

FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Sex Offender Program

Montana State Prison

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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, Montana State Prison's Sex Offender Program was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of the Sex Offender Program's practices 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 the Sex Offender Program are offered. The Sex Offender Program was assessed as part of a training initiative with the Montana Department of Corrections (MT DOC) in which staff from MT DOC were trained on the administration and scoring of the CPC. Given this CPC assessment involved a training process, this CPC report represents an assessment conducted within a training context. 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 intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score.ⁱⁱⁱ Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.^{iv} In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

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 all 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, offender 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 is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

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 assessment is 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.^v 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, 8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% 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 SEX OFFENDER PROGRAM AND SITE VISIT PROCESS

The Sex Offender Program (SOP) is operated at Montana State Prison (MSP) by the Montana Department of Corrections. SOP offenders are housed in the main facility of MSP, with groups facilitated on the Low Side and High Side, referencing custody levels based on security risk. SOP at MSP has been in existence since 1988 and provides service to approximately 120 offenders per year. SOP on the low side occurs in the A-Unit housing facility of MSP. This unit houses approximately 178 offenders, with 60 specifically engaged in SOP at any time. The rest of the housing unit is made up of general population offenders who have no connection to the program. SOP is broken up into three phases, SOP I, SOP II, and SOP Aftercare. Offenders are referred to the program upon entrance to MSP when a review of the file indicates current sex offenses. Most offenders are referred due to court orders or through the Board of Pardons and Parole as part of the release plan. There are 115 offenders enrolled in SOP I and SOP II combined, with 485 offenders on the waiting list to begin programming. Approximately 60 offenders are currently identified as needing the program but are refusing to attend any programming related to sex offenses. The refusals may be related to legal concerns, such as appeals, or fully denying a crime. Blair Hopkins, LCPC is identified as the Program Director for the program. At the time of the CPC site visit, SOP Aftercare is not offered at the institution due to staffing shortages.

SOP I is a closed-ended group which provides educational information to offenders. SOP I is described as an educational phase for offenders who have a documented history of sexually deviant behavior. Most who participate in SOP I are court ordered and it is a pre-requisite for entering SOP II. It uses the SABER curriculum for 32 hours of total group time, typically taking 12-16 weeks. The groups are didactic or process groups, strictly discussing educational information. The group may be facilitated by a unit case manager or SOP specific therapist. Currently the program director conducts all Phase I programming. Offenders are not required to admit guilt to complete this phase.

SOP II is an open-ended group that provides programming in two separate settings. The outpatient (OP) SOP II groups are facilitated by a fully licensed therapist with at least a master's degree and who has obtained certification from the Montana Sex Offender Therapist Association (MSOTA). Offenders are housed throughout the institution and only come together during group times each week. The Intensive Treatment Unit groups (ITU) are also facilitated by an MSOTA therapist. ITU programming occurs in the A-unit housing facility, and all members of a specific group are housed in the same living quarters for the duration of their treatment. The housing unit is broken down into twelve separate housing cubes. Some of the cubes in the housing unit are specific to SOP programming, and some are general population cubes. All members of the ITU live in the same cube within the housing unit, but the entire housing unit is comprised of various offenders who may or may not be engaged in programming. The SOP ITU and OP programs typically take 12-24 months to complete. The curriculum used, Sexually Abusive Behavior: Evaluation and

Recovery Program (SABER) is manualized and authored by a MSOTA therapist. The curriculum is currently being updated by the same author. To date, there are no studies to document its effectiveness. The SOP I SABER manual states using a psychoeducational model and the SOP II manual states using a cognitive behavioral modality. SOP staff routinely supplement the manualized curriculum with additional material.

SOP II OP groups are typically two hours in length, one day per week. The ITU program is also two hours of group, twice per week. Both OP and ITU groups are typically process in nature, with an offender presenting one of the assignments and then receiving feedback from the facilitator and other offenders. The ITU and OP programs consist of five levels, each with specific completion criteria including pre-tests and post-tests. The total program includes 45 specific assignments, with supplemental assignments at the discretion of the facilitator. The SABER curriculum is described as cognitive in nature, with some behavioral based assignments and groups. Offenders must admit at least partial guilt to be considered for Phase II.

Offenders who are participating in SOP II may attend other programming as deemed necessary by prison staff, but that programming is not required or evaluated as part of the overall SOP program. Some offenders were attending classes to obtain their high school equivalency diploma or other vocational certifications. Offenders were screened for criminal attitudes and behavior concerns, but those screenings were not shared with the SOP department or included in treatment planning purposes.

