

# **FINAL REPORT**

## **EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)**

### **Pine Hills Correctional Facility**

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Miles City, MT 59301

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*The Evidence-Based Correction Program Checklist (CPC) was developed and copyrighted by the University of Cincinnati. The commentaries and recommendation included in this report are those of the CPC Assessor.*

## **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 treatment and corrections. As a result, more legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, per Montana Code Annotated (MCA) Section 53-1-211, the Montana Department of Corrections (MDOC) was directed to complete an assessment of the Pine Hills Correctional Facility 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 adult 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 CPC is a tool developed by the University of Cincinnati Corrections Institute (UCCI) for assessing correctional intervention programs. 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 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 confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators of the CPC.

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 (CPC2.1). Through 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 interventions, 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, observations of direct services, and review of relevant program materials (e.g., offender files, program policies, and procedures, treatment curricula, participant handbook, ect.) 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 the information described above. In the 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 on an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from 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 reason 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. Second, all of the indicators included in 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 assessment conducted to date, program 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 program that score in the Very High and High Adherence categories look like program that are able to reduce recidivism.

## **SUMMARY OF THE FACILITY AND SITE VISIT PROCESS**

The Pine Hills Correctional Facility, located in Miles City, Montana, plays several roles for the offenders committed to the Montana Department of Corrections. This facility is the only state-operated long-term correctional facility for adjudicated male youthful offenders (ages 10-17) and is a fully functioning school. In addition, the facility provides services to adult males in three different capacities. The first is as an assessment and treatment center for male adults on the eastern side of the state. Second, Pine offers a six-month vocational program, and last the 90-day, 3.5 level of care in Echo wing.

The CPC Assessment took place June 26-28, 2023, and consisted of a series of structured interviews with clinical staff, facility staff, and offenders in the program. Clinical staff includes the Mental Health Services Manager, case manager, and licensed addiction counselors (LACs). Facility staff includes the Program Director, medical staff, unit shift supervisors, correctional counselors, and correctional officers.

For the purposes of this assessment, Jeff Lee was identified as the Program Director. It should also be noted that for the purposes of the CPC Report, case managers, licensed addiction counselors (LACs), mental health professional, case manager, unit shift supervisor, and correctional counselors were those identified as direct service delivery staff. Additionally, data was gathered via the examination of 20 representative files (open and closed) as well as other relevant program materials (e.g., policy and procedure manuals, staff training information, assessments, curricula, participant handbook, etc.). At the time of the CPC Assessment, the groups offered at Pine Hills included Life Skills/HiSET, Living in Balance, Motivational Mapping, Core Correctional Practices Skills (CCP Skills Group), Seeking Safety, Inside Out Dad, Spotticus, Restorative Practices, and Anger Management.

## FINDINGS

### **Program Leadership and Development**

The first subcomponent 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 facility), their qualifications and experience, their current involvement with the staff and the residents, as well as the development, implementation, and support (i.e., both organizational and financial) for treatment services. As noted above Jeff Lee serves as the Program Director for the purpose of the CPC Assessment/Report.

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

#### ***Program Leadership and Development Strengths***

Jeff Lee was identified as the Program Director for the 90-day program at Pine Hills. Mr. Lee has a bachelor's degree in criminal justice and therefore has taken classes specifically related to the criminal justice field. Mr. Lee has been working with the offender population at Pine Hills for approximately 28 years in a variety of capacities. By possessing these characteristics, he meets both the education and experience requirements that a program director should have in order to effectively manage a program.

The 90-day program at Pine Hills has been in existence for three years. New programs tend to struggle through the first couple of years in operation, and therefore, the fact that this has met the three-year threshold meets the standard. Through this time in operation, they have both been effective in gaining and maintaining support from both the criminal justice system as a whole and the support of the community of Miles City. Some of the criminal justice stakeholders mentioned included the judges/courts, Probation and Parole/Institutional Probation and Parole Officers, and attorneys. Some of the community stakeholders mentioned included medical services, local businesses, volunteers, and the Miles City residents and community as a whole.

Pine Hills is a state-run program and was reported to have both adequate and stable funding to operate as it was intended. These are particularly important as both of these variables have the ability to negatively impact daily operations if they are not maintained at a consistent level, especially at a time when criminal justice programs are being asked to do more with less.

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

Programs that have educated and experienced program directors who participate in the selection process of staff to be hired to provide direct services is very important. Currently, the hiring of new staff for the 90-day program is primarily through human resources and the unit staff. It is

recognized that with this program being in a rural location the candidate pool is small, but, on a consistent basis, Mr. Lee does not participate on a consistent basis.

- **Recommendation:** The program director should consistently participate in the hiring of all new program delivery staff. This can include determining candidates to interview, being a member of the interview team, and/or having a role in determining which candidate is successful.

Having a structured, formalized training plan for all new staff is critical to operating an effective program. Having the program director play a consistent role to ensure the philosophy and practices of the program are well understood allows for the program to maintain expectations that all staff adhere to the core principles. When new staff are hired for the 90-day program, they do receive agency and facility-mandated training (Field Training Officer book), but there is not currently a requirement for the program director to play an active, formal role in this process.

