FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Elkhorn Treatment Center

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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 Elkhorn Treatment Center (ETC) 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, 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.

ETC is a subsidiary of Boyd Andrew Community Services, opened in 2005 and located in Boulder, Montana. According to their Handbook, "the ETC is a 50-bed residential behavioral health center operated by Boyd Andrew Community Services. Our facility is an alternative to traditional incarceration; offering female offenders a modified therapeutic community focused upon reducing recidivism. We offer substance use disorder treatment, as well as support and management of acute and chronic mental illness. Additionally, HiSET preparation and onsite testing, parenting classes, criminal thinking course work, trauma-based care, as well as anger management programming are offered as well. Our philosophy is to treat and care for the whole person." ETC serves females in the custody of the MDOC who are assessed as needing ASAM level 3.5 care for methamphetamine or other stimulant use disorders. Their Mission Statement states, "We are a committed team of professionals working collaboratively to provide impactful care that will be a catalyst for lasting positive changes with respect to criminal engagement as well as behavioral, and physical health."

The CPC Assessment took place August 23-24, 2023, and consisted of a series of structured interviews with clinical staff and residents in the program. Clinical staff interviewed included the Program Director/Chief Operating Officer (COO), Clinical Director, Licensed Addiction Counselors (LAC), Mental Health Counselors, the Education Coordinator, and the Case Managers.

For the purposes of this assessment, Dan Krause (COO) was identified as the Program Director. It should also be noted that for the purposes of the CPC Report, the Program Director, Clinical Director, Licensed Addiction Counselors (LAC), Mental Health Counselors, Education Coordinator, and Case Managers were identified as direct service delivery staff. Additionally, data were gathered via the examination of resident 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 ETC included Parenting, Dialectical Reconation Therapy (DBT), Chemical Dependency (CD) 1 and 2, Cognitive Behavioral Interventions (CBI), Moral Reconation Therapy (MRT), Relapse Prevention, Strategies for Self-Improvement and Change (SSIC), Beyond Trauma, Beyond Anger, Victim Impact: Listen and Learn, and HiSET for those needing that educational requirement.

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 Dan Krause 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

Research shows that Program Directors who are professionally trained with at least a Baccalaureate degree in a helping profession and have at least three years of experience with a justice involved treatment program are more successful in reducing recidivism. Dan Krause has been employed by Boyd Andrew Community Services for ten years and has been the COO at ETC for the past eight years. In total, Mr. Krause has 25 years of experience working with those who have substance abuse disorders. He holds a bachelor's degree in psychology, with a minor in criminal justice, and is a certified Licensed Addictions Counselor (LAC).

Mr. Krause is a hands-on Program Director in several aspects. He is directly involved in selecting staff by conducting interviews and approving each new hire. He is involved in providing direct services to the residents in the program by facilitating two groups and conducts substance use disorder (SUD) assessments when needed. He holds weekly and monthly staff meetings and attends weekly clinical staffing often. He also meets with the residents in the program consistently to discuss how they are doing in the program and to gain their input on the programmatic structures and features of the program.

It is important that a program be based on effective correctional treatment literature and that all staff members have a thorough understanding of the research. Program Director Krause holds regular staff meetings where current literature is covered and disseminated to all staff. Current literature is also made available at the "duty station." Additionally, indicators observed during the onsite visit showed that this is happening consistently and that staff have a good understanding of the program model.

Research indicates that effective programs observe a formal pilot period prior to implementing modifications, as subsequent revisions are often difficult to make once a change is formally instituted. Piloting is most successful when it is a regular formalized process. It was indicated

through the assessment, document review, and data collection that piloting regularly occurs at ETC. An orientation group was added to the program after a pilot period.

ETC identified that they have the support of multiple criminal justice stakeholders around the state and in their community. These stakeholders were identified as the MDOC, local sheriff's department, jails across the state, Passages, Probation and Parole, and judges. ETC receives their referrals from these stakeholders and several of these stakeholders are on their screening committee. In addition to this support, ETC identified multiple local community supporters, such as individuals in the Boulder community, the local grocery store, and city and county commissioners.

ETC has been in operation since 2005 and meets the criteria for operating for at least three years. Program Director Krause states that the funding for the program has been adequate and that there have been no major financial changes within the last two years.

