Council on Offender Reentry Meeting Minutes
June 21, 2018 @ 1:30pm – 3:30pm
WI Department of Corrections, Secretary's Conference Room
Madison, WI 53707

Council Members present:
Chytania Brown via conference call (Dept. Workforce Development), Jerome Dillard (Dane County), Beth Dodsworth (Department of Health Services), Karley Downing, (Department of Corrections (DOC)), Silvia Jackson (DOC), Constance Kostelac (Department of Justice), Daniel Gabler (Parole Commission), Angela Mancuso (Victim's Rights/Services Agency), Jon Nejedlo (Law Enforcement), Paul Rifelj via conference call (State Public Defender), Antwayne Robertson (County Department of Human Services), Stephanie Rothstein (District Court Judge), Dashal Young (Department of Children and Families)

Council Members not in attendance:
Karen Cumblad (Family Services), Michael Knetzger (Academic Professional/Criminal Justice), Robert Koebele (Faith-Based Organization), Sue Opper (District Attorney), Ann Perry (Department of Transportation), Carolyn Stanford-Taylor (Department of Public Instruction)

Guests:
Erin Thorvaldson (DOC), Dr. Megan Jones (DOC), Andrea Behnke (Portage County Justice Programs), Zach Bishop (Portage House Community Residential Program), Travis Schueler (Rock Valley Community Programs), Mai Lor (DOC Intern), Max Leib (Legislative Assistant), James Crawford (Jessie Crawford Recovery Center)

Minutes: Michele Krueger (DOC)

AGENDA

Call to Order
Silvia Jackson called to order the quarterly meeting of the Council on Offender Reentry at 1:30pm on June 21, 2018.

Introductions
Members of the Council were greeted by Ms. Jackson and introduced themselves.

Approval of Minutes
Review Minutes from March 8, 2018 meeting. Request motion to approve; approved and seconded. No discussion. All in favor. No opposed/abstentions. Minutes accepted as written.

Council Members Bios/Agency Description
Stephanie Rothstein, Circuit Court Judge, Milwaukee County

Daniel Gabler, Chairman, Wisconsin Parole Commission

Principles of Effective Intervention #7: Measure Relevant Practices, and #8: Provide Measurement Feedback

CPC Process

- With any evidence-based programs, best practice suggests that a program's effectiveness must be evaluated to determine if it is in alignment with evidence, and if the program is not, how can the program be improved.
- Corrections Program Checklist (CPC) Version 2.0 is a validated tool, which was developed by University of Cincinnati Corrections Institute (UCCI) and is in alignment with evidence-based practices.
- A CPC Evaluation entails a team of CPC Evaluators from the WIDOC going into a program and conducting participant interviews (DOC offenders), staff interviews, observe groups and review curriculum, review case files, review program manuals, etc., and then measure all the data collected against five (5) areas. These areas are (1) Leadership and Development, (2) Staff Characteristics, (3) Offender Assessment, (4) Treatment Characteristics and (5) Quality Assurance.
  - Leadership and Development – This characteristic focuses on the Program Director and their experience, training, involvement in group facilitation, management, etc. An extensive interview is conducted with the Director, as well as a broad review of participant files, curriculum, program manuals, handbooks, etc. The Program Director is given a score based on the identified Leadership & Development scale.
  - Staff Characteristics – This characteristic looks at all treatment staff, house security staff, etc. This characteristic focuses on the education level and group facilitation experience of the treatment staff. Additionally, this area measures the staff skills and values, clinical supervision, initial and ongoing training, annual evaluations, program input, staff support and ethical guidelines.
  - Offender Assessment – This characteristic looks at the types of risk/needs assessments the program utilizes, and whether these tools are validated. Additional assessments are also considered, particularly those that are used to address specific areas of focus delivered by the program such as AODA-related, and sex-offender specific assessments. Lastly, the Case Plan is reviewed to determine if the program is addressing the identified criminogenic needs as identified through the assessment tool.
  - Treatment Characteristics – This characteristic looks at the quality of the treatment. Is the program using evidence-based curriculum? Are they following the curriculum to fidelity? Are they following the Risk Needs Responsivity principle? This is the largest area and most important area of the CPC. Since treatment is the WIDOC's modality for treating the risk and needs of each offender, it is vital that these needs are being addressed.
  - Quality Assurance – This characteristic focuses on whether the program is evaluating their own program. Are they conducting case reviews? Are they conducting internal and/or external quality assurance evaluations? Are they looking at doing a validated program evaluation of the program using a comparison group?
- The results of the CPC Evaluation is driven by these five areas, with each area being broken down into areas of strength and areas in need of improvement. Areas that have been identified as needing improvement are followed up with specific recommendations that can be implemented to bring that area into alignment with evidence-based practices.

