

**JUSTICE REINVESTMENT INITIATIVE (S.B. 371)
EXECUTIVE SUMMARY
&
ANNUAL REPORT**

September 30, 2014

Issued pursuant to §62-15-6a of West Virginia Code to:

Honorable Earl Ray Tomblin, Governor
Honorable Timothy Miley, Speaker of the House of Delegates
Honorable Jeffrey Kessler, President of the Senate

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EXECUTIVE SUMMARY

West Virginia's Justice Reinvestment Initiative (JRI), known colloquially as Senate Bill 371, was passed by the 2013 regular session of the Legislature. Among the many changes to West Virginia criminal procedure was added §62-15-6.a., relating to "Treatment Supervision" of offenders sentenced to a community correctional setting, but requiring that substance abuse treatment be ordered and accepted by the felony offender as a condition of the less than incarceration alternative sanction. In order to encourage compliance with this sanction, judges were empowered to impose intermediate incarceration not to exceed thirty days for violations of the terms of treatment supervision.

The "treatment" component of this effort was to be designed by the Division of Justice and Community Services (DJCS) in consultation with the Governor's Advisory Council on Substance Abuse (GACSA), and to use appropriated funds to serve those offenders under "treatment supervision" in each judicial circuit and on parole supervision. Additionally, the Division of Justice and Community Services, in consultation with the above referenced Governor's Advisory Council, is to submit on or before September 30th, an annual report to the Governor, the Speaker of the House of Delegates and the President of the Senate addressing specific items related to the *implementation* and *measuring the success* (if any) of the treatment supervision "program" with a projection of the amount of funding necessary to continue the program into the next fiscal year. The effective date for beginning of treatment supervision under this code section was January 1, 2014, while the effective date for DJCS to work on developing this program was July 1, 2013. As the specific elements of the annual report required by §62-15-6.a.(h)., are premised on treatment supervision having been fully implemented in the field – which it has not been – this annual report will focus on the efforts that the Division of Justice and Community Services, along with sister state agencies, has made at this point to develop the program envisioned by the legislature. The report should also eventually contain a projection of the amount of funding necessary to continue the program into the next fiscal year. A copy of §62-15-6.a. is attached to the end of this document for easy access to the portions of the code that are referenced within this report.

This report will focus on three primary efforts of the Division as they relate to Justice Reinvestment. The "Treatment Supervision Effort," the "Evidence Based Practices and Quality Assurance Effort," and the "Reentry Effort."

The **TREATMENT SUPERVISION EFFORT** was to be designed by DJCS in consultation with the Governor's Advisory Council on Substance Abuse (GACSA) using \$3.22 million in appropriated funds to serve offenders under "*Treatment Supervision*" in each judicial circuit and on parole supervision. The Division began this effort by opening a dialog with representatives from the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHBF). As a result, DJCS and BBHBF developed the comprehensive "*West Virginia Implementation Plan*" for treatment supervision programming and the release of funds to pilot sites to support this initiative. The purpose of the West Virginia Implementation Plan is to set forth strategies to reduce recidivism of offenders with substance use disorders, thus decreasing the overrepresentation of individuals with behavioral health disorders in the justice system. This will be accomplished through the development of a common structure for community supervision agencies and behavioral health treatment

providers in an effort to enhance collaborative partnerships and coordinate care for offenders being supervised in the community.

The first phase of funding was released in May 2014, totaling \$1,266,811.00 for seven (7) projects statewide with program activity underway. A second round of funding announcements took place in September 2014, totaling \$660,000.00 for five (5) projects statewide. The collaboratively developed treatment supervision plan and roll-out of initial funding has been a significant collaborative achievement within the overall JRI framework.

The EVIDENCE BASED PRACTICES AND QUALITY ASSURANCE EFFORT involves the DJCS' Office of Research and Strategic Planning (ORSP) to develop policy and procedures, field trainings, quality control, and empirical research.

The ORSP has developed a statewide program titled, Quality Assurance for Treatment Intervention Programs and Supervision or QA-TIPS, which has resulted in the development of an official report on evidence-based quality assurance practices and is firmly rooted in the scientific evidence to date on what makes effective community supervision programs.

QA-TIPS measures staff performance and provides feedback for improvement. Both the Division of Corrections and all day report center staff in the state are participating in the program, with the Division of Juvenile Services beginning their quality assurance data collection on July 1, 2014. Data is submitted every six months and analyzed by the ORSP and submitted back to the agencies, providing feedback on their performance. This data is used to improve training by LS/CMI trainers; provide specific, targeted feedback to staff and track improvements over time.

QA-TIPS provide trainings to all community supervision (including treatment providers) and institutional staff in the state on the LS/CMI, Motivational Interviewing (MI), and other evidence-based practices. To date, there have been more than 330 users trained by the ORSP, over 50 trainers certified, and many staff recertified. The ORSP has had 72 User Trainers complete a LS/CMI workshop, certifying 45 User Trainers including 32 probation staff with 15 being ultimately certified by the ORSP.

QA-TIPS maintains the only central certification database for tracking LS/CMI and MI trainings and staff certifications and created statewide minimum standard policies for the certification/recertification of staff on the LS/CMI and MI. A statewide minimum policy on quality assurance has also been developed.

The ORSP continues to conduct a series of studies and analyses to support the work of SB 371. SB 371 calls for the conducting of outcome studies on community supervision programs and the validation of the LS/CMI across the different correctional populations. A series of research and evaluation studies are underway and being planned. These include but are not limited to (1) Developing and piloting the Global Correctional Program Assessment Inventory (G-CPAI); (2) Recidivism by Direct Sentence Clients Released from Day Report Centers in 2011: Predictors and Patterns over Time; (3) Correctional Population Forecast, 2014-2024; and (4) Developing an LS/CMI norming report and validation studies on the different correctional populations. A report titled, "Predictors of Client Success in Day Report Centers: Successful Program

Completion and its Relationship to Recidivism was released in June 2014 and can be found on the ORSP's section of the DJCS website here:
http://www.djcs.wv.gov/SAC/Documents/WV_DRCProgramCompletionJune2014Final.pdf

The **REENTRY EFFORT** involves the DJCS to collaborate with the Division of Corrections (DOC) in the development of a master agreement to provide reimbursement to counties for the use of community corrections programs by eligible parolees. Tentatively, this agreement will use an established "cost per client per day" as the basis for reimbursement. Following the development of the master agreement and formula that will be used for this calculation - rate revision, data collection, and referral protocols can be finalized.

DJCS applied for and was awarded one of thirteen competitive planning grants under the Bureau of Justice Assistance Second Chance Act Adult Reentry Demonstration Program. The purpose of the grant is to assemble a Statewide Reentry Task Force charged with formulating a proposal to promote safe and successful reintegration into the community of individuals who have been incarcerated or detained. Of the thirteen planning grant recipients three to four will be selected to receive up to \$3M in federal grant funding for implementation of their reentry plan.

The Division is hopeful that the phase II application submission is selected for implementation. If selected, West Virginia should receive notification by October 2014. The \$3M award is meant to fund a three year implementation and evaluation of the program's effectiveness.

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TREATMENT SUPERVISION

§62-15-6 (a), (d), (e) ; and, (f): SB 371 establishes that a new "Treatment Supervision" sentencing option be implemented. This is contemplated to be a new "tract" of referrals. Referrals could be from the Division of Corrections, but could also come from the Courts for those individuals not meeting the intensity level of a Drug Court program. This has and will continue to require substantial policy development and capacity building within our Day Report Center's and should present Community Corrections as a major treatment option in West Virginia.

The effective date for DJCS to begin initial program development was July 1, 2013. DJCS submitted improvement packages in both the 2013 and 2014 legislative sessions to create two essential positions (Criminal Justice Program Manager and Research Specialist 3) and pay salaries and benefits and provide for ancillary costs (travel, office supplies, etc.) associated with these positions. These requests were not realized, and have slowed the Division's efforts. A percentage of administrative funds from the total appropriation has been approved and DJCS has begun hiring efforts for these two positions.

The actual flow of funds into the field for treatment supervision efforts were to begin January 1, 2014.

Sub-paragraphs (d) and (e) of §62-15-61 directs DJCS in consultation with GACSA, to develop proposed substance abuse treatment plans to serve offenders under treatment supervision. Further they are to develop (1) qualifications for provider certification to deliver a continuum of care to offenders; (2) fee reimbursement procedures; and (3) other matters related to the qualify and delivery of services. The Division began this effort by opening a dialog with representatives from the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHF). This dialog began as a vehicle to discuss the implementation of the JRI treatment supervision provisions but has expanded into a colloquy about the role of community corrections programs in a broader continuum of care that is fully integrated with non-correctional human services agencies. While the transition from a punitive-focused intervention to a treatment-focused model has long been underway, the collaboration with BBHF has guided the next steps in this transition. Together, DJCS and BBHF developed a comprehensive implementation plan for treatment supervision programming and the release of funds to pilot sites to support this initiative.

The Division has re-evaluated the idea of the day report center as a "one stop shop" for all community supervision interventions. The paradigm being explored and facilitated with JRI funding is one in which the day report center should not function simply as an isolated treatment/supervision center, but as a hub, networked to specialized community resources in that particular area/region. Day report centers should become the conduit by which correctional populations plug-in to community resources. The day report center would still provide all the necessary services needed to address the client's risks and needs, but if a particular need exceeds the threshold of what the program can provide, and there is a community resource

better suited to address it, the center will collaborate with that resource to ensure an appropriate level of service. In communities where these resources are limited or absent, such as rural communities, resources would be allocated to provide more specialized services within the day report center than would be necessary in communities where resources are abundant. Under the treatment supervision implementation plan, day report centers within the initial targeted area are linked with the behavioral health provider in their region with the goal of fostering and/or enhancing a partnership that seeks to provide all necessary interventions for the targeted offender population.

See attached Treatment Supervision Plan. The first phase of funding was released in May 2014, totaling \$1,266,811.00 for seven (7) projects statewide with program activity underway. A second round of funding announcements took place in September 2014, totaling \$660,000.00 for five (5) projects statewide. The collaboratively developed treatment supervision plan and roll-out of initial funding has been a significant collaborative achievement within the overall JRI framework.

§62-15-6.a.(g)., contemplates that the cost for all drug abuse assessments and certified drug treatment under this section be paid by DJCS from funds appropriated for that purpose. As of this date, **there have been no funds appropriated to pay for any of these services.** Notwithstanding this impediment, DJCS in discussions with the Bureau for Behavioral Health and Health Facilities has investigated the possibilities of utilizing Federal Medicaid resources in serving clients who are under the care of the state's day report centers. In synchronicity with trying to discover ways to utilize Medicaid funds for day report center clients, the Division and BBHFF have discussed ways to utilize federal resources as outlined in the Patient Protection and Affordable Care Act of 2010 (ACA). DJCS staff has also met with staff from the Division of Rehabilitation Services (DRS) to discuss ways that DRS may assist in the comprehensive treatment of offenders beyond the specifically identified substance abuse treatment to which they have been sentenced. Such services, where applicable, may enhance the substance abuse treatment and benefit the offender in ways that will improve their employability and capability to remain drug and crime free.

EVIDENCE BASED PRACTICES AND QUALITY ASSURANCE

(Quality Assurance, Research/Evaluation, and Data Collection and Exchange)

§62-11C-3(d): SB 371 directs that the Community Corrections Subcommittee (Staff/DJCS) shall review EBP & Quality Assurance measures for DRCs, Probation, Parole & Home Confinement. This includes initial and continued policy development; training & certification; and extensive monitoring. This is substantial.

The Division of Justice and Community Services' Office of Research and Strategic Planning (ORSP) is led by Dr. Stephen M. Haas, Ph. D. Dr. Haas acts as the Director of the ORSP and is one of three Deputy Directors of the DJCS. The Division's ORSP is working in coordination on several projects at the center of SB 371. Given the close connection between quality assurance, research/evaluation, data sharing, and adherence to evidence-based practices in community supervision, the ORSP plays an integral part in ensuring the long term success of

the SB 371. Present and future efforts of the ORSP include the development of policy and procedures, field trainings, quality control, and empirical research.

QUALITY ASSURANCE FOR COMMUNITY SUPERVISION AND TREATMENT (QA-TIPS)

The quality of service delivery and the quantitative information specifically required in the annual report of the Division by §62-15-6a (h) require data collection from different sources in order to clearly evaluate its impact and successes. The “quality issues” are similar to those that are demanded of DJCS at §62-11C-10 of West Virginia Code and relate to the implementation of evidence-based practices in community supervision agencies and programs. The ORSP has developed a statewide program titled, **Quality Assurance for Treatment Intervention Programs and Supervision or QA-TIPS**, which is engaged in the following four (4) important areas for instilling and monitoring quality in community supervision and treatment:

1. *Serving as a Technical Consultant for the Evidence Based Practices Quality Assurance Workgroup appointed by the Community Corrections Subcommittee of the Governor’s Committee on Crime, Delinquency and Correction:*

In May 2013, an original QA workgroup or ad hoc committee was appointed by the Community Corrections Subcommittee to develop definitions and standards for measurement of quality assurance in the implementation of evidence-based programs. This workgroup consisted of representatives of all community supervision agencies and was led by the ORSP. The workgroup began by reviewing what the scientific literature tells us about what is most effective in community supervision and treatment. The research indicates that if community supervision and treatment programs are not successfully implemented and monitored on a regular basis for their adherence to known best practices, then their capacity to reduce crime and recidivism is appreciably diminished. Fortunately, there is extensive research on “what works” in corrections, and specifically community corrections. This research has resulted in several evidence-based principles which are known to be associated with successful community supervision and treatment.

An official report on evidence-based quality assurance practices from the QA working group was issued to the Community Corrections (CC) Subcommittee on August 29, 2013 (**see attachment titled, EBP Quality Assurance in Community Supervision Ad Hoc Committee Report for the West Virginia Community Corrections Subcommittee**). The Ad Hoc Committee achieved unanimous agreement on the contents of the first report to the CC Subcommittee. The content of this report is firmly rooted in the scientific evidence to date on what makes effective community supervision programs. No action has been taken by the CC Subcommittee in relation to this report.

Since the submission of the first report, a new Special Committee has been formed with Dr. Stephen M. Haas serving as the “technical consultant” for the working group. As the technical consultant, Dr. Haas’ responsibilities are to educate the workgroup at their first meeting on the science behind quality assurance in community supervision and provide guidance and technical assistance throughout the development process. Dr. Haas performed this function on July 10, 2014 with a follow-up educational seminar for QA

working group members not present at the first meeting. Because quality assurance is so critical to the long-term success of the various JRI efforts, Dr. Haas has volunteered to offer an additional educational seminar to all Community Corrections Subcommittee members. These sessions are scheduled to occur via webinar on October 14 and 17, 2014.

Upon completion of the QA working groups plan, Dr. Haas will issue a report on the “technical merits” of the proposed plan, assessing the overall capacity of the plan to assess known evidence-based practices in community supervision as well as its methodological approach (e.g., reliability/validity of measures, processes, analytic approach, and reporting plan). Dr. Haas’ assessment of the technical merits of the proposed plan will be submitted to the CC Subcommittee along with the Special Committee’s proposed plan to assist with their determinations. In addition, Dr. Haas’ report will be included in DJCS’ statutorily mandated annual report issued to the Legislature. It is anticipated that Dr. Haas’ role as “technical consultant” will better ensure that the CC Subcommittee understands the relative scientific merits of the plan developed by the QA workgroup, as well as ways to improve the plan over time.

2. *Facilitating the statewide quality assurance system for the Level of Service/Case Management Inventory ((Y)LS/CMI) and Motivational Interviewing (MI), including continued development of policies and procedures:*

The Justice Center for Evidence Based Practice (JCEBP) continues its efforts under the statewide implementation of the (Y)LS/CMI, MI, and other evidence-based practices to measure staff performance and provide feedback for improvement. Both the Division of Corrections and all day report center staff in the state are participating in the program, with the Division of Juvenile Services beginning their quality assurance data collection on July 1, 2014. Every 6 months, data is submitted to the ORSP electronically via our website from all staff in each of the agencies (<http://www.djcs.wv.gov/ORSP/Pages/Quality-Assurance-and-Evidence-Based-Practices.aspx>). The electronic submission forms capture data on peer-to-peer performance reviews in the areas of (Y)LS/CMI inter-rater reliability, Quality of Case Plans, and Quality of Motivational Interviews. These data are analyzed by the ORSP/JCEBP and submitted back to the agencies providing the staff with feedback on their performance, as well as the entire agency. All agencies receive input on their performance in relation to state estimates. For instance, the data for Mount Olive Correctional Facility is compared to the data for all Division of Corrections (DOC) facilities as a basis for comparing performance. These data are used to improve training by (Y)LS/CMI trainers; provide specific, targeted feedback to staff; and track improvements over time. **Two examples of the information reported to agencies are attached to this report titled Statewide Minimum Quality Assurance Standards for (Y)LS/CMI Administration and Application.**

3. *Providing routine certification and recertification (Y)LS/CMI and MI trainings to all field staff (including treatment providers) and working with the Council for State Government’s Justice Center on coordinating trainings from the University of Cincinnati:*

The ORSP continues to provide trainings to all community supervision (including treatment providers) and institutional staff in the state on the (Y)LS/CMI, MI, and other

evidence-based practices. The ORSP is also acting as the “coordinating office” for new trainings coming to the state under the Justice Reinvestment Initiative. The ORSP is committed to continuing to develop and maintain an infrastructure that will sustain fidelity in the use of evidence-based practices among community supervision agencies (probation, parole, day report centers, and home confinement) as well as institutional corrections. To date, there have been more than 325 users trained by the ORSP, over 50 trainers certified, and many staff recertified. The ORSP has had 67 User Trainers complete LS/CMI workshop, certifying 45 User Trainers including 32 probation staff with 15 being ultimately certified by the ORSP.

4. *Maintaining a “certification database” and online learning system (OLMS) for all field trainings and certified Users and Trainers for various workshops on EBP:*

The ORSP/JCEPB continues to maintain the only central certification database for tracking (Y)LS/CMI and MI trainings and staff certifications. In 2011, the ORSP/JCEBP created statewide minimum standard policies for the certification/recertification of staff on the (Y)LS/CMI and MI. A statewide minimum policy on quality assurance was also developed at that time. Similar policies are also in place for the use of the youth version of the LS/CMI ((Y)LS/CMI) to guide the Division of Juvenile Services (**see attachments, titled Statewide LS/CMI User and User Trainer Certification Policy and Statewide Minimum Quality Assurance Standards for LS/CMI Administration and Application**). It is widely recognized in the correctional rehabilitation field that training is *not* a “one-shot” event, but a continuous process. These policies and procedures help ensure that staff are continually trained on “what works” and the proper assessment and application of the (Y)LS/CMI and MI which serve as a foundation for effective community supervision and treatment. *Similar policies will be developed by the ORSP/JCEBP for the additional trainings funded through the Bureau of Justice Assistance, Justice Reinvestment Initiative grant (that is, Thinking for a Change, Cognitive-Behavioral Substance Abuse Treatment, and EPICS). These policies will help guide the quality assurance efforts, and provide a basis for providing feedback to field staff and agency administrators.*

EMPIRICAL RESEARCH AND EVALUATION ON COMMUNITY SUPERVISION

The ORSP continues to conduct a series of studies and analyses to support the work of SB 371. SB 371 calls for the conducting of outcome studies on community supervision programs and the validation of the (Y)LS/CMI across the different correctional populations. A series of research and evaluation studies are underway and being planned. These include the following four (4):

1. Developing and piloting the Global Correctional Program Assessment Inventory (G-CPAI)—an efficient means for assessing program quality on a statewide basis;
2. Performing peer-reviewed research and conducting national forums on successful implementation of community supervision and quality assurance mechanism;
3. Examining the predictors of successful completion of day report center clients and the effects on recidivism;
4. Studying the nature and rates of recidivism rates among DRC clients, including the factors that contribute to recidivism;

5. Developing an LS/CMI norming report and validation studies on the different correctional populations.

Development of Global Correctional Program Assessment Inventory (G-CPAI). The ORSP/JCEBP continues to work on the development of the G-CPAI partially funded through the Bureau of Justice Statistics. This project not only supports the quality assurance work of the ORSP as it relates to assessing program quality, but will also contribute to the national discussion on how best to measure program performance in large-scale correctional contexts. A common problem across all states relates to how best to monitor programs effectively on a large-scale. Traditional methods such as the Correctional Program Checklist (CPC) and Correctional Program Assessment Inventory (CPAI) rely heavily on direct observations by researchers to assess program quality. While these methods are important and valid approaches, the ability for state agencies to do this on a large-scale is not feasible. The G-CPAI involves the development of methods which reduce the reliance on direct observations through the use of quality assurance indicators, official correctional data gathered in management information systems (i.e., CCIS and IMIS/OIS), and offender/client surveys. It is intended to build on present approaches using the CPC and CPAI. A pilot for key pieces of this project is underway with client surveys being conducted through the month of October 2014 via an online questionnaire. At the same time, key quality indicators are being developed and tested via data obtained from the Community Corrections Information System (CCIS). Direct observations of the five pilot sites using the CPC is anticipated to occur during the months of November and December. Testing of these methods will involve a “concurrent validity” approach assessing the degree to which the multiple measures of quality correlate and predict changes in the other criteria assessed simultaneously (i.e., CCIS QA indicators, client survey results, and CPC observations). Initial validation and testing should be complete in early 2015.

Peer-Reviewed Research and National Forums on QA and Successful Implementation. The ORSP and the efforts taking place in West Virginia in relation to quality assurance and successful implementation strategies continue to receive a great deal of national attention. All of this work supports the goals and objectives of SB 371 and illustrates how this state is proactive in utilizing data and research to inform policy and practice. In the spring of 2013, the ORSP Director was asked to present at a special meeting of State Administrative Agency directors sponsored by the Bureau of Justice Statistics and National Criminal Justice Association (NCJA) on building state capacity for implementing evidence-based practices (**see attachment titled, How Three States Are Using Evidence to Build State Criminal Justice Policies**). Such work as the G-CPAI, QA-TIPS, and the ORSP's statewide implementation of evidence-based practices (all described above) has captured the attention of BJA, NCJA, Justice Research and Statistics Association (JRSA), and other states. In addition, the ORSP Director served as a guest editor for a special issue of the Justice Research and Policy peer-reviewed journal on research and strategies for successful implementation of community corrections programs (**see attached titled, Toward Evidence-Based Decision Making in Community Corrections: Research and Strategies for Successful Implementation**). This special issue brought forth research on some of the most contemporary and validated approaches for successfully implementing evidence-based practices in the community. In this issue, Dr. Haas discusses the current practice and challenges in evidence-based community corrections. The ORSP is using this knowledge and experience in the areas of community supervision to establish a Quality Assurance infrastructure to sustain the fidelity efforts of SB 371 over time. Lastly, Dr. Haas

has been asked by the NCJA and JRSA to conduct a webinar in December 2014 on the topic of Evidence-Based Quality Assurance in Community Supervision. The webinar will describe the ORSP's QA-TIPS program and its work in the development of the G-CPAI. It is hoped that this webinar and the related research will further inform the Community Corrections Subcommittee on "best practices" in measuring and establishing fidelity to evidence-based practices in community supervision.