- **Recommendation:** Training for new staff should consist of the program director being formally responsible for certain tasks. These can consist of them being personally responsible for certain aspects of the structured training, shadowing new staff to ensure they understand the expectations and philosophy of the program, or providing feedback to new staff regarding day-to-day activities for which they are responsible.

Programs that are found to be most successful require a program director to provide direct supervision to program delivery staff. The current organizational structure for the 90-day program is as follows: some program delivery staff are supervised by the unit manager, who is then supervised by the program director. Further, the program director does not provide any supervision to some of the service delivery staff as they are not in his chain of command. Not having the program director provide supervision to the service delivery staff, can create a lack of consistency, communication, and adherence to the principles of the program. Additionally, if the program director does not provide supervision, they will not have immediate knowledge of the strengths and weaknesses of the program delivery or day-to-day activities in the program.

- **Recommendation:** The program director should provide direct supervision to all service delivery staff. This can be accomplished in a few different ways, but some include having regularly scheduled staff meetings or observing and reviewing the direct service activities of staff and providing coaching and feedback based on adherence to program and curriculum principles.

Mr. Lee is not involved in providing any direct services to the participants in the 90-day program. Programs that have a director involved with these services are more effective because of the knowledge gained by actively engaging with the participants. It is critical for the program director to have a clear understanding of the complexities of direct services in order to best meet the needs of both their staff and the participants.

- **Recommendation:** The Program Director should be systematically and continuously involved in direct services with participants in their program. This can include the facilitation of groups or individual sessions, facilitation of regularly scheduled meetings with the unit, supervising a small caseload, or conducting assessments.

It is important that programs are based on effective correctional treatment literature and all staff members have a thorough understanding of this research. Staff could neither identify nor directly correlate the research-based practices used in the 90-day program to literature or research based on what works in corrections. Further, there is no designated time to review the disseminated literature and ensure staff have a thorough understanding of the principles and how they are implemented in the program.

- **Recommendation:** Mr. Lee should conduct thorough literature searches at regular intervals to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals as well as key texts. Some examples of these texts are: “Psychology of Criminal Conduct” by Don Andrews and James Bonta; “Correctional Counseling and Rehabilitation” by Patricia Van Voorhis, Michael Braswell, and David Lester; “Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply” edited by Alan Harland; and “Contemporary Behavior Therapy” by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior*; *Crime and Delinquency*; and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).
- **Recommendation:** All staff working in the program should receive related research articles regularly, and a portion of each all-staff meeting or local unit meetings should be used to ensure that this information is reviewed and discussed for relevance to the 90-day program at Pine Hills. As a result, the program can ensure that all core services (e.g., group and individual sessions intending to reduce recidivism) are implementing these proven practices (see additional recommendations in the Treatment Characteristics domain below).

Through interviews and the document review process, it was determined that changes to the 90-day program are not routinely piloted, with all the necessary, documented components, before becoming a formal facility/program practice. Research indicates that effective programs that observe a formal pilot period prior to fully implementing modifications are more successful, as subsequent revisions are often difficult to make once a change has been formally instituted. Piloting is most successful when it is a regular and formalized process. Most large changes should be formally piloted, and all steps followed to ensure they are rolled out with consideration to the facility.

- **Recommendation:** As new components or changes are incorporated into the 90-day program at Pine Hills, a formal pilot period for each new component should be undertaken. For example, should the program supplement a current curriculum, or add a new one, this should first be piloted with one group of participants to evaluate the new material and how it is best incorporated into the entire program if desired effects are seen. Specifically, a formal pilot period should be at least 30 days, with a formal start and end

date in order to sort out the content, logistics, and to identify any necessary modifications that need to be made. The pilot period should conclude with a thorough review of the changes, including feedback from both the participants and facilitator, as well as a review of any relevant information/data obtained. Following this review, the decision should then be made whether to fully implement the new components or not.

### **Staff Characteristics**

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the staff. Certain items in this domain are limited to full-time and part-time internal and external providers who conduct groups or provide direct services to the participants. Other items in this domain examine all staff that work in the program. Excluded from this section in totality is the program director, as he was assessed in the previous domain. In total, ten staff including counselor techs, clinical, and case management, were identified as providing direct services.

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

The staff who work in the 90-day program have exceptional experience working with the criminal justice-involved population. These individuals have unique characteristics especially when it comes to treating substance use disorders. Programs that have a strong ratio of experienced (minimum of two years) staff to provide interventions are found to be most effective. Further, this program has a set of written ethical guidelines that all staff must adhere to. It is very important for there to be a firm understanding of accepted interactions and boundaries that staff must obey when working with an offender population.

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

When working with the criminal justice population, it is very important that at least 70% of staff have a minimum of an associate's degree in a helping profession such as counseling, criminal justice, psychology, social work, education, or specialized fields such as addictions. This period of formalized education provides a strong foundation in skills necessary to work effectively with this population. At the time of the assessment, the program employed just under the identified threshold.

