FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Gallatin County Re-Entry Program

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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, Gallatin County Re-entry Program (GCRP) was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of GCRP'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 the GCRP are offered. This is the second CPC assessment of this program.

CPC BACKGROUND AND PROCESSES

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

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

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

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

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

After the site visit and scoring process, a report (i.e., this document) is generated which contains all of the information described above. In this report, your program's scores are compared to the average score across all programs that have been previously assessed. This report is first issued in draft form and written feedback from you and your staff is requested. Once feedback from you is received, a final report is submitted within 30 days. Unless otherwise discussed, the report is the property of the program and/or the agency requesting the CPC and UCCI will not disseminate the report without prior approval. The scores from your program will be added to our CPC database, which we use to update scoring norms.

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

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

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

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

SUMMARY OF THE GALLATIN COUNTY REENTRY PROGRAM AND SITE VISIT PROCESS

The Gallatin County Reentry Program (hereafter, GCRP) is a halfway house program commonly called a pre-release center in Montana. The GCRP has 34 beds and began accepting clients in 2005. GCRP provides programming services to men referred by the Montana Department of Corrections (MDOC). The intent of the program is to offer an alternative to incarceration for men with substance abuse problems. The GCRP program targets substance abuse, employment, job development, and education. The GCRP operates programming based on a social learning model. GCRP program offers the following treatment groups: *Cognitive Behavioral Interventions Core Curriculum* (CBI-CC), *New Direction*, and *Relapse Prevention*. Additionally, the residents also have case managers. The program serves clients who are either referred to the program for 90 days (those revoked from supervision) or for up to 200 days. The Program Director for GCRP is Alanna Shetter, and she is in charge of overseeing programming and services for the GCRP. The primary therapeutic groups of GCRP are delivered by licensed addiction counselors and case managers.

The CPC assessment process consisted of a series of structured interviews with 9 staff members and 10 program participants during an on-site visit to the GCRP program on July 19 and 20, 2022. 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, one CBI-CC group was observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below.

FINDINGS

PROGRAM LEADSHIP AND DEVELOPMENT

The first subcomponent of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the facility), their qualifications and experience, their current involvement with the staff and the residents, as well as the development, implementation, and support (i.e., both organizational and financial) for treatment services.

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

Program Leadership and Development Strengths

Alanna Shetter was identified as the program director for Gallatin County Re-Entry Program (GCRP). Ms. Shetter has bachelor's degrees in psychology and criminology. She began her career at GCRP in an internship position as a client advisor which led to her becoming a case manager for 5-6 years prior to her current began her role as the program director which began in mid-2020. This meets the CPC's criterion for educational experience.

Ms. Shetter is consistently involved in the hiring of new staff. Research demonstrates that correctional programs with program directors who consistently play a role in the hiring decisions of all program staff member have better outcomes than programs that lack these criteria. Ms. Shetter reviews applications to ensure that they are a good fit, forwards the qualified candidate information to the interviewing panel, participates in interviewing the candidates, and has input in selecting a candidate(s).

GCRP identified that they have the support of criminal justice stakeholders around the state and in their community. Those stakeholders were identified as the courts, MDOC, their MDOC contract manager, a county jail, and local law enforcement including probation and parole. Overall, GCRP stated that those criminal justice stakeholders are supportive of their program, and some even sit on their screening committee. Additionally, GCRP recognized the support they receive from their community stakeholders as well. Members of their community sit on their screening committee, employers are appreciative and provide regular feedback on many residents, and they work with several community-based programs to help meet the needs of their clients when possible.

GCRP has been in operation since December 2005, and the funding they receive was reported to be both adequate and stable. They have a 20-year contract with the MDOC to provide services to male clients, and no large cuts in their funding have taken place in the last two years.

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

Successful programs have program directors that are involved in providing direct supervision to service delivery staff. While weekly, multi-disciplinary staff meetings take place, there is no regular observation and review of staff or clinical supervision of staff performed by Ms. Shetter. One-on-one staffing takes place on an as needed basis and annual reviews are completed yearly.

- ***Recommendation****:* The program director should have active involvement in supervising direct service delivery staff. This can include, but is not limited to, direct supervision of all staff, direct involvement in the shadowing process for new staff (i.e., a weekly check-in with direct feedback), and observing/providing

feedback in day-to-day supervision. Staff meetings should include an agenda and the clinical supervisor should have regularly scheduled meetings with Ms. Shetter. Currently, there is no set schedule for meetings between Ms. Shetter and Mary Geiger, Clinical Supervisor.