Outcome Research on Day Report Centers. The ORSP has a series of studies planned for release on a sample of day report center clients. The research is designed to inform the state on the overall quality of day report centers and their impact on recidivism reduction. Three reports are due for release over the next 9 months: 1) a study on the predictors of successful completion of day report clients and its impact on recidivism; 2) a recidivism study that examines who is more or less likely to recidivate and the DRC conditions which contribute to less recidivism; and 3) a study looking at the relationship between program quality and recidivism. This first report on the predictors of successful completion was released in June 2014 and can be located on the Division's website at http://www.djcs.wv.gov/SAC/Documents/WV_DRCProgramCompletionJune2014Final.pdf

The findings underscore the importance of risk assessment for predicting program completion, as well as treatment duration and other factors. Level of risk (as determined via the LS/CMI) was found to be the strongest predictor of successful program completion. As level of risk increased, so did the rates of recidivism among clients directly sentenced day report centers. This finding provides partial support for the predictive validity of the LS/CMI for day report clients. In addition, the study found that clients who successfully complete their stay at a DRC are significantly less likely to recidivate. Only about 24% of clients that successfully completed a DRC program were subsequently booked into a regional jail within two years. This is compared to a booking rate of about 43% for clients unsuccessfully terminated by a DRC.

LS/CMI Norming and Validation. Under SB 371, the ORSP is mandated to conduct validation studies on the LS/CMI across all community supervision agencies. The ORSP has developed a plan that includes the validation of the LS/CMI on probation, parole, day report, and DOC institutional populations. The plan involves the release of four reports over the next year and a half in this sequence: 1) a norming report that compares WV community supervision and institutional populations to U.S. norms; 2) an LS/CMI validation study on a sample of DOC releases in 2012-2013; 3) a validation study of DRC terminated clients in 2011, 4) a validation study on a sample of DOC parolees in 2013; and) a validation study on the probation population. This planned sequence of studies makes the most sense based on when the LS/CMI was implemented for each population and the other studies being conducted on the DRCs. Probation did not implement the LS/CMI until the passage of SB 371, therefore will not have the appropriate date and follow-up period until late 2015/early 2016. The first report examining the LS/CMI norms is due out in October 2014.

INFORMATION SHARING FOR FIDELITY IN COMMUNITY SUPERVISION AND TREATMENT

The ORSP continues to work with other agencies to foster information sharing in order to support effective community supervision and treatment. Information sharing on the part of the ORSP has taken on many forms, and involves several different data sources. The ORSP

facilitated the inception of the LS/CMI Online System. ALL AGENCIES IN THE DEPARTMENT OF MILITARY AFFAIRS AND PUBLIC SAFETY (DMAPS) AS WELL AS SEVERAL NON-PROFIT AND PRIVATE TREATMENT PROVIDERS CONTRIBUTE INFORMATION TO THE LS/CMI ONLINE SYSTEM MANAGED BY THE ORSP. This system was established in 2009 and has continued to grow; thereby helping to foster a continuum of care across all agencies and departments, with the exception of probation.

As an integral part of SB 371 and the "Treatment Supervision" plan and initiative, the ORSP is in process of providing access to all BBHMF and treatment provider staff funded as part of the treatment supervision initiative. This will allow providers to view prior LS/CMI assessments conducted by other agencies including day report centers and allow them to conduct their own reassessments of clients as they progress through treatment. This will reduce the duplication of services and assessments, and streamline the implementation and monitoring of case supervision and treatment plans.

In addition, the ORSP is working with BBHMF and treatment providers to provide access to the Community Corrections Information System (CCIS). Several treatment providers have successfully completed the LS/CMI User certification course and been given access to the online system. An additional LS/CMI User workshop for 20 or more remaining treatment providers is scheduled for October 2014. Given the close working relationship between day report centers and treatment providers as part of the treatment supervision initiative, it is essential that treatment providers have the capacity to view "collateral information" necessary for conducting valid LS/CMI's and enter their own data on a client's treatment progress. This will help ensure LS/CMI's conducted by treatment providers are valid, and also help in the collection of the necessary data and information to ensure treatment integrity. The ORSP, along with DHHR/BBHMF, are committed to providing the necessary technical assistance to treatment providers for proper assessment and information sharing.

REENTRY

§62-12-17(f). and §28-5-27(n) and (m). SB 371 directs that DJCS affect the usage of Community Corrections programming on the post incarceration side of the correctional continuum. In summary, there will be a significant increase in parolee and/or early release referrals to our Community Corrections programs.

DJCS has begun the process of collaborating with the Division of Corrections (DOC) in the development of a master agreement to provide reimbursement to counties for the use of community corrections programs by eligible parolees. Tentatively, this agreement will use an established "cost per client per day" as the basis for reimbursement. Following development of the master agreement and formula that will be used for this calculation - rate revision, data collection, and referral protocols can be finalized. While efforts are underway to develop the master agreement and rate, there is no prohibition on a day report center from accepting parolees pursuant to any agreements they may have in place with parole. Furthermore, there is nothing prohibiting day report centers from providing services to offenders using existing Community Corrections grant funding.

In order to facilitate the closer relationship between parole and community corrections programs necessitated by the above-referenced sections, the Community Corrections Subcommittee of the Governor's Committee on Crime, Delinquency, and Correction (hereinafter "the Subcommittee") revisited a section of the Community Corrections Program Guidelines pertaining to the acceptance of parolees. In their former state, the guidelines excluded some types of parolees from being accepted to programs based on the nature of the offense(s) for which they were convicted. The Subcommittee has revised this section to make it consistent with the language and intent of the JRI. The revised language only excludes parolees who are not moderate or high risk from receiving services from day report centers, rather than offense-based exclusions while continuing to allow Day Report Center discretion in accepting those parolees based on their programs capacity to do so.

On its own initiative and in complimentary furtherance of the mandates and philosophies of JRI, DJCS applied for and was awarded one of thirteen competitive planning grants under the Bureau of Justice Assistance Second Chance Act Adult Reentry Demonstration Program. The purpose of the grant is to assemble a Statewide Reentry Task Force charged with formulating a proposal to promote safe and successful reintegration into the community of individuals who have been incarcerated or detained. Of the thirteen planning grant recipients three to four will be selected to receive up to \$3M in federal grant funding for implementation of their reentry plan.

The Statewide Reentry Task Force was formed in October 2013. It is co-chaired by representatives from the DOC and DJCS and comprised of stakeholder agencies. It has been active in planning for the submittal of the Second Chance Act implementation grant which was due July 2014. Based on a review of multiple years of data, the Task Force has identified the five counties where augmented reentry programming will generate the greatest impact on statewide recidivism. The Task Force implementation plan will target transition planning prior to release from prison and will enhance service delivery and collaboration between Parole Services and day report centers. The hiring of a Statewide Reentry Coordinator to oversee this implementation is a requirement of states which receive funding.

A delegation of Task Force members attended the Second Chance Act Conference in Washington DC in May 2014. This conference provided valuable information on subjects ranging from job readiness to improving access to Medicaid, SSI, and other services necessary to promote successful reentry into the community. Information from this conference is being used to inform the effort's phase II application.

The Division is hopeful that the phase II application submission is selected for implementation. If selected, West Virginia should receive notification by October 2014. The \$3M award is meant to fund a three year implementation and evaluation of the program's effectiveness. If demonstrated to be effective, the support of the executive and legislative branches of government will be integral to sustaining the program in the five counties selected as well as expanding it to additional counties where improved reentry services may generate an impact on the statewide recidivism rate.

Statewide Minimum Quality Assurance Standards for LS/CMI Administration and Application

Quality Assurance Reports: Process and Interpretation

Purpose:

The purpose of quality assurance is to ensure proper implementation and integrity of programs and strategies over time, including the LS/CMI and its related components. It can also provide insight and clarification on where improvements can be made, and offer feedback that can aid in maintaining performance among professional staff.

Overview of Process and Reports:

The Justice Center for Evidence Based Practice (JCEBP) statewide quality assurance process is centered on peer-to-peer and supervisor reporting. This format allows for a continuous learning process that reinforces the skills and knowledge required of Users, for both the Reviewed User and the Reviewer.

Twice a year, three peer-to-peer forms are to be submitted by each LS/CMI User. They must be reviewed on each of the forms by another certified User. These forms provide immediate feedback and training to the Reviewed User. The forms are:

1) *Assessment Review*

a) Provides information on the completeness and accuracy of one assessment. This form relies on identifying if all sections are complete and inter-rater reliability to determine and resolve scoring discrepancies.

2) *Case Management Review*

a) Provides information on the completeness and reasoning of one case management plan. This form relies on peer review to determine if the highest identified criminogenic needs were appropriately targeted by the case management plan.

3) *Quality of Motivational Interviewing Skills*

a) Provides information on the motivational interviewing (MI) skill level during one interview. This form relies on peer review to provide a Likert scaled score to identify proficiencies and weaknesses.

In addition to the three peer-to-peer forms, there is one form that should be completed by the User's Supervisor, as determined by the agency/facility. Once a year, an Annual Relationship Skills Assessment Form for Supervisors is to be submitted for each User. The User's Supervisor must be certified as an LS/CMI User in order to complete the form. The form is:

4) *Annual Relationship Skills Assessment Form for Supervisors*

a) Provides information on the adherence to core correctional practices by the User over the course of a year. This is a global review that encompasses the use of the LS/CMI, as well as daily interactions.

Special Note: The Importance of Accuracy and Honesty:

It is essential that when Reviewers complete and submit the quality assurance forms that they are as accurate and honest as possible.

Artificially inflating or deflating scores can negatively impact the data collected and skew the results. For example, if scores are artificially inflated then that limits the ability to determine if an agent or facility may need extra skill training. Artificially high scores also limit showing any true progress and improvements in later reviews because there is no room to move up in scores.

On the other side, artificially deflating scores to later show progress can illustrate that the agent or facility is failing to meet the level of quality desired. This could result in additional, unnecessary trainings.

Supervisors are critical for making sure the proper procedures are followed in the peer-to-peer review process. They are asked to verify that LS/CMI's, case plans, and interviews are completed independently, and each form is completed and submitted by the Reviewer based on the results on the impartial review.

The JCEBP wants the quality assurance forms to be a true indicator of the skill and progress of the agencies and facilities that use the LS/CMI assessment tool. These indicators have the ability to move forward the skill and progress of the tool and its Users in West Virginia.

Interpretation Guidelines:

Each separate quality assurance form is aggregated by facility and then agency. For example, all day report centers have a total aggregate score and each DOC and DJS facility has an aggregate score for the forms submitted.

By comparing facilities to the whole agency it provides a general context of skill level and where they fall on a continuum.

However, be careful in interpretation and comparisons to other specific facilities or agencies. Because of the newness of the quality assurance process, there have been no checks to determine inflation or deflation of scores. Also, not all agencies have data for each form, e.g. an agency might have data from the Assessment Review and Annual Relationship Skills Assessment for Supervisors forms, but not Motivational Interviewing or Case Management Review.

The quality assurance process and forms are relatively new. As we continue this process, revisions will inevitably be made to improve the process based on feedback from Users.

Specific Scoring Interpretations:

Once each subsection of each quality assurance form is completed, the User should calculate the average score for that particular subsection by adding each individual score and dividing that sum by the

total number of scores added. For each section, the following scale should be used to interpret the overall quality of each subsection's implementation:

- 1 = Needs Close Supervision
- 2 = Major Need for Improvement
- 3 = Relatively Unsatisfactory, Need for Improvement
- 4 = Relatively Satisfactory, Some Need for Improvement
- 5 = Satisfactory
- 6 = Excellent

After all subsections have average scores, the User should calculate the total average score by adding each subsection average score and dividing that sum by the number of subsections. Once the User has a total average score, it can be compared to the same scale as above.

On the attached charts, more specific statistics can be found relating to each facility. The information contained in the charts is used to illustrate the quality of the LS/CMI implementation. Below is a description of each statistical category included in the charts:

- N = Number of Reviewed Users with QA forms submitted for the state and each facility;
- Minimum = Lowest score reported for each item;
- Maximum = Highest score reported for each item;
- Mean = Average score among all respondents for each item;
- Std. Deviation = Standard deviation is the measure of how spread out each items' scores are;
- Frequency = How often each item occurred;
- Percent = Frequency of each item divided by the total number of forms submitted;
- Cumulative Percent = Measure showing each items' percentages adding up to 100%

After reviewing this information, if you have any questions or comments, please feel free to contact us at the information provided below.

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Assessment Review – Overall Department of Corrections

Interview Type (select one):

	Frequency	Percent	Valid Percent	Cumulative Percent
Initial LS/CMI	77	66.4	66.4	66.4
Reassessment	39	33.6	33.6	100.0
Total	116	100.0	100.0	

Reviewed User examined all collateral information prior to the interview?:

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	114	98.3	98.3	98.3
No	2	1.7	1.7	100.0
Total	116	100.0	100.0	

Were all sections completed by the Reviewed User?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	108	93.1	93.1	93.1
No	8	6.9	6.9	100.0
Total	116	100.0	100.0	

Collateral Sources Used

Criminal History

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	6	5.2	5.2	5.2
Used	110	94.8	94.8	100.0
Total	116	100.0	100.0	

Correctional Institutional Records

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	18	15.5	15.5	15.5
Used	98	84.5	84.5	100.0
Total	116	100.0	100.0	

Juvenile Predilection Reports (or other juvenile records)

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	111	95.7	95.7	95.7
Used	5	4.3	4.3	100.0
Total	116	100.0	100.0	

Sentencing Order

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	18	15.5	15.5	15.5
Used	98	84.5	84.5	100.0
Total	116	100.0	100.0	

Presentence Investigation

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	4	3.4	3.4	3.4
Used	112	96.6	96.6	100.0
Total	116	100.0	100.0	

Public Rejection/Arrest Records

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	38	30.2	30.2	30.2
Used	81	69.8	69.8	100.0
Total	116	100.0	100.0	

District/Defense Attorney Records

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	107	92.2	92.2	92.2
Used	9	7.8	7.8	100.0
Total	116	100.0	100.0	

Employer Records/Interview

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	98	84.5	84.5	84.5
Used	18	15.5	15.5	100.0
Total	116	100.0	100.0	

Family Information/Interview

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	99	85.3	85.3	85.3
Used	17	14.7	14.7	100.0
Total	116	100.0	100.0	

Psychological Evaluations/Mental Health Records

	Frequency	Percent	Valid Percent	Cumulative Percent
Not Used	26	22.4	22.4	22.4
Used	90	77.6	77.6	100.0
Total	116	100.0	100.0	

Demographics

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	78	66.5	66.5	66.5
Not Completed	40	34.5	34.5	100.0
Total	116	100.0	100.0	

Section 1 (General Risk-Based Factors)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	115	99.1	99.1	99.1
Not Completed	1	.9	.9	100.0
Total	116	100.0	100.0	

Section 2 (Specific Risk-Based Factors)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	115	99.1	99.1	99.1
Not Completed	1	.9	.9	100.0
Total	116	100.0	100.0	

Section 3 (Prison Experience, if applicable)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	114	98.3	98.3	98.3
Not Completed	2	1.7	1.7	100.0
Total	116	100.0	100.0	

Section 4 (Other Client Issues)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	114	98.3	98.3	98.3
Not Completed	2	1.7	1.7	100.0
Total	116	100.0	100.0	

Sections Completed

Section 5 (Special Responsibility Considerations)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	113	97.4	97.4	97.4
Not Completed	3	2.6	2.6	100.0
Total	116	100.0	100.0	

Section 6 (Risk-Based Summary and Override)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	114	98.3	98.3	98.3
Not Completed	2	1.7	1.7	100.0
Total	116	100.0	100.0	

Section 7 (Risk-Based Profile)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	114	98.3	98.3	98.3
Not Completed	2	1.7	1.7	100.0
Total	116	100.0	100.0	

Section 8 (Program/Placement Decision)

	Frequency	Percent	Valid Percent	Cumulative Percent
Completed	104	89.7	89.7	89.7
Not Completed	12	10.3	10.3	100.0
Total	116	100.0	100.0	

Assessment Review – Overall Department of Corrections

Did a discrepancy occur in the use of an override?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	3	2.6	2.6	2.6
No	113	97.4	97.4	100.0
Total	116	100.0	100.0	

If yes, was the use of the override appropriately justified based on a client-based/clinical factor or administrative/policy directive?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	27	23.3	23.3	23.3
No	89	76.7	76.7	100.0
Total	116	100.0	100.0	

Were there any discrepancies between the Reviewed User and Reviewer assessments?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	41	35.3	35.3	35.3
No	75	64.7	64.7	100.0
Total	116	100.0	100.0	

Discrepancies

Demographics				
	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	87	75.0	75.0	75.0
Discrepancy	29	25.0	25.0	100.0
Total	116	100.0	100.0	

Section 1 (General Risk/Need Factors)

	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	88	75.9	75.9	75.9
Discrepancy	28	24.1	24.1	100.0
Total	116	100.0	100.0	

Section 2 (Specific Risk/Need Factors)

	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	110	94.8	94.8	94.8
Discrepancy	6	5.2	5.2	100.0
Total	116	100.0	100.0	

Section 3 (Prison Experience, if applicable)

	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	112	96.6	96.6	96.6
Discrepancy	4	3.4	3.4	100.0
Total	116	100.0	100.0	

Section 4 (Other Client Issues)

	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	108	93.1	93.1	93.1
Discrepancy	8	6.9	6.9	100.0
Total	116	100.0	100.0	

Section 5 (Special Responsibility Considerations)

	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	112	96.6	96.6	96.6
Discrepancy	4	3.4	3.4	100.0
Total	116	100.0	100.0	

Section 8 (Program/Placement Decision)

	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	111	95.7	95.7	95.7
Discrepancy	5	4.3	4.3	100.0
Total	116	100.0	100.0	

Assessment Review – Overall Department of Corrections

Were there any discrepancies between the Reviewed User and Reviewer assessments?

	Frequency	Percent
Yes	41	35.3
No	75	64.7
Total	116	100.0

Where did discrepancies occur?

	Frequency	Percent
Section 1 - General Risk/Need Factors	28	68.2
Other Section Total	13	31.8
Total	41	100.0

Section 1 Discrepancies

Subsection # Question # # Discrepancies

1.1 - Criminal History	1	3
	2	1
	3	4
	4	2
	5	1
	6	
	7	2
	8	1 *Section Total: 15
1.2 - Education/ Employment	9	
	10	
	11	1
	12	
	13	
	14	2
	15	
	16	1
	17	2 Section Total: 6
	1.3 - Family/ Marital	18
19		4
20		5
21		1 Section Total: 15
22		1
1.4 - Leisure/ Recreation	23	6 *Section Total: 8

Subsection # Question # # Discrepancies

1.5 - Companions	24	
	25	3
	26	1
	27	2 Section Total: 6
	28	3
1.6 - Alcohol/ Drug Problem	29	
	30	4
	31	1
	32	
	33	
	34	1
	35	1 Section Total: 9
1.7 - Procriminal Attitude/ Orientation	36	
	37	4
	38	3
	39	1 Section Total: 8
1.8 - Antisocial Pattern	40	3
	41	
	42	
	43	2 Section Total: 5

*Additional subsection discrepancies reported, but not specific questions
Overall Total: 72

Assessment Review – Anthony Correctional Center

Reviewed User examined all collateral information prior to the interview?:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	100.0	100.0	100.0

Were all sections completed by the Reviewed User?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	100.0	100.0	100.0

Did a discrepancy occur in the use of an override?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	1	33.3	33.3	33.3
No	2	66.7	66.7	100.0
Total	3	100.0	100.0	

If yes, was the use of the override appropriately justified based on a client-based/clinical factor or administrative/policy directive?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	3	100.0	100.0	100.0

Were there any discrepancies between the Reviewed User and Reviewer assessments?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	3	100.0	100.0	100.0

Subsection # Question # # Discrepancies

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
Section Total:		0

1.1 - Criminal History

Section Total: 0

1.2 - Education/ Employment

Section Total: 0

1.3 - Family/ Marital

Section Total: 0

1.4 - Leisure/ Recreation

Section Total: 0

Subsection # Question # # Discrepancies

24		
25		
26		
27		
Section Total:		0
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
Section Total:		0
40		
41		
42		
43		
Section Total:		0
Overall Total:		0

1.5 - Companions

Section Total: 0

1.6 - Alcohol/ Drug Problem

Section Total: 0

1.7 - Procriminal Attitude/ Orientation

Section Total: 0

1.8 - Antisocial Pattern

Section Total: 0

Case Management Review - Overall Department of Corrections

Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Problem prioritization is consistent with the LS/CMI highest scoring subcomponents	115	1	6	5.04	.977
Specified goal(s) for the client are appropriate to the respective criminogenic need(s)	115	2	6	5.23	.784
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	115	1	6	5.08	.900
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	115	1	6	5.13	.923
Intervention(s) (tasks and activities) appropriately relate to goal(s)	115	1	6	5.08	.909
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/logical order)	115	2	6	5.04	.852
Timeframe is appropriate for completion of specified tasks and activities	115	2	6	5.10	.816
Scoring: Calculate average for Criminogenic Needs Valid N (listwise)	115 115	2.00	6.00	5.0005	.86640

Non-Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Other need(s) prioritization is consistent with LS/CMI Section 4	115	1	6	4.87	.996
Specified goal(s) for the client are appropriate to the respective other need(s)	115	1	6	4.90	.986
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	115	1	6	4.84	1.022
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	115	1	6	4.91	.942
Intervention(s) (tasks and activities) appropriately relate to goal(s)	115	1	6	4.88	.984
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/logical order)	115	1	6	4.88	.966
Intervention expectations are reasonable in terms of the volume of activities and the time allowed	115	1	6	4.85	.957
Court/Parole Board orders are documented as other need(s) with required terms and conditions	115	1	6	4.69	1.187
Scoring: Calculate average for Non-Criminogenic Needs Valid N (listwise)	115 115	1.00	6.00	4.7235	1.07995