- ***Recommendation:*** When new direct service delivery staff are being hired, preference should be given to individuals with at least an associate's degree in a helping profession. This program may wish to explore recruiting candidates from local colleges and universities that have obtained a degree in a helping field as it is understood that it is particularly difficult to hire qualified staff in a rural location such as Miles City.

Staff who are chosen for hire should possess specific skills and values. These consist of the strong belief that offenders and substance users can change, have empathy, good problem-solving skills, and a sense of fairness, be non-confrontational but firm, and prior training or certification, depending on the position. While staff employed in the program appeared to possess many of these characteristics, they were not chosen during the hiring process because of them.



- **Recommendation:** When hiring future staff, specific consideration should be given to the applicant who demonstrates these skills and values through the interview process or previous experience. These are challenging skills to teach and can have a significant impact on the environment in which they are trying to effectuate positive change.

At the time of the assessment, there were no regularly scheduled meetings with the professional staff. Programs that have an opportunity to regularly discuss changes to the program, difficulties they are having, thorough review of new intakes, and progress of participants are found to be more effective. This team of staff could benefit from the opportunity to meet as it would provide for more uniformity and cohesion, which in turn provides for a more structured and predictable environment for the participants.

- **Recommendation:** All professional staff should meet on a consistent basis (at least twice per month) to discuss the aforementioned topics as well as any other items that are applicable. An agenda should be used to ensure staff stay on topic and have the ability to bring areas of concern or strength to the team. Additionally, in these meetings, each participant should have their case reviewed at a systematic interval while they are in the program.

Professional staff receive the state-mandated performance evaluation on an annual basis. This evaluation does not specifically address staff's areas of progress or areas that need improvement specific to service delivery skills. These specific skills that should be assessed include but are not limited to communication skills, modeling of new behaviors, assessment skills and the interpretation of results, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment/intervention model used in the program. When staff are provided areas they can improve in, they develop a competency to deliver a higher quality of services.

- **Recommendation:** Pine should use both the agency-required and skill-based tools for a formalized annual evaluation process. Further, it should also be effectively communicated to the staff the strengths, deficits, and recommendations made from both evaluations to further enhance direct service delivery. If significant deficiencies are identified, further follow up to improve their skillset may be required.

Professional staff working in the 90-day program should receive clinical supervision by an individual licensed to provide this service, especially given the nature of this program. Currently, there are neither regular staff meetings nor clinical supervision offered to professional staff.

- **Recommendation:** All professional staff working in the program should meet with a clinical supervisor at least once a month to discuss clinical issues.

The training new staff receive at hire is critical to both the success of the staff and the program. Currently, other than the agency-required, or curriculum-specific training, there is no formalized initial training plan for the 90-day program at Pine.

- **Recommendation:** All new staff need to complete a well-designed, thorough initial training plan. This training plan can include but is not limited to information on all assessment tools and how the information gained is used in the program, group or

individual interventions, behavioral management interventions, case plans, the process for documentation of participant's progress or lack of, completion criteria, and any other items that are pertinent to the position.

Ongoing training does not meet the minimum amount required as indicated by research for effective programs. This research suggests that programs provide at least 40 hours of annual training for all direct service delivery staff with the majority of that related to delivering effective services. Providing treatment for substance use to the criminal justice population is an ever-evolving field. Research and best practices continue to be updated and modified as more and more research is conducted.

- **Recommendation:** Each service delivery staff member should receive at least 40 hours of ongoing training. The majority of these hours should be directly related to delivering criminogenic services to participants involved in the justice system and include a review of the principles of effective intervention, behavioral strategies such as modeling and role play, the application of reinforcers and punishments, risk assessments, group facilitation skills, case planning, and updates to the field of offender rehabilitation.

Staff in the 90-day program were required to develop or identify curricula they would like to be a component of the programming participants receive while in the program. Beyond this addition, staff do not have a formalized mechanism to make suggestions or provide input into the weekly schedule of activities. The opportunity to catch a supervisor in passing does not provide the opportunity to present the specifics or ideology behind the suggestion to leadership for careful consideration.

- **Recommendation:** Pine should develop a formalized mechanism for staff to bring ideas or input to the supervisor to be considered for implementation or piloting. If the suggestion is not incorporated, there should be communication as to why it does not fit the philosophy or structure of the program.

While the staff working in the 90-day program at Pine are supportive of the overall mission of helping individuals in the criminal justice system reach and maintain sobriety, there was a significant disconnect between the different roles and leadership.

- **Recommendation:** By incorporating other suggestions made in this report, an opportunity for cohesion between all the staff working in this program will be attained. Regular staff meetings with the security, clinical, leadership, case management, and any other staff who work in, or interact with the program will offer dedicated time to discuss challenges and support one another in a difficult setting. Also, by identifying the values and goals of both the staff and participants a commonality staff support will be developed and provide consistency throughout the program.

### **Offender Assessment**

The extent to which residents 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 residents, and then provide services and interventions accordingly.