Successful programs have program directors that are involved in providing some direct service delivery to the clients in their programs. While Ms. Shetter conducts assessments as needed and can fill in for case management, this is not common practice and only takes place due to being short staffed. Ms. Shetter noted that once fully staffed the common practice would be that she, the Program Director, would not provide direct services to the clients.

- ***Recommendation****:* It is recommended that the director should be involved in facilitating groups or individual sessions, facilitating house/family meetings, supervising a small caseload, and/or conducting assessments. The involvement should be a systematic and continuous process for the Program Director moving forward.

It is important that programs are based on effective correctional treatment literature and that all staff members have a thorough understanding of this research. Ms. Shetter stated that evidence-based program literature was obtained by Melissa Kelly, the Director of Treatment and Clinical Services. Ms. Shetter noted that she and Ms. Kelly would sometimes discuss the material; however, neither Ms. Shetter or staff could not identify literature that was shared or disseminated by management or instances where literature was discussed. Further, there is no designated time to review the disseminated literature and ensure staff have a thorough understanding of the principles.

- ***Recommendation****:* GCRP as an agency and/or the program director should conduct regular reviews of the literature and ensure that an effective program model is implemented consistently throughout all components of the facility. This literature search should include major criminological and psychological journals as well as key texts. The information should be easily accessible for all staff and reviewed for thorough comprehension on a regular basis.

Changes to GCRP are not routinely piloted before becoming a formal facility/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. Changes should be formally piloted to ensure they are rolled out with consideration to the facility.

- ***Recommendation****:* As new components are incorporated at GCRP, a formal pilot period for each new component should be undertaken. For example, should the program supplement a current curriculum or add new curriculum, this should first be piloted with one group of clients to evaluate the new material and how it would be best incorporated in the facility. A formal pilot period should be at least 30 days, with a formal start and end date, in order to sort out the content, logistics, and to identify any necessary modifications that need to be made. The pilot period should

conclude with a thorough review of the changes, including both client and staff feedback, and a review of any relevant information/data obtained. Following this review, the decision should then be made whether to fully implement the new components.

STAFF CHARACTERISTICS

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the staff. Certain items in this domain are limited to full-time and part-time internal and external providers who conduct groups or provide direct services to the program participants. Other items in this domain examine all staff that work in the program. Excluded from this section in totality are the program directors, as they were assessed in the previous domain. In total, 4 staff were identified as providing direct services to residents.

Staff Characteristics Strengths

The CPC requires that 70% of direct service delivery staff have at least an associate degree in a helping profession and 75% with at least two-years of experience working with correctional populations. At the time of the assessment, GCRP staff met the CPC indicator for education as well as experience.

The staff meet regularly in different formats. There are monthly all staff meetings and quarterly security meetings. Delivery staff also meet on a weekly basis to discuss individual cases. Each program participant has their case reviewed in systematic intervals during their time in the program. Phase-ups are discussed at these meetings which ensure that each program participant's case is reviewed in a systematic interval.

New professional staff receive thorough training in the theory and practice of interventions employed by the program. Staff conducting assessments, individual sessions, or group/interventions are formally trained and certified on the use of all assessment tools and curricula they are required to use prior to implementation. GCRP has an initial training checklist specific to professional staff. Some of the topics listed on the checklist include understands and effectively uses effective reinforcement and understands and properly uses effective disapproval.

Through staff interviews and observation, there was clear evidence that the staff support the goals and values of the facility. Rehabilitation is seen as a priority and facility staff are made aware of the treatment approach and how treatment can lead to a safer facility. Staff felt that the administration prioritized treatment and understood the goals of the program for long term change for the offenders. All the facility staff see themselves as being part of the change process and were very supportive of the program.

Finally, GCRP has established ethical guidelines that staff are expected to abide by. These are outlined in the operations manual and include boundaries and interaction with participants.

Staff Characteristics Areas in Need of Improvement and Recommendations

When hiring new staff, decisions should be made based on skills and criteria beyond solely education or experience. Examples of these can include communication abilities, and willingness to learn.

