FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Sex Offender Program Pine Hills Correctional Facility

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The Evidence-Based Correctional Program Checklist (CPC) was developed and copyrighted by the University of Cincinnati. The commentaries and recommendations included in this report are those of the CPC assessors.

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, in effort towards establishing compliance with Montana Code Annotated §53-1-211, the Montana Department of Corrections (MDOC) completed the first assessment of Pine Hills's Juvenile Sex Offender Program 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 studiesⁱⁱⁱ conducted by UCCI on both adult and youth programs were used to develop and validate the CPC indicators. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score. Two additional studies^{iv} have confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators on the CPC.^v

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

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

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

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

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

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

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

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

SUMMARY OF THE SEX OFFENDER PROGRAM AND SITE VISIT PROCESS

The Juvenile Sex Offender Program (JSOP) is operated at Pine Hills Correctional Facility by the Montana Department of Corrections (MDOC). JSOP at Pine Hills has been in existence since 1989 and currently provides services to five youth. The program had a significant overhaul in 2014 by updating curriculum, screenings and other practices. JSOP activities primarily occur in the programming room and only youth with sex offenses participate in these services. Normally, JSOP youth are housed separately from other youth committed to Pine Hills, however, while onsite, the five youth involved in JSOP services were moved to 'Foxtrot' or 'the Honors Dorm' with other general population youth who are not participating in the JSOP. Over the course of time, the census involved in JSOP services has varied with it currently at the lowest it has ever been. The program has the ability to be flexible in how many youth they can treat and safely house. Pine Hills has never declined a placement due to capacity.

Youth are referred to the program upon entrance to Pine Hills when a review of the file indicates current sex offenses. The five youth participating in the JSOP are at varying stages of their individualized treatment. The JSOP is self-paced and accommodates youth who have just entered Pine Hills, youth who return to Pine Hills after completing the JSOP but fail to be successful in the community and youth who have completed their program and awaiting community placement. JSOP uses a variety of curriculums when working with youth and determines which one to use based on the individual youth's risks and needs. The various curriculums include Pathways, Footprints, Stages of Accomplishment and National Institute of Corrections (NIC) supplemental workbooks. If a youth presents with unique needs, it is highly likely the facility will address the need, such as substance use or mental health issues. Laura Harper, Licensed Addiction Counselor is identified as the Program Director for the JSOP, as that was her position while auditors were onsite. Since that time, her position has been vacated. This report will provide recommendations based on the current status of a vacated program director position but maintain the score derived from the snapshot in time onsite.

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to Pine Hills on October 8th and 9th, 2019. Additionally, data were gathered via the examination of approximately 15 offender files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, one treatment group was observed: JSOP. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the first CPC assessment of this program.

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/her qualifications and experience, his/her current involvement with the staff and the program offenders, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, the program director position is currently vacant and will be reflect as such for purposes of this report.

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

Program Leadership and Development Strengths

The previous program director came to Pine Hills JSOP approximately four months prior to this assessment and brought with her approximately 30 years of experience working with offender populations in a variety of treatment settings.

The Pine Hills JSOP has support from the criminal justice community in the State of Montana. Youth are only admitted by means of court order issued by judges to attend and successfully complete the JSOP. Probation and parole officers who supervise the youth after their programming are in communication with JSOP staff regarding youth progress and reentry. Additionally, it was reported that in the past, the local county attorney was not willing to pursue additional charges for youth while placed at Pine Hills for crimes committed while in placement. However, recently the court system has been more engaged and supportive of the work in support of their direction at Pine Hills.

Community support for the JSOP is also robust. There are multiple local stores who employ youth for purposes of paying restitution while still residing at Pine Hills. Another local business provided soft blankets to youth for significantly reduced prices. Finally, there are a number of volunteer organizations who put together Christmas packages for youth in placement, amongst other activities throughout the year.

There have been no major decreases in funding that have significantly impacted the program within the past two years and funding has been stable. Additionally, the JSOP has been in operation for about 30 years, since 1989, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

The previous program director's educational background of a bachelor's degree in social work and master's degree in education with an emphasis in counseling met the minimal standard. She had not, however, completed any courses or specializations working specifically with offender/delinquent populations.

