EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

WATCh West/CCP West

Community, Counseling and Correctional Services, Inc.

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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, WATCh West/CCP West (hereafter WW) was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of WW'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 WW are offered. This is the first formal 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). 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 (i.e., this document) which contains all of the information described above. In this report, WW 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 you and your staff is sought. Once feedback from you and your staff is received, a final report is submitted. Unless otherwise discussed, the report is the property of WW and the Montana Department of Corrections (MDOC) and UCCI will not disseminate the report without prior program approval. The scores from the WW program will be added to the UCCI CPC database, which is used 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.[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 WW AND SITE VISIT PROCESS

WW, owned and operated by Community, Counseling, and Correctional Services, Inc (CCCS), began operations in 2002 and offers two different types of treatment tracks. One, referred to as the WATCh program, is an 81-bed secure residential program for offenders convicted of felony DUI. The program also admits offenders that have been convicted of vehicular homicide or vehicular assault. Further, the WW program includes the 86 bed Connections Corrections Program (CCP) for offenders with chemical dependencies and for offenders required to service sanctions from community supervision or prerelease programs. While we intended to only review the WATCh program, there were no discernable differences between WATCh and CCP, and as such, the CPC was expanded to include CCP, or the entire WW program.

WW consists of substance abuse programming and education. WW operates programming based on a social learning model and offers the following treatment groups: Criminal Conduct and Substance Abuse Treatment, Strategies for Self-Improvement and Change (SSIC) or Chemical Dependency as it is referred to by the facility, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA), Family Relationship/Parenting Program, Anger Education, Substance Use Disorder Aftercare, and Emotional Regulation. Offenders also have case managers. Additionally, there are AA meetings and educational tutoring. Offenders are either referred to the program for 90 days for the CCP or sent by a judgment for 180 days to the WATCh program.

The program director for WW is Ms. Donna Benson, and the program administrator for WW is Alex Vukovich. Ms. Benson is charged with overseeing programming and services for the WW and as such is considered the program director for the purpose of the CPC. The primary therapeutic groups of WW are delivered by licensed addiction counselors and case managers.

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to the WW program on July 23 and 24, 2019. 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, a CBI-SA, morning CD, Troubleshooter, Therapeutic Community (TC) and Living in Balance group were observed. Data from the various sources were then combined to generate the 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) of the program. As previously mentioned, Ms. Benson 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

The program director is both well-educated and experienced. Ms. Benson possesses a bachelor's degree in Sociology and Criminal Justice and an associate's degree in Addictions. Ms. Benson is very experienced with correctional treatment and has been working with adult criminal justice populations within the WW program for over 15 years. She has been in her current position as the program director since 2013.

The research on program effectiveness asserts that program directors who are involved are more effective than those who are not. As such, the CPC requires that program directors be involved in hiring, training, and supervising all staff who provide services to program participants served by WW and also that they are involved in some of the service delivery themselves. Ms. Benson meets three of these four CPC criteria. First, she is involved in training new staff on the TC model and some of the elements of the treatment curriculum. Second, she has direct oversight of staff who are providing services to the program participants. This oversight is conducted through group meetings, individual meetings, and being on the units on a regular basis. Third, she is involved in providing direct services to program participants. She routinely carries a caseload and at the time of the assessment, she had four clients on her caseload.

The program is in a secure institution in the Montana State Hospital complex in Warm Springs, but WW also sends participants into the nearest local community of Anaconda for treatment services. WW has the support from that community. Additionally, WW has built positive relationships and receives support from the state hospital, Montana State University, Montana Department of Labor, and the local AA/NA community. WW has positive working relationships with criminal justice partners such as local police, judges, MDOC, and parole and probation. WW feels supported by these stakeholders through open and honest communication.

Program funding is adequate to implement the program as designed and there have been no major shifts in funding within the past two years. Also, the program has been in existence since 2002, indicating that WW meets the criterion of being established for at least three years.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Programs in which the program director participates in the hiring process for service delivery staff have better programmatic outcomes than programs where the program director does not participate

in the hiring process. Ms. Benson is involved in the hiring process for most staff; however, she is not involved in the hiring *all* program delivery staff.

- ***Recommendation:*** Ms. Benson should be included in all interviews for staff that are hired to provide treatment services. Ms. Benson should be included in the determination on what staff are best qualified and suited for the program.

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. WW has recently begun working with UCCI to update its programming. While this is a large step forward, currently not all programming offered is based upon effective correctional treatment literature. To date, a formal literature review concerning what works in changing offender behavior has not been conducted by either WW or within the larger CCCS agency for some time. While management staff seem to be more informed and maintain an awareness of current literature, evidence regarding EBP and relevant program practices it is not disseminated to staff in a formal manner. For example, the last notification to staff was an informational article regarding marijuana and its impacts on mental health. As a result, staff are not formally and regularly informed about evidence-based practices with this population.

- ***Recommendation:*** CCCS as a larger organization and/or Ms. Benson should conduct thorough literature searches at regular intervals 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:*** All staff working in the program should receive related research articles regularly, and a portion of each all staff meeting or local unit meetings should be used to ensure that this information is reviewed and discussed for relevance to WW. As a result, WW can ensure that all core services (e.g., group and individual sessions intending to reduce recidivism) are implementing these proven practices (see additional recommendations in the Treatment Characteristics domain below).

Changes to WW programing are not routinely piloted before they become a formal program practice. Research indicates that effective programs observe a formal pilot period prior to

implementing modifications as subsequent revisions are often difficult to make once a change has been formally instituted. Piloting is most successful when it is a regular and formalized process. Most large changes should be formally piloted to ensure they are rolled out with consideration to the program. While the recent addition of the CBI-SA groups was piloted, it was not for a set period and did not included start and end dates. Formal piloting should also include input from staff and staff awareness that a piloting process is being implemented and this did not occur with the CBI-SA pilot.

