FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Helena Prerelease Center (HPRC)

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INTRODUCTION

Research has consistently shown that programs that adhere to key principles, namely the risk, need, responsivity (RNR), and fidelity principles, are more likely to impact delinquent and 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. To ensure that high quality services are being delivered, there has recently been an increased effort in formalizing quality assurance practices in the field of juvenile justice treatment and corrections. As a result, more legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, per Montana Code Annotated (MCA) Section 53-1-211, the Montana Department of Corrections (MDOC) was directed to complete an assessment of the HPRC using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of the facility's practices and to compare them to best practices within the juvenile/criminal justice and correctional treatment literature. Facility strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the facility are offered.

CPC BACKGROUND AND PROCESSES

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

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

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

given equal weight, and some items may be considered not applicable in the evaluation process.

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

After the site visit and scoring process, a report (i.e., this document) is generated which contains all of the information described above. In this report, your program's scores are compared to the average score across all programs that have been previously assessed. This report is first issued in draft form and written feedback from you and your staff is requested. Once feedback from you is received, a final report is submitted. 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 ensurethat 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 processis time specific. That is, the results are based on the program at the time of the assessment. Thoughchanges 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 intoaccount 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 FACILITY AND SITE VISIT PROCESS

Helena Prerelease (HPRC), located in Helena, MT, is a 105-bed, community corrections facility for adult males who are committed to the Department of Corrections. The typical length of stay is approximately six months. HPRC has worked to establish itself as a facility committed to providing transitional services for offenders leaving a secure facility and working to live independently in the community. The facility has a screening panel that accepts and denies offenders based on a set of exclusionary criteria.

Offenders referred to HPRC enter the facility either transitioning from a Department of Corrections facility, contracted facility, or from jail when on a sanction. Within 30 days of arrival, they receive a clinical assessment, a criminogenic risk and needs assessment, alcohol and drug screening/assessment, mental health screening/assessment, and/or an educational and vocational appraisal. Details regarding the specific assessment tools used is provided in the body of the report.

The assessment using the CPC took place on July 20th through the 21st of 2021. The assessment process consisted of a series of structured interviews with the clinical staff, facility staff, and offenders. Clinical staff included mental health staff, licensed addiction counselors and case managers. Facility staff included the facility director and compliance staff. A total of five staff were interviewed as well as three offenders.

For the purposes of this assessment, Devin McGee was identified as the Program Director. It should also be noted that for the purposes of the CPC report, Case Managers are considered direct service delivery staff as they run groups and are assigned a certain number of offenders to meet with individually. Additionally, data were gathered via the examination of 20 representative files (open and closed) as well as other relevant program materials (e.g., policy and procedure manuals, staff training information, assessments, curricula, handbook, etc.). Finally, two groups facilitated were observed. These included Moral Recognition Therapy (MRT) and dialectical behavior therapy (DBT). 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, Devin McGee 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

Devin McGee has been the program director of HPRC for nearly six years. Further, Mr. McGee has worked as a case manager for HPRC an additional six years. Programs that reduce recidivism have directors with over three years of criminal justice experience. Program director McGee has far more than three years of experience.

Mr. McGee is involved in the direct hiring of all staff at HRPC and is the final say whether a person is hired or not. Also, Mr. McGee takes part in formal service delivery training with all newly hired staff. Mr. McGee preforms 11 different trainings with all new staff. Studies have shown that programs where directors who are formally involved in hiring and training new staff succeed in reducing recidivism over programs with directors who are not actively involved in either hiring or training of staff.

Programs that have been shown to reduce recidivism have positive working relationships with other criminal justice partners and good local community support. Staff of HPRC rated their relationship with criminal justice partners, to include the Department of Corrections, Probation and Parole Division, local courts and judges, the county jail, and local law enforcement officers, as very positive. Further, HPRC stated their relationship with local community partners, such as the Career Training Institute, Montana Department of Public Health and Human Services, Veteran's Administration, Leo Pocha Clinic, Pure View Health, and the Helena School District as overly positive as well.

Mr. McGee rated HPRC's funding as mostly stable over the last two years. While there could always be more funding, Mr. McGee stated they are able to provide the services they are contract to perform with the funds they receive. Programs that maintain adequate and stable funding perform better than programs that do not.

HPRC is a long term, established program in the Helena community. HPRC has been in existence as a non-profit prerelease facility for 20 years. Programs that have been established for more than three years are shown to be more effective than programs that are newly designed

HPRC is a male only facility and does not allow any females from the community to interact or attend treatment with the men of the program. Programs that succeed, do not allow co-gender programing or groups.

