

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Connections Corrections Program - West

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

INTRODUCTION

Research has consistently shown that programs that adhere to key principles, namely the risk, need, responsivity (RNR), and fidelity principles are more likely to impact delinquent and criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism. To ensure that high quality services are being delivered, there has recently been an increased effort in formalizing quality assurance practices in the field of 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 Connections Corrections West Program (CCP West) 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 Evidence Based Correctional Program Checklist (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, client 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 upon 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 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 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

CCP West, a subsidiary of Community, Counseling, and Correctional Services Inc. (CCCS), is located in Warm Springs, Montana, and is a partnership between CCCS and the Montana Department of Corrections (MDOC). According to the CCP West Client Handbook the mission of the CCP West Program, “is an intensive, cognitive-behavioral based program, which assists clients to develop skills necessary to create pro-social change; reduce anti-social thinking; interrupt criminal behavior patterns; and address the negative effects of substance use disorder while integrating more fully into society.”

The CPC Assessment took place June 17-18, 2024, and consisted of file reviews, group facilitation observation, and a series of structured interviews with clinical staff, Program Director, and clients in the program. Clinical staff includes the Program Director/treatment supervisor, case managers, licensed addiction counselors (LACs), an aftercare coordinator, and counselor technicians.

For the purposes of this assessment, Keith Lopez was identified as the Program Director. It should also be noted that for the purposes of the CPC Report, case managers, LACs, an aftercare coordinator, and counselor technicians 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, client handbook, etc.).

At the time of the CPC Assessment, the groups offered at CPC West included Relapse Prevention, Living in Balance, Life Skills, Victim Impact, Cognitive Behavioral Interventions-Substance Abuse (CBI-SA), Cognitive Behavioral Interventions-Core Adult (CBI-CA) Criminal and Addictive Thinking (CAT), What You Need to Know, and Parenting. Of the groups offered at CCP West, 5 different groups were observed. These included CBI-SA (2), CAT, Living in Balance, and CBI-CA.

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 Keith Lopez 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

Keith Lopez was identified as the Program Director for CCP West. Mr. Lopez has worked at CCP West for 2 years and he has previously worked at the START facility, CCP East, and Montana State Prison. Mr. Lopez has a bachelor's degree and a certificate in Addictions Counseling. Mr. Lopez attended a forensic psychology course during his studies.

Mr. Lopez trains newly hired direct service delivery staff. After some initial training, Mr. Lopez then assigns the staff to continue training with another staff member. Mr. Lopez continues to supervise the new staff after hire and meets with his staff regularly, at a minimum once a month.

Mr. Lopez currently has a caseload of 8 federal clients and facilitates a "Post Monitoring" group for clients who have been found guilty of rule violations.

CCP West provided documentation of completing 90-day pilot programs prior to full implementation of new curricula.

CCP West identified that they have the support of multiple criminal justice stakeholders around the state and in their community. These stakeholders were identified as MDOC, CCCS Board of Directors, and the Judges and Courts around the state. In addition to this support, CCP West identified multiple local community supporters, such as agencies that volunteer at CCP West, to provide Alcoholics Anonymous (AA) meetings and religious services.

CCP West has been in operation since 1998 and meets the criteria for operating for at least three years. Program funding has been adequate since the program started and there have been no major financial changes within the last two years. CCP West serves a male offender population only.

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

Programs in which the Program Director participates in the hiring process for service delivery staff have better programmatic outcomes than programs which the Program Director does not participate in the hiring process. Mr. Lopez is not involved in the hiring process; hiring is completed through the CCCS corporate office.

- ***Recommendation:*** Mr. Lopez should be involved in the interview and selection of staff to be hired. Mr. Lopez's input should be considered in the determination on which staff are best qualified and suited for the program.

It is important that the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. It was reported that the CEO of CCCS sends treatment literature to supervisory staff and that the literature is then disseminated to all staff via email as optional reading. There is no formal discussion with staff regarding the literature that is disseminated.

- ***Recommendation:*** The CCP West Program Director should ensure that disseminated literature is read by all staff and formally discussed to review for comprehension and applicability of the information provided.

