

**FINAL REPORT**  
**EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST**  
**(CPC 2.1)**

**Alpha House Prerelease**  
**Alternatives, Inc.**

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## **INTRODUCTION**

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

Within this context, Alpha House was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of Alpha House's practices and to compare them to best practices within the correctional treatment literature. Strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the Alpha House Program are offered. This is the second CPC assessment of this program.

## **CPC BACKGROUND AND PROCESSES**

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)<sup>i</sup> for assessing correctional intervention programs<sup>ii</sup> 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<sup>iii</sup> 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<sup>iv</sup> have confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators on the CPC.<sup>v</sup>

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

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

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

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

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the results are based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are

present at the time of the review are considered for scoring. Fourth, the process does not take into account all “system” issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

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

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

## **SUMMARY OF THE ALPHA HOUSE PROGRAM AND SITE VISIT PROCESS**

The Alpha House Program is a halfway house program commonly called a prerelease center in Montana. Alpha House has 175 beds and began in 1980. Alpha House provides programming services to men referred by the Montana Department of Corrections (MDOC) and Federal Prison system. The intent of the program is to offer an alternative to incarceration for men with substance abuse and criminal thinking problems, and offers reentry services. The Alpha House program targets substance abuse, employment, criminal thinking errors, job development, and education. Alpha House operates programming based on cognitive behavioral therapy and Core Correctional Practices (CCP). The Alpha House program offers the following treatment groups: Moral Reconciliation Therapy (MRT), Skills group, Aggression Control Education, and Victim Impact (VIP). Additionally, there are AA meetings, educational tutoring, life skills, American Community Self Study, as well as offers referrals to community-based providers. Offenders are referred to the program for 90 days to one year, depending on their risk level and Board of Pardons and Parole recommendation. The program director for Alpha House is Bobbi Jo Walla. Thus, Ms. Walla is charged with overseeing programming and services for Alpha House. The primary therapeutic groups of Alpha House are delivered by case managers.

The CPC assessment process consisted of a series of structured interviews with staff members and offenders during an on-site visit to the Alpha House program on April 16<sup>th</sup> and 17<sup>th</sup>, 2024. Data was gathered via the examination of ten representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook). Finally, the MRT, VIP, and Skills groups were observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below.

## **Findings**

### **Program Leadership and Development**

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

Bobbi Jo Walla has over three years of experience at Alpha House as the program director and a total of eleven years of experience at Alpha House. Programs that reduce recidivism have directors with over three years of criminal justice experience. Ms. Walla's experience exceeds three years. Ms. Walla has an Associate's Degree in Information Technology, a Bachelor's Degree in Management with an emphasis on Technology, and a Master's Degree in Criminal Justice with an emphasis on offenders and rehabilitation. The CPC requires that program directors have both a degree in a helping field and coursework in specialized areas that are pertinent to support behavior change with the criminal justice population.

The program director should be involved in all aspect of hiring for direct treatment staff. Further, they should be included and involved in the programmatic training of new staff and involved in supervision of all direct service staff. Ms. Walla is involved throughout the hiring process and ultimately selects who Alpha House will hire. After new staff are hired, Ms. Walla provides direct training and observes and provides feedback to the new staff in day-to-day activities. Ms. Walla is involved in providing direct supervision to service delivery staff. She leads the weekly Case Management team meeting, and each Case Manager has weekly individual supervision with Ms. Walla. Programs that have been shown to reduce recidivism from over 40 years of meta-analytical

research have a program director who is involved in daily activities of the residents. Ms. Walla carries a small caseload and meets with them weekly or bi-weekly. Additionally, Ms. Walla conducts assessments on the residents in her caseload.

Programs that have been shown to reduce recidivism have positive working relationships with other criminal justice partners and quality local community support. Staff of Alpha House rated their relationship with criminal justice partners such as the MDOC including Probation and Parole, Department of Justice, Federal Probation and Parole Division, local courts and judges, and the Yellowstone County Detention Center as very positive. This is evidenced by Federal and State Parole referrals and Alpha House being at capacity. The staff at Alpha House rate their community support as positive. To illustrate the community's support, staff report that members of the local community donate clothes and tools, or volunteer by bringing in Alcoholics Anonymous and Narcotics Anonymous support groups to the residents of Alpha House. Additionally, staff work with employers and landlords and report good working relationships with these community members.

Ms. Walla rated the adequacy of Alpha Houses funding as a 10 on a scale of 1-10. She reports that their funding allows them to implement their program as designed as well as make improvements as needed. Ms. Walla states that their funding is stable, and the Finance Controller provided documentation of their funding for the past two years which reinforces their funding stability.

