FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Butte Pre-Release Center and Women's Transition Center

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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) is directed to conduct evaluations of programs to reduce recidivism that are founded by the state. Therefore, the Butte Pre-Release and Women's Transition Center will be evaluated 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, etc.) Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report (i.e., this document) is generated which contains all 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 UCCI's CPC database, which is used 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 consider 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 several 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 programs that score in the Very High and High Adherence categories are more likely to reduce recidivism.

SUMMARY OF THE FACIITY AND SITE VISIT PROCESS

The BPRC, located in uptown Butte, Montana, is a comprehensive community-based correctional program. It is a subsidiary of Community, Counseling, and Correctional Services Inc. (CCCS Inc.) and serves both male and female adult felony offenders referred by MDOC staff. Accredited by the American Correctional Association (ACA) since 1998, the BPRC is a 200-bed capacity facility designed to assist their residents in transitioning back into the community as well as to provide a cost-effective, program-intensive alternative to incarceration. The BPRC describes themselves as providing residents with a full range of correctional programming, chemical dependency treatment, life skills development, and employments skills. While limited groups are offered inhouse, they utilize several different providers in the community to meet the needs of their residents.

The CPC Assessment took place on February 24-25, 2025. For the purposes of this assessment John Lappin (Clinical Supervisor for BPRC) was identified as the Program Director. The assessment process consisted of a series of structured interviews with their onsite staff (Case Managers, Mental Health Specialist, Program Administrator, and Program Director), group observations (Preparing for Release), case plan and file review (10 open and 10 closed files), all the materials provided per the Materials Checklist (policy and procedural manuals, staff training information, staff evaluations, assessments, curricula, client handbook, etc.), and participant interviews. Traces from these various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below.

Findings

Program Leadership and Development

The first subcomponent of the Program Leadership and Development domain examines the qualifications and involvement of the Program Directors (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 the treatment services. As noted above, John Lappin serves as the Program Director for the purpose of the CPC.

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 have at least three years of experience with a justice-involved treatment program are more successful in reducing recidivism. John Lappin has been employed with CCCS Inc. since 2012 and has been in his current position as the Clinical Supervisor for BPRC for nearly three years. Throughout his time with CCCS Inc., Mr. Lappin has worked at their WATCh facility as the Clinical Supervisor, the Program Administrator at the Gallatin County Reentry Program (Bozeman PRC), and as an aftercare coordinator.

Research indicates that Program Directors who conduct some formal training for new direct service delivery staff are more effective than those who do not. Mr. Lappin trains new staff in several areas once they arrive onsite. Those areas include group facilitation, case planning, resident schedules, leave/pass times, resident budgets, the Offender Management Information System (OMIS), the Total Offender Management System (TOMS), file tracking/file audits, and sets them up with a peer mentor to get more on the job training specific to their position. Mr. Lappin is also responsible for the direct supervision of all service delivery staff. Additionally, Mr. Lappin conducts assessments with the residents, both the Montana Offender Reentry and Risk Assessment (MORRA) and several of the Texas Christian University (TCU) assessments, carries a caseload that includes the inmate workers and sanction bed residents, facilitates staff meetings, and facilitates programs/groups when needed.

Programs that are most effective 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 the BPRC.

The BPRC identified that they have support from multiple criminal justice stakeholders around the state and in their community. These stakeholders were identified as the MDOC, local Probation and Parole (P&P), local law enforcement, judges, and county attorneys. Program Director Lappin stated that he and the program administrator feel they get great support across the board from these stakeholders. In addition, several community stakeholders were identified by staff and there was support from these stakeholders. Those included their screening committee, the CCCS Inc. Board of Directors, several different businesses that employ their residents, and the Civic Center and high schools that they work with where their resident's complete community service.

The BPRC has been in operation since 1983 and serves both male and female adult felony offenders. All groups and activities their male and female residents attend are separated by gender. Additionally, Program Director Lappin stated that the funding they receive is adequate and stable, and they can implement the program as designed to serve the resident population.