Program Leadership and Development Areas in Need of Improvement and Recommendations

HPRC program director Devin McGee has a bachelor's degree in education with a specific emphasis in special education. However, Mr. McGee did not take any classes specific to corrections or a helping field. Programs that succeed have program directors that have a degree in helping field such as social work, psychology, corrections, and education and have course work specific to corrections. While program director McGee does have a degree in a helping field, he did not take specific course work in corrections.

- ***Recommendation:*** HPRC should ensure that in the future they hire a program manager that has a degree in an identified helping field and has completed specific course work in corrections courses.

The program director should be involved in direct supervision of treatment delivery staff. Mr. McGee is involved in hiring and training of staff, but he does not take part in any supervision of service delivery staff and is not in attendance at every service delivery staff meeting. Program director McGee stated the HPRC's deputy director is the staff person who is responsible for supervision of service delivery staff.

- ***Recommendation:*** Mr. McGee should be involved in providing direct supervision of service delivery staff. He could do this by having regular one on one meetings and by attending all service delivery meetings and providing individual feedback during the meetings.

Programs that have been shown to reduce recidivism from over 40 years of research, the program director is involved in conducting regular treatment programs and/or maintains at least a small caseload. HPRC program director McGee does not maintain a case load or provide any direct programing or treatment services to the offender population.

- ***Recommendation:*** Mr. McGee 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 all staff have a thorough understanding of this research. Mr. McGee stated the program was developed long before he started, and he does not know what modality, research, or literature that was consulted when the program was developed. HPRC does have regular staff meetings, however, they do not do a frequent and robust literature review during those meetings.

- ***Recommendation:*** The HPRC program should conduct a literature search to ensure 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 should 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 LAC/case manager meetings should be used to ensure that this information is reviewed and discussed for relevance to HPRC staff. Then, HPRC 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 HPRC and unfamiliar with the components of a pilot program. Numerous programs have been implemented without a formal piloting period.

- ***Recommendation:*** As new components are incorporated into HPRC's program, 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 offender and staff feedback, and review of relevant data. Following this review, the decision shouldthen be made about whether to fully implement the new component with the appropriate revisions.

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 HPRC are divided between licensed addiction counselors and case managers. 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, 10 staff were identified as providing direct services, including the case management and treatment coordinator staff delivering individual sessions and group-based programming respectively.

Staff Characteristics Strengths

HPRC service delivery staff meet educational requirements. At the time of assessment 90% of staff had at least an associate degree or higher in a helping field, which includes education, criminal justice, psychology social work, counseling, and other fields like addiction studies. Programs that have a vast majority of service delivery staff with these types of degrees succeed over programs that do not.

Programs that effectively lower recidivism among its offender population hire service delivery staff with over two years of experience in the field. 80% of HPRC service delivery staff have gained at least two years of experience providing treatment and/or services to offenders in the criminal justice system.

LAC's and case managers are receiving an annual evaluation that includes evaluation criteria for treatment fidelity or group delivery specific skills. Also, treatment staff are evaluated on a reoccurring basis, and the evaluation is not only focused on common employment evaluators such as attendance and how well they work with others. The evaluation instrument is designed to gauge how effectively staff are following the fidelity and practice of program delivery and positive offender interactions.

Programs that succeed in reducing recidivism have robust initial training for new staff that is beyond normal corrections training such as PREA. HPRC trains new staff in areas such as the theory and practice of interventions employed at the program, expected practices when meeting one on one with offenders, and modality specific trainings. HPRC does more than just train new staff on normal corrections security practices.

HPRC rated their staff as an average of 9 (to include, LAC's, case managers, management, medical, and resident advisors) on a scale of 1 – 10, with 10 being the highest, on the question of how open their staff are to believing offender populations are able to change behaviors and committed to working in that direction. Programs that ensure all staff are open and committed to the positive changes in offender behavior have better results than programs that do not.

HPRC has written ethical guidelines in their internal policy manual 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

During the selection process, staff interview questions such as "what is your experience in corrections and what is your experience working with offenders," are asked. However, staff are not evaluated on whether they believe that offenders may change their behaviors or their willingness to work with the offenders and help them change their lifestyles.

- ***Recommendation:*** HPRC should develop standard interview questions that are documented and examine each candidate for employee's willingness to work with offenders to effect positive change and that each candidate maintains an attitude and understanding that offenders can change their negative behaviors.

Staff interviewed stated there are monthly all staff meetings and case managers indicated they have biweekly case management meetings. However, staff could not explain what would typically occur during those meetings and finally, agendas that identified topics for the meetings do not exist.