- ***Recommendation:*** WW should implement a pilot program for at least one month for all new programs to be provided. The start and end dates of the pilot program need to be clearly defined. Successful pilot programs must ensure that staff are included in the process and that information and data is collected.

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 are support staff and the program director, who was evaluated in the previous section. In total, 14 staff were identified as providing direct services. These positions included case managers, counselor techs, and licensed addiction counselors.

Staff Characteristics Strengths

The WW program staff meet CPC standards for experience. The CPC requires that at least 75% of direct service delivery staff have worked in programs with criminal/juvenile justice populations for at least two years. WW staff exceed this mark with 86% of the staff meeting this important criterion. The program should be commended for the experience of its programming staff.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes then programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired by WW are hired based on their ability to set good boundaries, accept feedback, exhibit good communication skills, and their belief in treatment.

All direct service delivery staff receive ongoing clinical supervision from a licensed clinical supervisor—Ms. Benson. The case managers, counselor techs, and licensed addiction counselors are considered to be part of the clinical team and are involved in both group and individual supervision on a weekly basis. The program director provides this supervision by observing groups, periodically attending weekly unit meetings, signing off on completed treatment summaries, and 1:1's with staff as needed.

Programs that provide staff opportunities to provide input on programs and delivery of services have better outcomes than programs that do not. WW offers several different opportunities to

provide input. These include verbal suggestions to supervisors and administrators, emails, and opportunities to discuss improvements in clinical meetings and in all staff meetings. Additionally, these suggestions or modifications must be approved by the program director, Ms. Benson. By having a formal approval process, the likelihood of these modifications supporting the current treatment model is maximized.

It was evident throughout the site visit that the goals and values of the program are supported by all staff that work in/interact with the program. Finally, in this domain, WW has established ethical guidelines that staff are expected to abide by.

Staff Characteristics Areas in Need of Improvement and Recommendations

The WW program staff do not meet the CPC standards for education. The CPC requires that 70% of direct service delivery staff have at least an associate's degree or higher in a helping profession (e.g., counseling, criminal justice, psychology, social work, or specialized fields like addiction). At the time of assessment, only 43% of program staff had an associate's degree or higher in a helping profession.

- ***Recommendation:*** When new direct service delivery staff are being hired, preference should be given to individuals with at least an associate's degree in a helping profession. WW may wish to explore recruiting candidates from local colleges and universities that have obtained a degree in a helping field.

Multiple types of meetings take place at WW: (1) at 11:30 every day the TC hierarchy meets with staff; (2) at 12:05 every day staff only unit meetings are held; (3) a bi-weekly treatment team meeting is held on Wednesday or Thursday; (4) bi-weekly trainings for treatment staff are conducted by Ms. Benson; and (5) as needed all-staff meetings. Programs that demonstrate better outcomes have staff meetings that occur at least twice per month where client cases are reviewed in detail. With the WW current meeting structure, meetings are focused on operational and logistical topics such as client crises/issues, behavior management and corrections, and schedule changes. As a result, important programmatic elements such as new intakes, case reviews, treatment progress, and needed treatment interventions at the individual level are not discussed.

- ***Recommendation:*** One of the current meetings should be reformatted to ensure formal case review for every client at set interval occurs. Opportunities to openly discuss progress and issues on an ongoing basis will assist both the staff and the program participants. Since the program serves both shorter and longer sentences, WW staff should determine how often the case reviews should take place for the shorter-term individuals (e.g., monthly or mid-point and endpoint) and the longer-term individuals (e.g., bi-monthly). Due to the number of participants at any given time, this could happen on a rotating basis during staff meetings ensuring between four to six case reviews per client occur while in the program.

Staff receive an employee evaluation every six months that assesses staff on traditional employment indicators like ability to work with others, ability to conduct proper evaluations, participation in staffing and training, following CCCS policy, and accepting assignments that are given. This evaluation is lacking indicators for direct service delivery skills. In order to promote

behavioral change, programs need to assess staff at least annually on their abilities and skills related to evidence-based practice service delivery.

- ***Recommendation:*** Annual reviews can include traditional employment indicators but should also be supplemented to assess the service delivery skills of staff involved in behavioral change. Service delivery skills include: assessment skills and interpretation of assessment results, communication skills, modeling of new behaviors, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment intervention model and effective interventions.

New staff receive 40 hours of training at the corporate office and then 40 hours of local initial training (CP&R manual, downing the duck, disease concept, drugs of abuse, etc.) followed by a week of shadowing a peer of same position. They are also given information reading and videos to watch. These trainings are focused on the TC model. As a result, new staff do not receive formal, consistent training on evidence-based practices for working with offenders. While some of the annual training hours focus on evidence-based practices and offender rehabilitation, staff do not receive 40-80 hours of ongoing training each year.

- ***Recommendation:*** New staff should receive thorough training in the theory and practice of interventions employed by WW. There should be formal training for all staff on the WW services before any staff deliver that curriculum. In addition to the WW curriculums, relevant topics could include training on the principles of effective intervention, assessments, specific program components, group facilitation, Core Correctional Practices (CCP) ie: professional relationship, effective reinforcement, effective disapproval, effective use of authority, cognitive restructuring, pro-social modeling, structured learning, problem solving, 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 formal training related to 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 this criterion. As the bi-weekly training sessions are developed, the program director should consider building in these direct service delivery elements and include opportunities for staff to practice them (e.g., steps to effective reinforcement or use of authority, or completing cognitive restructuring with a client) and be provided feedback on how to improve service delivery.

