate for the services offered by this program.

Offender Assessment Areas in Need of Improvement and Recommendations

At the time of assessment, there were no clear, objective, exclusionary criteria specific to this program. As noted in the program's procedure, placement is based on overall risk, and language such as 'given priority' does not allow for the criteria to be consistently followed as it is subjective. Further, motivation to change should be a responsivity factor that is targeted to change or guide group placement versus an exclusionary criterion from receiving substance use services from the program. It is understood that the facility adheres to a MDOC procedure, but the facility may still set their own set of criteria based on the unique features of their program while maintaining contractual compliance.

- ***Recommendation:*** CCP-E should develop and follow a written set of criteria (e.g., clinical, community, legal, escape) for the exclusion of certain types of clients from program placement. Once program administration has established these criteria, they should be both written and followed consistently.

TREATMENT CHARACTERISTICS

The Treatment Characteristics domain of the CPC examines whether the facility targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train clients in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the client's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the clients in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

To reduce the likelihood that clients will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. CCP-E offers services that target criminogenic needs in numerous areas, including peers, attitudes, family, substance use, social skills, aggression, emotional regulation, coping skills, leisure, empathy, victim impact, values, decision making skills, violence, impulsivity, goal setting, and transition planning, and targets specific to chemical dependency. Overall, the facility is targeting at least 50 percent of their treatment efforts on criminogenic need areas.

CCP-E is utilizing some evidence-based interventions. For example, Cognitive-Behavioral Therapy (CBT) is being used in cognitive skills training, problem solving, and self-control skills. Clients are also taught the thought–behavior link and social skills. Structured social learning was evident with modeling and behavioral rehearsal techniques that engender self-efficacy and target criminogenic risk/need factors.

The timeframe that a client is exposed to these evidence-based interventions is almost always 90-days. There are a small number of clients that are placed directly from the community and therefore need to be quarantined for 14 days. When this occurs, they are provided with screenings and assessments, as well as required to complete therapeutic activities such as the "Surviving Addiction Workbook" and "Gratitude Workbook." CCP-E is encouraged to explore other opportunities to provide therapeutic services, potentially virtually, while adhering to the quarantine protocol. Programs who serve clients for a minimum of three months have been shown to be most effective in producing sustained behavior change.

All clients in CCP-E are involved in treatment services. These services are always staff led; therefore, staff are always present during programming. If CCP-E clients go into the community (e.g., recreation time and appointments), clients are always escorted by staff.

The CPC requires that while involved in a program, clients spend a percentage of their time each week involved in structured tasks. Structured tasks must be supervised by staff and may include treatment groups, individual sessions, or study hall. Clients at CCP-E have a structured schedule Monday through Friday, with approximately 1 to 2 hours of free time each day (from 5 p.m. to 7 p.m.). While there is more flexibility on the weekends, when clients are out of their rooms, they are always supervised by staff, and prosocial behavior is expected.

CCP-E offers clients a detailed program manual which specifies all major aspects of the program. The manual includes key areas such as the program description, philosophy, assessment tools, scheduling, case planning, program advancement, behavior management, and completion expectations. There is evidence that indicates the program manual is used consistently by staff and clients, as staff are able to explain different policies used by the program. Additionally, the core risk reducing curriculums have facilitator manuals that appear to be consistently used in groups.

There are four distinct home groups in which clients are placed based on their risk, from a validated assessment, at CCP-E. During the audit, there were approximately six clients that have a 'low' MORRA score. These clients were placed within the "Lexington" group and participated

in programming separate from the moderate and high-risk clients. Research strongly supports keeping low risk clients in completely separate groups so they are not exposed to the antisocial thoughts and behaviors commonly demonstrated by their higher risk counterparts.

The clients in the program are assigned to their primary LAC based first on their MORRA score and their level of risk and needs. Staff with the most experience are assigned the higher risk caseloads. Further, only staff who are LACs provide substance use groups. As previously noted, if a curriculum requires certification or licensure prior to facilitating, CCP-E will not assign staff to these groups until the appropriate level of training is attained.

CCP-E appears to value client's input. There is an anonymous box available to all clients to provide feedback and proposals. These proposals are then reviewed by staff and considered to facilitate programmatic changes. Clients are also asked for their input in their home meetings, via an open-door policy, and an exit survey given two weeks in advance of the client's scheduled program completion. CCP-E staff have made changes based on client feedback, including moving group times, getting to watch the football game on Thursday, varying recreation opportunities, having pizza parties and donating to the angel fund.