- ***Recommendation:*** Examples of staff meeting agendas were provided to the audit team and highlighted in the facility response to the Draft report. The audit team and this review both documented that there are several components to staff meetings. HPRC is not currently meeting all required components. Specifically, all professional staff (not just case managers) must meet at least twice a month during which it is specifically documented which offender's cases are reviewed to ensure all are reviewed at systematic intervals. When staff were asked about the content of this meeting, they reported the content was not centered on staffing cases but other logistical issues pertaining to staff or the program.

LAC's and case managers are not receiving clinical supervision at HPRC. There is one staff member qualified at HPRC to provide clinical supervision. However, upon discussion with that staff member it was determined that there is currently no clinical supervision taking place.

- ***Recommendation:*** HPRC should ensure that all staff providing services to the offender population are receiving clinical supervision. This supervision should be formal one on one meetings held at least monthly.

HPRC does not have formal and ongoing training developed specifically for case managers or licensed addiction counselors. All staff receive common correctional trainings such a handcuffing, boundary and PREA trainings, but there is no ongoing training regarding service delivery skills or training that is modality specific.

- ***Recommendation:*** All staff should receive at least 40 hours of ongoing training each year. 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.

Programs that succeed in reducing recidivism numbers over programs that do not have a process where service delivery staff may have input, by going through the proper organizational channels, and make positive changes to the program. Staff at HPRC stated they think they could go to Mr. McGee or the deputy director with recommendations but none of them stated they had, and none could think of a single process that changed at HPRC because of staff input.

- ***Recommendation:*** HPRC should develop a formal process where program staff are able to suggest and make positive changes to the program. These changes should be vetted through process like piloting and all changes should be approved by Mr. McGee.

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 interventionsaccordingly. The Offender Assessment domain examines three areas regarding assessment: 1) selection of offenders; 2) the assessment of risk, need, and personal characteristics; and 3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

The most effective programs are those whose participants are deemed appropriate and can be adequately served by the program.

The HPRC has created policies and procedures and to ensure they are equipped to work with the different types of offenders placed at the facility. As a result, the HPRC admits appropriate offenders, as determined by the facility's screening committee. They estimated the percentage of inappropriate offenders admitted to the program range from five to twenty percent. Those deemed inappropriate for the program were on the basis of their significant mental health concerns, unwillingness to change, and/or trust issues. The facility should continue to monitor these concerns and ensure that it does not exceed the 20 percent limit outlined in the CPC.

Successful programs have developed and follow clinical, community, and legal criteria (e.g., severe mental illness, low risk, violent offenses, etc.) for the exclusion of certain types of offenders. The HPRC has a policy in place that outlines their exclusionary criteria. Their policy, *Facility Services; Reception and Orientation: Screening; 1FS; 112-114*, states, "1. Any offender under the age of 18, 2. Any offender with a Tier 3 Sex Offender designation, and 3. Sexual or violent offense with victim opposition in the local community."

Programs that are most effective in reducing recidivism measure risk factors with a validated, standardized, and objective risk assessment instrument that procures a level of risk (e.g., high – medium – low) through an actual score. The HPRC uses the Montana Risk Reentry Assessment (MORRA) to measure risk factors for the offenders in their program. Additionally, the MORRA is a validated tool.

Needs assessment scores are also crucial as they determine which criminogenic need areas offenders have, whereas responsivity assessments assist in determining offenders' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few). As currently used, the MORRA acts as a needs assessment and alerts the staff to the most important criminogenic need domains to be targeted with interventions.

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 the duration and intensity of treatment services, based on risk level. According to the risk principle, treatment resources are most effective when they are reserved for moderate and high- risk residents and intensive services can actually make low-risk residents worse. The percentage of moderate to

high-risk offenders served in the program should be 70 percent or higher. Becausethe HPRC uses the MORRA, the program is credited with having approximately 25 percent of their population as low risk.

Offender Assessment Areas in Need of Improvement and Recommendations

Programs that are most effective in reducing recidivism have a validated, standardized, and objective domain specific needs assessment to assess key offender types. Substance abuse, sexual offending, and domestic violence (or other specific areas that are not adequately covered with a general risk/needs assessment tool) should receive an additional needs assessment. The HPRC serves these specialized populations, therefore additional assessment tools are needed to ensure appropriate services/referrals are provided/made.

- ***Recommendation:*** HPRC does require some domain specific needs assessments for key offender types such as substance use. Because HPRC also accepts violent offenders, domestic violence offenders, and sex offenders, these domain specific assessments should also be available in the offenders file for case planning. Staff could not identify how these assessments are used in case planning. If these assessments are done by another provider, a release of information should be signed so a copy is maintained in the offenders file for reference only by staff involved in case planning.

In order to fully adhere to the Risk Needs and Responsivity (RNR) model of best practice, the third component, Responsivity, must be assessed to determine an offender's individual characteristics. Then, taking this information into consideration, appropriate services oraccommodations can be provided. There are a number of factors that depend on this area being adequately assessed for the most effective programming to take place. The MORRA does not provided the needed responsivity feedback.