Recommendation: In addition to a minimum of a bachelors degree in a helping profession, and at least three years of experience working with an offender treatment program, the future program director should have completed a course or have specialization specific to working with people who are involved with the criminal justice system (forensic psychology, etc.). Programs who have a program director who is both familiar with the population from professional experience as well as educational courses specific to the criminal justice population are found to be most effective.

Although the former program director had only been employed with MDOC for approximately four months prior to onsite evaluation, she could not articulate her role in the hiring process. It was unclear as to whether it was because she had not had the opportunity or was not advised of her responsibility. Program directors who have direct involvement with the hiring process of all staff who will deliver services have better outcomes as there is consistency in who gets hired to provide services. Further, the former program director was not involved in the training of new staff. Research demonstrates that program directors directly involved in some formal aspect of training of new staff have better outcomes than programs that lack this criterion. The training process for new hires relies on training provided to all new staff at Pine Hills and does not include specifics on program philosophy, expectations or group rules and norms.

➤ **Recommendation**: The next program director should have a clear understanding of their role and be directly involved in the hiring process, preferably being part of the interview process but at a minimum, part of the decision-making process. In addition to being an integral part of the hiring process, the program director should consistently have an active role in conducting formal training of all new hires. This training could include a structured schedule and objectives to be met during the training process. The program director should be observing and providing feedback to new staff in the day-to-day activities and operations of the treatment program.

Most treatment or direct service delivery staff meet one time a week. Due to scheduling issues, the program director was not regularly present for this meeting. When she was onsite, she would meet with each of her staff but not in a systematic and collaborative manner.

➤ **Recommendation:** The JSOP should have regular, documented group observation and review of staff or clinical supervision of service delivery staff by a qualified program director. Additionally, all staff providing direct services to youth in this program should be under the program director's supervision in effort to maintain continuity throughout services delivered.

Program directors that are actively involved in the delivery of program services are more aware of the current and changing needs of the staff and residents in the program. Thus, programs that have program directors actively involved in the delivery of services demonstrate better programmatic outcomes. While the previous program director was only onsite two days a week, in that time she neither consistently provided direct services to the youth in the JSOP nor did she manage a case load or conduct assessments.

➤ **Recommendation:** The program director should have active involvement in JSOP direct service delivery. This can take the shape of group facilitation or co-facilitation, consistent administration of assessments, if qualified to do so or facilitate unit meetings. The task(s) for which the program director should be responsible should be both continuous and systematic.

It is important the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. The decision to operate JSOP in its current form was made by previous administrators. A review of program materials indicated that a formal literature search was conducted prior to establishing the JSOP program, however, it is not conducted on an ongoing basis as changes to the JSOP are made. As such, staff are not formally informed about evidence-based practices with youth involved in sex offender treatment in a regular, systematic manner.

- Recommendation: The literature should be referred to 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 of 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: The information on 'what works' should be disseminated to all staff delivering direct services in the program on a regular basis. Further, due to the unique characteristics of a juvenile sex offender population, it would be beneficial for any staff on the unit or school to be more informed of these specific characteristics and how to work most effectively with them. This may be achieved by sharing this information at the staff meetings, hosting a discussion on the information, and determining how the program is or should incorporate the information into its daily practices.

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 student council

meetings on Saturdays and unit/team specific meetings was implemented but there was no formal data tracked to inform minor changes or improvements. JSOP should consistently have a formal pilot period where program logistics and content 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, seven staff were identified as providing direct services. These positions included case managers, mental health counselors, and licensed addiction counselors.

Staff Characteristics Strengths

JSOP staff meet CPC standards for appropriate education and experience. Program delivery staff have attained a master's degree or higher level of education thus exceeding the CPC requirement of 70% of staff have at least an associates degree. 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 JSOP staff exceed this mark.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes than programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired by the JSOP are hired based on their ability to set and maintain boundaries, not being easily manipulated and can see thinking errors, their respect and empathy for other people, and their belief in treatment and change.