Special Responsibility Considerations	N	Minimum	Maximum	Mean	Std. Deviation
Special responsibility issues prioritization is consistent with LS/CMI Sections 3 and 5	115	1	6	4.94	1.103
Responsibility issues are addressed logically and in a manner that is measurable (i.e., progress can be assessed)	115	1	6	4.92	1.053
Client's motivational stage is identified or referred to for each prioritized criminogenic need(s)	115	1	6	4.78	1.090
Scoring: Calculate average for Special Responsibility Considerations Valid N (listwise)	115 115	1.00	6.00	4.7492	1.13610

Progress Record	N	Minimum	Maximum	Mean	Std. Deviation
Case reviewed on an ongoing basis with appropriate case adjustments (i.e., case plan revision, rewards, graduated sanctions, and recording of accomplishments and/or violations)	39	3	6	4.90	.912
Critical incidents handled in an appropriate and timely manner, with consideration to RNR principles	39	3	6	5.03	.873
Appropriate follow-up information recorded for significant positive and/or negative events or developments	38	3	6	4.95	.868
Scoring: Calculate average for Progress Record Valid N (listwise)	39 38	2.00	6.00	4.9283	.97297

Overall Case Plan	N	Minimum	Maximum	Mean	Std. Deviation
Overall case plan adheres to RNR principles	115	2	6	4.76	.844
Case plan signed and dated by the client	112	1	6	4.58	1.183
Level of treatment/supervision in the case plan is appropriate to risk level (i.e., high risk over 200 hours, low risk less than 20 hours)	115	2	6	4.82	.768
Scoring: Calculate average for Overall Case Plan Valid N (listwise)	115 112	2.00	6.00	4.6927	1.00249

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score Valid N (listwise)	115 115	2.00	6.00	4.5996	.90839

Case Management Review – Anthony Correctional Center

Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Problem prioritization is consistent with the LS/CMI highest scoring subcomponents	3	5	6	5.67	.577
Specified goal(s) for the client are appropriate to the respective criminogenic need(s)	3	4	6	5.33	1.155
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	3	5	6	5.33	.577
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	3	5	6	5.67	.577
Intervention(s) (tasks and activities) appropriately relate to goal(s)	3	5	6	5.67	.577
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/logical order)	3	5	6	5.67	.577
Timeframe is appropriate for completion of specified tasks and activities	3	5	6	5.67	.577
Scoring: Calculate average for Criminogenic Needs Valid N (listwise)	3	5.00	6.00	5.3333	.57735

Non-Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Other need(s) prioritization is consistent with LS/CMI Section 4	3	5	6	5.67	.577
Specified goal(s) for the client are appropriate to the respective other need(s)	3	5	6	5.67	.577
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	3	5	6	5.67	.577
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	3	5	6	5.33	.577
Intervention(s) (tasks and activities) appropriately relate to goal(s)	3	5	6	5.67	.577
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/logical order)	3	5	6	5.33	.577
Intervention expectations are reasonable in terms of the volume of activities and the time allowed	3	5	6	5.67	.577
Court/Parole Board orders are documented as other need(s) with required terms and conditions	3	5	6	5.67	.577
Scoring: Calculate average for Non-Criminogenic Needs Valid N (listwise)	3	5.00	6.00	5.3333	.57735

Special Responsibility Considerations	N	Minimum	Maximum	Mean	Std. Deviation
Special responsibility issues prioritization is consistent with LS/CMI Sections 3 and 5	3	6	6	6.00	.000
Responsibility issues are addressed logically and in a manner that is measurable (i.e., progress can be assessed)	3	6	6	6.00	.000
Client's motivational stage is identified or referred to for each prioritized criminogenic need(s)	3	5	6	5.67	.577
Scoring: Calculate average for Special Responsibility Considerations Valid N (listwise)	3	5.00	6.00	5.6667	.57735

Progress Record

No statistics are computed because there are no valid cases.
Execution of this command stops.

Overall Case Plan	N	Minimum	Maximum	Mean	Std. Deviation
Overall case plan adheres to RNR principles	3	5	6	5.67	.577
Case plan signed and dated by the client	3	6	6	6.00	.000
Level of treatment/supervision in the case plan is appropriate to risk level (i.e., high risk over 200 hours, low risk less than 20 hours)	3	6	6	6.00	.000
Scoring: Calculate average for Overall Case Plan Valid N (listwise)	3	5.00	6.00	5.6667	.57735

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score Valid N (listwise)	3	5.00	5.00	5.0000	.00000

Motivational Interviewing Skills - Overall Department of Corrections

Motivational Interviewing Spirit	N	Minimum	Maximum	Mean	Std. Deviation
Asked the client's permission prior to giving advice or information	117	1	6	4.96	1.086
Avoided taking the 'expert' role	117	1	6	5.05	1.041
Evoked the client's own reasons and plans for behavior change	117	2	6	4.94	.903
Built and maintained a rapport with the client throughout the interview/interaction.	116	1	6	5.24	.947
Encouraged the client to identify solutions to their problems that work best for them	117	1	6	4.92	.993
Avoided using confrontational, direct, or sarcastic language	117	1	6	5.21	.954
Acknowledged issues that were important to the client	117	2	6	5.03	.914
Fostered a collaborative partnership with the client	117	1	6	4.99	.960
Scoring: Calculate average for Motivational Interviewing Skills	117	1.75	6.00	4.9978	.81781
Valid N (listwise)	117				

Active Listening Skills	N	Minimum	Maximum	Mean	Std. Deviation
Asked more open-ended questions than close-ended questions	117	2	6	4.80	.993
Affirmed the successes and hardships of the client when opportunities were present	117	2	6	4.93	.848
Refrained from confronting, advising, lecturing, or directing the client	116	1	6	5.03	1.081
Made reflective statements that exceeded 50% of all interactions (i.e., all active listening skills combined)	117	2	6	4.96	.855
Used summaries to link ideas and help the client organize their thoughts	117	2	6	4.88	.890
Scoring: Calculate average for Active Listening Skills	117	2.00	6.00	4.9286	.80920
Valid N (listwise)	117				

Change Talk	N	Minimum	Maximum	Mean	Std. Deviation
Expressed a desire to change (i.e., "I wish," "I'm hoping," "I want to," etc.)	117	2	6	4.89	.917
Indicated the ability to change (i.e., "I can make a change," "I know I can do it," etc.)	117	2	6	4.79	.933
Identified the benefits of change (i.e., "I will be better off," "My life would be less stressful if," etc.)	117	2	6	4.84	.946
Described the steps that are necessary for change (i.e., "First I need to," "Once I'm sober, I will," etc.)	117	2	6	4.79	.924
Illustrated the client's understanding of the problems they face in their current situation (i.e., "I need to get a handle on this," "I can't go on with what I've been doing," etc.)	117	1	6	4.91	.988
Showed a commitment to change (i.e., "I am going to," "I will," "I plan to," etc.)	117	2	6	4.79	.952
Indicated they are taking active steps toward change (i.e., "I changed my telephone number," "I moved out of the house," "I joined a support group," etc.)	117	1	6	4.64	1.013
Scoring: Calculate average for Change Talk	117	2.00	6.00	4.7654	.86728

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score	117	2.00	6.00	4.8600	.78266
Valid N (listwise)	117				

Motivational Interviewing Skills – Anthony Correctional Center

Motivational Interviewing Split	N	Minimum	Maximum	Mean	Std. Deviation
Asked the client's permission prior to giving advice or information	3	6	6	6.00	.000
Avoided taking the "expert" role	3	6	6	6.00	.000
Evoked the client's own reasons and plans for behavior change	3	5	6	5.67	.577
Built and maintained a rapport with the client throughout the interview/interaction.	3	5	6	5.67	.577
Encouraged the client to identify solutions to their problems that work best for them	3	5	6	5.67	.577
Avoided using confrontational, direct, or sarcastic language	3	5	6	5.67	.577
Acknowledged issues that were important to the client	3	5	6	5.67	.577
Fostered a collaborative partnership with the client	3	6	6	6.00	.000
Scoring. Calculate average for Motivational Interviewing Skills	3	5.00	6.00	5.6667	.57735
Valid N (listwise)	3				

Active Listening Skills	N	Minimum	Maximum	Mean	Std. Deviation
Asked more open-ended questions than close-ended questions	3	5	6	5.33	.577
Affirmed the successes and hardships of the client when opportunities were present	3	5	6	5.67	.577
Refrained from confronting, advising, lecturing, or directing the client	3	5	6	5.67	.577
Made reflective statements that exceeded 50% of all interactions (i.e., all active listening skills combined)	3	5	6	5.33	.577
Used summaries to link ideas and help the client organize their thoughts	3	5	6	5.33	.577
Scoring. Calculate average for Active Listening Skills	3	5.00	6.00	5.3333	.57735
Valid N (listwise)	3				

Change Talk	N	Minimum	Maximum	Mean	Std. Deviation
Expressed a desire to change (i.e., "I wish," "I'm hoping," "I want to," etc.)	3	5	5	5.00	.000
Indicated the ability to change (i.e., "I can make a change," "I know I can do it," etc.)	3	5	6	5.33	.577
Identified the benefits of change (i.e., "I will be better off," "My life would be less stressful if," etc.)	3	5	5	5.00	.000
Described the steps that are necessary for change (i.e., "First I need to," "Once I'm sober, I will," etc.)	3	5	5	5.00	.000
Illustrated the client's understanding of the problems they face in their current situation (i.e., "I need to get a handle on this," "I can't go on with what I've been doing," etc.)	3	5	6	5.33	.577
Showed a commitment to change (i.e., "I am going to," "I will," "I plan to," etc.)	3	5	6	5.33	.577
Indicated they are taking active steps toward change (i.e., "I changed my telephone number," "I moved out of the house," "I joined a support group," etc.)	3	5	5	5.00	.000
Scoring. Calculate average for Change Talk	3	5.00	5.00	5.0000	.00000
Valid N (listwise)	3				

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score	3	5.00	5.00	5.0000	.00000
Valid N (listwise)	3				

Annual Relationship Skills Assessment for Supervisors – Overall Department of Corrections

Effective Use of Authority	N	Minimum	Maximum	Mean	Std. Deviation
Communicates rules in a clear manner to clients	103	2	6	5.01	1.080
Applies rules consistently when working with all clients	103	2	6	5.11	.896
Adopts a "firm but fair" approach with clients	103	2	6	5.15	.944
Respectfully guides clients toward compliance with rules	103	1	6	4.89	.959
Refrains from using demeaning and shaming practices when the client violates the rules	103	2	6	5.15	.994
Focuses on the behavior of clients rather than the client themselves	103	1	6	4.84	1.135
Provides encouraging messages to the client	103	1	6	4.68	1.230
Rewards clients when they comply with the rules	103	1	6	4.49	1.110
Scoring: Calculate average for Effective Use of Authority	103	1.88	6.00	4.8363	.90334
Valid N (listwise)	103				

Appropriate Modeling & Reinforcement Skills	N	Minimum	Maximum	Mean	Std. Deviation
Works with clients to practice new skills they have learned	103	2	6	4.25	.997
Consistently recognizes and affirms clients positive behaviors	103	1	6	4.62	1.358
Provides a good example for clients to follow	103	2	6	5.29	.914
Refrains from encouraging or rewarding clients poor behavior and attitudes	103	3	6	5.17	.944
Rewards clients for good behavior	103	1	6	4.50	1.305
Recognizes and praises clients accomplishments	103	1	6	4.64	1.349
Promptly disapproves of clients behavior by explaining why the behavior was wrong and how it can be changed	103	1	6	4.67	1.324
Actively works with clients to learn and practice new way of thinking and behaving	103	1	6	4.49	1.115
Scoring: Calculate average for Appropriate Modeling & Reinforcement Skills	103	1.63	6.00	4.6495	1.03488
Valid N (listwise)	103				

Use of Problem-Solving Strategies	N	Minimum	Maximum	Mean	Std. Deviation
Encourages clients to explore a range of behaviors and their consequences	103	1	6	4.41	1.216
Consistently works with clients to explore practical solutions to their problems	103	1	6	4.43	1.193
Encourages clients to reflect on their behavior and how to change it	103	1	6	4.62	1.337
Helps clients recognize the thoughts and feelings that lead to their problem behaviors	103	1	6	4.46	1.334
Acknowledges clients ambivalence toward behavior change	103	1	6	4.37	1.196
Challenges clients to avoid "thinking errors" and find new ways of thinking	103	1	6	4.51	1.313
Discusses the pros and cons of behavior change with clients	103	2	6	4.52	1.295
Works with clients to "experiment" with ways to change their behavior	103	1	6	4.21	1.242
Helps clients develop plans to maintain behavior change over time	103	1	6	4.47	1.211
Scoring: Calculate average for Use of Problem-Solving Strategies	103	1.50	6.00	4.4258	1.14970
Valid N (listwise)	103				

Use of Effective Advocacy/Brokerage Practices	N	Minimum	Maximum	Mean	Std. Deviation
Helps clients connect to community or other resources (e.g., employment, education, housing, public benefits, etc.) based on needs	103	2	6	4.87	.987
Routinely advocates on behalf of the clients to receive necessary services	103	2	6	4.82	1.055
Works to broker or negotiate clients acceptance into programs or other placements	103	2	6	4.70	1.018
Successfully links clients to appropriate services in the community	103	1	6	4.80	1.013
Scoring: Calculate average for Use of Effective Advocacy/Brokerage Practices	103	1.13	6.00	4.7876	.97884
Valid N (listwise)	103				

Quality of Interpersonal Skills	N	Minimum	Maximum	Mean	Std. Deviation
Shows concern for the hardships experienced by clients	103	1	6	4.63	1.204
Treats clients with respect	103	3	6	5.40	.900
Establishes a genuine and trusting professional relationship with clients	103	2	6	5.15	1.106
Maintains confidentiality of clients when appropriate	103	2	6	5.39	.888
Routinely looks out for the best interest of clients	103	2	6	4.97	.934
Prepares thoroughly and is organized prior to working with others	103	2	6	5.08	.987
Respects the opinions of clients	103	1	6	4.95	.984
Illustrates they care about clients and their future	103	1	6	4.63	1.057
Is comfortable allowing clients to discuss their feelings	103	1	6	4.75	1.183
Shows enthusiasm about helping clients solve their problems	103	1	6	4.52	1.211
Establishes a sense of trust with clients	103	1	6	5.08	1.078
Scoring: Calculate average for Quality of Interpersonal Skills	103	2.25	6.00	4.8912	.91026
Valid N (listwise)	103				

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score	103	2.12	6.00	4.7016	.93737
Valid N (listwise)	103				

Annual Relationship Skills Assessment for Supervisors – Anthony Correctional Center

Effective Use of Authority	N	Minimum	Maximum	Mean	Std. Deviation
Communicates rules in a clear manner to clients	3	4	6	5.00	1.000
Applies rules consistently when working with all clients	3	4	6	5.00	1.000
Adopts a "firm but fair" approach with clients	3	5	6	5.67	.577
Respectfully guides clients toward compliance with rules	3	5	6	5.67	.577
Refrains from using demeaning and shaming practices when the client violates the rules	3	6	6	6.00	.000
Focuses on the behavior of clients rather than the client themselves	3	5	6	5.67	.577
Provides encouraging messages to the client	3	4	6	5.33	1.155
Rewards clients when they comply with the rules	3	4	5	4.67	.577
Scoring: Calculate average for Effective Use of Authority	3	4.62	5.75	5.3300	.61830
Valid N (listwise)	3				

Appropriate Modeling & Reinforcement Skills	N	Minimum	Maximum	Mean	Std. Deviation
Works with clients to practice new skills they have learned	3	4	6	5.00	1.000
Consistently recognizes and affirms clients positive behaviors	3	5	6	5.67	.577
Provides a good example for clients to follow	3	6	6	6.00	.000
Refrains from encouraging or rewarding clients poor behavior and attitudes	3	6	6	6.00	.000
Rewards clients for good behavior	3	5	6	5.67	.577
Recognizes and praises clients accomplishments	3	5	6	5.67	.577
Promptly disapproves of clients behavior by explaining why the behavior was wrong and how it can be changed	3	5	6	5.33	.577
Actively works with clients to learn and practice new way of thinking and behaving	3	5	6	5.33	.577
Scoring: Calculate average for Appropriate Modeling & Reinforcement Skills	3	5.25	5.75	5.5833	.28968
Valid N (listwise)	3				

Use of Problem-Solving Strategies	N	Minimum	Maximum	Mean	Std. Deviation
Encourages clients to explore a range of behaviors and their consequences	3	5	5	5.00	.000
Consistently works with clients to explore practical solutions to their problems	3	5	6	5.33	.577
Encourages clients to reflect on their behavior and how to change it	3	6	6	6.00	.000
Helps clients recognize the thoughts and feelings that lead to their problem behaviors	3	5	6	5.67	.577
Acknowledges clients ambivalence toward behavior change	3	5	5	5.00	.000
Challenges clients to avoid "thinking errors" and find new ways of thinking	3	6	6	6.00	.000
Discusses the pros and cons of behavior change with clients	3	5	6	5.67	.577
Works with clients to "experiment" with ways to change their behavior	3	6	6	6.00	.000
Helps clients develop plans to maintain behavior change over time	3	5	6	5.67	.577
Scoring: Calculate average for Use of Problem-Solving Strategies	3	5.40	5.60	5.3333	.11547
Valid N (listwise)	3				

Use of Effective Advocacy/Brokerage Practices	N	Minimum	Maximum	Mean	Std. Deviation
Helps clients connect to community or other resources (e.g., employment, education, housing, public benefits, etc.) based on needs	3	6	6	6.00	.000
Routinely advocates on behalf of the clients to receive necessary services	3	6	6	6.00	.000
Works to broker or negotiate clients acceptance into programs or other placements	3	6	6	6.00	.000
Successfully links clients to appropriate services in the community	3	6	6	6.00	.000
Scoring: Calculate average for Use of Effective Advocacy/Brokerage Practices	3	6.00	6.00	6.00	.00000
Valid N (listwise)	3				

Quality of Interpersonal Skills	N	Minimum	Maximum	Mean	Std. Deviation
Shows concern for the hardships experienced by clients	3	5	6	5.67	.577
Treats clients with respect	3	6	6	6.00	.000
Establishes a genuine and trusting professional relationship with clients	3	6	6	6.00	.000
Maintains confidentiality of clients when appropriate	3	6	6	6.00	.000
Routinely looks out for the best interest of clients	3	6	6	6.00	.000
Prepares thoroughly and is organized prior to working with others	3	2	6	3.67	2.082
Respects the opinions of clients	3	5	6	5.67	.577
Illustrates they care about clients and their future	3	6	6	6.00	.000
Is comfortable allowing clients to discuss their feelings	3	4	6	5.33	1.155
Shows enthusiasm about helping clients solve their problems	3	5	6	5.67	.577
Establishes a sense of trust with clients	3	6	6	6.00	.000
Scoring: Calculate average for Quality of Interpersonal Skills	3	5.27	6.00	5.6333	.36501
Valid N (listwise)	3				

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score	3	5.30	5.62	5.6133	.27592
Valid N (listwise)	3				

Statewide Minimum Quality Assurance Standards for LS/CMI Administration and Application

Quality Assurance Reports: Process and Interpretation

Purpose:

The purpose of quality assurance is to ensure proper implementation and integrity of programs and strategies over time, including the LS/CMI and its related components. It can also provide insight and clarification on where improvements can be made, and offer feedback that can aid in maintaining performance among professional staff.

Overview of Process and Reports:

The Justice Center for Evidence Based Practice (JCEBP) statewide quality assurance process is centered on peer-to-peer and supervisor reporting. This format allows for a continuous learning process that reinforces the skills and knowledge required of Users, for both the Reviewed User and the Reviewer.

Twice a year, three peer-to-peer forms are to be submitted by each LS/CMI User. They must be reviewed on each of the forms by another certified User. These forms provide immediate feedback and training to the Reviewed User. The forms are:

1) *Assessment Review*

a) Provides information on the completeness and accuracy of one assessment. This form relies on identifying if all sections are complete and inter-rater reliability to determine and resolve scoring discrepancies.

2) *Case Management Review*

a) Provides information on the completeness and reasoning of one case management plan. This form relies on peer review to determine if the highest identified criminogenic needs were appropriately targeted by the case management plan.

3) *Quality of Motivational Interviewing Skills*

a) Provides information on the motivational interviewing (MI) skill level during one interview. This form relies on peer review to provide a Likert scaled score to identify proficiencies and weaknesses.

In addition to the three peer-to-peer forms, there is one form that should be completed by the User's Supervisor, as determined by the agency/facility. Once a year, an Annual Relationship Skills Assessment Form for Supervisors is to be submitted for each User. The User's Supervisor must be certified as an LS/CMI User in order to complete the form. The form is:

4) *Annual Relationship Skills Assessment Form for Supervisors*

a) Provides information on the adherence to core correctional practices by the User over the course of a year. This is a global review that encompasses the use of the LS/CMI, as well as daily interactions.

Special Note: The Importance of Accuracy and Honesty:

It is essential that when Reviewers complete and submit the quality assurance forms that they are as accurate and honest as possible.

Artificially inflating or deflating scores can negatively impact the data collected and skew the results. For example, if scores are artificially inflated then that limits the ability to determine if an agent or facility may need extra skill training. Artificially high scores also limit showing any true progress and improvements in later reviews because there is no room to move up in scores.

On the other side, artificially deflating scores to later show progress can illustrate that the agent or facility is failing to meet the level of quality desired. This could result in additional, unnecessary trainings.

Supervisors are critical for making sure the proper procedures are followed in the peer-to-peer review process. They are asked to verify that LS/CMI's, case plans, and interviews are completed independently, and each form is completed and submitted by the Reviewer based on the results on the impartial review.

The JCEBP wants the quality assurance forms to be a true indicator of the skill and progress of the agencies and facilities that use the LS/CMI assessment tool. These indicators have the ability to move forward the skill and progress of the tool and its Users in West Virginia.

Interpretation Guidelines:

Each separate quality assurance form is aggregated by facility and then agency. For example, all day report centers have a total aggregate score and each DOC and DJS facility has an aggregate score for the forms submitted.

By comparing facilities to the whole agency it provides a general context of skill level and where they fall on a continuum.

However, be careful in interpretation and comparisons to other specific facilities or agencies. Because of the newness of the quality assurance process, there have been no checks to determine inflation or deflation of scores. Also, not all agencies have data for each form, e.g. an agency might have data from the Assessment Review and Annual Relationship Skills Assessment for Supervisors forms, but not Motivational Interviewing or Case Management Review.

