FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Gallatin County Reentry Program
Gallatin County and Community, Counseling and Correctional Services, Inc.

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INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, Gallatin County Reentry Program was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of Gallatin County Reentry 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 Gallatin County Reentry 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 intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score.[iii] Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.[iv] In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook). Once the information is gathered and reviewed, the evaluators score the program. When

the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted

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

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

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE GALLATIN COUNTY REENTRY PROGRAM AND SITE VISIT PROCESS

The Gallatin County Reentry Program (hereafter, GCRP) is a half-way house program commonly called a prerelease center in Montana. The GCRP has 34 beds and began 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), Parenting, Substance Use Disorder Aftercare, and Emotional Regulation. Clients also have case managers. Additionally, there are also AA meetings, educational tutoring, and therapy dogs. Clients are either referred to the program for 90 days (when they are revoked from supervision) or for up to 200 days. The program director for GCRP is Melissa Kelly, and the Program Administrator for Community, Counseling, and Correctional Services, Inc. Thus, Ms. Kelly is charged with 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 staff members and program participants during an on-site visit to the GCRP program on April 29 and 30, 2019. Data were gathered via the examination of ten representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook). Finally, two CBI-CC 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), her qualifications and experience, her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Melissa Kelly 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

Melissa Kelly possesses a bachelor's degree in health and education. During her bachelor's program, she took classes related to criminal justice and mental health issues. Ms. Kelly is very experienced and has been working with adult criminal justice populations within the GCRP organization for approximately eighteen years. She has been in her current position as the program director since the program began in 2005. Ms. Kelly is a hands-on program director in four aspects. She is directly involved in selecting staff

by conducting interviews and approves each new hire. She is involved in training new staff on the treatment curriculum. She has direct oversight of staff who are providing services to the program participants. Lastly, she is involved in providing direct services to program participants by facilitating one group.

The program has support from the community-at-large and GCRP has worked diligently to involve itself in the local community. For example, GCRP established a community steering committee, has residents perform community service projects in the community, has established relationships with other community-based organizations, and has invited other organizations to provide services to the residents, such as religious services, 12-steps meetings, therapy dogs and recovery services. Gallatin Reentry Program has also established relationships with Montana State University and receives interns.

Program funding is adequate to implement the program as designed and there have been no major shifts in funding within the past two years. Also, the program has been in existence since 2005, indicating that GCRP meets the criterion of being established for at least three years.

Program Leadership and Development Areas in Need of Improvement and Recommendations

It is important that the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. GCRP relies on professional relationships with UCCI, local community courts and probation departments, and licensing/state standards to ensure high quality programming. To date, a formal literature review concerning what works in changing offender behavior has not been conducted by either GCRP or Ms. Kelly. While staff do receive some literature related to working with offenders during weekly clinical meetings and all-staff meetings, it consists of articles from the internet. In addition, internet articles are forwarded to staff via e-mail for review. As such, staff are not formally and regularly informed about evidence-based practices with this population.

- ***Recommendation:*** Gallatin Reentry Program and/or Ms. Kelly 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:*** This information on what works should be disseminated to all staff delivering direct services in the program on a regular basis. This can be achieved by sharing this information at the once a month all staff meetings or weekly clinical supervision meetings.

Formal piloting of potential changes to the program or of facility level changes that can impact the program are not consistently conducted. For example, the recent addition of the CBI groups was not formally piloted prior to implementation at Gallatin Reentry Program. The program did pilot changes to the case plan and

the addition of allowing program participants to use cell phones. The GCRP should consistently have a formal pilot period where program logistics and content, especially those pertaining to core risk reducing efforts, are sorted out before a change or a new process begins.

- ***Recommendation:*** On-going modifications to the program should be formally piloted. Piloting of new interventions (e.g., curriculum changes, case planning, behavior management, etc.) should last at least one month and should involve formal start and end dates. Information and data should be collected, and staff should be included in making adjustments. Piloting should be a consistent programmatic practice.

