FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.1)

Missoula Correctional Services, Inc.
Missoula Prerelease

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By

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INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact 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 (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, Missoula Correctional Services (MCS) was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of MCS's practices and to compare them to best practices within the correctional treatment literature. Strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by MCS are offered. This is the first CPC assessment of this program.

CPC BACKGROUND AND PROCESSES

The Evidence-Based 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 within 30 days. 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 MCS AND SITE VISIT PROCESS

MCS is a half-way house program commonly called a prerelease center in Montana. MCS has 117 beds for both male and female offenders and began in 1994. MCS provides programming services to offenders referred by the Montana Department of Corrections (MDOC). The intent of the program is to offer an alternative to incarceration for offenders with substance abuse and criminal thinking problems. The MCS program targets substance abuse, employment, criminal thinking errors, job development, and education. MCS operates programming based on cognitive behavioral therapy and Core Correctional Practices (CCP). The MCS program offers the following treatment groups: Moral Reconation Therapy and Cognitive Behavioral Interventions – Core Adult (in limited capacity) All other programing is referred out to outside providers. Offenders are referred to the program for up to 200 days. The program director for MCS is Sue Wilkins. Thus, Ms. Wilkins is charged with overseeing programming and services for MCS. The primary therapeutic group of MCS is delivered by treatment coordinators and case managers.

The CPC assessment process consisted of a series of structured interviews with staff members and offenders during an on-site visit to the MCS program on June 16 and 17, 2021. Data were gathered via the examination of ten representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook). Finally, two MRT groups were observed while onsite. 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 sub-component 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 program), her qualifications and experience, her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Sue Wilkins was identified as the program director for the purpose of this report.

The second sub-component of this domain concerns the initial design of the program. Effective interventions are designed to be consistent with the literature on effective correctional services, and program components should be piloted before full implementation. The values and goals of the program should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the program should be perceived as both cost effective and sustainable.

Program Leadership and Development Strengths

MCS program director Sue Wilkins has a bachelor's degree in psychology and social work, including specific course work within the correctional field. Degree programs that are in a helping field include, education, counseling, addiction or psychological. Ms. Wilkens has both a degree, as well as course work in a helping field. The studies that lead to the CPC discovered that programs that have a director with a degree in a helping field and additional course work in corrections succeed better than programs with directors that do not.

Sue Wilkins has over 27 years of experience at MCS as the program director and over 30 years of experience in offender treatment and programming overall. Programs that reduce recidivism have directors with over three years of criminal justice experience. Ms. Wilkins has far more than three years of experience.

Programs that have been shown to reduce recidivism have positive working relationships with other criminal justice partners and good local community support. Staff of MCS rated their relationship with criminal justice partners, to include the Department of Corrections, Probation and Parole Division, local courts and judges, the county jail, and local law enforcement officers, as very positive. Further, MCS stated their relationship with local community partners, such as the Parenting Place, Lifelong Learning Center, University of Montana, and Walla Walla University as overly positive.

Ms. Wilkins rated the adequacy of MCS funding as adequate and is a mostly stable fund that allows the program to operate as needed. Programs like MCS that have adequate and stable funding perform better than programs that do not have adequate and stable funding.

The MCS program is a long term, established program in the Missoula community. MCS has been in existence as a non-profit prerelease facility for 27 years. The overall program has been around in some form since the 1970's. Programs that have been established for more than three years are shown to be more effective than programs that are newly designed.

While MCS is a co-gender facility with separate men's and women's wings programming and treatment at MCS is separated by gender and MCS does not allow co-gender groups. Programs that succeed, do not allow co-gender programing or groups.

Program Leadership and Development Areas in Need of Improvement and Recommendations

The program director should be involved in all aspect of hiring for direct treatment staff. Further, they should be included and involved in the programmatic training of new staff and involved in supervision of all direct service staff. Mrs. Wilkins said she is involved with the hiring of the director of treatment and the treatment coordinators; however, she is not involved in the hiring of case managers. Also, Ms. Wilkins does not play a formal role in training for new staff. Trainings are provided by security staff and the director of treatment. MCS treatment coordinators and case managers are also allowed a stipend from MCS to attend outside training they deem appropriate. For treatment coordinators, they are allowed up to $500 per year for outside training. Training that is done at MCS is usually specific to topics such as PREA and security procedures and not programing or treatment modality specific. Finally, Ms. Wilkins is not directly involved supervising service delivery staff. Ms. Wilkins takes an active role with the treatment coordinators but not with the case managers.

- ***Recommendation:*** Ms. Wilkins should be involved and have the final say in hiring all direct services staff, including case managers. She should be involved in providing formal training regarding MCS's treatment modality and philosophy. Finally, Ms. Wilkins should be involved in the direct supervision of staff that provide services. This supervision should include consistent attendance at clinical meetings, conducting and/or assisting in performance review of service delivery staff and providing oversight and ensuring fidelity for direct service staff.

Programs that have been shown to reduce recidivism from over 40 years of meta-analytical research, the program director is involved in conducting regular treatment programs and/or maintains at least a small caseload. MCS program director Sue Wilkins does not maintain a case load or provide any direct programing or treatment services to the offender population.