The CPC assessment process consisted of a series of structured interviews with staff members and program offenders during an on-site visit to Montana State Prison on April 1st and 2nd, 2019. Additionally, data were gathered via the examination of twenty offender files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, five treatment groups were observed: SOP I, SOP II OP, SOP II ITU, SOP II Special Needs, and SOP II High Side. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the first CPC assessment of this program.

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), his/her qualifications and experience, his/her current involvement with the staff and the program offenders, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Blair Hopkins was identified as the program director for 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

Mr. Hopkins possesses a bachelor's degree in Criminal Justice. Mr. Hopkins also has a master's degree in professional counseling. During his bachelor's and master's program, he attended classes related to working with the criminal justice population. Mr. Hopkins has worked with offenders for over 25 years. He has been in his current position as the program director for 15 years. Mr. Hopkins's strengths come from his continued activity in the program, such as facilitating all SOP I groups. Mr. Hopkins is also responsible for the screening of all offenders into the SOP Phase II program. Mr. Hopkins maintains involvement in all aspects of hiring staff to provide sex offender programming. He is the sole person responsible for creating the job posting, screening potential applicants, and interviewing staff for positions. The hiring interviews use a behavior-based approach and applicants are given a background check prior to hire.

Mr. Hopkins holds a weekly staff meeting with all direct providers, where clinical oversight is provided through case staffing of difficult clientele, providing information passed on through the MSOTA organization, and a team review of all offenders wishing to move to level 5 in the SOP Phase II program.

The program has support from the criminal justice community in the state of Montana. Offenders are given court orders to attend the SOP at MSP and, most times, required to complete programming prior to release as this program is believed to reduce the risk of these offenders from committing another similar crime. Also, outside treatment providers work closely with the SOP to determine continue treatment into aftercare programming upon release in the community.

There have been no major decreases in funding that have significantly impacted the program within the past two years and funding has been stable. Additionally, the SOP has been in operation for about 31 years, since 1988, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Mr. Hopkins does not have a formal training process for new direct service staff members. The training process for new hires relies on training provided to all new hires at MSP, and does not include specifics on program philosophy, expectations, or group rules and norms.

- ***Recommendation:*** Mr. Hopkins should consistently conduct formal training of all new hires. This training should include a structured schedule and objectives to be met during the training process. Mr. Hopkins should be observing and providing feedback to new staff in the day-to-day operations of the treatment program.

The SOP does not have a formal process for piloting new programs or interventions. Piloting allows a program to sort out any program logistics or content before that program is instituted to all offenders. Piloting may also be used to review ongoing modifications made to existing materials. Staff consistently reported they could add or change the existing SABER format or bring

in other materials to use, often providing different materials to different groups depending on the facilitator. Mr. Hopkins is consulted on all new materials or changes; however, the changes are not reviewed for efficacy.

- **Recommendation:** SOP should institute a piloting process that includes periodic reviews of new programs, a formal way to collect information on the piloted programs and include input from all staff on the progress of the new program. Each piloted program should have a set start and end date for the pilot and should last at least one month.

It is important that the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. Some of the staff interviewed reported receiving articles to read and discussions during staff meetings, other staff reported being unaware of any means of disseminating information other than the one annual MSOTA conference. Individual counselors articulated their own means of obtaining literature, and often shared articles that they were interested in with other counselors. To date, a formal literature review concerning what works in changing offender behavior has not been conducted by either the SOP or Mr. Hopkins. While staff do receive some literature related to working with offenders during departmental and staff meetings, it varies by job classification and applicability to evidence-based practices. As such, staff are not formally and regularly informed about evidence-based practices with this population.

- **Recommendation:** The SOP and/or Mr. Hopkins should conduct a literature search to ensure that 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 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 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:** The above information should be disseminated to all staff delivering direct services in the program on a regular basis. This can be achieved by sharing this information at weekly staff meetings. This should also include a mechanism to verify staff understand the material. This may be obtained through ongoing discussions with staff on an individual basis.

Funding for the SOP is considered to be inadequate. Although funding remains stable for the past two years there are areas of treatment that are considered to be critical, such as aftercare, are not

provided due to financial inadequacies. Further, the curriculum the SOP uses is designed to be delivered by two facilitators if done with fidelity. Again, financial restraints preclude this from occurring.

- **Recommendation:** The SOP, in cooperation with MDOC, should prioritize all critical areas of treatment and implement an effective means to deliver curriculum with fidelity.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the offenders. Excluded from this group is support staff and the program director, who was evaluated in the previous section. In total, five staff were identified as providing direct services. These positions included mental health counselors.