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

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 at ETC, they do receive agency and facility-mandated training, but there is not currently a requirement for the Program Director to play an active, formal role in this process. Further, while Program Director Krause is involved in conducting training sessions during staff meetings, he is not personally involved in conducting formal training for new direct service delivery staff; that role falls under the responsibility of another ETC staff member.

- ***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. 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. In the current organizational structure for ETC Program Director Krause oversees the program as a whole but does not provide direct supervision of service delivery staff, those staff are supervised by different supervisors.

- ***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 leading 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.

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 were identified as providing direct delivery services.

Staff Characteristics Strengths

Programs that are most successful in reducing recidivism have professional staff with an associate's degree or higher in a helping profession (e.g., counseling, criminal justice, psychology, social work, education, or specialized fields like addiction). Staff at ETC meet the educational requirements recommended. Additionally, staff at ETC are hired based on key skills and values, including: strong support for offender treatment and change, empathy, fairness, life experiences, being non-confrontational but firm, and problem-solving.

Professional staff at ETC attend weekly and monthly staff meetings consistently. Clinical staffing is conducted once per week and there is an All staff meeting once per month. During these meetings they discuss intakes, case reviews, challenges the residents in the program might be dealing with, programming, and phase-ups. Additionally, the Program Director uses staff meetings for literature review/dissemination and training.

Successful programs are those where professional staff are assessed at least annually on service delivery skills. These skills may include assessment skills and interpretation of results, communication skills, modeling of new behaviors, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment/intervention model or effective interventions. Staff at ETC do receive annual evaluations which was evident through personnel files at their corporate office. Additionally, staff at ETC go through an initial training process and are formally trained in the assessments they utilize, cognitive-behavioral interventions, core correctional practices, and the groups they facilitate, to name a few. ETC also has a set of written ethical guidelines that all staff must adhere to. Training certificates and orientation checklists for new staff were also observed in personnel files.

Clinical supervision should be provided to professional staff at least once a month by a licensed clinical supervisor. ETC has a contract for clinical supervision for those staff who require it through their licensure. Additionally, professional staff are supervised by the clinical director at ETC.

Programs that offer staff opportunities to provide input on programs and delivery of services have better outcomes than programs that do not. Traces observed indicated that staff believe they have input into the program and can suggest changes to the program to the Program Director or other supervisors. Any changes made to the program must be approved through the Program Director and/or the clinical director. Additionally, there should be evidence that the goals and values of the program are supported by all staff who work in/interact with the program. It was

evident throughout the site visit that the goals and values of the program are supported by the staff who work at ETC.

Staff Characteristics: Areas in Need of Improvement and Recommendations

Successful programs are those where direct service delivery staff have worked in programs with criminal/juvenile justice populations for at least two years. Through the staff surveys, it was observed that staff at ETC fell just short of the recommended range/percentage. It should be noted that staff at ETC are qualified for the positions they hold, but many of the staff are fairly new to working with the criminal justice population. Additionally, hiring qualified staff in a rural setting can be difficult.

- ***Recommendation:*** When new service delivery staff are being considered for hire, preference should be given to candidates who have experience with the criminal justice population.

Ongoing training does not meet the minimum amount required as indicated by research for effective programs. This research suggests that programs provide a minimum of 40 hours of annual training for all direct service delivery staff 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 a minimum of 40 hours of formal training annually. These hours should be directly related to delivering criminogenic services to participants involved in the justice system. Training may include principles of effective intervention, assessments, specific program components (e.g., anger management, dual diagnosis, substance abuse), group facilitation, core correctional practices, cognitive-behavioral interventions, social learning, etc.

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 or 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. ETC has a referral and screening process in place to determine which offenders are appropriate for the services they provide. Additionally, staff interviews indicated that between five and eight percent of the residents in the program were inappropriate for the treatment and services they provide. This falls within the acceptable range for CPC standards. Staff felt the percentage of residents deemed inappropriate was due to mental

health needs, emotional problems, their willingness to change, and because their needs are higher than what ETC can provide.

Programs that are most successful 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 also crucial as they determine which criminogenic need areas participants have related to recidivism (e.g., antisocial attitudes, substance abuse, peer associations, employment, etc.). ETC utilizes the Women's Risk Needs Assessment (WRNA) to identify risk levels and criminogenic needs of their residents. The WRNA is a validated risk/needs assessment tool.