<u>CPC Evaluators</u>

- WIDOC currently has 26 trained and certified CPC Evaluators across the state. Evaluators are required to complete at least one (1) CPC evaluation per year. CPC Evaluators are expected to engage in ongoing training to maintain their CPC Certification, and they are expected to attend the quarterly CPC meetings.
  - o CPC Evaluator Quarterly Meetings = These meetings are called to share and discuss any updates and/or improvements to the CPC process; to collaborate on best practices and review and address any concerns; to schedule future CPC evaluations; to share experiences so the team is on the same page; to review CPC guidelines, expectations and timelines; and to discuss Action Planning sessions.
- Currently, the Evaluators are in the process of receiving Continuous Quality Improvement Training, conducted through UCCI, to help with coaching and feedback to our providers.

<u>CPC Evaluations & Action Planning</u>

- To date WIDOC has conducted 74 CPC evaluations since 2010, with 17 being conducted in the last 12 months.
- WIDOC has hosted 10 CPC Action Planning Sessions in collaboration with UCCI. The Action Planning session is an opportunity for the WIDOC to bring the programs who have been evaluated as well as the CPC evaluators in collaboration with UCCI, to work together on a Corrective Action Plan and make improvements in the desired areas, as well as recognize what they are doing well and how they can build upon those areas.
- CPC Action Planning Sessions are held twice per year.
  - o This is a 2-day working session that focuses on some of the five areas outlined above.
  - o Each of the programs present have an assigned WIDOC Program & Policy Analyst (PPA), who are responsible for oversight of their respective region's DOC-contracted programs. During the 2-day session, the PPA and the program create a Corrective Action Plan. The program works with the PPA on the Corrective Action Plan, and at the end of the 2-day session, the PPA takes a copy of the plan and continues to work with that program through the corrective action plan.
  - o Each program receives a CPC Action Planning Toolkit during the Action Planning Session, which has vast resources on the various assessments, curriculum/programs, etc. The program can refer to this toolkit when choosing approved curriculums, and assessment tools as they work through their corrective action plan.

<u>CPC Process and Timeline</u>

- o Planning Call (To explain the CPC purpose and process)
- o Conduct evaluation at site (1-5 days)
- o The evaluators will score the CPC evaluation within 1-2 days of completing the site visit.
- o The Lead Assessor writes the draft CPC Evaluation Report; the co-assessors review the report.
- o The final draft report is sent to Erin for review.
- o The report is then sent to the program (vendor). The vendor has 30 days to provide feedback.
- o The Final Report incorporates the vendor's feedback (if any).
- o The next step is the Action Planning Session and creation of the Corrective Action Plan.
- o The program and PPA work through the Corrective Action Plan.

- o Overall CPC Averages (2010-2018) – seeing improvement overall – right on track with the national average (45%). Since the CPC is based on a perfect model (100%) and no program will achieve that, a score of 65% and higher, would be considered an excellent program.

CPC Next Steps
- o Conducting re-evaluation every two years
- o Have all evaluators trained in the GA (group assessment) so all evaluators can evaluate both full programs as well as individual groups
- o Continue to hold Action Planning Sessions for vendors
- o Develop an online CPC Action Planning Toolkit
- o Continue offering ongoing vendor training for our programs, which will train their program staff in evidence-based programs (AODA, Anger Management, Thinking for a Change, etc.)

