

Program Effectiveness Report

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

2017



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 describing state funded recidivism reduction programs. 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 SB1357 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 trained staff using the Correctional Program Checklist (CPC) audit tool in January 2015 and on the Correctional Program Checklist Group Audit (CPC-GA) tool in January 2017. The CPC tools are validated assessments created by the University of Cincinnati (UC), providing a composite score. Forty-two IDOC programs were audited using the CPC and the CPC-GA tools between June and October 2017.

Evaluation Highlights

- Overall scores for the eight programs assessed with the CPC audit tool increased by 19.8% from 2015 and were 23.7% above the national average.
 - All programs assessed with the CPC tool were either "Effective" or "Highly Effective."
- Overall scores for 32 programs scored with the CPC-GA audit were 27.2% above the national average.
 - 78.1% of programs assessed with the CPC-GA tool were scored as either "Very High Adherence to Evidence Based Practices (EBP)" or "High Adherence to EBP."
- Overall recidivism for Riders within six months of release decreased significantly after the start of new programming, from 7.4% to 5.7%.
- Overall recidivism for Termers within six months of release did not change significantly after the start of new programming; however, changes to the supervision practices of offenders and the new use of parole diversionary sanctions for technical violations makes this comparison difficult.

As defined by SB1357, a program is a: "treatment of 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.

Introduction

Justice Program Assessment Overview

In February of 2015, IDOC requested the Council for State Governments (CSG) to conduct the Justice Program Assessment (JPA), to assess the impact of IDOC programs on individuals in prison and on probation or parole in Idaho. CSG 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). The JPA determined much of IDOC’s programming needed to be replaced with evidence-based curriculum. As of January 2016, IDOC only provided four core curriculum classes: 1) Cognitive-Behavioral Intervention for Substance Abuse; 2) Thinking for a Change; 3) Aggression Replacement Therapy; and 4) Cognitive-Behavioral Interventions for Sexual Offending. In addition, IDOC began offering Advanced Practices for those who have recently had any of the cognitive behavioral classes and has either been released from a facility to the community, or has returned to prison. The following provides more information about the programmatic changes made from JPA recommendations, based on treatment type.

Criminal Thinking

The JPA audit recommended targeting criminal thinking with the National Institute for Corrections program Thinking for a Change (T4C). Thinking for a Change is a cognitive-behavioral curriculum that targets thinking to change actions that lead to criminal conduct. Through awareness of attitudes, beliefs and thinking patterns, the program participants gain awareness of risky thoughts that lead to problem behaviors.

Although the T4C curriculum was used by IDOC previously, it was provided to less than 1% of inmates. As of January 2015, all individuals receive T4C and are separated in classes by low or moderate/high risk through the use of a Level of Services Inventory –Revised assessment score of 23 and below or 24 and above. In addition, Moral Reconciliation Therapy and the Cognitive Self Change Idaho Model were replaced by Thinking For a Change.

In addition to T4C, changes were made for programs targeting criminal thinking with the Anger Management curriculum. Previously, using a pathway model for treatment, most inmates received Anger Management. The JPA audit found the program did not follow evidence based practices, and it was replaced by Aggression Replacement Therapy (ART). ART concentrates on teaching how to control anger impulses and replace aggression with prosocial skills. ART consists of ten weeks of training covering structured learning, anger control and moral reasoning. The thirty hour intervention is only provided to those with violent criminal charges.

Substance Abuse

The University of Cincinnati Cognitive Behavioral Intervention for Substance Abuse (CBI-SA) curriculum replaced all programming for moderate to high risk substance abusers, including Tap 19, Helping Women Recover, RDAP, and Therapeutic Community programming. CBI-SA emphasizes skill building to assist with cognitive, social, emotional, and coping skills to develop strategies to avoid future substance use. It also includes pre-treatment sessions to help with increasing responsivity within the individual to treatment. There are six modules including: 1) Motivational Engagement; 2) Cognitive Restructuring; 3) Emotion Regulation; 4) Social Skills; 5) Problem Solving; and 6) Success Planning. The curriculum is taught within 39 sessions (42 including pre-treatment). Delivered two times per week, the class lasts approximately 6 months (given time for absences). All individuals with an LSI score of 24 or above and a substance abuse domain score of .4 or above receive CBI-SA. In addition, someone with a drug related crime but less than a 24 on the LSI would also receive CBI-SA.

SB1357: "The program evaluations shall ensure that treatment programs are delivering services in a way that aligns with the scientifically based research to reduce recidivism."

Sexual Offending

The programming for sex offending was changed to Cognitive Sex Offender Treatment (CSOT) for all moderate to high risk sex offenders and the University of Cincinnati Cognitive Based Intervention for Sexual Offending (CBI-SO). The CSOT curriculum is designed for sex offenders who score moderate to high risk on the STATIC-99 (-R) or other sex offender assessment. It uses a cognitive behavioral approach to teach offenders skills to avoid further sexual re-offending. The highest risk offenders are prioritized to receive the highest services. The CSOT curriculum is provided with Advanced Practices to ensure the offenders are able to practice the skills they are learning.

The CBI-SO curriculum uses a cognitive behavioral approach to teach strategies to avoid future sexual offending by emphasizing increased value on pro-social thoughts. The class includes 51 sessions within seven modules: 1) Motivational Engagement; 2) Basic CBT Concepts; 3) Cognitive Restructuring; 4) Emotional Regulation; 5) Social Skills; 6) Problem solving; 7) Relapse Prevention/Maintenance sessions. At two sessions per week, the program lasts up to eight months. CBI-SO replaced the Lango and Bays book, The Road to Freedom, and SANE Solutions.

Choices has remained as the programming for female sex offenders. This program is provided to all females who are in prison on a sex offense charge. Although Choices is not an evidence based curriculum, the JPA audit indicated there are no current evidence based curriculums for female sex offenders. In addition to Choices, the female offenders also receive T4C.

Advanced Practices

Advanced Practices is taught in facilities to individuals who have previously taken any UC Curriculum or T4C and have returned to prison, and to those who have previously taken CBI-SA and have been released from a Rider. It allows individuals to practice skills in a structured, feedback-rich environment. Individuals are also able to practice skills in more realistic situations than while taking the core curriculum. Participants identify a risk area and then choose a skill set to practice to help reduce the risk. Individuals within Advanced Practices classes are separated by risk and both low (LSI-R score below 24) and moderate/high (LSI-R score of 24 or above) classes are offered.