Staff Characteristics

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

Staff Characteristics Strengths

GCRP program staff meet CPC standards for education and experience. At the time of assessment, all the staff had an associate degree or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education. For experience, the CPC requires that at least 75% of staff have worked in programs with criminal/juvenile justice populations for at least two years. All GCRP staff currently meet this mark. The GCRP program should be commended for the education and experience of their programming staff.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes then programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired by GCRP are hired based on their ability to set boundaries, their belief in change, their understanding of criminal thinking, and their belief in treatment. Additionally, direct service delivery staff receive clinical supervision from a LAC.

Programs that demonstrate better outcomes have direct service delivery staff meetings that occur at least twice per month. GCRP staff have a weekly clinical meeting. In addition, there is a monthly all staff meeting where non-case related information is shared.

Staff receive an annual evaluation that assesses staff on traditional employment indicators like ability to work with others, ability to conduct proper evaluations, participation in staffing and training, accepting assignments that are given, for example. This evaluation has indicators for direct service delivery skills. In order to promote behavioral change, this program assess staff annually on their abilities and skills related to evidence-based practice service delivery and client interaction. For example, a client may be assigned to a specific LAC because their skill set may be more beneficial for this client's success.

Programs that provide staff members formal opportunities to provide input on how the program can be modified to better improve the delivery of services have better outcomes than programs that do not. The program does provide several different opportunities to provide input (e.g., suggestions to supervisor,

emails, opportunity to discuss at clinical and all staff meetings.) Supervisors must approve any changes to programming. Modifications to programming may impact fidelity to treatment programs, evidence-based practices, and assessments; GCRP has made it important that these changes are reviewed and approved to ensure they are appropriately implemented.

Staff are supportive of the GCRP and treatment. Finally, the GCRP has ethical guidelines in place for all staff that are outlined in program policy.

Staff Characteristics Areas in Need of Improvement and Recommendations

While new staff are assigned to shadow a more experienced staff member, new hires do not receive formal, consistent initial training on the GCRP program or evidence-based practices for working with offenders. Moreover, staff do not receive 40 dedicated hours of on-going annual training related to evidence-based practices.

- ***Recommendation:*** New staff should receive thorough training in the theory and practice of interventions employed by GCRP. There should be formal training for all staff on the GCRP services before any staff deliver that curriculum. In addition to the GCRP curriculum, relevant topics include training on the principles of effective intervention, assessments, specific program components, group facilitation, core correctional practices, cognitive behavioral interventions, social learning, etc. This training should be outlined and updated in the program manual.

- ***Recommendation:*** Staff should be required to receive a minimum of 40 hours per year in formal training related to the program and service delivery (see topics listed above). Training in areas not directly related to service delivery (i.e., CPR, restraint, bloodborne pathogens, PREA, etc.), while required for different aspects of the job, should not be counted towards the CPC 40-hour criterion.

Offender Assessment

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

Offender Assessment Strengths

GCRP receives referrals from various counties in Montana. After the referral is received, the screening committee conduct a case review to determine applicant's appropriateness for the program. Very few (less than 10%) of referred clients are considered inappropriate for the services provided by GCRP. Those that may be inappropriate are the result of having extensive mental health or medical concerns.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. To measure risk and needs levels, the Montana Offender Reentry Risk Assessment (MORRA) are completed for applicants. The MORRA

measures risk and need levels indicating whether participants are high, medium, moderate or low risk of recidivism. The MORRA reasonably measures the residents dynamic need factors related to recidivism based on criminogenic needs related to criminal conduct; i.e. criminal history; family and social support; substance abuse and mental health; criminal attitudes and behavioral patterns; education, employment, and financial situation. The program also conducts a domain specific criminogenic need assessment. A review of files indicated that GCRP administers the Texas Christian University Drug Screen 5 (TCU-DS) and Client Evaluation of Self and Treatment (CEST) on a consistent basis.