Questions & Answers:

Can you provide an example of who is considered a provider/vendor? A provider/vendor *[for CPC evaluation purposes]* provides evidence-based program curriculums and interventions that address any of the identified criminogenic needs (i.e. Anti-Social Personality, Anti-Social Cognition, Anti-Social Peers, Family/Marital), namely, community residential services programs (previously known as halfway houses), institution-based residential services programs, and outpatient groups/programs.

Emergency Housing/TLP's – some vendors feel their hands are tied; can't drug test, require treatment; etc. For example, Jessie Crawford Recovery Center reports concerns to agent, but they can't require offenders to drug test, go to a group, etc. What can we do to untie their hands? The CPC process does not address emergency housing, or transitional living as they do not provide evidence-based programs (Anger Management, Domestic Violence, cognitive-based interventions). In DCC, there are 3 levels of housing, and 60% of the DCC budget is designated to the following housing options: 1) Community Residential Program – treatment-based 2) Transitional Housing (90 days) to get offender stabilized (not necessary TX focused); 3) Emergency Housing (up to 30 days). Offenders are prioritized based on their risk.

Vendor Experience of CPC Process & Action Planning
Portage House Community Residential Program
Zach Bishop, Program Director
Andrea Behnke, Portage County Justice Programs Director (In attendance)

The Portage House, operated by Portage County Health and Human Services, is a community based residential facility in Stevens Point, Wisconsin. Portage House provides a structured living and learning experience, with the aim of helping DOC probationers and parolees develop the skills necessary for independent sober and responsible living.

History of Portage House
- Established in 1973 and operated by Portage County Health and Human Services
- Serves a population of 12 high risk adult males via DOC referrals
- Three Tracks:
  1. "Classic" Halfway House – 4 beds; 90-120 day structured inpatient program; primary focus is sobriety, employment and basic living skills. Sex offenders are allowed in this track.
  2. Community Residential Program (CRP) – 8 beds; 120 days average stay in program; primary focus is addressing criminogenic needs through evidence-based practices, such as adhering to the Risk, Needs and Responsivity principle, and providing evidence-based programs, namely Anger Management, AODA,

Mentoring. The goal of the CRP is to provide the high risk individuals with the suggested 200 dosage hours of cognitive behavioral interventions.

3. <u>Non-Residential Outpatient Treatment Program</u> – 9 slots available; group, individual and mentoring services for those who completed the CRP.

Portage House - CPC Experience
- Portage House had a CPC evaluation in 2015, and a re-evaluation in 2017.
- The CPC experience is "humbling, scary and rewarding".
- The goal of the CPC evaluation is to acknowledge what the facility and the staff are doing well, and areas for improvement, with specific recommendations for improvement while working collaboratively with the DOC to achieve the results.

Portage House - CPC Results (Represented by a bar chart)
- 2015 - First CPC Evaluation Score
- National Average
- 2017 – 2nd CPC Re-evaluation Score
- Portage House staff attended two Action Planning sessions to discuss how to improve and how to sustain the improvement. Areas that were improved upon were: *Offender Assessment* (by implementing the TCU-Criminal Thinking screening tool); *Treatment Characteristics* (by implementing the evidence-based curriculum of Thinking for a Change (T4C), training staff on T4C and ensuring the facilitators are following the T4C curriculum to fidelity).
- The results between the two CPC evaluations, and as compared to the national average, show that Portage House has dramatically improved in all eight areas. Additionally, Portage House exceeded the national average scores in every area. The overall scores are as follows:
  - o 2015 CPC evaluation score = 31.65%
  - o National Average = 47%
  - o 2017 re-evaluation = 65.43%

Questions & Answers:
What steps did you take to improve upon:
- ***Quality Assurance –*** We routinely complete file reviews to ensure that everything that is supposed to be in the file is in the file. We also began reviewing the reports on a consistent basis.
- ***Offender Assessments –*** We included the TCU Criminal Thinking assessment tool, and also began conducting pre- and post- tests to measure changes in the individuals' thoughts and attitudes. We also assess for anxiety and depression and make appropriate referrals.
- ***Treatment Characteristics*** – We implemented a validated cognitive intervention program called Thinking for a Change, and made sure the staff were trained by a certified T4C trainer; and following the curriculum to fidelity.