SB1357: "Scientifically based research means research that obtains reliable and valid knowledge by:

i) employing systematic, empirical methods that draw on observation or experiment;

ii) involving rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; and

iii) 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 or different investigators.

Additional Changes to Programming

IDOC also made the following changes to follow evidence based practices for cognitive based treatment interventions:

- Group size kept to 8-10 (maximum 16 with 2 facilitators).
- Group time kept to 1:25 –1:50 hours.
- Frequency kept to 2 to 3 times per week.
- Closed group (except for advanced practices) all participants start and end at the same time.
- All curriculum includes homework to practice skills.

Evaluation of Program Effectiveness

To determine the effectiveness of the new programs adopted by IDOC, a combination of the Correctional Program Checklist (CPC) and Correctional Program Checklist—Group Assessment (CPC-GA) were used.

CPC

Correctional Program Checklist was developed by the University of Cincinnati to assess correctional intervention programs and determine how closely the programs match with known principles of effective intervention. The tool measures how closely an intervention matches with “ideal” program characteristics. The CPC is a validated tool and is divided into two main areas: Capacity and Content. The Capacity area measures whether a correctional program delivers evidence based interventions assessing the areas of Leadership and Development, Staff Characteristics and Quality Assurance. The Content area assesses Offender Assessment and Treatment Characteristics. There are 77 indicators worth up to 83 total points. Each area is scored and rated as either Highly Effective (65% to 100%); Effective (55% to 64%); Needs Improvement (46% to 54%); or Ineffective (45% or less).

SB1357: “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.

CPC-GA

The Correctional Program Checklist-Group Assessment (CPC-GA) tool was also created by the University of Cincinnati for stand-alone treatment of patient groups rather than for a larger treatment program. It uses a smaller number of indicators than the CPC tool. The tool is divided into two areas measuring Content and Capacity. The two domains in the Capacity area measure: 1) Program Staff and Support and 2) Quality Assurance. The Content area focuses on: 1) Offender Assessment and 2) Treatment. The treatment domain measures seven core correctional practices, such as: 1) Group Target and Process; 2) Effective Reinforcement; 3) Effective Disapproval; 4) Structured Skill Building; 5) Relationship Skills; 6) Cognitive Restructuring; and 7) Relapse Prevention. There are 48 indicators worth 50 points that are rated as “Very High Adherence to EBP” (65% or higher); “High Adherence to EBP” (56% to 64%); “Moderate Adherence to EBP” (46% to 55%); or “Low Adherence to EBP” (45% or less).

Audit Process

After IDOC were trained on the CPC and CPC-GA tools, teams began auditing programming within all facilities and within the community. The assessments included collection of information through structured interviews with program staff, the program manager, correctional officers (if applicable), program participants, observation of groups, case file reviews and review of related curriculum materials. Once each program was scored, a report was generated to provide the facility with feedback concerning strengths, areas in need of improvement and an overall action plan for future growth.

***SB1357: “...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. Program evaluation should also include feedback to the program concerning strengths, weaknesses and recommendations for better adherence to scientifically based research and the principles of effective intervention.*”**

Facilities Scored Using CPC and CPC-GA Audits

CPC audits were performed at the facilities provided in Table 1. The facilities house Rider and minimum custody offenders, as designated, and are considered to be facility level programs; however, the primary curriculum options are CBI-SA and T4C. The assessment reflects the level of adherence to evidence based practices within overall programming at each facility.

The CPC-GA audit tool was used on individual programs in facilities listed on Table 2. The programs were scored independently from each other as individual assessments. In addition to the list below, all the District Advanced Practices curriculum was audited using the CPC-GA. The assessment reflects the level of adherence to evidence based practices within the individual curriculum.

Table 1. Custody Level, Gender and Capacity of Programs Scored with the CPC Audit Tool

Facility	Custody level	Gender	Capacity
IFCRC	Minimum	Male	108
NCRC	Minimum	Male	108
TVCRC	Minimum	Male	108
EBCRC	Minimum	Female	108
SAWC	Minimum	Male	262
SBWCC	Rider	Female	289
MTC	Rider	Male	438
NICI	Rider	Male	414

Table 2. Custody level, Gender and Capacity of Programs Scored with the CPC-GA Audit Tool

Facility	Custody Level	Gender	Capacity	CBI-SA	T4C	ART	CBISO	CSOT	Choices
IMSI	Close and Medium	Male	549	x	x	x			
ISCI	Medium	Male	1446	x	x	x	x	x	
SICI	Minimum	Male	590	x	x	x			
ICIO	Medium	Male	580	x	x	x	x	x	
ISCC	Medium	Male	2170	x	x	x	x	x	
PWCC	All	Female	331	x	x	x			x

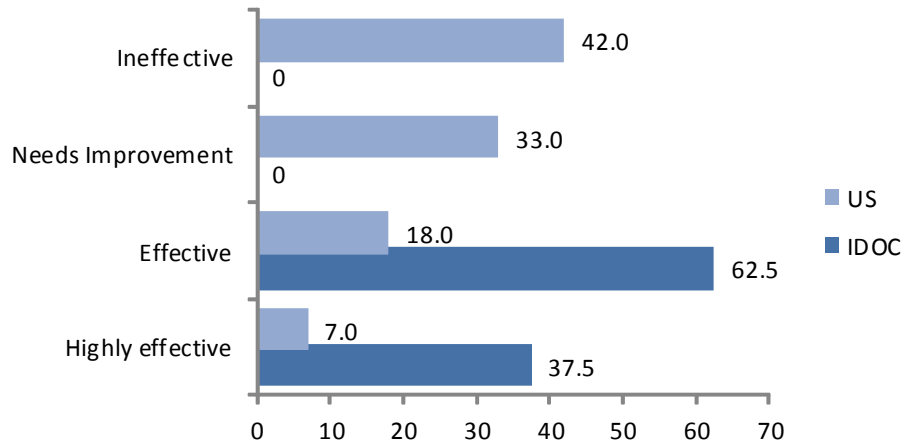
Overall CPC Scores

There were eight total programs audited with the CPC, including the following rider programs and reentry centers: 1) Idaho Falls Correctional Reentry Center (IFCRC); 2) Nampa Correctional Reentry Center (NCRC); 3) Treasure Valley Correctional Reentry Center (TVCRC); 4) East Boise Correctional Reentry Center (EBCRC); 5) Management Training Corporation, Correctional Alternative Placement Program (MTC-CAPP); 6) North Idaho Correctional Institution (NICI); 7) South Boise Correctional Center (SBWCC); and 8) Saint Anthony Work Center (SAWC).

