

FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

WATCh West

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By

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

INTRODUCTION

Research has consistently shown that programs that adhere to key principles, namely the risk, need, responsivity (RNR), and fidelity principles are more likely to impact delinquent and criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism. To ensure that high quality services are being delivered, there has recently been an increased effort in formalizing quality assurance practices in the field of treatment and corrections. As a result, more legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, per Montana Code Annotated (MCA) Section 53-1-211, the Montana Department of Corrections (MDOC) was directed to complete an assessment of the Warm Springs Addiction, Treatment, and Change (WATCh) West Program using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC Assessment is to conduct a detailed review of the facility's practices and to compare them to best practices within the adult criminal justice and correctional treatment literature. Facility strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the facility are offered.

CPC BACKGROUND AND PROCESSES

The CPC is a tool developed by the University of Cincinnati Corrections Institute (UCCI) for assessing correctional intervention programs. The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from four studies conducted by UCCI on both adult and youth programs were used to develop and validate the CPC indicators. These studies produced strong correlations between outcome (i.e, recidivism) and individual items, domains, areas, and overall score. Two additional studies confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators of the CPC.

To continue to align with updates in the field of offender rehabilitation, the CPC has been revised twice. A substantial revision was released in 2015 (CPC 2.0) and in 2019, minor revisions were made (CPC2.1). Through this document, all references to the CPC are a direct reference to the revised CPC 2.1 version of the assessment tool.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains and focuses on the extent to which the program meets certain principles of effective interventions, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that the five domains are

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

After the site visit and scoring process, a report (i.e., this document) is generated which contains all the information described above. In the report, your program's scores are compared to the average score across all programs that have been previously assessed. This report is first issued in draft form and written feedback from you and your staff is requested. Once feedback from you is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program and/or the agency requesting the CPC and UCCI will not disseminate the report without prior approval. The scores from your program will be added to our CPC database, which we use to update scoring norms.

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

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

As mentioned above, the CPC represents an ideal program. Based on the assessment conducted to date, program typically score in the Low and Moderate Adherence to EBP categories. Overall, 14% of the programs assessed have been classified as having Very High Adherence to EBP, 20% as having High Adherence to EBP, 24% as having Moderate Adherence to EBP, and 42% as having Low Adherence to EBP. Research conducted by UCCI indicates that program that score in the Very High and High Adherence categories look like program that are able to reduce recidivism.

SUMMARY OF THE FACILITY AND SITE VISIT PROCESS

The Warm Springs Addictions Treatment & Change (WATCH) Program, a subsidiary of Community, Counseling, and Correctional Services Inc. (CCCS), is located in Warm Springs, Montana, and is a partnership between CCCS and the Montana Department of Corrections (MDOC). According to the WATCH Client Handbook the mission of the WATCH Program, “is an intensive, cognitive-behavioral based program, which assists clients to develop skills necessary to create pro-social change; reduce anti-social thinking; interrupt criminal behavior patterns; and address the negative effects of substance use disorder while integrating more fully into society.” Also notes in their Client Handbook, “The WATCH Program is a partnership between CCCS and the Montana Department of Corrections (MDOC). The Program opened on February 1, 2002, in Warm Springs, Montana and is the culmination of efforts by CCCS and the MDOC to provide an alternative, proactive response, to traditional sentencing of adult felony DUI offenders.”

The CPC Assessment took place February 21-22, 2023, and consisted of a series of structured interviews with clinical staff, facility staff, and clients in the program. Clinical staff includes the program director/treatment supervisor, case managers, licensed addiction counselors (LACs), a mental health professional, an aftercare coordinator, and counselor technicians. Facility staff includes the program administrator, medical staff, a behavioral coordinator, behavioral supervisors, and behavioral technicians.