The program has developed a range of reinforcers including but not limited to verbal praise, behavior notice, phase up, honor up, pop card, and popcorn card. These are awarded based on staff observations. Additionally, programs that are more successful at reducing recidivism use reinforcers more often than punishers, at a rate of 4:1. Traces gathered indicate that CCP-E consistently met this standard.

CCP-E has developed appropriate punishers, including verbal warnings, sanctions for minor infractions, writing an apology letter, self-evaluation time, commitment to change, learning experience, or a 'red card' which results in seven days of lost privileges. There are also structured sanctions for major rule infractions. Most of the punishers administered by staff involve taking away privileges. CCP-E has also developed an opportunity for clients to take accountability and come forward to staff and admit when they have done something that violated rules of the facility. If they do this, their 'red card' consequence is reduced from seven days to three days of lost privileges.

Consistent responses and groups observed included staff modeling skills. Modeling is important because it helps teach clients to recognize and anticipate risky thinking and problem situations. There is evidence that proper modeling is a routine part of the program at CCP-E.

Professional staff at CCP-E facilitate groups from beginning to end. There is no evidence that groups are ever facilitated by clients. Groups observed were facilitated by professional staff and exhibited proper engagement with clients.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To ensure formal case plans are used the program needs to identify each client's specific treatment needs identified from assessments. The case plans observed through file review appeared to be identical for all clients regardless of their needs or level of risk while they have additional individualized assignments in their phased treatment plans. Research indicates that

case plans should be developed based on the results of validated assessment and should have client input. The case planning process should include identification of targets for change, goals and objectives, time frames for completions, and performance indicators. Case plans should be developed with the client and routinely updated. While the treatment plans reviewed did address some individualized treatment needs, the overall case plan appeared to be a template used for each phase and was not individualized.

- ***Recommendation:*** Results from standardized criminogenic risk, needs, and responsivity assessments, coupled with clients' input, should be used to create individual case plans. Incorporating individual treatment plans or renaming the individual treatment plan to individual case plans and/or using the already created individual treatment plans to create advanced individualized case plans for each client will bring CCP-E into compliance with this standard. To illustrate, clients who lack motivation should have interventions to first address this need area prior to being assigned to services that target their criminogenic need domains. Clients should work with staff in the development of their individual case plan. These plans need to be individualized, with goals and objectives (usually three to four goals, with each goal having three to six objectives). Staff would then work with the client frequently throughout the program and routinely update the plan.

CCP-E receives and conducts risk assessments; however, they are not being used for group placement or to drive treatment interventions. For example, very high-risk clients are being placed in anger management in an attempt to acquire the dosage hours recommended for this risk level. This recommendation should be made based on the needs identified by an assessment. Further, by only adding one additional group, the intensity of programming is not varied enough to meet the research-based standard.

- ***Recommendation:*** Research indicates that the recommended range in dosage should be 100-150 for moderate-risk, and 200-250 for high-risk, and very high clients need closer to 300 hours of evidence-based services to positively impact their risk for future recidivism. It is important to note, only evidence-based interventions or curriculums aimed at reducing recidivism can be counted towards the total dosage hours. There should be a clear differentiation in the hours involved in core risk reducing activities (dosage) based on the client's risk to recidivate.

The treatment a client is referred to in their case plan is not derived from their specific need domains. For example, all very high-risk clients are expected to complete an anger management curriculum despite there being a documented need for this service.

- ***Recommendation:*** Programs that are shown to make the biggest impact on future recidivism ensure the treatment a client is expected to successfully complete targets an area that requires change. CCP-E should only refer clients to treatment that is specifically designated to meet a need domain identified through the MORRA.

Research indicates that while the most successful programs meet a 4:1 ratio of reinforcers to punishers and have a range of appropriate rewards, there are also four components to the standard that must be met when applying reinforcers. As noted in the strength section, CCP-E should continue to maintain a 4:1 ratio of reinforcers to punishers to encourage desirable,

prosocial behavior. Staff at CCP-E are consistently ensuring reinforcers are given immediately after the behavior (when practical). Other components of this standard include discussion with the offender of the short and long-term benefits of maintaining a particular behavior, reinforcers are consistently and then intermittently applied after the appropriate behavior and individualized to the client when possible. While it was observed that staff immediately provided verbal praise, improvements can be made to individualize the reinforcer, linking the desired behavior to the reinforcer, and how that behavior will be useful for future success.