- ***Recommendation:*** HPRC does require some responsivity assessments, but they are not consistently found in all offender files. These responsivity assessments should be available in the offenders file for case planning. Staff could not identify how these responsivity assessments are used in case planning.

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 residents 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

To reduce the likelihood that residents will recidivate, programs must focus at least 50% of their efforts on characteristics associated with recidivism. HPRC focuses primarily on four criminogenic needs areas: criminal attitudes and behaviors/antisocial thinking, problem solving skills, substance abuse, and education/employment. These needs are identified through the MORRA Assessment and are addressed through the programming groups they offer.
Most effective programming is between three and nine months and should not exceed 12 months. HPRC's average length of program is between five and six months. Additionally, it is important that all residents are adequately monitored while in the program. Residents are required to have an approved agenda that must be followed and must include appropriate work and group requirements. HPRC's residents are supervised using staff random spot checks, phone checks, and physical checks that include random urinalysis, breathalyzer tests, and pat downs.

The most successful programs are those where residents 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. Residents at the HPRC are required to work at least 32 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, residents are always supervised by staff, and prosocial behavior is expected.

Effective programs are those where staff are assigned to facilitate programs/groups based on their skills, experience, education, or training (e.g., staff with a chemical dependency license are conducting substance abuse groups). Additionally, residents must have input on structure and programmatic elements of the program. HPRC does assign programs/groups to staff based on their education and training and they utilize resident meetings, have resident representatives, and feedback forms to elicit resident input/satisfaction/changes into the program.

Programs that have the greatest impact on reducing recidivism identify and apply appropriate reinforcers. Examples of reinforcers may range from tokens, tangible rewards, social rewards, privileges, certificates of completion, praise, or removal of punishers. Furthermore, reinforcement is most effective when the reinforcer occurs immediately following the desired behavior and when that behavior is clearly linked with the reinforcer, when it is consistently and then intermittently applied after the appropriate behaviors, and when it is individualized to the participant. HPRC does use Positive Incident Reports (PIR's) and tangible reinforces like candy, soda, and extra day passes. They also utilize a logbook in the duty station and their TOM system to record all PIR's.

Treatment/intervention groups should be conducted/monitored by professional staff from beginning to end, meaning groups are not run by offenders. Additionally, treatment/intervention groups should not exceed eight to ten residents. HPRC staff are always present from start to finish, adhering to the research suggesting the need for consistent monitoring. Additionally, the number of residents in the groups also falls within the most effective size.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that residents will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). As mentioned

above, HPRC's criminogenic needs focused programming 50%. Non-criminogenic needs targeted include parenting and mental health. As such, while the amount of services and interventions provided at HPRC meet 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, HPRC 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, participant 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 participant 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 demonstrate the skills.

Successful programs have a policy and process in which formal assessment results are used to drive the development and implementation of case plans. HPRC has developed a case planning process and case plans that are updated at three intervals, 30-day, 120-day, and 180-day. However, assessments results were not used in the development of the case plans, the case plans are not updated on a regular basis, and they specifically outline goals and objectives, time frames for completion, or performance indicators.

- ***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. HPRC must ensure assessments are up to date (following the assessment's recommended timeframes) and all information is included prior to case planning.

The most effective programs are based on behavioral, CBT, and social learning theories and models. HPRC staff could not identify any type of evidence-based intervention model used in the program. At the time of the assessment, the primary modality of treatment was observed to be a combination of process, advice giving, group discussions, and group feedback with limited CBT. In addition to what was reported, the assessors observed group sessions where the primary treatment approach was unclear and/or did not follow the curriculum the facility has adopted.

- ***Recommendation:*** The evidence-based curricula that are already in use should continue to be formallytaught to staff that are expected to run them, and staff should be provided feedback and coached to enhance their service delivery. Additionally, all current and any future curriculashould be thoroughly vetted for CBT techniques.

- ***Recommendation:*** Current curricula could be supplemented to ensure that CBT is included. This would require developing CBT activities to supplement the curriculum

where they are not already included. For example, sessions that deal with motivation for change could include teaching, practicing, and the application of a cost-benefit analysis. Sessions that explore how thinking drives behavior can include teaching, practicing, and applying the ABC model. Sessions that deal with triggers and coping skills can include specific social skills. By the end of active treatment, residents should have mapped out their high-risk situations and developed new thinking and new coping skills. This is referred to as a success plan or relapse prevention plan. Residents should have to demonstrate that new thinking and behavior in group, in the facility, and in individual sessions. The staff at HPRC may also wish to replace non-CBT curricula with ones with more behavioral aspects. Some examples include T4C or CCP Skills.