For the purposes of this assessment, Keith Lopez was identified as the Program Director. It should also be noted that for the purposes of the CPC Report, case managers, licensed addiction counselors (LACs), a mental health professional, an aftercare coordinator, and counselor technicians were those identified as direct service delivery staff. Additionally, data was gathered via the examination of 20 representative files (open and closed) as well as other relevant program materials (e.g., policy and procedure manuals, staff training information, assessments, curricula, client handbook, etc.). At the time of the CPC Assessment, the groups offered at WATCH included Relapse Prevention, Living in Balance, Life Skills, Victim Issues, Cognitive Behavioral Interventions- Substance Abuse (CBI-SA), Criminal and Addictive Thinking (CAT), Anger Management, Men in Recovery, and Mental Health. Of the groups offered at WATCH, three different groups were observed. These included CAT, Men in Recovery, and CBI-SA.

FINDINGS

Program Leadership and Development

The first subcomponent of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the facility), their qualifications and experience, their current involvement with the staff and the residents, as well as the development, implementation, and support (i.e., both organizational and financial) for treatment services. As noted above Keith Lopez serves as the Program Director for the purpose of the CPC Assessment/Report.

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

Program Leadership and Development Strengths

Keith Lopez was identified as the Program Director for WATCH. Mr. Lopez has worked at WATCH for less than a year and he previously worked at the START facility as the Lead Clinical staff. Mr. Lopez has worked as a LAC since 2011, working in outpatient services and then at Montana State Prison. Mr. Lopez has a bachelor's degree and a certificate in Addictions Counseling. Mr. Lopez attended a forensic psychology course during his studies.

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

Mr. Lopez leads one group, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA), and is currently filling in for Relapse Prevention. Mr. Lopez also currently has a caseload due to short staffing. Being short staffed has been listed as a factor currently at this facility, but Mr. Lopez states he would still be doing CBI-SA even if they were fully staffed.

WATCH identified that they have the support of multiple criminal justice stakeholders around the state and in their community. These stakeholders were identified as Montana DOC, Probation & Parole, and the Judges and Courts around the state. WATCH states most of their referrals come from the Judges and courts and they are usually full, so they feel very strong support statewide. In addition to this support, WATCH identified multiple local community supporters, such as agencies that volunteer at WATCH, like Alcoholics Anonymous (AA), Religious Services, or the Veteran's Administration.

WATCH has been in operation since 2002 and meets the criteria for operating for at least three years. Program funding has been adequate since the program started and there have been no major financial changes within the last two years. WATCH serves a male offender population only.

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

Programs in which the program director participates in the hiring process for service delivery staff have better programmatic outcomes than programs where the program director does not participate in the hiring process. Neither Mr. Lopez nor Program Administrator Melissa Kelly are involved in the hiring process since this is completed by their company for them.

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

It is important that the program be based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. WATCH has been working with UCCI to improve the programming. Although this is a positive step, and upper management staff seem to be aware of the current literature, not all staff are receiving dissemination of the treatment literature being used and the most updated literature. WATCH does appear to have a more formal practice of disseminating information since their last CPC. They have added monthly clinical meetings and they are able to add the information into their computer system, Total Offender Management System (TOMS), to see if staff have reviewed the information.

- ***Recommendation:*** The WATCH Program Director should conduct literature searches to regularly obtain literature specific to the WATCH Program and disseminate that literature to all staff. This information should be easily accessible for all staff and reviewed for comprehension on a regular basis. There were some traces of this being accomplished in the WATCH Program, but it was not observed consistently enough to be considered a strength.

Research indicates that effective programs observe a formal pilot period prior to implementing modifications, as subsequent revisions are often difficult to make once a change is formally instituted. Piloting is most successful when it is a regular and formalized process. It was indicated through the assessment and document review process that not all changes to the WATCH Program have been piloted with all the necessary components prior to becoming a formal/program practice.

- ***Recommendation:*** As new components are incorporated at WATCH, a formal pilot period should be conducted for each new component. This should be a formal process that is used regularly and should include client and staff feedback before the changes are implemented long-term. Although there were traces of piloting being used in the WATCH Program, it was not observed consistently enough to be considered a strength.

Staff Characteristics

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

Staff Characteristics Strengths

WATCH staff meet the CPC requirements for education with 86.7% of staff having an Associate's Degree or higher. WATCH does annual evaluations on all staff. All direct service delivery staff receive ongoing clinical supervision from a licensed clinical supervisor – Mr. Lopez. The case managers, counselor techs, and licensed addiction counselors are considered to be part of the clinical team and participate in both group and individual supervision on a weekly basis. The program director provides supervision by observing groups, attending monthly meetings with staff, and 1:1's with staff as needed.

