

FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.1)

Alpha House Prerelease Alternatives, 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, Alpha House was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of Alpha House Program'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 Alpha House Program are offered. This is the first CPC assessment of this program.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)ⁱ for assessing correctional intervention programs.ⁱⁱ The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from four studiesⁱⁱⁱ 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 ALPHA HOUSE PROGRAM AND SITE VISIT PROCESS

The Alpha House Program (hereafter, Alpha) is a half-way house program commonly called a prerelease center in Montana. Alpha has 165 beds and began in 1980. Alpha 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 and criminal thinking problems. The Alpha program targets substance abuse, employment, criminal thinking errors, job development, and education. Alpha operates programming based on cognitive behavioral therapy and Core Correctional Practices (CCP). The Alpha program offers the following treatment groups: Living in Balance, Moral Reconciliation Therapy Criminal Thinking Errors (MRT CTE), Matrix, and the Duluth Model. Additionally, there are AA meetings, educational tutoring, and life skills. Offenders are referred to the program for up to 200 days. The program director for Alpha is John Williams. Thus, Mr. Williams is charged with overseeing programming and services for Alpha. The primary therapeutic groups of Alpha are delivered by licensed addiction counselors and case managers.

The CPC assessment process consisted of a series of structured interviews with staff members and offenders during an on-site visit to the Alpha program on February 4th through 7th, 2020. 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, the Living in Balance, Duluth Model, and MRT CTE groups were observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the program), his qualifications and experience, his current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, John Williams 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

John Williams has over four years of experience at Alpha House as the program director and over 19 years of experience in offender treatment and programming overall in his career. Programs that reduce recidivism have directors with over three years of criminal justice experience. Mr. Williams has far more than three years of experience.

Programs that have been shown to reduce recidivism have positive working relationships with other criminal justice partners and good local community support. Staff of Alpha House rated their relationship

with criminal justice partners, to include the Department of Corrections, Probation and Parole Division, local courts and judges, US Marshals, and local law enforcement officers, as very positive. Further, Alpha house stated that their relationship with local community partners, such as the South Side Task Force and other community services providers as overly positive.

Mr. Williams rated the adequacy of Alpha Houses funding as a 10 on a scale of 1 – 10. Further, he stated it is stable and always available to provide the foundation they need. Programs like Alpha House that have adequate and stable funding perform better than programs that do not have adequate and stable funding.

The Alpha House program is a long term, established program in the community. Alpha House has been in existence as a prerelease facility for 40 years in Billings. Programs that have been established for more than three years are shown to be more effective than programs that are newly designed.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Alpha program director John Williams has a bachelor's degree in business administration and a minor in paralegal studies. Business administration is not a degree in a helping field. Degree programs that are in a helping field include, education, counseling, addiction or psychological. While Mr. Williams does have a minor in paralegal studies, that minor may or may not have included course work in specialized fields related to criminal justice, forensics and/or the legal area. The CPC requires that program directors have both a degree in a helping field, and course work in specialized areas.

- ***Recommendation:*** Alpha should ensure that program directors in the future have both a degree in a helping field and have completed specialized course work in areas such as criminal justice, forensics or the legal area.

The program director should be involved in all aspect of hiring for direct treatment staff. Further, they should be included and involved in the programmatic training of new staff and involved in supervision of all direct service staff. Mr. Williams stated that Human Resources and the supervisor in charge of each section, treatment or case management, are involved in the hiring of direct service staff. Also, Mr. Williams does not play a formal role in training for new staff. Alternatives Inc., the parent company that operates Alpha, has a corporate trainer that provides training for new and existing staff. It should be noted that this training is usually specific to topics such as PREA and security procedures and not programing or treatment modality specific. Finally, Mr. Williams is not directly involved in supervising service delivery staff. He does attend some group meetings but is not involved in observing the providers facilitation or conduct performance appraisals.

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

Programs that have been shown to reduce recidivism from over 40 years of meta-analytical research, the program director is involved in conducting regular treatment programs and/or maintains at least a small caseload. Mr. Williams stated that he may rarely fill in for a service delivery provider if they are unable to attend a group, however, this is not frequent, nor does Mr. Williams have a group in which he facilitates. Further, Mr. Williams does not maintain a case load.

- **Recommendation:** Mr. Williams should conduct at least one regular group and/or he should maintain a small case load of offenders.

It is important that the program be based on the effective correctional treatment literature and that all staff have a thorough understanding of this research. Mr. Williams stated that the Alternative's CEO tries to stay current on literature. However, Alpha has not had a formal literature review concerning what works in changing offender behavior that has been conducted by either Alpha, Mr. Williams, or an outside entity. While staff may receive some literature related to working with offenders during weekly meetings and by email, staff are not formally and regularly informed about evidence-based practices within this population.