Programs that demonstrate better outcomes have direct service delivery staff meetings that occur at least twice per month. The JSOP staff have a weekly team (unit) meeting. There are set topics reviewed that are organized and outlined on an agenda. If youth are on an individual behavior plan, their progress is reviewed at this time. In addition, there is a monthly all staff meeting where non-case related information is shared.

Throughout the onsite audit, all staff consistently demonstrated support for the JSOP. There is a high level of positive interactions between youth and not only therapeutic staff, but also security, educational and administrative staff. Staff have ethical guidelines and were able to easily identify MDOC policy 1.3.12 "Staff Association and Conduct with Offenders' as such.

Staff Characteristics Areas in Need of Improvement and Recommendations

Staff do not receive an annual evaluation. An evaluation should have 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. More importantly, this evaluation should have indicators for direct service delivery skills. In order to promote behavioral change, programs need to assess staff annually on their abilities and skills related to evidence-based practice service delivery.

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

Clinical supervision for staff working with the sex offender population looks different than most programs. Specific to Montana, the Montana Sex Offender Treatment Association (MSOTA) sets the standards, in conjunction with Montana Department of Labor and Industry (DLI). There is currently no staff employed by the MDOC working in the JSOP who holds the credentials to provide the level of clinical supervision this specific population requires. In recognizing this limitation, Pine Hills contracted with a clinician who does meet this requirement and is present for services delivery and provides both feedback and guidance to the staff who do not.

➤ **Recommendation:** MDOC should employ a staff member of the appropriate credentialing and licensure to provide clinical oversight to the staff delivering services in the JSOP. Given the limitations of Pine Hills' rural location coupled with the lack of qualified staff in the region, consideration should be given to allow staff who are currently working in the program to continue their education and licensure to eventually become qualified.

While new staff are expected to learn as they go, it was acknowledged there is no formal training process and staff who have come into the JSOP have not received sex offender specific information. Further, new hires neither receive consistent initial training on the JSOP nor evidence-based practices training for working with offenders. Moreover, staff do not receive 40 dedicated hours of yearly ongoing training related to evidence-based practices.

- ➤ Recommendation: New staff should receive thorough training in the theory and practice of interventions employed by the JSOP. There should be formal training for all staff on the JSOP services before any staff deliver that curriculum. In addition to the JSOP 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, etc.), while required for different aspects of the job, should not be counted towards the CPC 40-hour criterion.

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. For programs to meet CPC criterion, there must be ample opportunity to put forth suggestions and supervisors must approve any changes to programming. It was unclear as to who, or at which level of supervision these changes should be approved or if it indeed needed approval. One example of a suggestion made by staff was the desire for more sex offender specific training. This request was acknowledged and a member of MSOTA came to Pine Hills and provided onsite training. Further, due to the lack of this type of training in the past, it was difficult for staff to make informed suggestions.

➤ **Recommendation:** JSOP should provide opportunities for staff to make informed suggestions to improve the JSOP. A policy should be adopted, formalized, and followed that requires staff to receive approval from supervisors before making modifications to programming.

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

The JSOP admits appropriate youth as defined by the program and staff. Only youth who are court ordered to complete sex offender treatment participate in the program. Programs who serve a population with specific issues are more effective than those that do not focus on a specific area. The dynamic needs of youth participating in the JSOP is routinely assessed using the Ohio Youth Assessment System (OYAS). These assessments were routinely found in all youth files and were completed at intake and upon discharge. Other assessments routinely found include those that measure responsivity. Specifically, the JSOP uses the Beck Youth Inventory, Massachusetts Youth Screening Instrument (MAYSI), Adverse Childhood Experiences (ACEs), and the Kaufman Brief Intelligence test, second edition (KBIT-2) are all administered at intake. Finally, the JSOP is using a risk/need assessment tool that is valid. When measuring areas of need, the tool used to make the determination cut off scores, using a valid tool produces more accurate results.