- ***Recommendation:*** Ms. Wilkins should conduct at least one regular group and/or she should maintain a small case load of offenders.

It is important that the program be based on the effective correctional treatment literature and that all staff have a thorough understanding of this research. Ms. Wilkins stated that the program structure and treatment modalities are based off the study and recommendations of Robert R. Carkhuff dating from the late 1970's and 1980's. However, MCS has not had any recent formal literature review concerning what works in changing offender behavior that has been conducted by either Ms. Wilkins, or an outside entity.

- ***Recommendation:*** The MCS program should conduct a literature search to ensure an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. 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 should 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 by the program. It is important that the core program and all its components be 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).

- ***Recommendation:*** All staff working in the program should receive related research articles regularly, and a portion of each treatment coordinator/case manager meetings should be used to ensure that this information is reviewed and discussed for relevance to MCS. Then, MCS should ensure that all core services (e.g., group and individual sessions intending to reduce recidivism) are implementing these proven practices (see additional recommendations below).

Successful programs that initiate changes or new treatment curriculums in their overall structure have formal, short term piloting programs where the initiation of the program and its success is evaluated. The pilot program needs to be short in duration, have a clear start and end date, and seek out and involve staff and gather their input. All staff interviewed were both unaware of a piloting program at MCS and unfamiliar with the components of a pilot program. Numerous programs, such as Soul Collage have been implemented without a formal piloting period.

- ***Recommendation:*** As new components are incorporated into MCS's program, a formal pilot period for each new component should be undertaken. For example, should the program supplement a current curriculum or add a new curriculum, this should first be piloted on one group to evaluate the new material and how it would best be incorporated into the facility. Specifically, a formal pilot period of at least 30 days should be conducted to sort out content and logistics and identify any necessary modifications to be made. The pilot period should conclude with a thorough review of

the changes, including offender and 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. Service delivery staff at MCS are divided between case management and treatment coordinators. Other items in this domain examine all staff that work in the program. Excluded from this section in totality are the program directors, as they were assessed in the previous domain. In total, 10 staff were identified as providing direct services, including the case management and treatment coordinator staff delivering individual sessions and group-based programming respectively.

Staff Characteristics Strengths

MCS service delivery staff meet CPC standards for education and experience. At the time of assessment 80% of staff had at least an associate degree or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education.

Staff selected to provide services and treatment as well as security staff at MCS should have certain skills and values. These values are a belief that change in behavior is possible with offender populations. After speaking with MCS management, service delivery staff, and security staff, it is evident MCS staff believe changes in offender behavior is possible. Also, all staff must complete a background check prior to employment. Programs that perform background checks prior to hire and employ staff that hold the belief that offenders may change their behaviors are indicators of more successful programs.

Treatment coordinators and case managers meet and maintain bi-weekly meetings in which they discuss intakes, issues, programming, and other needs. Meeting consistently and frequently is a positive component for programs that reduce recidivism.

Staff at MCS stated that they consider the local judiciary, local jail, probation and parole, and local law enforcement as partners in criminal justice. Further, they rated that their relationship with all criminal justice partners as being very high. Programs that have good working relationships with other criminal justice agencies have better program outputs.

MCS has written ethical guidelines in their internal policy manual and all staff were both aware of their existence and able to identify the location. Effective programs have documented and accessible ethical guidelines.

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs that effectively lower recidivism among its offender population hire service delivery staff with over two years of experience in the field. Only 70% of MCS case management and treatment coordinator staff have gained at least two years of experience providing treatment and/or services to offenders in the criminal justice system. MCS does not have standards in place that dictate the amount of previous experience new staff must have. Effective programs have at least 75% of staff their professional staff with at least two years' experience before being hired by the program.

- ***Recommendation:*** MCS should ensure through their hiring process that staff hired to provide direct services to the offender populations, which include, case managers and treatment coordinators have at least two years of previous experience providing those services. This requirement could be added to a policy or inserted into a hiring manual and become a prerequisite an applicant should have to receive employment as service delivery staff for MCS.

Treatment coordinators and case managers at MCS are not receiving an annual evaluation that includes evaluation criteria for treatment fidelity or group delivery specific skills. Staff at MCS are evaluated on a reoccurring basis, however, the evaluation is focused on common employment evaluators such as attendance and how well they work with others. It is not designed to gauge how effectively staff are following the fidelity and practice of program delivery and positive offender interactions.

- ***Recommendation:*** MCS should ensure all treatment coordinators and case management staff are evaluated at least annually, and that the evaluation includes more than a common employment evaluation tool. The evaluation should include service delivery skills 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 with offenders.

Treatment coordinators and case managers are not receiving clinical supervision at MCS. There is one staff member qualified at MCS to provide clinical supervision. However, upon discussion with that staff member it was determined that there is currently no clinical supervision taking place at MCS. The treatment coordinator stated that a few years ago there was but not at the time of the CPC.

- ***Recommendation:*** MCS should ensure that all staff providing services to the offender population are receiving clinical supervision. This supervision should be formal one on one meetings held at least monthly.