The average overall CPC score was 65.7, falling within the range of “Highly Effective.” Three out of eight programs (35.7%) fell within the “Highly Effective” range and 5 out of 8 (62.5%) fell within “Effective” (Chart 2).

This is well above the national ranking, where only 22% of programs audited with the CPC tool have fallen within the range of “Effective” or “Highly Effective.” No IDOC programs fell within “Needs Improvement” or “Ineffective;” the range wherein 75% of US programs fall.

Chart 1. Percent of Programs By Ranking: IDOC 2017 Compared to US

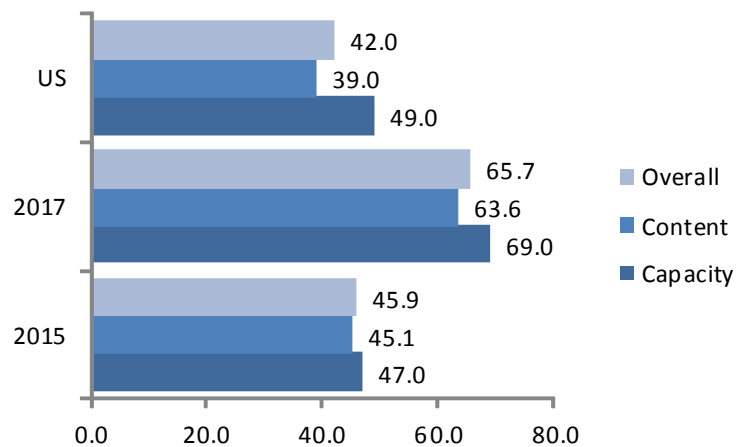


IDOC has significantly improved from scores reported in the 2015 Program

Evaluation report. The overall score in 2015 was 45.9, three points above the national average of 42.0.

In 2017, the scores for both Capacity and Content fall within the “Effective” and “Highly Effective” range. Within the area of Capacity, Leadership and Development (83.6%) and Staff Characteristics (73.9%) ranked high, but programs received an average of just two out of seven points for Quality Assurance. Within the area of Content, Offender Assessment received 60.0% and Treatment Characteristics received 65.2% of total points available.

Chart 2. CPC Scores for Capacity, Content, and Overall: IDOC 2015, 2017 and US



Overall CPC-GA Scores

CPC- GA audits were conducted on all programming within the facilities of: 1) Idaho Maximum Security Institution (IMSI); 2) Idaho State Correctional Institution (ISCI); 3) South Idaho Correctional Institution (SICI); 4) Idaho Correctional Institution– Orofino (ICIO); 5) Idaho State Correctional Center (ISCC); and 6) Pocatello Women’s Correctional Center (PWCC). In addition, Advanced Practices (AP) was audited within all seven community districts.

Most (78.1%) of IDOC’s programs audited with the CPC-GA fell within the “Very High Adherence to EBP” to “High Adherence to EBP” ranking, compared to only 25% of US programs.

By curriculum:

- **CBI-SA:** Average of 71.2, four programs scored as “Very High Adherence” and two scored as “High Adherence to EBP.”
- **TFC:** Average 70.5, four programs scored as “Very High Adherence ” and two scored as “High Adherence to EBP.”
- **ART:** Average 74.0, five programs scored as “Very High Adherence ” and one scored as “High Adherence to EBP.”
- **CBI-SO:** Average 75.7, three programs scored as “Very High Adherence .”
- **CSOT:** Average 56.3, one program scored as “High Adherence to EBP,” and two scored as “Moderate Adherence to EBP.”
- **Choices:** Average 35.4, one program scored as “Low Adherence to EBP.”
- **AP:** Average of 53.1, three programs scored as “High Adherence to EBP” and four programs scored as “Moderate Adherence to EBP.”

Chart 3. Percent of Programs By Ranking: IDOC 2017 Compared to US

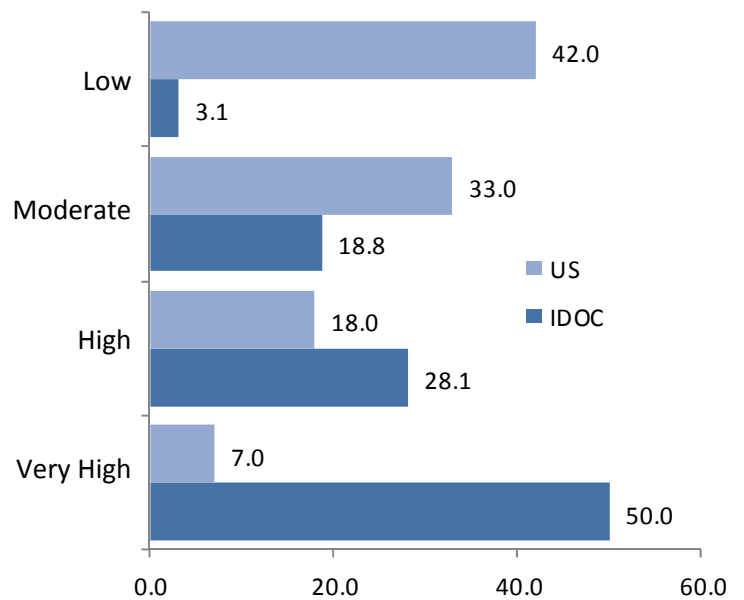
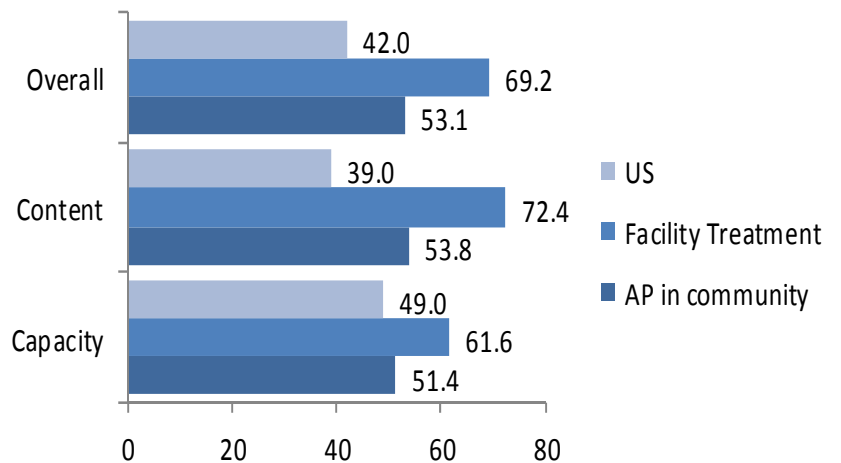