The quality assurance process and forms are relatively new. As we continue this process, revisions will inevitably be made to improve the process based on feedback from Users.

Specific Scoring Interpretations:

Once each subsection of each quality assurance form is completed, the User should calculate the average score for that particular subsection by adding each individual score and dividing that sum by the

total number of scores added. For each section, the following scale should be used to interpret the overall quality of each subsection's implementation:

- 1 = Needs Close Supervision
- 2 = Major Need for Improvement
- 3 = Relatively Unsatisfactory, Need for Improvement
- 4 = Relatively Satisfactory, Some Need for Improvement
- 5 = Satisfactory
- 6 = Excellent

After all subsections have average scores, the User should calculate the total average score by adding each subsection average score and dividing that sum by the number of subsections. Once the User has a total average score, it can be compared to the same scale as above.

On the attached charts, more specific statistics can be found relating to each facility. The information contained in the charts is used to illustrate the quality of the LS/CMI implementation. Below is a description of each statistical category included in the charts:

- N = Number of Reviewed Users with QA forms submitted for the state and each facility;
- Minimum = Lowest score reported for each item;
- Maximum = Highest score reported for each item;
- Mean = Average score among all respondents for each item;
- Std. Deviation = Standard deviation is the measure of how spread out each items' scores are;
- Frequency = How often each item occurred;
- Percent = Frequency of each item divided by the total number of forms submitted;
- Cumulative Percent = Measure showing each items' percentages adding up to 100%

After reviewing this information, if you have any questions or comments, please feel free to contact us at the information provided below.

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Assessment Review -- Overall Day Report Centers

Interview Type:

Agency DRC	Frequency	Percent	Cumulative Percent
Initial LS/CM	48	70.6	70.6
Reassessment	15	22.1	92.6
Discharge/Termination Assessment	5	7.4	100.0
Total	68	100.0	

Reviewed User examined all collateral information prior to the interview?

Agency DRC	Frequency	Percent	Cumulative Percent
Yes	67	98.5	98.5
No	1	1.5	100.0
Total	68	100.0	

Were all sections completed by the Reviewed User?

Agency DRC	Frequency	Percent	Cumulative Percent
Yes	61	89.7	89.7
No	7	10.3	100.0
Total	68	100.0	

Collateral Sources Used

Criminal History

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	3	4.4	4.4
Used	65	95.6	100.0
Total	68	100.0	

Pre-arrest Investigation

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	50	73.5	73.5
Used	18	26.5	100.0
Total	68	100.0	

Correctional Institutional Records

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	62	91.2	91.2
Used	6	8.8	100.0
Total	68	100.0	

Juvenile Probation Reports (or other juvenile records)

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	68	100.0	100.0

Sentencing Order

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	25	36.8	36.8
Used	43	63.2	100.0
Total	68	100.0	

Psychological Evaluations/Mental Health Records

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	58	82.4	82.4
Used	12	17.6	100.0
Total	68	100.0	

Police Reports/Arrest Records

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	43	63.2	63.2
Used	25	36.8	100.0
Total	68	100.0	

District/Defense Attorney Records

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	64	94.1	94.1
Used	4	5.9	100.0
Total	68	100.0	

Employer Records/Interview

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	67	98.5	98.5
Used	1	1.5	100.0
Total	68	100.0	

Family Information/Interview

Agency DRC	Frequency	Percent	Cumulative Percent
Not Used	61	79.4	79.4
Used	14	20.6	100.0
Total	68	100.0	

Sections Completed

Demographics

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	67	91.2	91.2
Not Completed	6	8.8	100.0
Total	68	100.0	

Section 1 (General Risk/Need Factors)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	68	100.0	100.0

Section 2 (Specific Risk/Need Factors)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	66	97.1	97.1
Not Completed	2	2.9	100.0
Total	68	100.0	

Section 3 (Prison Experience, if applicable)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	63	77.9	77.9
Not Completed	15	22.1	100.0
Total	68	100.0	

Section 4 (Other Client Issues)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	68	100.0	100.0

Section 5 (Special Responsibility Considerations)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	64	94.1	94.1
Not Completed	4	5.9	100.0
Total	68	100.0	

Section 6 (Risk/Need Summary and Overview)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	68	100.0	100.0

Section 7 (Risk/Need Profile)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	68	100.0	100.0

Section 8 (Program/Placement Decision)

Agency DRC	Frequency	Percent	Cumulative Percent
Completed	66	97.1	97.1
Not Completed	2	2.9	100.0
Total	68	100.0	

Assessment Review -- Overall Day Report Centers

Did a discrepancy occur in the use of an override?

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	1.5	1.5	1.5
No	67	98.5	98.5	100.0
Total	68	100.0	100.0	

If yes, was the use of the override appropriately justified based on a client-based/clinical factor or administrative/policy directive?

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	25	36.8	36.8	36.8
No	43	63.2	63.2	100.0
Total	68	100.0	100.0	

Were there any discrepancies between the Reviewed User and Reviewer assessments?

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	31	45.6	45.6	45.6
No	37	54.4	54.4	100.0
Total	68	100.0	100.0	

Discrepancies

Demographics

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	67	98.5	98.5	98.5
Discrepancy	1	1.5	1.5	100.0
Total	68	100.0	100.0	

Section 1 (General Risk/Need Factors)

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	43	63.2	63.2	63.2
Discrepancy	25	36.8	36.8	100.0
Total	68	100.0	100.0	

Section 2 (Specific Risk/Need Factors)

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	64	94.1	94.1	94.1
Discrepancy	4	5.9	5.9	100.0
Total	68	100.0	100.0	

Section 3 (Prison Experience, if applicable)

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	66	97.1	97.1	97.1
Discrepancy	2	2.9	2.9	100.0
Total	68	100.0	100.0	

Section 4 (Other Client Issues)

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	68	100.0	100.0	100.0

Section 5 (Special Responsibility Considerations)

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	64	94.1	94.1	94.1
Discrepancy	4	5.9	5.9	100.0
Total	68	100.0	100.0	

Section 6 (Program/Placement Decision)

Agency DRC	Frequency	Percent	Valid Percent	Cumulative Percent
No Discrepancy	66	97.1	97.1	97.1
Discrepancy	2	2.9	2.9	100.0
Total	68	100.0	100.0	

Assessment Review – Overall Day Report Centers

Were there any discrepancies between the Reviewed User and Reviewer assessments?

	Frequency	Percent
Yes	31	45.6
No	37	54.4
Total	68	100.0

Where did discrepancies occur?

	Frequency	Percent
Section 1 - General Risk/Need Factors	25	80.6
Other Section	6	19.4
Total	31	100.0

Section 1 Discrepancies

Subsection #	Question #	# Discrepancies	Subsection #	Question #	# Discrepancies
1.1 - Criminal History	1	3	1.5 - Companions	24	1
	2	1		25	1
	3	1		26	
	4	1		27	Section Total: 2
	5			28	3
	6	1		29	1
	7			30	1
	8	2		Section Total: 9	31
1.2 - Education/ Employment	9		1.6 - Alcohol/ Drug Problem	32	
	10	2		33	
	11			34	
	12			35	1
	13	1		Section Total: 7	
	14			36	3
	15	1		37	1
	16			38	4
17		Section Total: 4	39	3	
1.3 - Family/ Marital	18	1	1.7 - Procriminal Attitude/ Orientation	40	
	19	3		41	1
	20	2		42	
21	2	Section Total: 8	43	2	
1.4 - Leisure/ Recreation	22	2	1.8 - Antisocial Pattern	44	
	23	3		Section Total: 5	
				Overall Total:	49

Assessment Review – Barbour County Community Corrections

Reviewed User examined all collateral information prior to the interview?:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	100.0	100.0	100.0

Were all sections completed by the Reviewed User?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	100.0	100.0	100.0

Did a discrepancy occur in the use of an override?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	3	100.0	100.0	100.0

If yes, was the use of the override appropriately justified based on a client-based/clinical factor or administrative/policy directive?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	1	33.3	33.3	33.3
No	2	66.7	66.7	100.0
Total	3	100.0	100.0	

Were there any discrepancies between the Reviewed User and Reviewer assessments?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	100.0	100.0	100.0

Subsection # Question # # Discrepancies

1		
2		
3	1	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20	1	
21		
22		
23		
Section Total:		1

Subsection # Question # # Discrepancies

24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38	1	
39		
40		
41		
42		
43		
Section Total:		0
Section Total:		0
Section Total:		1
Section Total:		0
Overall Total:		4

Case Management Review - Overall Day Report Centers

Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Problem prioritization is consistent with the LSI/CMI highest scoring subcomponents	54	2	6	5.48	.818
Specified goal(s) for the client are appropriate to the respective criminogenic need(s)	54	3	6	5.39	.856
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	54	3	6	5.39	.712
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	53	2	6	5.30	.868
Intervention(s) (tasks and activities) appropriately relate to goal(s)	54	2	6	5.48	.863
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/lexical order)	54	3	6	5.39	.898
Timeframe is appropriate for completion of specified tasks and activities	54	3	6	5.37	.831
Scoring: Calculate average for Criminogenic Needs Valid N (listwise)	54 53	3.10	6.00	5.3789	.68058

Non-Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Other need(s) prioritization is consistent with LSI/CMI Section 4	54	1	6	5.37	.917
Specified goal(s) for the client are appropriate to the respective other need(s)	54	1	6	5.37	1.045
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	54	1	6	5.19	.933
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	54	1	6	5.24	.950
Intervention(s) (tasks and activities) appropriately relate to goal(s)	54	1	6	5.35	1.048
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/lexical order)	54	1	6	5.28	.998
Intervention expectations are reasonable in terms of the volume of activities and the time allowed	54	1	6	5.35	1.067
Court/Parole Board orders are documented as other need(s) with required terms and conditions	53	1	6	5.32	.956
Scoring: Calculate average for Non-Criminogenic Needs Valid N (listwise)	54 53	1.00	6.00	5.3082	.86268

Special Responsibility Considerations	N	Minimum	Maximum	Mean	Std. Deviation
Special responsibility issues prioritization is consistent with LSI/CMI Sections 3, 2, and 5	54	1	6	5.26	1.262
Responsibility issues are addressed logically and in a manner that is measurable (i.e., progress can be assessed)	54	1	6	5.13	1.318
Client's motivational stage is identified or referred to for each prioritized criminogenic need(s)	54	1	6	5.02	1.221
Scoring: Calculate average for Special Responsibility Considerations Valid N (listwise)	54	1.00	6.00	5.0983	1.18024

Progress Record	N	Minimum	Maximum	Mean	Std. Deviation
Case reviewed on an ongoing basis with appropriate case adjustments (i.e., case plan revision, rewards, graduated sanctions, and recording of accomplishments and/or violations)	16	1	6	4.88	1.310
Critical incidents handled in an appropriate and timely manner, with consideration to RNR principles	16	1	6	4.94	1.289
Appropriate follow-up information recorded for significant positive and/or negative events or developments	16	1	6	4.50	1.506
Scoring: Calculate average for Progress Record Valid N (listwise)	16 16	1.00	6.00	4.7813	1.21338

Overall Case Plan	N	Minimum	Maximum	Mean	Std. Deviation
Overall case plan adheres to RNR principles	54	2	6	4.96	.776
Case plan signed and dated by the client	54	1	6	4.57	1.597
Level of treatment/supervision in the case plan is appropriate to risk level (i.e., high risk over 200 hours, low risk less than 20 hours)	54	3	6	4.96	.800
Scoring: Calculate average for Overall Case Plan Valid N (listwise)	54 54	2.30	6.00	4.8204	1.03647

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score Valid N (listwise)	54 54	2.02	6.00	4.9527	.79580

Case Management Review – Barbour County Community Corrections

Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Problem prioritization is consistent with the LS/CMI highest scoring subcomponents	3	4	5	4.67	.577
Specified goal(s) for the client are appropriate to the respective criminogenic need(s)	3	3	4	3.67	.577
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	3	4	5	4.33	.577
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	3	2	5	3.67	1.528
Intervention(s) (tasks and activities) appropriately relate to goal(s)	3	2	4	3.00	1.000
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/lexical order)	3	3	3	3.00	.000
Timeframe is appropriate for completion of specified tasks and activities	3	4	4	4.00	.000
Scoring: Calculate average for Criminogenic Needs Valid N (listwise)	3	3.10	4.10	3.7333	.55076

Non-Criminogenic Needs	N	Minimum	Maximum	Mean	Std. Deviation
Other need(s) prioritization is consistent with LS/CMI Section 4	3	4	5	4.33	.577
Specified goal(s) for the client are appropriate to the respective other need(s)	3	4	4	4.00	.000
The goal(s) are stated as behavioral change objectives (i.e., are aimed at changing specific behaviors)	3	4	4	4.00	.000
Each goal is reasonable (i.e., client is capable of achieving) and measurable (i.e., progress can be assessed)	3	3	5	4.00	1.000
Intervention(s) (tasks and activities) appropriately relate to goal(s)	3	3	4	3.67	.577
Intervention steps are listed in a logical sequential order (i.e., that follow a progressive/lexical order)	3	3	5	4.00	1.000
Intervention expectations are reasonable in terms of the volume of activities and the time allowed	3	3	4	3.67	.577
Court/Parole Board orders are documented as other need(s) with required terms and conditions	3	5	6	5.67	.577
Scoring: Calculate average for Non-Criminogenic Needs Valid N (listwise)	3	3.70	4.50	3.9833	.44814

Special Responsibility Considerations	N	Minimum	Maximum	Mean	Std. Deviation
Special responsibility issues prioritization is consistent with LS/CMI Sections 3.2 and 5	3	1	5	3.67	2.309
Responsibility issues are addressed logically and in a manner that is measurable (i.e., progress can be assessed)	3	1	5	3.67	2.309
Client's motivational stage is identified or referred to for each prioritized criminogenic need(s)	3	2	5	3.67	1.528
Scoring: Calculate average for Special Responsibility Considerations Valid N (listwise)	3	1.00	5.00	3.5533	2.21778

Progress Record	N	Minimum	Maximum	Mean	Std. Deviation
Case reviewed on an ongoing basis with appropriate case adjustments (i.e., case plan revision, rewards, graduated sanctions, and recording of accomplishments and/or violations)	1	6	6	6.00	
Critical incidents handled in an appropriate and timely manner, with consideration to RNR principles	1	5	5	5.00	
Appropriate follow-up information recorded for significant positive and/or negative events or developments	1	5	5	5.00	
Scoring: Calculate average for Progress Record Valid N (listwise)	1	5.30	5.30	5.3000	

Overall Case Plan	N	Minimum	Maximum	Mean	Std. Deviation
Overall case plan adheres to RNR principles	3	2	5	3.67	1.528
Case plan signed and dated by the client	3	1	1	1.00	.000
Level of treatment/supervision in the case plan is appropriate to risk level (i.e., high risk over 200 hours, low risk less than 20 hours)	3	3	4	3.33	.577
Scoring: Calculate average for Overall Case Plan Valid N (listwise)	3	2.30	3.00	2.6333	.35119

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score Valid N (listwise)	3	2.02	4.30	3.2433	1.14910

Motivational Interviewing Skills – Overall Day Report Centers

Motivational Interviewing Spirit	N	Minimum	Maximum	Mean	Std. Deviation
Asked the client's permission prior to giving advice or information	60	1	6	4.77	1.125
Avoided taking the "expert" role	60	3	6	5.53	.747
Evoked the client's own reasons and plans for behavior change	60	3	6	5.23	.722
Built and maintained a rapport with the client throughout the interview/interaction.	60	3	6	5.57	.673
Encouraged the client to identify solutions to their problems that work best for them	60	3	6	5.23	.871
Avoided using confrontational, direct, or sarcastic language	60	2	6	5.60	.785
Acknowledged issues that were important to the client	60	3	6	5.50	.676
Fostered a collaborative partnership with the client	60	3	6	5.33	.752
Scoring: Calculate average for Motivational Interviewing Skills	60	3.38	6.00	5.2972	.55654
Valid N (listwise)	60				

Active Listening Skills	N	Minimum	Maximum	Mean	Std. Deviation
Asked more open-ended questions than close-ended questions	60	3	6	5.02	.854
Affirmed the successes and hardships of the client when opportunities were present	60	3	6	5.20	.732
Refrained from confronting, advising, lecturing, or directing the client	60	3	6	5.42	.809
Made reflective statements that exceeded 50% of all interactions (i.e., all active listening skills combined)	60	3	6	5.17	.785
Used summaries to link ideas and help the client organize their thoughts	60	4	6	5.40	.669
Scoring: Calculate average for Active Listening Skills	60	3.60	6.00	5.2100	.53161
Valid N (listwise)	60				

Change Talk	N	Minimum	Maximum	Mean	Std. Deviation
Expressed a desire to change (i.e., "I wish," "I'm hoping," "I want to," etc.)	60	2	6	5.07	.800
Indicated the ability to change (i.e., "I can make a change," "I know I can do it," etc.)	60	2	6	5.07	.821
Identified the benefits of change (i.e., "I will be better off," "My life would be less stressful if," etc.)	60	2	6	5.20	.798
Described the steps that are necessary for change (i.e., "First I need to," "Once I'm sober, I will," etc.)	60	2	6	5.07	.807
Illustrated the clients understanding of the problems they face in their current situation (i.e., "I need to get a handle on this," "I can't go on with what I've been doing," etc.)	60	2	6	5.30	.788
Showed a commitment to change (i.e., "I am going to," "I will," "I plan to," etc.)	60	2	6	5.18	.792
Indicated they are taking active steps toward change (i.e., "I changed my telephone number," "I moved out of the house," "I joined a support group," etc.)	60	2	6	5.05	.790
Scoring: Calculate average for Change Talk	60	2.00	6.00	5.1255	.66518
Valid N (listwise)	60				

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score	60	4.00	6.00	5.1825	.52154
Valid N (listwise)	60				

Motivational Interviewing Skills – Barbour County Community Corrections

Motivational Interviewing Skill	N	Minimum	Maximum	Mean	Std. Deviation
Asked the client's permission prior to giving advice or information	3	6	6	6.00	.000
Avoided taking the "expert" role	3	4	6	5.33	1.155
Evoked the client's own reasons and plans for behavior change	3	4	5	4.67	.577
Built and maintained a rapport with the client throughout the interview/interaction.	3	5	6	5.33	.577
Encouraged the client to identify solutions to their problems that work best for them	3	3	5	4.00	1.000
Avoided using confrontational, direct, or sarcastic language	3	6	6	6.00	.000
Acknowledged issues that were important to the client	3	5	6	5.33	.577
Fostered a collaborative partnership with the client	3	5	6	5.33	.577
Scoring: Calculate average for Motivational Interviewing Skills	3	4.50	5.60	4.9667	.56862
Valid N (listwise)	3				

Active Listening Skills	N	Minimum	Maximum	Mean	Std. Deviation
Asked more open-ended questions than close-ended questions	3	3	6	4.33	1.528
Affirmed the successes and hardships of the client when opportunities were present	3	5	6	5.33	.577
Refrained from confronting, advising, lecturing, or directing the client	3	3	6	5.00	1.732
Made reflective statements that exceeded 50% of all interactions (i.e., all active listening skills combined)	3	3	6	4.67	1.528
Used summaries to link ideas and help the client organize their thoughts	3	4	6	5.00	1.000
Scoring: Calculate average for Active Listening Skills	3	3.60	6.00	4.8667	1.20554
Valid N (listwise)	3				

Change Talk	N	Minimum	Maximum	Mean	Std. Deviation
Expressed a desire to change (i.e., "I wish," "I'm hoping," "I want to," etc.)	3	3	5	4.00	1.000
Indicated the ability to change (i.e., "I can make a change," "I know I can do it," etc.)	3	4	5	4.67	.577
Identified the benefits of change (i.e., "I will be better off," "My life would be less stressful if," etc.)	3	5	6	5.33	.577
Described the steps that are necessary for change (i.e., "First I need to," "Once I'm sober, I will," etc.)	3	4	6	5.00	1.000
Illustrated the client's understanding of the problems they face in their current situation (i.e., "I need to get a handle on this," "I can't go on with what I've been doing," etc.)	3	5	5	5.00	.000
Showed a commitment to change (i.e., "I am going to," "I will," "I plan to," etc.)	3	5	5	5.00	.000
Indicated they are taking active steps toward change (i.e., "I changed my telephone number," "I moved out of the house," "I joined a support group," etc.)	3	5	6	5.33	.577
Scoring: Calculate average for Change Talk	3	4.50	5.40	4.8667	.47258
Valid N (listwise)	3				

Total Score	N	Minimum	Maximum	Mean	Std. Deviation
Total Average Score	3	4.50	5.60	4.8333	.68069
Valid N (listwise)	3				

Annual Relationship Skills Assessment for Supervisors – Overall Day Report Centers

Effective Use of Authority

Agency: DRC	N	Minimum	Maximum	Mean	Std. Deviation
Communicates rules in a clear manner to clients	31	4	6	5.48	.677
Applies rules consistently when working with all clients	31	4	6	5.52	.626
Adopts a firm but fair approach with clients	31	4	6	5.61	.615
Respectfully guides clients toward compliance with rules	31	4	6	5.45	.675
Refrains from using demeaning and shaming practices when the client violates the rules	31	4	6	5.61	.615
Focuses on the behavior of clients rather than the client themselves	31	4	6	5.48	.626
Provides encouraging messages to the client	31	4	6	5.52	.626
Rewards clients when they comply with the rules	31	4	6	5.32	.599
Scoring: Calculate average for the Effective Use of Authority	31	4	6	5.47	.459
Valid N (listwise)	31				

Appropriate Modeling & Reinforcement Skills

Agency: DRC	N	Minimum	Maximum	Mean	Std. Deviation
Works with clients to practice new skills they have learned	31	4	6	5.19	.749
Consistently recognizes and affirms clients' positive behaviors	31	4	6	5.61	.615
Provides a good example for clients to follow	31	4	6	5.77	.497
Refrains from encouraging or rewarding clients' poor behavior and attitudes	31	4	6	5.81	.477
Rewards clients for good behavior	31	4	6	5.29	.588
Recognizes and praises clients' accomplishments	31	4	6	5.48	.677
Promptly disapproves of clients' behaviors by explaining why the behavior was wrong and how it can be changed	31	4	6	5.45	.624
Actively works with clients to learn and practice new ways of thinking and behaving	31	3	6	5.42	.765
Scoring: Calculate average for the Appropriate Modeling and Reinforcement Skills	31	4	6	5.51	.466
Valid N (listwise)	31				