Offender Assessment Areas in Need of Improvement and Recommendations

The program lacks written, established guidelines for excluding offenders that may be inappropriate for services. Programs that are able to identify and exclude offenders that are

inappropriate for services have better programmatic outcomes than programs that lack exclusionary criteria.

➤ **Recommendation:** The JSOP should develop exclusionary criteria that identifies offenders who are inappropriate for the services provided by the JSOP. This criterion should be written into program policy and followed by all staff, as well as shared with referral sources. Exclusionary criteria should be based on clinical/community/legal criteria.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which offenders are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment or domain 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). The JSOP program does not consistently update or conduct an adequate range of sex offender specific risk, needs or responsivity assessments to measure an offender's risk scores, programmatic needs, engagement in treatment or potential barriers to the delivery of services. Review of files showed that outdated sex offender specific information is available. Further, the assessments were not found on a consistent basis and the results are not used to drive programming decisions.

The JSOP did consistently have a completed OYAS in offender files. This is a validated risk and needs assessment, however it is not specific to treating sex offenders. The scores from this assessment are neither used to determine admittance into the program nor to drive further programming decisions.

- ➤ Recommendation: The program should routinely assess risk with a sex offender specific, validated, standardized, and objective risk assessment instrument, such as Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) or Juvenile Sex Offender Assessment Protocol JSOP, for each offender referred to the program. Further, ensure all assessments are available in the participants file.
- ➤ Recommendation: For sexual offenders, both general needs and sex offender specific needs should be considered. The program should use the ORAS assessment scores which provides information for general needs. The program should also use an assessment tool such as the ERASER or JSOP on all offenders to elicit sex offender domain specific needs. It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk participants are admitted to the program and low risk offenders are not admitted (or extremely limited and separated from moderate and high risk participants). At the time of the CPC assessment, the JSOP consistently had OYAS assessments, however the scores are not used to make programmatic decisions. Additionally, the OYAS is not a sex offender specific risk tool.

Recommendation: The JSOP should consistently assess sex offender specific risk and then use the score to determine more specific program placement. Ideally, low risk offenders will not participate in therapeutic activities with peers of a moderate or high risk.

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

The program's focus on criminogenic factors is an important element of treatment. The most effective treatment characteristics focuses at least 50% of its effort on criminogenic factors. Evidence-based intervention models are important for proper interventions. The program uses evidence-based intervention models to include Pathways-A Guided Workbook for Youth Beginning Treatment, Life Strategies for Teens, Footprints, Stages of Accomplishment and NIC supplemental workbooks and all have been approved as evidence-based practices by Montana Evidence Based Practices Committee for the use in this facility. Cognitive behavioral approach should be modeled by all staff.

The length of time over which services are delivered is important. The most effective interventions last between three and nine months, with the exception of sex offender treatment which should extend longer depending on individual risk and need factors. The current program is designed based on individual progress and is longer than four months for all residents.

The CPC criteria is that residents in the program must have at least 40% of their time geared toward structured task. Residents in the JSOP are involved in a variety of structured activities and have limited free/down time. The program follows a set schedule that is intensive during the week and varies on the weekends to provide youth with additional down/free time. During the week, youth are in school, working and treatment during the day, transition to structured treatment groups, and supervised tasks; along with homework time, and supervised recreational time in the afternoon/evenings. Weekends are less structured, but include set times for chores, groups, visitation, and recreational activities. Residents are involved in approximately 60-80 hours of structured tasks per week.

Residents are assigned to groups or services that match best with their needs and styles of learning. It is important for the program to alleviate the personal and circumstantial barriers to service such as the resident's motivation, background stressors, mental health and chemical dependency needs. The JSOP meets the CPC criteria through allowing only residents into the Substance Use Disorder group based on validated risk and needs or screening assessment tools and individual needs. Staff

are assigned to the JSOP youth program based on their skills, experience, education or training to include sex offender, mental health and chemical dependency needs.

The JSOP invites and values the residents' feedback in many respects. The JSOP meets the CPC criteria through allowing the residents to have formal mechanisms to provide input while still involved in the program, including a student council meeting once per week. Residents can also request to meet with staff and JSOP has a formal grievance procedure. There have been program elements that have been developed or modified based on residents' feedback including, star rewards and activities.