- **Recommendation:** The Alpha House program should conduct a literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: "Psychology of Criminal Conduct" by Don Andrews and James Bonta; "Correctional Counseling and Rehabilitation" by Patricia Van Voorhis, Michael Braswell, and David Lester; "Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply" edited by Alan Harland; and "Contemporary Behavior Therapy" by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior*; *Crime and Delinquency*; and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).
- **Recommendation:** All staff working in the program should receive related research articles regularly, and a portion of each staff/unit meeting should be used to ensure that this information is reviewed and discussed for relevance to Alpha House. Then, Alpha should ensure that all core services (e.g., group and individual sessions intending to reduce recidivism) are implementing these proven practices (see additional recommendations below).

Successful programs that initiate changes or new treatment curriculums in their overall structure have formal, short term piloting programs where the initiation of the program and its success is evaluated. The pilot program needs to be short in duration, have a clear start and end date, and seek out and involve staff and gather their input. All staff interviewed were both unaware of a piloting program at Alpha and unfamiliar with the components of a pilot program.

- **Recommendation:** As new components are incorporated into Alpha, a formal pilot period for each new component should be undertaken. For example, should the program supplement a current curriculum or add a new curriculum, this should first be piloted on one group to evaluate the new material and how it would best be incorporated into the facility. Specifically, a formal pilot period of at least 30 days should be conducted to sort out content and logistics and identify any necessary modifications to be made. The pilot period should conclude with a thorough review of the changes, including youth and staff feedback, and review of relevant data. Following this review, the decision should then be made about whether to fully implement the new component with the appropriate revisions.

Alpha House is a residential male program; however, they conduct dual gender groups inside the Alpha House facility. Alpha's MRT CTE group contained male residents of the program, but also included female participants from the community. Programs that have been proven effective through research do not mix genders in programming or groups.

- **Recommendation:** Alpha is strongly encouraged to only have single gender groups. As Alpha is an all-male program, treatment within Alpha should only be inclusive of male residents of Alpha House.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the staff. Service delivery staff at Alpha are divided between case management staff and treatment staff. 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, 16 staff were identified as providing direct services, including the case management staff and treatment staff delivering individual sessions and group-based programming respectively.

Staff Characteristics Strengths

Alpha House program staff meet CPC standards for education and experience. At the time of assessment 83.3% of staff had at least an associate degree or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education.

Service delivery staff for treatment and case management meet and maintain bi-weekly meetings in which they discuss intakes, issues, programming and other needs. Meeting consistently and frequently is a positive component for programs that reduce recidivism. Further, quality programs maintain routine clinical supervision. Alpha maintains supervision of all program staff by a qualified clinical supervisor and all program staff have meetings with the clinical supervisor at least once a month.

Alpha allows program input from the offender populations. In some instances, recommendations received from the offender population has influenced changes in the programming and/or services provided by Alpha. Programs that lower recidivism rates in offender populations take into account and solicit offender input about the program.

When interviewing staff at Alpha, all types of staff identified rated the belief that change was possible in offenders at very high levels. A staff belief that offenders may change their behaviors is paramount for programs to effectively influence change in offender populations.

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

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs that effectively lower recidivism among its offender population hire service delivery and case management staff with over two years of experience in the field. Only 50% of Alpha house staff have gained at least two years of experience providing treatment and/or services to offenders in the criminal justice system. Alpha does not have any standards in place that dictate the amount of previous experience

new staff must have. Effective programs have 75% of staff their professional staff with at least two years' experience before being hired by the program.

- **Recommendation:** Alpha should ensure through their hiring process that staff hired to provide direct services to the offender populations have at least two years of previous experience providing those services. This requirement could be added to a policy or inserted into a hiring manual.

Staff selected to provide services and treatment at Alpha should have certain skills and values. These values are a belief that change in behavior is possible with offender populations. While Alpha staff do generally believe changes in offender behavior is possible, they do not directly ask these types of qualifying questions during staff interviews. Further, Alpha does not ask specific questions about facilitation skills at the time of interview. Alpha and its internal HR staff have created a questionnaire they intend to use during the interview process for all possible candidates, however, that process was not in place during the time of this CPC, nor was any of the active staff asked the newly drafted questions during their interviews for Alpha.

- **Recommendation:** Alpha should ensure that all staff hired possess skills to facilitate programming effectively and an attitude and belief that changes in offender behavior is possible. Alpha should ask staff specific questions during hiring interviews that solicit information that indicate whether candidates possess the required skills and values.