Staff Characteristics Strengths

SOP program staff meet CPC standards for education and experience. At the time of assessment, 86% have obtained an associate degree or higher in a helping profession and 100% of the staff had at least 2 years of experience with criminal justice populations, thus exceeding the CPC requirements in these areas. The SOP should be commended for the education and experience of their programming staff.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes than programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired by the SOP are hired based on their ability to show good communication skills, decision making skills, empathy and rational thinking.

Programs that demonstrate better outcomes have direct service delivery staff meetings that occur at least twice per month. SOP staff attend a regularly scheduled weekly meeting with round table discussions, participant phase review and other program or time specific topics. Clinical supervision is also provided through these weekly meetings, thus meeting the criteria for the CPC.

Programs that provide staff members formal opportunities to provide input on how the program can be modified to better improve the delivery of services have better outcomes than programs that do not. The program does provide opportunities to provide input (e.g., suggestions to supervisors, emails, opportunity to discuss at staff meetings.) Additionally, these suggestions or modifications must be approved by the program director, Blair. By having a formal approval process, the likelihood of these modifications having a negative impact on fidelity to treatment programs, evidence-based practices and assessments is minimized.

Finally, the SOP has ethical guidelines in place for all staff that are outlined in MDOC policy.

Staff Characteristics Areas in Need of Improvement and Recommendations

Staff do not receive an annual evaluation. An evaluation should have traditional employment indicators, but more importantly, should be supplemented to include indicators for direct service delivery skills. In order to promote behavioral change, programs need to assess staff annually on their abilities and skills related to evidence-based practice service delivery.

- ***Recommendation:*** Conduct annual evaluations of staff performance. Annual reviews can include traditional employment indicators (like ability to work with others, ability to conduct proper evaluations, participation in staffing and training, etc.), but professional staff should also be supplemented to assess the service delivery skills involved in behavioral change. Service delivery skills include assessment skills and interpretation of assessment results, modeling of new behaviors, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment intervention model and effective interventions.

While new staff have a very detailed set of skills, new hires do not receive formal, consistent initial training on the SOP, or training on evidence-based practices for working with offenders. Moreover, staff do not receive 40 dedicated hours of yearly ongoing training related to evidence-based practices.

- ***Recommendation:*** New staff should receive thorough training in the theory and practice of interventions employed by the SOP. There should be formal training for all staff on SOP services before any staff deliver that curriculum. In addition to the SOP curriculum, relevant topics include training on the principles of effective intervention, assessments, specific program components, group facilitation, core correctional practices, cognitive behavioral interventions, social learning, etc. This training should be outlined and updated in the program manual.
- ***Recommendation:*** Staff should be required to receive a minimum of 40 hours per year in ongoing formal training related to the program and service delivery (see topics listed above). Training in areas not directly related to service delivery (i.e., CPR, restraint, bloodborne pathogens, etc.), while required for different aspects of the job, should not be counted towards the CPC 40-hour criterion.

While SOP staff is knowledgeable and believes in the program, the totality of the site visit (e.g., interviews and observations) indicated that the security staff does not support the program. It was observed that security staff interrupted meetings over the loud speaker and pulled offenders out of group. Continuous interruptions of group impact group delivery, dosage of services, and reduce motivation of group members.

- ***Recommendation:*** SOP should work with security staff to eliminate interruptions while groups are occurring. Interruptions to group should be limited and postponed as often as possible. SOP and DOC administrative staff should make efforts to work with security on educating security staff on the benefits of treatment services.

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

The SOP admits appropriate offenders, as determined by the program. Very few (less than 4%) of referred offenders are inappropriate for the services provided by SOP. Those that may be inappropriate are offenders that have been required to opt out per their attorney's advice and offenders denying their crime, which is a requirement to move on to SOP II. Additionally, Montana has adopted a validated tool, the Montana Offender Reentry and Risk Assessment (MORRA), which the SOP is utilizing.

Offender Assessment Areas in Need of Improvement and Recommendations

The program lacks written, established guidelines for excluding offenders that may be inappropriate for services. Programs that are able to identify and exclude offenders that are inappropriate for services have better programmatic outcomes than programs that lack exclusionary criteria.

- **Recommendation:** The SOP should develop exclusionary criteria that identifies offenders who are inappropriate for the services provided by the SOP. This criterion should be written into program policy and followed by all staff, as well as shared with referral sources. Exclusionary criteria should be based on clinical/community/legal criteria.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk 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. Need assessment or domain scores are also crucial as they determine which criminogenic need areas offenders have, whereas responsivity assessments assist in determining offenders' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few). The SOP program does not consistently conduct an adequate range of sex offender specific risk, needs or responsivity assessments to measure an offender's risk scores, programmatic needs, engagement in treatment or potential barriers to the delivery of services. Review of files showed that SOTIPS is occasionally administered, but not on a consistent basis and the results are not used to drive programming decisions.