JSOP has established a thorough array of reinforcers that are used to encourage positive behavior in and out of the program. JSOP uses positive reinforcers such as star system to earn extra privileges, later lights out time, phone calls, and electronic usage which are outlined in the resident handbook. The appropriate use of punishers is important. Punishers are used to extinguish antisocial behavior and to promote behavioral change in the future by showing the resident that behavior has consequences. Appropriate punishers used at JSOP include verbal warnings, verbal disapproval, extra work duties and response cost associated with the star program.

The CPC criteria for treatment/intervention groups do not exceed 8 to 10 offenders per facilitator. The groups at the JSOP are conducted/monitored by professional staff from beginning to end and do not exceed the recommended size. Co-facilitator is actively involved in the group along with the facilitator and all participants.

Treatment Characteristics Areas in Need of Improvement and Recommendations

Although the program targets 55% of their efforts on addressing criminogenic needs, it also targets a number of non-criminogenic needs including sexuality, budgeting, self-care, community safety and mental health. The emphasis of programming should be on criminogenic needs as these are most likely to reduce recidivism. The CPC criteria is a ratio between criminogenic and non-criminogenic needs of 4 to 1.

➤ **Recommendation:** In order to increase the density of appropriate program targets, it is recommended that the program work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal and substance use behavior. The program should ensure that group and individual sessions stay focused on the core areas designated as criminogenic needs and that time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1.

Despite the JSOP having a case planning process in place, not all residents have an individual case plan. Additionally, the case plans need to address criminogenic needs specific to results of a validated risk assessment, and should include individual 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

assessment in relation to how the JSOP can assist them in meeting their individual goals. The plans should address more than substance abuse and target other high criminogenic needs from the OYAS as well as sex offender specific tools. These individualized case plans should be developed by an MSOTA clinician, case manager or the JSOP staff with the active participation of the resident. The plans should be regularly updated in the treatment unit meeting. The plans should include targets for change, short term and long-term strategies for achieving the desired change which are based on skills being taught throughout the program. Treatment plans should also outline resident and staff's responsibilities for completion.

The JSOP residents are typically housed separately from the rest of the population while attending school and vocational activities. The CPC requires program participants to be separated from the rest of the population unless the entire institution is involved in the program. All residents involved in the JSOP are not always separated from other youth residents; which does not meet the CPC requirements. This is important in addressing criminogenic needs as all residents can receive proper treatment reinforcement of skills learned within the JSOP.

Recommendation: All JSOP residents to be separate from other youth during programming, housing, school, rec, vocational opportunities, etc.

The program lacks a manual that specifies all major aspects of the JSOP. The program only has a facility manual that outlines generalized information for Pine Hills not the JSOP. CPC requires a detailed program manual which provides specifics of all major aspects of the program.

- ➤ **Recommendation:** The manual should include key pieces such as the program description, philosophy, admission criteria, assessment tools used, scheduling, case planning, phase/star advancement, behavior management, completion criteria, discharge planning and aftercare. The manual should also outline 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 include exercise, activities and/or homework assignments.
- > **Recommendation:** The program should have a detailed program manual that is consistently followed by staff. All group facilitators should follow the manual to ensure consistency in treatment delivery and efficacy to 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 level 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 the risk or recidivism for low risk residents. Low risk residents may be negatively influenced by the behavior of the high-risk residents, thereby increasing their risk of recidivism. It may be difficult to limit the exposure of low risk residents to high risk residents given the structural layout and low population of youth in the JSOP.