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

Research shows that Program Directors who are professionally trained with at least a Baccalaureate Degree in a helping profession and specialized course work in corrections or forensic/legal area are more successful. Degree programs that are in a helping profession include criminal justice, education, counseling, addictions, psychology, or social work. Mr. Lappin has a Baccalaureate Degree in Business Management which does not fall into the category of a helping profession. Mr. Lappin has received his Licensed Addiction Counselor (LAC) Certificate; however, because an LAC is a certificate it does not count for this item. He is working towards his Master's Degree in Social Work. Once Mr. Lappin does receive his Master of Social Work, he will meet these criteria.

- ***Recommendation:*** Programs should have Program Directors who have both a degree in a helping field and have completed specialized course work in the above-mentioned areas. As noted above, Program Director Lappin is currently working on his Master of Social Work and once completed he will meet the recommendations in this area. Additionally, future CPC Reports conducted after his graduation will reflect this area as a strength should Mr. Lappin remain as the Program Director. Should CCCS Inc. hire a new Program Director in the future they are encouraged to follow the recommendations listed above.

The research on program effectiveness asserts that active and engaged Program Directors are more effective than those who are not, and a key part of that is being directly involved in the hiring of all staff who provide services. At the time of the assessment, the Program Director is not involved in hiring responsibilities, including screening of applications, interviewing, hiring, and placement of new staff in the facility.

- ***Recommendation:*** The Program Director should be involved in and have a clear role in the hiring and placement of all direct service delivery staff at BPRC.

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. This treatment literature must consist of major criminological and psychological journals and key texts, and all staff should have an understanding of the literature and be able to articulate it. Additionally, literature reviews should be conducted on a regular basis to ensure the program is grounded in evidence. While Program Director Lappin was able to provide several documents showing that a literature review is taking place, it did not appear to be happening on a consistent basis and staff interviewed could not speak to the literature.

- ***Recommendation:*** The BRPC should conduct regular literature reviews to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should then be covered during regular staff meetings and disseminated to all staff on a regular basis. Staff should be able to show a good understanding of the literature and the program model.

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 they were assessed in the previous domain. In total, nine staff, clinical and case management, were identified as providing direct services.

Staff Characteristics Strengths

BPRC currently meets the CPC criterion for staff educational level, which is that 70% of direct service delivery staff have at least an associate's degree in a helping profession. At the time of the assessment, BPRC staff exceeded this recommendation. CPC also recommends that 75% or more of direct service delivery staff have worked with criminal/juvenile justice populations for at least two years. At the time of the assessment, BPRC staff exceeded this target with seven out of eight direct service delivery staff having at least two years of experience working with criminal/juvenile justice populations. It is commendable that both the staff educational requirements and experience requirements are exceeded at BPRC.

When hiring, the BPRC selects staff based on certain skills and criteria beyond solely education or experience. Staff are selected based on skills and values supportive of BPRC's mission and values. Specifically, staff are hired based on having empathy, a belief that offenders can change, being non-confrontational but firm, and problem-solving.

Programs where all staff meet at least twice a month to discuss all cases demonstrate better outcomes than programs that lack this feature. Currently, BPRC professional staff meet weekly for approximately one hour. These staff meetings include case review for client issues and groups. Similarly, professional staff are provided appropriate clinical supervision by a licensed clinical supervisor.

Staff are initially trained on the treatment model and interventions before providing delivery services. Shadowing with experienced staff is implemented for new staff and includes observing groups, one-on-one meetings, and general conduct. The new staff member then signs off a checklist with the program director indicating what they have completed. BPRC also has a set of written ethical guidelines that all staff must adhere to.

Programs that have a formal mechanism in place for which staff can provide input into how the program runs demonstrate better outcomes than programs that lack this feature. The totality of the site visit indicated that staff may provide input into the program. Changes must be reviewed and approved by the program director before they are implemented. In addition, staff are supportive of the BPRC. Staff expressed support for the BPRC throughout the site visit. Staff support is important so that the program can run as intended.

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs should assess professional staff at least annually on service delivery skills. BPRC conducts an annual employee evaluation on each staff, however, they are not assessed on service delivery skills. There was evidence of groups being observed by the supervisor with a review; however, these observation documents were not found to be signed by the facilitators or conducted with all delivery service staff on an annual basis.