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

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

The most effective programs are those whose participants are deemed appropriate and can be adequately served by the program. The 90-day program has a referral and screening process in place to determine which offenders are appropriate for the 90-day Program. Additionally, offenders receive a substance use disorder evaluation to further determine their appropriateness for the program.

Programs that are most effective in reducing recidivism measure risk factors with a validated, standardized, and objective risk assessment instrument that produces a level of risk. Additionally, these tools are crucial as they determine which criminogenic need areas offenders have related to recidivism (e.g., antisocial attitudes, substance abuse, peer associations, employment, etc.). The 90-day program uses the Montana Offender Reentry Risk Assessment (MORRA) to identify risk levels and criminogenic needs for the offenders in the program. The MORRA is renamed from the Ohio Risk Assessment System (ORAS) and is a validated risk assessment instrument.

Equally important to using validated, standardized, and objective risk assessment instruments to identify risks and needs are secondary assessments to identify additional domain specific needs, key offender types, and responsivity factors. Because the general risk and needs assessment tools do not adequately identify specific areas (e.g., substance abuse, sexual offenders, or domestic violence) additional needs assessments should be utilized. The 90-day program uses the American Society of Addictive Medicine (ASAM) to determine the level of care needed, as well as the Alcohol, Smoking Substance Involvement Screening Tool (ASSIST), Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST), Cut down, Annoyed, Guilty, Eye opener (CAGE), and Adverse Childhood Experiences (ACEs), to determine additional risk and responsivity factors.

Programs that are effective in reducing recidivism have 70 percent or higher of moderate to high-risk offenders in their program. Through file review and electronic records gathered from the Offender Management Information System (OMIS) it was determined that the percentage of moderate to high-risk offenders in the program met this recommendation.

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

Programs that are most effective in reducing recidivism have developed and follow specific criteria, typically found in policy and procedures, for the firm exclusion of certain types of offenders from program participation. The 90-day program does have a written document that provides for various case-by-case opportunities for offenders with identified characteristics to be included in the program.

- ***Recommendation:*** The 90-day program should develop a firm set of objective and clear criteria for the denial of offenders into their program. These criteria should be followed on a consistent basis.

## **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 residents in new prosocial thinking and skills, and the provision and quality of aftercare services. Other essential elements of effective interventions include matching the resident's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the resident in anticipating and coping with problem situations is considered.

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

To reduce the likelihood that participants will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. The 90-day program offers services that target criminogenic needs, including criminal attitudes/antisocial thinking, substance abuse, peer associations, impulsivity, unstructured leisure time, poor emotional regulation, and education/employment. Overall, the 90-day program is targeting at least 50 percent of their treatment efforts on criminogenic need areas.

Research suggests that programs providing services should be between three and nine months in length, and not exceed 12 months (not including aftercare). The average length of stay for participants in the 90-day program is 90-days/three months. The participants in the program are separated from the other participants in the Pine Hills Correctional Facility and are solely located in Echo Unit. Additionally, the primary treatment model utilized in the program is Cognitive Behavioral Therapy (CBT) and some evidence-based interventions are utilized for the groups they facilitate.

Research indicates that the most successful programs are those where 40 percent of the participant's time per week is spent in structured tasks. Structured tasks can include school, work, treatment groups, and other staff supervised tasks (e.g., community meetings, homework time, and case management sessions), and the range of structured tasks should be between 35 to 50 hours per week. Participants in the 90-day program have a highly structured weekly schedule, including structured activities during the weekends, and fall above the recommended threshold.

Successful programs are those that assign staff to programs/groups based on the staff's skills, experience, education, and/or training (e.g., staff with a chemical dependency license are conducting substance abuse groups). The 90-day program utilizes those staff who are licensed to facilitate certain groups requiring such, and all staff who facilitate groups are trained to do so. Additionally, all groups and structured tasks the participants are involved in are monitored by professional staff from beginning to end, and none of the formal groups observed were facilitated by participants in the program.

Observed through file review, the 90-day program consistently had a formal discharge plan for all participants who complete the program. These discharge plans included continuum of care recommendations (ASAM and recommendations for each dimension and an aftercare plan),

goals, objectives, and because the majority of participants release to a pre-release center (PRC), recommendations are specific for this type of placement.

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

Research indicates that the ratio of criminogenic needs addressed to non-criminogenic needs for successful programs should be a least 4 to 1. While the 90-day program does target at least 50 percent of their treatment efforts on criminogenic needs areas they do not meet the 4 to 1 ratio.

- ***Recommendation:*** The 90-day program should increase the number of criminogenic targets for participants in the program (e.g., problem-solving skills, emotional regulation, antisocial thinking). This can be accomplished by identifying the most consistent criminogenic needs from the MORRAs completed on participants in this program and implementing an evidence-based curriculum that aims to address that need.

Case planning is a critical step in addressing criminogenic needs. Programs that have shown to reduce recidivism involve participants in the development of their own plan which encourages participant buy-in to the process. Case plans should be unique to each participant's needs but may contain similar objectives based on criminogenic needs. Observations made during the onsite visit indicated that the participants in the 90-day program arrive at the facility/program, are given a treatment plan/case plan, briefly go over it with staff, and then sign it. Additionally, those treatment plans/case plans are updated at the 30-day, 60-day, and 90-day mark.