Successful programs have detailed manuals which specify all major aspects of the program. The manuals should include key information such as the program description, philosophy, admission criteria, assessments, scheduling, case planning, phase advancement, behavior management, completion criteria, discharge planning, aftercare, etc. Additionally, there should be manuals that contain each of the curricula including how the groups are structured, the goals of each session, the content of each session, the recommended teaching methods, and includes exercises, activities, or homework assignments. Furthermore, program manuals should be consistently followed by staff. HPRC 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 resident. For example, effective programs are structured so that lower-risk residents have limited exposure to their higher-risk counterparts. Research has shown that mixing low risk residents with moderate or high-risk residents can increase their risk of recidivism. Low risk residents may be negatively influenced by the behavior of high-risk residents, thereby increasing their risk of recidivism. HPRC staff and supervisors recognized that groups were not separated by risk score. Additionally, high-risk residents 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 HPRC provides the same dosage hours and programming for low, moderate, and high-risk residents.

- ***Recommendation:*** HPRC should give preference to moderate and high-risk residents. When low-risk offenders are accepted into the facility, they should be provided separate housing units and separate treatment groups. Low-risk residents should not be mixed with moderate or high-risk residents. HPRC should provide individual sessions for these residents if the number of low-risk residents is too small to warrant separate groups. HPRC 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 as identified/determined through a responsivity assessment, should be used to systematically match the resident to the most suitable type of service and staff. For example, residents with mental health problems are matched to specialized groups, low functioning residents are placed into highly structured groups, and highly anxious participants are not placed into highly confrontationalgroups. Additionally, residents should be assigned to specialized caseloads based on some need and/or responsivity factors, as determined by the assessment results. While HPRC did identify a standardized assessment to address responsivity and motivation, there was no indication that the assessment was being used to assign residents to specialized caseloads or for placement into groups based on individual responsivity factors.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups. HPRC should attempt to match appropriate staff to groups based on personal and circumstantial barriers. 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 their motivation issues to be addressed first before being assigned to a service that targets their beliefs and teaches skills. Participant 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.

As mentioned above, reinforcement is most effective when the reinforcer occurs immediately following the desired behavior and when that behavior is clearly linked with the reinforcer. In addition to applying reinforcers, 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, HPRC is falling short of the 4:1 ratio required by the CPC.

- ***Recommendation:*** HPRC should stive to achieve a 4:1 ratio of reinforcers to punishments to encourage desirable behavior.

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences or punishments available to promote behavioral change. HPRC 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. 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:*** 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.

The facility has not yet established criteria that clearly outline the completion for the treatment program (i.e., when the treatment successfully terminates for each offender). HPRC's completion is currently based on time spent in the program 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 participants are not differentially discharged from the facility. Residents who put forth effort to acquire targeted skills taught in the program are not distinguished from participants whose completion criteria is based on length of stay and clear conduct.

- ***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 andneeds.

Programs that are shown to be successful have completion rates that allow participants to grow and learn while also holding participants accountable for antisocial behaviors. Those programs that meet this standard have a successful completion rate between 65% and 85%. Programs shouldalso include a discharge plan that addresses any continuing responsivity factors, criminogenic needs, and goals that participants may need. HPRC's completion rate of 90% is above the 65 to 85 percent range required by the CPC.

- ***Recommendation:*** Once HPRC delineates completion status, it should monitor its successful completion rate, which should range between 65% and 85%, indicating that residents do not indiscriminately complete or get terminated from the program. It is acknowledged that the Department's decision making of an offender's termination from the program greatly impacts the facilities ability to maintain a successful completion rate within the desired range. Additionally, this has been an area flagged in which to continue to make systematic improvements.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants 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). Role modeling and role plays should be done separately and include only staff in the role model. Groups should alsoinclude increasingly difficult situations that require the use of more skills or skills in an advancedway. Graduated practice allows residents to develop comfort with the skill in a safe setting, while practicing application of the skill in real world scenarios. These should be a consistent practice at HPRC and used in individual sessions, group treatment sessions, and skills groups.

- ***Recommendation:*** Residents should be taught to restructure their unhelpful 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 participants 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 participant; 5) participant rehearsal of the skill (role-playing); 6) staff providing constructive feedback to participant on their use of the skill; and 7) generalizing the skill to other situations (e.g., homework or advanced role plays). Following this, participant 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 participant.

At the time of the assessment, no services for family were provided at the HPRC. If the family is willing, family counseling sessions, a multifamily group, and a family orientation group should be made available. Successful programs that involve family and significant others (e.g., family and/or friends) provide training on the structured support participants should receive.

