The CPC and Promoting Effective Practices With Justice Involved Youth and Adult Offenders With Mental Illness

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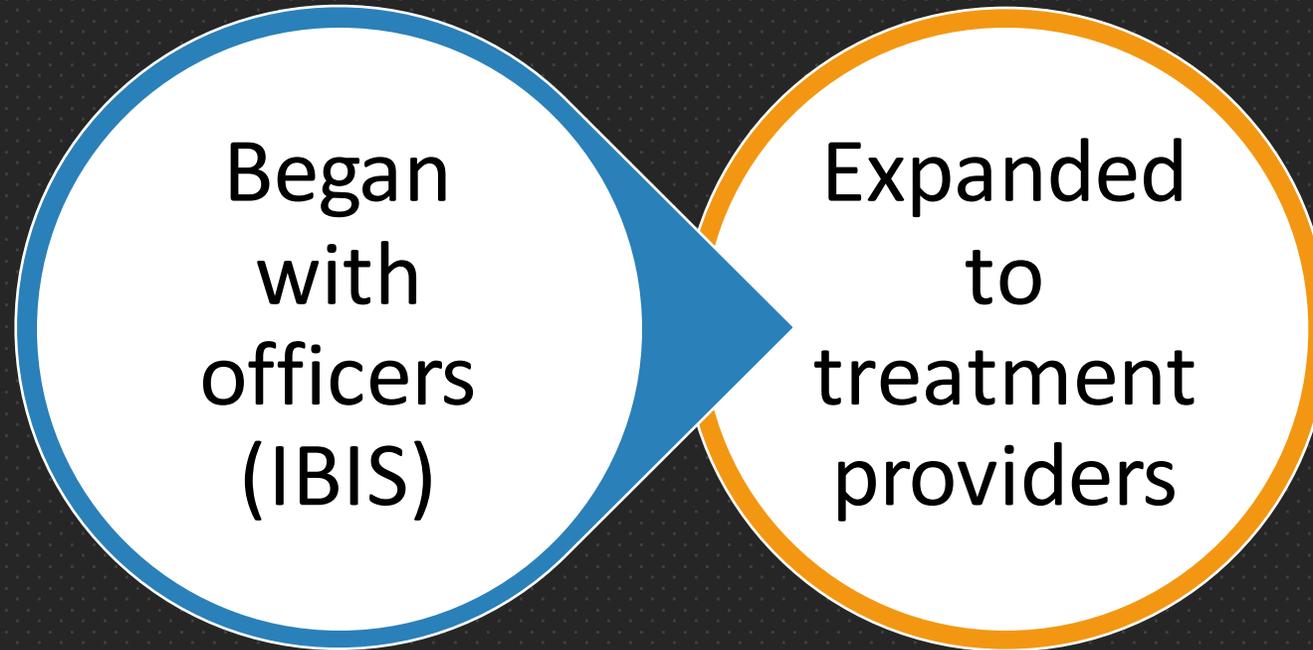
Words to Deeds X

November 2, 2016

Focus

- The Evolution of EBP Implementation in SD
- The Correctional Program Checklist (CPC)
  - Developmental approach
  - Educational intervention for treatment community
  - What we have learned from the data
- Behavioral Health Providers Must Target Criminogenic Needs to Reduce Recidivism
  - Strategies to get the message out AND effect change
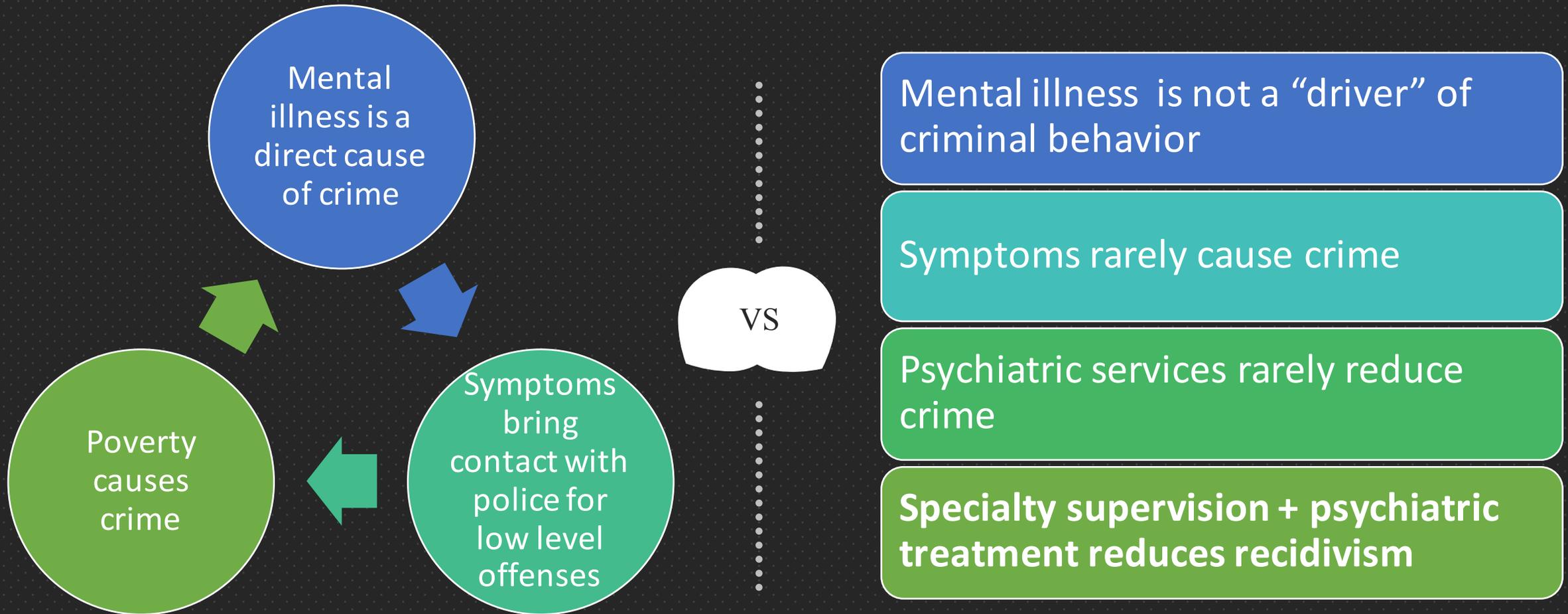 - Next steps