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. ETC uses the Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST), South Oaks Gambling Screen (SOGS), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), and the University of Rhode Island Change Assessment Scale (URICA) to determine additional need 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) and the Total Offender Management System (TOMS), 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 have developed and followed clinical/community/legal criteria (e.g., severe mental illness, low risk, violent offenses, etc.) for the exclusion of certain types of offenders from program participation are most successful in reducing recidivism. Further, the exclusionary criteria must be written and followed. ETC does have written exclusionary criteria; however, one of the exclusionary criteria is that they will not accept low risk offenders. Through file review and electronic records, it was indicated that they did have three low risk residents during the time of the assessment.

- ***Recommendation:*** Exclusionary criteria is written and used for screening residents. All items listed on the exclusionary criteria should be followed.

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 important elements of effective intervention 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 residents will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. The program offers services that target criminogenic needs in several areas including attitudes, education, employment, substance abuse, peers, communication skills, decision-making skills, impulsivity, goal setting, and transition planning. Overall, ETC is targeting at least 50 percent of its treatment efforts on criminogenic need areas.

Case Planning is a key part of the change process. ETC composes case plans and group recommendations based on the Women's Risk Need Assessment (WRNA). Treatment plans are created by licensed staff and reviewed on a weekly basis. These treatment plans are individualized with goals and objectives. Residents at ETC have input regarding their treatment plans and which goals they are working on.

ETC uses evidence-based interventions as they utilize Cognitive Behavioral Therapy (CBT), Moral Reconation Therapy (MRT), and Dialectical Behavioral Therapy (DBT). Additionally, the program has detailed manuals which specify all major aspects of the program. Evidence suggests that these manuals were consistently followed by staff. There is also a resident handbook that is available for residents. Group manuals for CBI, SSIC, DBT, and MRT were available to delivery service staff for groups.

Research suggests that programs should provide services between three and nine months in length and should not exceed 12 months (not including aftercare). The average length of stay at ETC is either 90 days or nine months depending on the referral type.

The program assigns residents to treatment groups based on the domains found in the WRNA. Staff conduct groups based on the licenses or training that they have received. Residents are placed in the Body Positive group, CBI, SSIC, and Beyond Trauma based on their WRNA scores.

The program values the residents' input. They gather this information through staff/program evaluations, resident government, and follow-up conversations with the Program Director. It is reiterated to each resident that they can always talk to staff. ETC has made changes based on resident feedback with treatment programming by switching from Body Image and Eating Disorders group to a Be Body Positive group.

Programs with appropriate reinforcers are found to be more effective. ETC has developed a range of rewards including verbal praise, Pi Cards, Pi Box, five monthly awards for resident of the month, and candy in certain groups for moving through the steps. Pi Cards are given to residents who can turn them into the Pi Box for extra food, candy, phone cards, etc. There was evidence of reinforcers being used at ETC.

A good behavioral management system consists of rewarding prosocial behaviors that will sustain behavior in the long term, as well as sanctioning unwanted behaviors. At the time of assessment,

ETC had an appropriate range of punishers available to promote behavioral change in the future by showing the residents that behavior has consequences. These punishers included verbal disapproval, extra duty with chores, apology letters, incident report classification system (Class 1 Rules, Class 2 Rules, and Class 3 Rules), room restriction, phone restriction, behavior contracts, or placement in a jail or sanction facility.

The successful program completion rate should range between 65 percent and 85 percent, indicating that clients do not indiscriminately complete the program or that too few clients progress through the program. Based on file review and interviews with staff members, the current successful completion percentage was roughly 75% for the past year, meeting the CPC criterion.

All groups are facilitated and monitored by staff from beginning to end. ETC is encouraged to continue to have staff-only facilitated groups and not have clients facilitate or co-facilitate programming.

Formal discharge plans are developed upon program completion. These plans include goals, objectives, and notes regarding specific individualized need areas. The process of developing the plan begins at intake and is reviewed during weekly sessions with a LAC or MH counselor.

Offender Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that residents will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80 percent criminogenic). Although the program targets a number of criminogenic needs, it also targets a number of non-criminogenic needs. These include mental health, housing, trauma, victim impact, self-care, and parenting. While the number of services and interventions provided at ETC surpasses the 50 percent ratio of criminogenic to non-criminogenic needs, the number of targets does not meet the 80 percent ratio. The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- ***Recommendation:*** To increase the emphasis on criminogenic targets, ETC staff members should enhance the topics in the treatment groups and individual sessions to focus on the already identified core criminogenic needs and reduce the time spent on non-criminogenic needs.