- ➤ **Recommendation:** JSOP should receive or assess risk scores outlined in OYAS for all residents to ensure that risk level of participants are not mixed. If low risk residents are not excluded from JSOP services, separate groups should be created to ensure that low risk are not mixed with moderate or high-risk residents.
- ➤ Recommendation: A program should vary the dosage and duration of services according to the resident's risk level. The program does not provide more intensive services to higher risk residents. Residents who are at higher risk for recidivism, by definition, have more criminogenic needs. These residents should be required to attend additional services, dictated by the needs identified in the OYAS risk and needs assessment tool. Residents 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. High risk participants need over 200 hours of services to reduce their risk of recidivating. Very high risk or people with multiple high need areas may need 300 hours of evidence-based services. Only groups targeting criminogenic needs and using an evidence-based approach can count towards dosage hours.
- Recommendation: JSOP is often not aware or using the resident's OYAS risk level to guide dosage. With the established evidence-based modality JSOP should develop separate program tracks for the moderate and high-risk residents with different requirements for dosage hours (it, intensity and duration). High-risk residents should receive more groups and services than moderate risk residents. Dosage hours should be tracked and included as part of the resident's case plan and completion criteria.

Youth needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the youth to the type of service for which he is most likely to respond. JSOP does look at individual needs for matching you to treatment groups. For example, youth in the JSOP program are matched based on their sex offender programing needs. However, responsivity factors are not considered in this group matching. Further neither needs nor responsivity factors are used to prioritize matches to case managers or therapists as the first consideration for the caseload size.

➤ Recommendation: Results from need and responsivity assessments should be used to assign youth to different treatment groups and staff. Staff currently working in the JSOP will eventually meet this standard when full LCPC and MSOTA certification has been completed. Contract staff has full certifications and is a great asset to the program and professional development of JSOP staff. Correctional staff should receive specialized SO training and be consistently assigned to the JSOP unit.

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. As noted earlier in this section, JSOP has established a thorough array of reinforcers that are used to encourage positive behavior in and out of the program. However, 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. While some staff adhere to these guidelines, not all staff follow them and use them consistently. Further,

the research is also clear that rewards need to outweigh sanctions/punishers by a ratio of 4:1. While the program is making strides to use more rewards it's falling just short of the 4:1 ration required by the CPC.

In addition to appropriate rewards, a good behavior management system has a range of punishers available to promote behavioral changes and are appropriately applied. In this regard JSOP does have an array of punishers available for use. For example, staff use verbal warnings and redirections. With these participants may not receive their star level increase, may lose privileges or current star level, can lose access to electronics room or can be sent to detention. Further not all staff are trained in the behavior management system and do not issue punishers consistently. Policy and training should alert staff to issues beyond emotional reactions such as aggression towards punishment, future use of punishment, and response substitution. CPC recommendations is this area are designed to help programs fully utilize a cognitive behavioral model.

- **Recommendation:** 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 to the time to the desired behaviors as possible, and that staff link the reward to the desired behavior. All staff, regardless of their role should administer rewards as appropriate.
 - The program should continue to strive to achieve a 4:1 ratio of reinforcers to punishers.
 - o The sanction should be individualized to the youth when possible.
 - o The reinforcers should involve a discussion with the youth to include the short and long-term benefits of maintaining that particular behavior.
 - o For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape form 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 variation in the consequences used (when applicable).
 - Staff should understand that punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses.
 - All staff should be trained in the behavior management system and be monitored to
 ensure that 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.
 - o Reinforcers should be used by both clinical and security staff assigned to the JSOP and continue to increase for the 4:1 ratio to be meet consistently.

The successful program rate should range between 65% and 85% indicating that participant do not indiscriminately complete or terminate from the program. At the time of the site visit, the completion rate was represented to be 100% as all participants must complete per judgement. 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 (ie, behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plans) progress toward meeting individualized treatment goals. In comparison, to successfully complete the JSOP program the youth must be honest and engaging in their treatment and completion is based on clinical judgement.

➤ Recommendation: The JSOP program should establish written guidelines for successful completion. These guidelines should be tied to individualized progress in acquisition of target behaviors taught in the program. In addition to client process observed by staff in meeting their individualized treatment plan goals and objectives, progress should also be linked to some objective assessment, which can be utilized as pre-, mid and post-test measure of youth progress. Youth should also be informed of these guidelines, working with clinical staff in the creation and progress toward meeting target behaviors as they move through the program.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. At the time of the visit not all of the core services incorporated cognitive restructuring and structured skill building (ie, skill modeling, youth practice and graduated practice) on a regular basis.