Evolution of evidence based practices

EBPOST provides training, coaching and mentoring to ensure that Evidence Based Practices become part of the culture

Began with officers (IBIS)

Expanded to treatment providers

The CPC provides education on EBP for the offender population

Traditional concepts VS "What Works"

Mental illness is a direct cause of crime

Poverty causes crime

Symptoms bring contact with police for low level offenses

VS

Mental illness is not a "driver" of criminal behavior

Symptoms rarely cause crime

Psychiatric services rarely reduce crime

Specialty supervision + psychiatric treatment reduces recidivism

How did we get here?

Public Safety Realignment (AB 109) and Prop 47

A new population

Merging philosophies

New laws quickly shifted non-violent offenders from institutions to treatment.

Current public health providers were asked to take on treatment of a population with unique needs without direction.

It has become necessary to merge treatment of **psychiatric risk** with meeting **criminogenic needs**.

Public Safety/Public Health

Bridging two schools of thought

The criminal justice system focuses on risk of violence and recidivism

The public health system focuses on psychiatric risk, reducing symptoms, and increasing functioning

The Correctional Program Checklist
Developed by Ed Latessa at the University of Cincinnati Corrections Institute (UCCI)

- A program evaluation tool developed from research on evidence based practices that reduce recidivism.
- Programs can identify areas that need improvement and measure change over time.
- Promotes use of EBP and accountability via:

More focus on treatment methods/proper targets

Less focus on documentation/compliance
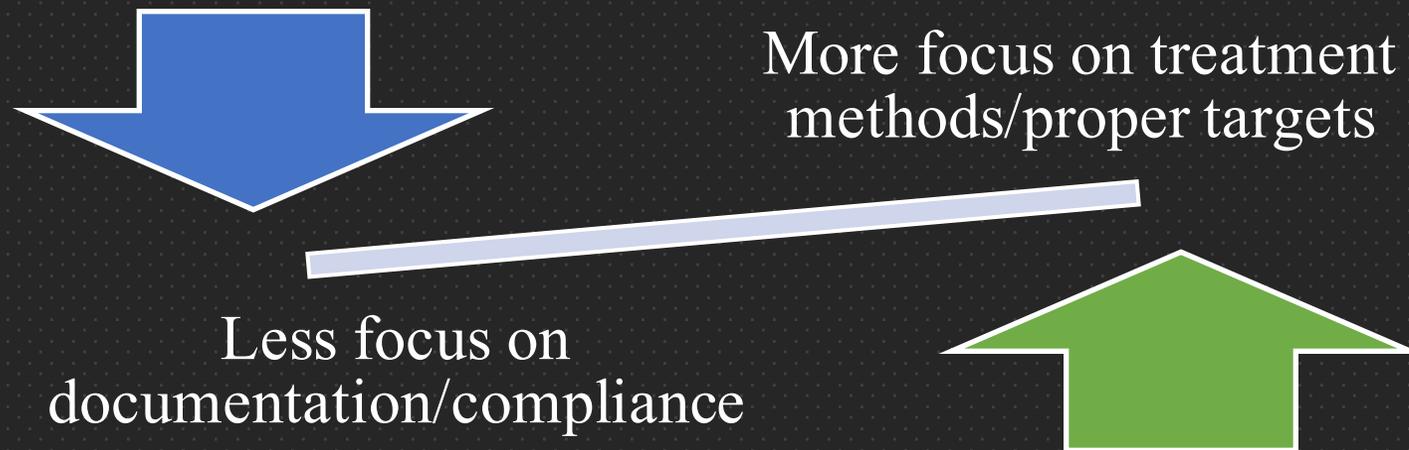
Purpose of the CPC