- ***Recommendation:*** The 90-day program should develop a personalized case plan with each participant using the MORRA. The participant should play an active role in the development of their case plan, the participants should be guided on their goals and objectives to reach, and the case plan should continue to be updated on a consistent, routine basis.

Pine Hills Correctional Facility does have a program manual for their six-month vocational program that outlines all major aspects and expectations of the facility; however, they do not have a program manual outlining the 90-day Program. Additionally, the 90-day program does have program manuals for all the core risk reducing curricula they offer; however, it was found that the manuals were not consistently followed to ensure fidelity.

- ***Recommendation:*** Pine Hills should develop a program manual specific to their 90-day program. This manual should include key information such as the program description, philosophy, admission criteria, assessment, scheduling, case planning, phase advancement, behavior management, completion criteria, discharge planning, aftercare, etc. For individual programs/curricula facilitated in the 90-day program, staff should follow the program's manuals and curricula as intended. Additionally, staff should be provided with feedback and coached to enhance their service delivery. Group monitoring should include program fidelity components along with facilitator skills.

As noted in the Offender Assessment section the 90-day program does use the MORRA as their validated risk assessment tool; however, the program does not utilize the tool to separate participants into treatment groups based on their risk score/level. Observations showed that treatment groups were made up of Low, Moderate, High, and Very High-Risk participants.

Additionally, programs should vary the intensity, length, and overall programming for the participants based on risk levels. All participants in the 90-day Program attend the same groups and all participants attend the same length/intensity/duration of groups.

- **Recommendation:** With an effective program, low-risk participants are not to be placed in groups with moderate to high-risk participants. Participants who are assessed as being low-risk should be offered individual sessions or placed in programming that is strictly made up of low-risk participants.
- **Recommendation:** Overall, research indicates that offenders who are at moderate risk of reoffending need approximately 100 to 150 hours of evidence-based services to reduce their risk of recidivating, and high-risk offenders need over 200 hours of services to reduce their risk of recidivating. Very high-risk or high-risk with multiple high-need areas may need 300 hours of evidence-based services. Only individual sessions, case management sessions, and groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count toward the dosage hours. Developing separate programming tracks based on risk and responsivity factors, and including case plans in the process, would ensure that an offender is not provided too little or too much programming based on need. This could include extra groups for higher risk participants, extra case management sessions including role modeling and role plays, or more/longer duration of programming.

Participants' needs and responsivity factors, such as personality characteristics or learning styles, should be used to systematically match participants to the most suitable type of services. Additionally, these assessments should be taken into consideration when assigning participants to different staff. The 90-day program did not match staff members to specific groups of participants based on their responsivity factors, it appeared to be based more on staff availability or which group had an opening.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups and staff. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, participants who lack motivation may need their motivation issues to be addressed first before being assigned to a service that targets their beliefs and teaches skills.

Programs that are successful in reducing recidivism are those whose participants have input into some programmatic structures and features of the program. Examples may include house meetings, elected representatives, suggestion boxes, or feedback forms. Indicators observed showed that participants in the 90-day program do not have an official format in place for participants to provide input into the program.

- **Recommendation:** The 90-day program should develop an official process in which offenders can provide input into the program. Their feedback could be offered through exit interviews, suggestion cards/boxes, unit meetings, or meeting with the participants periodically through their 90-day stay in the program to elicit feedback. If possible, it is

also important to have a feedback loop back to the participants as to whether the suggested modification was implemented, and if not, why.

The 90-day program did not provide a sufficient range of reinforcers as rewards within the program. It was noted the participants in the program do receive verbal praise/acknowledgment, have bingo night, and movie night as positive reinforcement; however, staff could not articulate how and why a participant might receive those. Additionally, the research on reinforcers shows that rewards need to be meaningful and specific to each participant and need to outweigh negative consequences (punishers). The majority of the rewards were group activities.

- **Recommendation:** The 90-day program should develop a reward structure that clearly outlines a wide range of reinforcers. This range is necessary so that when staff are rewarding a participant, they have options to choose from that are meaningful to that specific participant. There should be consistent responses from both staff and participants regarding this structure.
- **Recommendation:** All staff, regardless of their role, should administer rewards as appropriate. Reinforcers should be monitored to ensure the application of 1) comes immediately after the behavior or as close to the behavior as possible; 2) is consistently and then intermittently applied after the appropriate behavior; 3) is individualized to the participant when possible; 4) involves a discussion with the participant of the short and long-term benefits of maintain that particular behavior.
- **Recommendation:** The 90-day program should strive and continue to work towards achieving a 4:1 ratio of reinforcers to punishments to work towards desirable behaviors from their participants.