- ***Recommendation:*** Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and that staff link the reward to the desired behaviors. All staff, regardless of their role, can have a discussion with the offender regarding the short- and long-term benefits of maintaining positive behaviors. While staff do immediately point out desired behavior, they are not linking the behavior and the reinforcer on a consistent basis.

In addition to appropriate rewards, a good behavior management system has a wide range of punishers available to promote behavioral change. As noted in the strength section, CCP-E has a range of punishers available for staff to use; however, there are seven components as to how the punishers should be applied. Of those seven components in this standard, none were consistently observed. Punishers are used to extinguish antisocial behavior and to promote behavior changes in the future by showing the clients that negative behavior has consequences. The recommendation below regarding a behavior modification system are designed to help the facility use a cognitive-behavioral model.

- ***Recommendation:*** Staff should consistently apply punishers for inappropriate behavior following the seven indicators. The application of punishers includes the following: 1) escape from the punisher is impossible; 2) the punishments delivered at the maximum intensity needed to suppress behavior; 3) the punishment is delivered at the earliest point in the inappropriate behavior; 4) the punishment is delivered consistently; 5) the punishment is immediate and not spread out; 6) alternative prosocial behaviors are taught after the punishment is administered; and 7) the punishers are varied.

- ***Recommendation:*** All staff should be (or continue to be) trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority.

After a punisher is administered, staff should monitor clients to ensure they do not display any negative effects from the punisher. Currently, Ms. Miller is providing ‘post monitoring sessions’ for clients who receive disciplinary infractions; however, this should be done consistently by all staff in the facility as Ms. Miller is only present for a scheduled portion of the week.

- ***Recommendation:*** Research indicates that monitoring of at least four of the five following negative effects from a punisher should occur: 1) emotional reactions (e.g., fear, interferes with new learning, disrupts social relationships); 2) avoidance/aggression towards punishers (e.g., may motivate behaviors to escape punishment); 3) future use of punishment (e.g., mimicking the same type of punishment received); 4) response

substitution (e.g., demonstrating another inappropriate behavior); and/or 5) punishment lacks generalization (i.e., punishment only comes from the criminal justice system.)

- ***Recommendation:*** CCP-E staff should be provided ongoing training in the behavior management system and the negative effects that could arise from the use of a punisher. This training should outline the five key negative effects to monitor clients for to follow the core correctional practices for use of punishers. Staff should be trained to monitor and respond to the negative effects listed above.

The program has established completion criteria for the CCP-E (i.e., when the treatment successfully terminates for each client). CCP-E is currently a 90-day program; however, some clients complete prior to that 90-day period. As a byproduct, progress in acquiring prosocial behaviors, attitudes, and beliefs is not a completion criterion for the program and clients are differentially discharged from the program. There is no distinction between clients who successfully complete treatment either through actively engaging in the program or just by reaching the 90-day completion mark. As a result, the successful completion rate is reported to be at 90-95%. Completion rates this high could indicate that clients complete the program regardless of motivation to change, acquisition of prosocial behaviors, and other risk factors. Staff further reported even if a client didn't progress via pre/post testing, they would complete the program. It's acknowledged that through the disciplinary process MDOC staff make the determination if a client is terminated from the program.

- ***Recommendation:*** Successful programs have a clearly outlined completion criteria. These include but are not limited to progress in acquired pro-social behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other participants. To further illustrate, a checklist of behavioral/attitudinal criteria could be established, and a percentile expected to be acquired through the process of program participation.

- ***Recommendation:*** Once CCP-E delineates completion criteria, it should monitor its successful completion rate, which should range between 65% and 85%.

Correctional programming should increase client engagement in prosocial behavior through skill acquisition. This includes new thinking skills and new behaviors. At the time of the site visit, modeling of prosocial skills and behaviors was observed. With regard to role-play and client skill acquisition, there was limited incorporation of the correct format for teaching new skills as outlined by social learning theory. Additionally, graduated skill practice needs to be integrated into the program for clients to practice the skills learned through applying them to various, more difficult, risky situations. It is noted that a pilot of graduated skills practice began on July 28, 2021, but within this snapshot of time, not all clients had the opportunity to benefit from this practice.