- ***Recommendation:*** When hiring new staff, candidates should be selected based on their level of empathy, positive attitude toward behavioral change, boundaries, flexibility, and genuineness. Having interview questions related to these traits is a good way to ensure new hires have certain skills and values.

GCRP staff receive an annual performance evaluation, however, the program director does not observe any service delivery (i.e., auditing groups or one-on-one sessions). Without this level of supervision, the director is unable to adequately assess service delivery skills of the professional staff.

- ***Recommendation***: Each staff member providing services and interventions to program participants at GCRP should receive an annual evaluation that includes a summary of direct service delivery skills. In order for the program director to adequately assess service delivery, staff should be routinely observed providing direct services to clients. This can include observation of group facilitation and observation of staff conducting assessments.

Clinical supervision should be provided at least once a month by a licensed clinical supervisor. Formal clinical supervision by a licensed clinical supervisor is not provided to all direct service delivery staff.

- ***Recommendation:*** A trained clinical supervisor who has a clinical license or certification should provide regular supervision to those providing direct services to residents. At a minimum, the supervision should require at least monthly contact with all treatment staff (Case Managers, LAC, LCPC) to assist them in how they can improve their service delivery. The supervision should focus on how these staff can better incorporate cognitive-behavioral interventions and core correctional practices into their group facilitation and daily interactions. This monthly supervision can happen individually or in a group format

It is important that the GCRP delivery staff receive on-going training related to service delivery. The CPC requires at least 40 hours of annual training for all direct service delivery staff with the majority of training hours focused on delivering effective services. While all staff are required to receive annual trainings, the number of hours of training staff currently receive is inadequate, and the large majority of these trainings (e.g., First Aid, PREA, Policy and Security Procedures) are not focused on service delivery skills.

- ***Recommendation:*** All delivery staff should receive at least 40 hours of on-going training each year. The majority of these hours should be directly related to delivering treatment services. This should include a review of the principles of effective intervention, behavioral strategies such as modeling and role play, the application of reinforcers and punishments, risk assessment, group facilitation skills, case planning, and updates to the field of rehabilitation of justice-involved individuals. While all staff at GCRP have monthly

meetings to discuss ways to improve facility function, many staff do not feel heard when they do speak up about issues or concerns. This has led to many staff stop making any suggestions for program modification or taking it upon themselves to pilot ideas before presenting it to program leadership.

- ***Recommendation:*** Staff should have input into the facility and should be able to modify elements that are approved by supervisors or a review board. The suggestion from above related to piloting will help ensure that staff voices are heard. The facility may also wish to create an anonymous suggestion box for staff to provide feedback and make suggestions. These suggestions and the responses from the facility administration should be made public and/or discussed at the various staff meetings.

OFFENDER ASSESSMENT

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

Offender Assessment Strengths

The GCRP has specific inclusion and exclusion criterion which ensure they are equipped to manage the different types of residents placed at the facility. Specifically, the program only accepts adult males who are not convicted of a sexual offense or are actively withdrawing from substance abuse. As a result, the GCRP admits appropriate clients, as determined by the facility. The estimated percentage of inappropriate clients ranged from 5 percent to 20 percent with the reported concerns being low cognitive abilities which limits their education and therapeutic treatment options, and low risk deeming them inappropriate for program services. This falls into an acceptable range expected within correctional programs.

The use of effective risk, need, and responsivity assessment tools is an essential component of effective intervention for all participants involved in the criminal justice system. The GCRP is using the Montana Offender Reentry and Risk Assessment (MORRA) which is a validated tool adapted from the Ohio Risk Assessment System to assess the risk level and needs of offenders. The MORRA includes the following domains: *Criminal History, Education, Employment, Financial Situation, Family & Social Support, Neighborhood Problems, Substance Abuse, Peer Association, and Criminal Attitudes & Behavior Problems.*

Needs assessment scores are 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 state uses the MORRA. As currently used, the MORRA acts as a needs assessment and alerts the staff to the most important criminogenic need domains to be targeted with interventions.

The GCRP administers the Client Evaluation of Self and Treatment (CEST) developed by Texas Christian University to evaluate and measure responsivity. The evaluation consists of 4 self-report assessment that include 1) treatment motivation (MOT), 2) psychological functioning (PSY), 3) social functioning (SOC), and 4) clinical engagement scales to be administered throughout treatment to help inform planning of services and gauge client changes over time.