Do they move from inpatient to outpatient? It can happen that way. There is a big emphasis on employment; people need to be working; each offender is different; some can't work and need to focus on programming and sobriety; some can work part-time. If work starts to interfere with programming they have to cut back on work. Programming is done during the day so offenders can work 2nd shift.

Are residents from various parts of the state? Most reentry offenders come from Portage County; however, if they are an Alternative to Revocation (ATR) referral, it could be from any of the eight DCC regions, but they must return to their home county upon completion of the Portage House.

How full are the beds? Full. We don't hold beds open, but there are times where we will hold a bed for an inmate who will be releasing within the week. Those being referred as an ATR, have to wait (often in jail) for a bed to open.

Vendor Experience of CPC Process & Action Planning
Rock Valley Community Programs
Travis Schueler, Assistant Program Director

Rock Valley Community Programs, located in Janesville, WI, offers a variety of services to both correctional and non-correctional clients, including: assessment, case management, substance abuse treatment, mental health treatment, and community service monitoring.

RVCP Facility
- 29 beds for Federal Reentry offenders (home confinement)
- 58 beds for Federal Reentry offenders
- 30 CRP beds for DOC referred offenders – referrals accepted statewide
- Individuals must have a high need for substance abuse and anti-social cognition.

CPC Experience
- RVCP had a CPC evaluation in 2015, and a re-evaluation in 2017.
- The overall CPC score in 2015 was 30%, and in 2017 was 53%.
- Implementing recommendations provided in the CPC Evaluation Report, RVCP made the following improvements:
  1. Implementing a 2-track system to ensure medium risk offenders were not in the same groups with high risk offenders.
  2. Incorporated the TCU Criminal Thinking assessment tool, which is conducted at the beginning, middle and end of programming. The midway re-assessment measures how well the individual is responding to the treatment, and what areas need to be focused on for the remainder of the program.
  3. Implemented PRT (Program Review Team) Notes – Case Managers, Director, AODA counselor, etc., meet every week to discuss progress with each offender. These notes are documented for each resident.
  4. Enhanced accountability measures – When on pass to their home, staff contact the home to ensure they are there.
  5. Rewards vs. Sanctions (4 to 1 ratio) – Implemented "on the spot" STAR award, where positive behavior/actions/attitudes are rewarded in writing. These are shared every Friday during the house meeting.
  6. House Meeting – weekly meeting for the residents to provide feedback on the program, recognize those who received STAR awards, etc.
  7. Implemented a Training Academy – All group facilitators, including the Directors, receive formal training in cognitive-based intervention programs offered at the facility (i.e. CBI-SA (substance abuse), etc.).
  8. Enhanced New Hire Training – All staff, including security staff, now receive training in Core Correctional Practices, Trauma-Informed Care, and Motivational Interviewing.
  9. Revised Sanctions – No longer use homework as a sanction because homework should not be viewed negatively.
  10. Formed a Committee – meets 1/week; consists of executive Director, Julie, Joel, Travis and HR. They bring ideas to the table; review a book that outlines their program shortcomings (internal QA); and review the CPC Action Plan and determine which area they will address and implement a pilot initiative.
  11. Program Implementation – Now all new processes, groups, practices, etc., are piloted rather than fully implemented. Offender input is encouraged during the pilot term, which helps to guide the decision making process of whether to extend the pilot, move toward full implementation or not implement the method, program, etc.

- Overall CPC Experience – The first CPC evaluation was not good. However, based on the recommendations provided to fix the problems, and the details outlining the programs' strengths, RVCP was able to attain 53% at the re-evaluation. RVCP has set a personal goal of attaining 65%.