- ***Recommendation:*** BPRC should continue to conduct an annual staff assessment. The assessment should include evaluations of staff's skills as it relates to service delivery. Examples of service delivery skills may include assessment skills and interpretation of results, redirection techniques, group facilitation skills, effective interventions, or knowledge of the treatment intervention model. These skills could also be assessed separately for program delivery staff if it is not included in the general employee evaluation. Assessment of skills should be documented and conducted annually for all service delivery staff.

Ongoing staff 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 the criminal justice population is an ever-evolving field. Research and best practices continue to be updated and modified as more research is conducted providing ongoing staff training ensures staff remain knowledgeable about best practices.

- ***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 assessment: 1) selection of residents; 2) the assessment of risk, need, and personal characteristics; and 3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

The majority of residents at the BPRC were appropriate for services offered. Staff indicated that roughly 10% of the participants were inappropriate due to medical or mental health issues. The facility should continue to monitor these concerns and ensure that it does not exceed the 20%

threshold. BPRC does have written exclusionary criteria for the program. They do not accept Sexual Offenders, Arsons, or juveniles into the program. This criterion is followed consistently.

Standardized risk and need assessments are a cornerstone of effective service delivery. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which residents are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment tools are crucial as they determine the criminogenic needs of the individual. Treatment should be individualized to target the most severe criminogenic needs of each resident. All residents at BPRC have a MORRA completed prior to or during their placement. Risk and need assessment tools should be validated with scoring ranges for risk/need levels. The MORRA is a validated risk/need assessment instrument.

BPRC provides an environment where most of their residents are classified as moderate to high risk. Specifically, more than 70% of resident at BPRC are either categorized as being moderate or high risk of recidivating.

Offender Assessment Areas in Need of Improvement and Recommendations

BPRC serves specialized populations, including substance abuse and domestic violence offenders. Tools used to assess these domain specific needs were not regularly found in client files during the file review. That is, no tools designed to objectively assess key issues such as substance abuse, addiction, or domestic violence are used to decide placement into groups or duration of treatment.

- ***Recommendation:*** In addition to the MORRA, the program should utilize a validated, standardized needs assessments to determine placement in and duration of treatment services for substance abuse and domestic violence offenders. Examples of these include ASI or TCU – Drug Screen 5 for substance abuse and PCL-R/V-RAG for domestic violence.

Successful programs assess and provide services based on responsivity factors (e.g., motivation, readiness to change, intelligence, reading level, etc.). Responsivity factors should be assessed using one or more validated, standardized, and objective instruments. The results of the assessment(s) should be used to make clinical or staffing decisions based on the necessary responsivity factors.

- ***Recommendation:*** BPRC conducts several assessments from TCU upon intake. Those assessments should be reviewed to determine if they are validated, standardized, and objective. If they are validated, standardized and objective assessments, then they should be used to place offenders in certain groups, on appropriate staff caseloads, or used to address the responsivity factors needed. Even though assessments were conducted, they were not reviewed using objective scoring from the creators of the tool but were compared to other current and past program participants from BPRC. Staff were also not aware of the responsivity factors assessed or how they used the assessments to mitigate responsivity issues.

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 prevention strategies designed to assist the resident in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

To reduce the likelihood that clients will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. BPRC offers services that target criminogenic needs, including criminal attitudes, substance abuse, peer associations, impulsivity, goal setting, and transition planning. Overall, BPRC is targeting at least 80% of their treatment efforts on criminogenic need areas.

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

Research suggests that programs providing services should be between three and nine months in length and not exceed 12 months (not including aftercare). The reported average length of stay for clients at BPRC is 180 days.

BPRC residents are adequately monitored while in the community. Residents are required to have an approved agenda that must be followed. BPRC staff complete random community spot checks to verify residents' whereabouts in the community. Residents are required to participate in random drug and alcohol testing.

BPRC has detailed program manuals that outline key information within the program, including a resident handbook, staff manuals outlining policy, procedure and general facility guidelines, and curricula manuals.