Chart 4. CPC-GA Scores for Capacity, Content, and Overall: Facility, Community and US



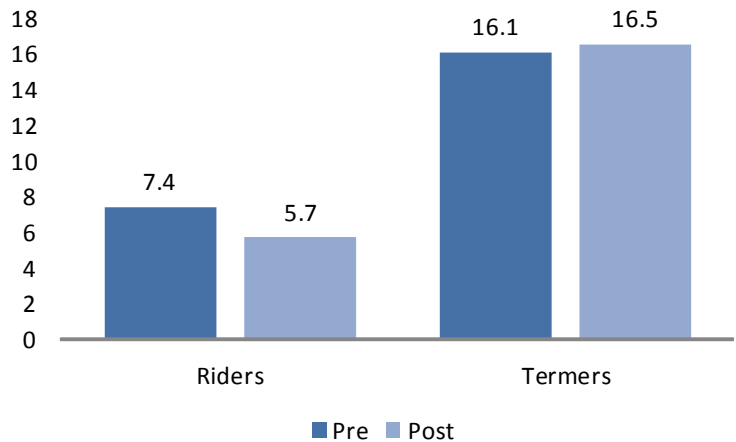
The main strengths for the new curriculum were in content over capacity. The areas in need of improvement were quality assurance and offender assessment.

Overall Recidivism—6 months

The ultimate mark of success for programming is reduced recidivism. The following provides changes to recidivism pre/post changes to the core curriculum. Any changes in status to either a rider, term or parole violator for further incarceration within the timeframe of six months from release were counted as recidivism. There were 5,182 riders released between 2013-2015 (pre) compared to 3,516 riders released between 2016-April 2017 (post). There were also 6,522 parole releases between 2013-2015 compared to 3,891 parole releases between 2016–April 2017.

Overall, there was a significant drop in the portion of riders returning to incarceration within six months pre/post the new programming (7.4% compared to 5.7%). For the term population, however, there was not a significant drop in parole violations within six months of release (16.1% compared to 16.5%).

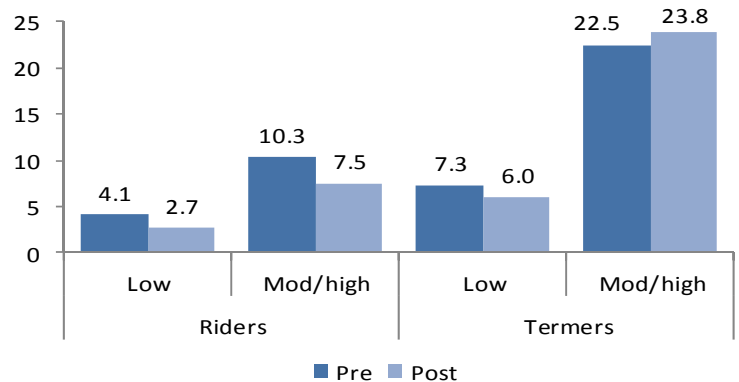
Chart 5. Recidivism within 6 months by Rider or Term: Pre/Post New Curriculum



Risk Level and High Substance Abuse Score

To further determine any impacts from the new programming that is primarily targeted at individuals with risk scores above 24 on the LSI-R, Chart 6 provides the portion returning within six months of release by risk level. Both groups of low and moderate/high risk Riders dropped significantly pre/post the new curriculum. For the Term population, those with a low risk score were less likely to recidivate within six months. However, those with a moderate to high risk score increased slightly, from 22.5% to 23.8%. It should be kept in mind, however, that recidivism for parolees includes all parole violations, and significant changes have occurred within the supervision practices and parole diversions available within the community. It will take more time to determine the portion of parolees that have committed new crimes and revoked parole rather than serving time on a parole diversion sanction.

Chart 6. Recidivism within 6 months by Rider or Term and Low and Mod/High Risk: Pre/Post New Curriculum



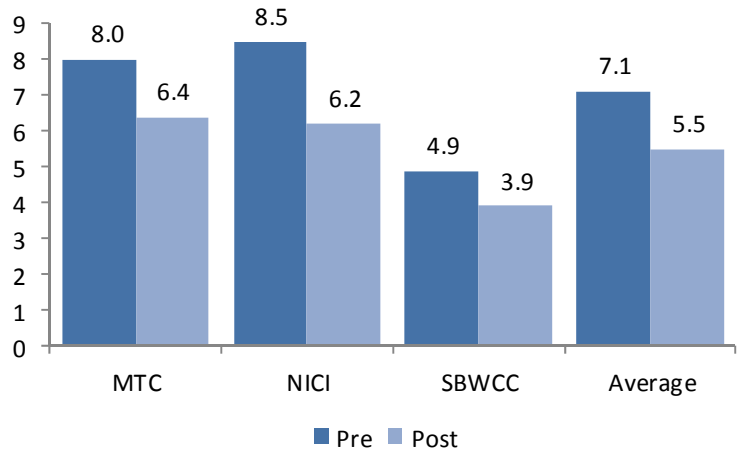
Rider Programs

The CPC audit tool was used to determine the effectiveness of Rider programs in facilities that house mainly Rider offenders. The average score for the Rider facilities was 69.7, 23.8 points above the national average. The average difference in recidivism pre/post the new curriculum was a drop of 1.6%

Areas of Strength

Both the male Rider facilities were scored as “Highly Effective” and the female facility scored as “Effective.” All programs had high scores for Program Leadership and Development. The recidivism for MTC –CAPP was comparable to the other male only Rider facility, NICI. The female Rider facility, SBWCC, however had significantly lower recidivism rate (nearly half the rate for male facilities) within six months of release.