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 providers and would include external providers if CCP West utilized their services, who conduct groups or provide direct services to the clients. 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 were identified as providing direct services, including the LAC staff and Counselor Tech staff delivering groups or individual sessions. Of those staff, eight were interviewed.

Staff Characteristics Strengths

CCP West has developed job descriptions and a hiring process to ensure the successful candidate has the desired skills, abilities, and characteristics they are seeking. Staff consistently demonstrated a belief that the clients they serve can indeed change their behavior. Programs who have staff that consistently demonstrate these qualities have a better impact on behavior change, thus reducing recidivism. The clients appeared to be treated fairly and empathy was observed. Included in the hiring process for CCCS, a background check is completed on every employee.

All staff hired to work at CCP West complete a 40-hour introductory training at the corporate CCCS Inc. central office. Further, depending on the role for which they were hired, they will be expected to complete the position specific training checklist. Regardless of if the new hire is a transfer or new to the organization, there will be a period of job shadowing that will occur. If the new staff will be facilitating groups, and the curriculum requires certification, this will be completed prior to an expectation of staff facilitating group. Finally, facilitators will co-facilitate

their first round of the curriculum to ensure all the concepts are understood and appropriately conveyed.

The CCP West staff receive an annual performance evaluation relative to their position specific responsibilities. There is a second Group Facilitator Observation Form that separately provides staff feedback to important areas of service delivery best practices.

At CCP West, there are a number of ways in which staff are able to provide input on programmatic modifications for consideration by the Program Director and other supervisory staff. Some examples are the weekly clinical meetings or by dropping by the Program Director's office to provide feedback verbally and informally. There was confidence that these offerings were considered as there have been modifications made to the program, including changes to the parenting class curriculum.

Through traces gathered and observed, there was evidence that staff and clients support the mission of the program. Staff and clients reported feeling valued by the treatment service director.

Finally, the program outlines ethical guidelines for each position employed at the facility and have staff sign them on a yearly basis. In addition to the facility specific guidelines, the licensed staff also adhere to professional standards through their licensing entities.

Staff Characteristics Areas in Need of Improvement and Recommendations

At the time of the assessment, there was no minimum qualification concerning years of experience for new hires. The CPC requires that a specific percentage of direct service delivery staff have worked with criminal/juvenile justice populations for a minimum period of time; 50% of CCP West direct service delivery staff have at least 2 years of experience. CCP West did indicate a number of staffing issues recently that have directly affected their ability to conform to this standard.

- ***Recommendation:*** When hiring new staff, preference should be given to candidates who have at least 2 years of experience working with a criminal or juvenile justice population.

The program staff do not meet the CPC standards for education. The CPC requires that a certain percentage of direct delivery staff have at least an associate's degree or higher in a helping profession (e.g. counseling, criminal justice, psychology, social work, or specialized fields like addiction). At the time of the assessment, only 62% of program staff had an associate's degree or higher in a helping profession.

- ***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. CCP West may wish to explore recruiting candidates from local colleges and universities that have obtained a degree in a helping field.

CCP West holds staff meetings at least every other week. All clinical staff attend, and general client issues can be addressed, however, there is no systematic review of all cases on a regular basis. Programs that demonstrate better outcomes have staff meetings that occur at least twice

per month where specific client cases are reviewed on regular intervals in detail. Important programming elements such as new intakes, case reviews, treatment progress, and needed treatment interventions at the individual level are not discussed.

- **Recommendation:** One of the current meetings should be reformatted to ensure formal case review for every client at a set interval occurs. Opportunities to openly discuss progress and issues on an ongoing basis will assist both the staff and the program participants. Due to the number of participants at any given time, this could happen on a rotating basis during staff meetings ensuring each client is reviewed. Initial training provided at CCP West meets the standard; however, 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 annually. The majority of these hours should be directly related to delivering criminogenic services to clients 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. It is evident the facility is moving in the right direction to establish a process for this to occur as various lesson plans that include the content of the training were provided.