All new staff of MCS receive a type of onboarding training. However, this training is not specific to the modalities used or services delivered by MCS. Current training at MCS includes areas of common correctional topics such as PREA and emergency preparedness training. Additional staff at MCS are provided a stipend to attend trainings offered outside of MCS. While this seems to be a positive endeavor, MCS is not able to guide and standardize what treatment specific trainings staff are receiving. Ultimately, programs that have robust initial staff training that includes the theory and practice, as well as being modality specific are more successful programs.

- ***Recommendation:*** MCS should develop a new employee training that includes the theory and practice of interventions, the use of assessment tools, processes for individual sessions with offenders, and how groups should be facilitated. Further, MCS should ensure that 1) formal training in the curricula is provided to each staff member responsible for delivering (and is certified to deliver such curricula, if required), and 2) the eight core correctional practices (CCP) essential to working with offenders is included. These include the following practices: effective reinforcement, effective disapproval, effective use of authority, building a collaborative working relationship, prosocial modeling, cognitive restructuring, structured skill building, and problem solving.

MCS does not have formal and ongoing training developed specifically for service delivery staff. All staff receive common correctional trainings such a handcuffing, professional boundaries and PREA trainings. Also, as noted previously, staff are provided stipends, with an amount based off position to attend trainings that the staff member finds as important or relative to them.

- ***Recommendation:*** All staff should receive at least 40 hours of ongoing training each year. These hours should be directly related to delivering criminogenic services to offender populations 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 assessment, group facilitation skills, case planning, and updates to the field of offender rehabilitation.

Staff at MCS stated they are able to implement their own programs with limited or no permission from the treatment director. Staff did say they would discuss the programs and the outcomes when meeting with the treatment director. The program Soul Collage is an example of this process at MCS. It was started without program director permission or a piloting period. Staff being allowed input and the empowerment to make program changes is a positive indicator of programs that succeeds. However, staff making changes without a formal approval process is not an effective practice.

- ***Recommendation:*** MCS should continue to allow staff to have input and make positive changes to MCS programs but changes should be monitored and approved by those who run the overall program and modality.

Offender Assessment

The extent to which offenders 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 offenders, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of offenders, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

MCS receives referrals from Montana State Prison, Montana Women's Prison, regional prisons, probation & parole, and from assessment, sanction and revocation centers. After the referral is received, the screening committee conducts a case review to determine applicant's appropriateness for the program. MCS staff reports very few offenders are considered inappropriate for the services provided. MCS has written clinical and/or community criteria for the exclusion of certain kinds of offenders and follows their written policy according to staff reports.

Risk and need assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which offenders are suitable for services as well as determining duration and intensity of treatment services, based on risk level. MCS meets the criterion from the CPC for conducting a valid risk and needs assessments since the Montana Offender Reentry and Risk Assessment (MORRA) and the Women's Risk Needs Assessment (WRNA) are valid, standardized, and objective instruments that produces a risk level and a survey of dynamic criminogenic needs. File reviews at the program found Assessments were consistently in offender files and that over 70% of the offender files reviewed had risk scores of at least moderate risk or higher, meaning the program is serving the higher risk offenders.

Offender Assessment Areas in Need of Improvement and Recommendations

Specialized needs assessment tools are used to more accurately assess risk of specialized populations served by the program. MCS does not use validated, standardized, and objective specialized needs assessment tools for key offender types such as substance abuse, sexual offending, and domestic violence.

- ***Recommendation*:** MCS should conduct validated, standardized, and objective assessments to accurately measure risk in key offender types. The specialized needs assessments should be accessible to staff in offender files and used by staff when determining behaviors targeted for change in the program and by community treatment offered outside the facility. Examples of validated, standardized, and objective specialized needs assessments include the following: TCU-Drug Screen 5 or ASI for substance abuse; SONAR or SOTIPS for sexual offending; PCL-R/V-RAG for domestic violence; LS/RNR for generic risk needs responsivity in adults.

Responsivity factors are individual attributes that affect the achievement of treatment goals. Programs that measure and address responsivity factors are more successful. MCS does not use a validated, standardized, and objective instrument to assess for two or more responsivity factors. The functionality scale assessment used by the program does not appear to be validated, standardized and objective.

- ***Recommendation*:** MCS should conduct a validated, standardized, and objective assessment(s) to measure two or more responsivity factors. The responsivity assessments should be accessible to staff in offender files and used by staff to make clinical or staffing decisions. Examples of validated, standardized, and objective assessments for responsivity factors include the following: LS/RNR for generic risk needs responsivity in adults; URICA to assess motivation; ASI to measure responsivity for adult substance abuse.

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 offenders in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the offenders' risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the offender in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

To reduce the likelihood that an offender will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. MCS offers services that target criminogenic needs in numerous areas, including problem solving, anti-social thinking, peers, unstructured leisure time, education/employment, anger management, substance abuse, poor family communication, victim impact, and criminal thinking. Overall, the facility is targeting at least 50 percent of their treatment efforts on criminogenic need areas.

Staff and participants all agreed that the length of programming is approximately 14 weeks, and length in the facility is typically between six to eight months. The length of programming falls within the appropriate range for offenders to target specific needs and address criminogenic behaviors.