Staff at Alpha are not receiving an annual evaluation that includes evaluation criteria for treatment fidelity or group delivery specific skills. Staff at Alpha are currently in the process of creating evaluation criteria and we encourage and support Alpha in this endeavor, however, at the time of the CPC, and for all active staff at Alpha, they have not received an evaluation with specific service delivery criteria.

- **Recommendation:** Alpha should ensure that all service delivery staff are evaluated at least annually, and that the evaluation includes more than a common employment evaluation tool. The evaluation should include service delivery skills such as knowledge of the treatment intervention model and effective interventions, assessment skills and interpretation of assessment results, modeling of new behaviors, behavioral reinforcements and sanctions, group facilitation skills, and the ability to build positive working relationships with offenders.

All new staff of Alpha receive onboarding training. However, this training is not specific to the modalities used or services delivered by the Alpha House program. Current training at Alpha includes areas of common correctional topics such as PREA and emergency preparedness training. Effective programs provide service delivery staff training regarding the program's modality and philosophy and trainings that increase delivery skills upon hire.

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

Alpha has a corporate trainer who provides most ongoing training for Alternatives Inc. staff. However, the ongoing trainings are not treatment or modality specific and generally focus on PREA, blood borne pathogens and other common correctional workplace trainings.

- **Recommendation:** All staff should receive at least 40 hours of ongoing training each year. The majority of these hours should be directly related to delivering criminogenic services to offender populations and include a review of the principles of effective intervention, behavioral strategies such as modeling and role play, the application of reinforcers and punishments, risk assessment, group facilitation skills, case planning, and updates to the field of offender rehabilitation.

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

Alpha receives referrals from Montana State Prison, probation & parole, and from assessment, sanction and revocation centers. After the referral is received, the screening committee conducts a case review to determine applicant's appropriateness for the program. Alpha reports very few offenders are considered inappropriate for the services provided by Alpha. Those that may be inappropriate are due to mental health, active gang violence or malingering issues.

Responsivity factors are individual attributes that affect the achievement of treatment goals. Programs that measure and address responsivity factors are more successful. Alpha uses responsivity assessments such as the Shipley Institute of Living Scale to measure IQ and cognitive ability, and the Building Performance Simulation Stages of Change and the Pre-RAT for reading comprehension levels. These responsivity assessments are then accessible to staff in offender files for determining responsivity issues.

Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which offenders are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Alpha meets the criterion from the CPC for valid assessments since the Montana Offender Reentry and Risk Assessment (MORRA) is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs. The program does receive the MORRA results from probation/parole referrals; however, this not always consistent (i.e. sometimes a referral packet does not contain MORRA information). File reviews at the program found 30% of the files contained MORRA assessments. MORRA results should be obtained before admission decisions so necessary information on risk level and criminogenic need areas are used to make these decisions.

Offender Assessment Areas in Need of Improvement and Recommendations

Alpha House lacks written, established guidelines for excluding offenders that may not be appropriate for services. Programs that identify and exclude offenders that are inappropriate for the services provided have better programmatic outcomes than programs that lack exclusionary criteria.

- **Recommendation:** The Alpha program should develop written exclusionary criteria that identifies people who are inappropriate for the services provided by the program in a more formalized manner. These criteria should be written into program policy and followed by all staff, as well as shared with referral sources. Exclusionary criteria should be based on clinical/community/legal criteria.

The use of risk assessment tools is an essential component of effective intervention for all offenders involved in the criminal justice system. The percentage of moderate and high offenders served by the program should be 70% or higher. While the Alpha House uses the MORRA which produces an overall level of risk, the program also serves specialized populations including sex offenders. Specialized populations should use a validated tool for assessing risk of the specialized population(s) being served.

- **Recommendation:** Alpha House should utilize a sex offender specific validated, standardized and objective risk assessment tool that produces an actual score to determine risk level and is used to determine appropriate treatment for sex offenders.

While Alpha does obtain MORRA overall scores, they have only the scores and lack the actual assessment and its detail needed to address dynamic need factors related to recidivism. MORRA scores are present in files, but the assessment itself is not.

- **Recommendation:** Alpha should obtain the actual MORRA assessment and utilize its detailed information to better determine and address specific dynamic needs of individual offenders.

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 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 offender in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

To reduce the likelihood that offenders will recidivate, programs must focus at least 50% of their efforts on characteristics associated with recidivism (criminogenic needs). Alpha offers services that target criminogenic needs in over 60% of their programs. These areas include substance use, criminal attitudes and behaviors, antisocial peers, use of leisure time, and high-risk situations that lead to illegal behaviors.