The program does receive the MORRA results from probation/parole referrals; however, this is not always consistent (i.e., sometimes a referral packet does not contain MORRA information). File reviews at the program found 70% of the files contained MORRA assessments. MORRA results should be obtained before admission decisions so that necessary information on risk level and criminogenic need areas are used to make these decisions. The GCRP meets the criterion from the CPC for valid assessments since the MORRA is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

Offender Assessment Areas in Need of Improvement and Recommendations

The program lacks written, established guidelines for excluding clients that may not be appropriate for services offered. Programs that can identify and exclude participants that are inappropriate for services have better programmatic outcomes than programs that lack exclusionary criteria. Examples of exclusionary criteria that are appropriate for GCRP include only accepting those residents that score as moderate to high risk on the MORRA. That is, the GCRP should exclude low risk offenders from programming.

- ***Recommendation:*** GCRP should develop 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. Those that score low in substance use would be excluded from the program. Exclusionary criteria should be based on clinical/community/legal criteria.

The program should measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.) for each person. The results from these assessments can be used to make decisions on how staff, clients, and the program work together. The responsivity tools employed by the program (i.e., CEST) is an acceptable tool; however, the program needs to ensure that all clients are administered these tools on a consistent basis.

- ***Recommendation:*** GCRP does not consistently conduct an adequate range of responsivity assessments to measure a participant's engagement in treatment or potential barriers to the delivery of services. While some staff administered different assessments for substance use and responsivity, these assessments were not always scored out or consistently found in files, and decisions are not made based on the results.

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the program targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train justice-involved participants in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

Effective programs should focus at least 50% of their efforts on addressing criminogenic needs. Criminogenic needs are those characteristics directly associated with recidivism. The GCRP focus at least 50% of their efforts on addressing criminogenic needs.

The CPC criteria for the evidence-based intervention model determines the extent of which evidence-based programs/approaches are utilized. GCRP uses structured cognitive behavioral groups, but it also utilizing several non-effective strategies and utilizes components referred to as Therapeutic Community Models.

The most effective interventions are made in programs that last between three and nine months. The target date for program completion at the GCRP is 180 days which currently meets the CPC criteria for the length of a treatment program. The CPC criteria is that offenders/clients in a program must have at least 40% of their time geared towards a structured task. The GCRP accomplished this through school, work, treatment/groups, and one-on-one case management sessions. Staff are assigned to facilitate groups based on their skills and educational training. The GCRP utilizes their LAC's to conduct/facilitate all groups.

The clients at the GCRP are adequately monitored throughout their time in the program. They conduct physical checks, the clients sign cell phone contracts, the clients are required to call in once they arrive to a location as well as when they leave a location, and they must have an approved sponsor for travel and overnight visits.

The clients have input into the structures and features of the program. The program supervisor or staff, and the input process must be formal and structured. GCRP meets the CCP criteria through allowing their clients to voice their input through center wide meetings every three months, through kites, or through speaking with their senior family member who then address their requests with the program director. GCRP also uses an exit survey to gain responses and input on the client's time in the program.

GCRP identifies and applies appropriate reinforcers through their positive behavior reports, posting client accomplishments on the board, conducting phase-ups each week during staff/client meetings, and by logging them in a positive reinforcements log/Chrono Notes in OMIS. GCRP uses punishers to extinguish antisocial behaviors and to promote positive behavioral changes through showing their clients that their behaviors have consequences. They utilize progressive discipline, warning logs, a peer panel, different levels/classes of disciplinary infractions, and the client commitment to change contracts.

The CPC criteria for groups size is between 8 and 10 offenders per facilitator. The groups at GCRP are always facilitated with between 8 and 10 clients. The GCRP completes discharge summaries for the clients completing their program. These summaries are then sent to Probation and Parole to be utilized for continued care/planning in the community.

Treatment Characteristics Areas in Need of Improvement and Recommendations

Although the GCRP focus 50% of their efforts on addressing criminogenic it also targets several non-criminogenic needs as well. The ratio between the criminogenic and non-criminogenic does not meet the CPC criteria of 4 to 1.