Residents spend at least 40% of their time per week doing structured tasks. The program requires residents to work at least 32 hours per week in addition to attending programming. Residents who are on SSDI and unable to work full-time are expected to work part-time and find other ways to proactively use their time.

Staff are assigned to programs/groups based on their skills, experience, education and training. All programming groups are conducted by professional staff from beginning to end; groups are never facilitated by offenders.

Residents have input into programmatic structures and features of the program. Input is gathered through completing a program evaluation prior to discharge and a group evaluation upon

completion of specific groups offered in the facility. There were specific examples provided related to how resident input is utilized and incorporated into the program structure.

BPRC has a range of available reinforcement and punisher applications to encourage prosocial behaviors and extinguish antisocial behavior. The reinforcers available include verbal and written praise, extra passes, phasing up, extra money on weekly budget, and extra time on passes. The punishers available include verbal warnings, loss of privileges, extra duties, temporary placement in a more secure location, and removal from the program.

BPRC has established completion criteria that is not solely based on the amount of time in the program. Successful completion requires the completion of all assigned groups, advancement through each phase of the program, and development of an appropriate release plan.

BPRC has a current successful completion rate around 80%. Formal discharge plans are developed upon completion of the program. These plans include details of progress achieved while in the facility, areas that need continued work, and recommendations for referrals to services.

Treatment Characteristics Areas in Need of Improvement and Recommendations

Research indicates that case plans should be developed using formal assessment results. Staff consistently reported that case plans are developed using the results of client risk assessments, however, case plan review did not demonstrate this.

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

Research indicates that program manuals should be consistently followed by staff. BPRC demonstrated having program manuals, however, staff interview responses did not demonstrate that staff are familiar with what is included in the manuals and how to access them.

- ***Recommendation:*** Staff should familiarize themselves with facility and program manuals and these manuals should be kept in a location easily accessible to all staff.

BPRC uses the MORRA as their validated risk assessment tool and the program utilizes the tool to separate participants into treatment groups based on their risk score/level. Observations showed that in general low-risk residents were separated from high-risk residents. However, it was found that at times low-risk residents are placed in group with high-risk residents.

- ***Recommendation:*** Low-risk residents should not be placed in groups with moderate to high-risk residents. Residents who are assessed as being low-risk should be offered individual sessions or placed in programming that is strictly made up of low-risk residents.

BPRC generally utilizes a validated risk assessment tool to identify risk levels of residents in the program. Residents are generally separated by risk for programming purposes, however, there was no evidence that the intensity or duration of programming increases for higher risk offenders.

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

Residents' needs and responsivity factors, such as personality characteristics or learning styles, should be taken into consideration to systematically match residents to the most suitable type of services and staff. BPRC does not consistently match staff members to specific groups of residents based on resident responsivity factors.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign residents to different treatment groups and staff.

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 clear that rewards need to outweigh negative consequences (punishments) by a ratio of 4:1. Reports from staff and residents were inconsistent regarding the use of reinforcement within the program. Rewards appeared to be given to the clients based on compliance and doing extra chores rather than demonstrating and making cognitive prosocial choices or demonstrating behaviors learned in treatment groups. Reinforcers are not consistently applied as soon as possible and staff responses regarding applying reinforces were inconsistent. There was no evidence of reinforcers being consistently applied after the appropriate behavior is first demonstrated and then intermittently applied after the appropriate behavior becomes more frequent.

- ***Recommendation:*** BPRC should work towards achieving a 4:1 ratio of reinforcers to punishers to increase residents' prosocial behaviors.

- ***Recommendation:*** The application of reinforcers should come immediately after the behavior or as close to the behavior as possible and should be consistently and then intermittently applied after the appropriate behavior. Reinforcers should be used for behavior that demonstrates prosocial skills and actions learned in treatment groups.

BPRC has written policy related to applying punishers, however, staff responses indicated that staff are not specifically trained on the policy. Staff and resident interviews demonstrated that punishers are not being administered in ways research shows to be effective and staff are not monitoring for displays of negative effects after a punisher is administered.

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

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

If the aim of correctional programming is to increase resident engagement in prosocial behavior, residents must be taught skills in how to do so. At the time of the site visit, very little of the group and individual services incorporated cognitive restructuring or structured skill building (i.e., skill modeling, participant practice, and graduated practice).

- ***Recommendation:*** Residents should be taught to restructure their unhealthy thinking to help them make prosocial decisions. Specifically, they should be taught how to identify, challenge, and replace their unhelpful thinking across program targets. All staff should incorporate cognitive-restructuring techniques in their interactions with residents even in groups where the curricula does include them.

- ***Recommendation:*** Structured skill building should be routinely incorporated across the service elements. Staff should be trained to follow the basic approach to teaching skills, which includes:
    - defining skills to be learned;
    - obtaining participant buy-in as to the importance of the skill;
    - staff teaching the steps of the skill; 4) staff modeling the skill for the offender;
    - offender rehearsal of the skill (role-playing);
    - staff providing constructive feedback to offender on their use of the skill; and
    - generalizing the skill to other situations (e.g., homework or advanced role plays).

Following this, the offender should practice the skill in increasingly difficult situations, which forms their graduated skills practice. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to the offender.

Treatment and intervention groups should not exceed 8-10 residents per facilitator unless specifically noted in curricula. During group observation and staff interviews, it was noted that BPRC's group size ranges from 5-13 per one facilitator as determined by observation and staff interviews.

- ***Recommendation:*** All groups should be structured for only 8-10 residents per facilitator. If more participants are needed in the group, an additional co-facilitator should be included and actively engaging in the process.

At the time of the assessment, no services for family were provided. If the family is willing, family counseling sessions, a multifamily group, and/or a family orientation group should be made available. Research demonstrates that significant others (e.g., family and/or friends) receiving training to provide structured support to offenders is tied to better outcomes. Family members should be formally trained to support the resident in making prosocial decisions and in using skills and concepts they have been taught in BPRC.

- ***Recommendation:*** BPRC should include a formal family involvement 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 in BPRC 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 to identify risky situations and triggers to aid in reintegration.

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

- ***Recommendation:*** BPRC should incorporate an aftercare component to the program that includes the following: reassessment of the offender's risk and needs, requirement of attendance, evidenced-based groups or individual sessions, and duration and intensity based on offender risk level.

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

Research shows that programs will be more effective if they have an internal management audit system. This should include file review, regular observations of staff delivering groups/services, and mechanisms to provide participant feedback on their progress in the program. While onsite the assessment team did see completed group observation forms, a file review checklist, and Program Director Lappin noted that when the group observation forms are completed, he meets with his staff to review them. Additionally, other staff interviewed noted that Mr. Lappin does sit in on their groups and provides feedback on their service delivery.

Programs that collect formal participant feedback on service delivery and use the data to inform programming are more effective. The BPRC collects data through their Resident Program Experience Evaluations and their end of program/group evaluations.

Quality Assurance Areas in Need of Improvement and Recommendations

More effective programs have a management audit system in place to evaluate external service providers to ensure that the services being provided are of high quality. This may include periodic site visits, monitoring of groups, regular progress reports, file review, audits, etc. These must also be completed on a regular basis and written reports should be available. The BPRC does utilize several outside treatment providers to meet the needs of their residents. Through file review and staff interviews it was evident that information and/or progress on how each resident is doing in treatment is not consistently shared with the staff at the BPRC.

- ***Recommendation:*** The Program Director, or designee, should formally observe outside treatment providers to ensure that the services being provided are of high quality. Observation of outside treatment providers/group sessions should occur on a regular basis and the BPRC should require that each treatment provider submit regular progress reports for each resident. Additionally, the BPRC should ensure that all assessments, progress notes, or any additional information regarding how the residents did during group(s) is shared and consistently found in resident files with an appropriate Release of Information (ROI).