Alpha uses some evidence-based intervention models in their program. The use of Cognitive Behavioral Therapy (CBT) in some programs has been shown to be effective. Not all programs Alpha uses follow this format, and some are educational only.

The CPC indicates the most effective programming is between 3 and 9 months and does not exceed 12 months. Alpha's average length of program is 7 months, with offenders not able to complete prior to 3 months. Additionally, it is important that all offenders are adequately monitored while in the program.

Offenders are required to have an approved agenda that must be followed and must include appropriate work and group requirements. Alpha's offenders are supervised using staff random spot checks, an electronic monitoring system, phone checks, and physical checks that include random urinalysis and breathalyzer tests.

Alpha has detailed program manuals that outline key information within the program. This includes the program philosophy, case planning, phase advancement, and behavior management. The program also has manuals for its programming, which includes lesson plans, goals of the session, homework assignments, and recommended teaching methods.

The CPC requires that offenders spend at least 40 percent of their time per week in structured tasks (i.e., 35 hours). Structured tasks may include school, work, treatment groups, and other staff supervised tasks. Offenders in Alpha are required to work at least 40 hours each week and participate in various groups. Those who do not have employment still participate in structured activities designed to assist them in job searching. While there is more flexibility on the weekends, offenders are always supervised by staff, and prosocial behavior is expected.

The CPC requires staff and offenders to be matched as much as possible to address responsivity factors. This may be achieved using specialized case management and assigning specific staff to facilitate specific programming based on skills, experience, and training. Alpha assigns special needs offenders and sex offenders to specialized case managers. The treatment staff spend time attempting to place offenders with case managers and facilitators that appear to best fit each offender's needs. Only licensed mental health and addiction counselors provide programming. Additionally, offenders have the ability to have input on structure and programmatic elements of the program. Alpha uses exit interviews and feedback forms to allow offender input into the program. These are reviewed by supervisors and other management staff for potential program changes.

Programs that are shown to be successful have completion rates that allow offenders to grow and learn while also holding them accountable for antisocial behaviors. Those programs that meet this standard have a successful completion rate between 65% and 85%. Alpha's completion rate is 75%. Further, Alpha includes a discharge plan that addresses any continuing responsivity factors, criminogenic needs, and goals that offenders may need. Alpha also spends time developing a plan for discharge that includes recommendations for further aftercare. This may include continued mental health, substance abuse, or CBT programming.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that offenders recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). As mentioned above, Alpha's criminogenic needs focused programming is 63.6%. Non-criminogenic needs targeted include life skills and hobby. As such, while the amount of services and interventions provided at Alpha surpasses the 50% ratio of criminogenic to non-criminogenic needs, the amount of time does not meet the 80% ratio. The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- **Recommendation:** To increase the emphasis on criminogenic targets, Alpha staff should enhance the topics in the group and individual sessions to focus on the already identified core criminogenic needs and reduce the time spent on non-criminogenic needs. The ancillary groups could be refocused to target the top tier of criminogenic need areas (i.e., attitudes, values, and beliefs; peer associations; and personality characteristics like impulsivity and coping skills) through a core

curriculum like Thinking for a Change (T4C) or Core Correctional Practices Skills Group (CCP Skills Group). Finally, offenders who move through intensive treatment should be provided advanced practice opportunities throughout their length of stay. These advanced practice opportunities should focus on high-risk situations that offenders may face on home passes and in the community when they are released. Advanced practices should include role modeling, assigned homework, and role plays to practice the skills.

The CPC recommends the program should have a policy and process in which formal assessment results are used to drive the development and implementation of case plans. Alpha has developed a case planning process and some case plans were available for review. Assessment results were not used in the development of case plans, nor were case plans updated on a regular basis. Thus, indicated criminogenic needs for offenders were sometimes left unaddressed.

- **Recommendation:** Case plans should be the foundation for all case management meetings, allowing for the continued identification and addressing of criminogenic needs. Case plans should also be individualized for each participant, ensuring goals and objectives are identified for specific criminogenic needs. Alpha must ensure assessments are up to date (following the assessment's recommended timeframes) and all information is included prior to case 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. Group observations, participant interviews, and staff interviews indicate Alpha does have manuals for programs; however, they are not consistently followed during the group sessions. Observations indicated curriculum was in place but not regularly utilized, lesson plans were not followed, and there were not clear objectives for each group.