Answer three basic questions

Where is the program now?
Where does the program need to go?
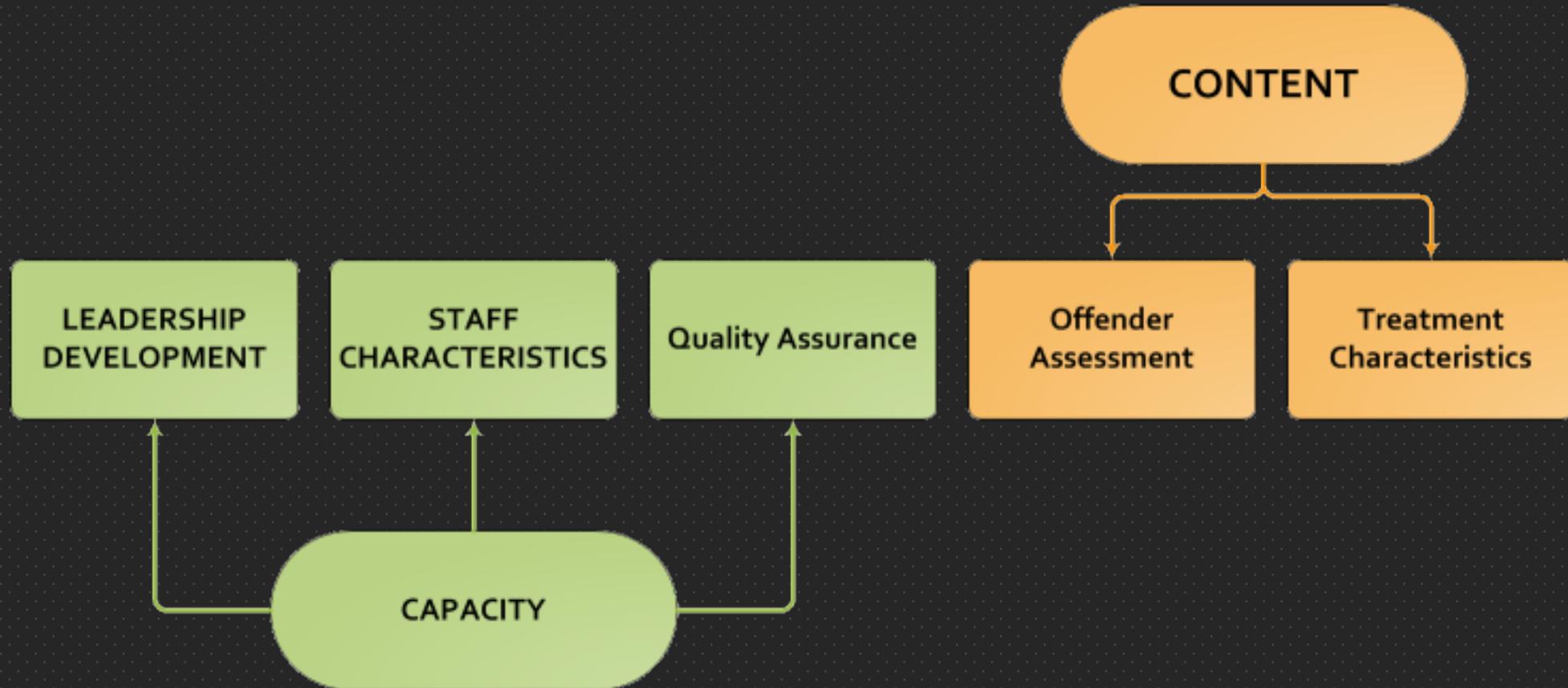How can the program get there?