The Alpha House program is a long-term, established program in the community. Alpha House has been in existence as a prerelease facility for 44 years in Billings. Programs that have been established for more than three years are shown to be more effective than programs that are newly designed. Alpha House provides services to males only.

### ***Program Leadership and Development Areas in Need of Improvement and Recommendations***

It is important that the program is based on effective correctional treatment literature and that all staff have a thorough understanding of this research. It is evident that Alpha House has started this process by conducting a literature search that is focused on evidence-based practices. During some case management meetings, evidence-based corrections-focused articles are discussed.

- **Recommendation:** The Alpha House program should conduct a more extensive literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted and discussed on an ongoing basis, such as at case management meeting. This literature search should include major criminological and psychological journals, as well as key texts. 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).

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. There was a general sense of awareness of what

was being piloted, however, there was no clear understanding of the duration of the pilot program or how the data was being collected.

- **Recommendation:** When piloting a program, there should be a clear start and end date that is known and effectively communicated with staff and residents. Information and data on the pilot program should be collected and be communicated with staff and residents.

### **Staff Characteristics**

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the staff. Service delivery staff at Alpha are Case Managers and Management Trainee. Other items in this domain examine all staff that work in the program. Excluded from this section in totality is the program director, as she was assessed in the previous domain. In total, 8 staff were identified as providing direct services, such as delivering individual sessions and group-based programming.

#### ***Staff Characteristics Strengths***

Alpha House program meets CPC standards for experience and skills and values. At the time of the assessment, 91.6% of staff have worked in treatment programs with justice-involved participants for at least two years. This exceeds the CPC standard. Additionally, Alpha House hires staff based on key skills and values, which include their belief, support of offender treatment, change, and empathy. This is evidenced by the Policy and Procedure Statement for the Case Manager's job description and the questions that are asked during the interview process.

Service delivery staff that meet consistently and frequently is a positive component for programs that reduce recidivism. At Alpha House, service delivery staff attend weekly case management meetings where they discuss programming, problems, and engage in case review. Additionally, there is a monthly all-staff meeting. Service delivery staff are assessed annually. The annual evaluation includes observing a group facilitated by the staff member, reviewing case files, and completing a basic evaluation.

New professional staff receive thorough training in the theory and practice of interventions employed by the entire program. Staff conducting assessments, individual sessions, or group/interventions are formally trained (and certified if required) on the use of all assessment tools and curricula they are required to use prior to delivery. Each case manager has received training and/or certification in facilitating their assigned treatment group. The initial training includes completing a new hire orientation checklist, job shadowing, and feedback on service delivery. The new hire orientation checklist includes training in Cognitive Behavioral Interventions, effective interactions from research, and positive reinforcement and behavioral techniques. Service delivery staff all receive a sufficient amount of ongoing training each year. The majority of these hours are directly related to delivering criminogenic services to offender populations, cognitive behavioral interventions, and core correctional practices.

It was evident while being onsite that there was a feeling of individual's input and ideas being valued and elicited during staff meetings. Based on responses, there was an understanding that their input needed to be approved by the appropriate authorities.

Based on observations and interviews, staff supported the goals and values of Alpha House. Staff felt that the overall support from their coworkers was very high.

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

### ***Staff Characteristics Areas in Need of Improvement and Recommendations***

Programs that effectively lower recidivism among its offender population hire service delivery staff that have earned an associate's degree or higher in a helping profession. At the time of the assessment, 62% of service delivery staff at Alpha House had an associate's degree or higher in a helping profession. This does not meet the CPC standard for education of service delivery staff with an associate's degree in a helping profession.

- **Recommendation:** Alpha House should ensure through its hiring process that preference is given to staff who have earned an associate's degree or higher in a helping profession such as counseling, criminal justice, or social work. Alpha House should continue to encourage those who already work at Alpha House to pursue degrees in helping professions.

Alpha House does not offer clinical supervision for staff. There is no one employed at Alpha House that is qualified to provide clinical supervision.

- **Recommendation:** Clinical supervision should be provided to professional staff at least once a month by a licensed clinical supervisor.

### **Offender Assessment**

The extent to which offenders are appropriate for the services provided and the use of proven assessment methods are critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of offenders, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of offenders, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

### ***Offender Assessment Strengths***

Alpha House receives referrals from Montana State Prison, Probation & Parole, and assessment, sanction, and revocation centers. After the referral is received, the screening committee conducts a case review to determine the applicant's appropriateness for the program. Alpha House reports



very few offenders are considered inappropriate for the services they provide. Those who may be inappropriate are due to mental health, active gang violence, or malingering issues.