- ➤ 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 the skill to be learned; 2) staff modeling the skill for the youth, 3) participant rehearsal of the skill (role-playing); 4) practicing the skill in increasingly difficult situations and 5) providing constructive feedback given by staff to the youth. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of the programming. All staff members should use these steps consistently and provide constructive feedback.
- ➤ **Recommendation:** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from 50/50 to 70/30 across the service targets.

Proper training for family members or caregivers is also important to the youth's treatment. Significant others (family and friends) should be trained to provide support which is consistent with the prosocial and risk reducing behaviors modeled in the program. During the site visit it was noted family participation and family training appears low. With many of the youth not receiving visits from family/friends. Further, these services do not formally train the family members to help the offender make prosocial decisions using skills and concepts they have been taught in the program services.

➤ **Recommendation:** Family participation should be a component of the youth's treatment and be strongly encouraged. Family members should be formally trained to provide support to the youth and should learn such things as: what tools, skills and techniques the youth are working on so that they can understand the language of the curricula and support the

residents progress; communication skills, parenting skills, and how to identify risky situations and triggers. It is recommended that the family services be enhanced to fully train the family/caregivers to be successful in assisting their youth. In particular, there are some specific curricula that could be used to improve the parenting services as Common Sense Parenting, Strengthening Families Program and Parenting Wisely.

Finally, aftercare is an important component to a successful program. Research demonstrated that this is an important component of effective programs when the goal is to help the residents to maintain long-term behavior change. After youth leave JSOP, residents do not routinely receive aftercare following the completion of the program.

Recommendation: The program should explore options for systematically ensuring aftercare or booster services once youth leave the program. To ensure that high quality aftercare is delivered the program should consider the following: 1) involvement of families or significant others in aftercare so that the support system has an opportunity to report and discuss clients' behavior (including continued or even expanded use of curriculum) 2) incorporation of cognitive restructuring/skill building, and graduated practice of skills the resident learned while in the program and 4) variation of the duration and intensity of aftercare by level of risk.

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

The program has a formal process to solicit resident satisfaction with the program. The JSOP program utilizes the positive behavior system (PBS) which requires an exit interview. These exit interviews were found consistently in the residents' files. Programs that collect and compile the data from formal participant feedback on service delivery and use that information to inform programming have better outcomes than programs who lack this process.

Quality Assurance Areas in Need of Improvement and Recommendations

The JSOP lacks a formal management audit system. Internal and external quality assurance mechanisms are important for programs to ensure that they are operating the way they are intended to operate. This standard has three separate criteria and at the time of the CPC audit, JSOP was appropriately performing the third component of systematic feedback to participants.

➤ **Recommendation:** The JSOP program should develop policy for ensuring the other two components are appropriately addressed to include a systematic process wherein (1) there is a consistent process for timely file reviews, and (2) there is a minimum of quarterly observation of staff delivering JSOP services with feedback provided. With regards to observation of staff service delivery, this needs to be consistently done by the program

director and there should be documented feedback provided to the staff based on the observations of the program director.

➤ **Recommendation:** Because the JSOP has contracted service providers, it would be beneficial to implement a management audit system to evaluate the external providers. This will ensure the services provided are of high quality. This may include periodic site visits, monitoring of groups, regular progress reports, file review, and audits.

The program does not have a periodic, objective, and standardized assessment or reassessment process to determine if residents are meeting target behaviors. As noted earlier, the JSOP primarily relies upon the sex offender specific assessments completed during the disposition or sentencing phase of the court proceedings. In most instances, these assessments are out of date and don't reflect the actual needs of the youth.

➤ **Recommendation:** The JSOP program should formalize an assessment process at intake and on a routine basis, conduct reassessments which will provide objective, standardized and tangible feedback on skill acquisition and cognitive change. This can include pre- and post-testing using a standardized need assessment tool. A sex offender specific assessment tool would be the best fit.