Programs that have a periodic, objective, and standardized reassessment process in place to determine if residents are meeting target behaviors are more effective. Indicators may include pre- and post-testing on target behaviors, reassessments using standardized instruments, monitoring progress through detailed treatment plans, and making changes/updating those plans 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:*** The BPRC should develop and implement 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 in 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 are more effective. The BPRC does not track these data points. Additionally, the BPRC has not undergone a formal evaluation comparing its treatment outcomes with a risk-control comparison group. Finally, the BPRC does not work with an internal or external evaluator that can provide regular assistance with research/evaluation. While MDOC compiles some of this information and OMIS allows for some reports to be run, the BPRC has not identified a process to ensure that available data are examined to help the facility/program make data-driven decisions. Due to not having a formal evaluation, there were no findings to review for reduction of recidivism related to a comparison group.

- ***Recommendation:*** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked at six months or more after termination from the BPRC. 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 understands 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. The BPRC 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 may include Montana State University (Bozeman or Billings), University of Montana (Missoula), or Montana Tech (Butte). 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/recommendations. If a comparison study is conducted that does not show a significant difference or reduction in recidivism rates, the BPRC should make programmatic changes to improve the outcomes.

- ***Recommendation:*** Similarly, the BRPC should identify an evaluator who is available to assist with data analysis. If this is an internal position, evaluation must be the focus of their position, and they should have appropriate credentials. Alternatively, the BPRC 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

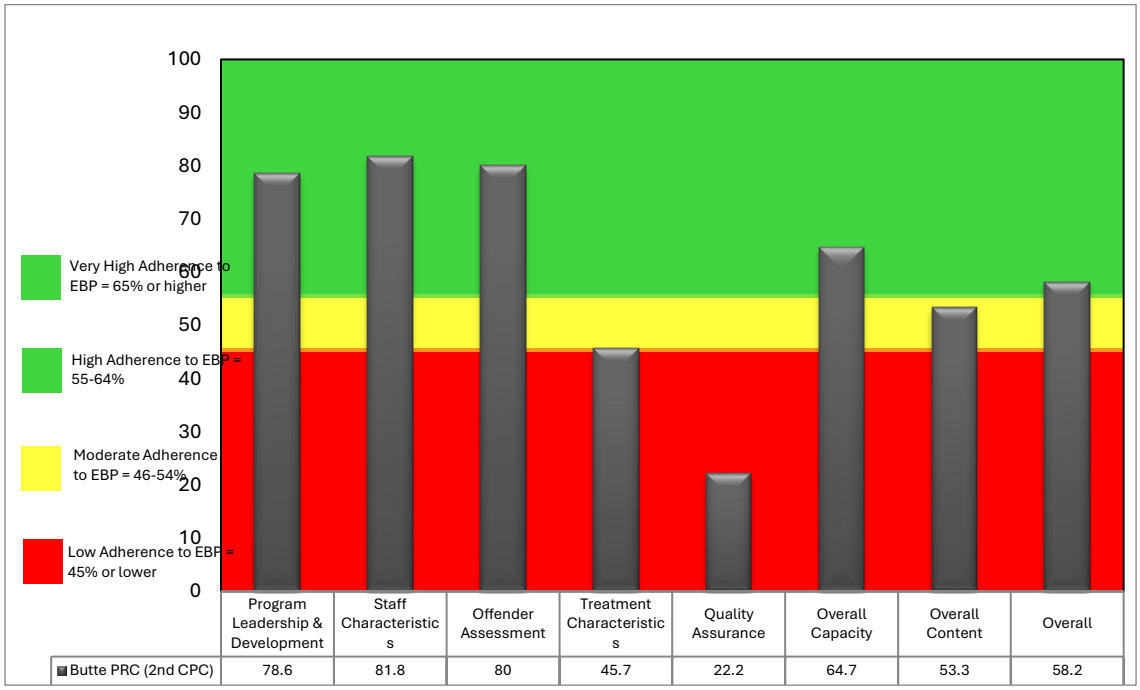
As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100% on the CPC. Based on the assessments conducted date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having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

The BPRC received an overall score of 58.2% 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, BRPC scored 64.7% which falls into the High Adherence category. In the Content Domain, BRC scored 53.3% which is Moderate Adherence to EBP. These scores were a great improvement from their previous CPC Assessment conducted in 2021 where the Capacity Domain scored 50%, Content Domain scored 31.8%, and their Overall score was 39.7%. While there is still room for improvement and changes that could be made, BPRC staff should commend themselves for the work they have done.