Chart 7. Recidivism within 6 months by Rider Facility: Pre/post Comparison



Areas in Need of Improvement

The main area in need of improvement is quality assurance of programming. In addition, the staff characteristics at one facility scored at “Needs Improvement.”

Table 3. Comparison of CPC Scores by Rider Facility

CPC Area	MTC	NICI	SBWCC	Average
Program Leadership and Development	100.0	84.6	84.6	89.7
Staff Characteristics	90.9	81.8	54.5	75.8
Offender Assessment	60.0	60.0	60.0	60.0
Treatment Characteristics	68.8	65.6	75.0	69.8
Quality Assurance	57.1	42.9	14.3	38.1
Total	74.4	69.2	65.4	69.7

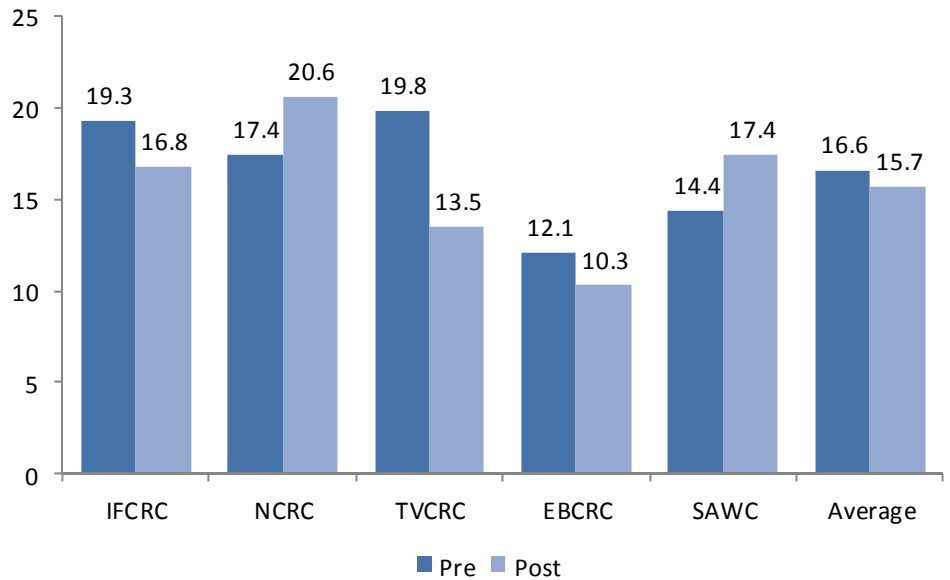
Re-entry Center Programs

The CPC audit tool was used to determine the effectiveness of Reentry Center programs. Reentry Centers house minimum custody Term offenders. The average score for the Reentry facilities was 63.3, 21.3 points above the national average. The average difference in recidivism pre/post the new curriculum was a drop of 1.0%. Three of the five re-entry centers decreased in recidivism pre/post.

Areas of Strength

Three of the facilities scored in the range of “Highly Effective.” Program Leadership and Development, Staff Characteristics, and Offender Assessment, all fell within the “Highly Effective” to “Effective” range for all facilities. Recidivism for the EBCRC (a female only facility) was much lower than other facilities.

Chart 7. Recidivism within 6 months by Reentry Facility: Pre/post Comparison



Areas in Need of Improvement

All programs scored as “Ineffective” in quality assurance and one facility scored as “Needs Improvement” in Treatment Characteristics. In addition, two facilities had an increased portion of parole releases becoming parole violators within six months of release.

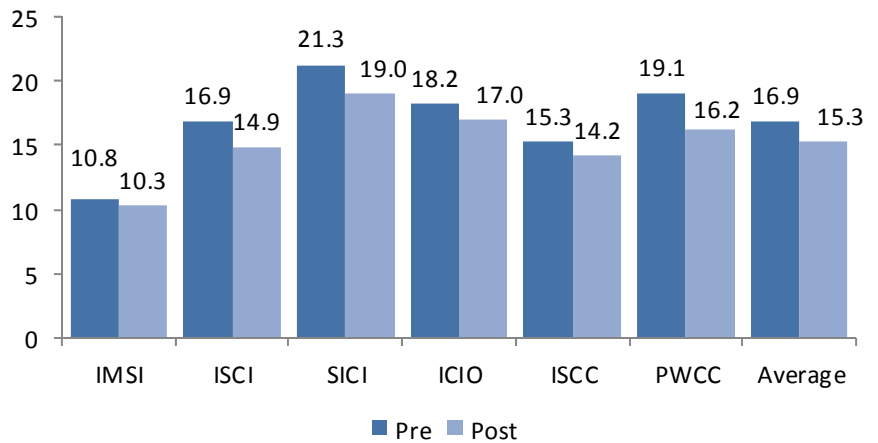
Table 4. Comparison of CPC Scores by Reentry Facility

CPC Area	IFCRC	NCRC	TVCRC	EBCRC	SAWC	Average
Program Leadership and Development	76.9	76.9	76.9	84.6	84.6	80.0
Staff Characteristics	72.7	81.8	81.8	72.7	54.5	72.7
Offender Assessment	60.0	60.0	60.0	60.0	60.0	60.0
Treatment Characteristics	65.6	65.6	59.4	53.1	68.8	62.5
Quality Assurance	28.6	28.6	28.6	28.6	14.3	25.7
Total	64.1	66.7	62.8	60.3	62.8	63.3

CBI-SA, ART & TFC

The CPC-GA tool was used to determine the effectiveness of the CBI-SA, ART and TFC curriculum. Overall, all programs scored as “Very High Adherence to EBP” to “High Adherence to EBP” at all facilities. The average decrease in recidivism for individuals going through the new curriculum versus similar programming was a drop of 1.6%.

Chart 8. Recidivism within 6 months by Facility: Pre/post Comparison



Areas of Strength

All the programmatic individual assessment areas of Program Leadership and Development, Offender Assessment, and Treatment Characteristics scored within the “Very High Adherence to EBP” to “High Adherence to EBP” range. In addition, all facilities and programs dropped in the portion returning as a parole violator six months after release.