Use of Problem-Solving Skills

Agency: DRC	N	Minimum	Maximum	Mean	Std. Deviation
Encourages clients to explore a range of behaviors and their consequences	31	4	6	5.13	.670
Consistently works with clients to explore practical solutions to their problems	31	4	6	5.35	.661
Encourages clients to reflect on their behavior and how to change it	31	4	6	5.45	.675
Helps clients recognize the thoughts and feelings that lead to their problem behaviors	31	3	6	5.42	.720
Acknowledges clients' ambivalence toward behavior change	31	4	6	5.45	.568
Challenges clients to avoid thinking errors and find new ways of thinking	31	4	6	5.61	.558
Discusses the pros and cons of behavior change with clients	31	4	6	5.55	.568
Works with clients to experiment with ways to change their behavior	31	4	6	5.16	.735
Helps clients develop plans to maintain behavior change over time	31	4	6	5.35	.661
Scoring: Calculate average for the Use of Problem-Solving Strategies	31	4	6	5.41	.489
Valid N (listwise)	31				

Use of Effective Advocacy/Brokerage Practices

Agency: DRC	N	Minimum	Maximum	Mean	Std. Deviation
Helps clients connect to community or other resources (e.g., employment, education, housing, public benefits, etc.) based on necessary services	31	4	6	5.45	.675
Works to broker or negotiate clients' acceptance into programs or other placements	31	4	6	5.42	.620
Successfully links clients to appropriate services in the community	31	5	6	5.55	.506
Scoring: Calculate average for the Use of Effective Advocacy/Brokerage Practices	31	4	6	5.41	.556
Valid N (listwise)	31				

Quality of Interpersonal Skills

Agency: DRC	N	Minimum	Maximum	Mean	Std. Deviation
Shows concern for the hardships experienced by clients	31	4	6	5.42	.672
Treats clients with respect	31	4	6	5.74	.575
Establishes a genuine and trusting professional relationship with clients	31	3	6	5.65	.755
Maintains confidentiality of clients when appropriate	31	4	6	5.77	.617
Routinely looks out for the best interest of clients	31	3	6	5.61	.715
Prepares thoroughly and is organized prior to working with clients	31	4	6	5.52	.677
Respects the opinions of clients	31	4	6	5.56	.620
Illustrates they care about clients and their future	31	4	6	5.68	.599
Is comfortable allowing clients to discuss their feelings	31	4	6	5.61	.667
Shows enthusiasm about helping clients solve their problems	31	4	6	5.45	.675
Establishes a sense of trust with clients	31	3	6	5.71	.693
Scoring: Calculate average for the Quality of Interpersonal Skills	31	4	6	5.61	.496
Valid N (listwise)	31				

Total Score & Feedback

Agency: DRC	N	Minimum	Maximum	Mean	Std. Deviation
Total Score Instructions: This provides a total average score for relationship skills	31	4	6	5.45	0.434
Valid N (listwise)	31				

Annual Relationship Skills Assessment for Supervisors – Barbour County Community Corrections

Effective Use of Authority

Agency: Barbour County Community Corrections	N	Minimum	Maximum	Mean	Std. Deviation
Communicates rules in a clear manner to clients	2	5	5	5.00	0.000
Applies rules consistently when working with all clients	2	4	5	4.50	.707
Adopts a firm but fair approach with clients	2	5	5	5.00	0.000
Respectfully guides clients toward compliance with rules	2	4	5	4.50	.707
Refrains from using demeaning and shaming practices when the client violates the rules	2	4	6	5.00	1.414
Focuses on the behavior of clients rather than the client themselves	2	4	6	5.00	1.414
Provides encouraging messages to the client	2	6	6	6.00	0.000
Rewards clients when they comply with the rules	2	6	6	6.00	0.000
Scoring: Calculate average for the Effective Use of Authority	2	5	5	4.90	.566
Valid N (listwise)	2				

Appropriate Modeling & Reinforcement Skills

Agency: Barbour County Day Report Center	N	Minimum	Maximum	Mean	Std. Deviation
Works with clients to practice new skills they have learned	2	4	6	5.00	1.414
Consistently recognizes and affirms clients positive behaviors	2	6	6	6.00	0.000
Provides a good example for clients to follow	2	5	6	5.50	.707
Refrains from encouraging or rewarding clients poor behavior and attitudes	2	5	6	5.50	.707
Rewards clients for good behavior	2	5	6	5.50	.707
Recognizes and praises clients accomplishments	2	5	6	5.50	.707
Promptly disapproves of clients behaviors by explaining why the behavior was wrong and how it can be changed	2	5	6	5.50	.707
Actively works with clients to learn and practice new way of thinking and behaving	2	5	6	5.50	.707
Scoring: Calculate average for the Appropriate Modeling and Reinforcement Skills	2	5	6	5.43	.460
Valid N (listwise)	2				

Use of Problem-Solving Skills

Agency: Barbour County Community Corrections	N	Minimum	Maximum	Mean	Std. Deviation
Encourages clients to explore a range of behaviors and their consequences	2	5	6	5.50	.707
Consistently works with clients to explore practical solutions to their problems	2	4	6	5.00	1.414
Encourages clients to reflect on their behavior and how to change it	2	5	6	5.50	.707
Helps clients recognize the thoughts and feelings that lead to their problem behaviors	2	5	6	5.50	.707
Acknowledges clients ambivalence toward behavior change	2	5	6	5.50	.707
Challenges clients to avoid thinking errors and find new ways of thinking	2	5	6	5.50	.707
Discusses the pros and cons of behavior change with clients	2	6	6	6.00	0.000
Works with clients to experiment with ways to change their behavior	2	5	6	5.50	.707
Helps clients develop plans to maintain behavior change over time	2	5	6	5.50	.707
Scoring: Calculate average for the Use of Problem-Solving Strategies	2	6	6	6.00	0.000
Valid N (listwise)	2				

Use of Effective Advocacy/Brokerage Practices

Agency: Barbour County Day Report Center	N	Minimum	Maximum	Mean	Std. Deviation
Helps clients connect to community or other resources (e.g., employment, education, housing, public benefits, etc.) based on necessary services	2	5	6	5.50	.707
Works to broker or negotiate clients acceptance into programs or other placements	2	4	6	5.00	1.414
Successfully links clients to appropriate services in the community	2	5	6	5.50	.707
Scoring: Calculate average for the se of Effective Advocacy/Brokerage Practices	2	4	5	4.38	.530
Valid N (listwise)	2				

Quality of Interpersonal Skills

Agency: Barbour County Day Report Center	N	Minimum	Maximum	Mean	Std. Deviation
Shows concern for the hardships experienced by clients	2	6	6	6.00	0.000
Treats clients with respect	2	4	6	5.00	1.414
Establishes a genuine and trusting professional relationship with clients	2	3	6	4.50	2.121
Maintains confidentiality of clients when appropriate	2	4	5	4.50	.707
Routinely looks out for the best interest of clients	2	3	6	4.50	2.121
Prepares thoroughly and is organized prior to working with clients	2	4	4	4.00	0.000
Respects the opinions of clients	2	4	6	5.00	1.414
Illustrates they care about clients and their future	2	5	6	5.50	.707
Is comfortable allowing clients to discuss their feelings	2	4	6	5.00	1.414
Shows enthusiasm about helping clients solve their problems	2	5	6	5.50	.707
Establishes a sense of trust with clients	2	3	6	4.50	2.121
Scoring: Calculate average for the Quality of Interpersonal Skills	2	4	6	4.90	1.138
Valid N (listwise)	2				

Total Score & Feedback

Agency: Barbour County Day Report Center	N	Minimum	Maximum	Mean	Std. Deviation
Total Score Instructions: This provides a total average score for relationship skills	2	5	5	5.08	.389
Valid N (listwise)	2				

TOWARD EVIDENCE-BASED DECISION MAKING IN COMMUNITY CORRECTIONS:
RESEARCH AND STRATEGIES FOR SUCCESSFUL IMPLEMENTATION

☉ INTRODUCTION:
CURRENT PRACTICE AND CHALLENGES IN EVIDENCE-BASED
COMMUNITY CORRECTIONS

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If a program has been unable to adhere to the salient principles [of effective correctional intervention] in a substantive meaningful way ... the expectation of observing a significant decrease in reoffending is predictably diminished.

– Rhine, Mawhorr, and Parks (2006, p. 348)

This special issue of *Justice Research and Policy* contains invited articles on community corrections, with special emphasis on successful implementation strategies. A common thread that runs through this series of articles relates to what is needed to better ensure fidelity to evidence-based practices in community supervision and treatment. Emphasis is placed on the planned processes or strategies that are deemed critical for achieving quality implementation, as well as empowering organizations and their staff to engage in evidence-based decision making. It is hoped that this special issue will raise awareness for the importance of proper implementation planning and the integration of scientifically supported practices into the day-to-day management of offenders on community supervision. I believe the insightful research and thorough implementation strategies shared by the authors will provide greater guidance to agency and program administrators working to assimilate evidence-based practices into their organizations.

☒ State of Evidence-Based Decision Making in Community Corrections

The past 20 years have ushered in a new era in community corrections. The use of research evidence by policy makers, program administrators, and field practitioners is more prevalent today than ever before. Despite the increased reliance on research to inform practice, however, a great deal of work still needs to be done to bridge the gap between science and day-to-day operations in the field. Much of what we do in community supervision and other correctional settings continues to be based on tradition, ideology, anecdote, or conventional wisdom (Przybylski, 2012).

The scientific evidence for what makes for effective community supervision and treatment is abundant and continues to grow. Several decades of research have resulted in an array of evidence-based approaches and garnered support for the key principles that guide effective correctional intervention. For instance, numerous studies have provided support for the risk-need-responsivity (RNR) model of correctional rehabilitation (Andrews & Bonta, 2010; Andrews & Dowden, 2006; Andrews et al., 1990; Bonta & Andrews, 2007; Lowenkamp, Latessa, & Holsinger, 2006). Other studies have demonstrated the effectiveness of the use of core correctional practice (Dowden & Andrews, 2004), cognitive-behavioral strategies (Lipsey & Landenberger, 2006; Pearson, Lipton, Cleland,

& Yee 2002), and motivational interviewing techniques (McMurrin, 2009) for reducing recidivism. But now we find ourselves at a critical moment in community corrections. The field is generally transitioning away from the days of “get tough,” punishment-oriented strategies to offender rehabilitation, risk reduction, community reintegration, and greater reliance on evidence-based approaches to crime control. However, the long-term prospects of the current evidence-based movement hinge, in a large part, on the capacity of the field to address known barriers to successful implementation.

It is now incumbent on researchers and practitioners alike to demonstrate that evidence-based approaches can be implemented and sustained in a real-world setting. To do so will require us to successfully navigate from thinking about evidence-based programs as an intervention to “evidence-based decision making.” As Sperber and her colleagues point out in this issue, there is a need for the field to better understand the differences between evidence-based programs, evidence-based guidelines, and evidence-based decision making. While the current body of research provides the field with a host of evidence-based programs and guidelines, we have done little to identify the mechanisms by which evidence-based practices (EBPs) can be transferred into system routine. An environment that promotes and facilitates evidence-based decision making has its own set of demands. In particular, it requires developing organizational leadership and staff capacity, transferring scientific evidence into operations, training staff on key skills, and monitoring intervention integrity and performance (Taxman & Belenko, 2012). If the evidence-based movement is going to endure, a framework needs to be built that embraces the science of implementation, recognizes the complexity of implementing EBPs in large-scale correctional environments, and guides efforts to sustain fidelity to effective models over time.

☛ Challenges for Community Corrections in an Evidence-Based Environment

The challenges associated with implementing evidence-based decision making in community corrections are pervasive. As described by many of the authors in this special issue, there is a significant gap in what we know to be effective and what is actually done in the field. Research has shown that the norm in community-based programs is poor adherence to what works, and this lack of adherence results in significantly less desirable outcomes (Lowenkamp, Latessa, & Smith, 2006; Lowenkamp, Pealer, Smith, & Latessa 2006; Wilson & Davis, 2006). Likewise, there is ample evidence to suggest that community supervision practices could be improved. According to recent figures published by the Bureau of Justice Statistics, violations of parole and other conditional releases make up more than one third of state prison commitments in the United States (West & Sabol, 2010). Clearly, the quality of services matters and significant challenges will need to be overcome to

expand the accessibility of effective supervision and treatment to offenders serving sentences in the community.

The challenges that face community corrections relate to both research and practice. They range from organizational culture and system-level issues to the individual attitudes and orientation of correctional staff (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Haas & DeTardo-Bora, 2009; Haas, Hamilton, & Hanley, 2005; Van Voorhis, Cullen, Linke, & Wolfe, 1991). A significant challenge rests in demonstrating that EBPs can be implemented with fidelity in large-scale correctional settings. As James Bonta points out in this issue, many of the treatment interventions included in meta-analytic studies are based upon small, group-based treatment programs led by highly qualified researchers and professionals. These small-scale demonstration projects tend to yield more robust effect sizes than larger interventions. Thus, it is not entirely clear whether effect sizes seen in smaller demonstration projects can be consistently achieved in correctional organizations characterized by multiple layers of bureaucracy and limited resources.

The variation in effect sizes is no doubt in part due to the inherent demands placed on community supervision agencies seeking to implement a model that is wholly consistent with the “what works” literature. To begin with, the transition to an evidence-based practices model represents nothing short of a cultural change for most organizations (Latessa, 2004). As a consultant and researcher seeking to assist agencies in implementing evidence-based approaches, I routinely invest a significant amount of time simply advising agencies on how to “lay the groundwork” for successful implementation. This typically involves strategizing with key administrators months prior to the actual rollout on how to best create “buy-in” among staff. Some of the strategies include disseminating educational materials on evidence-based practices throughout the agency, coaxing leadership to convey to staff the need for change, identifying staff “champions” or change agents to mentor their peers, and working with agency administrators on identifying and revising policies and practices that run counter to the principles of effective intervention. But the implementation of evidence-based practices also requires a large investment in agency resources and development of new skills among staff who are often resistant. For instance, community supervision officers must become proficient in the use of cognitive-behavioral strategies, motivational interviewing, offender assessment, and case planning, as well as learn how to fully engage in a process of evidence-based decision making. This requires staff to develop and practice specialized skills in communication and interaction with offenders. It also forces staff to weigh the scientific evidence when making individualized service decisions for offenders on their caseloads. Therefore, efforts to implement evidence-based strategies in real-world settings must manage issues related to both organizational culture and staff development.

Research also has a significant role to play in ensuring successful implementation of evidence-based programs in community corrections. In an evidence-based

environment, it is imperative that organizations recognize the unique set of skills that researchers and evaluators bring to the table when seeking to implement evidence-based programs and practices. Research has consistently shown that larger reductions in recidivism are achieved when program designers and evaluators are involved in program implementation and the ongoing monitoring and assessment of program activities (Andrews & Dowden, 2005; Andrews et al., 2011; Harris, Rice, & Quinsey, 2009; Lipsey, 2009; Petrosino & Soydan, 2005). Likewise, researchers can be invaluable in the development of quality assurance mechanisms and performance measurement tools that can yield mounds of useful data for program planners. The establishment of such tools and the involvement of evaluators, particularly on the front end of new programs, can go a long way in filling many of the gaps in our understanding of what leads to good implementation. What is clear, as several of the authors point out in this special issue, is that more research is necessary to fully understand the impediments to quality implementation and foster greater adherence to evidence-based approaches.

☒ Special Issue Overview

While the field has experienced an evidence-based movement in recent years that has resulted in the identification of many evidence-based programs and practices, the science of implementing these programs with fidelity has lagged far behind. An emerging “science of implementation” holds a great deal of promise for assisting researchers and practitioners in developing successful implementation strategies to maximize adherence to science-based practices in community corrections (Fixsen et al., 2005). The articles in this issue contribute to the extant literature by describing various strategies for successful implementation in community supervision and treatment. Two of the articles center on systematic efforts to build staff skills in order to improve implementation, while the others concentrate on different aspects of risk assessment, including the development and application of assessment tools to guide evidence-based decision making.

This special issue concludes with two respondent essays from distinguished practitioners in the field of corrections. These essays offer valuable insight into practical barriers that often impede successful implementation of evidence-based practices in correctional environments, and offer strategies for transcending these challenges. As guest editor, I truly hope that these articles will not only provide useful information for program developers and administrators who are seeking to build the capacity of their own organizations to implement evidence-based programs, but also inspire researchers to conduct new studies that will contribute to the growing body of literature on implementation science. Only through continued research will the elements necessary to improve adherence to evidence-based approaches in community supervision and treatment be identified.

☉ Introduction to the Articles

The first article by James Bonta, Guy Bourgon, Tanya Ruge, Carmen Gress, and Leticia Gutierrez describes the efforts of the Corrections Research Division of Public Safety Canada to develop the Strategic Training Initiative in Community Supervision (STICS) model and the large-scale, systematic implementation steps taken to better ensure successful implementation. The STICS model centers on “criminal thinking” or procriminal attitudes of offenders and works to teach probation officers how to build rapport and collaborative working relationships with clients and apply cognitive-behavioral techniques. The focus is on the role of probation officers and what they do in the day-to-day interactions with offenders in an effort to expand the reach of effective community supervision. The authors underscore the difficulties of implementing effective treatment programs in large correctional settings. The authors point out that most of the evidence on effective correctional interventions comes from meta-analytic studies consisting of small-scale demonstration projects (typically consisting of samples of less than 100 participants). These projects tend to generate larger effect sizes (i.e., greater reductions in recidivism) compared to larger scale projects. While the authors note that it is not entirely clear why this is the case, they suggest that it may be due to implementation issues rather than the treatment itself.

Therefore, Bonta and his colleagues present the steps taken to plan the implementation of STICS on a large scale. They offer great insights into what they believe to be the important factors to consider in preparation for the large-scale implementation of evidence-based programs such as STICS. They describe system uptake, implementation integrity and fidelity, building capacity, and having an evaluation plan as primary goals in the province-wide implementation. System uptake includes laying the groundwork for successful implementation via positive messaging about the importance of the program, and establishing the proper committees (i.e., both steering and working groups) to include a wide range of staff from senior management to frontline staff. They highlight the importance of implementation integrity and fidelity via clinical support, the inclusion of program designers and evaluators, and a system of refresher trainings coupled with coaching and feedback. Also, the authors stress the significance of paying attention to efforts to build capacity through the structured development of coaches and STICS coordinators to deliver future trainings, oversee monthly meetings, and provide staff with the necessary clinical support, including coaching and feedback. Lastly, they emphasize the importance of having a research team and/or evaluator involved in implementation to monitor progress and make adjustments when necessary. For STICS, the evaluation component involves a multiple baseline design to establish a reference point for officer behavior via audio recordings with clients, with post-training measures reflecting changes in officer behavior.

The authors draw parallels between the implementation process for STICS and what has been associated with successful correctional programs in the past, as

measured by the Correctional Program Assessment Inventory (CPAI). They consider such factors as organizational culture, management/staff characteristics, use of risk/need tools, program characteristics, interagency communication, and the use of core correctional practices. For instance, organizational and staff readiness was a key concern in the rollout of STICS. The authors describe efforts to secure the commitment of the organization and staff to the RNR theoretical model, use of a validated risk-need tool and cognitive behavioral programs, and fiscal support. They note that the use of STICS continued in part because the organization (i.e., Community Corrections Division) provided routine, clear communication to staff that STICS was the future for the service and that monthly probation officer meetings would continue. This allowed for the more experienced and interested probation officers to continue using the STICS model and motivate other officers toward its use, thereby creating enthusiasm for the initiative.

The second article by Brad Bogue, Fred Pampel, and Diane Pasini-Hill examines the outcomes of an effort to implement motivational interviewing (MI) practices utilizing a framework referred to as EBP Implementation for Capacity or EPIC. The aim of this initiative is to develop correctional capacity in a systematic manner for successful implementation in Colorado, representing a large-scale implementation project similar to STICS. The EPIC process involves systematic training and coaching of probation officers, with follow-up via audiotapes and direct observation for measuring skill development among officers. The training is unique in that it relies on the precise *measurement* of MI techniques used by officers, and their capacity to illicit change talk and identify appropriate change goals. By measuring officer use of MI skills and capacity to elicit change talk, the authors seek to demonstrate whether, and to what degree, gains in the use of MI skills can be achieved among officers via a combination of training, routine measurement (before, during, and after training), coaching, and feedback.

Borrowing from the “implementation science” literature and the work of the National Implementation Resource Network, the authors describe three principles that guide the EPIC efforts, including collaboration, scaffolding skills, and organizational transparency. EPIC, by its very nature, is a collaborative project involving four different state government departments and five divisions. To maximize collaboration, committees and teams work to enhance cross-agency collaboration and encourage collaboration between change agents and peers in local agencies. Change agents or staff members who take the lead in adopting and promoting new practices and serve as models for other staff are also identified and utilized to promote teamwork. Scaffolding is used as a way to build larger, more complex skill sets among officers from smaller, simpler ones. Trainers and coaches work closely with officers to measure progress and provide feedback to build on new skills that developed among officers. Lastly, Bogue and his colleagues argue for the need of organizational transparency to foster skill growth among staff by adopting feedback and peer coaching techniques. It is hoped that routine coaching and feedback will become a shared value in the organization and create a culture of open learning.

The results of the study emphasize the importance of measuring MI skills, coupled with feedback to officers to improve MI proficiency and elicit offender change talk. The findings illustrate that it is possible to improve MI skills and that officers who have the greatest skill deficits can actually benefit the most from the coaching and feedback process. The study further suggests that individual officer characteristics (e.g., demographic characteristics, agency placement, and attitude/orientation) do little to either limit or facilitate improvement, implying that the MI training regimen is likely to be applicable to various groups, including law enforcement, case workers, probation/parole, etc. Finally, the study provides some guidance on which coaching methods may work best with officers. Taped sessions (as opposed to vivo coding and live coaching sessions) produced greater skill development among officers, as measured in proficiency ratings and frequency of offender change talk.

The third article by Brian Lovins and Edward Latessa describes the steps involved in the creation and validation of the Ohio Youth Assessment System (OYAS), with special attention paid to the necessary strategies for successful implementation. The development of the OYAS was initiated by the Department of Youth Services (DYS) as a means for addressing the needs of youth across multiple agencies. It was also created with the hope that a standardized assessment for the state would reduce variation in evidence-based decision making among practitioners. The OYAS was created using a prospective data collection strategy (rather than the more common approach of using existing data), which the authors believe offers the opportunity to develop a system of risk assessments that broaden in scope as the youth progress through successive stages.