- ***Recommendation:*** To address this, it is recommended that GCRP utilize groups that specifically address those identify criminogenic need areas. These additional groups should include or increase the use of criminal thinking skills, problem solving skills, coping skills, peer associations, and should have role plays within the groups themselves.

  Although the GCRP did have a case planning process, all the clients in the program did not have case plans themselves. Additionally, the case plans need to address criminogenic needs specific to the risk assessment, and should also include goals, objectives, and time frames for completion of each goal

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

The program lacks a manual that specifies all major aspects of the GCRP. The program has what was referred to as a resident handbook that outlines topics such as policies and procedures, rules, roles, rule violations and sanctions, dress code, employment restrictions and living area. Along with the resident handbook there should be a program manual that includes: a program description, philosophy, admission criteria, assessment practices, scheduling, case planning, phase advancement (or GCRP advancement across the series), behavior management, completion criteria, and discharge. In addition, this manual should also include specific curriculum for each intervention.

- ***Recommendation:*** In addition to the program manual containing program description, philosophy, admission criteria, and scheduling, each group should have a standard curriculum. The curriculum should include how groups are structured, the goals of each session, the content of each session, the recommended teaching methods, and include exercises, activities, and homework assignments.

- ***Recommendation:*** All group facilitators should follow the manual to ensure consistency in treatment delivery and efficacy to the curriculum. While staff may add content to a lesson, staff should not deviate from the provided content nor should they augment the methods/modality of treatment provided by the curriculum. Ensuring use of the manuals can be achieved through live observation, clinical supervision, and file review processes.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the 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. While the GCRP does inconsistently receive scores from MDOC, there is no effort to separate referrals based on their need level as determined by the MORRA.

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

A program should vary the dosage and duration of service according to the client's risk level. The program does not provide more intensive services to higher risk participants. 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:*** As currently delivered, most of GCRP programming cannot count toward dosage, with the exception of the manualized curricula such as CBI-CC. Other GCRP programming cannot count toward dosage as they do not consistently follow a behavioral, cognitive behavioral, or a social learning model. For the GCRP to increase dosage, the program needs to fully adopt an evidenced-based modality, and consistently implement cognitive restructuring, modeling, and skill building practices throughout all curricula in its program (see below for discussion on how these processes should be implemented).

- ***Recommendation:*** Moreover, and as discussed above, GCRP is often not aware of a client's risk level because an updated MORRA has not been conducted. Once an evidence-based modality is adopted, GCRP should develop separate program tracks for moderate and high-risk offenders with different requirements for dosage hours (i.e., intensity and duration). High-risk participants should receive more groups and services than moderate risk participants.

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/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 they 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 of 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. GCRP should work towards accessing or implementing responsivity assessments (as described above) and use both responsivity and need assessment results to match clients and staff.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and apply appropriate reinforcers in order to change behavior effectively. The 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). Moreover, the administration of reinforcers needs to be improved. Rewards are most valuable when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. Finally, program staff do not receive any formal training in the administration of rewards (or punishers).

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change and are appropriately applied. The 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 negative effects that may occur after the use of punishment.

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

    - Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff link the reward to the desired behavior. For key target behaviors, staff should have the 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 (e.g., cleaning, following TC protocol), but should focus on long term prosocial behaviors (e.g., avoid trouble with others, problem solving, etc.)

    - The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.

    - For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be

administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when applicable).

- Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. In addition to emotional reactions, staff should be trained to watch for avoidance/aggression towards punishers; mimicking of the same type of punishment received; responding by substituting inappropriate behavior with a new inappropriate behavior; and/or lack of generalization in the punishment.

- There should be a written policy to guide administration of rewards and punishers. All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress towards meeting individualized treatment goals. In comparison, to successfully complete the GCRP, a client simply must "complete 55 hours of community service, complete treatment within 180 days, have clear conduct, and have a success/release plan."

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

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 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:*** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from a 50/50 to 70/30 range across the service targets. For example, the CD group is currently being facilitated as a community group, but research demonstrates substance abuse groups have better outcomes when they operate using CBT principles.