- **Recommendation:** Program facilitators must be trained in all curricula they are presenting. Curriculum for each lesson must be available and followed by facilitators to ensure the fidelity of the program. The specific objectives based around skills to be taught should be included in each lesson plan and followed. Facilitators must follow the teaching methods, group structure, goals of each session, content provided for each session, group exercises or activities, and any homework assignments during every group session for each program.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the offender. For example, effective programs are structured so that lower-risk offenders have limited exposure to their higher-risk counterparts. Research has shown that mixing low risk offenders with moderate or high-risk offenders can increase their risk of recidivism. Low risk offenders may be negatively influenced by the behavior of high-risk offenders, thereby increasing their risk of recidivism. Alpha staff and supervisors recognized that groups were not separated by risk score. Additionally, high-risk offenders should receive the highest intensity or duration of service. Guidelines recommend the range of dosage should be approximately 200+ hours for high-risk, and 100-150 hours for moderate-risk. Currently Alpha provides the same dosage hours and programming for low, moderate, and high-risk offenders.

- **Recommendation:** Alpha should give preference to moderate- and high-risk offenders. When low-risk offenders are accepted into the facility, they should be provided separate housing units and separate treatment groups. Low-risk offenders should not be mixed with moderate or high-risk offenders. Alpha should provide individual sessions for these offenders if the number of low-risk

offenders is too small to warrant separate groups. Alpha should vary programming and other components based on risk scores and the appropriate correlating dosage hours.

Offender needs and responsivity factors, like personality characteristics or learning styles, should be used to systematically match the offender to the most suitable type of service and staff. For example, only offenders with mental health problems are matched to specialized groups, low functioning offenders are placed into highly structured groups and highly anxious offenders are not placed into highly confrontational groups. Alpha attempts to assign special needs and sex offenders to specialized caseloads. However, offenders are not placed into groups based on individual responsivity factors. Furthermore, the program does not currently have a standardized assessment to identify or address responsivity and motivation.

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

The CPC recommends programs identify and apply appropriate reinforcers. These may range from tokens, tangible rewards, to social rewards, privileges, certificates of completion, praise, or removal of punishers may be examples of tangible rewards. Alpha currently uses positive Incident Reports (IR), resident of the month, and extra 4 hour passes if an offender has accumulated 5 positive IRs. Observations and staff interviews indicate these reinforcers are not being applied consistently, and there is great variation from staff to staff.

Furthermore, reinforcement is most effective when the reinforcer occurs immediately following the desired behavior and when that behavior is clearly linked with the reinforcer. Alpha staff may not issue a positive IR until the end of a shift, or the next day. Finally, the research is also clear that rewards need to outweigh negative consequences (i.e., punishments) by a ratio of 4:1. Based on the totality of information received and observed during the site visit, Alpha's ratio appears to be 1:1 and is closer to having more negative consequences than positive reinforcers.

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences or punishments available to promote behavioral change. Alpha currently uses the disciplinary process for punishers, to coincide with verbal reprimands. The punishers used are often not used to extinguish anti-social behavior or to promote behavioral change. Not all staff are able to use punishers to address behaviors. Staff interviews indicated not all staff are trained on writing disciplinary reports or the use of punishers. Staff were consulted on punishers used in the process, but not consistently. Of note is that most punishments available to staff focus on compliance and control, and do not focus on long-term behavioral change. Staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution.

The CPC recommendations regarding a behavior modification system are designed to help the facility fully use a cognitive-behavioral model.

- **Recommendation:** Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and that staff link the reward to the desired behavior. All staff, regardless of their role, should administer rewards as appropriate.
- **Recommendation:** Alpha should strive to achieve a 4:1 ratio of reinforcers to punishments to encourage desirable behavior.
- **Recommendation:** For negative consequences or punishments to achieve maximum effectiveness, the following criteria should be observed : 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 possible).
- **Recommendation:** 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. Staff should understand that punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. Policy and training should alert staff to issues beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution.

Alpha has not established criteria that clearly outline the completion for the treatment program (i.e., when the treatment successfully terminates for each offender). Alpha completion is currently based on time spent in the program, amount of money saved, and clear conduct from serious disciplinary issues. As a byproduct, progress in acquiring prosocial behaviors, attitudes, and beliefs is not evaluated as part of this process and offenders are not differentially discharged from the facility. Offenders who put forth effort to acquire targeted skills taught in the program are not distinguished from offenders whose completion criteria is based on length of stay and money saved.

- **Recommendation:** As the program develops its comprehensive treatment program, benchmarks should be set as to when someone can move from orientation to active treatment (e.g., when they demonstrate base knowledge about the thought–behavior link). Clear standards should also be set as to when individuals can complete their active treatment phase and can move from active treatment to aftercare. Benchmarks can include attendance and participation standards, scores on pre- and post-testing, meeting a certain percentage of objectives from their case plan, or formal reassessment of offender risk and needs.