WATCH has established ethical guidelines for their staff as evidenced by the Code of Ethics staff sign upon hire. It was evident throughout the site visit that the goals and values of the program are supported by the staff that work in the WATCH Program.

Staff Characteristics: Areas in Need of Improvement and Recommendations

Successful programs are those where direct delivery staff have worked in programs with criminal/juvenile justice populations for at least two years. Due to many changes in the WATCH Program, there has been staff turnover and only 26.67% of staff have at least two years' experience working with criminal justice populations.

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

WATCH reports they do have questions in the interview process to focus on hiring staff based on key skills and values; however, hiring is done by their corporate office and there were inconsistencies reported on how staff are hired.

- **Recommendation:** The WATCH Program Director should be directly involved in the hiring process to ensure candidates are being hired based on skills and values.

WATCH program delivery staff attend a staff meeting once per month.

- **Recommendation:** Program delivery staff should have staff meetings at least twice per month in order to discuss intakes, case reviews, problems, and programming.

WATCH reports that new staff have 40 hours of training when they begin their job. Clinically licensed staff have 40 or more hours of training a year due to working on ongoing education for

their licensure. However, other staff only receive 20-30 annual hours of training per year. Although WATCH does formal training upon hire, indicators showed that staff are not always trained in the curriculum they are facilitating prior to delivering group.

- **Recommendation:** New staff should receive thorough training in the theory and practice of interventions employed by WATCH. There should be formal training for all staff on the WATCH services before any staff deliver that curriculum. In addition to the WATCH curriculums, relevant topics could include training on the principles of effective intervention, assessments, specific program components, group facilitation, Core Correctional Practices (CCP) (i.e., professional relationship, effective reinforcement, effective disapproval, effective use of authority, cognitive restructuring, pro-social modeling, structured learning, problem solving, 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 ongoing formal training related to 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 various aspects of the job, should not be counted towards this criterion.

Programs that offer staff opportunities to provide input on programs and delivery of services have better outcomes than programs who do not. Although there were some traces of staff feeling they could have input in the program and be able to modify the program, this was not seen consistently enough to be considered a strength.

- **Recommendation:** WATCH should provide opportunities for all staff to provide input on the program and the delivery of services, and create an environment where staff feel their input is welcomed. This could include verbal suggestions to supervisors and administrators, emails, and opportunities to discuss improvements in clinical meetings and staff meetings. These suggestions and modifications would need to be approved by the Program Director prior to taking place.

Offender Assessment

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

Offender Assessment Strengths

The most effective programs are those whose participants are deemed appropriate and can be adequately served by the program. The WATCH Program requires that all clients have alcohol related offenses. Those may include DUI's or DUI related offenses such as vehicular homicide

while under the influence. Additionally, staff interviews indicated 10% or less of clientele were inappropriate for the program based on cognitive or mental functioning level.

The CPC requires that risk factors are measured with a validated, standardized, and objective risk assessment instrument that produces a level of risk. Additionally, these tools are also crucial as they determine which criminogenic need areas offenders have related to recidivism (e.g., antisocial attitudes, substance abuse, peer associations, employment, etc.). WATCH uses the Montana Offender Reentry Risk Assessment (MORRA) to identify risk levels and criminogenic needs for their clients. The MORRA is renamed from the Ohio Risk Assessment System (ORAS) and is a validated risk and needs assessment instrument.

Equally important to using validated, standardized, and objective risk assessment instruments to identify risks and needs, are secondary assessments to identify additional domain specific needs and key offender types. Because general risk and needs assessment tools do not adequately identify specific areas (e.g., substance abuse, sexual offending, or domestic violence) additional needs assessment should be utilized. WATCH does use the Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST), the American Society of Addictive Medicine (ASAM), Diagnostic Statistical Manual of Mental Disorders (DSM-5), the Texas Christian University (TCU), Adverse Childhood Experiences (ACE), and the South Oaks Gambling Screen (SOGS), to determine intensity and level of care needed as their secondary assessments.