OFFENDER ASSESSMENT

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

Offender Assessment Strengths

The CCP West program has specific inclusion and exclusion criterion which ensure they are equipped to manage the different types of residents placed at the facility. Specifically, the program only accepts adult males who are not actively withdrawing from substance abuse and who are currently serving on a felony offense conviction. As a result, the CCP West admits appropriate clients, as determined by the facility. The estimated percentage of inappropriate clients ranged from 5 percent to 10 percent with the reported concerns being low cognitive abilities which limits their education and therapeutic treatment options, and lack of readiness to change. This falls into an acceptable range expected within correctional programs.

CCP West uses the Montana Offender Reentry and Risk Assessment (MORRA), which was renamed from the Ohio Risk Assessment System (ORAS), to produce both a level of risk and identify individual need domains. The overall risk score is used to determine unit placement within the CCP West program. The criminogenic needs are targeted for change through the case plan.

CCP West provides substance use treatment to their clients. There were a variety of screeners specific to substance use found in the open and closed files. These assessments are critical for gathering objective criteria to inform the treatment planning process beyond what the general risk and needs tools can provide. Specifically, the Alcohol Use Disorders Identification Test (AUDIT), Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST), and Texas Christian University-Drug Screen 5 (TCU-DS5) assessments were consistently found in files.

In adhering to the risk, needs, and responsivity principles it is important to measure individuals' unique characteristics that could potentially be barriers to their progress in treatment. Some of these factors may be a lack of motivation, which CCP West evaluates through the use of the Texas Christian University Treatment Needs and Motivation (MOT) form and the Texas Christian University Engagement in Treatment (ENG) form. All the tools used by the CCP West program have been validated on a criminal justice population.

Research has demonstrated that by targeting higher risk clients, we are able to provide needed interventions and positively impact the potential of future recidivism. At the time of the site visit, only 5% of the CCP West clients are considered to be low risk and 95% are of moderate risk or higher. This percentile falls within the acceptable range of low-risk clients accepted to a program. Additionally, because the percentage of low-risk clients to higher risk clients is in the acceptable range and clients have a significant substance use disorder, staff in the program identified that the population accepted to CCP West is deemed appropriate for the services offered by this program.

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 teach residents 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 clients will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. CCP West offers services that target criminogenic needs, including criminal attitudes, substance abuse, peer associations, impulsivity, goal setting, and

transition planning. Overall, CCP West is targeting at least 50 percent of their treatment efforts on criminogenic need areas.

The primary treatment model utilized at CCP West is Cognitive Behavioral Therapy (CBT). This treatment model is applied in both group and individual sessions throughout the program.

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 clients at CCP West is 90 days.

To ensure that staff are appropriately assigned to the groups they facilitate, they are assigned based on their skills, education, and training/licensure.

CCP West values client input as evidenced by the multiple avenues available for clients to provide feedback regarding program components. Client evaluations are completed midway through the program and upon completion of the program. Additionally, the program administrator meets with client representatives from each unit on a regular basis to discuss input gathered from the client population. There is also a form and drop box available to the clients to provide additional program input.

CCP West staff apply a range of appropriate reinforcers for prosocial client behavior including certificates of completion, phases ups, verbal praise, and positive behavior rewards which can be traded in for various snack items or in-room TV time.

CCP West has an appropriate range of punishers available to respond to inappropriate behavior and promote positive behavior change. These punishers included verbal warnings, learning experiences, and class 1, 2, and 3 write-ups; each write-up results in various sanctions being imposed which could include a loss of privileges, the addition of extra tasks, or removal from the program. Individuals that receive a rule violation are also required to attend the Post Monitoring group which is a short-term group dedicated to utilizing tools such as the behavior chain to address the behavior that resulted in a write-up.

CCP West clients are taught to observe and anticipate risky thinking and problem situations through staff modeling. The modeling of skills by staff is a routine part of group facilitation. After staff have modeled the behavior, clients then practice the skills. Skill demonstrations are required during group and are one of the requirements for phasing up through the program.