According to the risk principle, treatment resources are most effective when they are reserved for moderate and high-risk offenders and intensive services can actually make low-risk offenders worse. As noted above, the MORRA is used to assess risk and need. A review of 20 open and closed files indicated the majority of offenders accepted to the program are either moderate or high risk for recidivism.

TREATMENT CHARACTERISTICS

The Treatment Characteristics domain of the CPC examines whether the facility targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train offenders in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participants' 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

To reduce the likelihood that offenders will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. GCRP offers services that target criminogenic needs through the *Cognitive Behavioral Interventions- Comprehensive Curriculum* (CBI-CC) and substance use programming. Overall, the facility is targeting at least 50 percent of their treatment efforts on criminogenic need areas.

Case planning is a key part of the change process. GCRP develops case plans for clients based on the MORRA by choosing the 3 highest scoring sections to focus on while developing the case plan. These plans are individualized, with goals and objectives. GCRP staff document completion of objectives during their individual meetings with GCRP residents.

Supervision in the community varies by program placement type. Inmate Workers are directly supervised by staff any time they are in the community. Clients on 'resident status' are supervised in the community through random agenda checks that are automatically scheduled through the Total Offender Management System (TOMS) utilized by the program. Security procedures completed upon return from the community are also randomly generated through the TOMS system. However, if a resident takes a 10-hour pass or longer, they are required to complete a breathalyzer and a urinalysis upon return to the facility.

The CPC requires that while incarcerated, offenders spend at least 40 percent of their time per week in structured tasks (i.e., 35 hours). All residents at GCRP are required to work a minimum

of 35 hours per week and may have up to 5 hours of programming and 1:1 session with staff each week dependent on their individual programming referrals.

GCRP participants are able to offer feedback through informal means such as requesting a meeting with the program director or through a formal program evaluation form which is provided to the participants during their discharge planning process.

All programming groups are facilitated by direct service delivery staff from beginning to end, and residents do not run groups.

The facility develops a discharge plan that identifies the risk areas in which continued focus is needed for each individual program participant.

The majority of residents released from GCRP are released under the supervision of probation and parole, however, some residents release to the custody of another facility. Some residents will discharge their full sentence while in the program and will no longer under the supervision of the DOC.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to noncriminogenic needs should at least be 4:1 (80 percent criminogenic). As mentioned above, both of the groups offered target criminogenic needs, however, due to only two groups being offered, few needs are addressed through programming at GCRP.

- ***Recommendation:*** To increase the emphasis on criminogenic targets, GCRP could incorporate more programming options into the program. Programming referrals should be based on the results of validated risk, need, responsivity tools. This process should be objective and understood by all staff. Advanced practice options should also be available for participants who have successfully completed inpatient treatment prior to entering GCRP to allow them to practice the skills learned in treatment.

The most effective programs are based on behavioral, cognitive behavioral and social learning theories and models. Cognitive behavioral strategies are utilized in the CBI-CC and Continuing Care groups; however, these strategies are not utilized outside of programming.

- ***Recommendation:*** Cognitive behavioral interventions should be utilized by staff in all settings, not just in formal programming groups.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the participant. For example, effective programs are structured so that lower risk participants have limited exposure to their higher risk counterparts. Research has shown that mixing low risk participants with moderate or high-risk participants can increase the risk of recidivism for low-risk participants. Low risk participants may be negatively influenced by the behavior of high-risk participants, thereby increasing their risk of recidivism. GCRP reports that low risk participants are infrequently accepted into the program, however, when there are low risk

participants, they are not separated during service delivery from moderate and high-risk participants.

- ***Recommendation:*** GCRP should develop a plan to provide service delivery to low risk offenders separate from moderate and high-risk offenders.

A program should vary the dosage and duration of service according to the participant's risk level. It is reported by some staff that higher risk individuals are referred to more programming, however, the results of the risk assessments are not used to determine program placement and due to the limited number of programs offered there is limited options for varied dosage hours.

Clients who are at higher risk for recidivism by definition have more criminogenic needs. These clients should be required to attend additional services, dictated by the needs identified on the MORRA. Thus, clients identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that participants who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high-risk participants 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:*** GCRP should implement additional programming options to allow for varied dosage hours by risk level. The MORRA is completed for all program participants, the results of this assessment should be objectively utilized for programming referrals ensuring that areas being targeted by programming are appropriate for the individual's identified criminogenic needs and risk level.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client 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 clients based on assessed need and/or responsivity factors. GCRP does not use the results of a needs assessment to refer clients to programming or to match staff and clients.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups and staff. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, participants who lack motivation may need 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, a client who lacks motivation is matched with a staff who excels in motivational interviewing techniques.