Offenders that are in the program are adequately supervised and monitored. Peer associations and whereabouts are tracked and monitored by staff through random school/work visits, random drug testing, checking itineraries and phone calls.

Offenders within the program spend at least 40% of their time per week in structured tasks. Interviews with offenders and staff stated that structured time included work, school, treatment groups, homework time, case management sessions, self-care, and religious activities.

MCS applies and utilized appropriate reinforcers for program participation. There is a clear phase system that is based on behavior, treatment, and goals throughout the program. For example, staff offer verbal praise and acknowledgment, stickers, cookies, candy, and removal of a punisher.

Completion criteria has been clearly outlined through a phase system. There is no specific time to complete the program, but rather completion of the program is defined in acquiring prosocial behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that jeopardizes the safety of those in the program. The program criteria that must be completed is based on group participation, the completion of the MCS functionality scale assessment, completion of the offender's treatment plan, and specific work/housing goals that are met.

A review of groups showed that groups are co-facilitated by a Treatment Coordinator and a Case Manager. Offenders do not lead or run groups. Additionally, groups reviewed consisted of four to eight offenders and all offenders participated.

A review of closed files showed that formal discharge plans are developed and include referrals to community services, progress notes, and areas that need continued work. There is evidence that MCS works closely with Probation and Parole Officers as well as community stakeholders and treatment providers within the city of Missoula for continuity of care to those that remain in this community

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least 80 percent criminogenic. As mentioned above, although the program targets a number of criminogenic needs, it also targets a number of non-criminogenic needs. These include housing, parenting, self-care/physical activity, hygiene, money management, self-help, medication, and insurance. As a result, the ratio of criminogenic to non-criminogenic needs is 10 to 8. While the amount of services and interventions provided at MCS surpasses the 50 percent ratio of criminogenic to non-criminogenic needs, the amount of time does not meet the 80 percent ratio. The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- ***Recommendation:*** To increase the emphasis on criminogenic targets, MCS staff should enhance the topics in the group and individual sessions to focus on the already identified core criminogenic needs and reduce the time spent on non-criminogenic needs. The MRT group should run as required by the curriculum and offenders should be practicing prosocial skills during these groups. Additionally, there are no additional groups that could be focused to target the top tier of criminogenic need areas (i.e., attitudes, values, and beliefs; peer associations; and personality characteristics like impulsivity and coping skills) through a core curriculum like Thinking for a Change (T4C). Finally, offenders who move through intensive treatment should be provided advanced practice opportunities throughout their length of stay. These advanced practice

opportunities should focus on high-risk situations that the offender may face in the community when they are released

Case plans are utilized at MCS, but there is no formal policy regarding the use of them. Additionally, while MORRAs and WRNAs were completed, the case plans were not based on the outcomes of the assessments. Rather, the case plans were created based on the singular group that is offered at MCS as well as a few groups provided in the community by non-MCS staff. Plans are individualized, but the there is only one program to address criminogenic needs by MCS. Further, if someone is a parent, they are automatically placed in parenting rather than utilizing the assessment to drive the need for the class.

- ***Recommendation:*** Case/treatment plans should be derived from the review of the offender's needs and individual goals and based on standardized and validated risk/need/responsivity assessments and how MCS can assist them in meeting their goals. The plans should target high criminogenic needs from the MORRA and WRNA. These individualized case plans should be developed by the case manager or MCS program staff and the offender and be regularly updated in case management meetings. The plans should include targets for change and strategies for achieving the change based on skills being taught throughout the program including what the offender is responsible for completing and what the program staff are responsible for assisting the offender with to meet their goals.

The most effective programs are based on behavioral, CBT, and social learning theories and models. MCS staff reported utilizing a CBT, strengths-based, and engagement/relationship building. At the time of the assessment, the primary modality of treatment was observed to be a combination of modeling, process and group sharing, with limited CBT. It should also be noted that this report is a snapshot in time, there was no female treatment group going on during the review period. Staff attributed this to low female numbers. While the assessment team can conclude there were low female numbers, there were still more females housed at MCS than in the first group observed. The best way to reduce recidivism is through structured time that includes treatment.

To ensure that effective interventions are being used throughout all MCS components, an overarching evidenced-based intervention modality should be adopted, and all group and individual sessions should be consistent with the program model. Modalities such as cognitive-behavioral or structured social learning have been shown to be effective at reducing recidivism among offenders involved in the justice system. MCS should make enhancements to include regular cognitive restructuring and structured skill-building throughout an offender's length of stay. We offer several recommendations to help ensure a coherent treatment approach is used throughout all of the services delivered to the offender.

- ***Recommendation:*** The evidence-based curricula that are already in use should be formally taught to staff that are expected to run them, and staff should be provided feedback and coached to enhance their service delivery.

- ***Recommendation:*** All current and any future curricula should be thoroughly vetted for CBT techniques. The International Community Corrections Association (ICCA) has developed a checklist that may assist in this regard.

