FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Elkhorn Treatment Center
Boyd Andrew Community Services
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INTRODUCTION

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

Within this context, Elkhorn Treatment Center was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of Elkhorn Treatment Center's program practices and to compare them to best practices within the correctional treatment literature. Strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by Elkhorn Treatment Center are offered. Elkhorn Treatment Center was assessed as part of a training initiative with the Montana Department of Corrections (MT DOC) in which staff from MT DOC were trained on the administration and scoring of the CPC. Given this CPC assessment involved a training process, this CPC report represents an assessment conducted within a training context. This is the first CPC assessment of this program.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)[i] for assessing correctional intervention programs.[ii] The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score. [iii] Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.[iv] In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

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

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

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

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

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

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

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE ELKHORN TREATMENT CENTER PROGRAM AND SITE VISIT PROCESS

The Elkhorn Treatment Center (hereafter, ETC) is a secure residential treatment center. The ETC has 47 beds and began in 2007. ETC provides programming services to women referred by the MT DOC. The intent of the program is to offer an treatment in lieu of prison for women with substance abuse problems. The ETC program targets substance abuse, mental illness, job development, and education. The ETC operates programming based on a modified therapeutic community model. ETC program offers the following treatment groups: trauma group, dialectical behavior therapy (DBT), Chemical Dependency group, parenting, Strategies for Self-Improvement and Change (SSIC), Moral Reconation Therapy (MRT), Relapse Prevention, and Cognitive Principles & Restructuring (CP&R). Clients also have case managers and one-on-one therapy sessions. Additionally, there are also AA/NA meetings, GED/HSET classes, religious classes, and community meetings. Clients are either referred to the program for 90 days (when they are revoked from supervision) or 9 months (when they receive a sentence to incarceration). The program director for ETC is Dan Krause, the Chief Operations Officer for Boyd Andrew Community Services. Thus, Mr. Krause is charged with overseeing programming and services for the ETC. The primary therapeutic components of ETC are delivered by mental health therapists, case managers, and licensed addiction counselors.

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to the ETC program on February 28, 2019. Data were gathered via the examination of twenty representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, an MRT, SSIC, and CD group were observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the first CPC assessment of ETC.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the program), his qualifications and experience, his current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Mr. Krause was identified as the program director for the purpose of this report.

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

Program Leadership and Development Strengths

Mr. Krause is qualified and experienced. Mr. Krause has a B.S. in psychology with course specialization in criminal justice. Moreover, he has 13 years of experience in outpatient treatment programs with correctional populations, as well as 5 years at ETC. Mr. Krause is directly involved in selecting staff for the ETC program. He posts applications for open positions, selects applicants to interview, is involved in the interview process and the decision to hire.

The ETC program has support from criminal justice stakeholders. For example, judges, the MT DOC, and, specifically, probation and parole agents are all viewed as supportive of ETC. Judges continuously refer clients, probation and parole communicate well with staff and visit the site when needed, and Child and Family Services works with the site to coordinate parental visitation. In addition, community stakeholders are supportive of ETC. ETC has support from many volunteers, including those who lead AA/NA meetings and numerous volunteers from local religious groups. ETC also has support from community members on their screening committee.

Additionally, there have been no major decreases in funding that have significantly impacted the program within the past two years and funding has been stable. While referrals ebb and flow, interviews indicated that the program can be operated as intended. Finally, the ETC program has been offered at the facility for roughly 12 years, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Currently, the program director is not involved in the training of new staff. Research demonstrates that program directors directly involved in some formal aspect of training of new staff have better outcomes than programs that lack this criterion. Currently new hires are told to shadow more experienced staff. While Mr. Krause will infrequently check in on the process, there is no consistency to this practice, nor is there a formal process to understand what the shadowing process should be accomplishing.

- ***Recommendation:*** The program director should have active involvement in conducting some formal training for new direct service delivery staff. This can include, but is not limited to, direct training, direct involvement in the shadowing process for new staff (i.e., weekly check in with direct feedback), and observing/providing feedback in day-to-day activities.

Mr. Krause is not directly involved in the supervision of staff. While Mr. Krause is involved in a managers meeting that occurs weekly, only certain staff are present. The all staff meeting held for the direct service delivery staff is not attended consistently by Mr. Krause.

- ***Recommendation:*** The program director should have direct involvement in supervision of service delivery staff. It is recommended that the program director consistently attend the monthly all staff meeting to achieve consistent direct supervision of service delivery staff.

Program directors that are actively involved in the delivery of program services are more aware of the current and changing needs of the staff and participants in the program. Thus, programs that have program directors actively involved in the delivery of services demonstrate better programmatic outcomes. While Mr. Krause has, in the past, filled in for staff to deliver programming when staff are absent, this is not a consistent practice nor is Mr. Krause consistently delivering programming in a planned way. As a result, the program director does not currently provide direct service delivery in the ETC program or with ETC participants.

