

**Idaho Department of Correction
Operations
Programs Division**



**Program Best Practices
Supporting Research
January 2006**



IDAHO DEPARTMENT OF CORRECTION

"Protecting you and Your Community"

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PROGRAMS AND EDUCATION

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As prison populations grow across the country requiring additional state resources, the need to focus these scarce resources to effective correctional practices becomes paramount. With this in mind, IDOC has aligned both mission and approach according to the "What Works/Evidence Based" principles declared in the seminal works in correctional theory and practice.

To achieve the "What Works" moniker, correctional practices must achieve a level of scientific rigor that with limited dispute, can be applied in any correctional setting of similar circumstances and present similar outcomes. National research has demonstrated these outcomes which support our corrections core programs. Idaho is in the process of developing its own preliminary outcomes, which will give clearer review and assessment and impacts of IDOC core programs.

Focused on the areas of dynamic rehabilitation, IDOC has reviewed and responded to the most effective methods of programmatic delivery as well as those approaches showing significant promise. These include but not limited to, effective assessment, cognitive/behavioral programming, education and balanced supervision strategies. Current outcomes have shown therapeutic communities and GED's to have positive correlation to reduction in recidivism.

Rest assured, IDOC will continue to review current literature to provide continued refinement of our practices with an eye for long-term effectiveness and strong fiscal management of our resources.

Sincerely,

Thomas J. Beauclair
Director

Enclosure

What Works Evidence Based Practices

An Idaho Model for Offender Management

What Works

Practices proven through strong scientific support.

Offender Management

1. Identify criminogenic factors (criminal behaviors) or risk and need.
IDOC Response
 - Utilize normed proven screening and assessment tools
 - Level of Service Inventory Revise (LSI-R)
 - TCU Drug Screen
 - Static 99/Razor for sex offenders
 - Treatment Progress Scale (TPS)

2. Target Interventions to High Risk Offenders
IDOC Response
 - Front loaded and event driven supervision strategies
 - Utilize limited treatment funds for high risk population
 - Connect with wrap around services (H&W, Adult Mental Health)
 - Provide transitional housing funds
 - Connect and fund vocational rehabilitation services

3. Minimize Services to Low Risk Offenders
IDOC Response
 - Low risk caseloads
 - Reviewing technology based tools (computer call in, call centers)

4. Use Cognitive Behavioral Interventions
IDOC Response
 - Core programs delivered support Research
 - Cognitive Self-Change (CSC)
 - Cognitive Behavioral Therapy (CBT) Relapse Prevention
 - Moral Reconciliation Therapy (MRT)
 - Sex Offender Treatment (OST)
 - Thinking for a Change (TFAC)

5. Engage Social Support in Intervention
IDOC Response
 - Town hall meetings statewide
 - Free training and mentoring for community providers
 - Well developed partnerships with professional and lay persons

6. Incapacitate Offenders Who Continue to Reoffend
IDOC Response
 - Rapid response to violations (24 hours)
 - Effective intermediate sanctions
 - Effective partnerships with law enforcement and parole commission

7. Prison Based Therapeutic Communities (TC) with Community Based Aftercare
IDOC Response
 - Three male and one female TC across the state
 - Effective TC aftercare priority at all district offices
 - New directions program for rider population

8. Non- Prison Based Sex Offender Programs
IDOC Response
 - Utilize sex offender advisory board
 - ATSA based programming for community providers
 - Sex offender supervision units for all districts

9. Vocational Education Provided
IDOC Response
 - Comprehensive vocational training at facilities
 - Focussed training to promote living wages
 - Effective utilization and partnership with vocational rehab in communities

10. Multi-component Correctional Industry Programs
IDOC Response
 - Effective and profitable correctional industries program
 - Provides diverse job skill development
 - Provides cost effective resource to state agencies

11. Community Employment Programs
IDOC Response
 - Day reporting program for job development
 - Broker partnerships with job service, industrial council and voc rehab

12. Evaluated Programs and Processes Consistently
IDOC Response
 - Utilize clinical supervision for program effectiveness
 - Utilize CPAI (Normal assessment tool) for TC effectiveness
 - Utilize QSA (Quality self assessment) protocol
 - Implementing operational assessment process

What is Promising

Programs and process showing effective, but still needing additional research support

1. Prison Based Sex Offender Treatment
IDOC Response
 - Provide cognitive based treatment with polygraphs at several facilities
 - Utilize ATSA requirements for treatment and staff competencies

2. Adult Basic Education
IDOC Response
 - Offered at all facilities
 - Utilize federal grant programs

3. Transitional Programs to Prepare Offenders for Reintegration to Communities
IDOC Response
 - Structured Reentry Program with Following Attributes:
 - Identified 18-24 months prior to tentative parole date
 - Intense core programming
 - Utilize transitional parole officers
 - Partnership with vocational rehabilitation
 - Transitional funds
 - Partnership with parole commission
 - Partnership with Health & Welfare and work service contractors

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INTRODUCTION

Idaho Legislature will continue to observe the progress of Idaho Department of Correction programs. While the information requests reveal an increased public awareness of offender programs that are provided by the Idaho Department of Correction (IDOC), the Department has a daunting task of measuring progress. Although offender programs require funding where an economy does not lend itself to additional expenditures, Idaho Department of Correction continues to implement programs. Limited funds are utilized to maintain existing programs, implement new programs and provide and oversee additional community resources required to sustain the programming accomplishments that are delivered within the institutions and by community providers.

Recent IDOC requests include describing the selection process for correctional programs. The following will examine that process and identify methodology used by the Department for this selection process. Idaho Department of Correction policy and directives provide baseline information. Existing research of group studies (meta-analyses) and evaluation outcome studies provide supporting documentation.

Idaho is in the developmental stages of implementing a nationally recognized data collection and reporting system (CIS-Computer Information System) that will facilitate offender management services and also provide a means to measure program effect. Implementation of a program data collection and reporting system provides standardized and periodic departmental reporting. However, reporting needs are still being assessed, new processes utilized, data integrity and quality are closely monitored with quality assurance checks in place. With the rapid advancement of research projects and information requests, IDOC realizes that many questions remain unanswered.

DEPARTMENT TRAINING

Each program implementation includes initial statewide training with ongoing training to accommodate newly hired facilitators, correctional officer staff, counselors, administrative staff, and support staff. Additional training is required to effectively navigate the CIS offender tracking system, case management procedures, program delivery management, and offender progress reporting.

Currently, regional training teams are being developed with one in each state. The teams will be comprised of staff trained to deliver training of one or two core or ancillary programs within their respective region. A master calendar will be developed and each core and ancillary program training will be delivered at least annually or as needed.

Additionally, all facilitators and trainers will attend skill developmental training annually, which will cover skill sets to include:

1. Facilitation skills
2. Group dynamics
3. Role playing as an instruction tool
4. Learning models
5. Others as needed.

OFFENDER ASSESSMENT AND NEED PROCEDURE

Idaho Department of Correction Reception and Diagnostic Units are located at the Idaho State Correctional Institution (ISCI) and Pocatello Women's Correctional Center (PWCC). First, offenders receive assessments that determine their program needs. An offender plan is prepared establishing clear and achievable goals. The offender plan is located in the IDOC web-based data collection/offender management system (CIS) in the Offender Management Plan (OMP) and is accessible to all correction's staff for offender case management, program planning and monitoring.

Offenders receive assessments to determine programming needs and educational levels. Additional assessments are administered to determine medical, mental health concerns, sex offender assessment, classification and assignment. Evaluations also provide case managers with critical offender information and provide clinicians information to administer additional assessments and evaluations as needed to address offender's risk and needs.