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

Alpha House utilizes an outside service program to serve the treatment needs of the sex offender population. By utilizing an outside service program, the sex offender population can be assessed through specific validated, standardized, and objective risk assessment tools by the treatment program being utilized.

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 the duration and intensity of treatment services, based on risk level. Alpha House meets the criterion from the CPC for valid assessments since the MORRA (ORAS) is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs. The program does receive the MORRA results from probation/parole referrals as well. File reviews at the program found the use of the individual risk level and criminogenic needs were taken directly from the MORRA and utilized in the development of treatment plans. Treatment plan development decisions were directly linked to the MORRA results specific to each individual offender. Alpha has access to the actual MORRA assessment and is utilizing its detailed information to better determine and address specific dynamic needs of individual offenders.

Responsivity factors are individual attributes that affect the achievement of treatment goals. Programs that measure and address responsivity factors are more successful. Alpha House uses responsivity assessments such as the Texas Christian University Criminal Thinking Scale (TCU-CTS). This responsivity assessment is then accessible to staff in offender files for determining responsivity issues.

### ***Offender Assessment Areas in Need of Improvement and Recommendations***

Alpha House lacks written, established guidelines for excluding offenders that may not be appropriate for its services. Although an email discussing exclusionary criteria was found during the CPC Assessment, no formal policy in the program manual was found. Programs that identify and exclude residents that are inappropriate for the services provided have better programmatic outcomes than programs that lack exclusionary criteria.

- **Recommendation:** The Alpha House program should develop written exclusionary criteria that identifies people who are inappropriate for the services provided by the program in a more formalized manner. These criteria should be written into program policy

and followed by all staff, as well as shared with referral sources. Exclusionary criteria should be based on clinical/community/legal criteria.

## **TREATMENT CHARACTERISTICS**

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

### ***Treatment Characteristics Strengths***

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

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

Research indicates the most effective programming is between 3 and 9 months and does not exceed 12 months. Alpha House's average length of program is 7 months, with offenders not able to complete prior to 3 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. Alpha House's residents are supervised using staff random spot checks, an electronic monitoring system, phone checks, and physical checks that include random urinalysis and breathalyzer tests.

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

Alpha House meets the CPC standard of structured tasks per week for residents. Structured tasks may include school, work, treatment groups, and other staff supervised tasks. Residents at Alpha House are required to work at least 40 hours each week and participate in various groups. Those who do not have employment still participate in structured activities designed to assist them in job searching. While there is more flexibility on the weekends, residents are always supervised by staff, and prosocial behavior is expected.

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

Alpha House values the residents' input. They gather this information through exit interviews, staff/program evaluations, group evaluations, resident government, and grievances. It is reiterated to each resident that they can always talk to staff.

Alpha House has developed a range of rewards including positive incident reports, phase system, candy fishbowl, resident of the month, Honors Program, and recognition board.

A good behavioral management system consists of rewarding prosocial behaviors that will sustain behavior in the long term, as well as sanctioning unwanted behaviors. At the time of assessment, Alpha House had an appropriate range of punishers available to promote behavioral change in the future by showing the residents that behavior has consequences. These punishers included verbal disapproval, extra duty with chores, apology letters, incident report classification system (Class 1 Rules, Class 2 Rules, and Class 3 Rules). Alpha House has created a Behavioral Management System that focuses on behavioral modification.

Based on file review and interviews with staff members, the current successful completion percentage was roughly between 80 percent and 85 percent, meeting the CPC standard. Alpha House includes a discharge plan that addresses any continuing responsivity factors, criminogenic needs, and goals that offenders may need. Alpha House also spends time developing a plan for discharge that includes recommendations for further aftercare. This may include continued mental health, substance abuse, or CBT programming.

### ***Treatment Characteristics Areas in Need of Improvement and Recommendations***

To further reduce the likelihood that offenders recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should be majority. As mentioned above, Alpha House's criminogenic needs focused programming is 70%. Non-criminogenic needs targeted include life skills and hobby. As such, while the number of services and interventions provided at Alpha surpasses the 50% ratio of criminogenic to non-criminogenic needs, the amount of time does not meet the 80%

ratio. The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- **Recommendation:** To increase the emphasis on criminogenic targets, Alpha House 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).