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

Discharge planning is an opportunity to ensure the services that are needed for successful continuity of care is both communicated, and assistance given to meet the need. HPRC reported providing discharge planning in the form of the Progress Summary Report (PSR) that is provided to MDOC and the offender's probation officer. Further, it is reported that if an offender is going to stay in the Helena community, the case managers will assist in making appointments. If an offender goes to another community, which most do, then the PSR is considered sufficient.

- ***Recommendation:*** HPRC should develop formal discharge plans that include formal referrals to the necessary services to the community in which the offender intends to go. Further, progress in meeting target behaviors and goals, and notes in areas that needs continued work should be outlined. Last, it is preferrable the discharge plans be shared with the offender, so they have a clear understanding of what is required to meet their goals.

Programs that have a formal aftercare period in which supervision and required programming are included are the most successful. Indicators may include a formal supervision period, regular case management, or group interventions after discharge of the regular program. Additionally, aftercare programming should include formal services designed to assist the participant in maintaining prosocial changes. HPRC does not have a formalized process where supervision and aftercare programming are provided. HPRC does assist in finding some community services/resources to those residents discharging from their program; however, there is no formalized process for this, and it was not consistently seen**.**

- ***Recommendation:*** HPRC should work with each resident to develop an aftercare plan as part of the program. This would begin during treatment and may include family. The plan should include a reassessment of needs and responsivity factors, requirement of attendance in evidence-based groups, and the duration and intensity of aftercare based on resident risk level.

Quality Assurance

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

Quality Assurance Strength

Programs that are shown to reduce recidivism ensure that quality services are provided to the participants in the program. Additionally, program participants are provided ongoing feedback as to their areas of accomplishment and the areas that continue to need ongoing attention to meet the case plan goals most effectively. HPRC has effectively implemented a management audit system in place that includes the quality assurance processes of file review, regular observation of staff delivering services/groups with feedback provided, and a mechanism to provide participants feedback on their progress in the program.

Quality Assurance Areas in Need of Improvement and Recommendations

More effective programs have a management audit system in place to evaluate external service providers to ensure that the services being provided are of high quality. This may include periodic site visits, monitoring of groups, regular progress reports, file review, audits, etc. These must also be completed on a regular basis and written reports should be available. The HPRC does rely on outside providers (i.e., contractors) to deliver some services. For example,sex offender programing providers from the community have been tapped to provide direct care. Unfortunately, the information, including the progress of each resident, is not consistently sharedwith the staff at the HPRC.

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

Programs that collect formal participant feedback on service delivery and use that data to inform programming have a greater impact on reducing recidivism. This can include quarterly surveys, exit surveys/interviews, post release surveys, phone calls, etc. The HPRC does use a form/survey for their residents to complete and return prior to leaving the program. As noted above in the need for participant input, although this process does provide for some resident feedback it was not consistently seen, staff could not identify whether there was a survey or feedback form the residents completed, and there were no noted programmatic changes as a result of the process.

- ***Recommendation:*** The HPRC should have a more formalized process, possibly by forming a quality assurance committee, to conduct resident satisfaction surveys, including satisfaction survey completed throughout all phases of the program. The results of these surveys should be reviewed by facility leadership during leadership meetings.Appropriate changes/recommendations should be both implemented and communicated with all staff and residents.

Programs that have a periodic, objective, and standardized reassessment process in place to determine if offenders are meeting target behaviors are more effective. Indicators my include pre and post testing on target behaviors, reassessments using standardized instruments, or monitoring the progress through a detailed treatment plan and making changes in the plan on a regular basis. In conducting a file review of closed files there was no tangible evidence found to support that a standard reassessment process takes place. The Texas Christian University (TCU) Scales/TCU Criminal Thinking Scales (CTS) and the University of Rhode Island Change Assessment Scale (URICA) were consistently found in their Total Offender Management System (TOMS); however, there was no indication that they were used for anything. Additionally, staff could not provide any information on the assessments, what they were used for, or if they were even completed.

- ***Recommendation:*** The HPRC should develop a policy and/or procedure outlining a standardized reassessment process for when a resident should receive a reassessment to determine if they are meeting the targeted behaviors identified on their case/treatment plans. This policy and/or procedure should include sections identifying case management, criminogenic needs, current and reassessments timeframes, and life-altering events.

The HPRC does not track the recidivism of its residents after they have completed the program. Additionally, the HPRC has not undergone a formal evaluation comparing its treatment outcomes with a risk-control comparison group. Finally, the program does not work withan internal or external evaluator that can provide regular assistance with research/evaluation. While the MDOC compiles some information related to a number of issues, and OMIS allows forsome reports to be run, the facility has not identified a process to ensure that available data are examined to help the facility make data-driven decisions.