Pre-Sentence Investigation Report

Prior to offenders' sentencing, a thorough, investigative background is ordered by the district court and performed by IDOC presentence investigators. The investigation includes an interview that provides personal, criminal, demographic, and family information for the sentencing court. The information provides in-depth and insightful offender information for the presiding court, as well contributes to reliable offender management and research data collection for IDOC.

RDU

Offenders receive assessments to determine their medical condition and mental health at the Reception and Diagnostic unit. These assessments also include dental screening, psychological screening that identifies probability or history of self-injury behavior, special education, victimization and medication monitoring. Additional classification determines security risk and housing assignments.

Level of Service Inventory – Revised

Offender goals are established with the participant's case manager and include careful assessment of the offender's risk/needs through the LSI-R assessment tool. The Level of Service Inventory – Revised (LSI-R) is a risk and need assessment designed to predict the likelihood of recidivism and identify life areas to target essential programming. LSI-R is designed to identify problematic life areas that can be targeted through programming that in turn reduce risk to recidivate. The LSI-R is comprised of 54 items grouped into 10 different domains (life areas). These domains include the following: criminal history, education/employment, finances, family/marital, accommodations, leisure time, criminal friends/acquaintances, drug and/or alcohol use, emotional/personal and anti-social attitudes. Based on research data, these domains have proven to be the best predictors of recidivism. It requires a fairly extensive interview. Scoring is based on information elicited during the interview, facts contained in the offender's file, and collateral sources.

Texas Christian University Drug Screening II

TCU is a public domain instrument containing 15 questions, 9 of which are scored, that adheres to the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. The tool measures alcohol dependency as well as drug dependence. The instrument has been nationally researched with favorable results. The tool is written at an 8th grade level and can be administered as either a self-rating test or verbally during interview (PSI or RDU). The TCU-DS II does not have any education or certificate requirements for administration.

Test of Adult Basic Education

Test of Adult Basic Education (TABE) assists examiners with offender case management, setting realistic educational goals for offenders. TABE measures course placement criteria and, in alignment with high school standards and curricula, monitors offender's educational progress.

Additional Screening and Assessments

Clinicians can perform additional assessments at their discretion. These secondary assessments may include, but are not limited to, the following:

- Psychopath Checklist-Revised (PCL-R Hare)- assesses tendencies for destructive psychopathy.
- Millon Clinical Multiaxial Inventory (MCMI-III)- a personality disorder assessment that has been normed specifically for anti-social offenders.
- Minnesota Sex Offender Screening Tool Revised (MnSOST-R)- risk and need assessment for sexual offenders.
- Hosue-Tree-Person (H-T-P)- interpretive exam to determine offender's view of the world, safety, home, and relationships through assigned drawing assignments.
- Sentence Completion- interpretive personality test that allows offenders to complete prearranged sentences to determine and reinforce personality traits.
- Personality Assessment Inventory (PAI)- general personality test for offenders.

PROGRAMS SELECTION - STANDARDS COMMITTEE

The Deputy Administrator of Programs has established and coordinated a Programs Standards Committee. The Standards Committee meets quarterly, or as needed, to review new and existing programs and make recommendations for program improvements. For a new program to be considered, the author or driver must follow the following set of criteria required by policy and standards committee requirements.

Proposal for new core and ancillary programs shall minimally include:

- Program description;
- Empirical research supporting program;
- Where program will be delivered;
- Resources required to deliver program;
- Cost to implement and maintain;
- Target population;

- Methodology of the program;
- Expected results of the program;
- Implementation plan and internal evaluation process.

Upon receipt of the program proposal, the Programs Standards Committee will review the recommended program and make a recommendation to the Administrator of Operations for acceptance or denial of the proposal.

OFFENDER CASE MANAGEMENT

A case management team develops offender plans for each individual offender. The assessments for risk, offense patterns, medical, mental health, educational and programming needs are conducted at a Reception and Diagnostic Unit (RDU) or District Probation and Parole office when the offender enters the system. The current Offender Management Plan (OMP) is available electronically to all case managers at all sites and community offices. Case managers work with the offender to identify and accept goals that will provide opportunity for offenders to change and develop attitudes, knowledge and skills necessary to become prosocial productive members of society. Continuous review and revision to offender plans documents offenders' progress and provides valuable information to case managers and administrative decision-makers.

Technological Systems CIS

Efficient technology systems assist department administrators and staff with assessing offender needs, creating a continuum of care/case plan, and measuring progress of offender plans. IDOC chose to begin the CIS project with the implementation of the Offender Management Plan Module.

The OMP provides the Department with a comprehensive tool to accomplish:

- Case planning (initial and follow-up)
- Offender goals and objectives
- All class administration functions
- Class enrollment, attendance, completion, waitlist
- Provider information
- Assessments (risk, education, drug, sex offender, etc)
- Class roster and GPA calculations
- Supervisor and educator notes
- Reporting capability for case plan and class enrollments and completions

By choosing to develop in a web environment, IDOC utilized this opportunity to streamline processes and procedures that were not available in the client server application for OMP. Assessment information, case plans, and progress reports of offender programs, education classes, and vocational programs are essential to provide the director and administrators with management reports, and support institutional and community staff decision making. Government and public awareness is also enhanced with efficient information systems reporting.

PROGRAM EVALUATION

The clinical supervisor is responsible to oversee program evaluation, which will include, but not be limited to:

- Audit of program standards, performance criteria, delivery, content, materials and training;
- Review of program impact and outcome data;
- Recommendations on program effectiveness;
- Programs selection and referral per team case management;
- Program audits consist of peer audits, internal audits and external audits; and,
- Outcome and impact evaluations will be done as needed depending on resources and needs.(Idaho Department of Correction Policy and Directives 2004)

Continuous Review and Update of Standards, Policy and Procedure

Existing literature reviews have provided program managers with supporting evidence and presented essential guidelines for implementing new programs, changing existing programs and conducting program audits and examining outcome study opportunities.

October 2004, an inventory of the Idaho Department of Correction core programs critical components was conducted. The IDOC core programs contained no fewer than the four of the critical elements to include the following: offense chain or cognitive behavioral chain, relapse rehearsal, identify high-risk situations, and self efficacy. (Guanche 2004). While an important element of relapse prevention includes external support systems, it is unknown if all offenders are able to complete those elements while incarcerated. Booster sessions/aftercare could be included in the offender continuum of care after release, but are only standard curriculum for TC completers. (Cullen & Gendreau, 1989; Gendreau, 1996; Gendreau & Andrews 1994 in Andrews, et. al 2003).

IDOC CORE PROGRAMS

COGNITIVE PROGRAMS

Relapse Prevention

IDOC uses the model of Relapse Prevention, Cognitive-Behavioral Therapy (*CBT*) which is a short term focused approach to helping substance-dependent individual. The program contains the following components.

- CBT is a comparatively brief approach well suited to the resource capabilities of most clinical programs.
- CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support as treatment for substance abuse. The evidence especially points to the durability of CBT's effects with high-risk abusers.
- CBT is structured, goal orientated, and focused on the immediate problems faced by the abuser entering treatment.
- CBT is a flexible, individualized approach that can be adapted to a wide range of offenders and settings.
- CBT is compatible with a range of other treatments an offender may receive.

- CBT's broad approach encompasses several important common tasks proven to be successful with treating drug addiction with two core components; functional analysis and skills training.

Supporting Research - Relapse Prevention

Relapse models have evolved with identified need for treating addictive behaviors such as substance abuse, cigarette smoking, and overeating. However, researchers suggest that relapse prevention techniques provide intervention opportunity for general offender population as well as sex offenders. The relapse prevention approach has become the underlying framework within which various treatment services are delivered. Traditional relapse prevention approaches include strategies for treatment maintenance; however, more complex underlying components include anger management, sexual education, and victim empathy. (Laws, 1999 in Andrews et al. 2003). Inclusion of cognitive behavioral approaches provide intervention strategies teaching individuals alternative responses to high-risk situations. (Andrews & Bonta, 1998 in Andrews 2003.)