Areas in Need of Improvement

Quality assurance scored in the “Low Adherence to EBP” range for all facilities and for all programs, except for one.

Table 5. Comparison of CPC –GA Scores by Program and Facility

	IMSI	ISCI	SICI	ICIO	ISCC	PWCC	Average
CBISA							
Program Leadership and Development	50.0	70.0	90.0	90.0	70.0	90.0	76.7
Offender Assessment	33.3	33.3	50.0	50.0	50.0	50.0	44.4
Treatment Characteristics	81.5	92.6	81.5	92.9	63.0	92.6	84.0
Quality Assurance	0.0	20.0	0.0	40.0	0.0	60.0	20.0
Total	60.4	72.9	70.8	81.6	56.3	85.4	71.2
ART							
Program Leadership and Development	60.0	80.0	90.0	100.0	70.0	90.0	81.7
Offender Assessment	33.3	33.3	50.0	50.0	50.0	50.0	44.4
Treatment Characteristics	81.5	85.2	88.9	92.6	85.2	92.6	87.7
Quality Assurance	0.0	20.0	0.0	40.0	0.0	60.0	20.0
Total	62.5	70.8	75.0	83.3	68.8	83.3	74.0
TFC							
Program Leadership and Development	50.0	70.0	90.0	90.0	70.0	90.0	76.7
Offender Assessment	33.3	33.3	50.0	50.0	50.0	50.0	44.4
Treatment Characteristics	81.5	92.6	81.5	88.9	63.0	92.6	83.3
Quality Assurance	0.0	20.0	0.0	40.0	0.0	60.0	20.0
Total	60.4	72.9	70.8	79.2	56.3	83.3	70.5

CBI-SO, CSOT & Choices

The CPC-GA tool was used to determine the effectiveness of the CBI-SO, CSOT and Choices curriculum. Overall, four programs scored as “Very High Adherence to EBP,” two as “Moderate Adherence to EBP,” and one as “Low Adherence to EBP.” The average decrease in recidivism for individuals going through the new curriculum versus similar programming was a drop of 2.2%, from 13.4% to 11.2%. The individual recidivism scores are not provided, however, as not all facilities have had enough individuals released to provide for a sufficient comparison.

Areas of Strength

The programmatic individual assessment areas of Program Leadership and Development scored within the “Very High Adherence to EBP” range. In addition, all facilities and programs (where recidivism could be measured) dropped in the portion returning as a parole violator six months after release.

Areas in Need of Improvement

Quality assurance scored in the “Low Adherence to EBP” range for all facilities and for all programs. In addition, Offender Assessment and Treatment Characteristics scored as “Low Adherence to EBP” for some facilities, differing by programming.

Table 6. Comparison of CPC –GA Scores by Program and Facility

CBISO	ISCI	ICIO	ISCC	PWCC	Average
Program Leadership and Development	90.0	100.0	60.0		83.3
Offender Assessment	33.3	50.0	50.0		44.4
Treatment Characteristics	92.6	92.6	85.2		90.1
Quality Assurance	20.0	40.0	0.0		20.0
Total	81.8	83.3	66.7		75.7
CSOT					
Program Leadership and Development	80.0	70.0	80.0		76.7
Offender Assessment	83.3	83.3	83.3		83.3
Treatment Characteristics	37.0	37.0	74.1		49.4
Quality Assurance	20.0	20.0	20.0		20.0
Total	50.0	45.5	70.8		55.4
Choices					
Program Leadership and Development				90.0	90.0
Offender Assessment				0.0	0.0
Treatment Characteristics				25.9	25.9
Quality Assurance				20.0	20.0
Total				35.4	35.4

Advanced Practices

The CPC-GA tool was used to determine the effectiveness of Advanced Practices, taught within the community as aftercare for those reentering from prison. Overall, three programs scored as “High Adherence to EBP,” and four as “Moderate Adherence to EBP.” Because AP has only been taught in the community since approximately January of 2017, comparable samples could not be drawn to compare programming pre/post completion of the new curriculum.

Areas of Strength

The programmatic individual assessment area of Program Leadership and Development scored within the “Very High Adherence to EBP” range for all districts. In addition, Treatment Characteristics scored at the “Very High Adherence to EBP” range for three districts and “High Adherence to EBP” for one district.

Areas in Need of Improvement

Quality Assurance and Offender Assessment scored in the “Low Adherence to EBP” range for all districts. In addition, Treatment Characteristics scored as “Moderate Adherence to EBP” for three districts.

Table 7. Comparison of CPC –GA Scores by District

	D1	D2	D3	D4	D5	D6	D7	Average
Program Leadership and Development	70.0	70.0	60.0	60.0	60.0	70.0	70.0	65.7
Offender Assessment	33.3	33.3	33.3	33.3	33.3	33.3	33.3	33.3
Treatment Characteristics	67.9	46.4	50.0	57.1	67.9	46.4	71.4	58.2
Quality Assurance	20.0	20.0	20.0	20.0	20.0	20.0	40.0	22.9
Total	59.2	46.9	46.9	51.0	57.1	46.9	63.3	53.1

Action Plans

SB1357 discusses the program effectiveness report shall include a plan for program improvements approved by the Board. The following action plans provide individualized factors that will be included within policy and procedure and audited for compliance prior to the Program Effectiveness report due November 2019. The action plans included are for: 1) Reentry and Rider programs; 2) facilities offering CBI-SA, ART, and T4C; 3) facilities offering CBI-SO, CSOT, and Choices; and 4) districts offering Advanced Practices.

Rider and Reentry Centers—CPC Audit Action Plan

The following Administrative action plan includes those items on the CPC audit where 70% or more of assessed programs did not meet the assessment criteria within audit tools, and the action steps necessary to complete this standard.