The SOP did consistently have a completed Montana Offender Reentry and Risk Assessment (MORRA) in offender files. This is a validated risk and needs assessment, however it is not

specific to treating sex offenders. The scores from this assessment are neither used to determine admittance into the program nor to drive further programming decisions.

Finally, the SOP is not consistently administering at least two or more responsivity assessments. Programs that identify and mitigate barriers to treatment are found to be more effective.

- **Recommendation:** The program should assess risk with a sex offender specific, validated, standardized, and objective risk assessment instrument, such as STATIC-99 or SOTIPS, for each offender referred to the program. The SOTIPS would meet both the risk and need assessment requirement for the CPC.
- **Recommendation:** For sexual offenders both general needs and sex offender specific needs to recidivate should be considered. The program should use the MORRA assessment scores, which provides information for general needs. The program should also use an assessment tool such as the Stable/ACUTE or SOTIPS on all offenders to elicit sex offender domain specific needs.
- **Recommendation:** The SOP should measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.) for each offender. The results from these assessments can be used to make decisions on how staff, clients, and the program work together. Suggested responsivity tools include GAIN-SS, ACE, Beck's Depression/Anxiety, and URICA.

It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk clients are admitted to the program and low risk offenders are not admitted (or extremely limited and separated from moderate and high risk clients). At the time of the CPC assessment, the SOP consistently had MORRA assessments, however the scores are not used to make programmatic decisions. Additionally, the MORRA is not a sex offender specific risk tool.

- **Recommendation:** The SOP provides treatment services based on the offender's judgments and board of pardons and parole recommendations thus limiting the ability of the SOP to not allow low risk offenders into the program. The SOP should designate separate groups for offenders assessed with a sex offender specific risk tool scored as low risk from those scored as moderate or high risk.

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the program 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 justice-involved offenders in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the offender's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the offenders in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

The SOP targets a number of criminogenic needs such as: high risk situations, emotional regulation, antisocial thinking, antisocial personality and thoughts, prosocial alternatives, performance in education and employment, resolving deviant sexual arousal, relapse prevention. Programs should focus at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs). In addition, to further reduce the likelihood that offenders will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). At the time of observation, SOP's ratio was 8:2 (80% criminogenic). Resolving shame and guilt and expanding responsibility and accountability are non-criminogenic. The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

The SABER curriculum used by the SOP is based on a cognitive behavioral model. It is a manualized curriculum that targets a number of criminogenic needs for this population.

Programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff in the SOP are all qualified to provide SO programming based on their educational experience and licensure.

The length of time over which services are delivered is important. The most effective interventions last between three and nine months, with the exception to this being sex offender treatment which is not specified due to lack of research. Sex offender treatment should not be less than four months. The current program is designed to be completed in 6 to 24 months. As such, the SOP currently meets CPC criterion for length of the treatment program. Treatment/intervention groups are conducted and monitored by professional staff from beginning to end (i.e., groups are not run by offenders).

The required range for groups is 8 to 10 offenders per facilitator. The SOP group size falls within the required range of the CPC. Formal discharge plans are developed upon termination from the program. The plans include formal referrals to other services, progress in meeting target behaviors and goals, and notes on areas that need continued work.

Treatment Characteristic Areas in Need of Improvement and Recommendations

The SOP does not have a process in place in which assessment results are used to develop case plans. While offenders consistently have individual treatment plans, they did not have individualized case plans. Research indicates that case plans should be developed based on the results of validated assessments and should be developed in conjunction with the offender. The objectives listed in case plans should be specific to the assessment results and should utilize/emphasize skills taught in programming (e.g., coping skills, thinking, etc.).

- ***Recommendation:*** Case/treatment plans should be derived from the review of the offender's needs and individual goals, based on standardized and validated risk/need/responsivity assessments in relation to how SOP can assist them in meeting their goals. The plans should address more than SO programming and target other high

criminogenic needs from the MORRA. These individualized case plans should be developed by SOP staff and the offenders and be regularly updated. 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 can do to assist the offender.

While the SABRE curriculum has some good elements, it is missing core components that we know in helping justice involved individuals change their behavior. To illustrate, there is no research to show that it is necessary to force offenders to admit their crime prior to advancing in treatment. Further, while the curriculum contains cognitive restructuring elements, it lacks direction whereby staff model skills and concepts and have offenders practice skills and receive constructive criticism towards the use of their skills in risky situations.