Identified relapse prevention cognitive-behavioral programs studied effect for the following core components:

1. Offense chain or cognitive-behavioral chain
2. Relapse rehearsal
3. Advanced relapse rehearsal
4. Identify high-risk situations
5. Dealing with failure situations
6. Self-efficacy
7. Coping skills
8. External support
9. Booster sessions/aftercare

Experts in the field of offender rehabilitation have advocated the importance of external support systems within an effective relapse prevention strategy for general offender populations. (Cullen & Gendreau, 1989; Gendreau, 1996; Gendreau & Andrews 1994 in Andrews, et. al 2003).

Breaking Barriers

Gordon Graham designed the "Breaking Barriers" comprehensive program which provides tools and techniques to assist individuals and groups in breaking barriers that hold them back from using their skills and talents in the most effective manner. A wealth of modern psychological techniques has been condensed into practical concepts that are easy to understand and apply. Offender change programs are designed to change behavior, thinking, and attitudes known to contribute to criminality. Breaking Barriers classes address the dynamic risk factors that, if changed, reduce the likelihood of future criminal behavior. Breaking Barriers includes the following six relapse prevention components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Cognitive Self-Change (CSC) Idaho Model Orientation

Cognitive behavioral program participants study the connection between thinking, feeling and behavior, and how patterns of thinking can drive habitual and automatic ways of behaving. Cognitive-Self-Change (CSC) Idaho Model Orientation includes the following five components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Cognitive Self-Change (CSC) Idaho Model

The Idaho model of CSC is a singular program, which contains two phases with completion, only recognized at the end of stage two. Cognitive Self-Change (CSC) Idaho includes the following six components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Moral Reconciliation Therapy (MRT)

Corrections Counseling, Inc. of Memphis, Tennessee developed MRT. The MRT system assumes that most substance abuse and sociopathic behavior is caused by inadequate reasoning. The system uses a series of structured exercises and tasks to foster development of higher levels of reasoning and addresses other important treatment areas such as:

- Confronting personal beliefs
- Assessing relationships
- Facilitating identity development
- Enhancing self-esteem
- Decreasing hedonism and development of tolerance of delay of gratification.

Men's Sex Offender Group

This cognitive-based group addresses sexual issues for offenders who take at least partial responsibility for their crime and who can read, write, and comprehend the material. Offenders must be willing and ready to change.

Sex Offender Treatment

Sex Offender programs are approved and supported by the Association for the Treatment of Sexual Abusers (ATSA) and the Center for Sex Offender Management (CSOM) for the Best Practices employed to address sexual deviancy. The following is the four phased sex offender program employed by the Department. Phase I is currently delivered in an institutional setting.

Phase I

1. Thinking errors
2. Schemas
3. Victim sexual history/additional sexual history/adult sexual history
4. Disclosure polygraph
5. Criminal thinking errors
6. Sexual values/management
7. Five step cycle of offending
8. High risk factors

Phase II-IV are intended to be delivered in a community setting. The components are delivered by an ATSA certified provider, but may not be reflective of other recognized programs.

Phase II

1. Forty reasons
2. Midway polygraph
3. Drawings
4. Needs assignment
5. Self clarification Part 1 and Part 2
6. Timeline/autobiography
7. Twelve step cycle of abuse

Phase III

1. Essay on God, Why me video
2. Description letter (3rd letter)
3. How letter (6th letter)
4. What letter (5th letter)
5. Trauma assessment (4th letter)
6. Morning of letter (2nd letter)
7. Greeting letter (1st letter)
8. Why letter (7th letter)
9. Clarification video

Phase IV

1. Social skills development
2. Wellness plan (Relapse Prevention)

Sex Offender Aftercare

This group meets four times a month with each participant attending one of the four meetings. Offenders are referred to group after they have completed a structured treatment program. At this point most of these referrals are receiving less supervision from their probation/parole officer. The group provides an additional monthly contact for the participants along with ongoing counseling.

Group topics cover a wide range. They discuss current life situations, any inappropriate thoughts, feelings or fantasies and how to deal with them in a healthy way, decision making skills, issues related to the original crime, laws, rules and regulations pertaining to sex offenders, relapse prevention, and building healthy life skills. Sex Offender Aftercare programs include the following four components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy

Thinking For A Change

This program consists of 22, two-hour lessons that integrate three cognitive based approaches: Cognitive-Self-Change, Social Skills, and Problem Solving. A creative design and delivery strategy provides for increased flexibility and adaptability in various correctional settings. This program has the capacity to be tailored to the needs of the offender, in order to emphasize the offender's strengths, enabling them to overcome the weaknesses that may be barriers to the change process. The Thinking For A Change program includes the following six components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Supporting Research-Cog/Behavioral Programs

A recent review of MRT outcome research (Little, 2001) identified 65 published reports on the approach. The studies included 13,498 MRT-treated individuals and 72,384 non-treated controls. Approximately one-third of the reports evaluated changes in moral reasoning, self-esteem, and various other personality variables. Virtually all of these resulted in outcomes in the expected directions with the majority indicating significant changes. About half of the studies tracked post-treatment recidivism (re-arrests and re-incarceration) in drug offenders, DUI and DWI offenders, domestic violence perpetrators, violent offenders, juvenile offenders, and drug court participants. Treatment venues included prisons, jails, community correction facilities, parole and probation sites, schools, and boot camps. Virtually all studies indicated MRT treatment led to significantly lower recidivism for time periods up to 10 full years after treatment and release into the community. Of the 65 studies, 34 were conducted independently by the developers of MRT. The majority of MRT research has focused on adult offenders.

Reference: Little, G.L. (2001) “Meta-analysis of MRT recidivism research on post-incarceration adult felony offenders.” (*Cognitive Behavioral Treatment Review*, 10 (3/4), 4-6.)

According to Lester and VanVoorhis (1997), there are four reasons why cognitive-behavioral programs receive the attention of correctional agencies. First, cognitive programs target observable characteristics (thinking and behavior) related to criminal offending. Second, this type of programming is less costly than other programming because virtually anyone can be trained in these techniques. The third reason that Lester and VanVoorhis claim that cognitive programming is receiving support in the area of offender rehabilitation is that the program targets “thinking and behaviors”. Finally, according to Lester and VanVoorhis, cognitive programs are gaining attention because of the numerous studies and meta-analyses that indicated that cognitive behavioral strategies are among the most effective programs at reducing recidivism for offenders (Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990; Antonowicz and Ross, 1994; Garrett, 1985; Izzo and Ross, 1990; and Lipsey, 1992).

Reference: Hubbard, Dana Jones. 2004. “Evaluation of Cognitive-Behavioral Programs for Offenders: A Look at Outcome and Responsivity in Five Treatment Programs.” *Report submitted to the Ohio Office of Criminal Justice Services.*

Recidivism rates were examined for the near-exhaustive sample of 122 sex offenders placed in a rural Vermont county under correctional supervision from 1984 through 1995. Participants were at risk for an average of 62.9 months. Of this sample, 71 nonrandomized participants enrolled in a comprehensive outpatient cognitive-behavioral and relapse-prevention-based treatment program, 32 participants received less specialized mental health treatment, and the remaining 19 participants received no treatment. Pretreatment, between-group comparisons identified the no-treatment group as having more extensive criminal histories. No other statistically significant between-group differences among factors related to reoffense risk were found. At follow up, the cognitive-behavioral treatment group demonstrated a statistically significant treatment benefit.