- ***Recommendation:*** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked at six months or more after release from the HPRC. The program can do this on their own, work with MDOC to obtain the data they collect, or work with a third party to collect and review recidivism data for all residents who are released from their facility. There should be evidence the program receives and understands the data. This data should then be examined over time to identify trends.

- ***Recommendation:*** A comparison study between the facility's recidivism rate and a risk-controlled comparison group should be conducted. A report should include an introduction, methods, results, and discussion section. Boyd Andrews Community Services should explore if the HPRC has the ability to complete such a study. If not, the facility should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation). Local colleges and universitiesto consider include Montana Tech, The University of Montana (Missoula), and Montana State University (Bozeman). Departments that could assist with such a project include fields like criminal justice, sociology, and psychology.

- ***Recommendation:*** Similarly, Boyd Andrews Community Services should identify an evaluator who is available to assist with data. If this is an internal position, evaluation must be the main focus of their position, and they should have appropriate credentials. Alternatively, the facility 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 the facility) so that fiscal remuneration is limited to payment for analysis and reporting.

OVERALL PROGRAM RATING AND CONCLUSION

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

The HPRC received an overall score of 41 percent on the CPC. This falls into the Low Adherence to EBP category. In the Capacity domain, HPRC scored a 47 percentage, Moderate Adherence. In the Content domain, HPRC scored a 36.3 percentage, Low Adherence.

In reviewing this report, please keep in mind that the facility was not designed with the CPC in mind, and the HPRC staff should commend themselves for the work they have done to date to make treatment a facility focus. Recommendations have been made in each of the five CPC domains, and these recommendations should assist the HPRC 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 the HPRC and/or Boyd Andrews Community Services want assistance with action planning or technical assistance, UCCI can provide or recommend others to help in these endeavors. Evaluators note that the HPRC staff are open and willing to take steps toward increasing the use of EBP within the facility. This motivation will no doubt help to implement the changes necessary to bring it further into alignment with effective correctional programming.

Shown below are two graphs (Figures 1 and 2) indicating the percentage(s) received in each domain of the CPC. Figure 1 shows the percentages the HPRC received for each domain based on how each item was scored. Figure 2 shows the HPRC's percentages compared to the CPC's average scores.