ETC utilizes some curricula that are evidence-based and some that are not. Also, the evidence-based groups did not always use effective interventions including role modeling or skill practice. Programs that utilize only evidence-based interventions are found to be more effective in reducing recidivism.

- ***Recommendation:*** ETC should continue to utilize the groups/interventions that are evidence-based. These groups should take a cognitive-behavioral approach that includes role modeling of new skills, role playing of the skill, practice of the skill, and constructive feedback from a facilitator. Groups/interventions that are not evidence-based in reducing criminogenic risk should not be utilized.

Research suggests that offenders should spend at least 40% of their time per week in structured tasks (school, work, treatment groups, or other staff-supervised tasks). This range would be approximately 35-50 hours per week. ETC has a structured schedule, but it was found that residents had a lot of free time outside of scheduled groups. Several activities were facilitated by the residents as part of the Therapeutic Community approach. Observations from schedules, staff, and residents indicated that residents did not meet the appropriate range for the entirety of the program.

- ***Recommendation:*** ETC should ensure that all residents are participating in structured tasks for 35-50 hours of the week. Structured tasks can also include school, work, treatment groups, and other staff-supervised tasks (e.g., community meetings, homework time, and case management sessions).

The program does not utilize the WRNA to separate offenders based on risk level. Low risk offenders were found to be placed in groups with moderate, medium, and high risk offenders. Treatment duration is not varied based on risk and need level. It is recommended that the range in dosage should be approximately 100-150 hours for moderate risk and 200+ hours for high risk. ETC does place residents at higher risk levels into CBI and moderate risk levels into SSIC, however, all residents take a multitude of groups regardless of risk level, such as CD1, CD2, Victim Impact, and DBT. ETC does not place residents on staff caseloads or staff groups based on any staff characteristics to effectively manage responsivity factors. Residents are placed on staff caseloads based on availability and caseload size.

- ***Recommendation:*** With effective programs, low risk residents are not to be placed in groups with moderate to high-risk residents. Residents that are assessed as being low risk should be offered individual sessions or placed in programming that is strictly with only low risk offenders.

- ***Recommendation:*** Residents that have been assessed as being high risk and moderate risk should receive the highest intensity or duration of service that assist in reducing criminal behaviors. Methods utilized to address target behaviors in criminogenic need areas should be evidence-based (e.g., cognitive behavioral).

- ***Recommendations:*** Based on assessment results, residents should be assigned to staff that best meet their needs or other responsivity factors. For example, residents who are highly anxious should work with a case manager with experience dealing with residents who have mental health needs. Likewise, residents who are lower functioning could be assigned to a staff member that are more patient. ETC should develop and establish guidelines when assigning residents to staff caseloads.

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. When reviewing ETC it was determined that reinforcers are used at the same rate or slightly more often than the punishments or sanctions which did not meet the ratio of 4:1. Punishers should be impossible to escape, be consistent, and administered immediately and after an inappropriate behavior occurs. Both reinforcers and punishers should be administered consistently and immediately after the

addressed behavior. Program staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions.

- ***Recommendation:*** Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and that staff link the reward to the desired behavior. All staff, regardless of their role, should administer rewards towards residents.

- ***Recommendations:*** ETC should strive and continue to work towards achieving a 4:1 ratio of reinforcers to punishments to work towards desirable behavior from their residents.

- ***Recommendations:*** Staff should ensure that punishers are applied immediately after the behavior, escape from the punisher is impossible, punishment is delivered at the earliest possible point in the inappropriate behavior, punishment is delivered consistently, and prosocial behaviors are taught after the punishment is administered.

- ***Recommendation:*** ETC staff should be trained in their behavioral management system to ensure that it is being used consistently and accurately. The training should include core correctional practices of effective reinforcement, effective disapproval, and effective use of authority. 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.

Interviews and group observations indicated that some groups utilized modeling by staff and skill building through role plays. It was identified that most of the groups that offenders participate in do not utilize modeling, skill building and graduated practice. In the groups which had role playing, role modeling or constructive feedback of the role plays were not conducted on a regular basis.