A good behavioral management system consists of rewarding prosocial behaviors that will sustain prosocial behavior in the long term, as well as sanctioning unwanted behaviors. Additionally, after a punisher is administered, staff should be trained in how to monitor participants to ensure they do not display any negative effects from the punisher. At the time of the assessment, the 90-day program did have some punishers available to promote behavioral change. Those noted included write-ups/disciplinary infractions, a 15-minute lockdown period, and “take 5”, a five-minute cool-off period for participants. However, observation indicated there is neither a written procedure on punishers specific to the 90-day program, nor a wide range of punishers to promote behavioral change. Staff and participant responses on the use and applications of punishers were consistent, and staff were not trained to observe the negative effects of the punishment.

- **Recommendation:** The 90-day program should establish a wide range of punishers/sanctions (behavioral management system) that can be utilized by staff. Additionally, all staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training could include core correctional practices such as 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 appropriately. Procedure and training should alert staff to issues

beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution.

- **Recommendation:** For negative consequences or punishments to achieve maximum effectiveness, the following criteria should be observed: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when possible).

Completion criteria for the 90-day program needs to be clearly outlined and defined by progress in acquiring prosocial behaviors, attitudes, and beliefs. The determination of program completion should not be based on time, lack of disciplinary infractions, or completion of court requirements. Observations indicated that the 90-day program completion criteria is based more on time in the program rather than measuring active participation in groups, participant change, skill acquisition, or progress in treatment.

- **Recommendation:** Clear standards should be set as to when participants can complete their active treatment and eventually complete the program. Benchmarks should be implemented to allow someone to successfully navigate through the program. These can include attendance and participation standards, scores on pre-and post-testing, meeting a certain percentage of objectives from their case and treatment plans, or a checklist of behavioral/attitudinal criteria.

A program with too low of a completion rate may not address the needed criminogenic risk factors in a proactive way. Too high of a completion rate may indicate a need for stricter standards or a more universal application of standards of completion. Based on file review and interviews with staff members, the current successful completion rate for the 90-day program is between 95 and 98 percent.

- **Recommendation:** Once the 90-day program outlines completion criteria/status for the participants, it should monitor the successful completion rate, which should range between 65 percent and 85 percent. This range can be obtained using benchmarks to navigate through the program and consistent standards for participation and completion of the program.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants must be taught skills in how to do so. Role models and role plays should be done separately and should be consistent throughout the course of a group/program. At the time of the site visit role models and role plays were not consistently observed. Groups should also include increasingly difficult situations that require the use of more skills or skills in an advanced way. Graduated practice allows participants to develop comfort with the new skill in a safe setting while practicing the application in real-world scenarios.

- **Recommendation:** Role models and role plays should be completed in most groups. Role models should be planned out and completed only by staff members. Role plays are opportunities for participants to practice newly learned skills. Role plays need to be more



than having participants just read from a worksheet, they should be utilized as an opportunity to act out their scenario/situation using the newly learned skill. Staff should interrupt role plays that do not use the skills appropriately, coach the participant on how to do it right, and then allow them to practice again from the beginning. The ability to interject and redirect the skill learning is a vital component. Further, if there are steps to a newly learned skill, those steps should be evident in the practice by the participant.

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

Research indicates that treatment/intervention groups should not exceed eight to ten participants per facilitator unless specifically noted in curricula. Additionally, if there is a co-facilitator, they should be involved in the group (actively engaged in the treatment being provided). Groups observed during the onsite visit were facilitated by one staff member and had 11 participants.

- **Recommendation:** The 90-day program should follow the research recommended range of eight to ten participants per facilitator/group unless specifically noted in curricula.

Research demonstrates that aftercare is an important component of effective programs in order to help participants maintain long-term behavior change. The 90-day program does not currently have aftercare components for all participants who complete the program. Due to aftercare not being provided to the discharged participants, the quality of aftercare cannot be determined.

- **Recommendation:** All participants should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High-quality aftercare includes planning that begins during the treatment phase, reassessment of the participant's risk and needs, requirements of attendance, evidence-based treatment groups or individual sessions, and duration and intensity based on risk level.

## Quality Assurance

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

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

Effective programs have a management audit system in place that includes the quality assurance processes of file review, regular observation of staff delivering services/groups with feedback provided, and a mechanism to provide participant feedback on their progress in the program. While the participant feedback component was met, observations indicated that the 90-day program does not provide quality assurance in all the areas listed above.

- ***Recommendation:*** The 90-day program should develop an internal quality assurance process that includes file review, regular observations of groups with feedback provided to group facilitators and continue to provide feedback to participants on their progress in the program periodically throughout their 90-day stay.

Programs that collect formal participant feedback on service delivery and use that data to inform programming have a greater impact on reducing recidivism. This can include quarterly surveys, exit surveys/interviews, post-release surveys, phone calls, etc. The 90-day program does not have a formal process in place to collect formal feedback from the participants in the program on a regular basis.

- ***Recommendation:*** The 90-day program should have a formalized process, possibly by forming a quality assurance committee, to conduct resident satisfaction surveys, including a way for participants to submit feedback. The results of those surveys should be reviewed by facility leadership. Appropriate changes/recommendations should be both implemented and communicated with all staff and participants.