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Continuous Quality Improvement (CQI) & Inter-Rater Reliability Testing
Michele Krueger, Reentry Cross-Divisional Coordinator, Department of Corrections, Reentry Unit
Erin Thorvaldson, Evidence-Based Program Manager, Department of Corrections, Reentry Unit

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- WIDOC has spent the past 7-8 years implementing evidence-based practices, including COMPAS risk and needs assessment, as well as the cognitive-based interventions.
- In 2013 the WIDOC Unified Corrections Coalition, which is a cross-divisional team, began assessing the quality of the program, strategies and tools that DOC has been implementing.
- Using the NIC Quality Assurance Manual, the UCC developed nine (9) goals that the Department would work on. These nine goals were divided amongst three (3) subcommittees:
  1. Implementation and Maintenance
  2. Evidence-Based Program Standards
  3. Continuous Quality Improvement (CQI)
- The CQI Committee was originally assigned two of the nine goals. These goals were:
  1) Ongoing Assessment Fidelity – This goal looks at the degree of consistency and reliability of the assessment results, and whether assessors are interpreting the questions as the tool intended.
  2) Direct Interaction – This goal looks at how peers and supervisors in all program divisions will support, reinforce, and model established evidence-based practice in direct interaction.   In 2016, the WIDOC received the Smart Supervision Grant, which focuses specifically on direct interaction, therefore, this goal was removed from the CQI Committee and maintained within the Smart Supervision Grant structure.
- The main focus of the CQI Committee is to analyze the quality of data being entered into the COMPAS risk and needs assessment tools to ensure the results are reliable and consistent. Given there are over 200,000 assessments completed in COMPAS by various assessors including Probation & Parole Agents, institution Social Workers and Offender Classification Specialists, as well as many county and tribal agencies, this is a substantial yet vital task.
- In order to evaluate Ongoing Assessment Fidelity, two modalities are utilized: Inter-Rater Reliability Testing (consistency) & Assessment Fidelity (accuracy). By measuring the degree of **consistency** among all COMPAS assessors, as well as the degree of **accuracy**, the IRRT will inform the following:
  1) Are assessors interpreting the assessment questions consistently? AND
  2) Are assessors entering the correct data into the assessment?
- IRRT Process
  - In February 2015, the WIDOC completed a pre-baseline IRRT with about 100 users. Based on the results of that IRRT, areas of concern were identified and measures were taken to improve outcomes.
  - In February 2016, the WIDOC conducted a department-wide IRRT, which also included county COMPAS assessors (N=1600 assessors).
  - In March 2017, a Staff Survey was conducted to focus on nuances around the criminal history section.
- IRRT Results
  - 2016 –Overall there were only a couple criminogenic risk and needs areas that fell below a 50% degree of consistency in responses (Social Isolation and Social Adjustment).
  - The results from both IRRTs and the Staff Survey guided the level of clarification and training needed to improve consistency and accuracy. This included enhancements to the 2-day COMPAS training curriculum, updates to the COMPAS Tool Tips (tips on how to answer a particular question

built into the COMPAS software), and the creation of four e-learn modules focusing on Portal 100 (Criminal History Record Information). Each module increases in level of difficulty, and each module requires a passing score to proceed to the next module.

- Current Focus of CQI
    - *IRRT*: Once the e-learn modules are completed and all relevant staff have completed the modules, the Department will move forward with the 2nd full-scale IRRT.
    - *Data Clean-Up*: Focus is currently on cleaning up various existing assessments that have inconsistent responses. If a pattern is evident (i.e. a certain office or institution or staff member), the Committee may provide recommendations for improvement.
    - *Business Process Updates*: Issuing Communications regarding clarified business process such as entering string variables (for example, entering 001 instead of 1), etc.

Recidivism & Reincarceration
Dr. Megan Jones, Director, Research & Policy Unit, Department of Corrections

Recidivism
- WIDOC definition = After release from prison, to commit a criminal offense resulting in a new sentence to either prison or probation.
- The recidivism rates represent the number of individuals who have recidivated by the total number of individuals in a defined population.
- The offense date is the date of the recidivism event.
- All recidivism rates are based only on Wisconsin offenses that have resulted in court dispositions that include custody or supervision under the WI DOC. Additionally, WIDOC does not track individuals who receive straight jail sentences or fines
- The recidivism rates published by the WI DOC provide for a minimum 1-year lag time to account for the time between apprehension for a new crime and court disposition. For example, a report of 2009 release from prison recidivism rates would not be published until after 2013 – allowing for the three-year follow-up period (ending in 2012) and the one-year lag time (ending in 2013).
- Overall, recidivism rates between 2000 and 2014 have decreased. Between 2000 and 2012 (for the 3-year follow-up group), recidivism dropped by seven (7) percentage points.