- ***Recommendation:*** ETC residents should consistently be taught to observe and anticipate risky thinking and problem situations through staff modeling. Incorporating modeling during groups and individual sessions allow the resident to observe and address deficits towards their criminogenic behavior. Staff should be trained to follow the basic approach to teaching skills, which includes, 1) defining skills to be learned; 2) obtaining client buy-in as to the importance of the skill; 3) staff teaching the steps of the skill; 4) staff modeling the skill for the client; 5) resident rehearsal of the skill (role-playing); 6) staff providing constructive feedback to residents on their use of the skill; and 7) generalizing the skill to other situations (e.g., homework or advanced role plays).

- ***Recommendation:*** Residents should engage in role-playing, which assist and allow the residents to practice new thinking, skills, and behaviors in a safe environment. There needs to be consistent and routine practice of skill building in programming offered to residents.

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

Completion criteria for the 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 alone. In other words, definitions of treatment success should be competency-based rather than time-based. Current completion requirements do not measure resident change, skill acquisition, or progress in treatment.

- ***Recommendation:*** Completion of ETC should be defined by progress in acquiring prosocial behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other program residents.

Research indicates that groups should not exceed 8-10 clients (residents) per active facilitator unless otherwise stated in the curriculum. There was evidence that some groups were facilitated with more than the recommended amount.

- ***Recommendation:*** ETC should ensure that all groups adhere to the recommended group size of 8-10 residents per active facilitator or the appropriate amount stated in the curriculum.

The program does not offer groups and/or training for family members of the residents to provide support. These groups or trainings for family/friends should 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.

- ***Recommendation:*** ETC 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.

ETC does not offer aftercare for their residents after they successfully complete the program. Due to aftercare not being provided to the discharged residents, the quality of aftercare cannot be determined.

- ***Recommendation:*** All residents 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 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 ensures the program is meeting its goals.

Quality Assurance Strengths

Programs that collect formal client feedback on service delivery have better programmatic outcomes than programs that lack this process. ETC uses a participant satisfaction form, and the Program Director regularly reaches out to former residents for additional input into the program. ETC uses this information to determine any problems with service delivery, curriculum, or the program as a whole. This information is reviewed and utilized by administration staff to make appropriate changes deemed necessary.

Quality Assurance Areas in Need of Improvement and Recommendations

Research shows that programs will be more effective if they have an internal management audit system. This should include file review, regular observation of staff delivering groups/services, and a mechanism to provide participants feedback on their progress in the program. ETC meets with residents regularly regarding their progress in the program including weekly meetings with treatment staff and phase-up measures; however, regular observation of staff delivering groups/services and regular file reviews were not found to be evident.

- ***Recommendation:*** ETC should ensure that they are conducting regular file reviews and regular observations of all staff who are delivering groups/services. This will help ensure that each resident receives the appropriate assessments and groups are conducted with fidelity.

Programs that have a periodic, objective, and standardized reassessment process in place to determine if offenders 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 a standard reassessment process takes place.

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

Research shows that programs that gather offender re-arrest, reconviction, or re-incarceration data at six months or more after participant termination from the program. ETC does not track these data points. Additionally, the ETC also has not undergone a formal evaluation comparing its

treatment outcomes with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation. While MDOC compiles some information related to a and OMIS allows for some reports to be run, the facility has not identified a process to ensure that available data are examined to help the facility make data-driven decisions. Due to not having a formal program evaluation, there were not positive findings of a reduction in recidivism between the treatment and comparison group.

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

- ***Recommendation:*** A comparison study between the facility's recidivism rate and a risk-controlled comparison group should be conducted. A report should include an introduction, methods, results, and discussion section. ETC should explore 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 State University (Billings), University of Montana (Missoula), or Montana State University (Bozeman). Departments that could assist with such a project include fields like criminal justice, sociology, and psychology.

- ***Recommendation:*** Once a program evaluation can be conducted, a positive finding between a comparison group and the treatment group should show a statistically significant difference or a substantial reduction in recidivism rates should be found to meet CPC standards. If a comparison study is conducted that does not show a significant difference or reduction in recidivism rates, then ETC should make programmatic changes to improve the outcomes.

- ***Recommendation:*** Similarly, ETC should identify an evaluator who is available to assist with data analysis. If this is an internal position, evaluation must be the main focus of their position, and they should have appropriate credentials. Alternatively, the facility could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to the facility) so that fiscal remuneration is limited to payment for analysis and reporting.