Using

Evidence based practices and principles of effective intervention
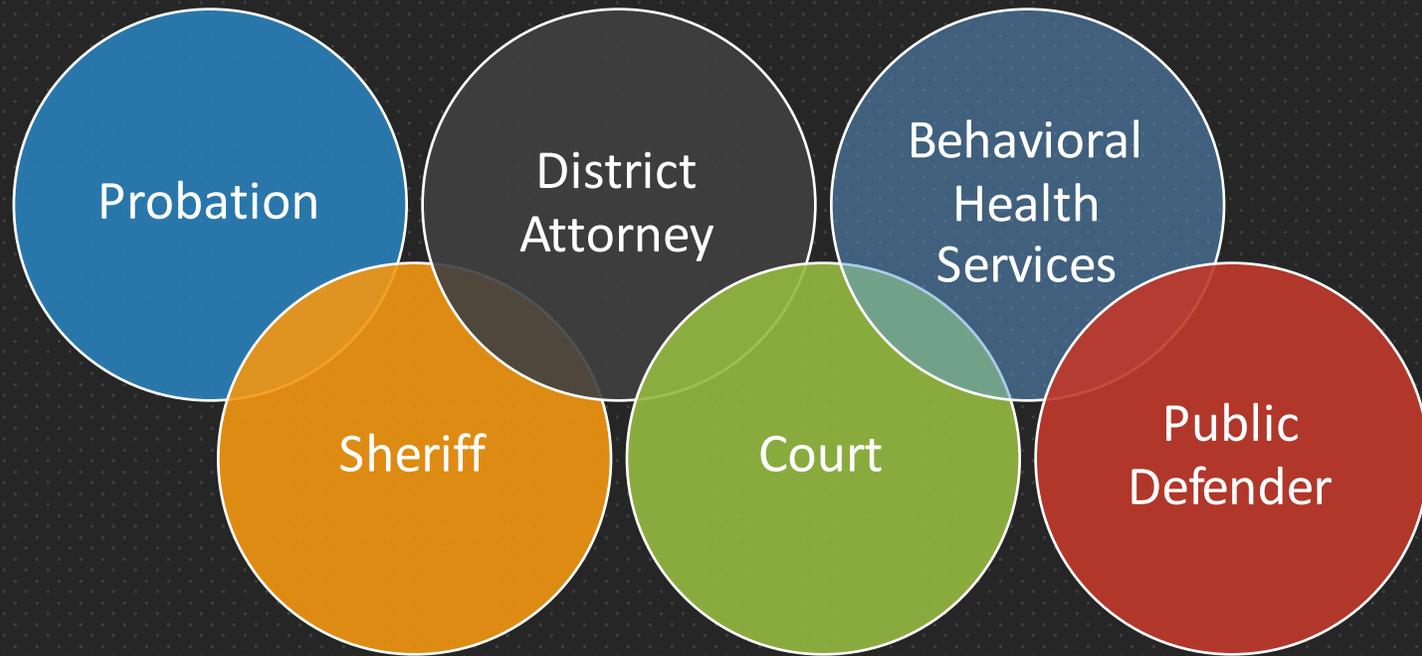
Allowing

Better treatment funding decisions and a blueprint for program development

CPC Focus Areas

CPC training
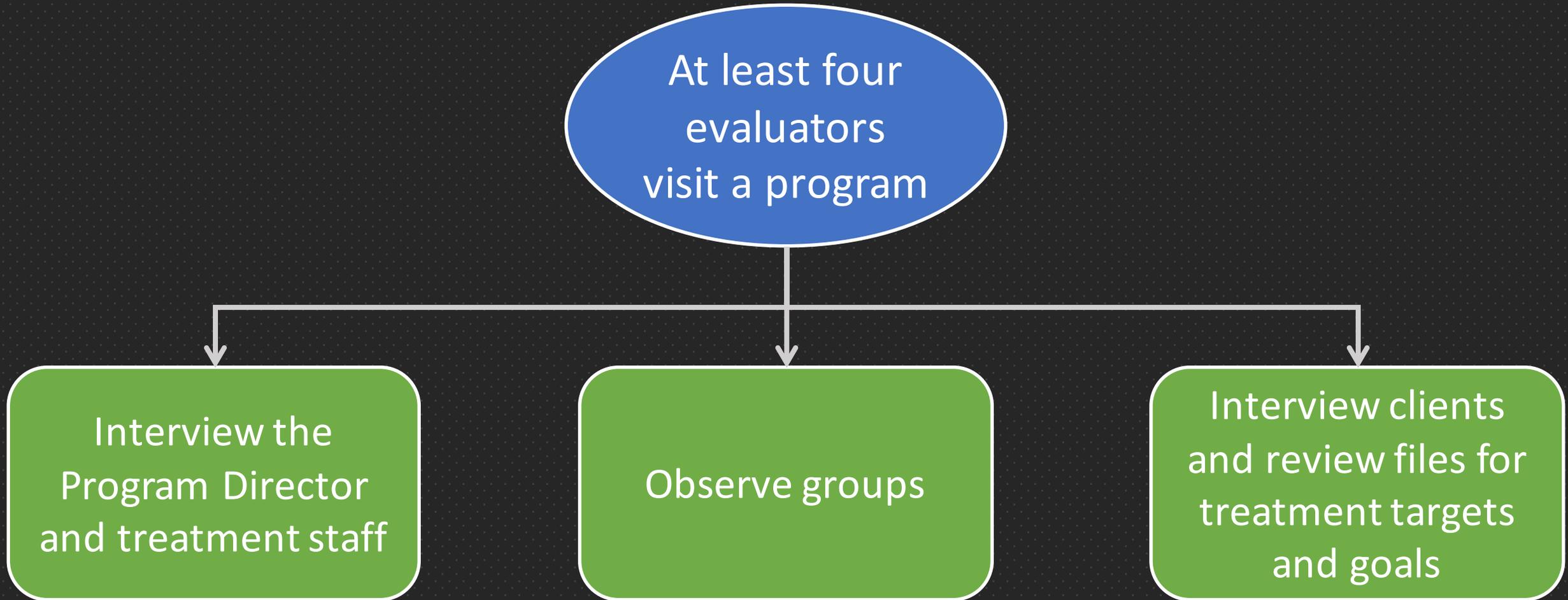## 18 trainees from six agencies now certified to assess treatment programs

Probation

District Attorney

Behavioral Health Services

Sheriff

Court

Public Defender

UCCI has provided two four-day trainings that allow us to conduct our own CPC evaluations