- ***Recommendation:*** Current curricula could be supplemented to ensure that CBT is included. This would require developing CBT activities to supplement the curriculum where they are not already included. For example, sessions that deal with motivation for change could include teaching, practicing, and the application of a cost-benefit analysis. Sessions that explore how thinking drives

behavior can include teaching, practicing, and applying the ABC model. Sessions that deal with triggers and coping skills can include specific social skills from CCP skills that the MCS team deems useful. By the end of active treatment, offenders should have mapped out their high-risk situations and developed new thinking and new coping skills. This is referred to as a success plan or relapse prevention plan. Offenders should have to demonstrate that new thinking and behavior in group, on the unit, and in individual sessions.

The staff at MCS have ensured that information that staff need (e.g., mission and vision, assessment, scheduling, case planning, one on ones, behavior management, phase advancement, and some treatment interventions) is accessible. However, as noted above, treatment curricula are not consistently followed, and some treatment groups/individual sessions have no manual at all. For example, Soul Collage does not have curriculum. Additionally, CBI is conducted in a one-on-one setting and treatment manuals are not followed on a regular basis. Overall, staff have enormous leeway in what they do in their individual sessions.

- ***Recommendation:*** All individual sessions and group sessions should be manualized to ensure consistency in delivery. For the individual sessions, this should include expectations for the length of sessions, topics of sessions, approved teaching techniques, and homework activities. Once all components are manualized, staff should be monitored for their adherence to the manuals (i.e., policy and procedure, curriculum, and manualized interventions).

While MCS perform risk assessments, they are not properly placing offenders in services related to the risk assessment. It is likely that the facility staff are placing low-risk offenders in services with offenders who are at moderate- and high-risk to recidivate. Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the offender. For example, effective programs are structured so that lower-risk offenders have limited exposure to their higher-risk counterparts. Research has shown that mixing low-risk offenders with moderate- or high- risk offenders can increase their risk of recidivism. Low-risk offenders may be negatively influenced by the behavior of high-risk offenders, thereby increasing their risk of recidivism.

- ***Recommendation:*** Once formal risk assessments are conducted, MCS should give preference to moderate- and high-risk offenders. When low-risk offenders are accepted into the facility, they should be provided separate housing units and separate treatment groups. They should not be mixed with moderate or high-risk offenders.

MCS should also vary the dosage (i.e., the number of hours of services) and duration of services according to the offender's risk level. Offenders who are at higher risk for recidivism by definition have more criminogenic needs, and these offenders should be required to attend additional services, informed by the needs identified on the risk and need assessment tools. Types of services that can count toward dosage include interventions targeting a criminogenic need area using an evidence-based approach. Based on the treatment groups observed, very little of the treatment hours of services would currently count toward dosage. To demonstrate, groups do not use CBT or follow the manualized curricula, groups routinely start late and end early, there is no expectation that offenders have to participate in services not every offender is required to participate in the group in a meaningful manner.

In addition to what was reported and available in the manuals, the assessors observed two group sessions where the primary treatment approach was unclear and lacked consistency between the two groups. One group consisted of four offenders and was co-facilitated by a treatment coordinator and a case manager. The case manager was in training and participated in the group as an observer. Each offender shared which

week he had completed in MRT and read any homework required. There was a common trend that each offender discussed community service hours remaining. Additionally, the group lasted 35 minutes and 10 minutes of that, was waiting while the treatment coordinator graded the assignments for each offender.

- ***Recommendation:*** Overall, the research indicates that offenders who are at moderate risk (MORRA) and medium risk (WRNA) to reoffend need approximately 100 to 150 hours of evidence-based services to reduce their risk of recidivating, and high-risk (MORRA) and moderate (WRNA) offenders need over 200 hours of services to reduce their risk of recidivating. Very high-risk (MORRA) and high-risk (WRNA) offenders with multiple high-need areas may need 300 hours of evidence-based services. Only individual sessions, case management sessions, and groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count toward the dosage hours. As stated above, the facility can proactively plan for different treatment dosages based on risk level to ensure that service intensity varies upon risk and need levels. Additionally, offenders should be matched with programming based on their risk and needs score within their MORRA and WRNA as well as what would address responsivity.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups and staff. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, participants who lack motivation may need their motivation issues to be addressed first before being assigned to a service that targets their beliefs and teaches skills. Offender should be matched to each of the services they receive and staff they are assigned to by using the results from the need and responsivity assessments.

MCS staff are assigned to the services they deliver based on qualifications. However, all staff are trained in MRT which is the only group offered to offenders within MCS. MCS does refer out into the community for additional services needed based on their responsivity factors.

- ***Recommendation:*** Staff should be assigned to programs/groups based on their skills, experience, education/training, and interest rather than having all staff certify in MRT and only run one group.

Multiple staff and offender interviews suggested that offenders do not have input into the program. While offenders can make recommendations regarding the program, there is no structure and they feel as though nothing would happen if they offered suggestions. Additionally, staff reported there used to be a survey provided to offenders at the end of the program which allowed offenders to voice comments and concerns, but they have stopped providing that upon completion.

- ***Recommendation:*** Offenders should be able to provide input into the program through a formal and structured process. One that includes meetings, feedback forms, or other forms of formal representation.

While MCS provides appropriate reinforcers, staff does not consistently apply them. The review team notes that the application did not involve a discussion with the offender regarding both the short- and long-term benefits of maintaining particular behaviors. The review team also noted that the ratio between reinforcement and punishment was not consistent. Research suggests that reinforcements should outnumber punishers by at least 4:1. Additionally, punishers should be used to extinguish antisocial

behavior and promote behavior change. Staff administered punishers very rarely, did not deliver at the appropriate time, and did not demonstrate alternative prosocial behaviors.