Programs that have a periodic, objective, and standardized reassessment process in place to determine if participants are meeting target behaviors are more effective. Indicators may include pre and post-testing on target behaviors, reassessments using standardized instruments, or monitoring the progress through a detailed treatment plan and making changes in the plan on a regular basis. In conducting a file review of closed files there was no tangible evidence found to support that any of these processes takes place.

- ***Recommendation:*** The 90-day program should develop a procedure outlining a standardized reassessment process to determine if they are meeting the targeted behaviors identified in treatment/case plans. This procedure should include sections identifying case management, criminogenic needs, current and reassessment timeframes, and life-altering events.

Research indicates that programs that track recidivism by gathering rearrest, reconviction, or reincarceration data six months after a participant has completed/terminated from the program are more successful. Further, programs should undergo a formal evaluation comparing treatment outcomes with a risk-control comparison group, and work with an internal or external evaluator who can provide regular assistance with research/evaluations. The 90-day program does not track the recidivism rates of the participants who complete their program. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes with a risk-control comparison group or worked with an internal or external evaluator for regular assistance on research/evaluation. While MDOC compiles some information related to recidivism, and some reports can be run through Jaspersoft, the program has not identified a process to ensure that available data is examined to help the program make data-driven decisions.

- **Recommendation:** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked for six months or more after release from the program. The program can do this on their own or work with a third party to collect and review recidivism data for all participants who are released from the program. There should be evidence the program receives and understands the data. Additionally, this data should then be examined over time to identify trends.
- **Recommendation:** In relation to the formal evaluation, a comparison study between the program's recidivism rate and a risk-controlled comparison group should be conducted and include an introduction, methods, results, and discussion section. Pine Hills leadership should determine if they have the ability to complete such a study. If not, the facility should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation). Local colleges and universities to consider include Montana Tech, The University of Montana (Missoula), and Montana State University (Bozeman). Departments that could assist with such a project include fields like criminal justice, sociology, and psychology.

### **Overall Program Rating and Conclusion**

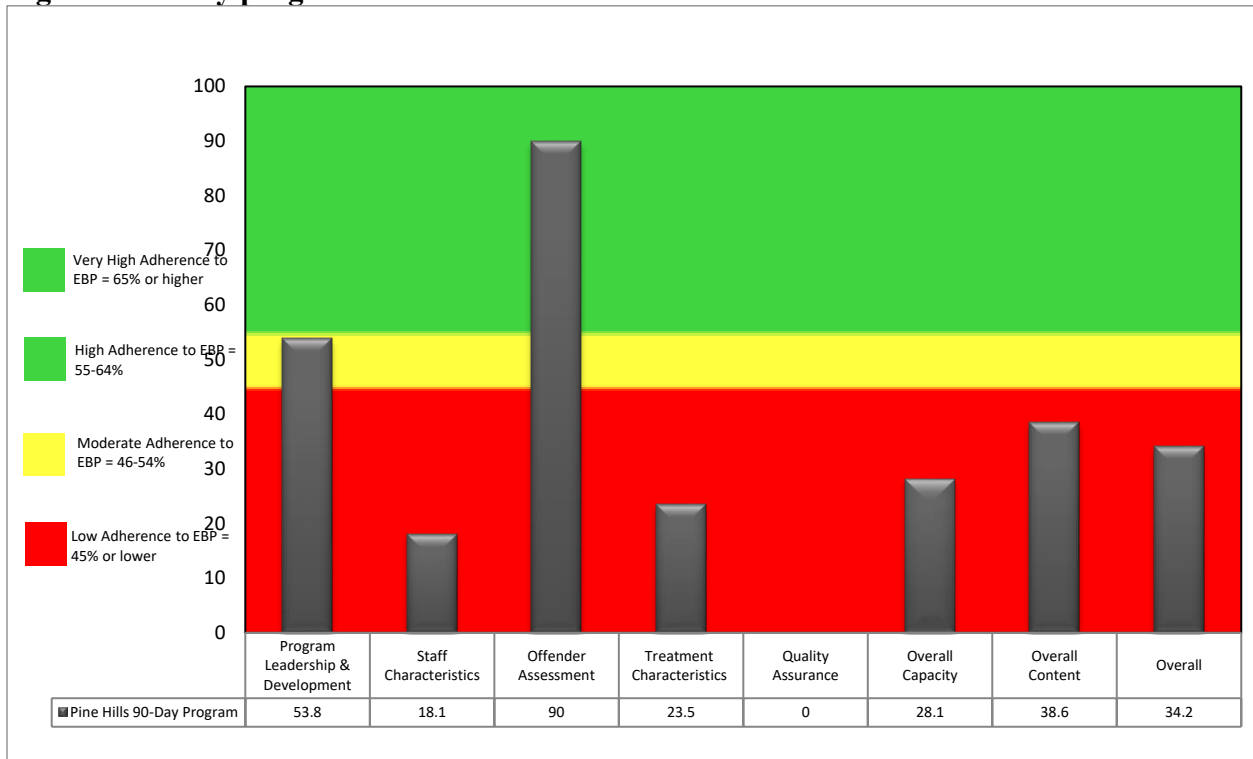
As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100 percent on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall 7 percent of the programs assessed have been classified as having Very High Adherence to EBP, 17 percent as having High Adherence to EBP, 31 percent as having Moderate Adherence to EBP, and 45 percent 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.