With regard to reinforcers and punishers, a program can increase its adherence to evidence-based practices 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. As noted above, GCRP has established some appropriate reinforcers (i.e., verbal praise, positive behavior report, phase ups). However, interviews with staff and clients indicated that these reinforcers are used to increase institutional compliance (i.e., the things that keep them out of trouble at the GCRP such as showing up on time to group) and not focused on long-term behavioral change (i.e., the things that will keep them out of trouble in the long-term such as recognizing prosocial alternatives to antisocial behavior). 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. 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 GCRP program has established some punishers available for use, but the program has no formal protocol for administering them. For example, there is no formal policy concerning monitoring for negative effects that may occur after the use of punishment.

- ***Recommendation:*** Use of reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff should make sure the individual understands the link of the reward to the desired behavior. For key target behaviors, staff should have the client articulate the short-term and long-term benefits of continuing that behavior. The use of reinforcements should not be focused on short term behaviors but should focus on long-term prosocial behaviors.

- ***Recommendation***: Programming referrals should not be used as a punisher in response to undesired behavior. Programming referrals should only be made based on risk, need and responsivity assessments and never as a punishment.

- ***Recommendation:*** Staff should understand that 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.

- ***Recommendation:*** 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.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants 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 or individual staff/participant meetings 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 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 client should practice that skill); 5) staff providing constructive feedback; and 6) client 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 client.

  Recommendation: Case manager meetings occur weekly for 15-60 minutes, and the areas of focus include employment and discharge planning. These scheduled meetings should consistently last for a pre-determined amount of time and be utilized to address ongoing criminogenic needs using Core Correctional Practice (CCP) techniques in addition to employment and discharge planning.

Programs must have detailed manuals that are consistently followed by staff. Manuals must include program philosophies, admission criteria, behavior management, completion criteria, outcomes desired for each group, lesson plans, and homework assignments. Programs must also have measures in place to ensure the manuals are followed by all staff. There is no current practice in place to ensure that curriculum manuals are being adhered to with fidelity.

- ***Recommendation:*** GCRP should implement a practice for the program director or clinical supervisor to observe group facilitation on a regular basis to monitor for fidelity to the curriculums being facilitated.

- ***Recommendation:*** GCRP is currently only facilitating eight out of the 52 CBI-CC sessions in the curriculum. The curriculum should be taught in its entirety or in a modified version approved by UCCI. The completion certificate should reflect that the entire curriculum was not completed.

- ***Recommendation***: The continuing care group is currently facilitated using a combination of curricula as determined by the facilitator. The continuing care group should adhere to a specific evidence-based curriculum to allow for objective determination of completion of the program and to allow adherence to the fidelity of the curriculum being offered. For evidenced based curriculums to be effective, they must be facilitated as intended by the creator(s) of the curriculum.

The CPC requires that groups should not exceed 8-10 offenders per facilitator unless specifically noted in curricula. If there is a co-facilitator, they should be actively involved in the group and not

just an observer. During group observation and staff interviews, it was noted that GCRP's group size ranges from 6-14 with an average group size of 12 offenders per facilitator.

- ***Recommendation:*** All groups should be structured for only 8-10 participants per facilitator. If more participants must be in the group, an additional co-facilitator should be included and actively engaged in the process.

At the time of the assessment, no services for family member were provided by GCRP. If the family is willing, family counseling sessions, a multifamily group, and a family orientation group should be made available. The CPC requires that significant others (e.g., family and/or friends) receive training to provide structured support to offenders. Services should formally train family members to support the offender in making prosocial decisions using skills and concepts they have been taught in GCRP.

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

CPC recommends a formal aftercare period in which supervision and required programming are included. Indicators may include a formal supervision period, regular case management, or group interventions after discharge of the regular program. GCRP does not have a formalized process for supervision and aftercare programming. Additionally, aftercare programming should include formal services designed to assist the offender in maintaining prosocial changes.