> ***Recommendation:*** Staff should consistently apply appropriate reinforcers as well as punishers in at least a 4:1 ratio. The reinforcers should be consistent, immediate, individualized, and involve a short discussion with the offender. Additionally, punishers should be applied less frequently than reinforcers, but be impossible to escape from, delivered at maximum intensity-right after the anti-social behavior, and prosocial behaviors should be taught during this time as well. Development of a policy on the effective use of punishers should be considered.

Completion rate of the program is reported to be 90%. This shows the successful completion rate for offenders in the facility is extremely high and outside of the completion rate recommended by the research of what works in corrections.

- ***Recommendation:*** MCS should monitor its successful completion rate and ensure that offenders who are not successful and have not changed their behaviors are not counted as successfully completing the program.

If correctional programming hopes to increase offender engagement in prosocial behavior, offenders must be taught skills in how to do so. At the time of the site visit, very little of the group and individual services incorporated cognitive restructuring or structured skill building (i.e. modeling offender practice, graduated practice, and constructive feedback). These should be a consistent practice at MCS and used in one-to-one sessions, group treatment sessions, and unit-based skills groups.

- ***Recommendation*:** Offenders should be taught to restructure their antisocial or unhelpful thinking to help them make prosocial decisions. Specifically, they should be taught how to identify, challenge, and replace their unhelpful thinking across program targets. Various tools exist to help achieve this, including rules tools, thinking reports, cost–benefit analysis, and behavior chains. All staff should model new behaviors and incorporate cognitive-restructuring techniques in their discussions, sessions, and groups even if the curricula do not already call for them. Furthermore, added techniques should be documented in the program/facilitator manuals to ensure consistency between staff and groups offered at MCS.

- ***Recommendation:*** Structured skill building should be routinely incorporated across the service elements. Staff should be trained to follow the basic approach to teaching skills, which includes 1) defining skills to be learned; 2) obtaining offender buy-in as to the importance of the skill; 3) staff teaching the steps of the skill; 4) staff modeling the skill; 5) offenders rehearsal of the skill (role-playing); 6) staff providing constructive feedback to offenders on their use of the skill; and 7) generalizing the skill to other situations (e.g., homework or advanced role plays). Following this, offenders should practice the skill in increasingly difficult situations, which forms their graduated skills practice. 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 and provide constructive feedback to the offenders.

At the time of the assessment, no services for family were provided. The CPC requires that significant others (e.g., family and/or friends) receive training to provide structured support to offenders. Services should formally train family members to support the offender in making prosocial decisions using skills and concepts they have been taught in MCS.

- ***Recommendation:*** MCS should include a formal family component. The family members (or other prosocial supports) should be formally trained to provide support to the offender. These individuals should learn the skills and techniques that the offender acquired in MCS to understand the language of the curricula and support the offenders progress in the community. They should also learn how to communicate effectively with the offender and to identify risky situations and triggers to aid in reintegration.

Research demonstrates that aftercare is an important component of effective programs in order to help offenders maintain long-term behavior change. The MCS program does not currently have an aftercare component for all clients. While some release to the Missoula community, or acquire other outpatient services, others do not.

- ***Recommendation*****:** All offenders 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 offender risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level. Since some individuals remain in the facility and others leave, the program should determine different protocols for each population 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

MCS consistently uses a periodic, objective, and standardized reassessment process (i.e. the Functional Assessment) to determine if offenders are meeting target behaviors. Evidence was consistently found when reviewing offender files and in staff interviews.

Quality Assurance Areas in Need of Improvement and Recommendations

MCS lacks a consistent formal management audit system. Internal quality assurance mechanisms are important for programs to ensure they are operating the way they are intended to operate. While MCS consistently uses the mechanism to provide participate feedback on their progress through the program (i.e. the Functional Assessment), there lacks an established system to consistently provide group observation and feedback to staff delivering services/groups as well as a process for file reviews. MCS treatment coordinators review and sign the case plans developed by the Case Manager and offender, but staff interview and a review of open and close files both indicate there is no other type of file review that occurs. The CPC requires all three of these controls to be implemented in order to operate effectively.

- ***Recommendation***: MCS should implement a system of documented observation and feedback to service delivery staff and group facilitators. This process should allow for feedback and coaching of staff and help ensure high quality services are delivered. Observation should occur once per group cycle for each staff in each curriculum delivered. If the Director of Treatment facilitates groups, an agreement should be made with an outside entity familiar with the curriculum to provide this observation and feedback. MCS should also implement a system of documented file reviews.

MCS relies on outside providers to deliver the majority of offender services. For example, substance use treatment, sex offender treatment, and parenting classes are all delivered by community-based providers. MCS lacks a system of external quality assurance and evaluation of services and groups provided by external service providers to ensure the services being provided are of high quality.