The program does not track recidivism of its participants after completion of the program due to Montana law. Montana Code Annotated §41-5-216 & §41-5-220, JSOP cannot track this information; JSOP may never be able to get this point (score) unless Montana law is changed. The JSOP has not undergone a formal evaluation comparing its treatment outcomes with a risk-control comparison group in the last five years. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation.

- Recommendation: Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—should be tracked at 6 months or more after release from a prison. Because of Montana law, recidivism of youth cannot be tracked; JSOP may never be able to get this point (score) during a CPC audit because of the law. The program can attempt to work with MT DOC to work with Montana Lawmakers into creating a law that may help facilitate the tracking of recidivism for youth.
- ➤ **Recommendation:** In relation to the formal evaluation, a comparison study between the program's outcome and a risk-controlled comparison group should be conducted and include an introduction, methods, results, and discussion section. This study should be kept on file.
- ➤ Recommendation: JSOP should work to identifying an evaluator who is available to analyze available data on program effectiveness and thus reduction in recidivism. Evaluation must be the main focus of their position. Alternatively, JSOP 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 JSOP) so that fiscal remuneration is

limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation).

OVERALL PROGRAM RATING AND CONCLUSION

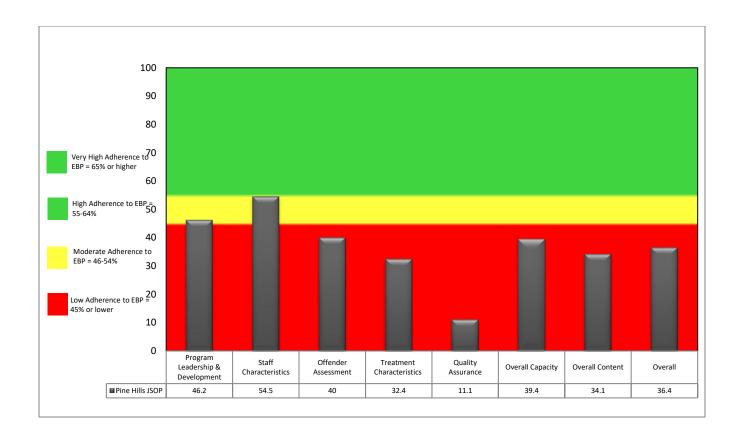
As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100% on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having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

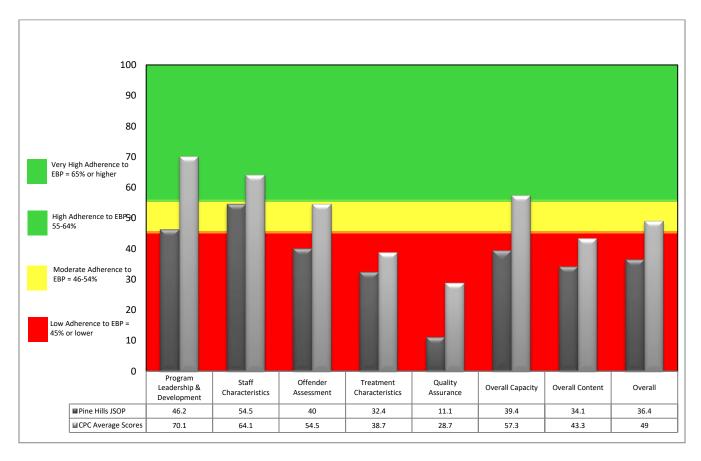
The JSOP received an overall score of 36.4% on the CPC. This falls into the Low Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence-based interventions and services for the offenders is 39.4%, which falls into the Low Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 46.2% (Moderate Adherence to EBP), the staff characteristics score is 54.5% (Moderate Adherence to EBP), and the quality assurance score is 11.1% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 34.1%, which falls into the Low Adherence to EBP category. The assessment domain score is 40.0% (Low Adherence to EBP) and the treatment domain score is 32.4% (Low Adherence to EBP).

It should be noted that the program scored highest in Program Leadership and Development domain and Staff Characteristics. 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, Assessment, Offender Assessment, 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.





- 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.

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: