



# Program Effectiveness Report



November 2023

# Executive Summary

Idaho Code 20-216 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. The legislation also instructs use of a validated program assessment tool to evaluate all programs. The Correctional Program Checklist (CPC) and Correctional Program Checklist- Group Assessment (CPC-GA) tools created by the University of Cincinnati Corrections Institute provide IDOC with a measure of the quality of programming offered.

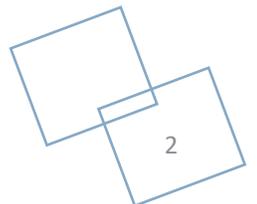
## Evaluation Highlights

In 2023, 9 CPC facility assessments, 6 district CPC audits and 24 CPC-GA curriculum audits were conducted.

- The CPC facility programming audits resulted in six scoring as "Moderate Adherence to Evidence Based Practices (EBP)" and two scoring as "Low Adherence to EBP."
- All 6 district programming audits were found to have "Moderate Adherence to EBP".
- The 24 curriculum assessments using the CPC-GA tool at five different facilities found four with "Low Adherence to EBP," three scored as "Moderate Adherence to EBP," 14 had "High Adherence to EBP", and 3 as "Very High Adherence to EBP".

Evaluations must be performed on any "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."

*Idaho Code 20-216*



# Introduction

After JPA, Idaho switched curriculum to provide five core programs:

- 1) Thinking for a Change (**TFAC**)
  - Developed by the National Institute for Corrections
- 2) Cognitive Behavioral Intervention for Substance Abuse (**CBI-SA**)
  - Modified recently to become Cognitive Behavioral Intervention for Substance Use Adult, or **CBI-SUA**.
  - Developed by University of Cincinnati
- 3) Cognitive Behavioral Intervention for Sexual Offending (**CBI-SO**)
  - Developed by University of Cincinnati
- 4) Aggression Replacement Training (**ART**)
  - Developed by Dr. Barry Glick and Dr. John c. Gibbs
- 5) Advanced Practices (**AP**)
  - Developed by University of Cincinnati

In February of 2015, IDOC requested the Council for State Governments 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.

The findings indicated IDOC was assessing and targeting moderate and high-risk individuals but was not using the most impactful approaches to reduce recidivism. 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). The recommendations included elimination of pathway programming and reliance on a few core programs with a proven track record of effectiveness, offered a cognitive-behavioral approach, graduated skills practice, and less reliance on punishment.

A description of the previous programming offered is provided in the 2019 version of this report.

The current report provides an explanation of the outcome of the most recent CPC and CPC-GA audits, recidivism before and after changes to the curriculum, and an action plan for program quality improvement.

# Correctional Program Checklist

The CPC is a validated tool and is divided into two main areas:

**Capacity** and **Content**.

**Capacity** measures whether a correctional program can consistently deliver evidence-based interventions, assessing the areas of:

- 1) Program Leadership and Development,
- 2) Staff Characteristics, and
- 3) Quality Assurance.

**Content** assesses whether programming aligns with risk, need and responsivity principles within:

- 1) Offender Assessment, and
- 2) Treatment Characteristics.

Since 2015, IDOC has evaluated rider and community reentry center programming five times using the University of Cincinnati Correctional Program Checklist (CPC). The CPC was developed to assess correctional programs and determine how closely the programs matched with known principles of effective intervention. After conducting a meta-analysis, several key areas were found to be shared between various effective evidence-based correctional programs. The assessment measures how well a program adheres to principles of risk, need, and responsivity using cognitive behavioral and social learning models, which have been associated with reductions in recidivism.

There are 73 individual indicators worth up to 79 points. Each item is scored, and domains and overall ratings are summed. The total score is then divided by the total number of points and categorized according to adherence to evidence-based principles:

- Very High Adherence to EBP (65% to 100%);
- High Adherence (55% to 64%);
- Moderate Adherence (46% to 54%);
- or Low Adherence (45% or less).

The tool has been revised twice to keep up with emerging trends in the field, in 2015 and 2019. The checklist is based on the “ideal” program, and no program will ever receive 100%. The score is also time specific and is only relevant as to when the program was audited, as staff turnover and other factors can change the scoring. However, the process provides a measure of program integrity and quality with an eye to elements of effective programming providing recommendations for improvements.

# Audit Process and Rider CPC

IDOC staff trained in the use of the CPC audited programming within the rider and community reentry center facilities, and the districts between February and October of 2023. The audits included structured interviews with program staff, the program manager, probation or correctional officers, and program participants. Trained staff also observed at least one group taught by most staff members, reviewed case files to ensure of correct participant program placement and reviewed all related curriculum materials. Once each program was scored, a report was provided to each facility and district with feedback concerning strengths, areas in need of improvement, and an overall action plan for future growth.

Since the past program assessment in 2021, IDOC staff received updated training on use of the CPC and CPC-GA by the University of Cincinnati. Both tools have also been modified, making it a bit challenging to compare this year's scores with scores from previous years. However, primarily because of this retraining, scores for the core curriculum provided by IDOC have dropped from previous years. Staff were trained to be more

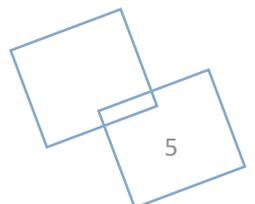
stringent in areas such as whether true modeling and role-playing are occurring within the classroom, whether a sufficient range of awards and sanctions are available for use by facilitators, and whether there is sufficient ongoing training of program staff in service delivery.

The following rider programs were evaluated using the CPC tool:

- 1) Management Training Corporation, Correctional Alternative Placement Program (MTC-CAPP) (as of July 1st, 2023, this facility is now named Mountain View Transformation Center and is owned and operated by the state);
- 2) North Idaho Correctional Institution (NICI); and
- 3) South Boise Correctional Center (SBWCC).

The chart below provides the Rider facility scores. All three programs scored as "Moderate Adherence to EBP." The largest areas in need of improvement are quality assurance and treatment characteristics. The programs scored better in program leadership and development and resident or client assessment.

Rider Total CPC Scores



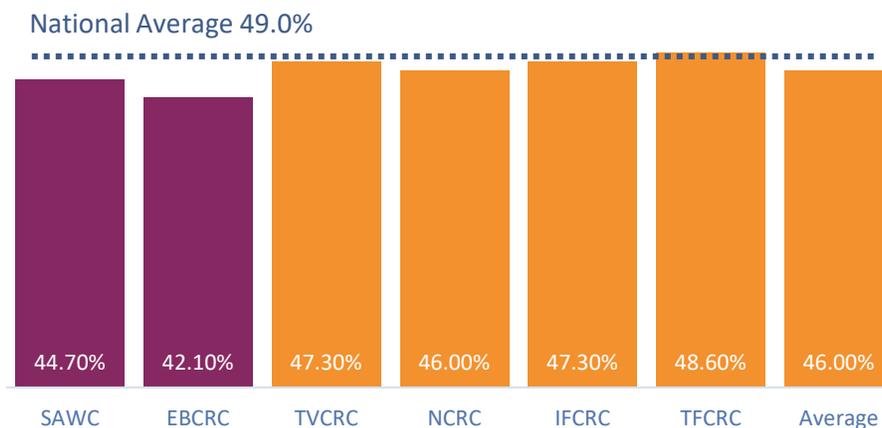
# Community Reentry Center CPC

For the Community Reentry Center CPC programming audits, four scored at “Moderate Adherence to EBP” and two as “Low Adherence to EBP.” All programs scored well in terms of program leadership and development. This area assesses for the qualifications and experience of the program director, involvement with the staff, and their support of treatment services. In addition, this area assesses for the design and ongoing improvement of interventions, whether components are piloted before implementation and whether the program is cost-effective and sustainable.

Six CPC assessments were conducted at:

- Saint Anthony Work Center (SAWC);
- East Boise Community Reentry Center (EBCRC);
- Treasure Valley Community Reentry Center (TVCRC);
- Nampa Community Reentry Center (NCRC);
- Idaho Falls Community Work Center (IFCRC);
- Twin Falls Community Reentry Center (TFCRC).

CRC Total CPC Scores

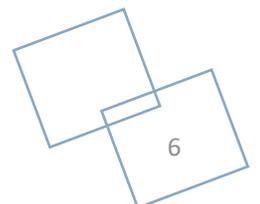


**Very High Adherence to EBP (65% to 100%)**

**High Adherence to EBP (55% to 64%)**

**Moderate Adherence to EBP (46% to 54%)**

**Low Adherence to EBP (45% or less)**



# Correctional Program Checklist-Group Assessment

The CPC-GA is also divided into two main areas: **Capacity** and **Content**.

**Capacity** measures whether a correctional program can consistently deliver evidence-based interventions, assessing the areas of:

- 1) Program Staff and Support,
- 2) Quality Assurance.

**Content** assesses whether programming aligns with risk, need and responsivity principles within:

- 1) Offender Assessment, and
- 2) Treatment Characteristics.

The CPC-GA tool has been used in three of the past five program assessments. It is a slightly different process than the CPC approach and focuses on each curriculum rather than an overall facility.

The assessment requires a site visit including interviews with the program coordinator, service delivery staff, and participants. Classes are observed, each curriculum is reviewed, files are reviewed for correct program placement, as well as assessment of policies and procedures.

The CPC-GA is also based upon an “ideal” program and no program will receive 100%. The assessment is time specific and is truly only as relevant as the day the information was gathered. However, the process does yield a plan for improvements that can be measured over time.

The CPC-GA has also been updated and the newer version is not completely the same as the assessment used in previous versions of this report. But the same areas are assessed with slightly different weighting as there are a different number of questions in some of the domains.

# Facility Curriculum CPC-GA

Because the CPC-GA is based on “ideal” attributes, no one program will receive 100%. Programs nationwide typically score in the Low (42%) and Moderate Adherence (24%) to EBP categories.

All five facilities providing programming to term incarcerated residents was assessed with the CPC-GA tool. The programs scored well in the areas of “Program Leadership and Development” and “Offender Assessment.” The high scores are indicative of qualified and experienced program leadership that select, train and supervise program staff, are valued by the larger criminal justice community, and have sustainable funding into the foreseeable future. The programs also utilize several different risk and need assessments to prioritize appropriate placement into a variety of different cognitive based treatment, educational and vocational opportunities.

The curriculum audits at all five facilities covered:

- Advanced Practice,
- Thinking for a Change (TFAC), and
- Cognitive Behavioral Intervention – Substance Use Adult (CBI-SUA).

The CBI-SUA program scored higher overall than TFAC or Advanced Practice. Programming offered at ICIO scored higher than other facilities and ISCC scored lower. Reports for programmatic improvements have been sent to all facilities.

Three facilities teach Cognitive Based Intervention for Sex offending (CBISO). ISCC teaches Cognitive Sex Offender Treatment (CSOT) for higher risk sex offenders and PWCC teaches Choices for female sex offenders. CBISO and CSOT both scored as “High Adherence to EBP” and Choices scored as “Moderate Adherence to EBP.”

Curriculum	ISCC	ISCI	SICI	ICIO	PWCC	Average
Advanced Practice	43.3	45.2	51.8	60.3	56.6	51.4
TFAC	45.2	54.7	57.4	62.2	60.3	56.0
CBI-SUA	54.7	56.6	61.1	66.6	64.1	60.6
ART	45.2	58.4	59.2	*	*	54.3
CBISO	52.8	62.2	*	66.6	*	57.5
CSOT	64.1	*	*	*	*	60.5
Choices	*	*	*	*	49.0	49.0

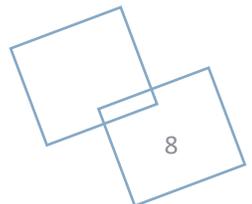
\*Class not provided.

Very High Adherence to EBP (65% to 100%)

High Adherence to EBP (55% to 64%)

Moderate Adherence to EBP (46% to 54%)

Low Adherence to EBP (45% or less)



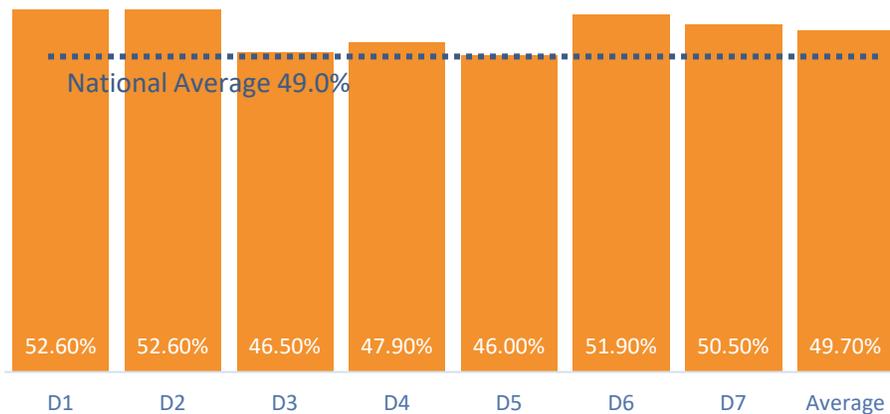
# District CPC-GA

IDOC staff provide Advanced Practices as an Aftercare component to the Rider program. Advanced Practices was assessed within all seven districts by IDOC staff.

Overall, the district “Advanced Practice” courses scored well with “Moderate Adherence to EBP.” When faced with the Covid-19 pandemic, the districts switched to offering classes virtually through Zoom. The opportunity to provide telehealth allowed for check-ins with clients, often meeting with them in their home environment, and giving the treatment provider a greater understanding of client needs.

The programs all scored very well in program leadership and development and most scored well in staff characteristics. This demonstrates that the districts have strong capacity to provide excellent programming. Quality assurance scored less well and will be an ongoing area for improvement.

District CPC-GA



\*D1 and D2 have combined classes and case management.

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**High Adherence to EBP (55% to 64%)**

**Moderate Adherence to EBP (46% to 54%)**

**Low Adherence to EBP (45% or less)**

# Action Plan

The items below have been chosen from the CPC and CPC-GA tools as main areas of improvement IDOC will focus on over the coming year. The IDOC quality assurance manager will oversee implementation for the next CPC and CPC-GA audit cycle.

CPC or CPC GA Standard	IDOC Action
1. Program Director provides direct training to new staff.	Ensure program managers are providing direct training to program staff in service delivery.
2. Staff should receive a minimum of 40 hours per year of ongoing training in service delivery.	Ensure we are offering training that is service delivery focused and tracked. Create and offer mandatory booster trainings.
3. Professional staff are assessed on service delivery skills, such as facilitation skill, assessment skills, communication skills, modeling of new behaviors, or redirection techniques.	Program Directors will perform quarterly group observations using the Group Facilitator Evaluation Form and provide feedback to employees.
4. The program director should be involved in providing some direct service delivery to justice involved participants.	Ensure Program directors carry small caseload, facilitate a group or perform assessments.
5. A range of appropriate positive reinforcers have been developed and are applied by staff, such as a range of token, tangible, and social rewards, which can include earning privileges.	Provide training on types of reinforcements staff can administer and how to administer those reinforcements consistently. Provide booster trainings yearly.
6. Punisher application should be consistent.	Provide training on the administration of sanctions to increase consistently. Provide booster trainings yearly.
7. Specialized needs assessment tools are used to assess key offender types.	Utilize a violence needs assessment tool like the Violence Risk Appraisal Guide (V-RAG) to determine programming for violent offenders.
8. Participants are consistently taught to observe and anticipate risky thinking and problem situations through staff modeling.	Provide mandatory statewide booster trainings specifically focusing on Advanced Practice to ensure this is being completed.
9. The program gathers offender re-arrest, reconviction, or re-incarceration data at 6 months or more after participant termination from the program.	Although IDOC collect, track and report this data, program directors need training on where and how to find and interpret the information.
10. Collect formal participant feedback on service delivery and use the data to inform programming.	IDOC will incorporate mid program and end of program satisfaction surveys and utilize the data collected to make changes.