- ***Recommendation:*** The program director should have active involvement in ETC direct service delivery. This can take the shape of consistent group facilitation (i.e. co-facilitating a group rather than filling in when one facilitator is absent), consistent administration of assessments, and/or carrying a small caseload.

It is important the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. The decision to operate ETC in its current form was made by previous administrators. A review of program materials indicated that a formal literature search was not conducted prior to establishing the ETC program, nor is one conducted on an ongoing basis as changes to ETC are made. As such, staff are not formally and regularly informed about evidence-based practices with the justice-involved population.

- ***Recommendation:*** The ETC and/or the program director should conduct a literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: “Psychology of Criminal Conduct” by Don Andrews and James Bonta; “Correctional Counseling and Rehabilitation” by Patricia Van Voorhis, Michael Braswell, and David Lester; “Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply” edited by Alan Harland; and “Contemporary Behavior Therapy” by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior; Crime and Delinquency;* and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all of its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).

- ➢ ***Recommendation:*** The information on 'what works' should be disseminated to all staff delivering direct services in the program on a regular basis. This can be achieved by sharing this information at the staff meetings, hosting a discussion on the information, and determining how the program is or should incorporate the information into its daily practices.

Formal piloting of potential changes to the program or of facility level changes that can impact the program are not consistently conducted. For example, the recent addition of MRT and DBT were not formally piloted prior to implementation at ETC. ETC should consistently have a formal pilot period where program logistics and content are sorted out before a change or a new process begins.

- ➢ ***Recommendation:*** On-going modifications to the program should be formally piloted. Piloting of new interventions (e.g., curriculum changes, case planning, behavior management, etc.) should last at least one month and should involve formal start and end dates. Information and data should be collected and staff should be included in making adjustments. Piloting should be a consistent programmatic practice.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the clients. Excluded from this group is support staff and the program director, who was evaluated in the previous section. In total, seven staff were identified as providing direct services. These positions included case managers, mental health counselors, and licensed addiction counselors.

Staff Characteristics Strengths

ETC program staff meet CPC standards for education and experience. At the time of assessment, 86% had obtained an associate's degree or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education. For experience, the CPC requires that at least 75% of staff have worked in programs with criminal/juvenile justice populations for at least two years. All ETC staff currently meet this mark. The ETC program should be commended for the education and experience of their programming staff.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes then programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired by ETC are hired based on their ability to set boundaries, their belief in change, their understanding of criminal thinking, and their belief in treatment. Additionally, direct service delivery staff receive clinical supervision from an LCPC.

Programs that demonstrate better outcomes have direct service delivery staff meetings that occur at least twice per month. ETC staff have a weekly community meeting. Half of all cases are staffed at a meeting (meaning all cases are staffed monthly). In addition, there is a monthly all staff meeting where non-case related information is shared.

Staff are supportive of ETC and treatment. Finally, the ETC has ethical guidelines in place for all staff that are outlined in program policy.

Staff Characteristics Areas in Need of Improvement and Recommendations

Staff receive an annual evaluation that assesses staff on traditional employment indicators like ability to work with others, ability to conduct proper evaluations, participation in staffing and training, accepting assignments that are given, for example. This evaluation is lacking indicators for direct service delivery skills. In order to promote behavioral change, programs need to assess staff annually on their abilities and skills related to evidence-based practice service delivery.

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

While new staff are assigned to shadow a more experienced staff member, new hires do not receive formal, consistent initial training on the ETC program or evidence-based practices for working with offenders. Moreover, staff do not receive 40 dedicated hours of yearly ongoing training related to evidence-based practices.

- ***Recommendation:*** New staff should receive thorough training in the theory and practice of interventions employed by ETC. There should be formal training for all staff on the ETC services before any staff deliver that curriculum. In addition to the ETC curriculum, relevant topics include training on the principles of effective intervention, assessments, specific program components, group facilitation, core correctional practices, cognitive behavioral interventions, social learning, etc. This training should be outlined and updated in the program manual.

- ***Recommendation:*** Staff should be required to receive a minimum of 40 hours per year in formal training related to the program and service delivery (see topics listed above). Training in areas not directly related to service delivery (i.e., CPR, restraint, bloodborne pathogens, etc.), while required for different aspects of the job, should not be counted towards the CPC 40 hour criterion.

Programs that provide staff members formal opportunities to provide input on how the program can be modified to better improve the delivery of services have better outcomes than programs that do not. The program does provide a number of different opportunities to provide input (e.g., suggestions to supervisor, emails, opportunity to discuss at clinical and all staff meetings), however, for programs to meet CPC criterion, supervisors must approve any changes to programming. Interviews with staff indicated that staff often make changes to programming without receiving approval from supervisors. Modifications to programming may impact fidelity to treatment programs, evidence-based practices, and assessments, therefore it is important that these changes are reviewed and approved to ensure they are appropriately implemented.

- ➢ ***Recommendation:*** A policy should be adopted, formalized, and followed that requires staff to receive approval from supervisors before making modifications to programming.

Offender Assessment

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

Offender Assessment Strengths

The ETC program admits appropriate clients, as determined by the program. Very few (less than 20%) of referred clients are inappropriate for the services provided by ETC. Those that may be inappropriate are the result of not meeting 3.5 ASAM criteria, having cognitive deficits, or severe physical health problems.

Since ETC's main target is substance abuse, it is important that additional screening on this criminogenic need be conducted. The program does conduct a domain specific criminogenic need assessment. A review of files indicated that ETC administers the Drug Abuse Screening Test (DAST) on a consistent basis. Other assessments are not consistently used: Michigan Alcoholism Screening Test (MAST) and Substance Abuse Subtle Screening Inventory (SASSI).

The ETC meets the criterion from the CPC for valid assessments since the WRNA is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

Offender Assessment Areas in Need of Improvement and Recommendations

The program lacks written, established guidelines for excluding clients that may not be appropriate for services. Programs that are able to identify and exclude participants that are inappropriate for services have better programmatic outcomes than programs that lack exclusionary criteria.

- ➢ ***Recommendation:*** The ETC program should develop exclusionary criteria that identifies people who are inappropriate for the services provided by the ETC program. This criteria should be written into program policy and followed by all staff, as well as shared with referral sources. Thus, criteria developed by ETC to exclude offenders who are not appropriate for services should be shared with MDOC to help inform their referrals. Examples of exclusionary criteria that are appropriate for ETC include only accepting those inmates that score as moderate to high risk on the WRNA. That is, the ETC program should exclude low risk offenders from programming. Another potential exclusionary criteria is limiting participation to those inmates who demonstrate a significant substance problem. That is, since the ETC program focuses on addressing substance abuse/use, it stands to reason that only those who demonstrate substance use as a prominent criminogenic need (as measured on the WRNA substance abuse domain) would be admitted. Thus, those that

score low in substance use would be excluded from the ETC program. Exclusionary criteria should be based on clinical/community/legal criteria. ETC should work with MDOC to ensure (1) WRNA results are received on all referrals and (2) staff understand the results provided by the WRNA.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which clients are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment or domain scores are also crucial as they determine which criminogenic need areas clients have, whereas responsivity assessments assist in determining clients' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few). The ETC program does not consistently conduct an adequate range of responsivity assessments to measure a participant's engagement in treatment or potential barriers to the delivery of services. While some staff administered different assessments for substance use and responsivity, these assessments were not always scored out or consistently found in files, and decisions are not made based on the results.

The program does receive the Women's Risk and Need Assessment (WRNA) from probation/parole referrals; however, this is not always consistent (i.e., sometimes a referral packet does not contain WRNA information). Only half (10/20) reviewed case files contain a WRNA assessment. ETC has the ability to conduct WRNA assessments for those who do not have the WRNA; however, this is also inconsistent and, when conducted, occurs after a person has been admitted to ETC. WRNA results should be obtained before admittance decisions are made so that necessary information on risk level and criminogenic need areas are used to made admittance decisions.

Finally, while ETC does administer a variety of responsivity assessments, they are not consistently completed. For example, a review of case files indicated that the following were used: University of Rhode Island Change Assessment (URICA; measuring motivation), Mental Illness and Drug and Alcohol Screening (MIDAS; mental health), Mental Health Screening Form III (mental health), and Adverse Childhood experience (ACE; trauma). Of these only the URICA was consistently scored and found in the files reviewed. As a result, ETC is not consistently assessing responsivity characteristics of two or more factors.

- ***Recommendation:*** The program should assess risk factors with a validated, standardized, and objective risk assessment instrument for each person referred to the program. As such, ETC should work with MT DOC to ensure that all referrals contain a valid WRNA; if a WRNA has not been conducted prior to referral, ETC should conduct a WRNA before the referral is accepted to the program. This will help ensure that only moderate and high risk clients are accepted into the program.

- ***Recommendation:*** The program should assess static factors and dynamic factors (i.e. criminogenic needs) related to recidivism using a validated, standardized, and objective risk assessment instrument. As noted above, ETC should work to ensure that MT DOC

referrals contain a WRNA or ETC administers a WRNA prior to admittance, as the WRNA includes a range of criminogenic needs domains.

- ***Recommendation:*** The program should measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.) for each person. The results from these assessments can be used to make decisions on how staff, clients, and the program work together. The responsivity tools employed by the program (i.e., MIDAS, ACE, MHSF, and URICA) are acceptable tools; however, the program needs to ensure that all clients are administered these tools on a consistent basis.

It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk clients are admitted to the program, and low risk clients are not admitted (or extremely limited and separated from moderate and high risk clients). At the time of the assessment, the ETC program did not consistently have WRNA conducted for all clients and for those WRNA's reviewed, approximately 1/3 of them were scored as low risk. Thus, ETC is not able to determine if the program targets higher risk clients and with the scores available, it appears this is not the case.

- ***Recommendation:*** Moderate and high risk offenders should be selected for treatment, and lower risk offenders should be screened out. As suggested above, ETC should work with MT DOC to ensure that all referrals have a WRNA or ETC conducts a WRNA before a client is admitted to the program.

Treatment Characteristics

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

Treatment Characteristics Strengths

The length of time over which services are delivered is important. The most effective interventions last between three and nine months. The current program is designed to be completed in 90 days to 9 months. As such, ETC currently meets CPC criterion for length of the treatment program.

While in the program, it is important that the clients are supervised and closely monitored within the context of the goals of the program. For programs that operate in institutions like ETC, this means that program participants should be separated from the general population that is not receiving treatment. All participants receive programming in the assigned crew. All crews receive the same programming. As a result, ETC meets CPC criterion for ensuring that clients receiving

treatment are housed and monitored with others receiving the same treatment. This allows for the reinforcement of skills learned throughout the program.

Programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff at ETC are assigned to groups based on their experience, training, and licensure. For example, staff who facilitate MRT, DBT, and SSIC are only those who have been trained on those specific programs.

Programs that have formal process in place for clients to provide the program feedback on their likes and dislikes demonstrate better outcomes than programs that lack this formalized procedure. ETC has formalized procedures. Clients can make suggestions to their crew's representative who can then submit a program proposal. A committee reviews this proposal and makes a decision on whether or not a change will take place. For example, recent proposals requested to watch the Oscars on TV, have MP3 players available at the canteen, and have small radios in the canteen.

Effective correctional programs have a completion rate between 65% and 85%, ensuring the program is neither too difficult nor arbitrarily easy to complete. Estimates gathered during the site visit suggested 85% of participants successfully complete ETC.

The ETC program does develop formal discharge plans for all clients of the ETC program. These discharge places state what the client did while at ETC and recommendations for what the clients should continue to work on. While ETC has not yet had a 90 day completer, the program is encouraged to develop discharge plans for 90 day treatment clients.

Treatment Characteristics Areas in Need of Improvement and Recommendations

The program targets a number of non-criminogenic need areas such as: nutrition, exercise, trauma, healthy relationships, parenting, victim impact, abuse, general communication skills, structure, and mental health. In addition to these non-criminogenic targets, ETC does target criminogenic needs, such as: substance abuse, cognitions, emotions, family problems, peers, relapse prevention, problem solving, self-control, employment, and education. Programs should focus at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs) with the majority of time spent targeting criminogenic needs. In addition, to further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). At the time of observation, ETC's ratio was 11:10 (52% criminogenic). While the percentage of criminogenic targets meets minimum CPC standards, the majority of intervention time is spent targeting non-criminogenic needs. The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- ***Recommendation:*** In order to increase the density of appropriate program targets, it is recommended that ETC work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal behavior. The program should ensure that group and individual sessions stay focused on the core areas designated on the WRNA and that time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1. Appropriate criminogenic targets for change include (but are not limited to): antisocial thinking and

beliefs, antisocial peers, substance abuse, and pro-criminal personality factors such as poor anger management, poor problem solving ability, and constructive (prosocial) use of leisure time. ETC should lessen their focus on non-criminogenic targets of non-directive empathy and accountability, and place more focus on criminogenic targets of criminal thinking and decision making.

The ETC program does have case plans for each participant in the program; however, a review of these case plans indicated that they are not individualized for each client. And, while treatment plans were found in case files, they were limited to substance abuse. Moreover, case plans should be developed based on the results of the WRNA assessment, which was not happening at the time of the site visit. The objectives listed in case plans should be specific to the assessment results and should utilize/emphasize skills being taught in programming (e.g., coping skills, thinking, etc.).

- ***Recommendation:*** Case/treatment plans should be derived from the review of the client's needs and individual goals, based on standardized and validated risk/need/responsivity assessments in relation to how ETC can assist them in meeting their goals. The plans should address more than substance abuse and target other high criminogenic needs from the WRNA. These individualized case plans should be developed by the case manager or ETC program staff and the participants and be regularly updated in case management meetings. The plans should include targets for change, and strategies for achieving the change based on skills being taught throughout the program including what the client is responsible for completing and what the program staff are responsible for assisting the client with.

The most effective programs are based on behavioral, cognitive-behavioral (CBT), and social learning theories and models. ETC operates interventions under a therapeutic community model. Research has consistently demonstrated that programs that operate using a cognitive-behavioral model have demonstrably better outcomes than programs that operate under other modalities. While ETC does attempt to incorporate some forms of cognitive therapy (i.e., MRT, CP&R) and some forms of behavioral therapy (DBT), the majority of the interventions are operated using non-CBT modalities. Furthermore, the program utilizes some interventions which have been demonstrated to be harmful (i.e., shaming procedures as part of the therapeutic community). For example, clients may be required to be silent for a week, during which time they are not to speak or be spoken to and wear a pin that says they cannot speak. Research indicates that these types of shaming strategies do not achieve long-term behavioral change, and may, in fact, increase the likelihood of future crime.

- ***Recommendation:*** Shaming techniques should be immediately discontinued. The ETC program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches. This model should also be reflected in the program manual, group interventions, case management sessions, individual sessions, and in all other interactions with participants. The current curricula should be reviewed and supplemented to address this concern. Curricula that use cognitive and behavioral strategies should be followed to fidelity.

The program lacks a manual that specifies all major aspects of the ETC program. The program only has a policy manual that outlines topics such as staff procedures, job descriptions, and other

administrative items. This program manual should include: a program description, philosophy, admission criteria, assessment practices, scheduling, case planning, phase advancement (or ETC program advancement across the series), behavior management, completion criteria, and discharge. In addition, this manual should also include specific curriculum for each intervention. Not all interventions have their own curriculum manual. For example, relapse prevention and DBT are not manualized interventions.

- ***Recommendation:*** In addition to the program manual containing program description, philosophy, admission criteria, and scheduling, each group should have a standard curriculum. The curriculum should include how groups are structured, the goals of each session, the content of each session, the recommended teaching methods, and include exercises, activities, and homework assignments.

- ***Recommendation:*** All group facilitators should follow the manual to ensure consistency in treatment delivery and efficacy to the curriculum. While staff may add content to a lesson, staff should not deviate from the provided content nor should they augment the methods/modality of treatment provided by the curriculum. Ensuring use of the manuals can be achieved through live observation, clinical supervision, and file review processes.

The participants should spend between 35 to 50 hours a week in structured programming or activities required by the program (e.g., required employment, required education). Participants involved in structured activities have less down time. ETC falls below the 35 to 50 hours criterion of the CPC. The schedule of groups suggests that participants are occupied for a maximum of 25 hours of structured time per week; however, interviews with participants suggested that weekly programming was around 15 hours per week and not all clients go to all groups.

- ***Recommendation:*** ETC can work to increase structured activities including, education classes, work, treatment groups, and other staff supervised tasks. For example, for participants who don't have programming can be placed into the staff supervised skill groups where they practice the skills they learned in DBT. Additionally, more non-programming activities (e.g., work duties) can be included and supervised to increase the amount of structured time a participant has.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the participant. For example, effective programs are structured so that lower-risk participants have limited exposure to their higher risk counterparts. Research has shown that mixing low risk participants with moderate or high risk participants can increase the risk of recidivism for low risk participants. Low risk participants may be negatively influenced by the behavior of high risk participants, thereby increasing their risk of recidivism. While ETC does inconsistently receive scores from MT DOC, there is no effort to separate referrals based on their need level as determined by the WRNA. Additionally, some clients do not have a WRNA conducted before they are placed into treatment and therefore cannot be matched on risk and needs.

- ***Recommendation:*** ETC should receive or assess risk scores for all participants to ensure that risk levels of participants are not mixed. If low risk participants are not excluded from ETC services, separate groups should be created to ensure that low risk are not mixed with moderate or high risk participants. While it may be difficult to limit the exposure of low

risk participants to high risk participants given the structural layout of the ETC facility, the program should examine the percentage of low risk clients that are received from the DOC and plan based off the number of beds that will be reserved and used for low risk clients.

A program should vary the dosage and duration of service according to the client's risk level. The program does not provide more intensive services to higher risk participants. Clients who are at higher risk for recidivism by definition have more criminogenic needs. These clients should be required to attend additional services, dictated by the needs identified on the WRNA risk and need assessment tool. Thus, clients identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that participants who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high risk participants need over 200 hours of services to reduce their risk of recidivating. Very high risk or high risk people with multiple high need areas may need 300 hours of evidence-based services. Only 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 towards the dosage hours.

- ***Recommendation:*** As currently delivered, most of ETC programming cannot count toward dosage, as it is not consistently delivered following a behavioral, cognitive behavioral, or social learning model. For ETC to increase dosage, the program needs to fully adopt an evidenced-based modality, and consistently implement cognitive restructuring, modeling, and skill building practices throughout all curricula in its program (see below for discussion on how these processes should be implemented).

- ***Recommendation:*** Moreover and as discussed above, ETC is often not aware of a client's risk level because a WRNA has not been conducted. Once an evidence-based modality is adopted, ETC should develop separate program tracks for moderate and high risk offenders with different requirements for dosage hours (i.e., intensity and duration). High risk participants should receive more groups and services than moderate risk participants. Dosage hours should be tracked and included as part of the completion criteria.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client to the type of service for which he/he is most likely to respond. These assessed characteristics can also be used to assign staff and offenders together as programs have better outcomes when the staff are matched to clients based on assessed need and/or responsivity factors. ETC does not use the results of a needs assessment to refer clients to programming or to match staff and clients. Instead, the unit an inmate is housed on determines group placement.

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

- ***Recommendation:*** Need and/or responsivity factors should be used to match inmates to their group facilitators. For example, a client with substance abuse issues should be matched with a staff member with substance abuse credentials. Or, a client who lacks motivation is matched with a staff who excels in motivational interviewing techniques. ETC should work towards accessing or implementing responsivity assessments (as described above) and use both responsivity and need assessment results to match clients and staff.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and apply appropriate reinforcers in order to change behavior effectively. ETC has established some appropriate reinforcers (i.e., verbal praise, extra phone calls, positive incident report). However, interviews with staff and clients indicated that these reinforcers are used to increase institutional compliance (i.e., the things that keep them out of trouble at ETC such as showing up on time to group) and not focused on long term behavioral change (i.e., the things that will keep them out of trouble in the long term such as recognizing prosocial alternatives). Moreover, the administration of reinforcers needs to be improved. Rewards are most valuable when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. Finally, program staff do not receive any formal training in the administration of rewards or punishers.

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change and are appropriately applied. The ETC program has established some punishers available for use, but the program has no formal protocol for administering them. Additionally, staff use shaming techniques and use treatment interventions as punishment—both of which should not be used. 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 such as aggression towards punishment, future use of punishment, and response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

- ***Recommendations:*** The current behavior management system should be modified in the following manners:

    - Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff link the reward to the desired behavior. For key target behaviors, staff should have the client articulate the short-term and long-term benefits of continuing that behavior. The use of reinforcements should not be focused on short term behaviors (e.g., cleaning, following TC protocol), but should focus on long term prosocial behaviors (e.g., avoid trouble with others, problem solving, etc.)

    - The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.

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

- Shaming should not be used and should be stopped immediately. Clients should not be required to not talk, wear signs, etc. These types of punishments are not effective and can actually be detrimental to a program's goals. Treatment interventions should not be framed as a punishment. For example, if homework for a group is used to teach people prosocial behavior, it should never be framed as a punishment for some infraction. Instead, the program should assign a proper punishment (e.g., loss of privileges) and then use the treatment intervention as a way to avoid further risky behaviors.

- Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. In addition to emotional reactions, staff should be trained to watch for avoidance/aggression towards punishers; mimicking of the same type of punishment received; responding by substituting inappropriate behavior with a new inappropriate behavior; and/or lack of generalization in the punishment.

- There should be a written policy to guide administration of rewards and punishers. All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress towards meeting individualized treatment goals. In comparison, to successfully complete the ETC program, a client simply must "work the program honestly" and be there for the 90 days or 9 months.

- ***Recommendation:*** The ETC program should establish written guidelines for successful completion. These guidelines should be tied to individualized progress in acquisition of the target behaviors taught in the program. In addition to client progress observed by staff in meeting their individualized treatment plan goals and objectives, progress should also be linked to some objective assessment such as the DAST, which can be utilized as pre-, mid, and post-test measure of client progress or reassessment of the WRNA. Clients should also

be informed of these guidelines and their progress toward meeting target behaviors as they move through the curriculum.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. This includes new thinking skills and new behaviors. At the time of the site visit, none of the group services incorporated the correct format for teaching new skills as outlined by social learning theory.

- ***Recommendation:*** Structured skill building should be routinely incorporated across the program. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skill/increasing participant motivation for the skill; 3) staff modeling the skill for the participants; 4) participant rehearsal of the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; every client should practice that skill); 5) staff providing constructive feedback; and 6) client practicing the skill in increasingly difficult situations and being given staff feedback/generalizing the use of the skill to other situations. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to the client. Since the curricula does not call for this, program staff should examine how best to incorporate behavioral elements in ETC.

- ***Recommendation:*** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from a 50/50 to 70/30 range across the service targets. For example, the CD group is currently being facilitated as a community group, but research demonstrates substance abuse groups have better outcomes when they operate using CBT principles.

All treatment/intervention groups should be facilitated/monitored by a direct service delivery staff member from beginning to end. Interviews with staff and clients indicated that ETC sometimes has clients facilitate groups. Interviews indicated the SSIC and CD groups are sometimes run by clients or senior residents.

- ***Recommendation:*** Clients should never be allowed to facilitate groups, regardless if staff are out for the day or if the clients are a senior resident. All groups should be monitored and facilitated by direct service delivery staff at all times.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. While some groups fall within the required range, other groups do not. For example, at the time of the site visit the CD group had 40 clients.

- ***Recommendation:*** Groups should not exceed 8 to 10 clients per active facilitator at the start of the curriculum.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. The ETC program does not currently have an aftercare component for all clients. While some do go to pre-release, others do not.

- ***Recommendation:*** All clients 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, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level. Since individuals remain in the institution and leave the institution, the program should determine different protocols for each population concerning what aftercare should look like.

Quality Assurance

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

Quality Assurance Strengths

The program has a formal process to solicit client satisfaction with the program. The ETC program collects surveys from program participants, compiles the data, and looks for patterns in recommendations. Programs that collect formal client feedback on service delivery and use that information to inform programming have better programmatic outcomes than programs who lack this process.

Quality Assurance Areas in Need of Improvement and Recommendations

The ETC program lacks a formal management audit system. Internal quality assurance mechanisms are important for programs to ensure that they are operating the way they are intended to operate.

- ***Recommendation:*** The ETC program should develop policy for consistent, systematic process wherein (1) there is a consistent process for timely file reviews, (2) there is quarterly observation of staff service delivery for each staff delivering ETC, and (3) clients are provided feedback on their progress in the curriculum. With regards to observation of staff service delivery, this needs to be consistently done by the program director and there should be documented feedback provided to the staff based on the observations of the program director. In regards to client feedback, this can take the form of biweekly, monthly, or quarterly (or other time frames) meetings where the client receives feedback on their progress in meeting treatment and case planning goals, their progress in group, and what they need to do to successfully complete the program. This process needs to be systematic for all clients.

The program does not have a periodic, objective, and standardized reassessment process to determine if clients are meeting target behaviors. While ETC can request a summary report from Behavior Data Systems, it is not clear how this information is used specifically for the ETC program. Interviews with direct service delivery staff indicated that staff were not aware of this report, or the data associated with it.

- ***Recommendation:*** The ETC program should formalize a period reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using a standardized need assessment tool that may be adopted that is directly related to the ETC program. Having a subjective assessment (e.g., professional judgement) is not sufficient to meet this requirement.

The program does not track recidivism of its participants after completion of the program. While the program attempts to obtain self-report data, these data are not regarded by staff as valid. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation.

- ***Recommendation:*** Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—should be tracked at 6 months or more after release from prison. If there is a significant amount of time between program completion and release from prison, then the program is encouraged to measure recidivism as institutional misconducts. The program can do this on its own, or work with MT DOC to secure these data.

- ***Recommendation:*** In relation to the formal evaluation, a comparison study between the program's outcome and a risk-controlled comparison group should be conducted and include an introduction, methods, results, and discussion section. This study should be kept on file.

- ***Recommendation:*** ETC should consider working with MT DOC to identify an evaluator who is available to analyze available data. Evaluation must be the main focus of their position. Alternatively, ETC 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 ETC) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation). While ETC has worked in the past with a contractor, those reports have only generated process evaluations.

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 32.5% on the CPC. This falls into the Low Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence based interventions and services for the participants is 50%, which falls into the Moderate Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 61.5% (High Adherence to EBP), the staff characteristics score is 63.6% (High Adherence to EBP), and the quality assurance score is 12.5% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 20%, which falls into the Low Adherence to EBP

category. The assessment domain score is 30% (Low Adherence to EBP) and the treatment domain score is 17.1% (Low Adherence to EBP).

It should be noted that the program scored highest in the Staff Characteristics Domain. While recommendations have been made in each of the five CPC domains, most of the areas in need of improvement relate to the Treatment Characteristics, Assessment, and Quality Assurance Domains. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all "areas needing improvement" at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