- ***Recommendation***: The Clinical Treatment Supervisor, or their designees, should be allotted time to formally oversee these outside providers to ensure the services being provided are of high quality. This can be conducted by monitoring the groups/sessions regularly, by requiring each provider submit a regular progress report that are reviewed and incorporated into the offender's files and case plans. This external review should be conducted on a regular basis and written reports documented/provided.

MCS staff interviews indicate formal offender feedback on service delivery was collected in the past. Staff report there is no current formal offender feedback system in place.

- ***Recommendation***: MCS should establish a system for formal participant feedback on service delivery and use the data to inform programming. This system can include quarterly surveys, exit interviews, or post-release surveys/phone calls with offenders. This system should be well-documented in offender files or through an MCS policy.

MCS does not track recidivism of its offenders after completion of the program. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) 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.

- ***Recommendation***: Recidivism, in the form of re-arrest, re-conviction, or reincarceration, should be tracked at 6 months or more after release. The program can do this on its own, work with MT DOC, or work with a third party to conduct this. There should be evidence the program receives and understands the data.

- ***Recommendation***: In relation to the formal evaluation, a comparison study between the program's outcome and a risk-controlled comparison group should be conducted and include an introduction, methods, results, and discussion section. This study should be kept on file.

- ***Recommendation***: MCS should consider identifying an evaluator who is available to analyze available data and could partner with the local 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 MCS) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to 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).

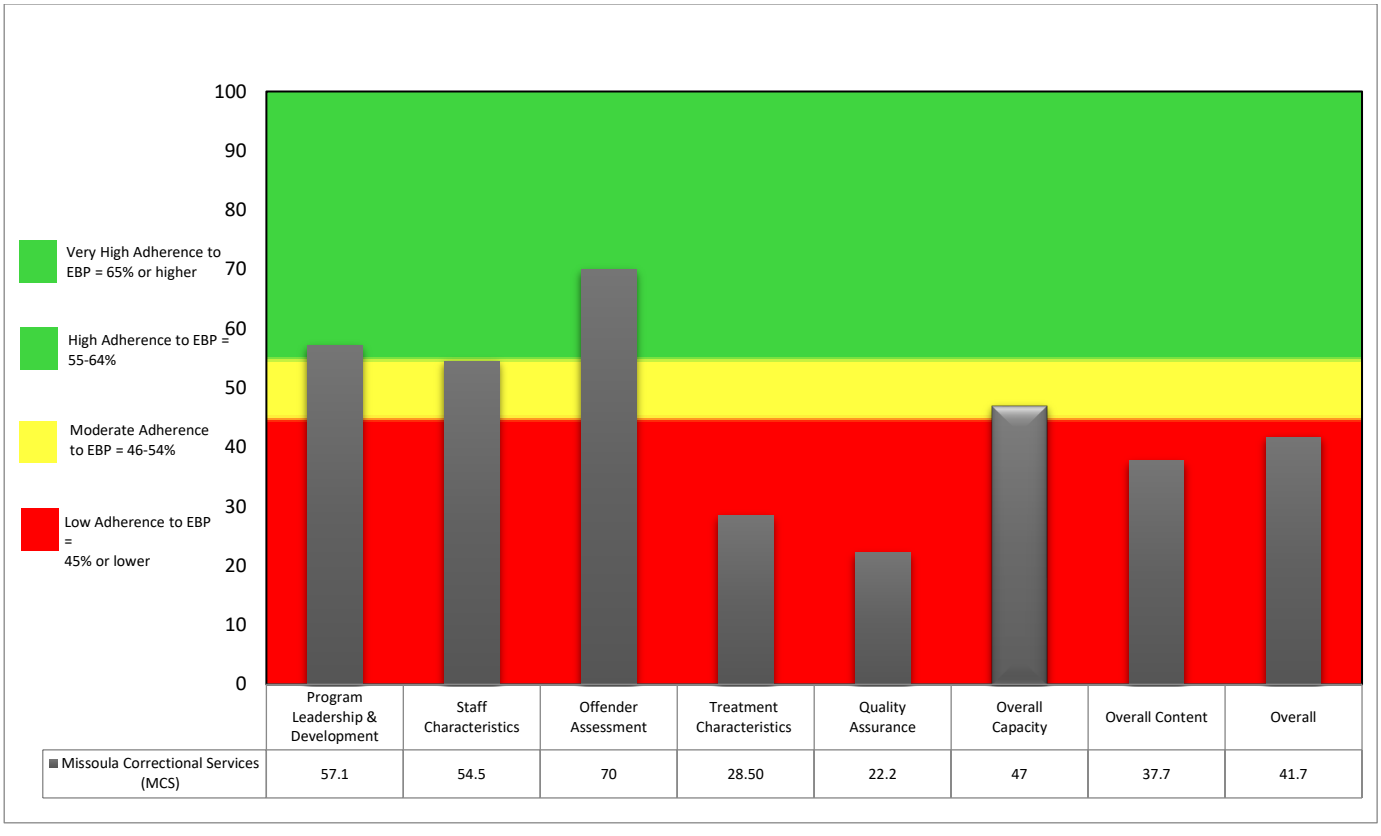
OVERALL PROGRAM RATING AND CONCLUSION

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.