All treatment/intervention groups should be facilitated/monitored by a direct service delivery staff member from beginning to end. Interviews with staff and clients indicated that GCRP groups are primarily facilitated by the program director.

- ***Recommendation:*** All groups should be monitored and facilitated by direct service delivery staff at all times. Additionally, these groups should be monitored by the program director to ensure the quality and fidelity of the program/group.

The clients in the GCRP do have parenting and family interactions; however, these services/groups are conducted by a group that is external from the facility.

- ***Recommendation:*** Should the GCRP implement a family/parenting program within their facility they would want to ensure that family/friends are taught the same techniques and skills as the clients, so they can support the them in a prosocial manner.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. GCRP does not currently have an aftercare component for all clients. Once the clients complete the program they are supervised by Probation and Parole and no longer receive services from the GCRP.

- ***Recommendation:*** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of offender risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level. Since individuals remain in the institution and leave the institution, the program should determine different protocols for each population concerning what aftercare should look like.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Strengths

GCRP has a formal process to collect client satisfaction within the program. GCRP collects surveys from program participants prior to their release and after their completion of the program. This information is completed in writing. GCRP then uses this information to see if any areas identified as criminogenic needs decreased or increased. Programs that collect formal client feedback on service delivery have better programmatic outcomes than programs who lack this process.

The program has periodic, objective, and standardized reassessment of offenders by reassessing offenders using the MORRA upon completion of the program. GCRP currently screens all offenders at intake with the MORRA and then at completion to gauge outcomes from the services delivered. Programs that utilize standardized offender reassessments indicate lower levers of recidivism.

Quality Assurance Areas in Need of Improvement and Recommendations

GCRP program lacks a formal management audit system. Internal quality assurance mechanisms are important for programs to ensure that they are operating the way they are intended to operate. While the program director observes groups facilitated by staff at GCRP, the director leads multiple groups and is not monitored by anyone.

- ***Recommendation:*** The GCRP program should develop policy for consistent processes which includes, a consistent process for timely file reviews, a process to oversee staff delivery, and provide clients feedback on their progress in the program. With regards to observation of staff service delivery, this needs to be consistently done by the program director and also performed by someone else with the appropriate level of expertise for the program director.

GCRP should track re-arrest and recidivism data at least 6 months after the release and completion from the program. The program should attempt to collect this data on their own or work with the Department to acquire this data. Further GCRP staff should understand where this information comes from and make attempts to programmatically respond to recidivism outcomes. While numerous program staff were able to state a specific percentage of recidivism, not one employee knew where this percentage came from, what types of rearrests or reconvictions were counted, or what was done after this information was received.

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

GCRP has not undertaken a formal evaluation. This formal evaluation should compare treatment outcomes with a risk control comparison group. Ideally, this evaluation should show indicators of lower recidivism in the treatment group. Finally, GCRP should retain an employee or outside contractor to continually research and evaluate the program.