CPC site visit
A full day onsite at the program in operation

At least four evaluators visit a program

Interview the Program Director and treatment staff

Observe groups

Interview clients and review files for treatment targets and goals
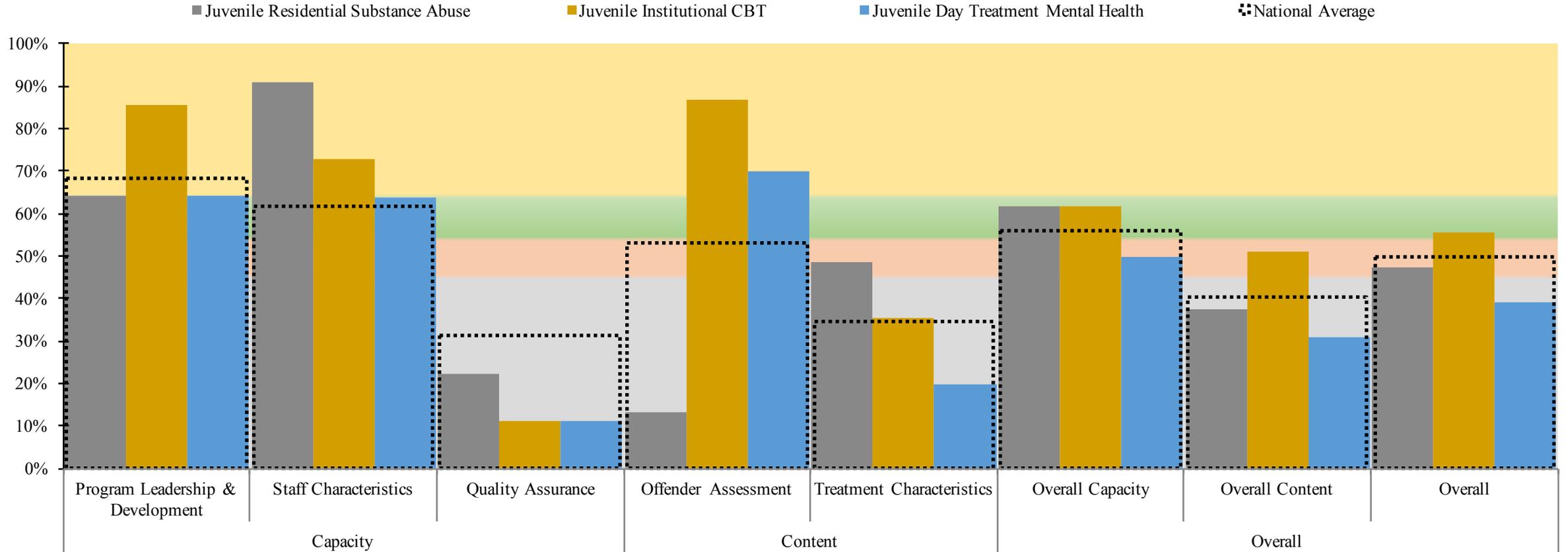
CPC final report

Overall Rating – Adherence to Evidence Based Practices

- Very High Adherence (65%+)
- High Adherence (55-64%)
- Moderate Adherence (46-54%)
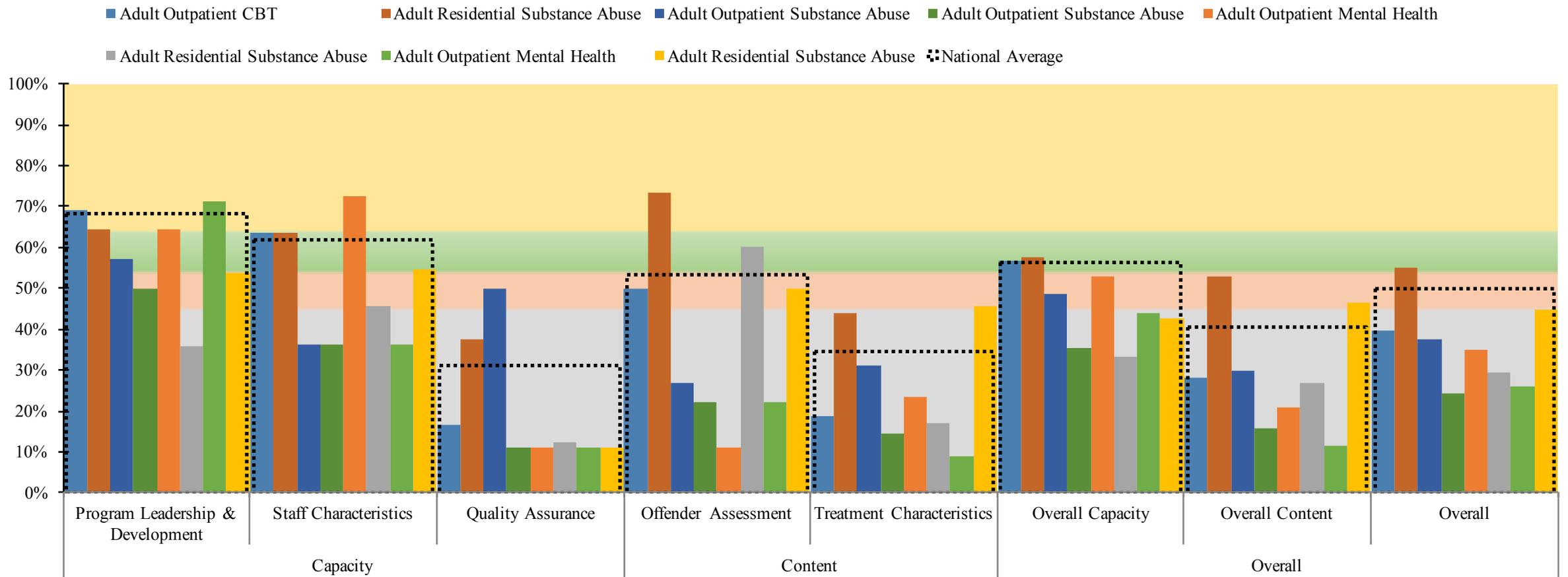- Low Adherence (45% or less)