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

Almost all offenders screened into the program are deemed appropriate for the program by the staff. Referrals for the WATCh program consist of offenders that have been convicted of a 4th or subsequent DUI. Offenders for the CCP West program consist of individuals with some type of substance use disorder (SUD). The program has been designed to work with individuals with SUD needs. Programs that maintain the appropriate offender population and offer the appropriate services have better outcomes than programs that do not.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for individuals involved in the criminal justice system. To measure risk and needs levels, the Montana Offender Risk Assessment (MORRA) is completed on intake. The MORRA measures risk and need levels indicating whether offenders are of a high, medium, moderate or low risk of recidivism. The MORRA also reasonably measures the residents' dynamic need factors related to recidivism based on criminogenic needs related to criminal conduct (i.e., family and social support, substance abuse, and mental health, criminal attitudes and behavior patterns, education, employment, and financial situation).

Since WW's main target is substance use assessment, it is important that additional assessment in this criminogenic be conducted. In addition to the American Society of Addiction Medicine (ASAM), the program does conduct validated domain specific assessments for substance use. This includes the Behavior and Attitudes About Drinking and Driving (BADDS), Drug Abuse Screening Test (DAST), Michigan Alcohol Screening Test (MAST), CAGE, and Alcohol Use Disorders Identification Test (AUDIT) on a consistent basis. Our research on the BADDS indicates that it has good validity but has not yet been shown to predict future drunk driving or riding behaviors and should be interpreted in that light (see below for additional details on this).

Offender Assessment Areas in Need of Improvement and Recommendations

The program has formal inclusionary criteria for the WATCh program that is written in statute. This is a fourth or subsequent felony DUI. However, the program has not developed formal exclusionary criteria concerning the types of individuals that the program cannot serve. Further, on the CCP side of the program, there are no documented established guidelines for including or excluding offenders that are either appropriate or not appropriate 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:*** CCCS should work with MDOC to establish formal written inclusionary and exclusionary criteria for CCP.

- ***Recommendation:*** The WW program should develop exclusionary criteria that identifies people who are inappropriate for the services provided by WATCh. An example of exclusionary criteria could include only accepting those individuals that score as moderate

to high risk on the MORRA. Given the intensity and length of WATCh, CCCS should direct intensive services to moderate and high risk offenders and minimize services to the low risk offenders.

- ***Recommendation:*** These criteria should be written into program policy and followed by all staff as well as shared with referral sources.

- ***Recommendation:*** One issue affecting the program is that many courts are developing local drug/DUI courts to keep folks in the community (and rightfully so). In order to adhere to the risk principle, CCCS should work with the judges to support low risk offenders participating in local drug/DUI courts and prioritize moderate and high risk individuals for the WW program.

The program does not measure two or more responsivity factors (e.g., motivation, readiness to change, reading level, mental health, depression, etc.) for each person. The results from these assessments should be used to make decisions on how staff, offenders, and the program work together. The responsivity tool employed by the program, the TABE, is an acceptable tool in assessing educational/cognitive functioning, however, the program needs to ensure that all offenders are administered the TABE on a consistent basis. As a result, WW does not consistently conduct an adequate range of responsivity assessments to measure an offender's engagement in treatment or potential barriers to the delivery of services.

- ***Recommendation:*** First, the TABE should be administered to all program participants. Second, the program should add another responsivity assessment to its intake process. The program may wish to systematically assess all participants at the beginning of the program as well as explore reasons why participants fail the program or struggle in programming. Areas for consideration include motivation, readiness to change, mental health, or depression. The results from these responsivity assessments can be used to make decisions on how staff, offenders, and the program work together. Suggested responsivity tools include Texas Christian University-Motivation (TCU-MOT), Global Appraisal of Individual Needs – Short Screener (GAIN-SS), Adverse Childhood Experiences (ACE), Beck's Depression/Anxiety, University of Rhode Island Change Assessment (URICA), or the Computerized Assessment and Referral System (CARS).

Programs that target higher risk offenders for services have better programmatic outcomes than programs that do not. As a result, programs should strive to ensure that mostly moderate, medium and high risk offenders are admitted to the program, and low risk offenders are not admitted (or limited and separated from moderate and high risk offenders). At the time of the assessment, the WW program had approximately 41% low risk offenders, according to their MORRA scores. Furthermore, almost all of the participant files reviewed showed that participants were low risk on the BADDS as well.

Recommendation: The percentage of moderate, medium or high risk offenders served by the program should be 70% or higher. Moderate and high risk offenders should be selected for treatment, and lower risk offenders should be screened out for community drug/DUI court participation.

The MORRA is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs. However, the BADDS, while valid, is not necessarily predictive of risk to recidivate on DUI offenses.

- ***Recommendation:*** In place of or in addition to the BADDS, WW should consider if the Impaired Driving Assessment (IDA) or the Driver Risk Inventory (DRI) would help better assess the level of risk for drunk driving.

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

Programs should focus at least 50% of its efforts on those characteristics associated with recidivism (criminogenic needs). WW targets a number of criminogenic needs such as: criminal thinking, attitudes, substance use, emotional regulation, anger management, employment, relapse prevention, leisure and recreation, family relationships and empathy. As such, it is meeting this CPC criterion.

