



Program Evaluation Report

November 15, 2015

*Report to the Legislature on State Funded
Recidivism Reduction Programs*



Idaho Department of Correction

Executive Summary



Senate Bill 1357, Idaho's Justice Reinvestment Act, requires the Idaho Department of Correction (IDOC) to biennially submit a report to the governor and legislature that describes state funded recidivism reduction programs, beginning November 15, 2015. The report must include: 1) an evaluation of the quality of each recidivism reduction program; 2) the program's likelihood to reduce recidivism among program participants; and 3) a plan for program improvements from the Board of Correction.

Since enactment of SB 1357 in July of 2014, IDOC has made significant strides to both monitor and improve programming to match evidence based practices both within prisons and within the community. IDOC began to train staff using the Correctional Program Checklist (CPC) audit tool in January, 2015. The CPC is a validated assessment tool created by the University of Cincinnati (UC) that results in a composite score, as required by SB 1357. Ten IDOC programs were audited using the CPC.

As an extra evaluation measure, in February of 2015, IDOC requested the Council for State Governments (CSG) to assess the impact of IDOC programs on individuals in prison and on probation or parole in Idaho. The assessment was referred to as the Justice Program Assessment (JPA) and determined to what extent IDOC invests in programs that reduce recidivism through following research based principles. Specifically, the assessment looked at whether IDOC programming targets people who are most likely to re-offend (who), uses best practices based on current research (what), and regularly reviews whether program quality adheres to an evidence-based model (how well).

This report provides the overall CPC scores for 10 IDOC programs, information from CSG on the likelihood of IDOC's programs to reduce recidivism, and an action plan to improve IDOC programming.

As defined by SB 1357, a program is a: "treatment or intervention program or service that is intended to reduce the propensity of a person to commit crimes or improve the mental health of a person with the result of reducing the likelihood that the person will commit a crime or need emergency mental health services."

Program does not include an educational program or service that an agency is required to provide to meet educational requirements imposed by state law or a program that provides medical services.

Summary of Findings

CPC Audit Program Strengths

Overall, only one IDOC program had a lower score than the national average of programs assessed using the CPC audit tool. IDOC is performing better than nationally scored programs mainly because of the offender assessment component. IDOC programs received points for 70.7% of the scored items for offender assessment compared to the national average of 37.0%. IDOC uses the standardized risk assessment tool, the Level of Service Inventory—Revised (LSI-R) and incorporates the LSI-R score within planning for appropriate offender programming.

CPC Audit Program Areas in Need of Improvement

After conducting the CPC audits, the main area in need of improvement was IDOC’s process for programming quality assurance. Quality assurance is the only area where IDOC scored below average compared to the nation, with an average program score of 11.9% compared to the national average of 23.0%. IDOC also lacked programmatic development that incorporates best practice literature to improve program functioning. CPC scores could also improve through better monitoring and training of qualified staff who have worked with offenders for at least two years. In addition, measuring offender responsiveness (offender responsiveness to treatment and willingness to change), and matching treatment interventions to an offender’s learning style will improve treatment ratings. IDOC treatment can also be improved by matching the right offenders with the right treatment, and matching the skills of program facilitators with appropriate offenders.

JPA Findings

1. IDOC was assessing and targeting moderate and high risk offenders but was not using the most impactful approaches to reduce recidivism.
2. Nine out of twelve programs offered by IDOC had either not been evaluated or had a limited ability to reduce recidivism (targeting the wrong behaviors).



All IDOC programming has been assessed for whether the program meets the requirements of an evidence based model.



All but one IDOC program scored above the national average.

IDOC is performing well above nationally scored programs in offender assessment.

JPA Findings and Recommendations



3. IDOC used a complicated Pathways programming system that appeared to be tailored to suit individual risk and needs but in reality several pathways were not being used and others duplicated services.

JPA Recommendations:

1. Eliminate the pathways and instead rely on a few core programs with: a) a proven track record of effectiveness; b) a cognitive-behavioral approach; c) graduated skills practice; and d) less reliance on punishment.
2. Roll out new research driven programming in stages, proven to have an impact on moderate and high-risk individuals, and universally available to all prisons and state probation and parole offices.
3. Ensure programs are implemented with quality and fidelity and that outcomes are tracked.