Offender Assessment: Areas in Need of Improvement and Recommendations

In order to fully adhere to the Risk, Needs, and Responsivity (RNR) model of best practice, the third component, Responsivity, must be assessed to determine factors that can affect the clients' engagement in the program (e.g., motivation, readiness to change, intelligence, maturity, personality factors, mental illness, reading level, etc.). While it was determined that WATCH uses a number of different responsivity assessments, there were no traces observed that indicated the assessments were used for treatment or programming purposes.

- ***Recommendation:*** WATCH should decide on a minimum of two responsivity assessments which should be used to drive programmatic decisions.

Research indicates that the percentage of moderate to high risk clients that a program serves should be over 70%. The percentage of moderate to high risk clients served by the WATCH Program was less than 70% as determined by the file review of their assessments. However, referrals to the WATCH Program are based on statutory requirements to treat felony DUI offenders. DUI offenders tend to score lower on the risk needs assessments thereby making this recommendation challenging.

- ***Recommendation:*** WATCH should ensure that the percentage of moderate to high risk clientele served in their program be 70% or higher.

Treatment Characteristics

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

Treatment Characteristics Strengths

To reduce the likelihood that clients will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. The WATCH Program offers services that target criminogenic needs, including criminal attitudes, substance abuse, peer associations, impulsivity, goal setting, and transition planning. Overall, the WATCH Program is targeting at least 50 percent of their treatment efforts on criminogenic need areas. Additionally, the program has policies and procedures in place in which their formal assessments are used to develop case plans/individual treatment plans. The case plans/individual treatment plans observed through file review included goals and objectives, time frames for completion, and progress notes based on the client's performance.

The primary treatment model utilized in the WATCH Program is Cognitive Behavioral Therapy (CBT) and they are utilizing some evidence-based interventions for the groups they facilitate.

Research suggests that programs providing services should be between three and nine months in length, and not exceed 12 months (not including aftercare). The average length of stay for clients in the WATCH Program is six months.

The WATCH Program has detailed program manuals outlining all major aspects of the program. There is also a resident handbook that is available for their clients. Additionally, group manuals for CBI-SA, CAT, Anger Management for Substance Abuse and Mental Health Services Administration (AM SAMHSA), and Relapse Prevention were available to delivery staff for groups.

Groups observed were facilitated by the appropriate staff. WATCH staff have the appropriate skills, education, and training/licensure to facilitate the groups offered.

The WATCH Program values their clients' input. Client evaluations are completed midway through the program and upon completion of the program. Additionally, the program director and administrator meet with two representatives from each unit weekly and there is a form and drop box available to the clients to provide additional program input.

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

assessment, the WATCH Program had an appropriate range of punishers available to promote behavioral change. These punishers included Class 1, 2, and 3 write-ups, “Honor Down” for a week, loss of canteen and/or other privileges, and “Learning Experiences” where clients are required to write a paper on their behavior(s). Clients in the program can also be removed from the program through a sanction, be sent to an assessment center for further assessments, and could return to the program to start again.

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

Formal discharge plans, or Progress Summary Reports (PSR), are developed upon program completion. These plans include goals, objectives, and notes regarding specific individualized need areas. The PSR includes successful completion of mandatory requirements, and release information/planning that includes housing, employment, and continuing support and goals.

Treatment Characteristics: Areas in Need of Improvement and Recommendations

The WATCH Program does have program manuals for all the curricula they offer; however, to ensure program fidelity, program manuals, and curriculum in the programming must also be followed consistently. Indicators observed showed that those manuals are not always utilized/followed, and that staff was not always provided the manuals for group facilitation upon the start of a group.

- ***Recommendation:*** Staff should be provided with feedback and coached to enhance their service delivery. Group monitoring should include program fidelity components along with facilitator skills.

Research indicates that the most successful programs are those where 40 percent of the client’s time per week is spent in structured tasks. Structured tasks can include school, work, treatment groups, and other staff supervised tasks (e.g., community meetings, homework time, and case management sessions). Clients in the WATCH Program are not employed or in school so they should be in a structured task for at least 35 hours per week. Indicators observed showed that clients in the program participate in structured activities between 10 and 20 hours per week, falling below the recommended time.