The length of both the WW programs (i.e., CCP and WATCh) fall within the range of treatment that is found to be most effective (i.e., between three and nine months). Additionally, while attending this program, offenders are appropriately supervised while in the facility as well as in the community when attending Alcoholics Anonymous (AA). Most of the treatment activities are conducted in-house, and all offenders residing in WW participate in the program. Offenders who participate in community treatment or activities are always appropriately supervised by program staff.

Ideally, offenders should spend between 35-50 hours a week in structured programming or activities, so they have less down time (i.e., they are required to mimic a prosocial lifestyle). WW provides a vigorous schedule that keeps offenders occupied in structured activities for the majority of each day.

Programs that assign staff to groups based on the staff member's specific characteristics such as skills, education, experience, or training have better outcomes than programs that do not. Staff at WW are assigned to groups based on their preference, experience, training, and licensure. For example, staff who facilitate CIB-SA are only those who have been trained on that specific

curriculum. Additionally, the 'troubleshooters' (ie: cognitively challenged offenders) group is facilitated by a staff member with an education background.

Programs that have formal process in place for offenders to provide the program feedback on likes and dislikes while still in the program demonstrate better outcomes than programs that lack this formalized procedure. WW has formalized procedures. Offenders can make suggestions to their hierarchy who then review and if agree, submit a program proposal. A committee of staff members reviews these proposals and make a decisions on whether or not a change will take place. For example, recent proposals requested and granted include a kickball tournament, addition of a secular sobriety group and a new celebrate recovery group.

A key component of behavior change includes a well-executed behavior management system. WW offers a wide array of rewards including verbal accolades, barbeques, snacks, karaoke time, and extra recreation.

The completion criteria for this program is based on a phased progression that requires formal criteria be met. Participants must apply to advance to the next phase, and their application is reviewed and approved by staff. The requirements for successful completion of each phase are well outlined in the handbook.

Treatment Characteristics in Need of Improvement and Recommendations

As noted above, the program focuses approximately half of its efforts on addressing non-criminogenic factors. 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, WW's ratio was 10:10 (50% criminogenic). In addition to the criminogenic targets outlined above, the program targets the following non-criminogenic as well—life skills, discipline, mental health, grief, parenting, resolving resentments, admitting to every criminal charge/behavior from their past, public speaking, and hygiene.

- ***Recommendation:*** In order to increase the density of appropriate program targets, it is recommended that WW work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal behavior. The program should review all required program elements to ensure group and individual sessions remain focused on the core areas designated on the MORRA, and time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1. Appropriate criminogenic targets for change include (but are not limited to): antisocial thinking and beliefs, antisocial peers, substance abuse, and pro-criminal personality factors such as poor anger management, poor problem solving ability, and constructive (prosocial) use of leisure time. WW should lessen to the extent possible its focus on non-criminogenic targets and remove these from the curriculum.

The WW program does have case plans for each offender in the program based on program phases and the goals during that phase; however, a review of these case plans indicated that they are not individualized for each offender. They do not take into account the individuals' identified risk(s) and need(s) from the MORRA assessment or the other need assessments used at WW. 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.). There is only individualization after the case manager or counselor meets with the offender during the intake process and decides, based on their education and experience instead of relying on validated assessments or screening tools, what the individual needs of the offenders are. Relying on individualization of case plans to occur based on the offender's answers is not sufficient. The only other time individualization occurs is as a result of a disciplinary action. When these sanctioning plans are developed, the interventions include shaming, apology letters and occasionally behavior chains (more information on this practice is noted below in the behavior management area of this domain).

- ***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 WW can assist them in meeting their goals. The plans should address more than substance abuse and target other high criminogenic needs from the MORRA. These individualized case plans should be developed by the case manager or WW 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.

The most effective programs are based on behavioral, cognitive-behavioral (CBT), and social learning theories and models. WW operates interventions under a modified TC model that includes some CBT elements. However, it also relies heavily on educational, disease model, and self-directed approaches. Research has consistently demonstrated that programs that operate using a cognitive-behavioral model have demonstrably better outcomes than programs that operate under other modalities. While the program director and several staff have a good grasp on CBT, some staff did not consistently understand CBT fundamentals. Further, few of the groups included the use of CBT by the facilitators and depended heavily on processing. WW does attempt to incorporate some forms of CBT. For example, Cognitive Behavioral Interventions-Substance Abuse (CBI-SA) is used as a curriculum, thinking errors groups are offered, and elements from Gorski's relapse prevention are used. However, the majority of the interventions are operated using non-CBT modalities. Only 8 of the program's 141 participants receive CBI-SA as designed, most of the groups are process and lecture (e.g., the CD group) and some are participant led (e.g., CP&R). Furthermore, the program utilizes some interventions which have been demonstrated to be harmful—namely, shaming practices as part of the TC. For example, offenders may (1) be a 'green ranger' and made to wear a green hat and march around in a circle chanting that they will not exhibit the behavior which resulted in this punishment; (2) be made to wear a duck hat and have to quack like a duck and walk like a duck for violating minor house rules or program expectations; or (3) be placed on silent mode. Research indicates that these types of shaming practices do not achieve long-term behavioral change, and may, in fact, increase the likelihood of future crime.

- ***Recommendation:*** Shaming techniques should be immediately discontinued. These should be replaced with appropriate sanctions from the behavior management system (discussed in more detail below). Related, in place of expecting participants who may have anti-social motivations to hold each other accountable, staff should monitor and hold participants accountable. During this process, staff should help participants make the connection between their thoughts and their behaviors and help them to determine how to live in a way that is congruent to their values.