- ***Recommendation:*** Structured skill building should be routinely incorporated across the program with all clients. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skills/increasing the client motivation for the skill; 3) staff modeling the skill for the clients; 4) client rehearsal of the skill (applying that skill to their specific life circumstances or high-risk

situations or role-playing; every client should practice that skill); 5) staff providing constructive feedback; and 6) client practicing the skill in increasingly difficult situations. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently to provide constructive feedback to the offender. There are currently a couple of curriculums being used that have integrated these skills, but again they need to be used consistently.

- ***Recommendation:*** CCP-E should increase clients' ability to practice graduated prosocial thinking and behaviors in increasingly difficult situations with more difficult role-playing scenarios. For example, clients may be required to practice the skill outside of the group and report back to the group at the next meeting, or programs may have separate advanced practice groups. Additionally, once the pilot is concluded, data is evaluated, and necessary modifications are made, it is expected that CCP-E will have successfully incorporated this recommendation.

During the site visit groups were observed to contain 11-15 clients. In practice, due to staffing levels vs number of clients in the program, groups routinely run with 10 or more clients with only one facilitator. This falls outside of the recommended range of 8 to 10 clients per facilitator.

- ***Recommendation:*** When groups go above 10 clients, a co-facilitator should be used and should be actively engaged in the treatment process. One way to ensure that the ratio of client to staff is met, other facility staff could be adequately trained in the curriculum to meet this standard.

Programs that are most successful in reducing recidivism develop formal discharge plans upon completion of the program. Currently, Progress Summary Reports (PSRs) are completed and submitted to MDOC; however, the template does not contain all the necessary components for discharge planning.

- ***Recommendation:*** Formal discharge plans should include formal referrals to other services, progress in meeting target behaviors and goals, and notes on areas needed for a continuum of care. If possible, CCP-E is encouraged to provide a copy of the discharge plan to the client upon completion of the program.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior changes. CCP-E does not currently have an aftercare component for the clients. Because CCP-E does not provide aftercare services, the quality of these services cannot be evaluated.

- ***Recommendation:*** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of client's risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions and duration and intensity is based on risk level. Since individuals leave the program, the program should determine different protocols concerning what aftercare should look like.

QUALITY ASSURANCE

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Strengths

With respect to the file system, CCP-E has a process in place for the case manager to audit all files and ensure that pertinent documents are present. Then the files are given to the Administrator who reviews a representative sample to ensure all necessary documentation is present before officially closing the file. With respect to service delivery skills, the program director regularly observes groups and provides constructive feedback to her staff. Last, the program provides feedback to clients on regular intervals. They meet one-to-one with their assigned LAC on at least a monthly basis. Additionally, the phase process provides for feedback to the client on a systematic basis as a client will not phase up without reflecting on their progress.

Participant satisfaction is determined by a survey that is given to clients approximately two weeks prior to completing the CCP-E program. Within this survey, the client gives formal feedback on services delivered such as treatment curriculums, written assignments, behavior chains, anger logs, leisure time, food service, if staff was helpful, and what about the program was most and least helpful. Further, the program has used these surveys to inform their decisions made. Some of these changes include the parenting curriculum they were using was changed/discontinued, walk times were changed to allow for more phone calls with family in the evenings, and specific staff have been re-trained regarding ethics.

Quality Assurance Areas in Need of Improvement and Recommendations

Currently, CCP-E is not tracking the recidivism of the clients who participate in treatment. The state of Montana as a whole struggles to capture this data accurately. Offender re-arrest, reconviction, or re-incarceration should be examined at least 6 months or more after leaving the facility. Additionally, CCP-E also has not undergone a formal evaluation comparing its treatment outcomes with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation research/evaluation. While MDOC compiles some information related to a number of issues, and OMIS allows for some reports to be run, the facility has not identified a process to ensure that available data are examined to help the facility make data-driven decisions.

- ***Recommendation:*** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked at six months or more after release from CCP-E. The program can do this on their own, work with MDOC to obtain the data they collect, or work with a third party to collect and review recidivism data for all residents who are released from their facility. There should be evidence the program receives and understand the data. This data should then be examined over time to identify trends.

- ***Recommendation:*** A comparison study between the facility's recidivism rate and a risk-controlled comparison group should be conducted. A report should include an introduction, methods, results, and discussion section. CCCS Inc. should explore if CCP-E has the ability to complete such a study. If not, the facility should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation). Local colleges and universities to consider include Montana Tech, The University of Montana (Missoula), and Montana State University (Bozeman). Departments that could assist with such a project include fields like criminal justice, sociology, and psychology.