CCP West has established completion criteria that is not solely based on the amount of time in the program. Successful completion requires the completion of all assigned groups and advancement through each phase of the program which entails completion of all individually assigned homework and demonstration of skills.

Formal discharge plans are developed prior to program completion. These plans include identified support people, goals, objectives, and identification of specific individualized need areas. The release plan includes identified community resources for medical, mental health, and substance use disorders needs.

Treatment Characteristics: Areas in Need of Improvement and Recommendations

Research indicates that case plans should be developed through the use of formal assessment results. Staff consistently reported that case plans are developed using the results of client risk assessments, however, case plan review demonstrated that, consistently, low risk areas are included in case plans, and not all identified high risk areas are included.

- ***Recommendation:*** Staff should ensure that all high-risk areas identified during the risk assessment process are included in an individual's case plan. Low risk areas should not be routinely addressed and when addressed, should only be in addition to a case plan that includes all identified high-risk areas.

Research indicates that the most successful programs are those where a minimum of 35 hours 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). Clients at CCP West are not employed or in school so they should be in structured tasks for at least 35 hours per week. Indicators observed suggest that clients in the program participate in structured activities between 4.5-6.5 hours per days on weekdays and do not participate in structured time on the weekends.

- ***Recommendation:*** CCP West should work to increase the number of hours each week that clients spend in structured activities that are monitored by trained and qualified staff up to 35 hours or more per week.

Observations showed that the treatment groups offered at CCP West were made up of Low and Moderate risk clients, and High risk clients. Clients are assigned to their unit based off their overall risk score; low and moderate risk are house on one unit and high risk are housed on the other. All clients on each unit attend the same groups which results in low risk offenders attending group with moderate risk offenders.

- ***Recommendation:*** Low risk offenders should only be placed in group with other low risk offenders or be offered individual sessions as an option from program participation and completion.

CCP West does utilize a validated risk assessment tool to identify risk levels and then provides services to offenders in two separate units based on risk level, however, indicators observed suggest that the dosage offered to the low risk offenders only varies by approximately 1 hour from the dosage offered to high risk offenders.

- ***Recommendation:*** Overall, the research indicates that offenders who are at moderate risk to reoffend 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 clients, extra case management sessions including role modeling and role plays, or more/longer duration of programming.

Clients' needs and responsivity factors, such as personality characteristics or learning styles, should be taken into consideration to systematically match clients to the most suitable type of services and staff. CCP West does not consistently match staff members to specific groups of clients based on their responsivity factors. Staff are assigned to specific units based on staff characteristics, however, each staff member who facilitates a group on their assigned unit, facilitates that group to all offenders on the unit.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign clients to different treatment groups and staff. There should be more than one facilitator for each curriculum to allow for this.

Reinforcement is most effective when the reinforcer occurs immediately following the desired behavior and when the behavior is clearly linked with the reinforcer. The research is also clear that rewards need to outweigh negative consequences (punishments) by a ratio of 4:1. Although reports consistently suggest that reinforcers occur regularly, there was not sufficient evidence of reinforcers occurring at a 4:1 ratio. Rewards appeared to be given to the clients based on compliance and helping staff and demonstrating and making cognitive prosocial choices or demonstrating behaviors learned in treatment groups. Reinforcers are not consistently applied as soon as possible and sometimes are administered hours after the behavior is observed. There was no evidence of reinforcers being consistently and then intermittently applied after the appropriate behavior.

- **Recommendation:** CCP West should strive and continue to work towards achieving a 4:1 ratio of reinforcers to punishers to work towards desirable behavior from their residents.
- **Recommendation:** The application of reinforcers should come immediately after the behavior or as close to the behavior as possible and should be consistently and then intermittently applied after the appropriate behavior.

After a punishment is administered staff should monitor clients to ensure they do not display any negative effects from the punisher. Inconsistent responses from staff indicate that not all staff understand this process and that only some staff follow through with monitoring for negative effects from the punisher.

- **Recommendation:** All staff members should understand that punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses.

Programs should require offenders to practice new prosocial thinking and behaviors in increasingly difficult situations. Although CCP West clients consistently engage in practicing new skills through role plays, there was no evidence of graduated practice occurring.