Report includes

- Strengths
- Areas that need improvement
- Recommendations

Juvenile Program Results

Legend: ■ Juvenile Residential Substance Abuse ■ Juvenile Institutional CBT ■ Juvenile Day Treatment Mental Health ⸬ National Average

Categories (x-axis): Program Leadership & Development, Staff Characteristics, Quality Assurance (Capacity); Offender Assessment, Treatment Characteristics (Content); Overall Capacity, Overall Content, Overall (Overall)

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

Adult Program Results

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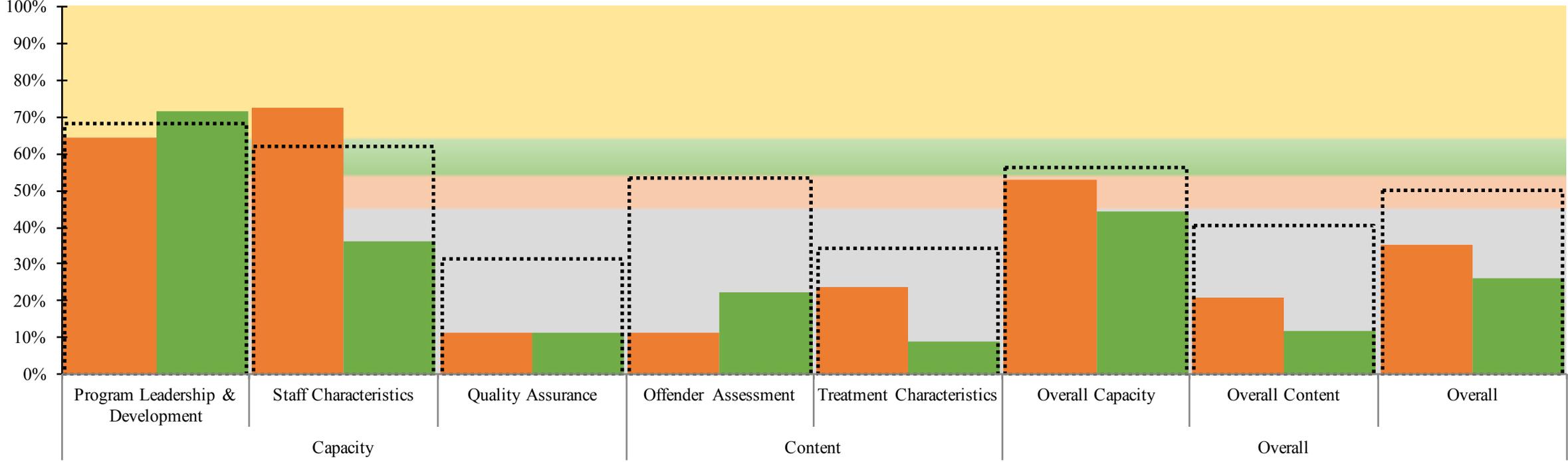Moderate Adherence to EBP (46% - 54%)
Low Adherence to EBP (45% or less)

Adult Mental Health Results

Legend:
- Very High Adherence to EBP (65%+)
- High Adherence to EBP (55 - 64%)
- Moderate Adherence to EBP (46% - 54%)
- Low Adherence to EBP (45% or less)

Mental Health vs. Other Programs

Type of Program	Avg Capacity	Avg Content	Avg Overall
Adult Outpatient Mental Health (2)	47%	16%	29%
Non-Mental Health (9)	49%	35%	41%
All SD Programs (11)	49%	32%	39%
National Average	56%	40%	49%