Overall, CSG's recommendations are for IDOC to develop a best practice approach to ensure that resources are targeted at offenders with the highest criminogenic needs. Not targeting the right offenders for treatment wastes scarce resources by either over-treating and over-supervising or under-treating and under-supervising offenders. High risk offenders require the most programming, followed by moderate and low risk. Treating low risk individuals can actually increase their risk for recidivism. Also, addressing multiple criminogenic needs, rather than just one, will lead to reductions in recidivism. IDOC was encouraged to triage low risk individuals out of intensive services and to increase the dosage for high risk individuals.

The chart on the following page provides the review of IDOC program curricula compiled by CSG and whether research indicates the program is effective at reducing the risk for recidivism. The assessment indicated that much of IDOC programming needs to be replaced with evidence-based curriculum. The programs recommended by CSG are those in the far right column. These programs have either been formally evaluated or adhere to evidence-based practices.

SB 1357 states:
"Program evaluation should include feedback to the program concerning strengths, weaknesses and recommendations for better adherence to scientifically based research and the principles of effective intervention."

Criminogenic needs are the attitudes, orientations and background of an offender that are most highly correlated with recidivism. Targeted behaviors can include anti-social attitudes, anti-social peer associations, substance abuse, lack of empathy, lack of problem solving and self control skills and other factors related to criminal conduct.

JPA Recommendations



Domain Targeted	Current Program Offering + Utilization by % of population	Modality	Summary of Research	Source	Includes Core Cognitive-Behavioral Components			Research-Based Alternatives
					Thinking	Feeling	Doing	
Criminal Thinking	MRT (25%)	Cognitive	Mixed*	NREPP	yes	yes	no	Thinking for a Change (TFC) Reasoning and Rehabilitation
	CSC Idaho Model (38%)	Cognitive	Unclear/ No Effect	No available research	yes	yes	no	Thinking for a Change (TFC) Reasoning and Rehabilitation
	Anger Management	Psycho-educational	Unclear/ No Effect	No available research	yes	yes	no	Anger Replacement Therapy (ART)
	Thinking for a Change (<.1%)	Cognitive-behavioral	Promising	Crime Solutions	yes	yes	yes	
Substance Abuse	Tap 19 (Relapse Prevention) (61%)	Psycho-educational	Unclear/ No Effect	No available research	yes	yes	no	UC CBI SA
	Helping Women Recover (100% of women)	Relational/ journaling	Unclear/ No Effect	Crime Solutions	yes	yes	no	Seeking Safety (clinicians)
	RDAP (RIDER)	Cognitive-behavioral	Promising	CSG Expert	yes	yes	yes	
	Therapeutic Community (27%)	Synanon TC model	Mixed**	Multiple	yes and no	yes	no	RDAP curriculum
Sex Offending	Longo and Bays Workbook	Psycho-educational	Unclear/ No Effect	CSG Expert	yes	yes	no	Canadian-NoSOTP, UC CBI SO, Good Lives
	The Road to Freedom	Psycho-educational	Unclear/ No Effect	CSG Expert	yes	yes	no	Canadian-NoSOTP, UC CBI SO, Good Lives
	Choices	Psycho-educational	No effect for sex offenders	Crime Solutions	yes	yes	no	
	SANE Solutions	Psycho-educational	Unclear/ No Effect	sex offender treatment experts	yes	yes	no	Canadian-NoSOTP, UC CBI SO, Good Lives

Source: Council for State Governments, Justice Program Assessment of Idaho’s Correctional Programs, September 17, 2015.

CPC Process



In order to meet the requirements of SB 1357, the Idaho Department of Correction used the Evidence-Based Correctional Program Checklist (CPC) developed by the University of Cincinnati Corrections Institute to evaluate program quality. Data for each CPC assessment was gathered through structured interviews with the program directors, unit managers, group facilitators, correctional counselors, correctional officers, and program participants. Other sources of information included an examination of program documentation, treatment manuals and curricula, review of sample case files, and observation of treatment groups.

Institutional Programs

The ten programs that were evaluated for this report include:

- 1) Idaho Correctional Institution Orofino, Therapeutic Community (ICIO TC)
- 2) Idaho Correctional Institution Orofino, Sex Offender Treatment Program (ICIO SOTP)
- 3) Idaho State Correctional Center, Therapeutic Community (ISCC TC)
- 4) Idaho State Correctional Center, Sex Offender Treatment (ISCC SOTP)
- 5) North Idaho Correctional Institution, Therapeutic Community (NICI TC)
- 6) North Idaho Correctional Institution, Traditional Rider Program (NICI Rider)
- 7) South Idaho Correctional Institution, Parole Release Center, Therapeutic Community (SICI PRC TC)
- 8) Management Training Corporation, Correctional Alternative Placement Program (CAPP)
- 9) Management Training Corporation, Conflict Resolution Program (MTC CRP)
- 10) South Boise Women's Correctional Center, Traditional Rider Program (SBWCC Rider)

SB 1357 states:
"Each program evaluation shall be standardized and a validated program assessment tool shall be used.