- ***Recommendation:*** While the WATCH Program did provide a weekly schedule outlining the structured activities that their clients participate in daily/weekly; they should ensure that all structured activities are closely monitored with training and qualified staff present.

As noted in the Offender Assessment section the WATCH Program does use the MORRA as their validated risk assessment tool; however, the program does not utilize the tool to separate clients i treatment groups based on their risk score/level. Observations showed that the treatment groups offered at WATCH were made up of Low, Moderate, and High risk clients. Additionally, programs should vary the intensity, length, and overall programming for clients based on risk levels. All clients in the WATCH Program attend the same groups, the groups are made up of all

different levels of risk, and clients take the same groups several times throughout their six month stay in the program which does not account for additional dosage hours.

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

Clients' needs and responsivity factors, such as personality characteristics or learning styles, should be used to systematically match clients to the most suitable type of services. Additionally, these assessments should be taken into consideration when assigning clients to different staff. The WATCH Program did not consistently match staff members to specific groups of clients based on their responsivity factors, and it appeared to be based more on staff availability.

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

The WATCH Program did not provide a sufficient range of reinforcers as rewards within the program. It was noted the clients in the program can receive a "kudos card" as a positive reinforcement; however, staff could not articulate how and why a client might receive one. Additionally, kudos cards appeared to be given to the clients based more on compliance, helping staff with different things like setting up a room for group or filing, rather than for demonstrating and making cognitive prosocial choices or demonstrating behaviors learned in treatment groups. The research is also clear that rewards need to outweigh negative consequences (punishers) by a ratio of 4:1. While observations and interviews showed that staff were able to identify a goal of having four reinforcers to one punisher, there was no evidence that this is being carried out in the program.

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

As noted earlier the WATCH Program does have an appropriate range of punishers available to promote behavioral change. However, the application and goal of those punishers appeared to be unknown and inconsistent from staff to staff. Staff and clients reported inconsistent rule enforcement between the different units in the WATCH Program as well as between the WATCH Program and the Connections Corrections Program (CCP) which is housed in the same facility. For example, it was reported that clients in the WATCH Program are being punished for the acts of those clients in the CCP Program.

Completion criteria for the WATCH Program needs to be clearly outlined and defined by progress in acquiring prosocial behaviors, attitudes, and beliefs. The determination of program completion should not be based on time or solely on the non-behavior indicators (e.g., completion of court requirements). Observations indicated that program completion is more based on time in the program rather than measuring client change, skill acquisition, or progress in treatment.

- **Recommendation:** Clear standards should be set as to when individuals can complete their active treatment/honor phase and eventually complete the program. Benchmarks should be implemented to allow someone to successfully navigate through the program. These can include attendance and participation standards, scores on pre-and post-testing, meeting a certain percentage of objectives from their case plans, or formal reassessment of client risk and needs.

A program's successful completion should fall between 65 and 85 percent. A program with too low of a completion rate may not address the needed criminogenic risk factors in a proactive way. Too high of a completion rate may indicate a need for stricter standards or more universal application of standards of completion. Based on file review and interviews with staff members, the current successful completion rate for the WATCH Program is between 95 and 98 percent.

- **Recommendation:** Once the WATCH Program outlines completion criteria/status for the clients, it should monitor the successful completion rate, which should range between 65 percent and 85 percent. This range can be obtained using benchmarks to

navigate through the program and consistent standards for participation and completion of the program.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants must be taught skills in how to do so. Role modeling and role plays should be done separately and should be consistent throughout the course of a group/program. At the time of the site visit some role models and role plays were observed, but this was not done on a consistent basis through all groups, nor was there evidence it was included on a regular basis in all groups. Groups should also include increasingly difficult situations that require the use of more skills or skills in an advanced way. Graduated practice allows clients to develop comfort with the skill in a safe setting, while practicing the application of the skill in real world scenarios.