AREA	STANDARD	ACTION
Program Leadership & Development Ave 83.6 2015 62.5 US 66.0	Program Director will be involved in conducting some aspects of the program that includes direct service delivery to offenders.	Ensure Program Directors facilitate groups, individual sessions or supervise small case-load.
Staff Characteristics Ave 73.9 2015 57.8 US 62.0	Staff will be assessed at least annually on service delivery.	Develop an evaluation for treatment staff delivery skills to be included in annual evaluation process.
	Clinical supervision must be provided on a regular basis by a licensed clinician or psychologist.	Current clinical resources will not support this practice.
Offender Assessment Ave 65.2 2015 64.6 US 37.0	Responsivity methods measured by a recognized psychometric scale/test or standardized/quantified interview.	Review and adopt responsivity tool such as TCU CSR, Jesness, Beck, MAYSI.
	Responsivity Defined: Responsivity is assessed at summary level.	Review and adopt responsivity tool such as TCU CSR, Jesness, Beck, MAYSI which include summary of personal characteristics.
	Program targets higher risk.	Programming criteria includes placing low risk/low need offenders despite assessed risk levels. Review criteria for program placement.

Action Plan for Reentry and Rider Program Continued

AREA	STANDARD	ACTION
<p>Treatment Characteristics Ave 65.2% 2015 36% US 31%</p>	<p>Match treatment and offender based on responsivity factors.</p>	<p>Adopt responsivity measurement tool. Ensure offenders are matched to treatment modalities consistent with assessed factors.</p>
	<p>Match staff and program based on their skills, experience, education & training.</p>	<p>Review and make recommendations for revision of DAR, PSRS & PRS PDQ's and special requirements for Corrections.</p>
	<p>Match staff and offender based on assessed responsivity factors.</p>	<p>Adopt responsivity measurement tool. Ensure offenders are matched to treatment modalities consistent with assessed factors.</p>
	<p>Ratio favors rewards: Application of rewards should outnumber punishers by 4:1.</p>	<p>Complete literature review of token economies and other existing systems that meet the ratio. Adopt and implement reward system meeting best practice standards.</p>
	<p>Procedure for rewards: Consistent application.</p>	<p>Adopt & implement reward system meeting best practice standards. Develop policy and procedure manual and audit for consistent use and application.</p>
	<p>Procedure for punishment: Consistent application.</p>	<p>In conjunction with reward system, review application of punishers, train staff and audit for consistent use and application.</p>
	<p>Negative effects: Staff should be trained to assess and reduce potential negative effects.</p>	<p>Train staff to assess, recognize and mitigate potential negative effects of punishers.</p>
	<p>Completion criteria: There should be clear criteria to outline when the program terminates for each offender.</p>	<p>Adopt a written criteria and include a behavioral assessment instrument, i.e., How I Think, Criminal Sentiment Scale etc.</p>
	<p>Completion rate: Successful completion rate should be between 65 and 85 percent</p>	<p>IDOC completion rates are significantly higher than 85%. Review inclusionary and exclusionary criteria for CRC's.</p>

Action Plan for Reentry and Rider Program Continued

AREA	STANDARD	ACTION
<p>Quality Assurance Ave 30.4% 2015 9.8% US 23.0%</p>	<p>Internal Quality Assurance: Management audit system that includes:</p> <p>A) Program Director provides quality assurance audits</p> <p>B) Program Director monitors & provides staff feedback on service delivery</p>	<p>1. Develop, adopt & implement internal quality assurance tool for use by program directors.</p> <p>2. Develop an evaluation for treatment staff delivery skills to be included in annual evaluation process. (see entry in Program Leadership & Development).</p>
	<p>Offenders Re Assessed: Program should have a periodic, objective, and standardized re-assessment of offenders on meeting target behaviors.</p>	<p>Review and adopt Pre/Post tests, or criminal thinking measurement tools such as Criminal Sentiment Scale, URICA, How I Think.</p>
	<p>Recidivism Tracked: Program specific recidivism tracked.</p>	<p>Recidivism tracked per program and per facility.</p>
	<p>Program Evaluation: Has the program undergone a formal evaluation within previous 5 years with a risk control comparison group.</p>	<p>Recidivism tracked with risk-controlled comparison group.</p>
	<p>Program Effective: If a risk controlled evaluation was completed, did it show a reduction in recidivism.</p>	<p>Reduction in recidivism in pre/post review.</p>

Action Plan for CPC-GA: CBI-SA, ART, T4C, CBI-S0

The administrative action plan includes items where 70% or more of assessed programs did not meet assessment criteria. The information is based on CPC GA evaluations completed on 21 open programs including:

- IMSI: CBISA, T4C, ART
- ISCI: CBISA, T4C, ART, CBISO
- SICI: CBISA, T4C, ART
- ICIO: CBISA, T4C, ART, CBISO
- ISCC: CBISA, T4C, ART, CBISO
- PWCC: CBISA, T4C, ART

The IDOC 2017 average total CPC GA score was Very High Adherence to evidence based practices, at 73%.

The national average of CPC GA scores is 42.8%.

Area	Standard	Action
Program Staff and Support Ave 79.6% US 60.9%	High adherence to EBP	None
Offender Assessment Ave 44.4% US 31.5%	Responsivity methods measured by a recognized psychometric scale/test or standardized/quantified interview.	Review and adopt responsivity tool such as TCU CSR, Jesness, Beck, MAYSI.
	Program targets higher risk/need	Programming criteria includes placing low risk/low need offenders despite assessed risk levels. Review criteria for program placement
Treatment Characteristics Ave 86.6% US 41.4%	Procedure for rewards: Consistent application.	Adopt & implement reward system meeting best practice standards. Develop policy and procedure manual and audit for consistent use and application.
	Procedure for punishment: Consistent application.	In conjunction with reward system, review application of punishers, train staff and audit for consistent use and application. Staff should be trained to assess and reduce potential negative effects.
Quality Assurance Ave 20% US 25.4%	Completion Criteria: There should be clear criteria to outline when the program terminates for each offender.	Adopt a written criteria and include a behavioral assessment instrument, i.e., How I Think, Criminal Sentiment Scale etc.
	Offenders Re-Assessed: Program should have a periodic, objective, and standardized re-assessment of offenders on meeting target behaviors.	Review and adopt Pre/Post tests, or criminal thinking measurement tools such as Criminal Sentiment Scale, URICA, How I Think.

Action Plan for CPC-GA Sexual Offending Programs

The Administrative Action Plan includes items where 70% or more of the assessed programs did not meet assessment criteria. Information is based on CPC GA evaluations completed on 4 open programs including: CSOT (ISCI, ICIO, and ISCC) and Choices (PWCC).