- **Recommendations:** Residents should practice new prosocial thinking and behaviors in increasingly difficult situations, and difficult role-playing scenarios. There should be consistent and routine practice of graduated practice in programming offered to residents.

Research indicates that treatment/intervention groups should not exceed eight to ten participants per facilitator. 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 included 35 or more participants in each group with only 1 facilitator for each group.

- **Recommendation:** CCP West should follow the research recommended range of eight to ten clients per group facilitator.

Research demonstrates that groups or trainings for family/friends that teach the same skills and techniques that the resident is learning so they can support the offender in thinking and behaving in a prosocial manner are linked to positive outcomes. CCP West does not offer groups and/or training for family members of the residents to provide support.

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

Research recommends that programs should include a formal aftercare period in which supervision and programming is required. CCP West does not offer aftercare for their residents after they successfully complete the program.

- **Recommendation:** All residents should be required to attend a formal aftercare period in which continued treatment and supervision is provided. High-quality aftercare includes planning that begins during the treatment phase, reassessment of offender risk and needs, a requirement 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 ensure the program is meeting its goals.

Quality Assurance Strengths

The program provides feedback to clients on regular intervals. They meet one-to-one with their assigned LAC/counselor on a regular basis. Additionally, the phase process provides for feedback to the client on a systematic basis as a client will not phase up without reflecting on their progress.

Participant satisfaction is determined by a survey that is given to clients approximately in the middle of the programming and near the end of completing the CCP West program. Within this survey, the client gives formal feedback on services delivered such as treatment curriculums, written assignments, behavior chains, anger logs, leisure time, food service, staff helpfulness, and what about the program was most and least helpful.

CCP West utilizes TCU assessment tools to reassess client progression at set intervals throughout the program. Assessments are completed at the beginning of the program, mid-way through the program and the end of the program.

CCP West tracks the recidivism of the residents who are released from the facility at 6 month and one-year intervals. The recidivism data is shared with MDOC upon request.

Quality Assurance Areas in Need of Improvement and Recommendations

Although the program provides feedback to the clients on regular intervals through one-on-one meetings and the phase up process, the program lacks other key quality assurance mechanisms. Administrators do not conduct periodic file reviews and the program does not have a comprehensive management audit system in place. Additionally, there is no consistent observation of services (both group and individual) with feedback provided to the staff. Residents seem unaware of what they need to accomplish in order to complete the program, aside from staying out of trouble and completing the minimum number of months.

- ***Recommendation:*** The Program Director should conduct regular audits to assess the quality of treatment planning and assessment of residents' progress as well as allot time to directly observe staff delivering services. This process should allow for feedback and coaching of treatment staff and help ensure that high quality services are being delivered.

Research indicates that 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. CCP West has not undergone a formal evaluation or worked with an internal or external evaluator for regular assistance on research/evaluation.

- ***Recommendation:*** The program should be formally evaluated. The outcome evaluation should provide a comparison between the recidivism rate of the program and a risk-controlled comparison group. The evaluation report should include an introduction, methods, results, and discussion section.

- **Recommendation:** CCP West should explore if CCCS has the ability to hire an internal evaluator to complete a formal program evaluation and provide assistance with research. . If not, the program should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation that they could utilize as a low cost/no cost option

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 66.6% on the CPC. This falls into the Very High Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence-based interventions and services for the participants is 68.7% which falls into the Very High Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 84.6% (Very High Adherence to EBP), the staff characteristics score is 63.6% (High Adherence to EBP) and the quality assurance score is 50% (Moderate Adherence). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 66.6% which falls into the Very High Adherence to EBP Category. The assessment domain score is 100% (Very High Adherence to EBP) and the treatment domain score is 57% (High Adherence to EBP).

It should be noted that the program scored the highest in the Offender Assessment Domain. While recommendations have been made in three of the four CPC domains, most of the areas in need of improvement relate to the Treatment Characteristics and Quality Assurance domains. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Care should be taken not to attempt to address all areas needing improvement at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed.