Figure 1: HPRC CPC Scores

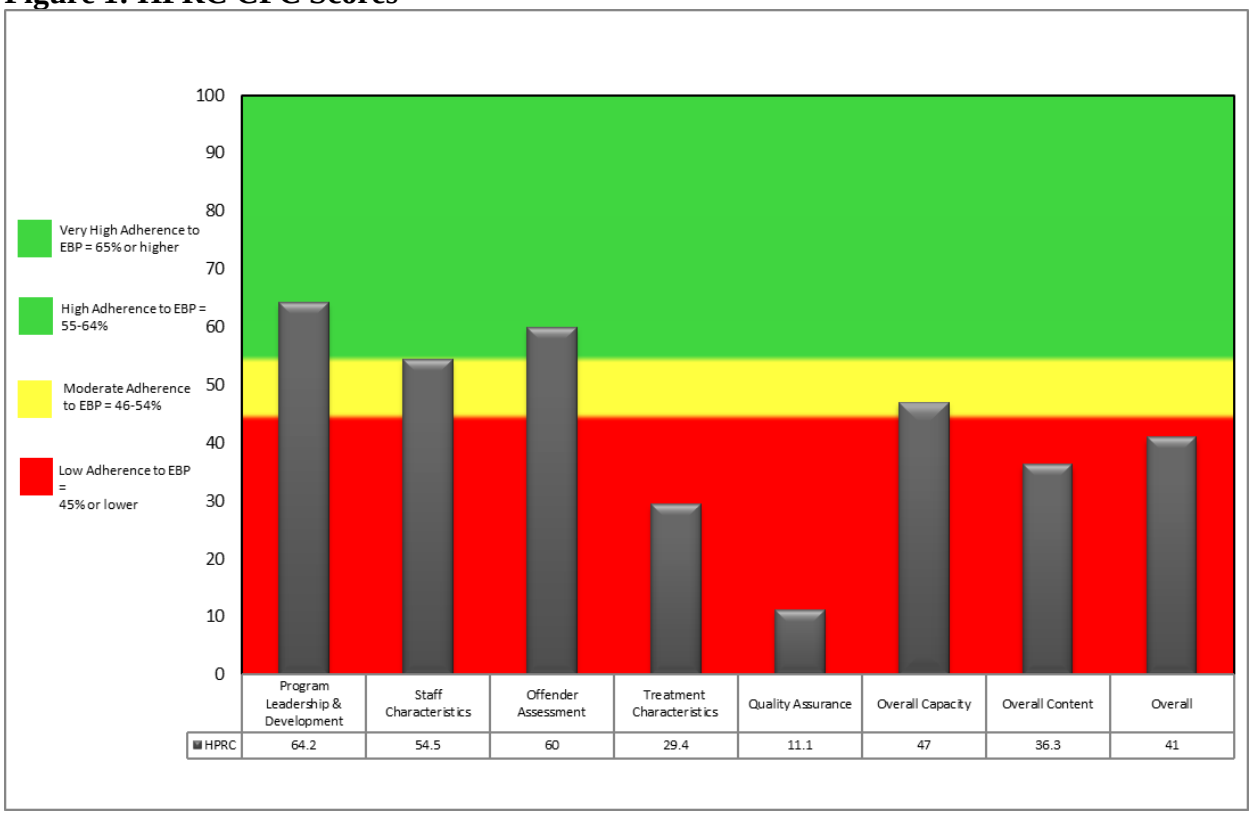
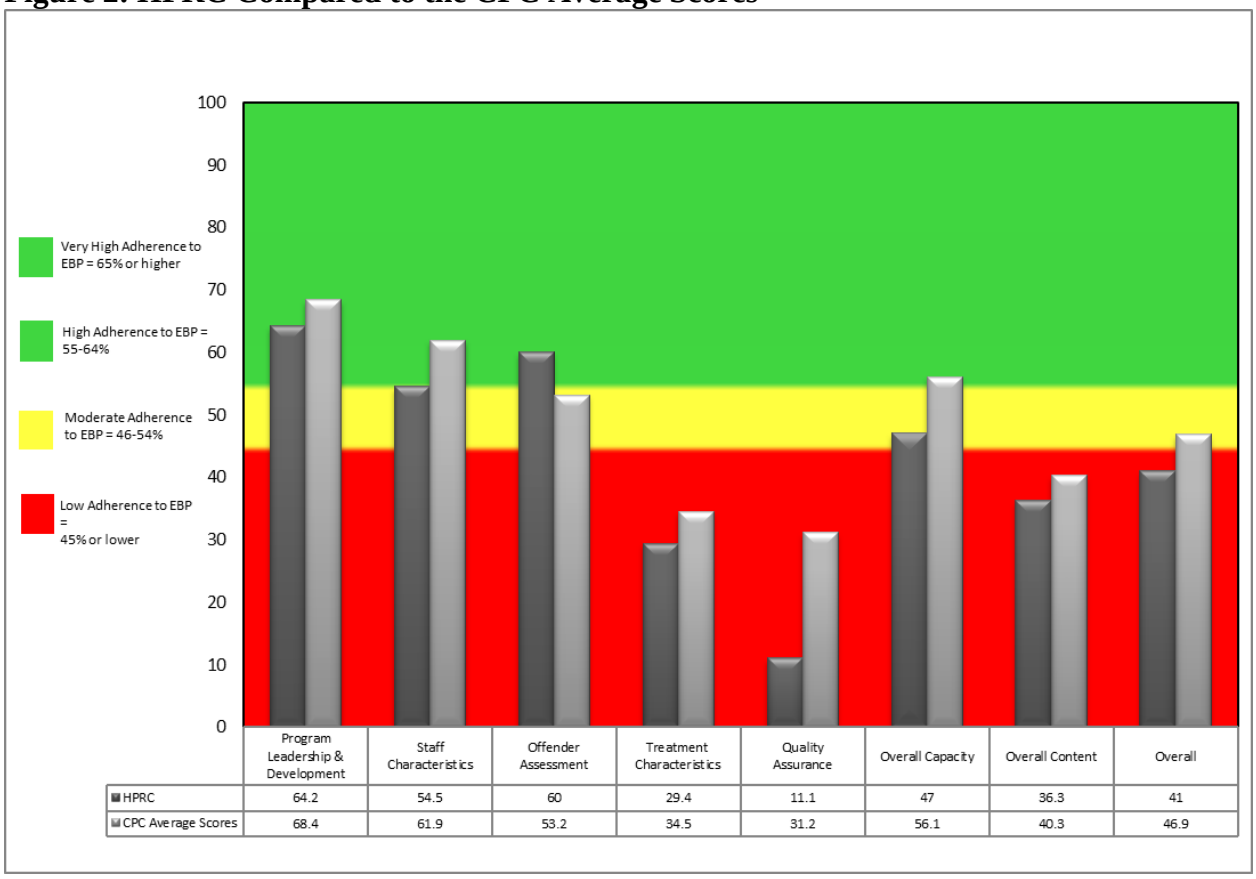


Figure 2: HPRC Compared to the CPC Average Scores



[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.