Each program evaluation shall include a site visit and interviews with key staff, interviews with offenders, group observation and file and material review.

The information shall be compiled into a composite score indicating adherence to concepts that are linked with program effectiveness, such as program development, program procedures, staff, offender assessment, treatment processes and programs and quality assurance. "

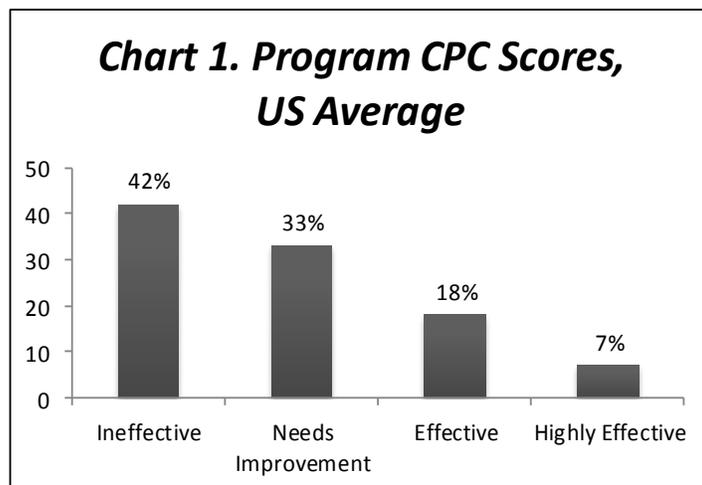
CPC Audit Tool



The CPC was developed by the UC to assess correctional programs and treatment groups. The assessments determine how closely programs adhere to the principles of effective intervention, as defined by evidence based practices. Several studies conducted by the UC on both adult and juvenile populations were used to develop and validate the indicators included on the CPC.

The CPC is divided into two basic areas: 1) Capacity and 2) Content. The capacity area is designed to measure whether or not a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three sub-components in this area: 1) Leadership and Development, 2) Staff Characteristics, and 3) Quality Assurance. The content area focuses on: 1) Offender Assessment, and 2) Offender Treatment.

The CPC includes a total of 77 items and 83 points as some items are weighted. The CPC audit results in ranked scores of: Highly Effective (65% to 100%); Effective (55% to 64%); Needs Improvement (46% to 54%); or Ineffective (45% or less). Researchers at UC have assessed over 550 programs nationwide, and have developed a large database on correctional intervention programs. Across the nation, approximately 7 percent of the programs assessed have been classified as “Highly Effective,” 18 percent have been classified as “Effective,” 33 percent have been classified as “Needs Improvement,” and 42 percent have been classified as “Ineffective” (Chart 1).



Scientifically based research means research that obtains reliable and valid knowledge by:

- 1) employing systematic, empirical methods that draw on observation or experiment;**
- 2) Involving rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;**
- 3) Relying on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations and across studies by the same and different investigators.**

Summary of Scores Across IDOC Programs



Overall, the average capacity of IDOC programs was slightly below the US (47.0 compared to 49.0). However, the content of IDOC programs was above the national average (45.1 compared to 39.0). The total average program score for IDOC programs was also above the national average (45.9 compared to 42.0).

Capacity

1. Leadership and Development

CPC audit scores for program leadership showed IDOC programs had between 50.0% and 76.9% of the best practice components (average 68.7%). IDOC is slightly above the national average of 66.0% in program leadership (Chart 3).

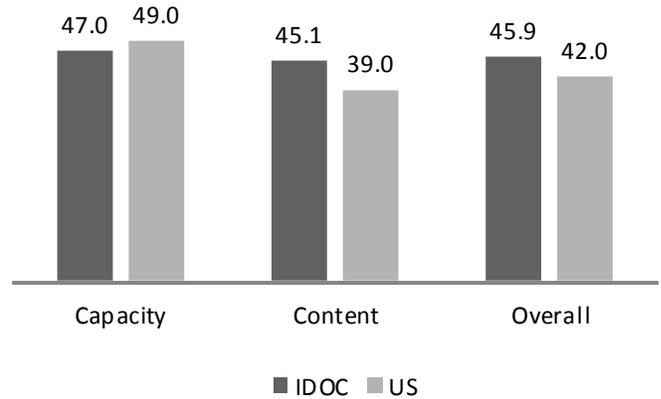
All programs (100%) received points for:

- 1) having a criminal justice community supportive of the program,
- 2) funding considered adequate to sustain the program,
- 3) stable funding over the past two years, and a program in operation for three years or more.