- **Recommendation:** Role models and role plays should be completed in most groups. Role models should be planned out and completed only by staff members. Role plays are opportunities to practice the newly learned skills. Role plays need to be more than having clients just read from a worksheet, they should be utilized as an opportunity to act out their scenario/situation using the newly learned skill. Staff should interrupt role plays that do not use the skills appropriately. The ability to redirect the skill learning is a vital component. Further, if there are steps to a newly learned skill, those steps should be evident in the practice by the client.
- **Recommendation:** Structured skill building should be routinely incorporated across the service elements. Staff should be trained to follow the basic approach to teaching skills, which includes: 1) defining skills to be learned; 2) obtaining buy-in as to the importance of the skill; 3) staff teaching the steps of the skill; 4) staff modeling the skill; 5) client rehearsal of the skill (role playing); 6) staff providing constructive feedback on their use of the skill; and 7) generalizing the skill to other situations (e.g., homework or advanced role plays). Following this, clients 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 residents.

Research indicates that treatment/intervention groups should not exceed eight to ten participants per facilitator. Additionally, if there is a co-facilitator, they should be involved in the group (actively engaged in the treatment being provided). Groups observed during the onsite visit ranged from 22 through 43 clients per group, well over the recommended range.

- **Recommendation:** The WATCH Program should follow the research recommended range of eight to ten clients per group.

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

- **Recommendation:** All residents should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of offender

risk and needs, requirements of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level.

Quality Assurance

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

Quality Assurance Strengths

WATCh completes file reviews, completes group observation on the groups their staff is facilitating, and provides feedback to staff on their group(s).

WATCh has client surveys that their clients complete midway through the program and at the end of the program.

Quality Assurance: Areas in Need of Improvement and Recommendations

Programs that have a periodic, objective, and standardized reassessment process in place to determine if the clients are meeting target behaviors are more effective. Indicators may include pre- and post-testing of target behaviors, reassessments using standardized instruments, or monitoring the progress through a detailed treatment plan and making changes in the plan on a regular basis. While a number of assessments were found in the client files at the WATCh Program, traces observed indicated that they were not used to inform programming, to build treatment plans, or to make updates to the treatment plans on a regular basis. It appears that all the clients at WATCh go through essentially the same programming, have very similar treatment plans, and advance within the phase system primarily based on established timeframes rather than their individual progress.

- **Recommendation:** WATCh should develop and adhere to a policy and/or procedure outlining a standardized reassessment process to determine if they are meeting the targeted behaviors identified on the treatment and case plan. This policy/procedure should include identifying case management, criminogenic needs, current and reassessment timeframes, and life-altering events.

Research indicates that programs who track recidivism by gathering rearrest, reconviction, or reincarceration data six months after a participant has completed/terminated from the program are more successful. Further, programs should undergo a formal evaluation comparing treatment outcomes with a risk-control comparison group, and work with an internal or external evaluator who can provide regular assistance with research/evaluations. WATCh did provide a graph indicating 'program compliancy'; however, this graph does not provide direction or information on what that compliance looks like, nor does it indicate rearrest, reconviction, or reincarceration as noted in this standard. Additionally, within the last five years, WATCh has not undergone a formal evaluation or worked with an internal or external evaluator for regular assistance on research/evaluation.

- **Recommendation:** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked every six months or more after a client has completed/terminated from the program. WATCH can work with MDOC to obtain the data they collect, collect the data on their own, or work with a third party to collect and review recidivism data for all the clients released from their program. Additionally, there should be evidence the program receives and understands the data, and the data should be examined over time to identify trends.
- **Recommendation:** A comparison study between the recidivism rate for WATCH and a risk-controlled comparison group should be conducted. A report should include an introduction, methods, results, and discussion section. CCCS should explore if WATCH has the ability to complete such a study. If not, the program should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation that they could utilize as a low cost/no cost option. Local colleges and universities in Montana could be contacted should CCCS/WATCH pursue this direction. Departments that could assist with such a project include criminal justice, sociology, and psychology.
- **Recommendation:** Similarly, CCCS should identify an evaluator who is available to assist with data collection and analysis. If this is an internal position, evaluation must be the main focus of their position and they should have the appropriate credentials. Alternatively, WATCH could partner with a local college or university for research purposes to limit 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 program) so that fiscal compensation is limited to payments 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 percent on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall 7 percent of the programs assessed have been classified as having Very High Adherence to EBP, 17 percent as having High Adherence to EBP, 31 percent as having Moderate Adherence to EBP, and 45 percent as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