High-risk offenders should receive the highest intensity or duration of service. Research recommends the range of dosage should be approximately 200+ hours for high-risk, and 100-150 hours for moderate risk. Currently, Alpha House provides the same dosage hours and programming for low, moderate, and high-risk offenders where determination of dosage hours could not be determined.

- **Recommendation:** Alpha House should give preference to moderate- and high-risk offenders. When low-risk offenders are accepted into the facility, they should be provided separate housing units and separate treatment groups. Dosage hours could be determined based off length of stay of the resident.

Alpha House staff members are not trained in properly identifying concerning negative effects that may occur after the use of a punishment.

- **Recommendation:** All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. The training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority. Staff should understand that punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. Policy and training should alert staff to issues beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution.

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

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

At the time of the assessment, no services for family were provided. If the family is willing, family counseling sessions, a multifamily group, and a family orientation group should be made available. Services should formally train family members to support the offender in making prosocial decisions using skills and concepts they have been taught in Alpha House.

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

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

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

## **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***

Internal quality assurance mechanisms are important for programs to ensure they are operating the way they are intended to operate. Alpha uses voluntary group surveys, file review, and observation consistently. The Alpha House Program Director consistently observes staff delivery services. This

process allows for feedback and coaching of staff and helps ensure high-quality services are delivered. Observation should occur once per quarter or once per group cycle for each staff in each intervention. Best practices suggest that all three of these controls are in place and operate effectively.

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

### ***Quality Assurance Areas in Need of Improvement and Recommendations***

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

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

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

- ***Recommendation:*** The Alpha House program should formalize a time period reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using a standardized need assessment tool for example using the TCU CTS. Having a subjective assessment through professional judgement is not enough to meet this requirement. During file review approximately half of the files reviewed did not have a reassessment completed. The reassessment process needs to be formalized, followed, and utilized consistently.