OVERALL PROGRAM RATING AND CONCLUSION

As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100% on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have

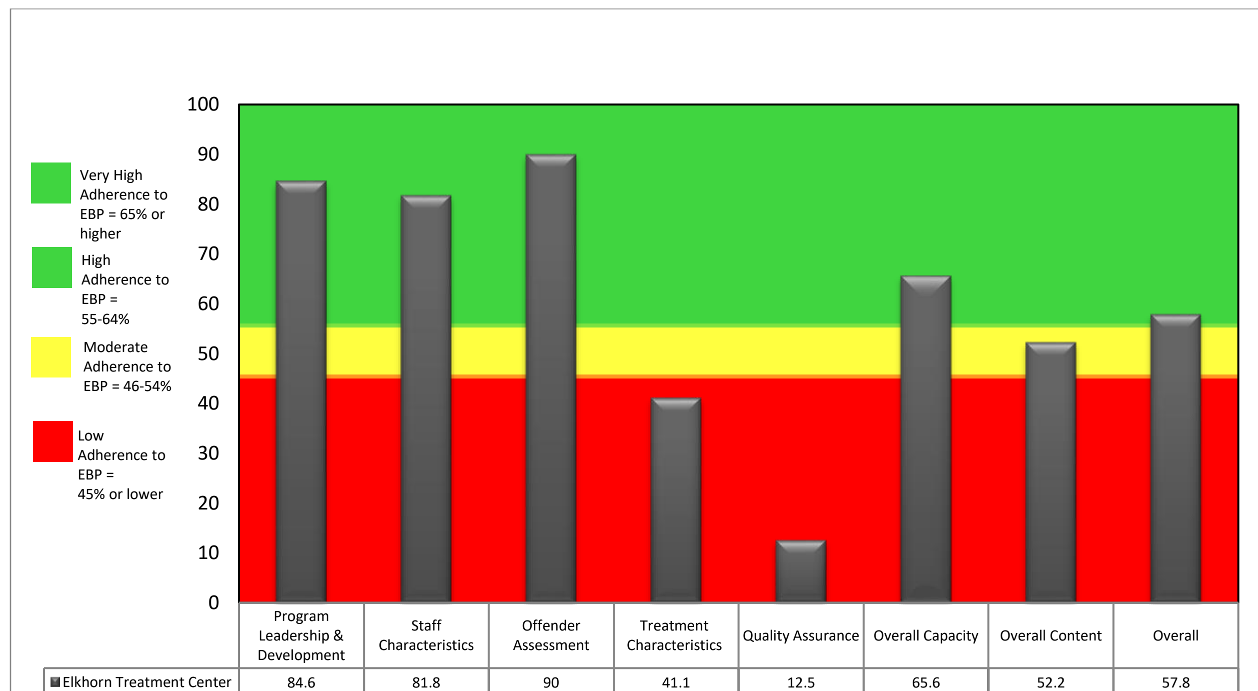
been classified as having Very High Adherence to EBP, 17% as having High Adherence to EBP, 31% as having Moderate Adherence to EBP, and 45% as having Low Adherence to EBP. Research 20 conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

Elkhorn Treatment Center received an overall score of 57.8 percent on the CPC. This falls into the High Adherence to EBP category, which is a significant improvement from their previous CPC. In the capacity domain, ETC scored 65.6 percent which falls into the Very High Adherence category. In the content domain, ETC scored 52.2 percent which is Moderate Adherence to EBP.

While there is still room for improvement and changes that could be made, ETC staff should commend themselves for the work they have done to date to make treatment a facility focus. Furthermore, recent changes to the program have increased the score in every domain and overall score. It is often difficult to make changes to existing programs.