Adult RTP Follow Up

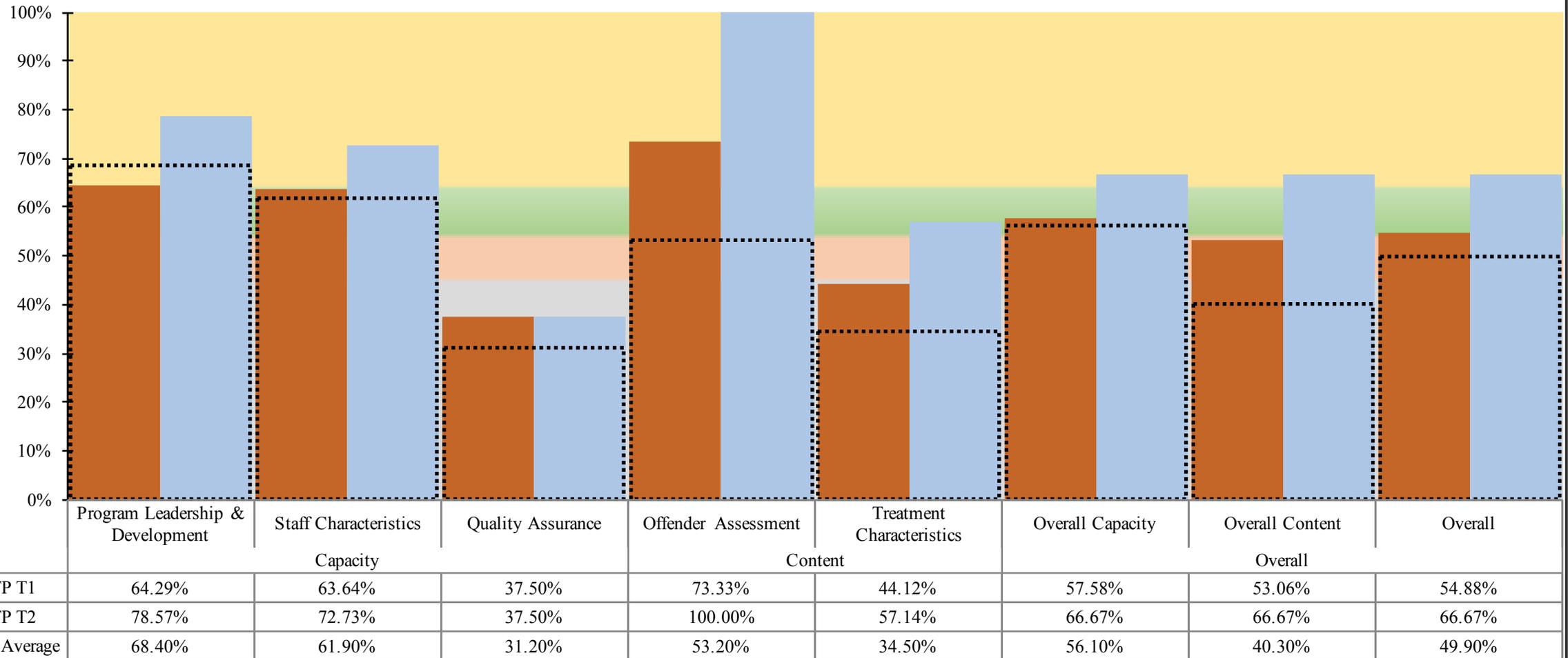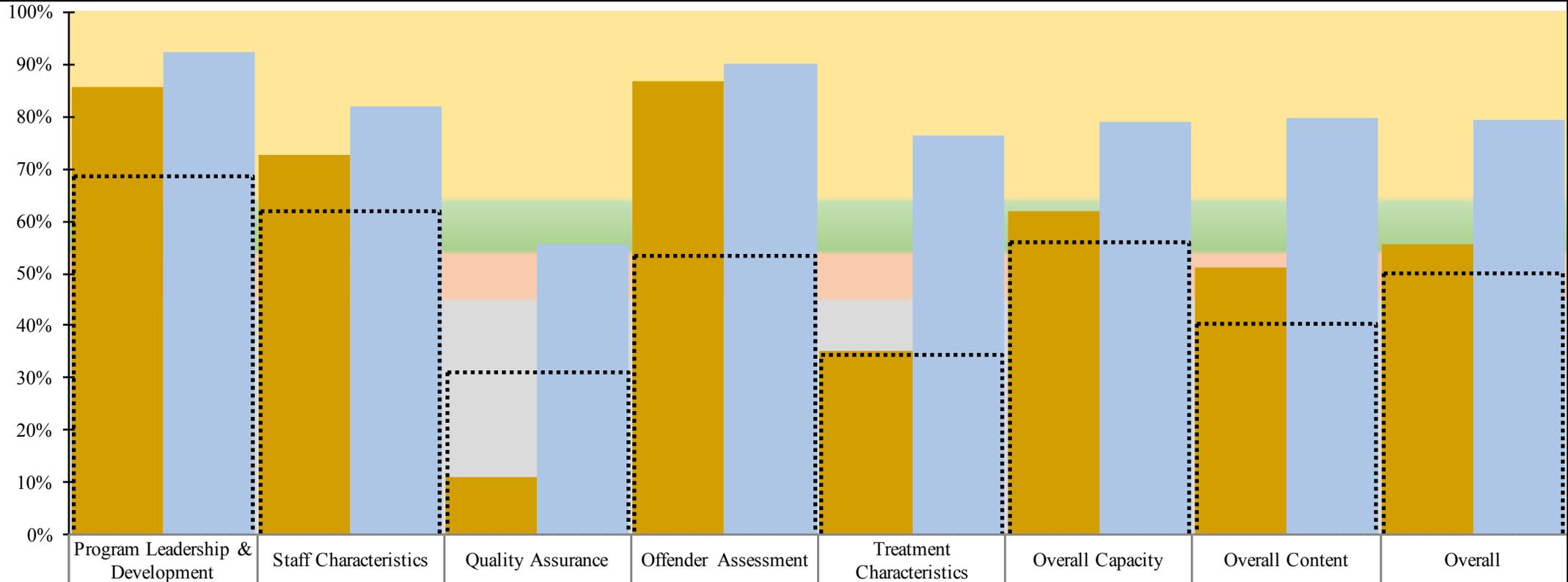|	Program Leadership & Development	Staff Characteristics	Quality Assurance	Offender Assessment	Treatment Characteristics	Overall Capacity	Overall Content	Overall
	Capacity			Content		Overall		
Adult RTP T1	64.29%	63.64%	37.50%	73.33%	44.12%	57.58%	53.06%	54.88%
Adult RTP T2	78.57%	72.73%	37.50%	100.00%	57.14%	66.67%	66.67%	66.67%
National Average	68.40%	61.90%	31.20%	53.20%	34.50%	56.10%	40.30%	49.90%