Reference: McGrath, Robert and et al. 1998 “Cognitive-Behavioral Treatment of Sex Offenders-A Treatment Comparison and Long Term Follow-Up Study.” *Criminal Justice and Behavior.*

SUBSTANCE ABUSE PROGRAMS

New Directions

The *New Direction* curriculum is grounded in the best research to date on how to work with inmate populations. Regardless of the specifics of any program provided in an institutional or community correctional setting the following items must be present:

1. A strong Cognitive-Behavioral Therapy (CBT) approach
2. Elements of a Therapeutic Community (TC) in the program’s implementation
3. Sufficient time for the program to take hold (three months at the very least)
4. A continuum of care that includes the effective use of self-help and support groups such as Alcoholics Anonymous (AA) or along with community supervision and programming for ongoing support.

The program was developed to address some of the more promising target areas for change. Andrews and Bonta (1998) identified some of these most promising areas:

1. Changing antisocial attitudes, values, and beliefs
2. Changing antisocial feelings, including impulsivity, egocentrism, and poor frustration tolerance
3. Reducing antisocial peer associations and developing anti-criminal associations
4. Increasing self-control, self-management, and problem solving skills
5. Reducing chemical dependency

Upon identifying these research based areas for direction, coupled with a Cognitive Behavioral Therapy, *A New Direction's* curriculum uses the following three basic premises as its starting point:

1. Thinking affects feelings and behaviors. Inmates address both, but the emphasis is on behavior. They examine not only events but also their interpretations of events (emotional content, intent, motives, criminal and addictive thinking, etc). Inmates also examine beliefs, attitudes, and assumptions they have about themselves, others, and the world, especially those that support criminal behavior and alcohol and drug use.
2. With training and practice, program participants can self-monitor and change their thinking; this includes learning to identify their core beliefs.
3. Their behavior can change based upon changes in thinking.

The *New Direction* program is organized into six modules with each focusing on specific developmental areas.

Module One-Intake and Orientation

The module welcomes the offender to treatment and the expectations required. The module further provides an introduction to a Therapeutic Community, thinking issues, addiction and recovery.

Module Two-Criminal and Addictive Thinking

The module begins the process of change by identifying thinking and behavior with mapping. The offender thoroughly identifies criminal and addiction history. Lastly, the offender begins to learn about thinking and behaviors and their effect.

Module Three-Drug and Alcohol Education

The module provides insight into the disease of addictive and its effect physically, emotionally, and collateral issues. The offender begins review change, its processes, and how transition can occur.

Module Four-Socialization

The module provides training in the socialization process. The offender identifies where they have been, what work and doesn't, and how to change.

Module Five- Relapse Prevention

The module provides exposure to the relapse process. The offender develops insight into their triggers, high-risk issues, and cravings. The offender then develops a plan to address these issues through self and support.

Module Six- Release and Reintegration Preparation

The module provides the framework to begin the reintegration process. The offender learns to establish goals with regard to residence, employment, budget, and other transitional issues.

Supporting Research –New Directions

Regarding “Best Practices”, *A New Direction* meets the following set of interventions that improve treatment outcomes as defined by Gendreau and Goggin (1994): treatment should be based on behavioral strategies; be provided for at least three to four months (100 hours) of direct service with daily contact; target criminogenic needs; provide optimal conditions for learning pro-social behaviors; and provide continuing assistance or aftercare once the formal treatment phase ends.

Resource: Gendreau, P., Little, T., & Goggin, C. (1996). “A meta analysis of the predictors of adult offender recidivism: What works!” *Criminology*, 34(4), 575-607.

Helping Women Recover

This program provides gender-specific programming on alcohol and other drug abuse and addiction. It was created in collaboration with Stephanie Covington, Ph.D., leading expert in women's addiction programs. Recovering women have the opportunity to understand addiction and the signs and symptoms experienced by women who struggle with substance abuse and dependence.

In this seventeen-session program, women use a journal. They examine the connection between substance abuse and high-risk behaviors and learn facts about alcohol and other drugs and how they affect women. Helping Women Recover includes the following five components:

Offense chain or cognitive-behavioral chain:

- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Meth Matrix

This is a treatment model based upon the established, empirically supported chemical dependency treatment principles to treat meth users. The clinical outpatient protocols that are used in this model have been continuously adapted and revised over the last two decades. The model provides chemically dependent persons and their families the most thorough and up-to-date knowledge, structure, education, and support possible so than can achieve long term recovery.

The method focuses on the following six areas of intervention:

- Individual and group counseling
- Relapse analysis and prevention
- Stabilization
- Family education
- Social support
- Twelve step involvement

Intensive Outpatient Treatment

This program consists of relapse prevention, problem solving, and skills training with one-on-one counseling provided in a community setting. The program is conducted with a minimum of nine hours per week of direct services to address significant drug usage.

Therapeutic Community (TC)

These communities target offenders with chronic criminal and substance abuse histories. TC is a drug-free correctional residential setting, using a hierarchical model of treatment stages reflecting increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. TC's differ from other treatment approaches principally in their use of the community. The key agents of change are treatment staff and those in recovery. TC members interact in structured and unstructured ways to influence each other's attitudes, perceptions, and behaviors that are associated with drug use in a comprehensive holistic approach. Alternative Names: Friends-ICI-O; Lifeline—ICC; Pre -Release Center—SICI; WOLF—SBWCC

TC Peer Support

TC Peer Support aftercare is professionally monitored. Offenders begin in the TC and continue the TC culture, language, styles of confrontation, and support into their post-release transition to free society independence. Some of the goals expected from peer support groups are empowerment, role modeling, peer confrontation, trial and error learning, learning from successes and failures of peers, re-socialization, sharing faith, hope and strength, along with emotional support. The primary goal of peer support is to utilize the skills learned in Therapeutic Community for practical use in the community at large. Required for six months while on parole.

Supporting Research – Therapeutic Community (TC)

Burdon (2004), et al, focus on examination of factors that may serve as predictors of participation in aftercare or longer-term outcomes (e.g., reincarceration). The study examined 3,093 participants who graduated from a prison-based TC program and were eligible to participate in aftercare.

All TC and TC Aftercare programs include the following five components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Booster sessions/Aftercare

Predictors of 12-Month Return to Custody

Predictors of effects of the logistic regression model summary include the following findings. The elements identified with 12-month return to custody were significant with respect to gender, age, ethnicity, education, employment status prior to prison, having an alcohol/drug disorder, time spent in prison-based treatment, lifetime years of incarceration, county of parole and type of aftercare. Some of Burdon's findings are as follows:

- Compared to men, women chances of 12-month RTC decreased 49.7%
- Every additional year of age increased the chances of 12-month RTC 3.3%
- Every additional year of education decreased the chances of 12-month RTC 9.3%
- Participants employed prior to incarceration, decreased the chances of 12-month RTC 19.5%
- For those who had an alcohol/drug disorder, increased the chances of 12-month RTC 38.6%
- For every additional month spent in prison-based TC treatment program, decreased the chances of 12-month RTC 4.0%
- Compared to participants who were in residential and outpatient aftercare decreased the chances of 12-month RTC 63.3%
- Those who did not participate in aftercare increased the chances of 12-month RTC 47.4%, those who attend outpatient aftercare only are favorably represented. (Burdon, et al., 2004).

Reference: The California Treatment Expansion Initiative: Aftercare Participation, Recidivism, And Predictors." ...*The Prison Journal*. Vol 84.