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

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

## **OVERALL PROGRAM RATING AND CONCLUSION**

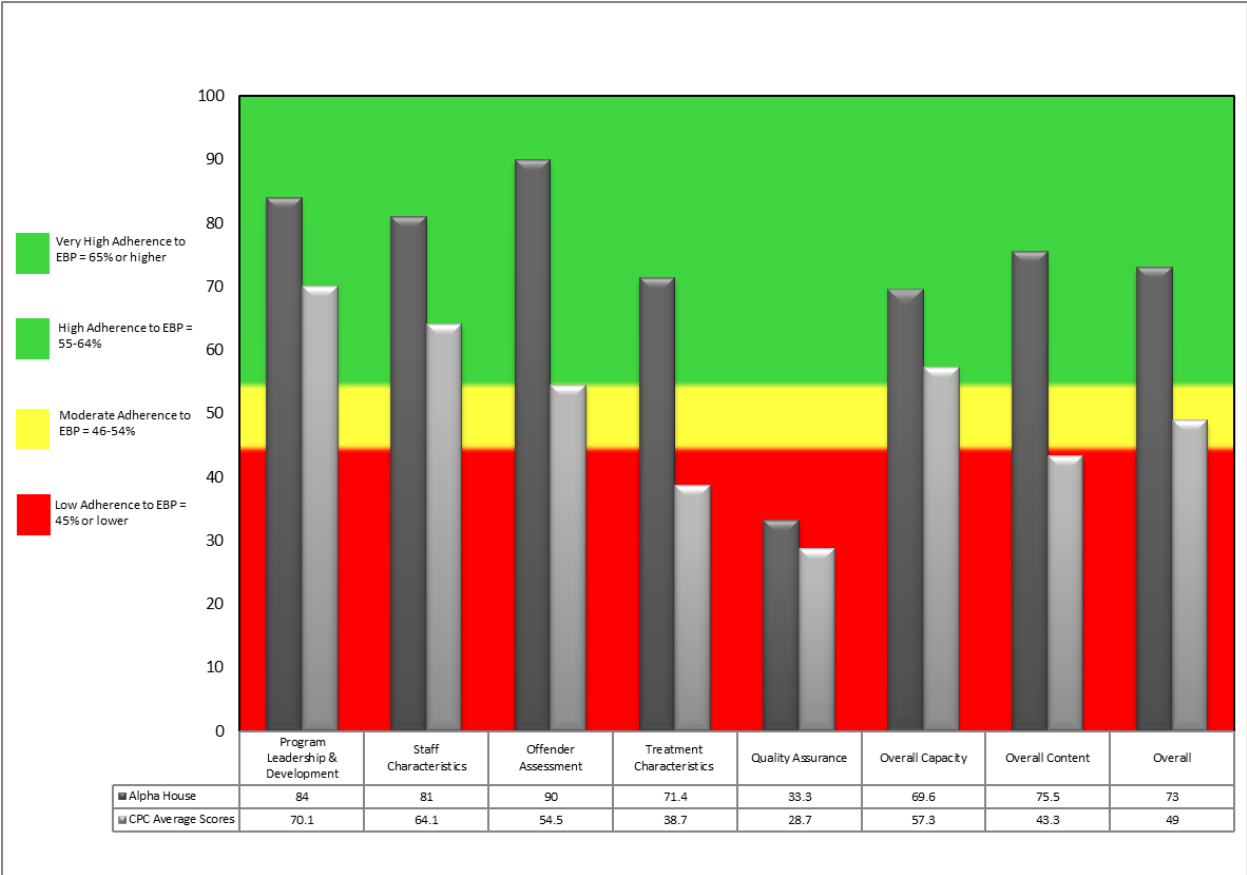
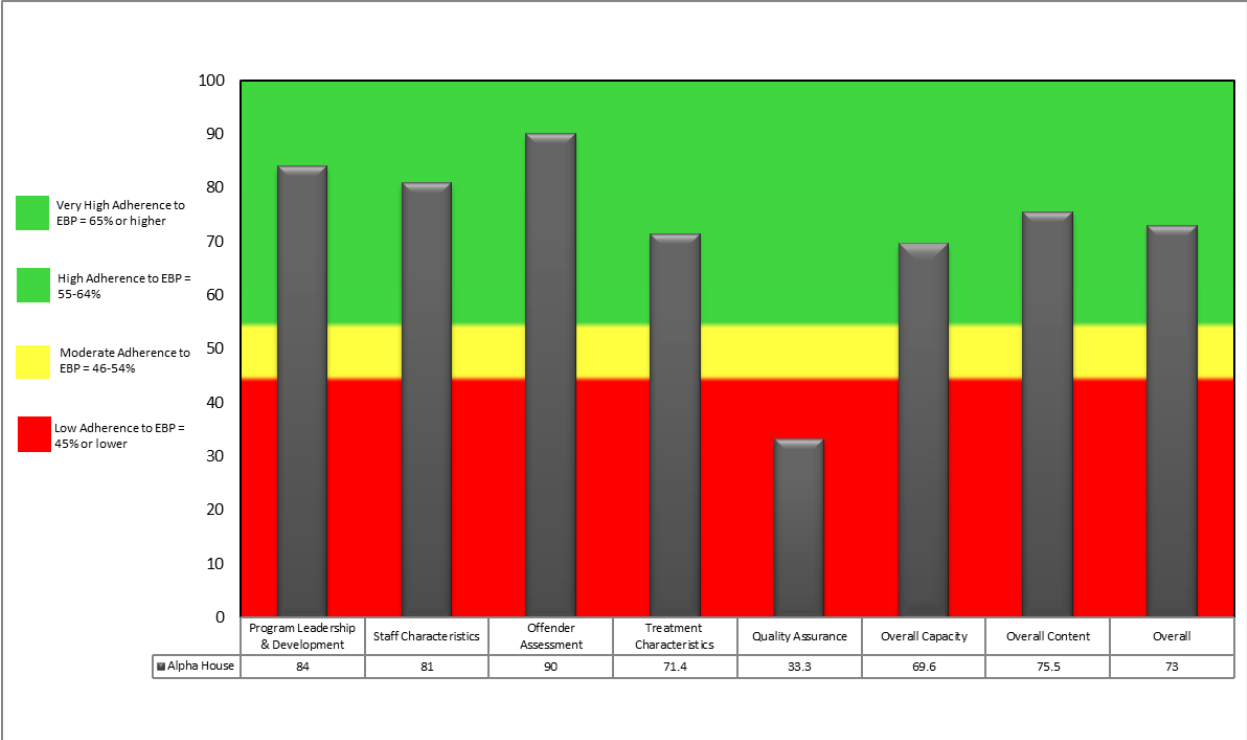
As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100% on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having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

Alpha House received an overall score of 73 percent on the CPC which is a significant improvement from the first assessment of 34.1 percent. This falls into the Very High Adherence to EBP category. Each of the domains and both areas (i.e., capacity and content) of the CPC also score in the Very High Adherence to EBP category.

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

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





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

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.

<sup>[1]</sup> 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.

<sup>[1]</sup> 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.

<sup>[1]</sup> 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.

<sup>[1]</sup> 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.

<sup>[1]</sup> 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.