- ***Recommendation***: GCRP should develop aftercare programming that includes the following: reassessment of the offender's risk and needs, requirements of attendance, evidenced-based groups or individual sessions, and duration and intensity based on offender risk level. Planning for aftercare should begin during the treatment phase of GCRP.

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

GCRP conducts objective, periodic, standardized assessments of participation on target behaviors. Participants are met with on a weekly basis to discuss their progress. A standardized assessment tool is utilized. These tools include the TCU and the MORRA Assessment which identifies the participant's criminogenic need.

Quality Assurance Areas in Need of Improvement and Recommendations

The program is lacking key quality assurance mechanisms. Administrators do not conduct periodic file reviews and the program does not have a comprehensive management audit system in place. For example, there is no consistent observation of services (both group and individual) with feedback provided to the staff. Moreover, there is no formal mechanism to provide residents feedback on their progress in addressing their criminogenic needs. Residents seem unaware of what they need to accomplish in order to complete the program, aside from staying out of trouble and completing the minimum number of months.

- ***Recommendation:*** The program director should conduct regular audits to assess the quality of treatment planning and assessment of residents' progress. This process should allow for feedback and coaching of treatment staff and help ensure that high quality services are being delivered.

- ***Recommendation:*** The program director should allot time to directly observe staff delivering services. This process should allow for feedback and coaching. Observation and feedback help to ensure that high quality services are delivered, and that fidelity to the models being used is maintained. These observations can inform ongoing training needs, and also enhance the annual feedback provided to staff on their specific treatment skills (see the Staff Characteristics section). Observation should occur once per quarter or once per group cycle for each staff in each intervention (group and individuals).

Currently, the GCRP is not tracking the recidivism of the residents who are released from the facility, nor does it have a plan to do so. While the state produces a recidivism report each year, facility rates by institution are not included. Offender re-arrest, reconviction, or re-incarceration should be examined at least 6 months or more after leaving the facility.

- ***Recommendation:*** The GCRP should develop a process to collect and review recidivism data for all residents who are released from the facility. These data should then be examined over time to identify trends.

- ***Recommendation:*** The program should be formally evaluated. The outcome evaluation should provide a comparison between the recidivism rate of the program and a risk-controlled comparison group. The evaluation report should include an introduction, methods, results, and discussion section. The program should explore if Montana DOC has the ability to complete such a study through an internal evaluation. If not, the facility should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or doctoral dissertation (in order to provide another no-cost/low-cost option for evaluation). Local colleges and universities such as University of Montana and Montana State University-Northern would be reasonable options. The departments that could assist with such a project include fields like criminal justice, sociology, and psychology.

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 55.8% on the CPC. This falls into the High 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 54.5 which falls into the Moderate Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 69.3% (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). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 56.8% which falls into the High Adherence to EBP Category. The assessment domain score is 100% (Very High Adherence to EBP) and the treatment domain score is 44.1% (Low Adherence to EBP).

It should be noted that the program scored the highest in the Offender Assessment Domain. 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. 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.

As outline in the cover letter attached to this report, please take the time to review the report and disseminate the results to appropriate staff. Although we have work 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: Gallatin County Re-Entry Program CPC Scores