EDUCATIONAL PROGRAMS

Idaho Correctional Education

The Education Bureau of the Idaho Department of Correction operates prison education programs in seven facilities across the state. Through the Division of Programs, the Education Bureau serves approximately 45% of Idaho's inmate population by delivering literacy, secondary, life skills, and vocational programs. The Robert Janss School is accredited through the State of Idaho and designated a Merit School.

Education Services to Offenders

Adult Basic Education The Robert Janss School offers literacy courses that include basic literacy, computer literacy, refresher skills and English as a second language.

High School Education– The Robert Janss School curricula include classes covering the 42 credits outlined by the Idaho State Board of Education for a high school diploma. Robert Janss School students may earn high school diplomas by taking classes taught by properly certified instructors.

Special Education – Special Education services are available to eligible offenders, as identified through screening and evaluation, through the semester if their 21st birthday. Robert Janss School provides special education services to students who qualify under the provisions of the Individuals with Disabilities Act (IDEA) or the Children's Mental Health Services Act (CMHSA).

Professional Technical Education

Workforce Readiness - These classes teach the soft skills necessary to obtain and retain a job including:

- Communication Skills
- Customer Service
- Interviewing
- Personal Finance
- Resume Writing
- Self-Care
- Vocational Math
- Vocational Safety
- Workplace Ethics

Workforce Skills – These classes teach job skills that are used or transferable upon reentry including:

- Advanced Computer Skills
- Carpentry
- Commercial Cleaning
- Commercial Drivers License
- Food Service
- Landscaping
- Plumbing

Continuing Education and Library Services – Classes and services to keep offenders active in the learning process throughout incarceration are provided in each institution. These support services promote independent lifelong learning.

Supporting Research – Correctional Education

1. The Federal Bureau of Prisons conducted research in the areas of Adult Basic Education, General Equivalency Diploma, adult continuing education, post secondary education, vocational training and social skills courses (e.g., parenting). The research measured recidivism rates for those offenders with at least six months of education. That research showed that over the three-year follow-up was 46 percent for non-participants and 39 percent for participants. (Harer, 1994 and 1995)
2. The Three State Recidivism Study found that re-arrest, reconviction, and re-incarceration rates were lower for the prison population who had participated in correctional education than for non-participants. The differences were significant in every category. The study found:
 - The re-arrest rate of correctional education participants was 48%, compared to 57% for the non-participants;
 - Re-conviction rate was 27% for correctional educational participants, compared to 35% for non-participants; and
 - Re-incarceration rate was 21%, compared to 31% for non-participants.(Steurer 2001)

FAMILY AND MARITAL PROGRAMS

Brain Building Basics

This is a parenting and literacy skills program. It is written at a fifth-grade level, and uses a bibliotherapy technique, with children's picture books serving as the focal point for each lesson. Self-disclosure and increased insight occurs as the participants become more comfortable with the topic and setting. Group discussions give the participants a chance to examine their beliefs and generate a list of alternative parenting behaviors, practice empathy and parenting skills through role-playing and other class activities. The BBB program book is an interactive text and serves as a workbook.

Building Healthy Relationships/Domestic Violence Support Group

This is a comprehensive program for female offenders that includes assessment, education, treatment, and support group components. Additionally, it addresses domestic violence issues.

Family Reunification and Relationship Program

A facilitated community-based program is designed to reintegrate offenders into the family unit utilizing collaborative group processes encompassing significant others. The video-based program focuses on identified problem areas, precursors to relapse, and positive relationship building.

Parenting With Dignity

This program gives practical application exercises for parents to use with their families. It uses English and Spanish videos.

Relationship Workshop

An institutionally based program that orients offenders and their significant others to common problems and pitfalls experienced by paroling offenders. This workshop should take place within 90 days of their release date. It's designed to dovetail with the community base and group process.

Supporting Research – Family and Marital

A recent life skills demonstration project with 1,284 male prisoners in Idaho found that 48% had no children; the other 668 men reported a total of 1,406 children. (Bushfield 2004).

A simple experimental design was coupled with individual interviews indicating that fathers' knowledge and attitudes changed significantly with respect to use of corporal punishment and role reversal; qualitatively, fathers reported significant changes in other areas. This study has implications for prison parenting programs. In Idaho, eight criminogenic risk factors have been identified as useful in determining the level of need: antisocial attitudes, values and beliefs; pro-criminal associates and isolation from pro-social and problem solving skills; criminal history; negative family factors; low levels of vocational and educational skills; and substance abuse

Parenting class pre/post tests suggested that the most significant changes were in offenders' attitudes about using corporal punishment in parenting practices, and in reversing parent/child roles. Scores reflect that after completing the parenting class, offenders are less inclined to use corporal punishment, and less apt to expect children to provide emotional care for parents.

EMOTIONAL AND PERSONAL PROGRAMS

Anger Management (SAMSHA)

This program was designed for use by qualified substance abuse and mental health clinicians that work with substance abuse and mental health clients with concurrent anger problems. The manual describes a 12-week cognitive behavioral anger management group treatment. Each of the 12 90-minute weekly sessions is described in detail with specific instructions for group leaders, tables and figures that illustrate the key conceptual components of the treatment, and homework assignments for the group participants. An accompanying Participant Workbook is available and should be used in conjunction with this manual to enable the participants to better learn, practice, and integrate the treatment strategies presented in the group sessions.

Controlling Anger and Learning to Manage (CALM)

The CALM program is a group-training program. Offenders learn throughout the use of psychoeducational instructions and practical exercises to reduce their reliance on anger and aggression. The program uses cognitive behavioral interventions along with Rational-Emotive

Behavior Therapy to facilitate change with the offenders. The program uses a very structured sequential process of learning. The program is designed to be taught by staff that has been trained to work with at-risk populations; i.e. social sciences, educational, and mental health professionals. The program is very scripted, advising the facilitators of what to say, questions to ask, and examples to use. By using scripted material of this type, the presentation styles of different facilitators enhance the material yet the content remains the same throughout the department. This allows for a more standardized program than is currently available.

The program is divided into six areas:

1. Introduction
2. Managing arousal
3. Thinking patterns
4. Assertiveness/Communication
5. Other emotions
6. Relapse prevention

Building Healthy Relationships

This is a comprehensive program for female offenders that includes assessment, education, treatment, and support group components. Additionally, it addresses domestic violence issues.

Learning To Live Without Violence

This is a comprehensive domestic violence program for the abuser, which presents theoretical foundations, current controversies, and political consequence that families with violence face and the various techniques that can be applied to treatment. It includes stalking and multicultural issues and a comprehensive Lethality Assessment questionnaire for domestic violence clients and the Inventory of Psychological Violence towards women and children.

Mental Health Program at Idaho Maximum Security Institution (IMSI)

The Idaho Maximum Security Institution houses acute and chronically mentally ill offenders. IDOC manages its mentally ill offenders through medication and behavioral management and close supervision by trained staff. The primary goal for offenders is to work toward a less restrictive tier where they have access to more privileges.

OTHER PROGRAMS

Day Reporting

Felony probationers and parolees in need of higher levels of supervision are identified and referred to Day Reporting by probation and parole agents. The overall strategy provides community supervision alternatives for offenders who would otherwise go to jail or prison. The program provides coordination, scheduling and facilitation of substance abuse counseling,

vocational counseling, family counseling, and mental health counseling. Additionally, the program will monitor and assist offenders in developing daily activity schedules to meet the expectations of their probation or parole and support the supervision function of probation and parole district offices.

Pre-Release Program

Each year the Idaho Department of Correction releases nearly 3000 offenders back into the community (2003 calendar year statistic). In order to prepare these men and women for release, IDOC has prepared this *Pre-Release Manual* to standardize their reentry education.

The first section of this manual deals with *Employability Skills*. These lessons include all phases of becoming gainfully employed, from application forms to the use of money that is earned. There are multiple handouts, which can be used to clarify the information.