- ***Recommendation:*** Similarly, CCCS Inc. should identify an evaluator who is available to assist with data. If this is an internal position, evaluation must be the main focus of their position, and they should have appropriate credentials. Alternatively, the facility could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to the facility) so that fiscal remuneration is limited to payment for analysis and reporting.

OVERALL PROGRAM RATING AND CONCLUSION

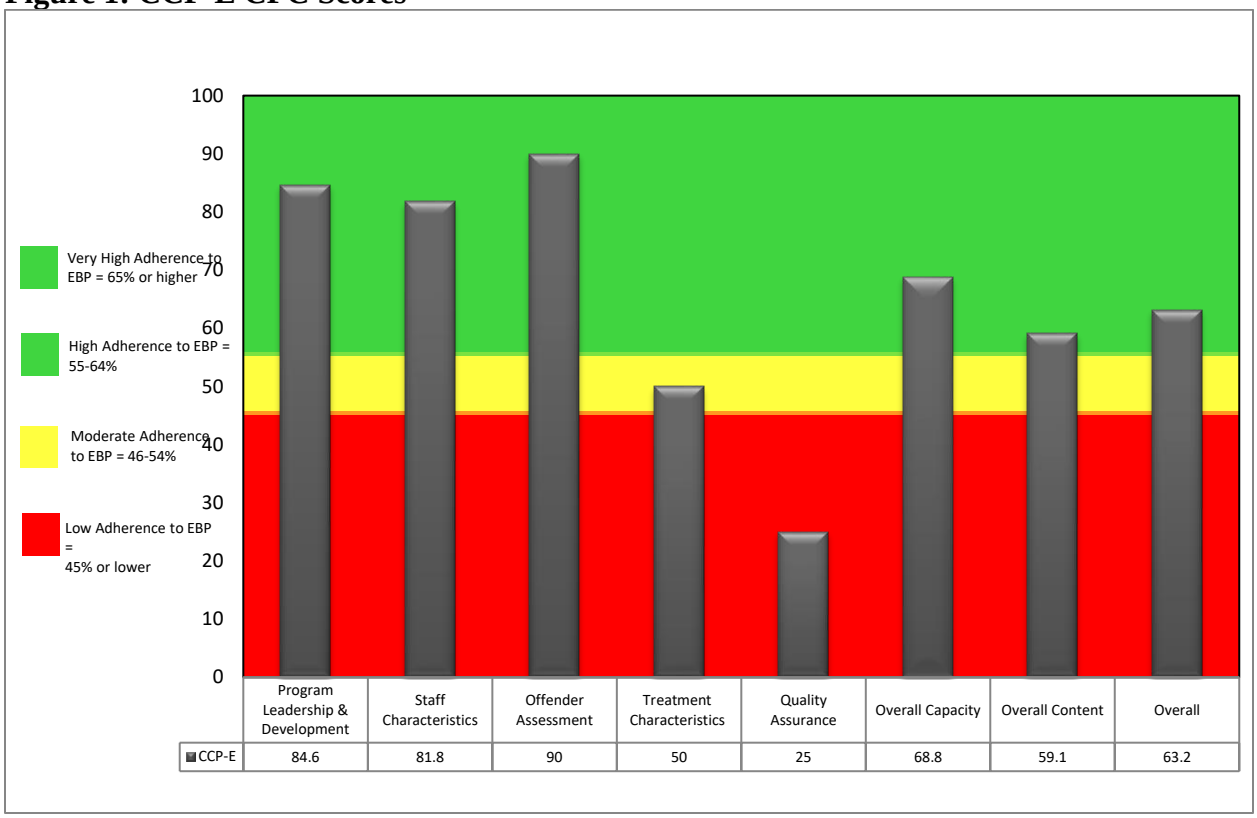
As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100% on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having Very High Adherence to EBP, 17% as having High Adherence to EBP, 31% as having Moderate Adherence to EBP, and 45% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

CCP-E received an overall score of 63.2% on the CPC. This falls into the High Adherence to EBP category. The overall capacity area of the program score in the Very High Adherence and the content area scored in Moderate Adherence to EBP category.

In reviewing this report, please keep in mind that the facility was not designed with the CPC in mind and CCP-E staff should commend themselves for the work they have done to date to make treatment a facility focus.