IDOC programs received point deductions because they:

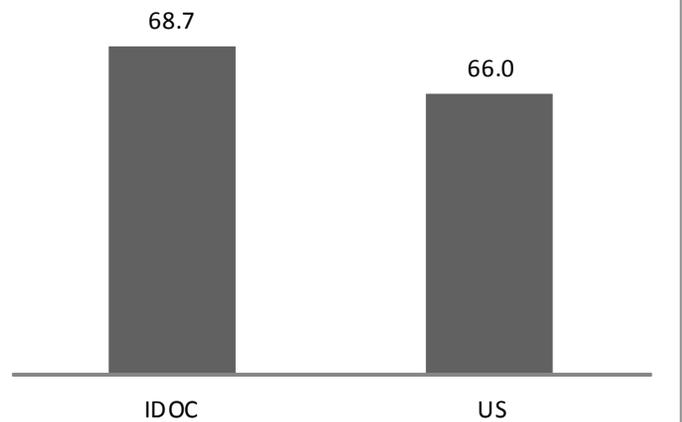
- 1) lacked a program director directly involved in service delivery to offenders,
- 2) did not have a comprehensive literature search to identify relevant program materials needed to design the program, and;
- 3) did not routinely test and pilot program interventions and components (groups and assessments) prior to implementation.

Chart 2. CPC Scores for Capacity, Content and Overall, IDOC and US



Six out of ten programs scored above the national average in program leadership and development.

Chart 3. Leadership and Development, IDOC and US



Leadership and Development and Staff Characteristics



Most but not all of the programs received points for:

- 1) having a program director who met the educational requirements,
- 2) a program director experienced in offender treatment, and;
- 3) a program director directly involved in hiring, training and supervising staff.

2. Staff Characteristics

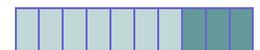
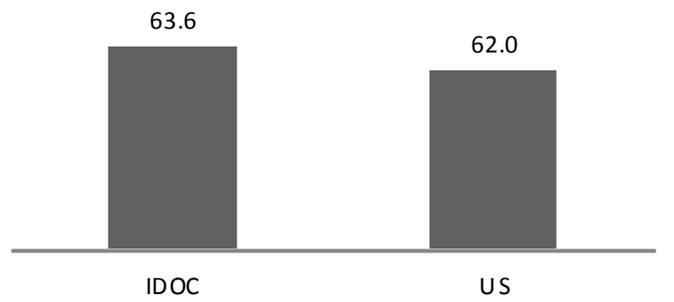
CPC audit scores for staff characteristics indicated IDOC programs had between 54.5% and 72.7% of the best practice components (average 63.6%). Overall, IDOC programs scored slightly above the national average of 62.0% for staff characteristics (Chart 4).

All (100%) of programs received a point for or because:

- 1) staff are selected based on their values, skills and personal characteristics such as firmness, fairness, empathy, life experiences, and problem solving ability;
- 2) staff have formal bi-monthly meetings, or more;
- 3) staff can modify the program structure;
- 4) staff are supportive of the treatment efforts provided by the program (the values and goals of the program), and;
- 5) ethical guidelines are in place to cover staff/offender boundaries, behaviors and interactions.

Nearly all programs received a point for having at least 70 percent of staff with at least an associates degree in a helping profession. All the programs were deducted points for not having staff who receive regular clinical supervision.

Chart 4. Staff Characteristics, IDOC and US



Seven out of ten programs scored above the national average on staff characteristics.

Staff Characteristics cont. and Quality Assurance

Most programs were deducted points for not having staff assessed at least yearly on their service delivery skills.

Over half of the programs were deducted points for:

- 1) not having at least 75% of staff with at least two years experience in offender treatment;
- 2) do not provide staff with formal training in theory and practice of interventions used by the program, and;
- 3) lack program staff with at least 40 hours of training a year in programmatic areas.

3. Quality Assurance

CPC audit scores indicated IDOC programs had between 0.0% to 25.0% of the best practice quality assurance items. The average for all IDOC programs was 11.9%, which was below the national average of 23.0%.