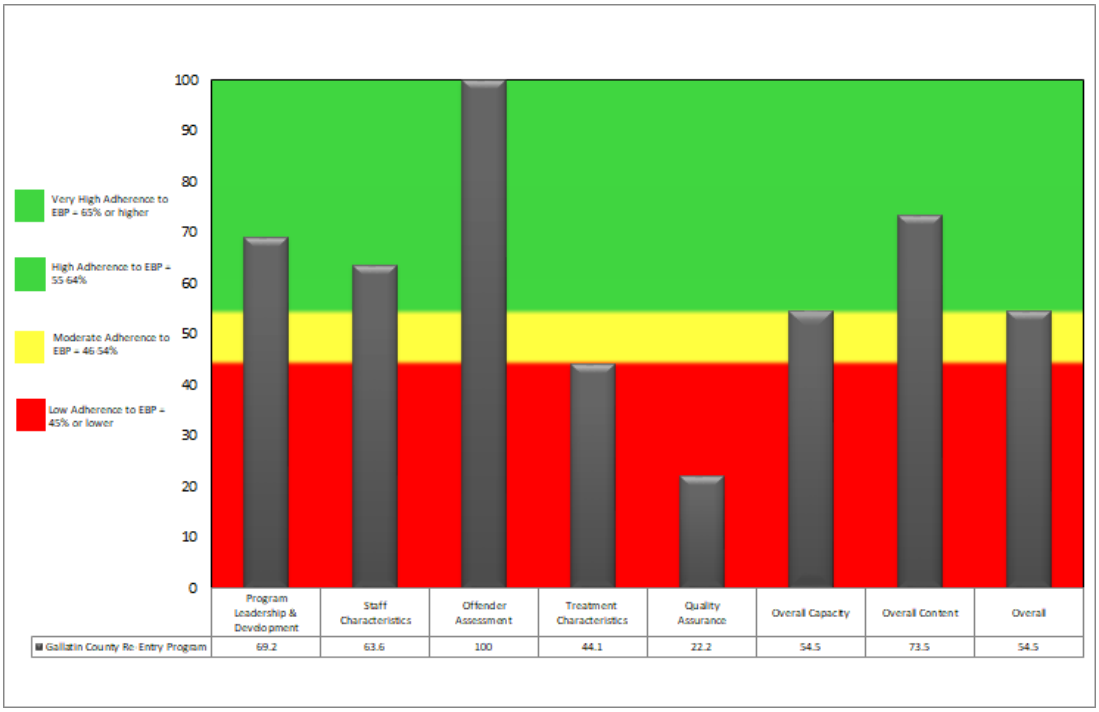
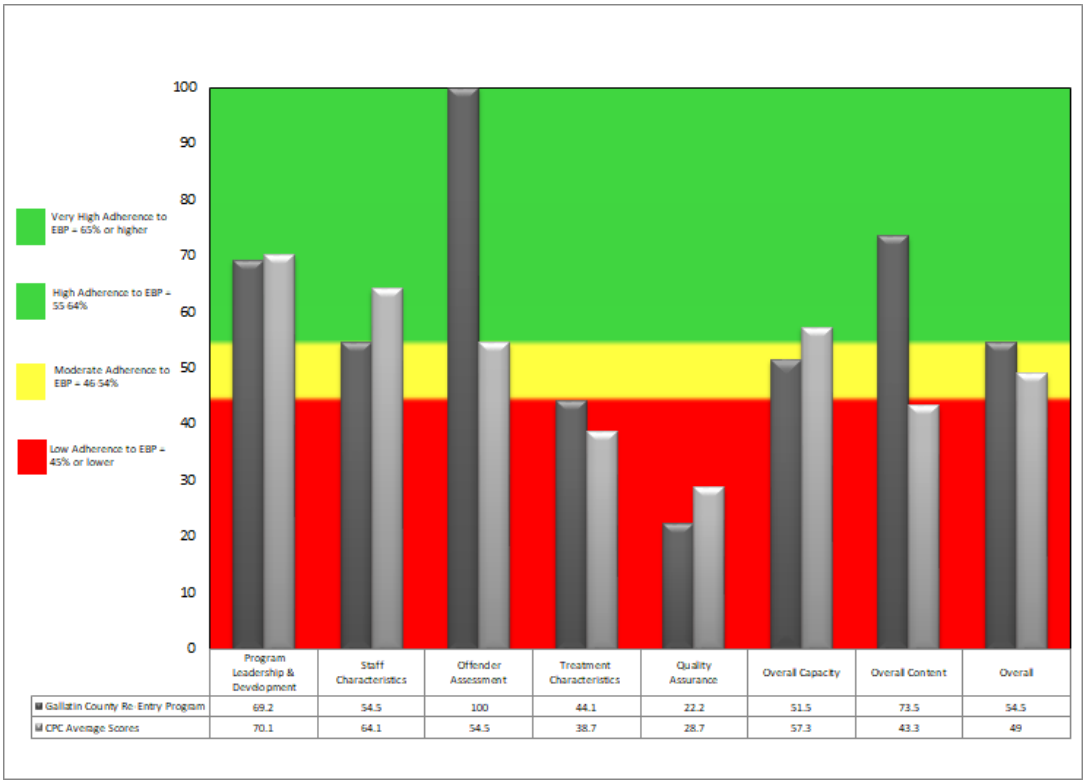


Figure 2: Gallatin County Re-Entry Program Compared to the CPC Average Scores*



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

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

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

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

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

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

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

[1] 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.

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

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

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

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

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