Lovins and Latessa argue that the OYAS is an improvement over other assessments because it is designed to address successive stages of the juvenile justice process, from preadjudication or diversion to youth reentry into the community. They believe that applying a broader, evidence-based framework to all decisions and successive stages will encourage agencies (or even systems) to examine decisions at every stage of the justice process. Some of the most valuable insights come from the authors' step-by-step description of the steps taken to create and validate the series of assessments, as well as the recommended strategies for facilitating successful implementation. Lovins and Latessa also describe various methodological challenges faced in the creation of the OYAS that other jurisdictions might encounter when developing such tools.

Similar to the other articles in this issue, this paper concludes with a number of important recommendations to help guide others who seek to implement a risk assessment in their jurisdiction. First, and consistent with my own experience in implementing programs, the authors underscore the need for organizational support and leadership as critical to successful implementation. Efforts such as the formation of a steering committee to guide the process and overcome barriers to statewide implementation as well as a pilot committee to oversee initial implementation and work closely with the research team are described. The article further details

the development of a dissemination strategy for key stakeholders (e.g., judges, prosecutors, defense attorneys, and juvenile administrators), and efforts to obtain their views on assessment and keep them apprised of the process. Recognizing the importance of staff knowledge and skills in the successful implementation of risk assessment tools (as well as many evidence-based practices), Lovins and Latessa describe a training and certification process to ensure that staff have the ability to accurately complete the OYAS. Lastly, drawing attention to the importance of fidelity to the model, this paper describes several strategies to support quality use of the tools over time.

The last two articles in this special issue focus on different aspects of the risk principle, and what is needed for agencies to ensure greater adherence to this principle in policy and practice. In Alexander Holsinger's article, the question of whether the adoption of a risk assessment tool (such as the Level of Service Inventory-Revised or LSI-R) can create *systemic changes* in an organization's practice and staff decision making is examined. This article recognizes that adoption of the tool itself is not enough. Instead, how agencies use the assessment results has the greatest potential for reducing recidivism and producing systemic effects. The second article on the risk principle, authored by Kimberly Gentry Sperber, Edward Latessa, and Matthew Makarios, argues that questions remain in regard to the risk principle and dosage, which if answered via research may help to guide agencies toward greater fidelity with the risk principle. Although several meta-analytic studies over the past two decades demonstrate empirical support for the risk principle, both Holsinger's and Sperber et al.'s inquiries recognize that there is more work to be done to get agencies the information and guidance necessary to achieve greater treatment integrity.

Holsinger's article centers on a critical issue for moving agencies and organizations toward greater use of evidence-based decision making. It is widely recognized that risk and needs assessment is the first step for implementing evidence-based decision making. Yet, embracing a risk assessment instrument does not ensure that an agency's practices, including staff decision making, will change in a way that is more consistent with the risk-need-responsivity (RNR) principles (or any other evidence-based practice, for that matter). Therefore, this article explores whether the adoption of a risk assessment tool truly facilitates an agency's ability to adhere to known principles of effective correctional intervention, including the risk principle. In particular, it explores whether the adoption of an assessment tool can result in systemic changes such as reducing revocation rates or the flow of prisoners to correctional facilities. It is presumed that implementation of the LSI-R will increase the likelihood of appropriate caseload placement, thereby resulting in a lowering of the rates of probationers being revoked and sent to the Department of Corrections.

Using a large sample of offenders placed on community corrections during a six-year period, Holsinger performs a partial test of the risk principle and explores whether use of the LSI-R can result in systemic changes. The findings offer some support for the risk principle, and illustrate potential for the use of a risk/needs

assessment protocol to result in systemic effects. In the context of this study, the results suggest that the adoption of the LSI-R may impact revocation to incarceration rates. With that said, the results are far from conclusive and a number of questions remain in regard to the true effects that can occur from the adoption of an assessment tool rooted in the RNR principles by an agency or system. As Holsinger points out, what is yet unknown and inconclusive based on his work is whether agencies are responding to risk categorizations in palpable ways. For this to occur, agencies may need to provide greater policy and procedure guidance to officers and staff on how assessment results actually translate into real differences in supervision and treatment practices (for example, how dosage or number of contacts and services specifically vary by risk level). Once policies and practices become more rooted in evidence, the prospect of seeing true systemic impacts on outcomes such as probation revocations and incarceration rates is likely to increase.

The final article, by Kimberly Gentry Sperber, Edward Latessa, and Matthew Makarios, sets forth specific guidance for researchers interested in filling a gap in the extant research on a fundamental aspect of the risk principle—that is, how should supervision and treatment dosage vary by level of risk. More specifically, Sperber and her colleagues focus on the question of how much more treatment is required to impact recidivism for higher risk offenders compared to their lower risk counterparts. The authors identify gaps in the current literature in understanding the risk-dosage question, and set forth recommendations for a comprehensive research agenda that focuses on the optimum level of dosage necessary for offenders based on varying levels of risk.

Similar to Holsinger, Sperber and her colleagues raise the central point that simply knowing that high-risk offenders should receive more services and supervision is not the same as knowing *how much* more services and supervision are necessary to yield the maximum reductions in recidivism. Without an answer to this question, practitioners are left with little guidance on “how much is enough,” which can hinder adherence to the principles of effective correctional intervention (and possibly the systemic changes, as described by Holsinger), in this case the risk principle. Thus, Sperber and her colleagues outline 12 potential areas of study to better inform the field on the proper levels of dosage based on risk levels. The authors describe a series of six studies that form a formal research agenda designed by the Talbert House (a private, nonprofit agency that provides services in corrections and other areas) to address the risk-dosage issue. Each study builds on prior research, centers on filling gaps in extant knowledge on the risk-dosage issue, and hopes to provide the knowledge necessary for practitioners to tailor services to the individual characteristics of offenders in an effort to provide the field with greater guidance.

Respondent Essays

In addition to the research and policy pieces described above, this special issue includes two response essays from esteemed practitioners in the field who are routinely tasked with taking what the science conveys, and placing it into day-to-day

operations. In effect, these practitioners are given the responsibility of translating research, and empowering organizations and their staff to engage in evidence-based decision making.

The first response essay, by William Burrell and Edward Rhine, describes how the field of community corrections struggles due to a lack of a viable and *compelling mission* as well as *effective technology* (that is, the methods used by an organization to transform inputs into outputs) to bridge the gap between research and science. The authors speak about technology in the context of an organization's capacity to transfer the knowledge of evidence-based practices gleaned from science and translate them into practice. Burrell and Rhine note that this is complicated by a number of "truths" related to the EBP model for effective correctional intervention. These include the fact that an agency's change to an EBP model represents a significant philosophical shift for the organization and its staff, resulting in substantial changes to the day-to-day operations and expectations for the performance of staff. As the authors put it, the model itself is not "self-executing." Instead, the EBP model requires an active, extensive, and sustained commitment among an agency's leadership.

Recognizing the complexity of implementing evidence-based practices, the authors argue that the successful application of scientifically sound practices must involve planned change. For the authors, such change requires an effective model of operations, effective implementation, as well as knowledgeable and sustained leadership. For planned change to occur, they suggest that organizations must also learn from experience and from lessons communicated in this special issue. Some of the lessons include recognizing that training alone is *not* sufficient, that risk/needs assessment is the foundation for the implementation of EBPs, performance measurement and feedback are essential, and inter- and intra-agency collaboration is crucial for success. They caution administrators and purveyors alike that the investment of time is a requisite for successful implementation. Significant time is not only required for the implementation (measured in years, not months), but also for staff to learn and master new skills and continue meaningful contacts with offenders in the community.

The second response essay, by Geraldine Nagy, underscores the need for practitioners to be given structured guidance and the tools necessary for translating science into everyday decision making. Nagy argues that deliberate discussions between correctional researchers and practitioners are necessary to begin building an implementation framework that recognizes the multiple, interdependent levels and layers of most organizations. It is also important to be mindful of the inherent, common roadblocks that practitioners face when trying to implement strategies rooted in an EBP model. For Nagy, this means embracing the psychological research on human decision making and understanding how innate, *cognitive biases* can impact decisions made by system actors.

Nagy describes three distinct challenges she often encounters in her capacity as a top-level administrator for a community supervision and corrections department.

The challenges relate to working within a system characterized by multiple inter-related levels, how decision-making responsibilities are defined and coordinated, and how cognitive biases underlying and influencing decisions made by personnel can be overcome. By recounting Shortell's (2004) multilevel model of "change for performance improvement," Nagy illustrates the value of an implementation approach that coordinates strategies across multiple levels of a system. However, the author takes this framework one step further to consider the potential impact of cognitive bias on the decision making of key players. She illustrates how heuristics or mental shortcuts can reduce adherence to evidence-based principles and represent roadblocks to successful implementation. Nagy's discussion is insightful and offers a useful perspective for recognizing and addressing the human tendencies that can affect implementation quality. The article describes several methods for introducing "cognitive forcing" or debiasing techniques into key decision points in the system and at the various stages of implementation (e.g., color-coded matrices, decision-making protocols, measured feedback, etc.). The author hopes that greater awareness of known, ever-present sources of bias in human decision making will lead to an expansion of methods for countering their negative consequences on adherence to evidence-based practices.

In closing, I want to offer my gratitude to the authors in this special issue. They are widely respected researchers and highly recognized practitioners in the field of community corrections. Many of the researchers are responsible for the actual development and dissemination of the key principles and empirical evidence that form the basis for "what works" in community supervision and treatment in the United States and other countries. All of the authors have a working, practical knowledge of the field and what it takes to see evidence-based strategies implemented successfully in various correctional settings. With the combined knowledge of both research and practice, these authors have truly made it both special and extremely informative for guiding future directions in the field. Finally, I also offer a sincere thanks to an extraordinarily talented group of peer reviewers. Their careful reviews and attention to detail made already strong articles even better. I believe the thoughtful comments and recommendations of the reviewers led to meaningful changes in all of the articles and contributed substantially to the quality of this special issue.

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Office of
RESEARCH &
STRATEGIC PLANNING

**JUSTICE CENTER FOR EVIDENCE BASED PRACTICE
Office of Research and Strategic Planning**

WV Division of Justice and Community Services

Department of Military Affairs and Public Safety

DATE: 09.08.2011

SUBJECT: Statewide Minimum Quality
Assurance Standards for LS/CMI
Administration and Application

TYPE: Policy Directive

PAGES: 15

I. **AUTHORITY:** In June 2009, the Governor's Commission on Prison Overcrowding recommended the adoption and use of offender programs that utilize the Risk-Needs-Responsivity (RNR) model across the state. The LS/CMI is a RNR assessment tool that meets that recommendation and facilitates the development of evidence-based practices and programs for offender populations. To ensure the proper implementation and use of the RNR model, the Justice Center for Evidence Based Practice (JCEBP) was created to develop statewide policies and procedures for the application of the LS/CMI and systems of monitoring for the purpose of ensuring quality. The JCEBP is housed in the Office of Research and Strategic Planning (ORSP), West Virginia Division of Justice and Community Services (DJCS). In consideration of the duties and responsibilities prescribed by the Governor's Commission on Prison Overcrowding, the JCEBP is responsible for LS/CMI training and quality assurance, which includes the development of a minimum standards policy for User and User Trainer certification, LS/CMI implementation and administration, and the establishment of systems for data gathering and monitoring.

POLICY: This policy establishes minimum quality assurance standards and practices for the administration and application of the Level of Service/Case Management Inventory (LSCMI) for the state of West Virginia. This policy augments, but does not supersede, the requirements contained in other LS/CMI policy directives issued by the ORSP/JCEBP. Performance of quality assurance procedures shall be used to evaluate the "good standing" of Certified LS/CMI Users, Trainers, and Case Managers and go toward the completion of LS/CMI certification requirements as outlined in the "Statewide LS/CMI User and Trainer Certification Policy."

II. **DEFINITIONS:**

A. Agent – Any governmental or nongovernmental organization, agency, or facility operating within the state of West Virginia and conducting LS/CMI assessments on offender populations.

- B. Client – Any adult or juvenile person charged or sentenced for a crime and is under the supervision or in the custody of an Agent. This may include persons awaiting sentencing, offenders in custody, or ex-offenders in the community.
- C. Audit – A systematic assessment of an Agent’s quality assurance system policy, procedures, and related electronic and paper records via internal or external sources of review.
- D. Annually or Annual Basis – Refers to the state’s fiscal year as defined by West Virginia Code (i.e., July 1 – June 30), unless otherwise noted. For the purposes of this policy, biannual refers the periods of July 1 to December 31 and January 1 to June 30, with a 30 day grace period for reporting purposes.
- E. Accuracy – The degree to which the LS/CMI ratings (that is, total risk score and ratings of individual items) are consistent with the combined information obtained from interview notes and all collateral sources.
- F. Completeness – The degree to which all relevant LS/CMI sections, domains, and individual items have been completed by the assessor.
- G. Timeliness – Refers to whether the initial, reassessment, and discharge LS/CMI assessments and related components (Motivational Interview and case plan) have been performed according to Agent-designated timeframes.
- H. Case Management Plan – A supervision and treatment plan based on the results of the LS/CMI which details criminogenic targets, noncriminogenic needs, and specific responsivity considerations. Includes intervention goals, programmatic and non-programmatic activities to address offender needs, and considers issues of treatment integrity, dosage, and duration.
- I. Good Standing – Person has met all minimum JCEBP (re)certification requirements; remains in compliance with all roles and responsibilities and policy/procedures; and received at minimum satisfactory reviews from User Trainer/Designated Supervisory Staff and Master Trainer and/or JCEBP during the previous 12 months or last certification.
- J. Level of Service/Case Management Inventory (LS/CMI) – An actuarial assessment that details the risk and need factors of persons sixteen years and older. It provides a linkage between these factors and the development of a case plan that is specific to the offenders’ Risk-Need-Responsivity (RNR). It is distributed by Multi-Health Systems, Inc.
- K. Inter-rater Reliability – The extent to which two or more assessors obtain the same score (e.g., risk score, need/domain scores, MITI scores, etc.) when using the same information (e.g., collateral information, interview notes, interview rating scores, etc.) or the extent to which two or more raters agree on a particular quality assurance measure.
- L. Collateral Information - Refers to risk and needs information and sources of information beyond what is self-reported by the client. Common sources for collateral information include, but are not limited to: internal sources (i.e., criminal history records, pre-sentence investigation reports, correctional institutional records, juvenile records, court records,

psychological/mental health evaluations, police reports, and attorney files) and various external sources (i.e., family, employer, school/teacher, victims, etc.).

- M. Motivational Interview – A client-centered, directive method of exploring and resolving offender ambivalence about change by eliciting the offender’s own intrinsic motivation through the use of active listening skills and the establishment of professional rapport. This is the method by which the LS/CMI assessment interview is conducted and takes the form of motivational interaction in routine contacts in the context of performing case management and supervision responsibilities.
- N. Quality Assurance – A systematic monitoring and measurement process for ensuring the proper implementation, administration, and application of the LS/CMI and its related components.
- O. Quality Assurance Coaching and Feedback – A process for measuring relevant practices, identifying strengths and weaknesses in the implementation, administration, and application of the LS/CMI, and providing instruction in order to improve Agent and/or staff performance.
- P. Peer Reviews – A process by which staff with equivalent certification status on the LS/CMI review and offer feedback to each other on the administration and application of the LS/CMI, motivational interviews, and/or case plans.
- Q. Supervisor Reviews – A process by which agent-designated supervisors, certified as LS/CMI Users or greater by the ORSP/JCEBP, assess the performance of direct subordinates.
- R. Agent Reviews – An agency-wide process of assessing quality of staff performance and compliance with quality assurance procedures as they relate to LS/CMI administration and application as well as its related components (i.e., motivational interviewing, relationship skills and case management).
- S. Annual Summary Report: An Agent-level report that assesses the overall quality of LS/CMI administration and application, compliance with minimum statewide quality assurance standards and Agent-specific policies, and adherence to performance expectations. The Annual Summary Report is submitted to the ORSP/JCEBP.
- T. Risk-Need-Responsivity Principles or RNR – Specific principles that are used for effective correctional treatment.
 - a. *Risk Principle*: Match the level of treatment to level of risk
 - b. *Need Principle*: Target treatment interventions toward reducing major dynamic risk factors and/or enhancing major protective/strength factors
 - c. *Responsivity Principle*: Match treatment mode to offender characteristics. This includes both the use of cognitive-behavioral strategies (general) and matching services to the individual learning styles, motivation level, and demographic and personality characteristics of offenders (specific).

- U. Core Correctional Practice – Refers to five dimensions of effective correctional practice including effective use of authority, antiriminal modeling and reinforcement, problem solving, use of community resources, and quality of interpersonal relationships between staff and client. These dimensions reflect the most effective and empirically validated case management strategies for evoking positive behavioral change within offenders and are aligned with efforts to motivate offenders toward change.
 - V. Certified LS/CMI Supervisor – Agent staff member who is assigned by the Agent as a supervisor, and retains the status of, at minimum, certified LS/CMI User by the ORSP/JCEBP. This person has the responsibility of monitoring and verifying quality assurance for an Agent and/or assigned staff.
 - W. Certified LS/CMI Case Manager – Agent staff member who does not administer and score the LS/CMI but has access to LS/CMI results, case plans, or other information for the purposes of fulfilling case management/classification activities or other required job duties and is certified by the ORSP/JCEBP.
 - X. Certified LS/CMI User – Agent staff member trained and certified by the ORSP/JCEBP in the administration of the LS/CMI by a User Trainer or Master Trainer.
 - Y. Certified LS/CMI User Trainer – Agent staff member trained and certified by a ORSP/JCEBP Master Trainer to train users in the administration of LS/CMI.
 - Z. Master Trainer – Agent staff member trained and certified by Multi-Health Systems, Inc. to train both Users and User Trainers in the administration and application of the LS/CMI.
- III. **APPLICATION:** This policy is applicable to all Agents and all persons who are employed by Agents that utilize the LS/CMI assessment tool in the state of West Virginia.
- IV. **PURPOSE:** To establish and describe minimum procedures for quality assurance monitoring related to the administration and application of the LS/CMI, including the development of case plans, the performance of motivational interviews (MI), the accuracy of instrument scoring, and oversight of LS/CMI Certified Users, User Trainers, Case Managers, and Supervisors.
- V. **MINIMUM QUALITY ASSURANCE PROCEDURES:** Goals are to develop a “culture of quality” based on continuous monitoring, peer education, measurement of relevant practices, and the use of feedback that improves performance over time. Such procedures will aide in ensuring the proper administration and application of the LS/CMI and the adherence to evidence-based practices that are both informed by and derived from the use of offender risk and needs assessments.
- A. **Quality of Instrument Completion:** Relates to the process of combining information obtained from the motivational interview with collateral information on the offender to form an accurate and valid LS/CMI assessment. Involves the random selection of cases (i.e., offender assessments) for review and inter-rater assessment to verify the accuracy of scoring based on content of MI and collateral sources of data. Further includes case review procedures to determine the completeness and timeliness of assessments. Reviews focus largely on Sections 1-8 of the LS/CMI.

- a. Purpose: To measure the accuracy, completeness, and timeliness for the scoring of the LS/CMI assessment.
- b. Procedures:
 - i. All Agents shall conduct reviews for quality of instrument completion.
 - ii. Review processes shall involve:
 - 1. Random selection of cases for review;
 - 2. Review of both information obtained from the Motivational Interview (MI) and all collateral sources of data (requires observation via in person or audio/video recording);
 - 3. Calculation of the inter-rater reliability (agreement);
 - 4. Review of instrument completeness; and
 - 5. Review of assessment timeliness.
 - iii. Peer Reviews:
 - 1. All Agent staff shall conduct two (2) Peer Reviews of LS/CMI assessments on an annual basis, consisting of one (1) every six months at minimum. Reviews will be accompanied by coaching and feedback.
 - 2. Results of all Peer Reviews will be reviewed and approved via signature by a Certified LS/CMI Supervisor and/or LS/CMI User Trainer designated by the Agent. Certified LS/CMI Supervisor and/or LS/CMI User Trainer shall provide appropriate coaching and feedback based on results of Peer Review.
 - 3. Certified LS/CMI Supervisor and LS/CMI User Trainer Peer Reviews shall obtain a third-party signature by Agent-designated staff of equal or higher LS/CMI certification status.
 - iv. Supervisor Reviews:
 - 1. Certified LS/CMI Supervisors shall *directly* observe (via in-person or audio/videotape), review, and provide feedback on a minimum of one LS/CMI assessment conducted by each direct subordinate annually.
- c. Scoring and Feedback:
 - i. Recommended criteria for satisfactory performance is an inter-rater reliability agreement of .70 or higher for exact match comparisons, or .90 for categorical comparisons (with no greater than a two point difference) on multiple assessments. Or no greater than plus or minus a two point difference in the overall risk score in Section 1 of the LS/CMI on a single assessment with no greater than six (6) discrepancies in Sections 2–8.
 - ii. Written feedback on all reviews shall be provided to staff as soon as deemed practically feasible by the Agent. Feedback shall contain details on specific strengths and areas of improvement. It is recommended that feedback be provided to Agent staff within 10 working days of the LS/CMI assessment review.
 - iii. ORSP/JCEBP developed or approved assessment and data collection mechanisms (e.g., forms, spreadsheets, databases, etc.) shall be utilized in all reviews.

- iv. Results of Peer and Supervisor reviews shall be submitted in ORSP/JCEBP developed or approved format to the ORSP/JCEBP two (2) times annually, corresponding to the first half (July 1st – December 31st) and second half (January 1st – June 30th) of the state's fiscal year. Results shall be submitted to the ORSP/JCEBP prior to January 31st and July 31st, respectively. Information and results gathered in Peer and Supervisor Reviews may be used as part of Agent Review.

B. Quality of Case Management Plan: Relates to the process of developing a case management plan that is guided by the principles of risk, need, and responsivity. Requires the review of LS/CMI assessment results (Sections 1-8), the prioritization of criminogenic targets, the identification of noncriminogenic needs, the consideration of specific responsivity factors, the development of reasonable and measurable goals, and the assignment of appropriate interventions. Involves the random selection of individual case plans and the systematic review of Sections 9 and 10 of the LS/CMI.

a. Purpose: To measure the degree to which case plans (including both programming/treatment and supervision practices) adhere to the RNR principles.

b. Procedures:

i. All Agents shall conduct reviews for quality of case management plans.

ii. Review processes shall involve:

1. Random selection of case plans for review;
2. Review of LS/CMI assessment results (Section 1-8);
3. Assessment of LS/CMI sections 9 and 10; and
4. The scoring of a quality assurance review instrument that captures all plan components, including appropriate tracking of offender progress (ORSP/JCEBP developed or approved).

iii. Peer Reviews:

1. All Agent staff shall conduct two (2) Peer Reviews of LS/CMI assessments on an annual basis, consisting of one (1) every six months at minimum. Reviews will be accompanied by coaching and feedback.
2. Results of all Peer Reviews will be reviewed and certified via signature by a Certified LS/CMI Supervisor and/or LS/CMI User Trainer designated by the Agent. Certified LS/CMI Supervisor and/or LS/CMI User Trainer shall provide appropriate coaching and feedback based on results of Peer Review.
3. Certified LS/CMI Supervisor and LS/CMI User Trainer Peer Reviews shall obtain a third-party signature by Agent-designated staff of equal or higher LS/CMI certification status.

iv. Supervisor Reviews:

1. Certified LS/CMI Supervisors are required to *directly* observe (via in-person or audio/videotape), review, and provide feedback on a minimum of one LS/CMI case management plan conducted by each direct subordinate annually.

- c. Scoring and Feedback:
 - i. Criteria for satisfactory performance will be established by the ORSP/JCEBP.
 - ii. Written feedback on all reviews shall be provided to staff as soon as deemed practically feasible by the Agent. Feedback shall contain details on specific areas of improvement. It is recommended that feedback be provided to Agent staff within 10 working days of the LS/CMI case plan review.
 - iii. ORSP/JCEBP developed or approved assessment and data collection mechanisms (e.g., forms, spreadsheets, databases, etc.) shall be utilized in all reviews.
 - iv. Results of Peer and Supervisor reviews shall be submitted in ORSP/JCEBP developed or approved format to the ORSP/JCEBP two (2) times annually, corresponding to the first half (July 1st – December 31st) and second half (January 1st – June 30th) of the state's fiscal year. Results shall be submitted to the ORSP/JCEBP prior to January 31st and July 31st, respectively. Information and results gathered in Peer and Supervisor Reviews may be used as part of Agent Review.

C. **Quality of Motivational Interview (MI) and Relationship Skills:** Relates to a process of assessing the modes of communication utilized by staff when interacting with offenders. Requires the use of direct reviewer observation and/or audio or videotaped staff-offender interactions in the context of LS/CMI assessment and/or case management duties (i.e., supervision, progress tracking), including when providing normative feedback. Involves the periodic staff-offender observation and the systematic measurement of active listening skills, DARN-C (Desire, Ability, Reason, Need, and Commitment) or change talk, and core correctional practices.

a. Purpose: To measure the quality of staff-client interactions in the context of interviews and case planning.

b. Procedures:

- i. All Agents shall conduct reviews to assess the quality of motivational interactions and relationship skills used by staff.
- ii. Review processes shall involve:
 - 1. Random selection of interactions for review;
 - 2. Direct observation and/or audio/videotape of staff-client interviews and interactions;
 - 3. Scoring of an instrument to measure the use of active listening skills and staff use of relationship skills.

iii. Peer Reviews:

- 1. All Agent staff shall conduct two Motivational Interview (MI) reviews on an annual basis, consisting of one (1) every six months and observing two different types of interaction. Selected interactions shall include:
 - a. One Motivational Interview (MI) in the context of an LS/CMI assessment (no less than 20 minutes);
 - b. One Motivational Interview (MI) in the context of a case planning/management activity. Interactions shall include in

the context of negotiating case plans, conducting a performance review, making a supervision contact, providing normative feedback, or other ORSP/JCEBP approved interactions (no less than 20 minutes).

2. Results of all Peer Reviews will be reviewed and certified via signature by a Certified LS/CMI Supervisor and/or LS/CMI User Trainer designated by the Agent. Certified LS/CMI Supervisor and/or LS/CMI User Trainer shall provide appropriate coaching and feedback based on results of Peer Review.
3. Certified LS/CMI Supervisor and LS/CMI User Trainer Peer Reviews shall obtain a third-party signature by Agent-designated staff of equal or higher LS/CMI certification status.

iv. Supervisor Reviews:

1. Certified LS/CMI Supervisors shall *directly* observe (via in-person or audio/videotape), review, and provide feedback on a minimum of one LS/CMI Motivational Interview (MI), for each of the two contexts described above (i.e., LS/CMI assessment and Case Management/Planning), conducted by each direct subordinate annually.
2. Certified LS/CMI Supervisors shall assess and provide feedback to each direct subordinate annually on their use of relationship skills, including the use of core correctional practices when interacting with offenders.

c. Scoring and Feedback:

- i. Criteria for satisfactory performance will be established by the ORSP/JCEBP.
- ii. Written feedback on all reviews shall be provided to staff as soon as deemed practically feasible by the Agent. Feedback shall contain details on specific strengths and areas of improvement. It is recommended that feedback be provided to Agent staff within 10 working days of the LS/CMI assessment review.
- iii. ORSP/JCEBP developed or approved assessment and data collection mechanisms (e.g., forms, spreadsheets, databases, etc.) shall be utilized in all reviews.
- iv. Results of Peer and Supervisor reviews shall be submitted in ORSP/JCEBP developed or approved format to the ORSP/JCEBP two times annually, corresponding to the first half (July 1st – December 31st) and second half (January 1st – June 30th) of the state's fiscal year. Results shall be submitted to the ORSP/JCEBP prior to January 31st and July 31st, respectively. Information and results gathered in Peer and Supervisor Reviews may be used as part of Agent Review.
- v. LS/CMI Supervisor annual review of subordinate use of relationship skills shall be reported prior to July 31st of each year.

- D. **Agent Reviews:** Reviews are designed to assess the quality of instrument completion, case plans, and motivational interviews on an Agent-level and shall involve a combination of case file reviews, direct and/or audio/visual observation of interviews, and other common quality

assurance strategies described herein on an annual basis. The annual review will provide an opportunity for each Agent to assess the overall performance of staff and Agent compliance with the minimum quality assurance standards outlined in this policy. Agent Reviews shall also collect and report on basic performance measures.

- a. Purpose: To assist Agent in monitoring the overall performance of staff and Agent compliance with the minimum statewide quality assurance standards for LS/CMI use and application.
- b. Procedures:
 - i. Reviews shall occur no less than annually and involve the random selection of both initial and reevaluation and/or discharge LS/CMI assessments.
 - a. Results of Agent Review will aide in the development of the Annual Summary Report.
 - ii. Reviews shall capture information on all aspects of LS/CMI quality assurance (i.e., quality of instrument completion, quality of case management plan, and quality of motivational interview and relationship skills).
 - iii. Agent Reviews are recommended to consist of no less than 10% of cases for each form of assessment (i.e., initial and reevaluation/discharge).
 - iv. Agent Reviews are recommended to solicit feedback from LS/CMI Users, Trainers, and Case Managers on policy and procedural improvements.
 - v. It is further recommended, when feasible, that Agent Peer Review Team(s) comprised of, at minimum, one Certified LS/CMI Trainer, one Certified LS/CMI User, and one Certified LS/CMI Supervisor be established to assist in the Annual Review process.
- c. Reporting and Feedback:
 - i. Agent shall produce an Annual Summary Report and submit it to the ORSP/JCEBP within 30 days of the state fiscal year end.
 - ii. The report shall describe the results of the Agent Review and include information on the following areas in a format to be provided by the ORSP/JCEBP:
 - a. Agents efforts to adhere to RNR principles;
 - b. Staff use of collateral information;
 - c. Staff performance on motivational interviews and use of active listening skills;
 - d. Staff development of professional rapport with clients and use of relationship skills, including core correctional practices;
 - e. Inter-rater agreement in LS/CMI scoring;
 - f. Staff development of case plans, exploring issues of treatment matching, availability of services and programs, treatment gaps, levels of supervision;
 - g. Data on basic, standardized performance measures; and
 - h. Summary results of all reviews (e.g., Peer, Supervisor, Agent, and External and/or ORSP/JCEBP) conducted during the reporting period.

- d. All Agents are encouraged to develop their own monitoring procedures, in addition to the minimum standards described in this policy directive, to include a full range of methodologies (e.g., observations, case file or database reviews, etc.), including strategies to derive input from both clients and staff.

E. **External Agent Reviews:** Provide each Agent with the opportunity to undergo an external peer review of procedures associated with the administration and application of the LS/CMI and its related components and compliance with quality assurance activities.

- a. Purpose: To provide an objective “outside-in” peer review assessment of Agent and staff operations to encourage standardized quality assurance and LS/CMI administration practices across state and local agencies.
- b. Procedures:
 - i. Recommended that reviews shall occur no less than every 3 years and involve a peer review from an external Agent (i.e., peer Agent or person with a minimum of LS/CMI User certification and not employed by the Agent).
 - ii. Recommended that no two consecutive reviews be conducted by same external agent.
 - iii. Reviews shall capture information on all aspects of LS/CMI quality assurance (i.e., quality of instrument completion, quality of case management plan, and quality of motivational interview and relationship skills).
- c. Reporting and Feedback:
 - i. Results of the review shall be submitted to the ORSP/JCEBP within 90 days of completion by the external Agent.
 - ii. A duplicate copy of the results shall be provided to the Agent under review no later than 30 days from submission to the ORSP/JCEBP.

VI. **OTHER AGENT AND STAFF RESPONSIBILITIES:** Relates to minimum requirements and guidelines for Agent and staff in order to ensure adequate instrument administration, reporting and record management procedures, and preparation of Certified LS/CMI Users, User Trainers, and other staff.

A. **General Policy Requirements:**

- a. All Agent policies and procedures related to all components of LS/CMI administration and application shall be reviewed for compliance with the minimum quality assurance standards contained in this policy and approved by the ORSP/JCEBP prior to adoption.
- b. All Peer, Supervisor, and Trainer Reviews shall be reviewed and approved by an Agent-designated Certified LS/CMI Supervisor or LS/CMI User Trainer (or third-party equivalent) for compliance with quality assurance procedures described herein. In the case where the Agent has only a single person holding LS/CMI certification, they shall identify appropriate mechanisms for meeting all review requirements herein, potentially via the use of external reviewers.

- c. Agent policy shall state that staff performance on LS/CMI administration and application, including motivational interviews, relationship skills, and case plans/supervision practices will be a factor considered in annual employee performance appraisal processes.
- d. Agent policy shall specify appropriate mechanisms for:
 - i. Returning noncompliant staff to full compliance with the quality assurance procedures set forth in this policy;
 - ii. Guiding staff toward satisfactory performance in the administration and application of the LS/CMI;
 - iii. Identifying and monitoring staff that repeatedly receive “unsatisfactory” results based on performance reviews. Peer reviews, coaching, feedback, and supervisory oversight are minimally recommended strategies for returning staff to full compliance.

B. Policy Requirements for Instrument Administration:

- a. Agent shall require, at minimum, both initial and discharge assessments for all clients, except in exceptional cases or when there is evidence of undue burden to the Agent or staff.
- b. Agent shall specify the timing for initial, reassessment, and discharge LS/CMI assessments. It is recommended that reassessment occur no less than one time annually per client, initial assessments take place within 90 days of becoming the responsibility of Agent, and no longer than six months prior to anticipated release from responsibility of Agent.
- c. Agent shall make accommodations for staff-initiated discretionary reassessment of clients due to significant changes in client risk or circumstances.
- d. LS/CMI Score Overrides: Agent policy shall limit the use of overrides to 10% of Agent and individual assessor caseloads. Policy shall contain Agent-specific procedures for the periodic review of LS/CMI assessments involving overrides and address client-based and/or administrative policy or procedures that contribute to unfounded or excessive use of overrides.
- e. Agent shall specify procedures for the gathering of all relevant collateral information for use in scoring the LS/CMI assessment, including methods for assisting staff in efficiently obtaining such information from internal and external sources.

C. Reporting and Record Management:

- a. Agent shall self-report to the ORSP/JCEBP in a prudent and timely manner when issues arise that negatively impact or diminish the administration and application of the LS/CMI or when evidence of noncompliance with the quality assurance procedures described herein is present on the part of any staff or Agent.

- b. Agent shall maintain up-to-date electronic records of all ORSP/JCEBP certified LS/CMI Trainers and Users identifying their name, complete contact information, status (active or inactive), performance reviews, and whether they are in “good standing” by the ORSP/JCEBP. Records shall be submitted to the ORSP/JCEBP on an annual basis or upon request to ensure the congruence between Agent and ORSP/JCEBP records.
- c. Agent shall store and maintain records for a period of no less than three years of all sources of information (i.e., all collateral information, case and interview notes) utilized to score each LS/CMI assessment and develop a case plan for each client.
- d. Agent shall store and maintain the results of all Peer, Supervisor, and Agent Reviews (including written feedback to staff) for a period of no less than three years.
- e. All Agent LS/CMI quality assurance policies shall contain the following statement: “It is the responsibility of all [insert Agent name] staff to report any irregularities, gross misconduct, or practices that diminish—or have the capacity to diminish—the quality of LS/CMI trainings or the valid administration and application of the LS/CMI and its related components to the ORSP/JCEBP directly. All contacts by Agent staff for the purposes of reporting noncompliance will be handled in a confidential manner by ORSP/JCEBP staff. Contact information for the ORSP/JCEBP is as follows:”

Mail to:

Justice Center for Evidence Based Practice
 Office of Research and Strategic Planning
 Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, WV 25301

Attention: LS/CMI Quality Assurance Staff

Phone: 304-558-8814

D. Certified LS/CMI Users, Trainers, and Case Managers:

- a. Certification and Recertification:
 - i. LS/CMI Supervisors, Users and Case Managers shall complete the LS/CMI User Workshop and successfully meet all other requirements contained in the “Statewide LS/CMI User and Trainer Certification Policy” for certification.
 - ii. LS/CMI Users are required to be recertified every two (2) years; Trainers are required to be recertified annually in accordance with the ORSP/JCEBP “Statewide LS/CMI User and Trainer Certification Policy.”
 - iii. LS/CMI Certified Users and Trainers will abide by all LS/CMI assessment and quality assurance standards set forth by the ORSP/JCEBP.
- b. Workshop/Training Delivery Requirements:
 - i. Certified LS/CMI Trainers shall adhere to the LS/CMI Standardized Curriculum developed by Multi-Health Systems, Inc. in its entirety. Any modifications to

the aforementioned curriculum, presentation, or other materials and handouts shall be reviewed and approved by the ORSP/JCEBP prior to use, at a minimum of ninety (90) days prior to modifications incorporation into the curriculum.

- ii. LS/CMI User trainings or workshops shall not exceed 25 persons.
- iii. In the course of conducting LS/CMI User trainings, the Certified LS/CMI User Trainers shall be responsible for:
 - 1. Obtaining all materials and distributing to participants in accordance with curriculum requirements and/or ORSP/JCEBP instruction;
 - 2. Administering all examinations in a closed-book format;
 - 3. Grading all examinations;
 - 4. Ensuring training participants have no role in the grading of examinations;
 - 5. Maintaining the integrity of all examination materials and processes;
 - 6. Providing ORSP/JCEBP developed trainer evaluation forms to participants with instructions for submission to ORSP/JCEBP;
 - 7. Verifying attendance at each day of training and assembling a list of all training participants using ORSP/JCEBP forms/spreadsheet;
 - 8. Score each User's Motivational Interview in accordance to certification policy and by utilization of forms developed by ORSP/JCEBP;
 - 9. Set up participants in online LS/CMI training system;
 - 10. Issuing ORSP/JCEBP developed LS/CMI User certificates.
 - 11. Maintain ORSP/JCEBP developed User spreadsheet to track certifications, recertifications and other trainings.
- c. LS/CMI Trainers are required to offer recertification workshops for LS/CMI Users annually. Recertification workshops will be offered to Users every two years; workshops will be one to two (1-2) days in length; requirements are outlined in "Statewide LS/CMI User and Trainer Certification Policy."
- d. LS/CMI Trainers are required to offer booster trainings as the curriculum becomes available from ORSP/JCEBP. Booster trainings are separate from (re)certification or refresher trainings. Booster trainings are related to the elements used during LS/CMI administration or skills that are beneficial to the application, use, or understanding of the LS/CMI. Booster trainings must be organized by or approved by ORSP/JCEBP.
- e. Refresher trainings are to be conducted by Trainers, as outlined by ORSP/JCEBP, annually; training will be one to two (1-2) day Refresher Training every two (2) years, beginning one (1) year after initial certification, requirements are outlined in "Statewide LS/CMI User and Trainer Certification Policy."
- f. Reporting Requirements:
 - i. Certified LS/CMI User Trainers shall:
 - 1. Notify the ORSP/JCEBP of all LS/CMI User, User recertification, and User booster/refresher trainings (regardless of the number of

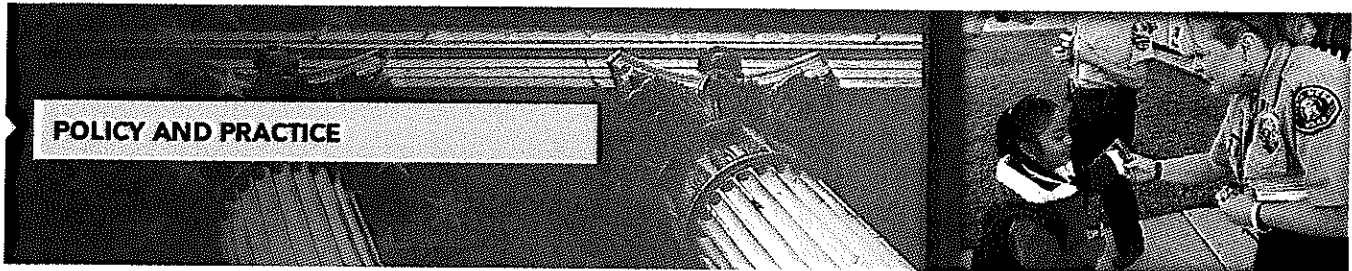
- trainees) thirty (30) days prior to training. Notification shall include the date, times, location, and estimated number of trainees.
2. Provide the ORSP/JCEBP with a verified list of all training participants within ten (10) working days from the completion of each workshop/training.
 3. Submit grades for all examinations, items missed, and participant scores to the ORSP/JCEBP within 30 days from the completion of each workshop/training using ORSP/JCEBP developed method of submission.
 4. Administer an ORSP/JCEBP developed or approved trainer evaluation questionnaire at the end of each LS/CMI User workshop, while protecting the confidentiality of participants and their responses, and abide by ORSP/JCEBP instructions for mailing them directly to ORSP/JCEBP for review.
 5. Submit grades for Motivational Interviewing (MI) within 30 days of the scoring as instructed in MI Scoring workshop.
 6. Submit completed User database/spreadsheet developed by ORSP/JCEBP within thirty (30) days of certificate issuance or failure notification of participants.
 7. Submit copies of ALL User certificate issued by Trainer and/or Agent within 30 days of certificate's issuance.
 8. Contact Agent-designated supervisors or quality assurance administrators as soon as possible if operational issues or problems arise with the proper administration or application of the LS/CMI assessment or its related components.

E. ORSP/JCEBP Quality Assurance Monitoring:

- a. Agent shall provide access for ORSP/JCEBP staff to facilities, staff, official records (including all collateral information and interview/case notes used in the scoring of the LS/CMI), and clients for the purposes of data collection and other LS/CMI quality assurance activities upon request. ORSP/JCEBP quality assurance monitoring reviews, including multiple methods (i.e., case reviews, surveys, analysis of quality assurance data), will be conducted on a periodic basis to ensure compliance across state agencies.
- b. Agent shall adhere to, comply with, and assimilate into policy all performance measurement standards herein and subsequently set forth by the ORSP/JCEBP to ensure the quality administration and application of the LS/CMI and its related components.
- c. Satisfactory LS/CMI performance (i.e., scoring, case management, MI/relationship skills) and compliance with quality assurance policy and procedures shall be used to evaluate the "good standing" of staff as it relates to (re)certification and be set forth by ORSP/JCEBP policy.
- d. Results of all staff reviews (i.e., Peer, Supervisor, and User Trainer) shall be submitted in ORSP/JCEBP developed or approved format to the ORSP/JCEBP upon

request or on no less than a biannual basis, corresponding to the first half (July 1st – December 31st) and second half (January 1st – June 30th) of the state's fiscal year. Results shall be submitted to the ORSP/JCEBP prior to January 31st and July 31st, respectively.

- e. As the certifying Agent for the LS/CMI and charged with ensuring it's proper use, the ORSP/JCEBP has the sole authority to set minimum standards for staff certification and performance criteria used to determine whether Agent or Agent staff are in "good standing."
- f. Failure to comply with the minimum standards set forth in this policy and/or remain in "good standing" may result in restricted access to LS/CMI online system, interruption of certification status, or other actions until the Agent and/or Agent staff become compliant and are deemed in "good standing" by the ORSP/JCEBP.



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How Three States Are Using Evidence to Build State Criminal Justice Policies

In this Innovations segment we highlight three State Administering Agencies (SAAs) that have created internal programs and offices dedicated to promoting, maintaining and integrating evidence based policies and practices (EBPP) within their criminal justice systems.

The West Virginia Justice Center for Evidence-Based Practice

Housed in the newly formed Office of Research and Strategic Planning (ORSP), under the Division of Justice and Community Services (DJCS), the Justice Center for Evidence-Based Practice (JCEBP) will enhance the work of the DJCS by supporting research, effective planning/coordination and the use evidence for informed decisions making. The focus of the Center's work includes: synthesis of current research, the translation of studies and data into resources for policymakers, education and training on EBPPs, and working with all levels of the West Virginia criminal justice system to help integrate evidence based policies and practices into their work.

"We decided to invest in-house resources as the best way to assure that our grant programs have access to the expertise to improve the performance of sub-grants. In addition, we believe that helping our sister state agencies improve outcomes benefits the entire state," explained J. Norbert Federspiel, director of the West Virginia Division of Community and Justice Services.

Although the Center is not yet fully operational, in 2010 it received dedicated state funding for three full time employees and should be fully staffed by July 2011. These employees will work closely with the Criminal Justice Statistical Analysis Center (SAC) which is also under the ORSP. By having the new Justice Center aligned with the SAC, the ORSP hopes to not only provide training and technical assistance, but also work closely with its criminal justice partners around assessment and evaluation. This internal policy should result in a single office that will be able to provide the West Virginia's criminal justice community with a one-stop-shop, for research, training, technical assistance and evaluation of current, promising and evidence based practices. Led by Dr. Stephen M. Haas, the ORSP and the Justice Center for Evidence Based Practices has begun working on integrating evidence based risk and needs based assessment tools into the work of multiple state programs. In particular Dr. Haas and the staff from JCEBP plan to integrate the Level of Service/Case Management Inventory into the entire spectrum of the West Virginia criminal justice system from community corrections programs to adult and juvenile institutions. Dr. Haas hopes that by integrating this validated assessment tool throughout the criminal justice arena, decision makers will make more informed conclusions while also increasing communication between criminal justice agencies who will now be utilizing the same terminology and assessment tool.