- **Recommendation:** In order to increase the likelihood of achieving long term behavioral change through social learning elements, the program can consider two options. First, the curriculum could be supplemented with essential skills (i.e., social skills, emotional regulation skills, coping skills, etc.). Second, the Program Director could work with the Evidence Based Program Committee to adopt a more evidence informed curriculum.

The SOP does not separate program participants from the rest of the population. For example, program offenders in SOP II OP come from several different units in the facility.

- **Recommendation:** Offenders involved in programming need to be adequately supervised/monitored. In an institution setting, program offenders need to be separated from the rest of the population unless the entire institution is involved in the program. This allows for the reinforcement of learned treatment content.

The SOP should have a detailed program manual that specifies all major aspects of the program. This manual should include the program description, philosophy, admission criteria, assessment, scheduling, case planning, phase advancement, behavior management, completion criteria, discharge planning, and aftercare. This manual should also include how groups are structured, the goals of each session and recommended teaching methods.

- **Recommendation:** The SOP needs to create a detailed program manual that specifies all major aspects of the program. In addition to the areas listed above, each group should have a standard curriculum. The curriculum should include how groups are structured, the goals of each session, the content of each session, the recommended teaching methods, and include exercises, activities, and homework assignments. All group facilitators should follow the manual to ensure consistency in treatment delivery and efficacy to the curriculum. While staff may add content to a lesson, staff should not deviate from the provided content nor should they augment the methods/modality of treatment provided by the curriculum.

The offenders should spend between 35 to 50 hours a week in structured programming or activities required by the program (e.g., required employment, required education). Offenders involved in structured activities have less down time. The SOP falls below the 35 to 50 hours criterion of the

CPC. The schedule of groups suggests that offenders are occupied for a maximum of 3-6 hours of structured time per week (depending on OP or ITU).

- **Recommendation:** The SOP in coordination with MSP can work to increase structured activities including education classes, work, treatment groups, and other staff supervised tasks. For example, offenders who don't have programming can be placed into a staff supervised skills group. Additionally, more non-programming activities (e.g., work duties) can be included and supervised to increase the amount of structured time an offender has.

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 the risk of recidivism for low risk offenders. Low risk offenders may be negatively influenced by the behavior of high-risk offenders, thereby increasing their risk of recidivism. While the SOP does screen all offenders using the MORRA, there is no use of that information for case planning nor is it a sex offender specific risk tool.

- **Recommendation:** The SOP should consistently conduct a sex offender specific risk and needs tool, such as SOTIPS and use the scores to ensure that low and moderate/high risk level offenders are not mixed. If low risk offenders are not excluded from SOP services, separate groups should be created to ensure that low risk are not mixed with moderate or high-risk offenders.

A program should vary the dosage and duration of service according to the offender's risk level. The SOP does not provide more intensive services to higher risk offenders. Offenders who are at higher risk for recidivism have more criminogenic needs. These offenders should be required to attend additional services, dictated by the needs identified on the MORRA and other sex offender specific risk and need assessment tools. Thus, offenders identified as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that offenders who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high-risk offenders need over 200 hours of services to reduce their risk of recidivating. Very high risk or high-risk people with multiple high need areas may need 300 hours of evidence-based services. Only 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 towards the dosage hours.

- **Recommendation:** For SOP to increase dosage, the program needs to fully adopt an evidenced-based curriculum, and consistently implement cognitive restructuring, modeling, and skill building practices throughout all curricula in its program (see below for discussion on how these processes should be implemented). This is because only evidenced-based interventions can count towards dosage hours, as these are the interventions that produce long-term behavioral change.
- **Recommendation:** The SOP should develop separate program tracks for moderate and high-risk offenders with different requirements for dosage hours (i.e., intensity and