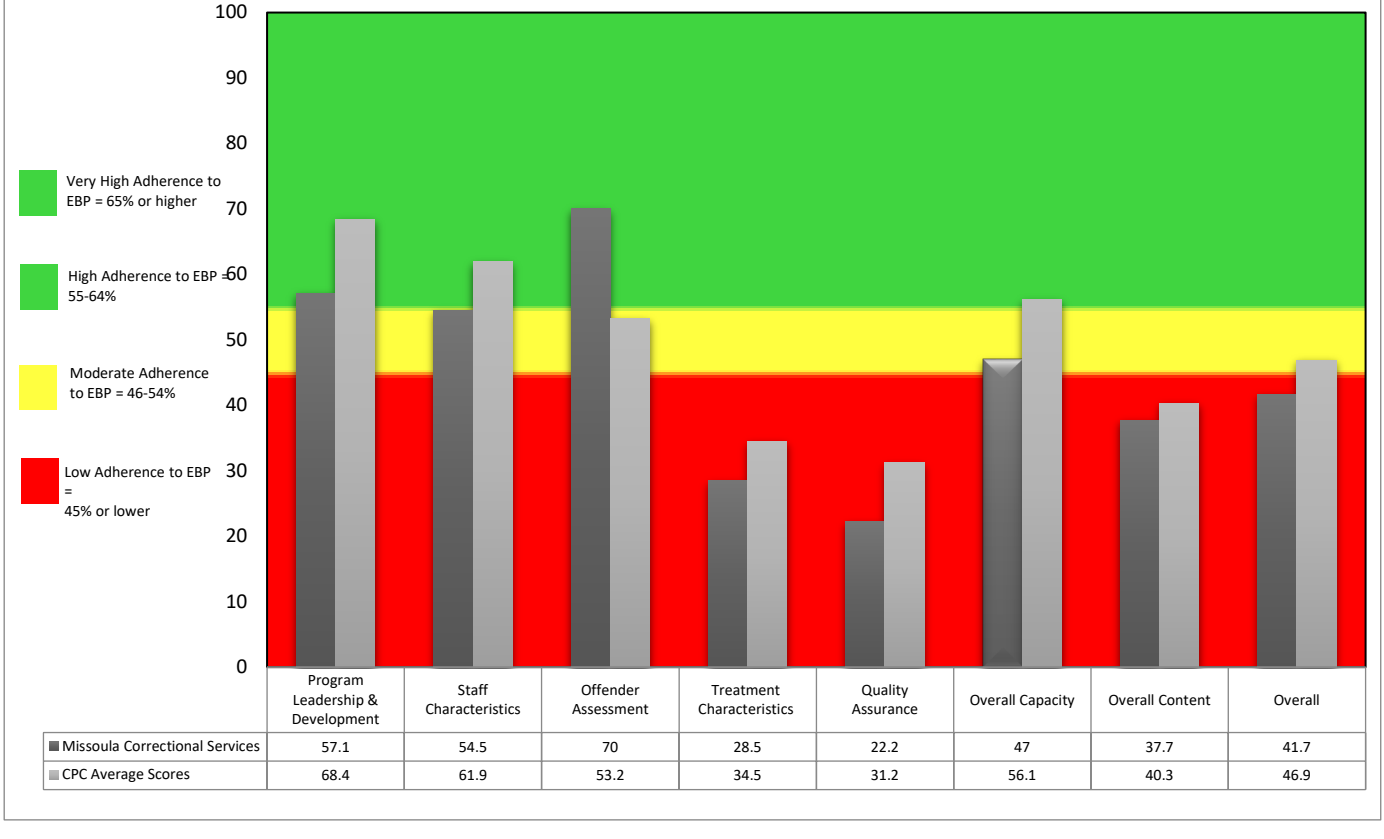
MCS received an overall score of 44.3% on the CPC. This falls into the Low Adherence to EBP category. There was some variation in the specific domain scores; the Program Leadership and Development domain and the Offender Assessment domain scored in the Very High Adherence to EBP category, the Staff Characteristics domain scored in the Moderate Adherence to EBP category, and lastly, the Treatment Characteristics domain and Quality Assurance domain scored in the Low Adherence to EBP category. The overall Capacity of the program scored in the Moderate Adherence to EBP category while the overall Content of the program scored in the Low Adherence to EBP category.

In reviewing this report, please keep in mind that the facility was not designed with the CPC in mind, and MCS staff should commend themselves for the work they have done to date to make treatment a focus at their program. Recommendations have been made in each of the five CPC domains, and these recommendations should assist MCS in making strategic changes to increase adherence to what works in reducing recidivism.

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 MCS want assistance with action planning or technical assistance, MDOC and/or UCCI can provide or recommend others to help in these endeavors. Evaluators note that MCS staff are open and willing to take steps toward increasing the use of EBP within the facility. This motivation will no doubt help MCS implement the changes necessary to bring it further into alignment with effective correctional programming.



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Missoula Correctional Services (MCS)	57.1	54.5	70	28.50	22.2	47	37.7	41.7



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Missoula Correctional Services	57.1	54.5	70	28.5	22.2	47	37.7	41.7
CPC Average Scores	68.4	61.9	53.2	34.5	31.2	56.1	40.3	46.9

[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.