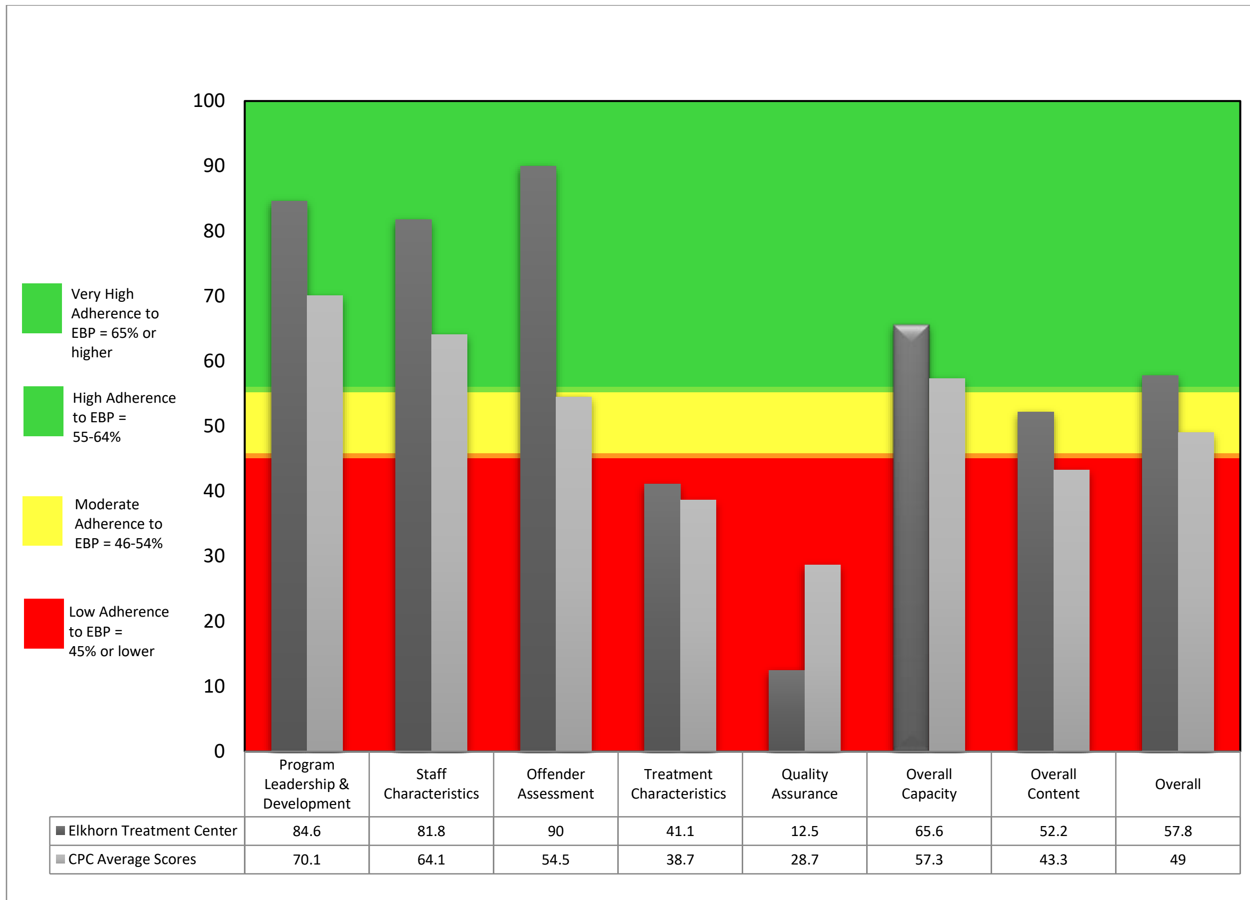
Certainly, care should be taken not to attempt to address all recommendations at once. Facilities that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. Should ETC want assistance with action planning or technical assistance, MDOC can provide or recommend others to help in these endeavors. Evaluators note that ETC staff are open and willing to take steps toward increasing the use of EBP within the facility. This was clearly identified during the kickoff call and onsite visit.

Figure 1: Elkhorn Treatment Center CPC Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Elkhorn Treatment Center	84.6	81.8	90	41.1	12.5	65.6	52.2	57.8

Figure 2: Elkhorn Treatment Center CPC Scores Compared to National Average Scores*



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Elkhorn Treatment Center	84.6	81.8	90	41.1	12.5	65.6	52.2	57.8
CPC Average Scores	70.1	64.1	54.5	38.7	28.7	57.3	43.3	49

* National Average based on 660 program evaluations completed between 2005 and 2019

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i In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ii The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

iii A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes.
References include:

1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community-based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.

4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio's community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, School of Criminal Justice.

iv Makarios, M., Lovins, L. B., Myer, A. J., & Latessa, E. (2019). Treatment Integrity and Recidivism among Sex Offenders: The Relationship between CPC Scores and Program Effectiveness. Corrections, 4(2), 112-125; and Ostermann, M., & Hyatt, J. M. (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. Law & Social Inquiry, 43(4), 1308-1339.

v Upon request, UCCI can provide the CPC 2.1 Item Reference List which outlines the UCCI and independent research that supports the indicators on the CPC.

vi Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.