duration). High risk offenders should receive more groups and services than moderate risk offenders. Dosage hours should be identified by a MORRA and sex offender specific risk tool and tracked.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the offender to the type of service for which he is most likely to respond. These assessed characteristics can also be used to assign staff and offenders together as programs have better outcomes when the staff are matched to offenders based on assessed need and/or responsivity factors. Additionally, programs that have a formal process in place for offenders to provide the program feedback on their likes and dislikes demonstrate better outcomes than programs that lack this formalized procedure. The SOP does not use the results of a needs assessment to refer offenders to programming or to match staff and offenders. Instead, once a staff member has an offender complete SOP II, group placement is determined by whomever is the next offender on the wait list. SOP I is determined by the waitlist as well and the same guidelines are used. The SOP does not systematically receive feedback from offenders while they are participating in the program. Rather offenders give feedback upon completion of the program on the therapist's skills and abilities in conducting effective SO programming.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign offenders to different treatment groups and staff. To illustrate, offenders who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, offenders who lack motivation may need motivation issues addressed before an assignment to a service designed to address beliefs and teach skills.
- **Recommendation:** Need and/or responsivity factors should be used to match offenders to their group facilitators. For example, an offender with substance abuse issues should be matched with a staff member with substance abuse credentials. Or, an offender who lacks motivation is matched with a staff who excels in motivational interviewing techniques. The SOP should work towards implementing consistent use of responsivity assessments (as described above) and use both responsivity and need assessment results to match offenders and staff.
- **Recommendation:** Formalize a procedure to allow opportunities for offenders to provide feedback as to their likes and dislikes or suggested improvements to the program. Examples may be a suggestion box, feedback forms, or elected representatives.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and be mindful to the difference between improving long term behavioral change and maintaining intuitional compliance in effort to change behavior effectively. The SOP would benefit from utilizing appropriate reinforcers (i.e., verbal praise, earned privileges and certificates of completion). Interviews with staff and offenders indicated that the reinforcers currently used in the SOP, such as parole dates are not in the facilitators control and therefore do not correlate to positive behavioral change. Moreover, the administration of reinforcers needs to be improved. Rewards are most valuable when they are

received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. Finally, program staff do not receive formal training on the administration of rewards (or punishers). In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change and are appropriately applied. The SOP has established some punishers available for use (points), but the program has no formal protocol for administering them. Staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions such as aggression towards punishment, future use of punishment, and response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

➤ **Recommendations:** The current behavior management system should be modified in the following manners:

- There should be a menu of reinforcers for staff to choose from. These may include things like verbal praise, earned privileges, certificates of completion or shared movie nights. The expression of support should be sufficiently intense to distinguish it from the background levels of support, concern, and interest that is normally offered by the facilitator.
- Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff link the reward to the desired behavior. For key target behaviors, staff should have the offender articulate the short-term and long-term benefits of continuing that behavior. The use of reinforcements should not be focused on short term behaviors (e.g., successful completion of homework), but should focus on long term prosocial behaviors (e.g., avoid trouble with others, problem solving, etc.)
- The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.
- For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when applicable).
- Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. In addition to emotional reactions, staff should be trained to watch for

avoidance/aggression towards punishers; mimicking of the same type of punishment received, responding by substituting inappropriate behavior with a new inappropriate behavior; and/or lack of generalization in the punishment.

- There should be a written policy to guide administration of rewards and punishers. All staff should 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.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress towards meeting individualized treatment goals. In comparison, to successfully complete the SOP, an offender simply must ‘complete the work given by their instructors’ without a full appreciation as to what specific treatment need the assignment may be addressing or how many assignments, in addition to the SABER curriculum will be requested of the offender.

- **Recommendation:** The SOP should establish written guidelines for successful completion. These guidelines should be tied to individualized progress in acquisition of the target behaviors taught in the program. In addition to offender progress observed by staff in meeting their individualized treatment plan goals and objectives, progress should also be linked to some objective assessment such as the SOTIPS, which can be utilized as pre, mid, and post-test measure of offender progress or reassessment of the MORRA. Offenders should also be informed of these guidelines and their progress toward meeting target behaviors as they move through the curriculum.

The successful program rate should range between 65% and 85% indicating that offenders do not indiscriminately complete or get terminated from the program. At the time of the site visit, the completion rate represented was approximately 100%. This appears to be a rate that does not include offenders who begin the program but do not successfully finish the first time or other examples of failures being represented. It is understood the program provides services to offenders who are required by their judgement to complete; however, it does not accurately reflect the rate at which offenders are successfully completing the SOP.

- **Recommendation:** The SOP should establish a policy and procedure to outline successful program completion as well as failures. For example, if an offender starts a program (e.g. SOP II), but does not complete it, they should be considered ‘removed,’ even though they will go back onto a waitlist and then ideally, successfully complete the second time, which will be counted as such.

If correctional programming hopes to increase offender engagement in prosocial behavior, offenders must be taught skills in how to do so. This includes new thinking skills and new behaviors. At the time of the site visit, none of the group services incorporated the correct format for teaching new skills as outlined by social learning theory.

- **Recommendation:** Structured skill building should be routinely incorporated across the program. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skill/increasing offender motivation for the skill; 3) staff modeling the skill for the offenders; 4) offender rehearsal of the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; every offender should practice that skill); 5) staff providing constructive feedback; and 6) offender practicing the skill in increasingly difficult situations and being given staff feedback/generalizing the use of the skill to other 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 and provide constructive feedback to the offender. Since the curricula does not call for this, program staff should examine how best to incorporate behavioral elements in SOP.