- ***Recommendation:*** The program should evaluate the components of the TC model that contradict the tenets of cognitive-behavioral treatment. For example, peer-led chain of command (hierarchy) and emphasis on following orders without question negates the individual's autonomy and undermines their ability to make decisions on their own. Cognitive behavioral interventions teach the participant to make decisions that reduce the risk of returning to antisocial conduct. There is a contradiction between being told to do the right thing and making the choice to behave within the rules. One approach tells the offender "what" to think and the other teaches the offender "how" to think.

- ***Recommendation:*** Instead of an emphasis on process and educational groups, participants should be focusing on learning and practicing new prosocial skills through staff-led modeling and role-play. The WW program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches. This model should also be reflected in the program manual, group interventions, case management sessions, individual sessions, and in all other interactions with offenders. For example, all staff should be asking offenders what they were thinking right before a positive or negative behavior and explore how that thinking either helped or hurt them. The current curricula should be reviewed and supplemented to address this concern. Curricula that uses cognitive and behavioral strategies should be followed to fidelity. The focus of group and individual sessions should be on teaching participants to identify and replace antisocial thinking and choices with prosocial ones (i.e., cognitive restructuring). Cognitive restructuring can be taught through behavior chains, thinking reports, and cost-benefit analysis. The program should also focus on teaching participants skills critical to them leading a crime-free lifestyle (e.g., refusal skills, relapse prevention skills, problem-solving skills, decision making skills, etc.), reinforcing participants for appropriate behaviors and choices, and holding participants accountable for antisocial behaviors and choices through use of sanctions.

  All curricula/groups/lessons should be examined for their inclusion of cognitive restructuring and structured skill building. The program should consider using curricula that have more CBT techniques already built in. Examples of appropriate evidence-based curricula for criminal thinking include: *Thinking for a Change* (T4C). Running CBI-SA appropriately will also help in this regard—and CCCS is commended for training trainers in CBI-SA and end users in the CBI-Core Curriculum (CBI-CC). As more staff in CCCS are trained in these curricula, it is expected that these groups can be run with fidelity. More information regarding the *Thinking for a Change* curriculum and training can be gathered from the National Institute of Corrections web-site at https://nicic.gov/thinking-for-a-change. More recommendations related to this are provided throughout this section of the

report. Should the program wish to continue using its current curricula, the program should supplement lessons with cognitive restructuring and skill building techniques.

The program document referred to as the WW program manual contains some pertinent areas (e.g., mission, program description, phase up process, behavior management), but is missing some key components. For example, inclusionary and exclusionary criteria for both programs is missing. Further, not every group has formalized manuals for staff to follow.

- ***Recommendation:*** In addition to the program manual containing a program description, philosophy, admission criteria, and scheduling, 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.

- ***Recommendation:*** 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. Ensuring use of the manuals can be achieved through live observation, clinical supervision, and file review processes.

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, medium 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. At the time of the assessment, there was no effort to separate referrals based on their risk level as determined by the MORRA. Additionally, some offenders do not have a MORRA conducted before they are placed into treatment and therefore cannot be matched on risk and needs.

- ***Recommendation:*** WW should receive MORRA scores or conduct a MORRA on all offenders to ensure that risk levels of offenders are not mixed. If low risk offenders are not excluded from WW services, separate groups should be created to ensure that low risk are not mixed with moderate, medium or high risk offenders. While it may be difficult to limit the exposure of low risk offenders to high risk offenders given the structural layout of the WW facility, the program should examine the percentage of low risk offenders that are received from MDOC and develop a plan based off the number of beds that will be reserved and used for low risk offenders.

A program should vary the dosage and duration of services according to the offender's risk level. The WW program does not provide more intensive services to higher risk offenders. Offenders who are at higher risk for recidivism by definition have more criminogenic needs. These offenders should be required to participate in additional services, dictated by the needs identified on the MORRA risk and need assessment tool. Thus, offenders identified overall as high risk for recidivism should have longer and more intense services than those identified as medium or 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 medium risk offenders need over 200 hours of services to reduce their risk of recidivating. High risk offenders 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. While onsite, the schedule was not routinely followed. If a dosage rendering group does not go the full length scheduled, the participant may not be credited with the full or designated dosage. Further, low risk offenders should only be given enough of a service to help in certain need areas and should be provided the least intensive amount if programming as possible.

- ***Recommendation:*** As currently delivered, most of WW programming cannot count toward dosage as it is not consistently delivered following a behavioral, cognitive behavioral, or social learning model. For WW to increase dosage, the program needs to fully adopt an evidenced-based modality and consistently implement cognitive restructuring, modeling, and skill building practices throughout all curricula used in its program (see above and below for information on how these processes should be implemented).

- ***Recommendation:*** Moreover, WW is often not aware of an offender's risk level because a MORRA has not been completed. If a MORRA has not been completed, CCCS should either (1) require it be completed before the offender is referred to the program or (2) conduct the MORRA internally at the time of admission to the program.

- ***Recommendation***: WW/CCP-W should develop separate program tracks for moderate, medium 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 medium and moderate risk offenders. Dosage hours should be tracked and included as part of the completion criteria. Should the program continue to accept low risk individuals (on both the MORRA and the BADDS or other DUI assessment), a separate and shorter program should be designed for those offenders. This program should have the shortest length of stay (i.e., no more than three months) and provide fewer than 100 dosage hours.

Offender needs and responsivity factors, like personality characteristics or learning styles, should be used to systematically match the offender to the type of service in 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. WW does not use the results of a needs assessment to refer offenders to programming or to match staff and offenders. Instead, the unit with an available an offender is housed within the unit that has an available bed and the unit where the offender is placed determines the group placement and LAC assignment.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign offenders to different treatment groups. To illustrate, offenders who are highly anxious should not be placed in highly confrontational groups. Likewise, offenders who lack motivation may need motivation issues addressed before an

assignment to a service designed to address beliefs and teach skills. Offenders who do not have young kids should not be placed in the parenting group.