This is the second CPC Assessment for the WATCH Program, and they received an overall score of 46 percent on the CPC. This falls into the Moderate Adherence to EBP category, which is an improvement from their previous assessment where they fell into Low Adherence This is commendable given the population they serve. In the Capacity Domain, WATCH scored 54.5 percent, which falls into High Adherence to EBP. In the Content Domain, WATCH scored 39.5 percent, which falls into Low Adherence to EBP.

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

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

Figure 1: WATCH West CPC Scores

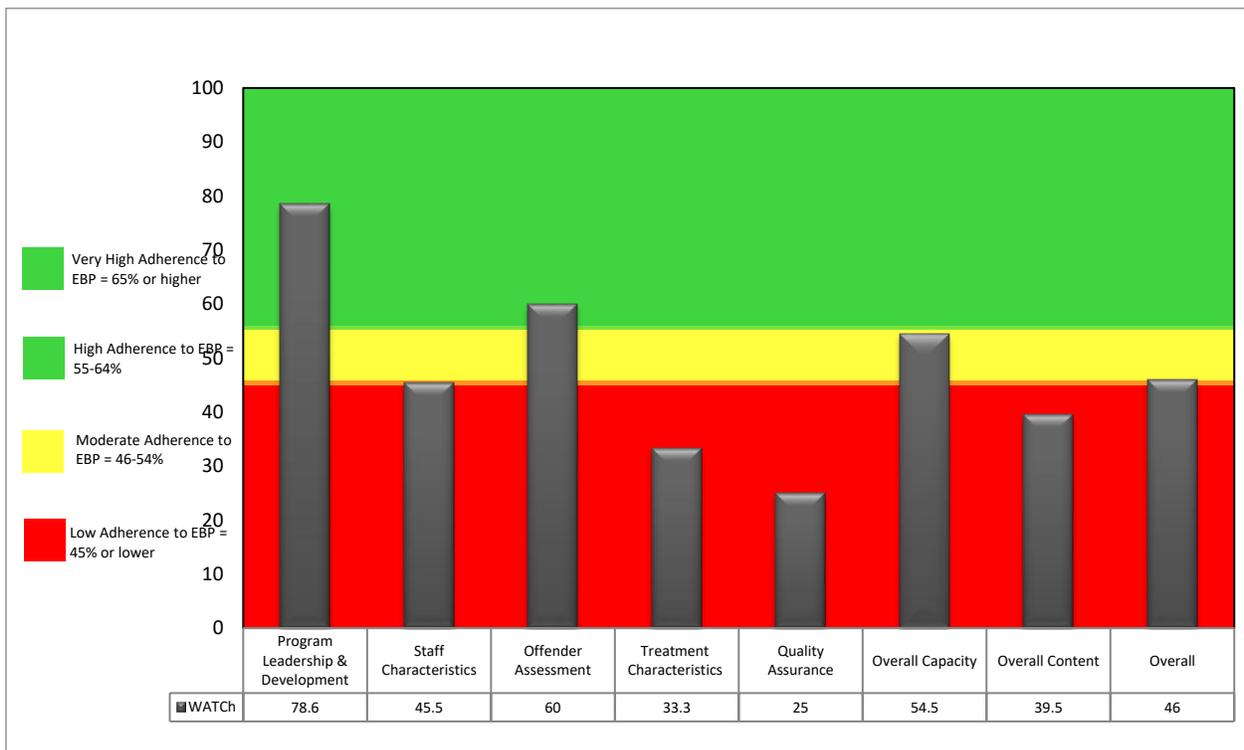
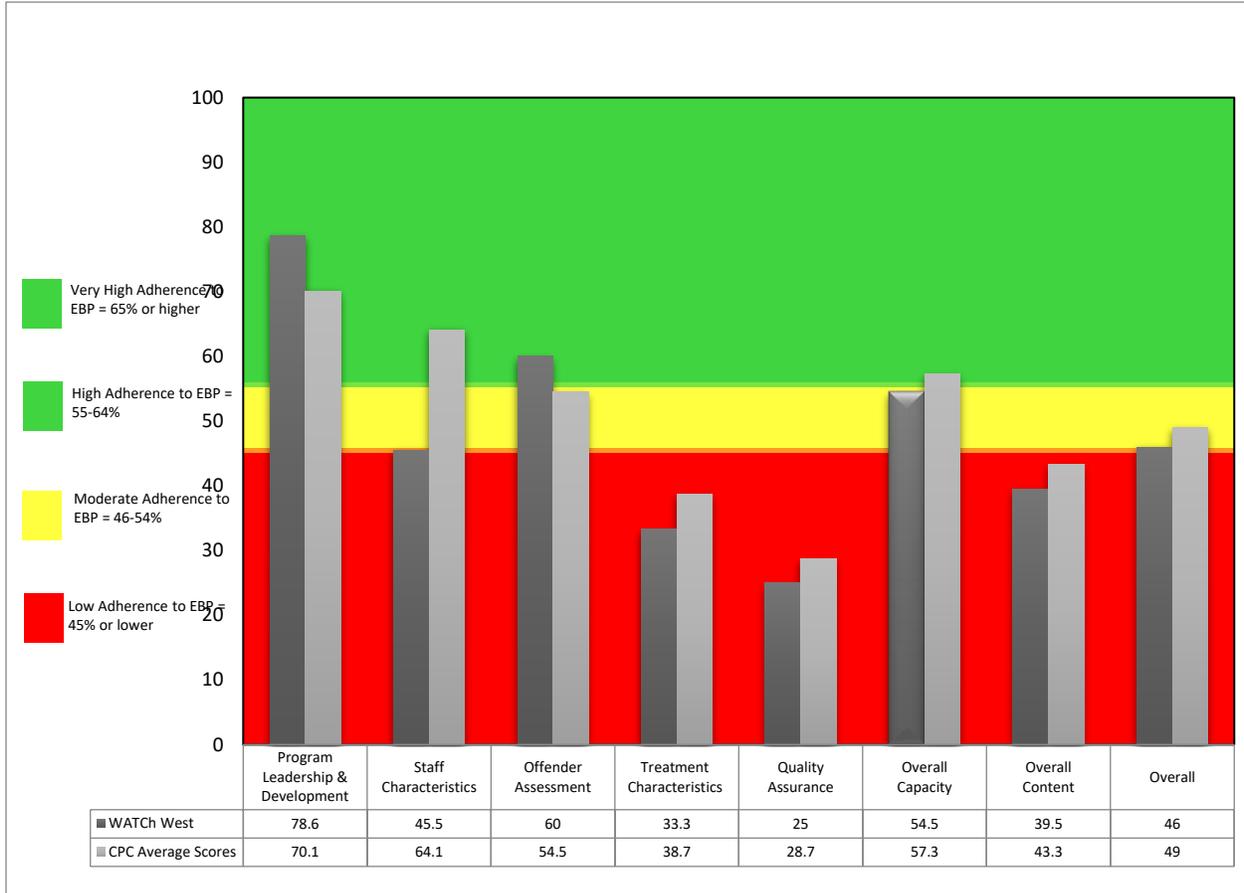


Figure 2: WATCH West compared to the CPC Average Scores



- i. In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.
- ii. The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.
- iii. A Large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. Reference include:
 - 1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio’s community based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
 - 2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio’s CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.

3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
 4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio's community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
- iv. Makarios, M., Lovins, L. B., Myer, A. J., & Latessa, E. (2019). Treatment Integrity and Recidivism among Sex Offenders: The Relationship between CPC Scores and Program Effectiveness. *Corrections*, 4(2), 112-125; and Ostermann, M., & Hyatt, J. M. (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. *Law & Social Inquiry*, 43(4), 1308-1339.
 - v. Upon request, UCCI can provide the CPC 2.1 Item Reference List which outlines the UCCI and independent research that support the indicators on the CPC.
 - vi. Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.