Reincarceration
- WIDOC definition = To be admitted to prison for a revocation, revocation with new sentence, or new sentence.
- The reincarceration rates represent the number of individuals who have been reincarcerated divided by the total number of individuals released from prison in a given timeframe.
- The admission date is the date of the reincarceration event.
- Reincarceration rates are based only on admissions to Wisconsin DOC facilities.
- They don't have to commit a new offense to count as reincarceration – we count revocations with or without the commission of a new offense.
- Overall, reincarceration rates between 2000 and 2015 have decreased (by 4.5 percentage points for the 3-year follow-up group).
- Using the recidivism and reincarceration data, the Department has been able to learn about the effectiveness of our programs.
- Using the Propensity Score Matching (PSM) model, WIDOC Research & Policy (R&P) Unit has been able to compare individuals who have completed a program against a control group who were eligible for the program but didn't complete the program, and who have otherwise similar characteristics.
- PSM controls for various demographic variables such as age, race, gender, risk level, most serious offense, education level, time served, year of release, age at current offense, other programs completed, etc. By

controlling for these variables, the goal is to try to isolate the impact of this one program. This, in turn, allows R&P to extrapolate that the reduction in recidivism is due to just the effect of participating in this one program.

- Using PSM, data analysis was conducted on the following WIDOC programs: Earned Release Program (ERP), Anger Management, AODA Residential, and Cognitive Behavioral Treatment (CBT).
- According to the graphs (see presentation handout), an asterisk represents a statistically significant difference between the control group and the treatment group. [*p < .05 = Significant]* This means that the reduction in recidivism is not due to chance, rather it is due to something related to the program.
- For all recidivism and reincarceration data performed on the above named programs, R&P used data for offenders who released between 2010 and 2013, and used three different follow-up periods (1-year, 2-years, and 3-years). Lastly, the control group was bigger than the treatment group across the board for all groups.

Program Results on Recidivism & Reincarceration

- ERP – Overall the control group has higher recidivism rates than those who completed ERP. There is a statistically significant reduction in recidivism rates 1-year post release. Reincarceration figures reflect similar results, but the statistical difference is larger for the 1- and 2-year follow-up groups.
- Anger Management – Results show a statistically significant reduction in recidivism rates for all three follow-up periods. Reincarceration rates are statistically significant for the 1- and 2-year follow-up period.
- CBT –The results show a reduction in recidivism rates. Likewise, there is a reduction in reincarceration rates, with a statistical significance for the 1-year follow-up group. *[Of note, since DOC puts a large number of offenders through a cognitive interventions program, it was difficult to come up with a control group, therefore, R&P could not control for all the various factors.]*
- AODA – Overall there is a reduction in recidivism for those who completed AODA compared to those who did not. There is a statistically significant difference for the 1- and 2-year follow-up groups. Regarding reduction in reincarceration rates, there is a statistical difference for all three follow-up periods. *[Of note, since DOC puts a large number of offenders through an AODA program, it was difficult to come up with a control group, therefore, R&P could not control for all the various factors.]*
- Another way to assess the effectiveness of a program is through a Cost-Benefit Analysis. This looks at the cost of the program and the cost of recidivism.
- Using the Pew-MacArthur Results First Model, WIDOC completed a Cost-Benefit Analysis of ERP for those individuals released between 2010 and 2013.
- Results = For every $1.00 spent on ERP we can expect a return of $1.96 in avoided system costs (e.g. taxpayer costs, court system costs, victim impact). This doesn't take into consideration the savings in not having to house inmates in prison (due to being released early). If those cost savings were included the benefits/costs ratio would be even higher.
- In 2013, a program redesign began in order to improve ERP by making it more aligned with evidence-based practices. Therefore, R&P expect recidivism rates for later release years to be even lower, and cost-benefit ratios even larger.

2018– 2019 Council on Offender Reentry Meeting Dates:

9/20/18 @ 1:30 – 3:30pm   12/5/18 @ 1:30-3:30pm   3/21/19 @ 1:30-3:30   6/12/19 @ 1:30-3:30pm

Meeting adjourned at 3:30pm.