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

- **Recommendation:** Offenders should be taught to restructure their unhealthy thinking to help them make prosocial decisions. Specifically, they should be taught how to identify, challenge, and replace

their unhelpful thinking across program targets. Various tools exist to help achieve this, including *rules tools, thinking reports, cost–benefit analysis, and behavior chains*. All staff should incorporate cognitive-restructuring techniques in their interactions with offenders even in groups where the curricula does include them.

- **Recommendation:** Structured skill building should be routinely incorporated across the service elements. Staff should be trained to follow the basic approach to teaching skills, which includes 1) defining skills to be learned; 2) obtaining participant buy-in as to the importance of the skill; 3) staff teaching the steps of the skill; 4) staff modeling the skill for the offender; 5) offender rehearsal of the skill (role-playing); 6) staff providing constructive feedback to offender on their use of the skill; and 7) generalizing the skill to other situations (e.g., homework or advanced role plays). Following this, offender should practice the skill in increasingly difficult situations, which forms their graduated skills practice. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to the offender.

The CPC recommends all groups are conducted and monitored by professional staff from beginning to end. Alpha’s groups are sometimes co-facilitated by other offenders in the program and may not have a staff member monitoring for the entirety of the group.

Furthermore, treatment and intervention 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 Alpha’s group size may exceed 15 and only have one facilitator.

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

At the time of the assessment, no services for family were provided. 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 Alpha.

- **Recommendation:** Alpha 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 Alpha 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. Alpha 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:** Alpha should develop aftercare programming that includes the following: reassessment of the offender's risk and needs, requirement 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 Alpha.

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

Alpha collects formal offender feedback on service delivery through voluntary Group Surveys and Exit Surveys. They also monitor number, frequency and reason of offender grievances and kites. These are reviewed and documented through a spreadsheet. Information and data collected through these methods is taken into consideration for improvements.

Quality Assurance Areas in Need of Improvement and Recommendations

Alpha program lacks a consistent formal management audit system. Internal quality assurance mechanisms are important for programs to ensure they are operating the way they are intended to operate. While Alpha uses voluntary group surveys, a limited amount of file review and occasional observation, there was inconsistent observation of these aspects happening. The CPC requires that all three of these controls are in place and operate effectively.

- **Recommendation:** The Alpha program Clinical Treatment Supervisor should consistently be allotted time to observe staff delivering services. This process should allow for feedback and coaching of staff and help ensure high quality services are delivered. Observation should occur once per quarter or once per group cycle for each staff in each intervention.

The program does rely on outside providers to deliver some services. For example, South Central Treatment Associates for sex offender treatment and an outside provider for parenting classes. Alpha program lacks a system of external quality assurance and evaluation of services and groups provided by external service providers to ensure the services being provided are of high quality.

- **Recommendation:** The Clinical Treatment Supervisor, or their designees, should be allotted time to formally oversee these outside providers to ensure the services being provided are of high quality. This can be conducted by monitoring the groups/sessions regularly, by requiring each provider submit a regular progress report that is reviewed, or through a regular and consistent file review basis, and a summary report for the findings should be developed.

The program does not have a periodic, objective, and standardized reassessment process to determine if offenders are meeting target behaviors. Alpha does use subjective assessment by use of its staff's professional judgment as monitoring progress, however, subjective assessments alone are not enough to meet this requirement

- **Recommendation:** The Alpha program should formalize a time period reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using a standardized need assessment tool. Having a subjective assessment through professional judgement is not enough to meet this requirement.

The program does not track recidivism of its offenders after completion of the program. While the program attempts to obtain self-report data, the response rate is extremely low. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation.

- **Recommendation:** Recidivism, in the form of re-arrest, re-conviction, or reincarceration, should be tracked at 6 months or more after release from Alpha. The program can do this on its own, work with MT DOC, or work with a third party to conduct this. There should be evidence the program receives and understands the data.
- **Recommendation:** In relation to the formal evaluation, a comparison study between the program's outcome and a risk-controlled comparison group should be conducted and include an introduction, methods, results, and discussion section. This study should be kept on file.
- **Recommendation:** Alpha should consider identifying an evaluator who is available to analyze available data. Alpha could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to Alpha) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no cost/low-cost option for evaluation).

OVERALL PROGRAM RATING AND CONCLUSION

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

Alpha House received an overall score of 34.1 percent on the CPC. This falls into the Low Adherence to EBP category. Each of the domains and both areas (i.e., capacity and content) of the CPC also score in the Low Adherence to EBP category, except the Staff Characteristics Domain. That domain scored in the Moderate Adherence category.