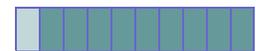
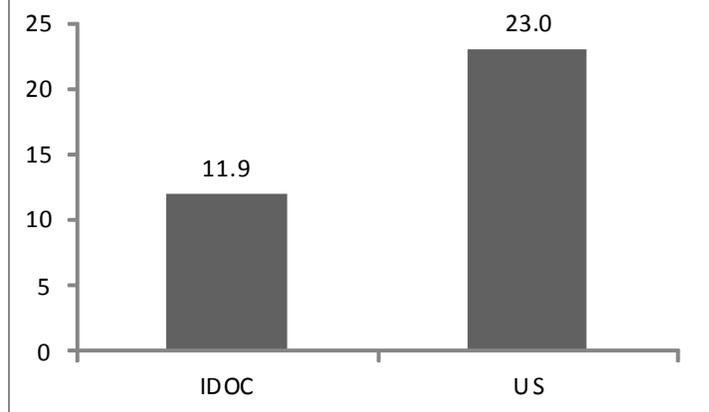
All programs were deducted points for:

- 1) not having objective, periodic standardized assessments of offenders towards target behaviors,
- 2) not having recidivism data gathered on offenders 6 months or more after leaving the program,
- 3) not having formal evaluations conducted on the programs,
- 4) not having a study with a comparison group performing better on a recidivism measure, and;
- 5) not having an evaluator assist with the program in evaluating performance.

Nearly all programs were deducted points for not having supervisors provide quality assurance assessments such as a file review, client feedback, service de-



**Chart 5. Quality Assurance,
IDOC and US**



**Only one program
out of ten scored
higher than the na-
tional average in
quality assurance.**

Quality Assurance cont. and Offender Assessment



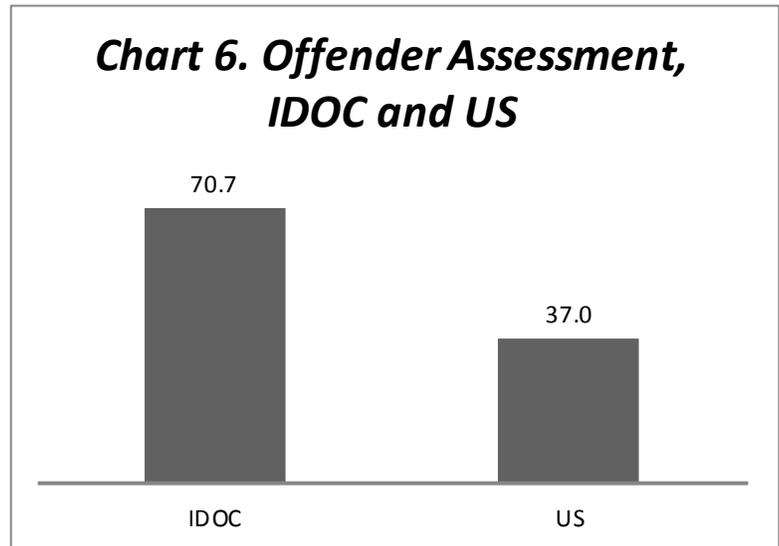
livery assessments, or other program checks to monitor the treatment process.

Half of the programs lacked offenders who are surveyed each year on their satisfaction with the service being provided. In addition, if outside treatment providers were used, the programs were to monitor quality assurance (two programs received credit for this, the others it did not apply).

Content

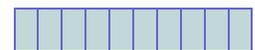
4. Offender Assessment

Overall, programs in the offender assessment category varied between having 53.3% and 93.3% of the scored best practice components. The overall IDOC program average of 70.7% was well above the national average of 37.0% (Chart 6). All programs received points for having a validated risk/needs instrument used on the population.



Most (between 70% to 90%) received points for:

- 1) having appropriate offenders admitted to the program,
- 2) having the program assess offender risk factors and dynamic risk factors that would predict recidivism,
- 3) having exclusionary criteria that are consistently followed to prohibit an offender from entering the program,
- 4) use of a standardized risk assessment with a summary score,
- 5) assessed risk using a standardized and objective method, and;
- 6) serving offenders whom 70% or more were higher risk.



All ten IDOC programs scored above the national average in offender assessment.