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 systematically address them. Should BPRC want assistance with action planning or technical assistance, MDOC can provide or recommend others to help in these endeavors. Evaluators note that BPRC staff are open and willing to take steps towards increasing the use of EBP within the facility. This was clearly identified during the kickoff call, ongoing communications, and onsite visit.

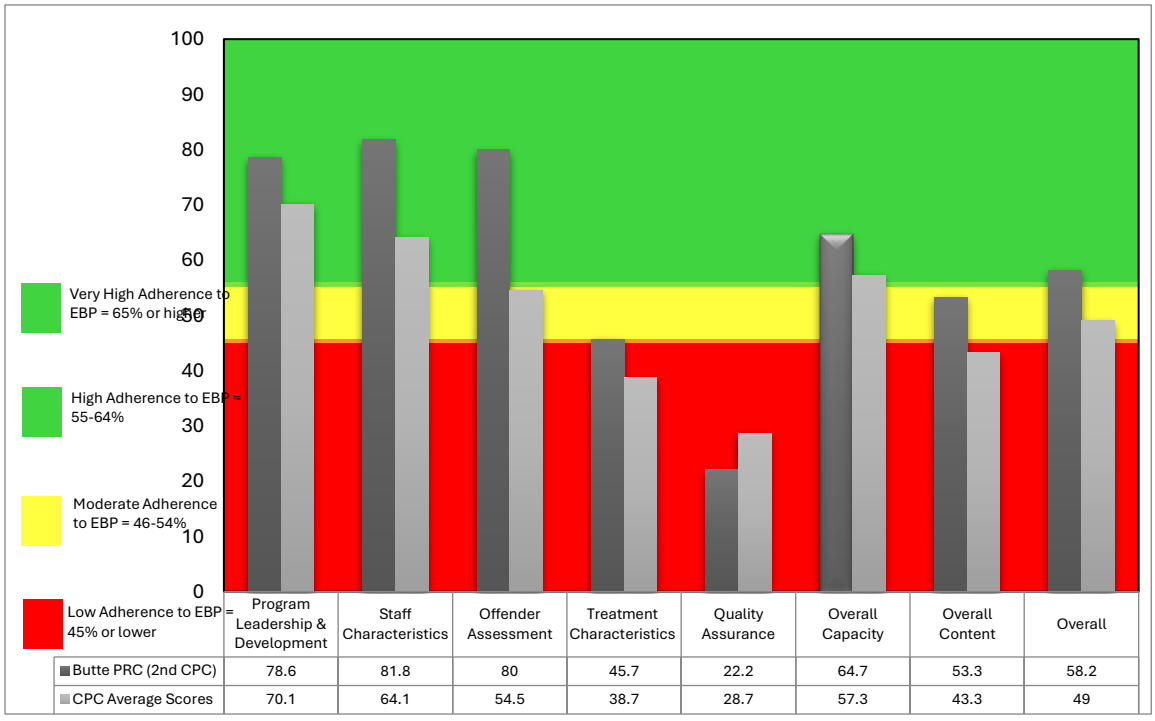
Shown below are two graphs (Figure1 and 2) indicating the percentage(s) received in each domain of the CPC. Figure 1 shows the percentages the BPRC received for each domain based on how each item was scored. Figure 2 shows the BPRC's percentages compared to the CPC's average scores.

Figure 1: BPRC CPC Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Butte PRC (2nd CPC)	78.6	81.8	80	45.7	22.2	64.7	53.3	58.2

Figure 2: BPRC Compared to the CPC Average Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
Butte PRC (2nd CPC)	78.6	81.8	80	45.7	22.2	64.7	53.3	58.2
CPC Average Scores	70.1	64.1	54.5	38.7	28.7	57.3	43.3	49

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

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

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

1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio's community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.

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

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

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