Part two describes the *Problem Solving* process. In the course of life, people encounter all types of problems, and this section defines what values, choices, subsequent consequences, and how we deal with change.

Part three defines the rules of *Transitioning into Probation and Parole*. It includes the policies that govern an offender's movement through the system after he/she has left the institution.

Communication and Family Reunification makes up the fourth part. These lessons offer practical information on parenting, relationships, and communication.

The total curriculum is estimated to be 29.5 hours. The lesson plans provide the structure for presenting the information, with handouts that will help the offender understand the importance of success on probation or parole.

Structured Reentry

System Background

In June 2003, 5,825 adults were confined in prisons of the Idaho Department of Correction. In 2001, the Idaho Dept of Correction discharged 1338 inmates. Of all releases that year, 63% were paroled and 32% were released for completion of their sentences. Some inmates are placed in one of five community-based work centers operated by the Department before being released to parole supervision. The Idaho Department of Correction provides all institutional, probation, and parole supervision services. A five-member Parole Commission has discretion to release inmates after they have reached parole eligibility. Eligibility is determined under a formula set by Idaho statutes.

Prison-Based Release Planning

When inmates enter the Idaho prison system, exact release dates cannot be determined due to the discretionary authority of the Parole Commission. Prison staff calculates the Parole Eligibility Date (PED) and estimates a release date based on past practices of the Commission. The PED and estimated parole date are considered in making facility assignments. Also at intake, the diagnostic and classification process identifies which of the Department's "Core Programming" (includes cognitive classes, sex offender treatment, basic education, life skills,

substance abuse, interpersonal skills, etc.) an inmate should complete prior to reaching PED. If the inmate's sentence is too short to complete identified programs prior to PED, completion of the program(s) is incorporated into a re-entry plan that would be a recommended condition of parole supervision.

Inmates who are within two years of their PED have priority for placement in the Core Programming. Inmates with longer sentences or who have been denied parole may participate in the programs if space is available. The Department attempts to schedule placement and completion of Core Programming to avoid deferment of parole release. Several months before the parole hearing, Department case managers and parole hearing officers begin preparation of reports and packets for Commission's parole hearing.

If an inmate has been denied parole, the inmate may participate in a "Self-Initiated Parole Plan" (SIPP). Through such a plan, the inmate works with a case manager to determine issues that were of concern by the Commission in denying parole. The SIPP allows the inmate to participate in programs to demonstrate actions and behaviors that might influence the Commission to reconsider rejection of parole release. The SIPP may also be used by inmates who were passed to their full term released by the Parole Commission but who disagree with the decision and want to offer additional information.

Parole Board Planning

Approximately six months before the PED, the Parole Commission conducts a hearing to determine if the inmate will be released or denied parole. Parole hearing officers include a recommendation for or against release in their packets to the Commission. Crime victims are notified of the hearings if they have requested such notice. Victims also have available to them an automated victim notification, and available services, the Victim Information Notification Everyday (VINE) program that will notify them of pending changes in offender status. If the Commission decides to parole the inmate, a field investigation is initiated to verify and approve the release plan. If field staff determine problems with the proposed parole plan, field staff and case managers will coordinate a modified release plan. The Department has also recently added Re-Entry Parole Officers who coordinate with prison case managers and parole officers in the field to address the needs of higher risk/higher needs inmates such as sex offenders or mentally ill.

Inmate Release Process

Currently the Department does not have pre-release classes available at all facilities, however, case managers and reentry parole officers do provide pre-release services as needed. Offenders are not released from incarceration unless they have a valid parole plan that includes a verifiable address. Inmates may be processed out from any of the state's facilities. No routine "gate money" is provided for inmates leaving prison. Prior to release, case managers review inmate records to determine if they qualify as indigents for "transition" funds. Qualifying inmates receive an average of \$1,000 to support them during their first month of release. The funds are not provided directly to the parolees, but payments are made directly to providers for services such as housing, medications, transportation, mental health services, substance abuse treatment, clothing, or other necessities.

Reentry parole officers may distribute stipends for food, and other necessities, but the parolee must provide receipts to document expenditures. Inmates are responsible for

transportation from prison to the parole destination. Transition funds may be used for this purpose if approved by the case manager. Notification of release is made to victims, local law enforcement agencies, and prosecutors' offices. Parole cases are assigned to field officers prior the date of release. Those officers coordinate with case managers to approve methods of transportation to the parole destination and arrange schedules for parolees to report to the field offices. Field officers also coordinate with the case managers and the Parole Commission in determining special conditions of parole.

Areas Identified for Future Improvement:

- Improved collaboration with state agencies, service providers, and faith-based organizations that can provide resources and assistance for newly released inmates.
- Address gaps of services within the institutions caused by breakdowns in assessment of offender needs and delivery of programs. In some cases, improved partnerships with other state agencies and service providers reduce the gaps.
- Continue to increase agency awareness and higher prioritization of re-entry efforts, and recognition that improved transition processes result in risk-reduction benefits for the state.
- Technical assistance and training opportunities from federal agencies or non-profits that reflect the unique circumstances and needs of individual state systems and are not based on a uniform transition/re-entry model that may not be appropriate for all systems.
- Implementing more procedures and programs that reflect the needs and perspectives of crime victims in the process of integrating offenders back into the community.
- Community resource development.

Supporting Research – Structured Reentry

This study presents a review of existing evaluations of prisoner reentry programs, to determine which programs work, which do not work, and which are promising. The review identifies positive results for many types of prisoner reentry programs. Vocational training and/or work release programs were found to be effective in reducing recidivism as well as in improving job readiness skills. Graduates of certain substance abuse treatment programs were less likely to be re-arrested, commit a drug-related offense, continue drug use, or receive a parole violation. Halfway house and pre-release programs were generally effective in reducing recidivism (both the frequency and severity of future crimes). Educational programs (while not successful in reducing recidivism) and certain types of programs for sexual and violent offenders were found to be promising.

Resource: Seiter, Richard and Karen R. Kadela. 2003. "Prisoner Reentry: What Works, What Does Not, and What Is Promising." *Crime & Delinquency*, 49(3), 360-388.

ANCILLARY PROGRAM DESCRIPTIONS

Bridges To Freedom

This program is a skill course designed to help the offender plan for a life of self-sufficiency. Life management skills taught include goal setting, decision-making, time management, job seeking, money and credit, communication, assertiveness and stress and health.

Job seeking skills taught include interviewing, packaging, responsiveness, strengths, and job progression.

Domestic Violence Support Group

The program is a support group offered to female offenders who are victims of domestic violence and who would benefit from a group support setting. This program helps women identify their needs and support system so they can seek or maintain personal safety when released from prison.

Money Management Group

The group explores the connection between money management and relapse. Topics discussed are buying a home or car, investing and saving for retirement.

New Offender Orientation

The program is a two-hour session that introduces new parolees and probationers to the rules and regulations of Community Corrections. During this session the court order/parole agreement along with the agreement, of supervision document is reviewed.

Nutrition

The program is offered to female offenders with children and is delivered by staff from the Expanded Food and Nutrition Program. The program teaches the basics of proper nutrition, food preparation, serving sizes, food purchasing and caloric needs for adults and children.

White Bison / Fire Starters

The program offers sobriety, recovery, addiction prevention, and wellness ("Wellbriety") learning resources to the Native American community. Wellbriety teaches that individuals must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on themselves, their families, and their communities. The "Well" part of Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing every day. There are separate versions for male and females.

Commitment To Change

This program is an introduction to the concept of "thinking errors" and assists in identifying thinking and encourages personal change.