- ***Recommendation:*** Need and/or responsivity factors should be used to match offenders to their group facilitators and counselors. For example, an offender who lacks motivation is matched with a staff who excels in motivational interviewing techniques, or high need clients are placed with individuals who have the most knowledge and experience in working with high need clients. WW should work towards accessing or implementing responsivity assessments (as described above) and use both responsivity and need assessment results to match offenders and staff.

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 apply appropriate reinforcers in order to change behavior effectively. WW has established some appropriate reinforcers (i.e., verbal praise, extra phone time, extra recreation, later bedtime). However, interviews with staff and offenders indicated that these reinforcers are used to increase institutional compliance (i.e., the things that keep them out of trouble at WW such as showing up on time to group, wearing slippers correctly and walking in a line silently) and not focused on long term behavioral change (i.e., things that will keep them out of trouble in the long term such as recognizing prosocial alternatives). Moreover, the implementation of reinforcers needs to be improved. Rewards are most valuable when they are given as close as possible to the when target behavior is exhibited 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. Staff understand this ratio but struggle to meet the ratio in practice. Last, instead of driving and supporting treatment efforts, security staff are largely excluded from the behavior management system.

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 WW program has established some punishers available for use, however, the program has no formal protocol for administering them, and the program relies heavily on peers for compliance efforts.

An addition concern is that the assessors observed multiple instances of staff modeling antisocial behavior and staff not holding residents accountable for inappropriate behavior. In these instances, staff neither recognized the behaviors or statements as antisocial nor corrected participants use of antisocial behavior or statements. Staff did not administer any punishers, even when given opportunities in the group context. Additionally, the program uses shaming techniques and treatment interventions as punishment—both of which should not be used. Staff are also not trained on how to properly administer punishers and effectively monitor for 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. Finally, program staff do not receive any formal training in the administration of rewards or punishers.

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:

  - 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 and long-term benefits of continuing that behavior. The use of reinforcements should not be focused on short term behaviors (e.g., cleaning, following TC protocol), 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).

  - Shaming should not be used and should be stopped immediately. Offenders should not be required to not talk, wear signs, hats, be called names, etc. These types of punishments are not effective and can actually be detrimental to a program's goals.

  - Treatment interventions should not be framed as a punishment. For example, if homework for a group is used to teach people prosocial behavior, it should never be framed as a punishment for some infraction. Instead, the program should assign a proper punishment (e.g., loss of privileges) and then use the treatment intervention as a way to avoid further risky behaviors.

  - 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, including security 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.

The successful program rate should range between 65% and 85%, ensuring the program is neither too difficult nor arbitrarily easy to complete. At the time of the site visit, the completion rate represented was approximately 88%. It is understood that completion of WW is a statutory requirement for felony DUI offenders.

- ***Recommendation:*** WW should establish a policy and procedure to outline successful program completion as well as failures. The program should develop different completion definitions (e.g., successful, maximum benefit or partially successful, and unsuccessful) and monitor its completion rate on a regular basis. Creating formalized completion criteria, tied to behavioral acquisition of skills taught in the program and not based on memorizing TC requirements, should help to bring this rate into the appropriate range.

If correctional programming hopes to increase offender engagement in prosocial behavior, offenders have to be taught skills in how to do so. This includes new thinking skills and new behaviors. At the time of the site visit, only one of the groups (the CBI-SA test group) incorporated the correct format for teaching new skills as outlined by social learning theory. For example, the CD group that most clients receive is being facilitated as a process group.

- ***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 participant motivation for the skill; 3) staff modeling the skill for the participants; 4) participant 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. Some of the recommendations noted above and the fact that CCCS staff have been trained in several evidence informed curricula will help WW meet this requirement.

- ***Recommendation:*** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from a 50/50 to 70/30 range across the service targets.

All treatment/intervention groups should be facilitated/monitored by a direct service delivery staff member from beginning to end. At the time of the assessment, offenders were facilitating some of the groups. In fact, completion criteria of the program include facilitating or cofacilitating groups when asked. One group observed during the site visit was not monitored for the first 30 minutes of observation. This does not appear to occur in LAC led groups.

- ***Recommendation:*** Offenders should never be allowed to facilitate groups, regardless if staff are cofacilitating, out for the day, or if the offender is a senior resident. All groups should be monitored and facilitated by direct service delivery staff.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. While some groups fall within the required range, other groups do not. For example, at the time of the site visit one of the CD group(s) had all the WATCh and CCP participants.

- ***Recommendation:*** Groups should not exceed 8 to 10 offenders per active facilitator if the curriculum is intended to be counted towards an offender's total dosage hours. An important part of social learning is receiving and applying new skills and concepts learned in group and receiving quality feedback from the facilitator.

The WW program does develop discharge plans for all offenders. These discharge plans state what the offenders did while at WW and recommendations for what the offender should continue to work on. However, the plans are missing some required elements.

- ***Recommendations:*** Formal discharge plans should be developed upon termination from the program and should include: formal referrals to other services, progress in meeting target behaviors and goals, and notes on areas that need continued work.

Finally, aftercare is an important component to a successful program. Research demonstrates that this is an important component of effective programs when the goal is to help offenders maintain long term behavior change. Aftercare should include formal services designed to assist the offender in maintaining prosocial changes. 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.