In reviewing this report, please keep in mind that the facility was not designed with the CPC in mind, and Alpha House staff should commend themselves for the work they have done to date to make treatment a facility focus. Furthermore, the recent addition of CCP trainings for staff will help ensure that Alpha House is improving their treatment capabilities. Recommendations have been made in each of the five

CPC domains, and these recommendations should assist Alpha House in making the necessary changes to increase adherence to what works in reducing recidivism.

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

FIGURE 1:

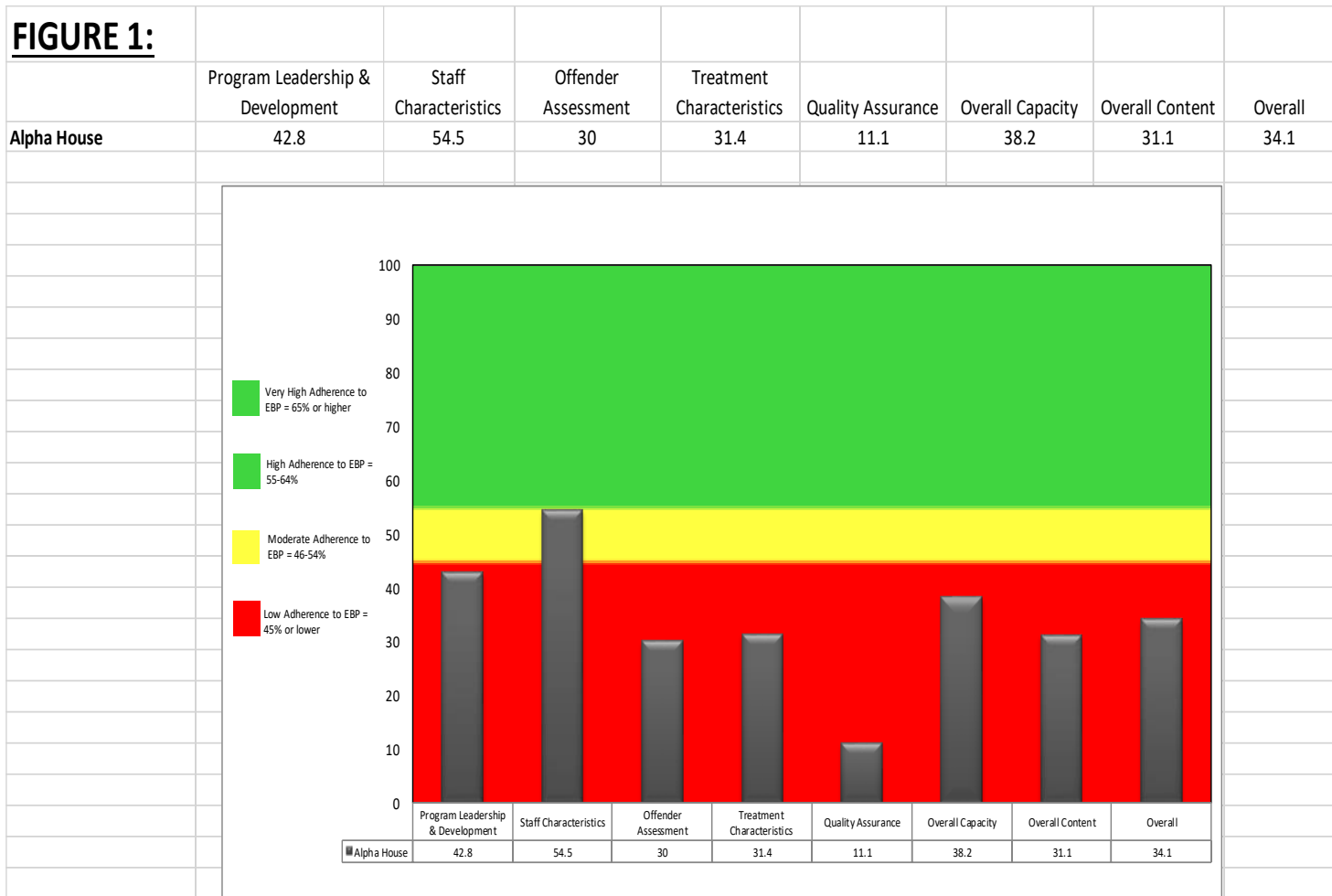
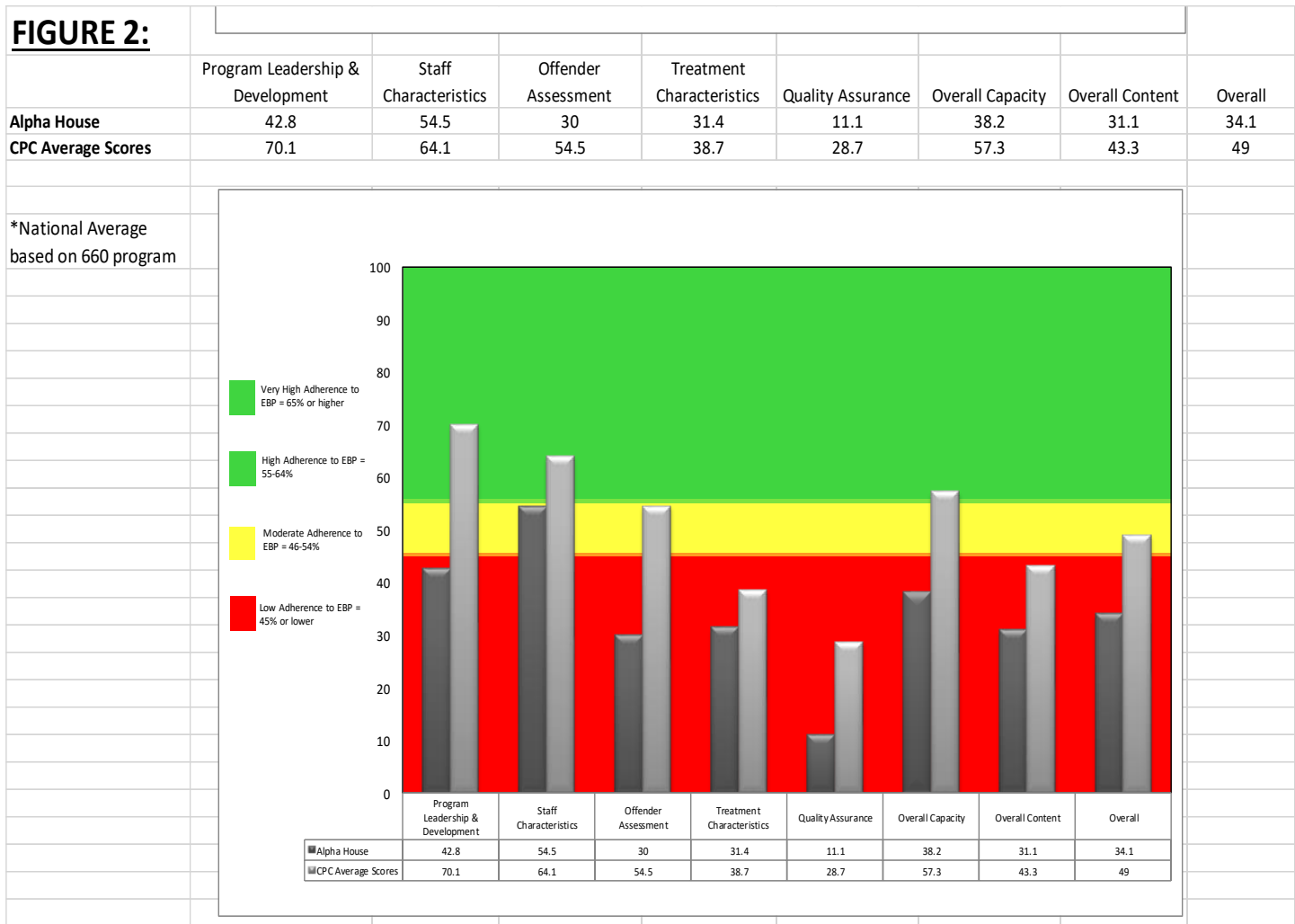


FIGURE 2:



- ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.
- ⁱⁱ The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.
- ⁱⁱⁱ A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:
1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio’s community-based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
 2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio’s CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
 3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio’s RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
 4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio’s community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, School of Criminal Justice.
- ^{iv} Makarios, M., Lovins, L. B., Myer, A. J., & Latessa, E. (2019). Treatment Integrity and Recidivism among Sex Offenders: The Relationship between CPC Scores and Program Effectiveness. *Corrections*, 4(2), 112-125; and Ostermann, M., & Hyatt, J. M. (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. *Law & Social Inquiry*, 43(4), 1308-1339.
- ^v Upon request, UCCI can provide the CPC 2.1 Item Reference List which outlines the UCCI and independent research that supports the indicators on the CPC.
- ^{vi} Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.