Research demonstrates that aftercare is an important component of effective programs in order to help offenders maintain long-term behavior change. The SOP does not currently have an aftercare component for all offenders. While some go to pre-release, 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 individuals both remain in and leave the institution, the program should determine different protocols for each population concerning what aftercare should look like.
- **Recommendation:** Aftercare should include formal services designed to assist the offender in maintaining prosocial changes. This should include 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 based on offender risk level.

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

The program has a formal process to solicit offender satisfaction with the program. The SOP program at MSP collects surveys from program offenders, compiles the data, and looks for patterns in recommendations. Programs that collect formal offender feedback on service delivery and use that information to inform programming, have better programmatic outcomes than programs who lack this process.

The program does track recidivism of its offenders after completion of the program. Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—this information is tracked at six months or more after release from prison. This information is compiled in an annual report and analyzed for patterns or trends. The program should consider extending the time period in which it evaluates recidivism, as the research literature suggests sex offender recidivism be assessed in 5-year intervals.

Quality Assurance Areas in Need of Improvement and Recommendations

The SOP lacks a formal management audit system. Internal and external quality assurance mechanisms are important for programs to ensure that they are operating the way they are intended to operate.

- ***Recommendation:*** The SOP should develop policy for consistent, systematic process wherein (1) there is a consistent process for timely file reviews, (2) there is quarterly observation of staff service delivery for each staff delivering SOP, and (3) offenders are provided feedback on their progress in the curriculum. With regards to observation of staff service delivery, this needs to be consistently done by the program director and there should be documented feedback provided to the staff based on the observations of the program director. In regards to offender feedback, this can take the form of biweekly, monthly, or quarterly (or other time frames) meetings where the offender receives feedback on their progress in meeting treatment and case planning goals, their progress in group, and what they need to do to successfully complete the program. This process needs to be systematic for all offenders.
- ***Recommendation:*** Because the SOP has contracted service providers, it would be beneficial to implement a management audit system to evaluate these external providers. This will ensure the services being provided are of high quality. This may include periodic site visits, monitoring of groups, regular progress reports, file review, audits.

The program does not have a periodic, objective, and standardized reassessment process to determine if offenders are meeting target behaviors. While SOP utilizes a test to assess knowledge gained during, it is not clear how this information measures changes in behaviors over time.

- ***Recommendation:*** The SOP should formalize a periodical reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using a standardized need assessment tool that may be adopted that is directly related to the SOP program. Having a subjective assessment (e.g., testing knowledge of SABER manual material) is not sufficient to meet this requirement.

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:*** 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:** The SOP 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 SOP) 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

The program received an overall score of 35.5% on the CPC. This falls into the Low Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence-based interventions and services for the offenders is 53.1%, which falls into the Moderate Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 66.6% (Very High Adherence to EBP), the staff characteristics score is 63.6% (High Adherence to EBP), and the quality assurance score is 22.2% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 22.7%, which falls into the Low Adherence to EBP category. The assessment domain score is 20.0% (Low Adherence to EBP) and the treatment domain score is 23.5% (Low Adherence to EBP).

It should be noted that the program scored highest in Program Leadership and Development domain and Staff Characteristics. While recommendations have been made in each of the five CPC domains, most of the areas in need of improvement relate to the Treatment Characteristics, Assessment, Offender Assessment, and Quality Assurance Domains. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all “areas needing improvement” at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

As outlined in the cover letter attached to this report, please take the time to review the report and disseminate the results to selected staff. Although we have worked diligently to accurately describe your program, we are interested in correcting any errors or misrepresentations. As such, we would appreciate your comments after you have had time to review the report with your staff. If you do not have any comments, you can consider this to be a final report.