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

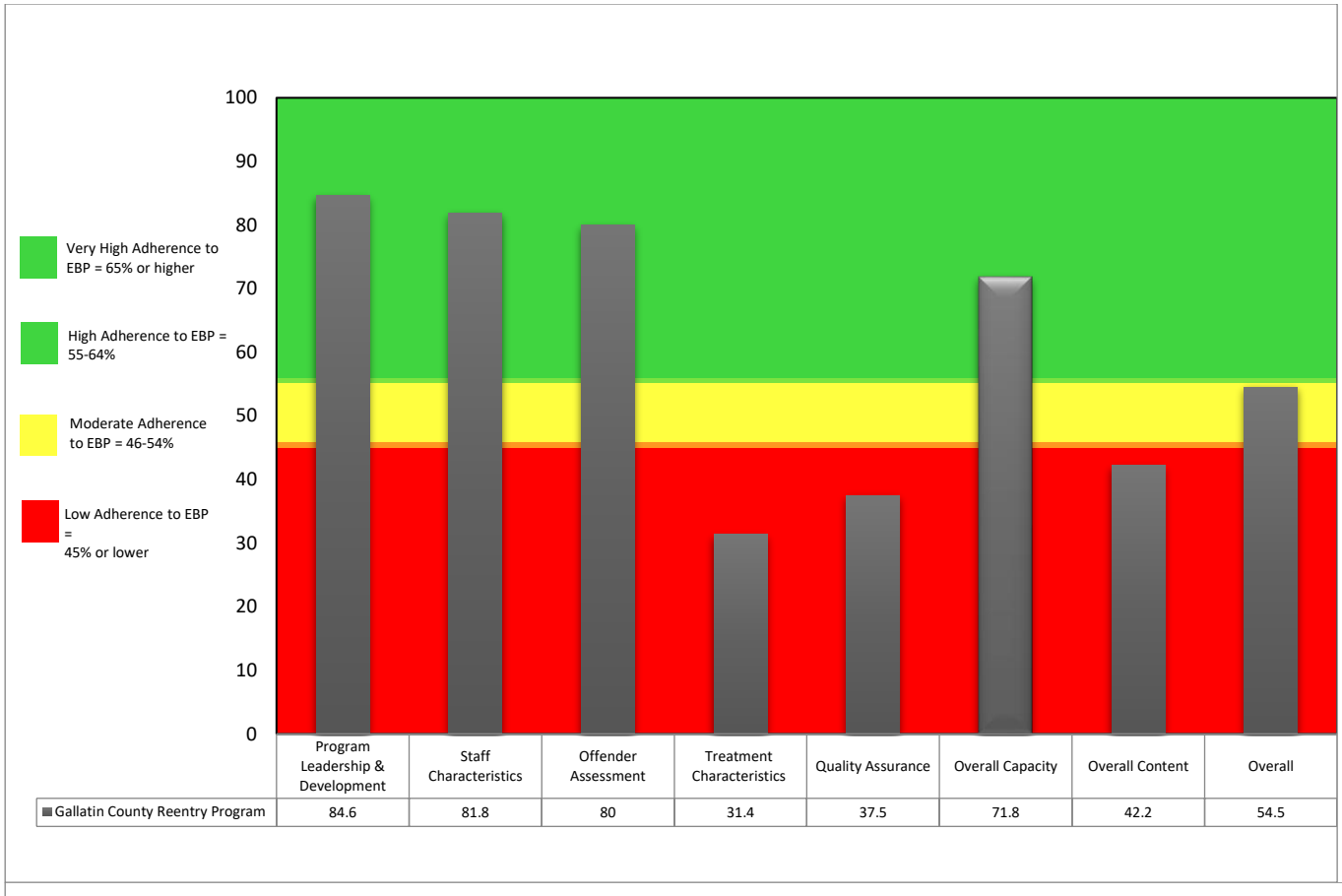
- ***Recommendation:*** GCRP should work with the MDOC to continually evaluate and research the program. GCRP could appoint a qualified member of its current staff to act as the researcher or evaluator, work with the Department, or find a no cost solution working with college and universities for student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