AREA	STANDARD	ACTION
Program Staff and Support Ave 80.0% US 60.9%	PC supervises facilitators	Program Managers should be involved in providing regular staff meetings observations and review of staff.
Offender Assessment Ave 62.5% US 31.5%	Responsivity Methods measured by a recognized psychometric scale/test or standardized/quantified interview.	Review and adopt responsivity tool such as TCU CSR, Jesness, Beck, MAYSI.
Treatment Characteristics Ave 43.5% US 41.4%	Facilitator knowledgeable.	Clinical staff did not complete the prerequisite Core facilitation making it difficult to deliver the AP portion with fidelity. Require clinical staff to co-facilitate two full sections of core to gain better understanding of
	Group norms established and followed.	Group rules and norms should be developed and posted in the group room for ongoing reference to ensure adherence to expectations.
	Manual developed and	While each curriculum has a detailed manual facilitators were not con-
	Procedure for Rewards: Consistent application.	Adopt & implement reward system meeting best practice standards. Develop policy and procedure manual and audit for consistent use and
	Procedure for punishment: Consistent application	In conjunction with reward system, review application of punishers, train staff and audit for consistent use and application. Staff should be trained to assess and reduce potential negative effects.
	Facilitator models skills and explains benefits.	Clinical staff did not complete the prerequisite Core facilitation making it difficult to deliver the AP portion with fidelity. Require clinical staff to co-facilitate two full sections of core to gain better understanding of
	Skill training/rehearsal with corrective feedback.	Clinical staff did not complete the prerequisite Core facilitation making it difficult to deliver the AP portion with fidelity. Require clinical staff to co-facilitate two full sections of core to gain better understanding of
	Graduated practice with corrective feedback.	Clinical staff did not complete the prerequisite Core facilitation making it difficult to deliver AP with fidelity. Require clinical staff to co-facilitate two full sections of core to gain better understanding of cur-
	Attempts to replace anti-social w/ prosocial	Participants should be taught how to replace antisocial thinking with appropriate prosocial thoughts techniques include cost benefits analy-
Risk plans developed and rehearsed.	Participants should routinely be given an opportunity to rehearse risk plans and relapse prevention techniques.	

Action Plan for Sexual Offending Program Continued

AREA	STANDARD	ACTION
<p>Quality Assurance Ave 20% US 25.4%</p>	<p>Observation of group with feedback.</p>	<p>Group facilitators should be regularly observed and evaluated with regard to service skills. The Program managers should observe and provide constructive feedback at mini-</p>
	<p>Participant satisfaction.</p>	<p>Develop and implement a participant satisfaction survey. This can include exit survey/interviews, post release sur-</p>
	<p>Offenders Re Assessed: Program should have a periodic, objective, and standardized re-assessment of offenders on meeting target behaviors.</p>	<p>Review and adopt Pre/Posttests, or criminal thinking measurement tools such as Criminal Sentiment Scale, URICA, and How I Think.</p>
	<p>Completion Criteria: There should be clear criteria to outline when the program terminates for each offender.</p>	<p>Adopt a written criteria and include a behavioral assessment instrument, i.e., How I Think, Criminal Sentiment Scale etc.</p>

CPC-GA for Advanced Practices

The Administrative Action Plan includes items where 70% or more of the assessed programs did not meet assessment criteria. Information is based on the CPC GA evaluations completed on Advanced Practices in the 7 Probation and Parole Districts.

AREA	STANDARD	ACTION
Program Staff and Support Ave 65.7% US 60.9%	Facilitator trained and on-going training. The requirement for AP facilitation is that the facilitator completed 2 full sections prior to their first AP group.	District staff did not complete the prerequisite Core facilitation making it difficult to deliver AP with fidelity. Require district staff to co-facilitate two full sections to gain better understanding of curriculum delivery.
	Ethical guidelines for facilitator	Written guidelines specific to treatment staff that spell
Offender Assessment Ave 33.3% US 31.5%	Exclusionary criteria followed and clients	Develop and publish exclusionary/inclusionary criteria
	Responsivity Methods measured by a recognized psychometric scale/test or standardized/quantified interview.	Review and adopt responsivity tool such as TCU CSR, Jesness, Beck, MAYSI.
	Program Targets Higher Risk/Need	Programming criteria includes placing low risk/low need offenders despite assessed risk levels. Review
Treatment Characteristics Ave 58.2% US 41.4%	Facilitator knowledgeable.	District staff did not complete the prerequisite Core facilitation making it difficult to deliver AP with fidelity. Require district staff to co-facilitate two full sections to
	Manual developed and followed.	While there is a manual for AP it was not constantly
	Group size.	Group size should not exceed ten offenders with one
	Procedure for rewards: Consistent application.	Adopt & implement reward system meeting best practice standards. Develop policy and procedure manual
	Procedure for punishment: Consistent application.	In conjunction with reward system, review application of punishers, train staff and audit for consistent use and application. Staff should be trained to assess and
	Facilitator models skills and explains benefits.	District staff did not complete the prerequisite Core facilitation making it difficult to deliver AP with fidelity. Require district staff to co-facilitate two full sections to
	Skill training/rehearsal with corrective feedback.	District staff did not complete the prerequisite Core facilitation making it difficult to deliver AP with fidelity. Require district staff to co-facilitate two full sections to
	Graduated practice with corrective feedback.	District staff did not complete the prerequisite Core facilitation making it difficult to deliver AP with fidelity. Require district staff to co-facilitate two full sections to

Action Plan for Advanced Practices Program Continued

AREA	STANDARD	ACTION
<p>Quality Assurance Ave 22.9% US 25.4%</p>	Participant satisfaction.	Develop and implement a participant satisfaction survey. This can include exit survey/interviews, post release surveys, phone calls etc..
	Offenders Re Assessed: Program should have a periodic, objective, and standardized re-assessment of offenders on meeting target behaviors.	Review and adopt Pre/Post tests, or criminal thinking measurement tools such as Criminal Sentiment Scale, URICA, How I Think.
	Completion Criteria: There should be clear criteria to outline when the program terminates for each offender.	Adopt a written criteria and include a behavioral assessment instrument, i.e., How I Think, Criminal Sentiment Scale etc.
	Discharge summary	Formal discharge summary should be developed for each offender upon completion of the group.