Community Living Model Program

The community model is a system of offender management and institutional process based on social learning. It functions through offenders' participation in the process of holding each other and themselves accountable, and cooperating towards achieving a safe environment and pro-social offender change. Correctional staff maintains overall control, manage entire process and function as role models.

Cope and Manage Adult ADD/ADHD

This group addresses the special issues of adults suffering with Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (ADHD), which may include poor attention span causing a person to ignore details, not follow instructions, listen, finish tasks, and hyperactivity or impulsivity.

F.A.T.H.E.R.S. (Fathers as Teachers Helping, Encouraging, Reading and Supporting)

This group assists fathers and father figures face significant challenges in parenting.

Learning About Yourself

This class addresses issues arising from AIDS/HIV, other sexually transmitted diseases, sexuality, self-esteem, and personal behavior which puts women at risk for sexually transmitted diseases.

Recovery Skills

These groups help develop skills to maintain abstinence from mind-or-mood altering substances. These skills include: 12 step meeting attendance, family support, utilizing relapse prevention plan and pro-social leisure and recreation activities.

Seeking Safety

Seeking safety teaches safe coping skills to help the offender achieve recovery from both Post Traumatic Syndrome Disorder (PTSD) and substance abuse. It teaches offenders to cope without the use of mood altering substances or other destructive behaviors.

Long Distance Dads

This class provides ideas and action steps for incarcerated dads to start or maintain a healthy parenting relationship.

SUPPORT PROGRAMS/ACTIVITIES

Tele-Visiting

Tele-visiting is designed to assist in the reunification of offenders and their families. Provides interactive television visits for female offenders in PWCC and their children in District 3. Offenders and their families can see and speak each other, in real time, via a television hook-up. The offender must be in programming and their crime cannot involve children.

Correctional Industries

This program reduces idleness in the prisons by providing work opportunity for offenders through safe, productive, and rehabilitative training and employment enterprises, which teach valuable job seeking, and jobkeeping skills.

Drug Court

The program is a full or part-time court that is specifically designated and staffed to supervise non-violent drug defendants who have been referred to a comprehensive and judicially monitored program of drug treatment and rehabilitation services. Drug Courts represent a non-traditional approach to criminal offenders who are addicted to drugs. Rather than focusing only on the crimes committed and the punishments received, Drug Court also attempts to solve some of the underlying problems.

Toastmasters

Toastmaster is a non-profit organization developing public speaking and leadership skills through practice and feedback in local clubs since 1924.

Serious And Violent Reentry Initiative (Going Home)

The Going Home Initiative is a grant-funded program for youthful offenders who are under the age of 34 when accepted into the initiative; who have been convicted of serious and violent offences as described in the IDOC crime classification table; who pose a significant risk for re-offending; and who intend to reside in Ada or Canyon Counties. Offenders with composite LSI scores that are above 34 or who exhibit psychopathy traits that are assessed for program fitness by a department clinician prior to initiative placement. Sexual offenders will be assessed for program fitness using psychosexual evaluations completed by qualified clinicians.

Symptom Management

The program is a process to manage offenders that are on psychotropic medications. The clinicians meet with offenders in a group setting where managing symptoms of the mental illness, side effects, support, medication, etc. are discussed.

FAITH-BASED PROGRAMS

These programs support offenders through their spiritual and moral transformation beginning while incarcerated and continuing after release. The Idaho Department of Correction has key people in place that coordinate the religious volunteers and programming to make sure the inmates are afforded faith-based opportunities consistent with the security level of each institution. For those who can attend, there are many faith-based programs available for nearly every day of the week.

There are Bible Studies, Care Classes, Self-Improvement Classes, and Substance Abuse Programs. All of these have a faith-based emphasis and are manned exclusively by volunteers at no cost to the state. These programs include:

12 Step AA/NA/CA	Celebrate Recovery
Hidden Keys To Healthy Relationships	Houses of Healing
Life Connections/Spiritual Lifestyles	Man in the Mirror
Pure Word	Through the Bible

PERFORMANCE MEASURES

Reduced recidivism rates are often measures for desired program effect. Nevertheless, there are additional effects that become apparent with offender programming. Some immediate outcome measures include offender motivation to change, participant length of stay, completion rates, increased programming retention as measured in pre/post testing, reduced substance use, increased educational participation, increased employment skills acquisition, employment attainment and retention, and enhanced family and social involvement. The ultimate goal for changing offender behavior, when accomplished, produces prosocial skills development that creates a more attractive quality of life and over time reduces recidivism rates.

Correctional Program Assessment Inventory (CPAI)

The Correctional Program Assessment Inventory (CPAI) is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment.

There are six primary sections of the CPAI:

- 1) Program implementation and the qualifications of the program director
- 2) Client pre-service assessment
- 3) Characteristics of the program
- 4) Characteristics and practices of the staff
- 5) Quality assurance and evaluation
- 6) Miscellaneous items such as ethical guidelines and program stability.

Each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score.

It should be noted that not all of the six areas are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring. There are several limitations to the CPAI that should be noted.

- The instrument is based on an “ideal” type. The criteria have been developed from a large body of research and knowledge that combines the “Best Practices” from the empirical literature on “What Works” in reducing offender recidivism.
- As with any research process, objectivity and reliability are always an issue. Although steps are taken to insure that the information that is gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the assessor.
- The process is time specific. That is, the assessment is based on the program at the time of the assessment. Changes or modifications may be under development, however, only those activities and processes that are present at the time of the review are scored.
- The process does not take into account all “system” issues that can affect program integrity.
- The process does not address “why” a problem exists within a program.

Despite these limitations, there are a number of advantages to this process:

- The criteria are based on empirically derived principles of effective programs.
- The process provides a measure of program integrity and quality; it provides insight into the “black box” of a program, something that an outcome study alone does not provide.
- The results can be obtained relatively quickly.
- It identifies both the strengths and weaknesses of a program. It provides the program with an idea of what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement.
- It provides some recommendations for program improvement.
- It allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided, and since program integrity and quality can change over time, it allows a program to reassess its progress over time.

Inmate Program Motivation

On an ongoing basis, surveys are administered prior to offenders’ release to parole or full term release.

Preliminary findings from the University of Idaho Outcome Study illustrate that:

- 91% (255/281) Participated in some type of core program;
- 9% (26/281) Did not participate (of the 26, 11 wanted programming but did not receive it).
- 52% (133/255) responded, “participated in programming to better myself.”
- 33% (83/255) responded, “participated because case manager told me to.”
- 32% (81/255) responded, “participated to look good for the parole commission.”
- 60% (154/255) responded, “participated just to keep busy in prison.”
- 49% (124/255) responded, “participated to better my situation in prison.”

Criminal Sentiment Scale

In conjunction with treatment programs, the Criminal Sentiment Scale, a pre-and post-test instrument is given to the offenders. The Criminal Sentiment Scale instrument measures antisocial attitudes encompassing five sub-scales that determine offender tolerance for the law and identification with criminal others. Scores illustrate attitudes toward the law, court, and police and reflects tendencies to have antisocial attitudes.

How I Think (HIT)

The “How I Think” (HIT) questionnaire is designed to measure self-serving cognitive distortion in youth. (Barriga and Gibbs, 1996) Cognitive distortions are inaccurate ways of attending to or conferring meaning upon experiences. Various researchers have proposed that cognitive distortions contribute to problematic emotional and behavioral responses to those experiences. People who engage in frequent or severe use of cognitive distortions are likely to exhibit psychopathology. The role of cognitive distortion in the development and maintenance of psychopathology has been extensively investigated with respect to both externalizing behaviors (e.g., aggression and delinquency) and internalizing behaviors (e.g., anxiety and depression). Barriga and Gibbs have introduced the term “self-serving” to describe the cognitive distortions associated with externalizing behaviors and the term “self-debasing” to describe the cognitive distortions associated with internalizing behaviors.