- ***Recommendation:*** WW should work with MDOC to determine how best to incorporate aftercare services into the current treatment approach. Essentially, WW should ensure that all participants who received some type of treatment receive aftercare services. WW already recommends many offenders to agencies when they are discharged from the program. WW should explore making these services a requirement for clients to complete as they are discharged from WW. By making these services a requirement, they may help clients avoid and manage risky situations as they reenter society. Alternatively, aftercare may be a separate phase internally.

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 Areas in Need of Improvement and Recommendations

In addition to a file review process, two other elements are needed for internal quality assurance practices. First is regular group and individual session observation with feedback provided. At the time of the assessment, observation of services was not consistent across staff and informal feedback is usually provided to the facilitator afterward, but it is not formally documented, and formal coaching is not included. Second, participants should be given formal feedback on their progress on treatment.

- ***Recommendation:*** The WW program should develop policy that details a consistent and formal process to oversee staffs' delivery of services. This new process should ensure feedback is provided on a designed form and includes coaching steps to ensure improvement in service delivery.

- ***Recommendation:*** The WW program should formalize a process in a procedure that allows all offenders to provide feedback regarding the treatment and programming that they received at WW.

Programs that collect formal offender feedback and then use the feedback data to improve service delivery have better treatment outcomes than programs that do not. The WW program does provide offenders an opportunity to provided programmatic and service delivery feedback, however, this opportunity is voluntary and is only provided to offenders that successfully complete the program.

- ***Recommendation:*** WW should create a system where all offenders provide feedback regarding the treatment and services provided at the program. This process should not be voluntary on behalf of the offender, and it should include all offenders that enter the program, not just offenders that successfully complete the WW program. WW should collect the data from the offender surveys and use it to make informed decisions regarding the WW program and services offered. Results should be shared with staff.

The WW program should have a standardized and objective reassessments process to determine if offenders are meeting target behaviors. WW does use validated assessments upon intake and does do some reassessments, specifically with the BADDS after completion of the program. However, the BADDs in not a validated tool to accurately assess offenders' risks and needs. Also, WW typically performs offender reassessments, however, they were not found consistently within all files reviewed. Lastly, it was common practice for offenders to cheat on the memorization-based testing versus measuring skill development. As a result, this information, when gathered, is not used to respond, alter, or used to determine offender program completion. To illustrate, the results of initial assessments or any reassessment is not used to determine phase level or to determine placement in a particular treatment modality.

- ***Recommendation:*** WW should consider incorporating pre-, mid- and post- assessments to formally measure client progress toward meeting criminogenic target areas. For example, the program could consider using the Texas Christian University Criminal Thinking Scales (TCU-CTS) to measure client progress in regard to criminal thinking.

Substance abuse needs assessments (i.e., BADDS, MAST, DAST, CAGE, AUDIT) can be used to determine change in substance abuse behaviors. No matter how re-assessment occurs, the results and other objective measures of client progress (e.g., through modifications to the client's treatment plan) should be incorporated throughout the program to determine progress in treatment and skill development.

The WW program should track re-arrest and recidivism data for at least 6 months after the release and completion from the program. The program should attempt to collect this data on their own or work with MDOC to acquire this data.

- ***Recommendation:*** WW should develop a process to collect post release recidivism data for offenders that have completed the program. This information could be provided with the assistance of the MDOC. All staff should understand where this data comes from and use it to help evaluate program effectiveness.

The WW program has not undertaken a formal evaluation for nearly 6 years. The evaluation that was completed did not include a formal comparison of treatment participants to a similar group who did not receive treatment. Lastly, the report evidenced worse outcomes for treatment completers than non-completers. A quality formal evaluation should compare treatment outcomes with a risk control comparison group. Ideally, this evaluation should show indicators of lower recidivism in the treatment group. Finally, the program does not work with an evaluator that can provide regular assistance with research/evaluation. As a result, the program has not identified a process to ensure available data are examined to help the program make data-driven decisions (especially in relation to participant risk to recidivate).

- ***Recommendation:*** WW should undergo a formal evaluation of its program. This evaluation should include a control group that has been compared against another group at WW. In an effective program, indicators should be more positive for the WW treated group.

- ***Recommendation:*** WW should continually evaluate and research the program. WW could appoint a qualified member of its current staff to act as the researcher or evaluator, work with MDOC, or find a no cost solution working with college and universities for student research initiatives.