Figure 1: Montana State Prison Sex Offender Program CPC Scores

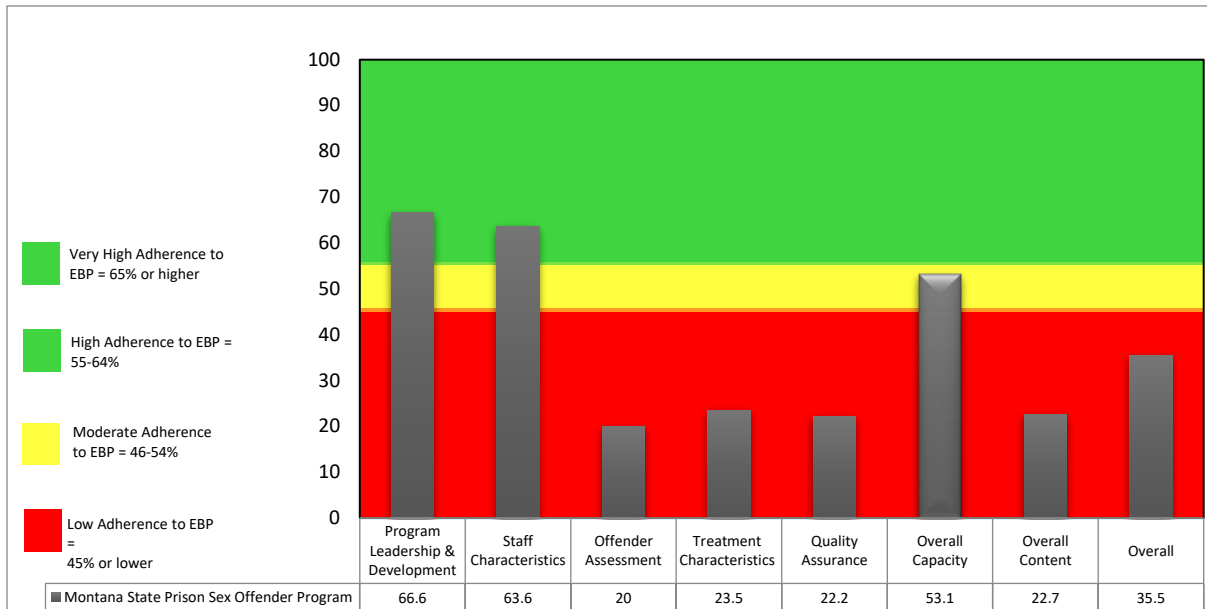
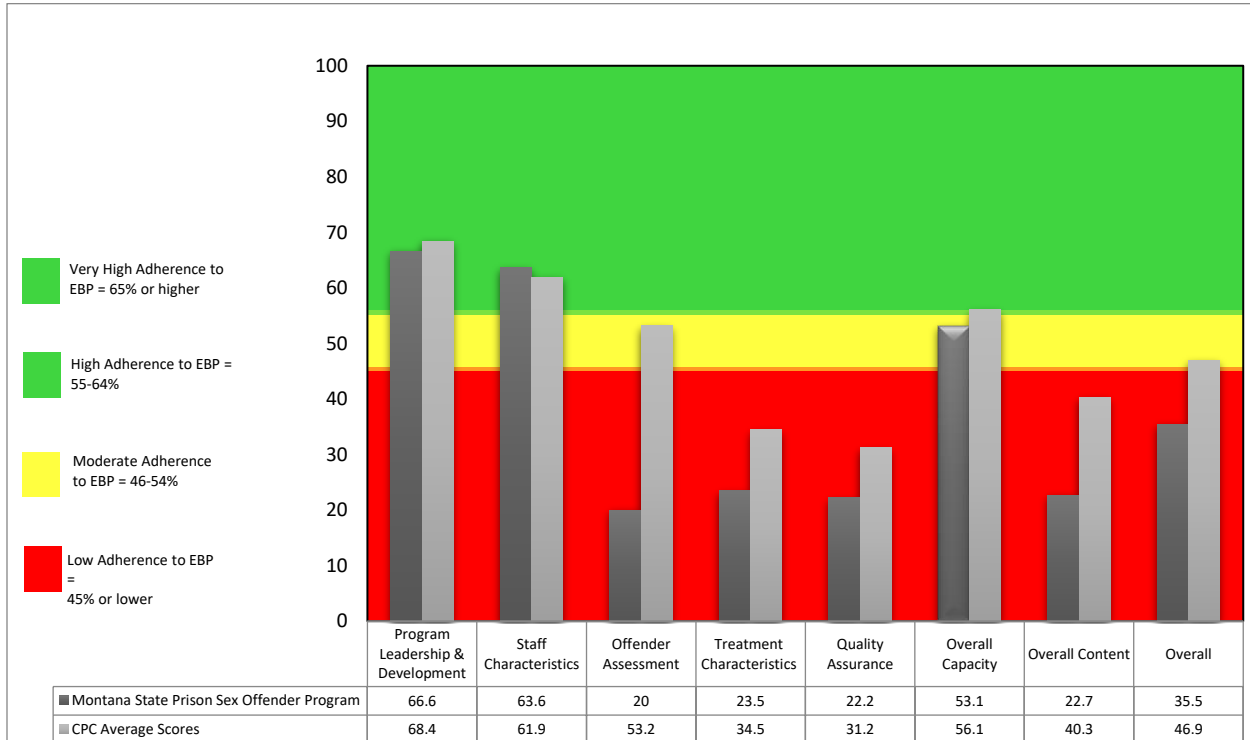


Figure 2: Montana State Prison Sex Offender Program CPC Scores Compared to the CPC Average Scores



ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), the 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 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:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

^{iv} Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

^v 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.