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

Figure 1: Connections Corrections Program - West CPC Scores

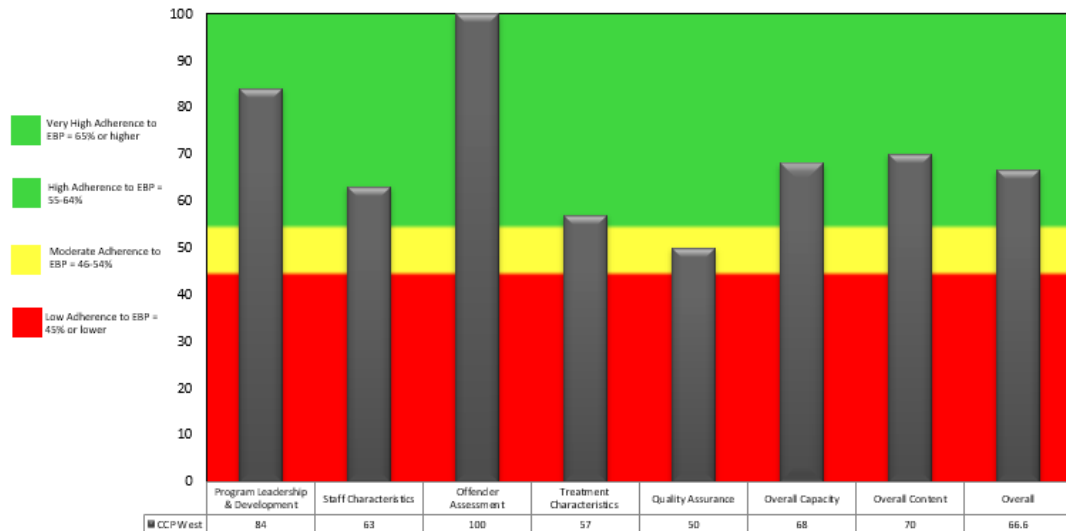
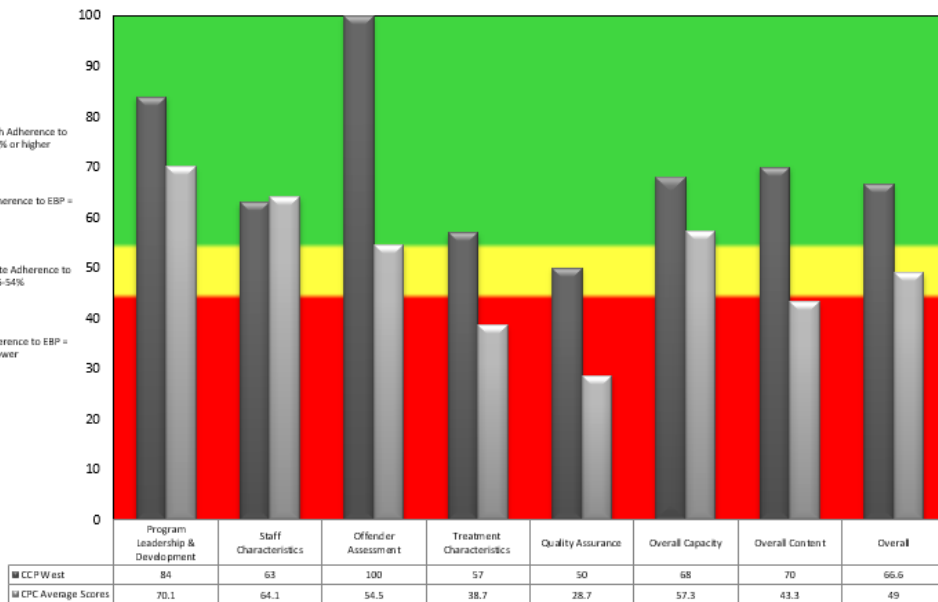


Figure 2: CCP West Compared to the CPC Average Scores*



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

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- ^[1] 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.
- ^[2] 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.
- ^[3] 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.
- ^[4] 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.
- ^[5] 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.
- ^[6] 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.