OVERALL PROGRAM RATING AND CONCLUSION

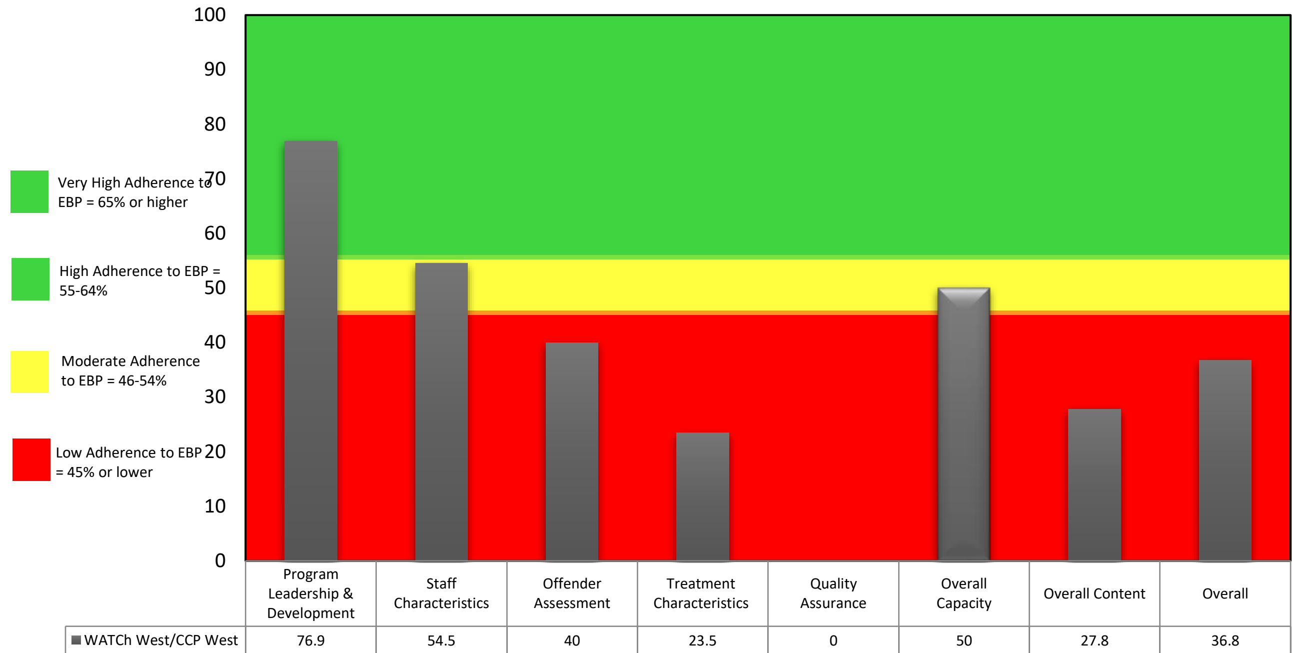
As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100% on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having 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.

The program received an overall score of 36.8% 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 participants is 50%, which falls into the Moderate Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 76.9% (Very High Adherence to EBP), the staff characteristics score is 54.5% (Moderate Adherence to EBP), and the quality assurance score is 0% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 27.3%, which falls into the Low Adherence to EBP category. The assessment domain score is 40% (Low High 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 the Program Leadership and Development domain and has a valuable program director that could use some support in improving the program. 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 and Quality Assurance domains. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be given to not attempt to address all "areas needing improvement" at one time. 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.

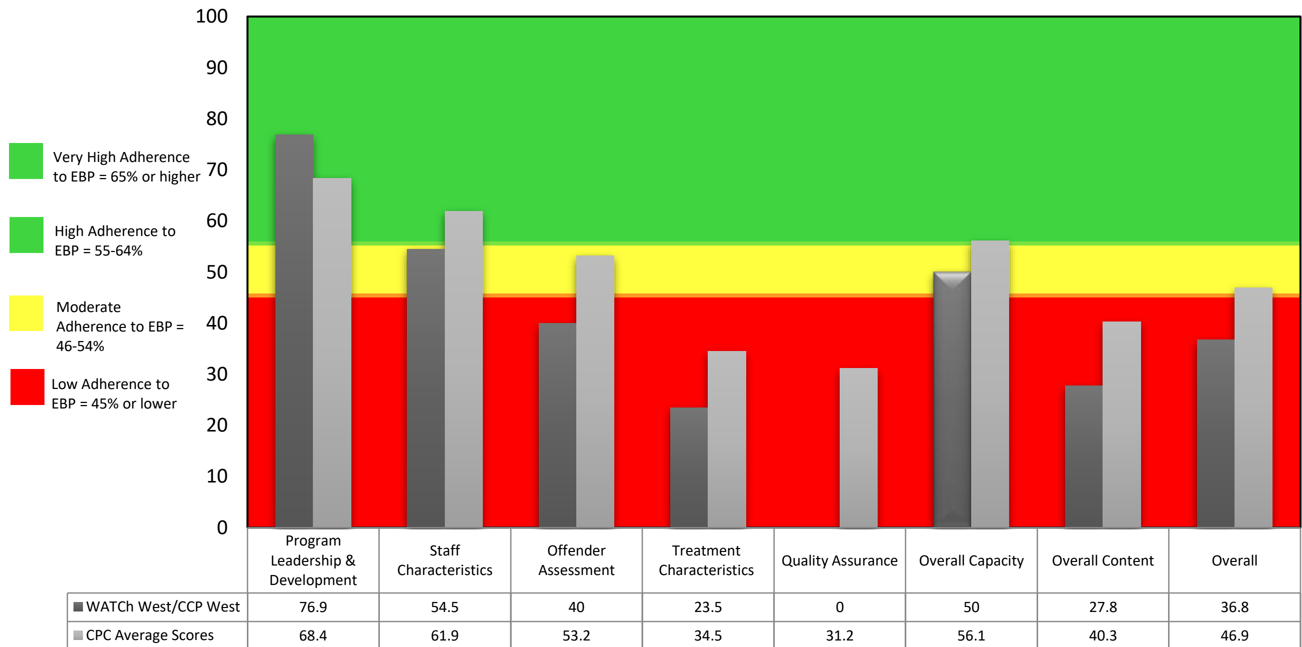
As outlined in the cover letter attached to this report, please take the time to review the report and disseminate the results to selected staff. Although we have worked diligently to accurately describe your program, we are interested in correcting any errors or misrepresentations. As such, we would 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: WATCh West/CCP West CPC Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
WATCh West/CCP West	76.9	54.5	40	23.5	0	50	27.8	36.8

Figure 2: WATCh West/CCP West CPC Scores Compared to the CPC Average Scores*



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
WATCh West/CCP West	76.9	54.5	40	23.5	0	50	27.8	36.8
CPC Average Scores	68.4	61.9	53.2	34.5	31.2	56.1	40.3	46.9

**CPC average scores are based on 599 assessments performed between 2005 and 2019.*

[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.