OVERALL PROGRAM RATING AND CONCLUSION

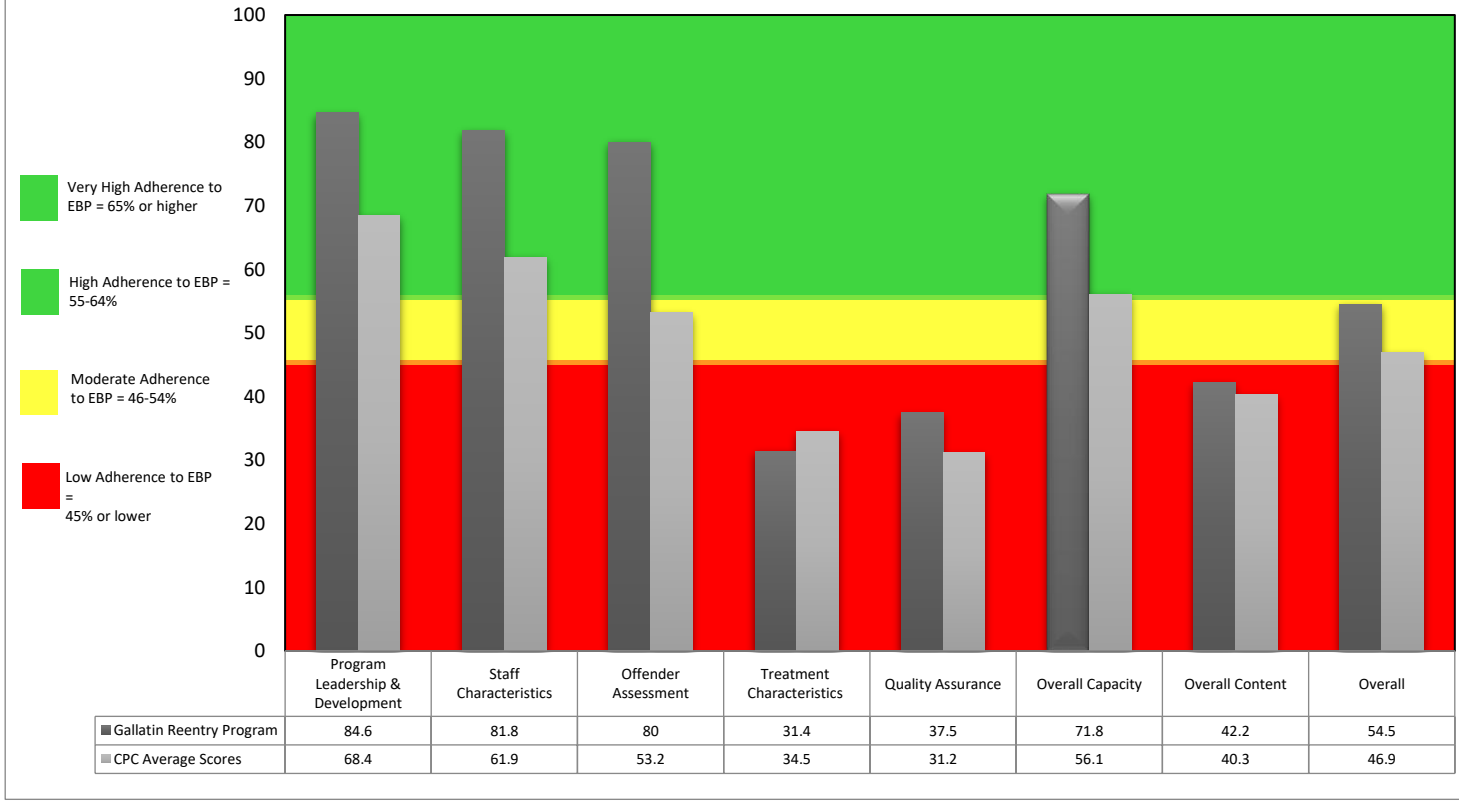
The program received an overall score of 54.5% on the CPC. This falls into the Moderate Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence-based interventions and services for the participants is 71.8%, which falls into the Very High Adherence to EBP category. Within the area of capacity, the program leadership and development domain score are 84.6% (High Adherence to EBP), the staff characteristics score is 81.8% (High Adherence to EBP), and the quality assurance score is 37.5% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 42.2%, which falls into the Low Adherence to EBP category. The assessment domain score is 80% (Very High Adherence to EBP) and the treatment domain score is 31.4% (Low Adherence to EBP).

It should be noted that the program scored highest in the Program Leadership and Development 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. Certainly, care should be taken not to attempt to address all "areas needing improvement" at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

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



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Gallatin County Reentry Program	84.6	81.8	80	31.4	37.5	71.8	42.2	54.5



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Gallatin Reentry Program	84.6	81.8	80	31.4	37.5	71.8	42.2	54.5
CPC Average Scores	68.4	61.9	53.2	34.5	31.2	56.1	40.3	46.9

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

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

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

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

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

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

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

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

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

[v] Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.