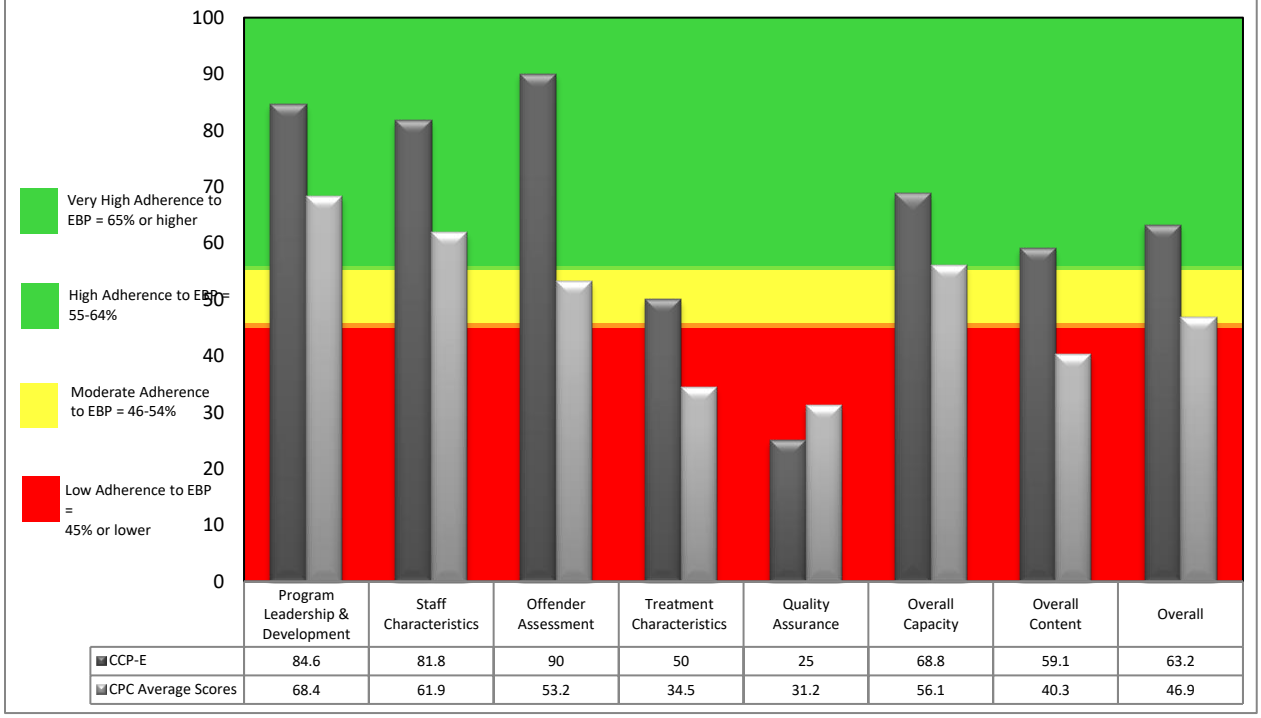
Certainly, care should be taken not to attempt to address all recommendations at once. Facilities that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. Should CCP-E want assistance with action planning or technical assistance, MDOC can provide or recommend others to help in these endeavors. Evaluators note that CCP-E staff are open and willing to take steps toward increasing the use of EBP within the facility. This motivation will no doubt help CCP-E implement the changes necessary to bring it further into alignment with effective correctional programming.

Figure 1: CCP-E CPC Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
CCP-E	84.6	81.8	90	50	25	68.8	59.1	63.2

Figure 2: CCP-E Compared to the CPC Average Scores*



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
CCP-E	84.6	81.8	90	50	25	68.8	59.1	63.2
CPC Average Scores	68.4	61.9	53.2	34.5	31.2	56.1	40.3	46.9

**CPC average scores are based on 607 assessments performed between 2005 and 2019.*

[i] In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

[ii] The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

[iii] A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community-based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio's community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, School of Criminal Justice.

[iv] Makarios, M., Lovins, L. B., Myer, A. J., & Latessa, E. (2019). Treatment Integrity and Recidivism among Sex Offenders: The Relationship between CPC Scores and Program Effectiveness. *Corrections*, *4*(2), 112-125; and Ostermann, M., & Hyatt, J. M. (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. *Law & Social Inquiry*, *43*(4), 1308-1339.

[v] Upon request, UCCI can provide the CPC 2.1 Item Reference List which outlines the UCCI and independent research that supports the indicators on the CPC.

[vi] Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.