This is the first CPC Assessment for the 90-day program, and they received an overall score of 31.5 percent on the CPC which falls into the Low Adherence to EBP category. In the Capacity Domain, the 90-day program scored 28.1 percent, which falls into Low Adherence to EBP. In the Content Domain, the 90-day program scored 34 percent, which falls into Low Adherence to EBP.

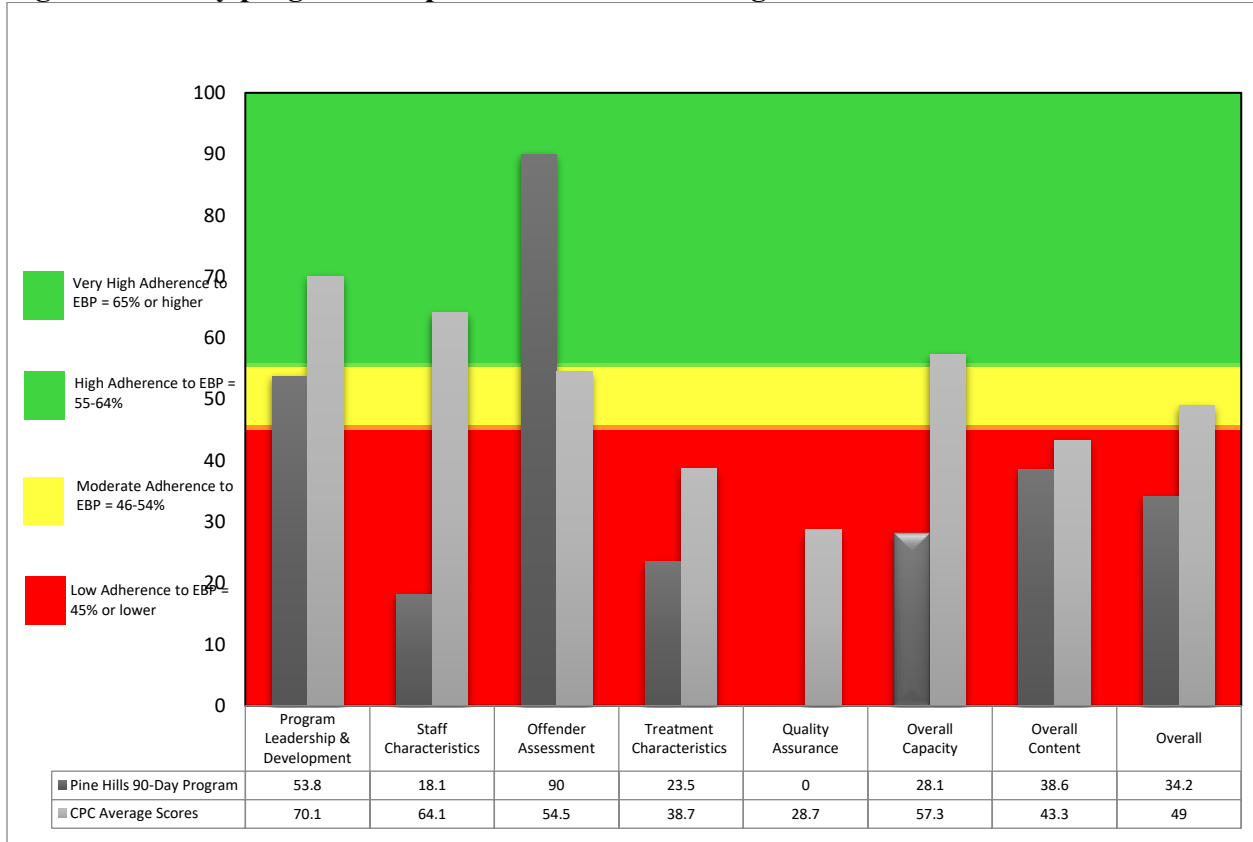
Certainly, care should be taken not to attempt to address all recommendations at once. Facilities that find the CPC Assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. Should Pine Hills want assistance with action planning or technical assistance, UCCI or MDOC can provide or recommend others to help in these endeavors. Evaluators note that the 90-day program staff are open and willing to take steps toward increasing the use of EBP within the facility. This motivation will no doubt help to implement the changes necessary to bring it further into alignment with effective correctional programming.

Shown below are two graphs (Figures 1 and 2) indicating the percentage(s) received in each domain of the CPC. Figure 1 shows the percentages the 90-day program received for each domain based on how each item was scored. Figure 2 shows the 90-day program percentages compared to the CPC's average scores.

**Figure 1: 90-day program CPC Scores**



**Figure 2: 90-day program compared to the CPC Average Scores**



- i. In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.
- ii. The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.
- iii. A Large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. Reference 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, Division 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 support 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.