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

Figure 1: Elkhorn Treatment Center CPC Scores

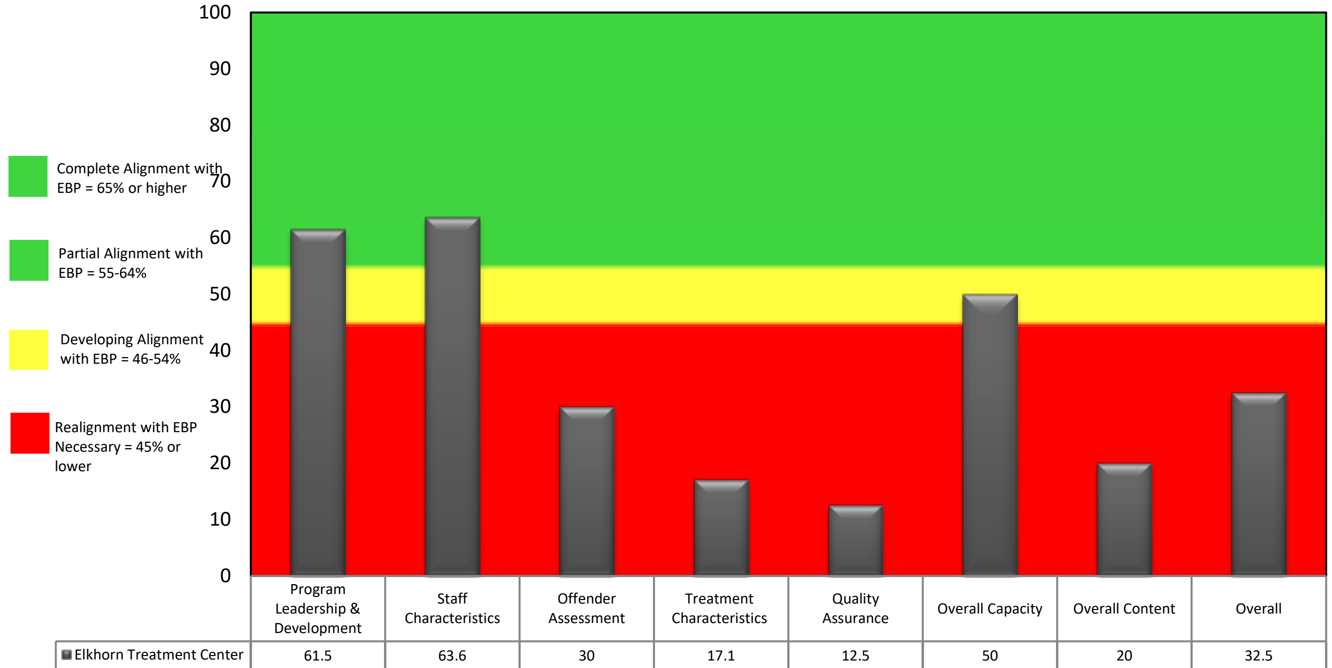
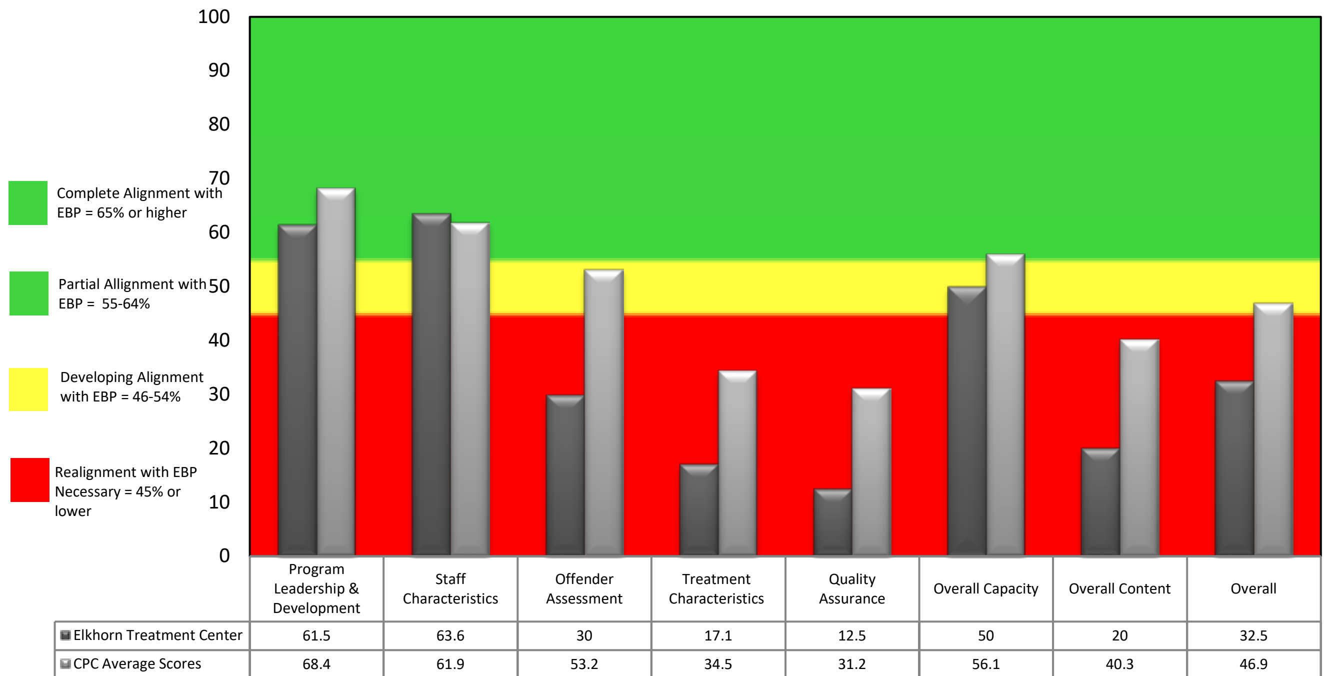


Figure 2: Elkhorn Treatment Center CPC Scores Compared to the CPC Average Scores



[i] In the past, UCCI has been referred to as the University of Cincinnati (UC), the 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 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:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism.* Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs.* Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities.* Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

[iv] Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

[v] 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.