Resource: Barriga A.Q. and J.C. Gibbs (1996). “Measuring Cognitive Distortion in Antisocial Youth: Development and Preliminary Validation of the “How I Think” Questionnaire.” *Aggressive Behavior*. 22:333-343.

DEPARTMENTAL REVIEW PAST, PRESENT, AND FUTURE

IDOC has recently initiated several independent programs evaluation studies conducted by outside resources. Independent evaluators include:

- Eric Jensen, Ph. D, University of Idaho
- Bobbie Huskey and Assoc.
- Robert L. Marsh, Ph.D., Boise State University

Bobbie Huskey Report

An Idaho Department of Correction evaluation conducted by consultant Bobbie Huskey & Assoc., Inc. presents the following assessment options:

... findings suggest that the Court, probation and RDU staff may not have a complete picture of the presenting needs of all inmates in the areas of mental illness, domestic abuse, anger and rage because very few secondary assessments are conducted prior to sentencing or during the reception and diagnostic process. Matching the most appropriate assessment with the specific disorder is important in fully assessing a person’s program needs. To fully implement IDOC’s Assessment-driven Supervision Strategy, it is critical that secondary assessments be used in addition to the LSI-R prior to sentencing and upon admission to the RDU.(Huskey & Assoc. Inc. 2004)

Huskey further lists a variety of assessments that would assist with a more precise evaluation of offender needs that include:

...the project team recommends that the LSI-R and LSI-R-driven secondary assessments be conducted prior to sentencing. The results of assessments will be useful for the judge in determining eligibility for pre-trial supervision and for suitability for various sentencing options.

Huskey recommends instruments for pre-tests at admission to treatment and as post-test at the conclusion of treatment:

- Secondary assessments for all persons exhibiting mental illness
- Vocational placement assessments
- Secondary assessment for Criminal Thinking Errors

Bobbie Huskey Update report is due February 2006. This report will include the Department's update on the **Offender Accountability and Reentry Model**. Specifically the report will:

1. Overview nationally accepted reentry principles and practices (addresses the value and benefit of reentry programs).
2. Give a description of target population and key program components in the Idaho Model that are consistent with the adopted 2004 Report.
3. Review key program components of the Idaho Model that are evidence-based are target population, continuum of care, program components, staffing qualifications, and staffing ratios.
 - Address why this program is consistent with evidence-based principles and practices and why this Idaho Model is needed.
 - Demonstrate how this program will assist in freeing up beds to eliminate the need to send inmates out of state.
 - Demonstrate how this program will benefit the Parole Commission.
 - Demonstrate impact of program on future bedspace projections.
4. Review and describe gaps in service by regional districts in conjunction with the Offender Accountability and Reentry Model.

University of Idaho

This study involves a three-year follow-up of approximately 1600 inmates released from prison in calendar year 2004. This includes parolees and sentence completers. The study analyzes the impact of correctional programs on recidivism, employment, and earnings. Specifically, this study is looking at the impact of Therapeutic Community, Cognitive Self-Change, GED completion, and increased literacy. Community Work Center placement and vocational rehabilitation, along with other factors, can also be evaluated to determine any impact on recidivism, employment, or earnings. Relapse Prevention will likely not be analyzed because the model used during 2004 has now been replaced with a new program.

These partners will begin collecting re-conviction information in June 05. Professor Jensen is also collecting earnings and employment information on these offenders through the Department of Labor. Recidivism, employment, and earnings data will stop being collected at the end of calendar year 2007. Professor Jensen will be providing interim reports indicating preliminary outcomes as they become available. first Our intent for interim reports is two-fold. First, this will allow us to address any problems immediately rather than waiting three years until a final report is completed. Second, this will also allow us to provide preliminary results to internal and external stakeholders. Although this information would be preliminary, it should compliment our current data reporting process.

At the conclusion of the study, a cost/benefit analysis will compare the costs of correctional programming to criminal justice system savings from the reduced recidivism of inmates who completed the identified correctional programs. This analysis will allow us to state how many dollars are saved by taxpayers in reduced criminal justice system costs for each dollar expended per inmate in the specified correctional program. The University of Idaho has already received the cost of arrest, detainment, and prosecution from most Idaho municipalities.

Boise State University (BSU) Marsh Report

The incarceration rate has increased from 54.94/100,000 (416 inmates) in 1973 to approximately 443/100,000 (6285) in September 2004. By 1980, there were 870 inmates incarcerated and the rate was 94.98/100,000. The new prison, the Idaho State Correctional Institution (ISCI) built to replace the Territorial Prison, had reached **full capacity**. This rate has continued to increase throughout the ensuing thirty-one years and in September 2004, there were 6,285 inmates under correctional supervision in a state with a general population of 1,425,124. This number of inmates resulted in an incarceration rate of 443/100,000. Marsh reported that according to a recently completed Urban Institute study of Idaho that between fiscal years 1996 and 2003, the Idaho prison population increased by 60 percent. The population went from 3,639 to 5,825, and the per capita rate of imprisonment in Idaho rose from 319 to 430 per 100,000 residents in the state between 1996 and 2000, an increase of 35 percent. In fiscal year 1996, 2,233 individuals were admitted to Idaho prisons, and by fiscal year 2003 annual admissions had grown to 3,218a 44 percent increase. (La Vigne, et al, 2004: 1).

Growth of the incarcerated population has exceeded the growth in the general population and the crime rate. Those under some form of correctional supervision are the result of many factors in this state. In a time of declining tax revenues this state is facing a serious set of policy decisions to create safer communities and make decisions that provide a cost-effective correctional response to offenders that present serious risks to community safety.

The goal of the Marsh Report is to demonstrate the steps that the Idaho Department of Correction has taken to provide treatment programs that are based on research, are cost effective, implemented to insure community safety, and successful re-integration into the community. Data is also provided on the incarceration rate and indicators that it is being influenced by factors other than recidivism.

CONCLUSION

According to the National Institute of Corrections (2004), interventions are effective when they reduce offender risk and subsequent recidivism, therefore making a positive long-term contribution to public safety. . . . evidence-based practice implies that 1) there is a definable outcome(s); 2) it is measurable; and 3) it is defined according to practical realities (recidivism, victim satisfaction, etc.) Consequently, evidence-based practice (EBP) is appropriate for outcome focused human service disciplines (Ratcliffe et al, 2000; Tilley & Laycock, 2001; AMA, 1992; Springer et al, 2003; McDonald, 2003 in NIC 2004).

Evidence was presented showing positive effect when programs include strong cognitive-behavioral/social learning strategies. Evidence also indicated that effective correctional treatment includes identifying and addressing offender risk, need and general responsivity with appropriate dosage (intensity and duration).

Findings indicate that Idaho Department of Correction effective components of correctional interventions include staff skills, decisions on program assignment, programming, sanctions (suggested 4 positive to 1 negative reinforcements), community linkages, case management, and organization (operational and policy environment) while striving to effectively transition offenders into a safe community environment. Training, leading technology, active programs administration, ongoing research and measurement feedback, ensures IDOC reliance on evidence-based knowledge and practices for effective offender programs implementation.

As technology-enhanced data measurements become more standardized, and enhanced and data reporting is implemented any IDOC programs can move from evidence-based to science based offender programs.

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ADDITIONAL RESEARCH

The Department of Correction, in its quest to continue to investigate new programs and processes as well as refine current programs, has compiled a comprehensive body of research to ensure a valid approach and appropriate techniques in protecting the community and providing effective treatment to offenders is supported. The following list is current for the field of correctional treatment and programming.

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