Approximately half (50% to 60%) of the programs received points for having a program assess criminogenic needs using a standardized and objective method and assessing an offender's personal characteristics, attributes and styles of in-

Offender Assessment cont. and Treatment Characteristics

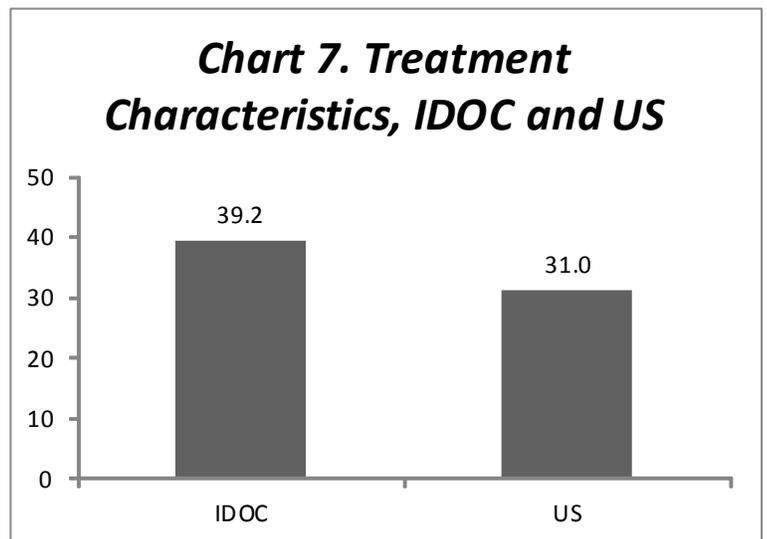


teraction. All but one program did not receive points because they lacked or did not use a standardized and objective method for assessing responsivity factors and producing and using a standardized responsivity score.

5. Treatment Characteristics

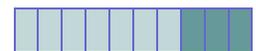
IDOC CPC audit scores for treatment characteristics indicated IDOC programs had between 25.0% and 62.5% of the best practice components. Overall, IDOC's program average of 39.2% was above the national average of 31.0%.

Most of the programs (70% to 90%) received points for: 1) providing aftercare for offenders who complete the treatment component of the program, 2) having programming targets that are at least 50 percent criminogenic, 3) a program lasting between 3 to 9 months (except for sex offender programming), 4) a treatment manual that describes the types of treatment provided and treatment activities, 5) preparation of a discharge plan for the offenders, and 6) groups facilitated and monitored from beginning to end by staff.



Approximately half (40% to 60%) of the programs received points for:

- 1) having groups separated by risk level (from moderate to high),
- 2) variation in intensity according to the level of risk of the offender,
- 3) incentives and rewards to encourage program participation and compliance,
- 4) the ratio of criminogenic to non-criminogenic program targets of at least 4 to 1.



Seven of ten programs scored above the national average in treatment characteristics.

Treatment Characteristics cont.



Most to all of the programs lacked:

- 1) objective and standardized criteria to determine when an offender had completed the program,
- 2) a completion rate of between 65% and 85% (most were lower), and
- 3) staff trained to look for negative effects of treatment.
- 4) an average group size of 8 offenders per facilitator,
- 5) consistent skill practice and modeling for new behaviors for group participants, and;
- 6) a match between the personal and professional skills of the staff with the type of treatment provided.
- 7) treatment match between the characteristics of individual offenders and the treatment,
- 8) treatment match between the personal and professional skills of the provider with the offender and the nature of his or her problems,
- 9) ability for offender to rehearse or plan alternatives to problem situations and to practice new behaviors.

Action Plan



IDOC has developed an action plan based on the recommendations from JPA and the outcome of the CPC audit results.

The goal of the action plan is to: **Implement research based programs that match the intensity of treatment with the level of risk an offender poses to the community and to themselves.**

1. Establish a team of representatives from IDOC, the courts, and the parole commission to identify research-based programs for use with all types of offenders.

Action items:

- a. Identify research-based programs for cognitive behavioral therapy, sex-offender treatment and anger management.
- b. Establish a training calendar for IDOC staff for the new programs.
 - i. The first team meeting was October 1st, 2015.

2. Implement the University of Cincinnati's Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum. The curriculum emphasizes skill-building activities to assist with cognitive, social, emotional and coping-skill development.

Action item:

- a. Train IDOC staff in the use of CBI-SA and begin delivery.
 - i. Training will begin in November, 2015.

3. Auditors have been trained using the CPC, but must also be trained using the Correctional Program Checklist—Group Assessment tool (CPC-GA). The CPC-GA tool is a standardized instrument that will be used to gauge the fidelity and group delivery skills of prison and community programming.

Action item:

- a. IDOC will have trained auditors on CPC-GA by November 2016 to begin community based program assessments for the November 2017 report.

Who

What

When

How