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

Juvenile Institution Follow Up

	Program Leadership & Development	Staff Characteristics	Quality Assurance	Offender Assessment	Treatment Characteristics	Overall Capacity	Overall Content	Overall
		Capacity			Content		Overall	
■ Juvenile Institutional CBT T1	85.71%	72.73%	11.11%	86.67%	35.29%	61.76%	51.02%	55.42%
■ Juvenile Institutional CBT T2	92.31%	81.82%	55.56%	90.00%	76.47%	78.79%	79.55%	79.22%
⁘ National Average	68.40%	61.90%	31.20%	53.20%	34.50%	56.10%	40.30%	49.90%

Very High Adherence to EBP (65%+)

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Moderate Adherence to EBP (46% - 54%)

Low Adherence to EBP (45% or less)

Improvements Seen During Follow Up CPC

Programs are focusing on key elements that are known to reduce recidivism.

First CPC

Second CPC

No assessment or use of RNR data

A key component of the CPC is to use risk, needs, and responsivity assessments to guide treatment.

Use of available assessments and adoption of new assessments

Increased utilization of assessments has improved scores in multiple CPC sections.

VS

Inappropriate reinforcers/punishers

Programs using too many punishers or inappropriate punishment, i.e. treatment as punisher

Appropriate reinforcers/punishers

Programs can improve their scores by using more appropriate reinforcers at a ratio of 4 reinforcers to 1 punishment

Ineffective treatment methods

Many groups were running as process groups or programs were not providing rigorous programing necessary to reduce recidivism

Modeling and role playing incorporated

Scores can be increased greatly by incorporating the modeling of skills and role playing

Lessons learned

Language: Risk = Risk of recidivism

Everybody does "the CBT" (criminogenic focus?)

"Is that billable?" or "It's not in my contract!"

Observation in real time is key

- PD and DA – Astounded at what really happens in groups
- BHS – Different sense of what takes place vs a typical audit

The top six common issues

1 **Risk Levels**
Never mix high and low risk clients.
High risk clients require more treatment.

2 **Use more criminogenic targets**
Successful programs target criminogenic needs at 4:1.

3 **Use role playing to practice skills**
Successful offenders consistently practice and rehearse alternative prosocial responses.

4 **Use assessment data**
Successful programs use validated assessment tools for RNR.

5 **Avoid mixing genders**
Less willing to disclose.
Prior trauma could be exacerbated; distractions.

6 **Behavioral Reinforcement**
Don't be stingy, formal training & protocol necessary.

Strategies

Behavioral health providers must ALSO target criminogenic needs to reduce recidivism

Criminogenic needs
Treating severely mentally ill offenders
Risk/needs assessments

Coordinating EBP implementation with public safety and public health

Education Seminars

CRD Expo

Offender Treatment Committee

Allows our providers to meet Probation Officers and other stakeholders

Next steps

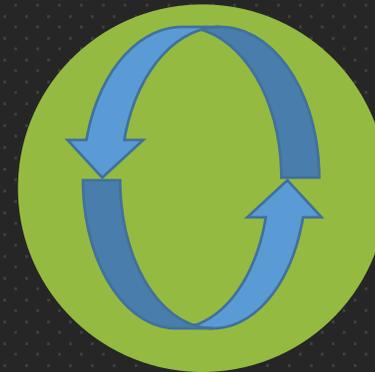After more than one year of conducting CPC evaluations, what is in the works?

Contracts
Items from the CPC are being placed in the scope of work for new contracts and contract renewals.

Risk/Need

COMPAS
The COMPAS risk/need assessment is being made available through our online referral system.

Re-Evaluation
Continue 1-year follow-up CPC evaluations.

Summary

Implementation of evidence based practices for offender populations includes education of treatment community, including providers who work with mentally ill offenders if recidivism is to be reduced.

Thank You

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