Pennsylvania's Resource Center for Evidence-Based Prevention and Intervention Programs and Practices

Housed within the Pennsylvania Commission on Crime and Delinquency (PCCD) the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices grew out of the PCCD's commitment to both the Communities That Care Model (CTC) and the implementation of evidence based practices throughout Pennsylvania. As reported in a previous *Justice Bulletin* article the PCCD's use of the CTC led to the implementation of over 100 evidence based program sites throughout the state. In 2008, recognizing the need for increased training and technical assistance the PCCD created the Resource Center.

The creation and success of the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices has required both political and programmatic buy-in from a number of key state partners including the Department of Public Welfare, the Juvenile Court Judges Commission, The Department of Education, and The Department of Health. By utilizing these relationships the Resource Center is able to work with programs, institutions and staff outside the purview of the PCCD.

The state funded Resource Center is comprised of two separate and distinct components: the Evidence-Based Prevention & Intervention Support Center (EPIS Center) and The Quality Improvement Initiative (Qii). The EPIS Center, which is run in partnership with the **Pennsylvania State University Prevention Research Center**, was created to support established evidence based programs and newly founded evidence based program models. The EPIS Center supports these programs by providing communities and program sites with training, technical assistance, support with implementation and follow up support regarding program fidelity. The EPIS Center also provides communities and programs with technical assistance surrounding program selection, program start-up, outcome measurement, quality assurance, and data management and reporting. The Resource Center currently focuses on helping communities with the following evidence based programming:

- **The Incredible Years***
- **Multisystemic Therapy***
- **Functional Family Therapy***
- **Strengthening Families Program 10-14**
- **Promoting Alternative Thinking Strategies (PATHS)***
- **Olweus Bullying Prevention Program***
- **Project Towards No Drug Abuse***
- **Big Brothers Big Sisters***
- **Life Skills Training Program***
- **Multidimensional Treatment Foster Care***

Starred * items are Blueprints Model Programs

The second component of Resource Center is The Quality Improvement Initiative (Qii) which is run in partnership with the **National Center for Juvenile Justice**. The Qii works with home grown programs to improve interventions through research, training, strategic planning, program audits and assistance with output and outcome measurement. The Qii project was designed to help programs and intervention strategies utilize the best available research, tools and knowledge to improve the work they are already doing in communities across Pennsylvania. The Qii is both comprehensive and scalable with the ability to provide a multitude of services that run the gamut of quality improvement.

Colorado's Evidence Based Practices Implementation for Capacity

Housed in the Colorado Department of Public Safety, the **Evidence Based Practices Implementation for Capacity (EPIC) program** is a multi-agency EBPP capacity building program. Started with a \$2.1 million in Byrne Justice Assistance Grant funds, EPIC seeks to build the capacity of all agencies, public and private, within the criminal justice system through the dissemination and utilization of evidence based modalities.

"Offenders who recycle through the justice system are a major drain on resources. Yet, for years, we have not incorporated the basic lessons of successful behavior modification into this system. Evidence continues to show that a key component of success is the connection between a case-worker and an offender. This training project gives criminal justice professionals the tools to work with offenders more effectively and establishes internal supports and coaching to reinforce these methods over the long term," said Jeanne Smith, director of the Division of Criminal Justice in the Colorado Department of Public Safety.

Instead of supporting the creation of new programs or interventions, EPIC provides the Colorado criminal justice system with new evidence based skill sets by training practitioners and managers in evidence based practices like **Motivational Interviewing (MI)** and **Mental Health First Aid (MHFA)**. Although these are not programs, both are distinctive client centered skills that can be used to dramatically enhance communication while also changing the way individuals communicate and work with client/offender populations. To date, EPIC has trained 544 people. Many of these trainings were "train the trainer" sessions who after intensive coaching and follow up, can be tasked with training their respective agencies.

In addition to the use of evidence based tools like MI and MHFA, EPIC provides intensive training, coaching and follow up services to all elements of the criminal justice system including, corrections, parole, probation, behavioral health and community correction. Instead of training staff by department, EPIC solicited requests from agencies to send groups of employees for training alongside members of other departments, the private sector and the non-profit sector. By holding intensive multi-step trainings with participants from across the criminal justice spectrum, EPIC works to enhance communication by helping participants build relationships across agencies. EPIC Program Manager Diane Pasini-Hill explained, "our mission is to create institutional change within the whole criminal justice system, not just install a program." This goal of creating change within the institutional cultures of criminal justice organizations is further evidenced by the programs use of what it calls change agents.

Change Agents are individual supervisors and/or line staff inside each department selected as champions

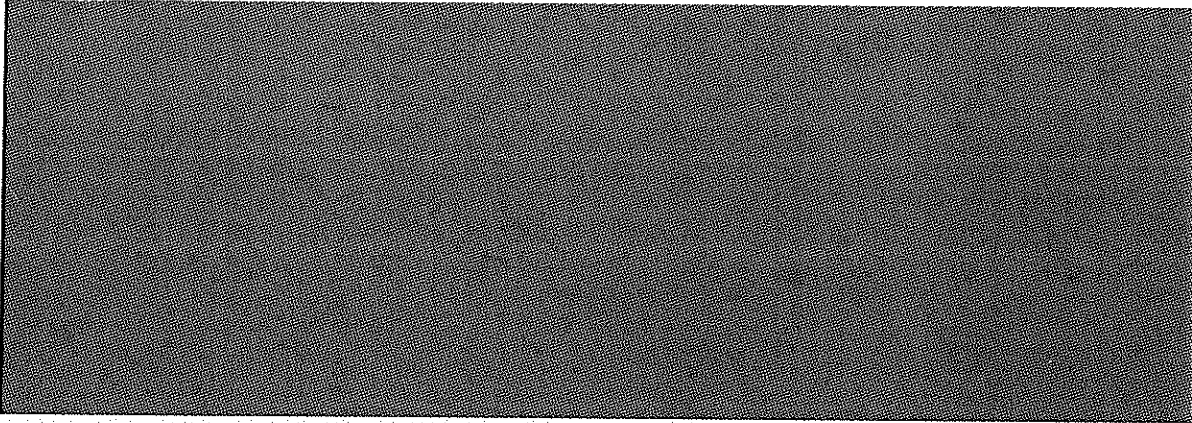
How Three States Are Using Evidence to Build State Criminal Justice Policies | NCJP

within their agency who will be groomed to to train, coach and provide feedback to subordinates and/or coworkers in order to implement and sustain motivational interviewing at a much deeper level than training alone could accomplish. These change agents are chosen both by the agencies and by EPIC staff from within the ongoing training classes. These individuals are then trained to become ambassadors for evidence based service delivery within their respective agencies. This level of inter-agency coordination and participation is possible because of the considerable amount of political buy in from individuals, institutions and commissions like the Colorado Commission on Crime and Juvenile Justice. Although the EPIC program is in its foundational years it has already received additional state funding and plans to have full implementation of the Motivational Interviewing technique in the coming years.

The programs described above all represent a shift from reliance solely on outside experts to having internal subject matter experts and a state driven commitment to utilizing evidence based practices and programs. As policymakers around the country continue to see and understand the potential for using EBPP's to decrease crime, victimization and criminal justice expenditures, other states may soon adopt similar programs. With the sobering budget realities of the coming years the work of state level centers for evidence based practices provide a blueprint for not only continuing the success of state programs but protecting the investments of time and energy that have already gone into changing the way that criminal justice systems use resources, see research and evaluation and react to new and innovative ways of protecting the public.

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Reducing Recidivism and Promoting Recovery

*West Virginia Implementation Plan for
Treatment Supervision*

January 2014

Reducing Recidivism and Promoting Recovery

West Virginia Implementation Plan for Treatment Supervision

The purpose of the West Virginia Implementation Plan is to set forth strategies to reduce recidivism of offenders with substance use disorders, thus decreasing the overrepresentation of individuals with behavioral health disorders in the justice system. This will be accomplished through the development of a common structure for community supervision agencies and behavioral health treatment providers in an effort to enhance collaborative partnerships and coordinate care for offenders being supervised in the community. Senate Bill 371¹ provides a foundation for the development of a joint plan between the Department of Military Affairs and Public Safety (DMAPS) and the Department of Health and Human Resources (DHHR) to implement an effective system of treatment supervision for substance dependent or addicted individuals under community supervision.

The WV DHHR, Bureau for Behavioral Health and Health Facilities was asked by the Office of the Governor to partner with the WV DMAPS, Division of Justice and Community Services to facilitate the development and implementation of community based behavioral health services and support an action plan required for implementation of the treatment supervision sentencing option as outlined in the Justice Reinvestment Act. The partnership focuses on engagement of behavioral health services treatment providers, provision of targeted training on offender populations and increased collaboration between providers and community corrections professionals with the objectives of expanding effective substance abuse treatment services and reducing recidivism among the offender population. This collaborative approach to services development and coordination forges a long overdue partnership and avoids service system duplication. Extensive research on national best practice, key stakeholder interviews and data analysis were used to inform this treatment supervision implementation plan. It is important that national, state and local efforts be considered in the development and alignment of service systems.

National Perspective

According to the Substance Abuse and Mental Health Services Administration, half of all incarcerated people have mental health problems; sixty percent have substance use disorders and one third have both. Two thirds of people in prison meet the criteria for substance use disorders, yet less than fifteen percent receive treatment after admission. Twenty four percent of individuals in state prisons have a recent history of mental illness, yet only thirty four percent receive treatment after admission. Over 700,000 federal and

¹ Senate Bill 371 – a bill passed during the 2013 WV Legislative session to reform aspects of the criminal justice system to improve public safety and address the growing prison overcrowding and substance abuse problems in this state.

state prisoners are released to communities in the United States every year. Correctional behavioral health problems become community behavioral health problems.

Affordable Care Act and Justice Involved

Populations

Healthcare coverage expansion means that individuals, while incarcerated or after leaving jails and prisons (generally without health insurance), will now have more opportunity for coverage utilizing exchanges or through Medicaid expansion upon re-entry to communities. There will be more opportunities to coordinate new health coverage with other efforts with the population to increase successful transitions. Addressing behavioral health needs can reduce recidivism and expenditures in the criminal justice system while increasing public health and safety outcomes.

National Framework

In 2012, the Council of State Governments Justice Center, the National Institute of Corrections, The US Department of Justice's Bureau of Justice Assistance and the US Department of Health and Human Service's Substance Abuse and Mental Health Services Administration cooperatively produced a white paper: *Adults with Behavioral Health Needs Under Correctional Supervision*, a guidance document for state systems development. The National Framework serves as a model for pretrial, jails, prisons, probation, parole, community correction and behavioral health providers in their shared commitment to help individuals with substance use /co-occurring disorders under correctional supervision.

National Framework Goals seek to:

- ◆ Advance collaboration and communication among systems
- ◆ Ensure that scarce resources are used efficiently
- ◆ Promote effective practices and accountability

Expanded Access to Health Care Needs

An estimated 22 to 30% of people newly eligible for Medicaid will have had contact with local criminal justice systems. Creating new levels of community engagement will be vital to HRSA-funded safety-net providers, given the complexity of health and behavioral health needs of individuals transiting out of criminal justice systems. Expanded access to healthcare brings abundant opportunities and showcases the need for new community partnerships with local criminal justice...systems.

-Substance Abuse Mental Health Services Administration, 2014

Justice Reinvestment in West Virginia

West Virginia participated in a bipartisan and inter-governmental effort to reduce prison growth and prevent crime using a data-driven "justice reinvestment" approach. A comprehensive analysis of the criminal justice system was conducted by the Council of State Governments Justice Center. A working group of legislative leaders from across the political spectrum, top court officials, state agency directors, and criminal justice stakeholders was established to review trends in the state's criminal justice system and develop policy options. The approach resulted in the passage of the Justice Reinvestment Act (JRA) during the 2013 legislative session.

CSG Involvement

The Council of State Governments (CSG) Justice Center provides technical assistance that helps states identify needs, gaps and unique opportunities for implementing best practices for recidivism reduction and reentry interventions. Consultants are currently supporting West Virginia in the implementation phase of the Justice Reinvestment Act and facilitating plan development through the Second Chance Recidivism Reduction and Reentry (SRR) grant program. These initiatives complement one another through shared research and data collection, cross-representation on planning and implementation teams and selecting aligned strategies that promote system integration, not duplication. The CSG has provided the following framework components to guide states in establishing strategies necessary to implement effective community based alternatives.

Reduce Substance Use

- ✦ Invest in community based treatment for people on supervision with substance use needs
- ✦ Establish partnerships and resources across systems
- ✦ Ensure effective substance abuse treatment in DOC

Improve Accountability

- ✦ Ensure all releases from prison are supervised
- ✦ Respond to violations with swift, certain and cost effective sanctions
- ✦ Strengthen community supervision

Strengthen Community Supervision

- ✦ Adopt a statewide risk/needs assessment and focus supervision resources on high risk offenders
- ✦ Maximize potential of day report centers (DRC's) to reduce recidivism
- ✦ Ensure implementation of evidence-based practices

Research on Community Supervision and Treatment: Guiding Considerations

During further review of national, state and local research, it was determined that key considerations must be acknowledged based on known best practices in supervising and treating offender populations. Considerations include:

Statutory and Financial Obligations

- ✦ Under the Eighth Amendment, corrections facilities are required to identify the health needs of inmates, including mental health needs and provide medication, treatment and other supports
- ✦ Correctional facilities are often not equipped with in-house expertise, housing options and funds to provide on-site behavioral health services
- ✦ Medicaid expansion will provide funding support for a population who has not been afforded the opportunity for healthcare
- ✦ A strong commitment to provide the necessary staffing and resources is necessary for monitoring supervision and treatment efforts and achieving positive outcomes.

Coordination, Collaboration, and Education

- ✦ Cross-agency coordination is critical in order to provide consistent and effective services across the continuum
- ✦ System reform education and on-going communication is necessary across multiple groups who share this overlapping population (prosecutors, community based treatment, Psi-Med, individual behavioral health providers, DRC's, drug courts, probation and parole and the recovery community)
- ✦ Community-based service providers often struggle with how to address the needs of offenders; thereby, often focusing on prevention rather than treatment. Training and education of providers on how best to address the criminogenic needs of offender populations is a necessity.
- ✦ Staff capacity to serve this population and differences in best practice interventions among varied systems may undermine effective communication and service provision.

Information Sharing

- ✦ Information and data must be efficiently (electronically) shared among all justice system agencies and treatment providers to support cross-systems implementation efforts, make informed decisions and maintain program integrity.
- ✦ Valid offender assessment is the first step in providing effective treatment and is contingent on sound interviewing skills, coupled with access to official record information and other collateral information (e.g., employers, family members, friends, etc.).
- ✦ Judges, prosecutors and defense attorneys must have access to accurate information on clinical needs and treatment alternatives to efficiently assess a case, determine disposition options and make informed decisions (diversion, supervision & treatment)

Offender Assessment and Addressing Criminogenic Needs

- ✦ Community-based settings are more cost effective than incarcerated settings and have a greater impact on recidivism.
- ✦ Screening for offender risk and needs post-conviction and prior to sentencing is necessary to individualize services, develop case plans targeting the criminogenic needs of individuals and make the best use of scarce resources.

- ◆ Clinical assessment to determine substance abuse treatment needs prior to discharge or release from the correctional setting is recommended to support timely engagement in appropriate services.
- ◆ The costs associated with treating incarcerated individuals with behavioral health disorders can be significantly greater than in the general population and provide management problems for administrators.
- ◆ High risk offenders should be prioritized and receive intensive treatment services targeting criminogenic needs, while treatment services to low risk offenders should be kept to a minimum.
- ◆ A “hybrid approach” combining intensive treatment with supervision and accountability is a best practice for reducing recidivism among offender populations.

Substance Abuse Treatment for Offender Populations

- ◆ Determining whether an individual dependent on a substance(s), rather than simply abusing a substance(s) is of critical importance in identifying who is in greatest need for services and prioritizing those services
- ◆ A drug-related arrest or positive drug test, by itself, is not sufficient for a diagnosis of dependence/addiction or determining the need for higher-intensity services
- ◆ Development and implementation of a therapeutic community approach to all addiction is essential to improved outcomes and cost-reduction associated with the disease.

Quality Assurance

- ◆ Monitoring and technical assistance are necessary for the successful delivery of supervision and treatment services.
- ◆ Treatment supervision programming will be governed strictly by standards applicable to all program components in full compliance with the requirements of SB 371 (§62-15-6a).
- ◆ Achieving quality supervision and treatment is a matter of policy and sustained quality assurance procedures are necessary for enhancing adherence to the risk-need-responsivity principles of effective correctional intervention.
- ◆ Managers and supervisors must attend to the relationship and structuring skills of service delivery staff via measurement and routine coaching/feedback processes.
- ◆ Selection, training, and clinical supervision of credentialed treatment staff and providers are critical for the development of programs effective at reducing offender recidivism.
- ◆ Involvement of researchers in program design, program delivery, program review, and process and outcome evaluations is associated with the most effective correctional interventions and programs.

Assessment of Current Practice

In addition to the results from empirical research described above, the Committee conducted an assessment of current practices to inform the implementation plan. Literature reviews on best practice and other qualitative research had to be considered to further develop the implementation plan. Joint planning meetings between the Division of Justice and Community Services and the Bureau for Behavioral Health and Health Facilities were held to identify key components of an implementation plan. In addition, interviews were conducted with key partners in community supervision to better ascertain current practice. In general, the Committee focused on:

1. Defining an appropriate target population to receive intensive community supervision and treatment services in line with SB 371;
2. Delineation of a phased approach to implementation taking into consideration:
 - a. Current assessment and diagnostic methods and how best to identify the target population and distinguish them from offenders with less need for services;
 - b. Appraisal of regional treatment system components, day report center capacity, as well as current gaps in availability and accessibility to intensive and other treatment services;
3. Assessment of current cross-system information sharing practices and needs; *and,*
4. Exploration of methods for assessing agency/provider performance and monitoring implementation, outcomes and progress of the efforts currently in place and designed to meet the needs of the population

Defining the Target Population

The JRA specifically refers to the prioritization of individuals who, based on risk and needs assessment, are high risk with moderate or high substance abuse treatment needs. The language in the JRA served as the foundation for identifying the characteristics of the population to be targeted. Of primary importance to the planning team was building a collaborative partnership between criminal justice system and community providers, eliminating gaps and building capacity, and expanding the access and availability of treatment programs in areas where the need is the greatest and where there was a better likelihood of successful implementation. In consideration of all the factors above, the Committee defined its target population as:

- Individuals who demonstrate a “high risk” for reoffending AND a “need for substance abuse treatment” - as indicated by the approved standard risk needs assessment (currently LS/CMI).
 - “High risk” is defined as a person with an overall LS/CMI risk score of high, meaning that the offender’s risk of committing a new crime is high. “A need for substance abuse treatment” is defined as a person having a score within the “alcohol/drug problem” domain of the LS/CMI of moderate to high.

- ◆ In addition to being identified as high risk/moderate to higher substance abuse need, other individuals who may benefit from engagement in treatment supervision programming are those who have:
 - Substance abuse addiction or dependence as assessed by a qualified behavioral health specialist, and/or;
 - Repeat violations of conditions of supervision directly linked to substance abuse, and/or;
 - The presence of a co-occurring disorder identified by an offender risk assessment or other diagnostic instrument (a substance use disorder in combination with a mental health disorder)

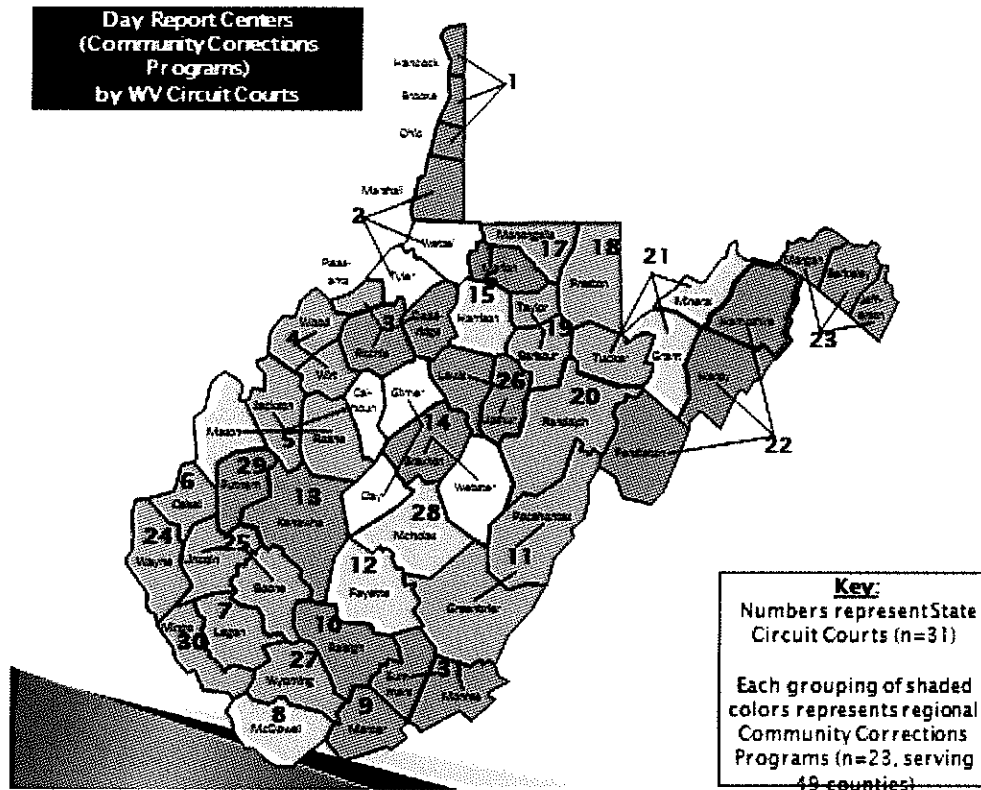
Selection of Phase One & Two Implementation Projects/Locations

Due to barriers most often associated with community re-entry, a two-phase approach has been adopted to support gradual and carefully monitored implementation. With over nine million individuals cycling through jails in the United States each year and two thirds of state prisoners rearrested within three years of release, this graduated process is necessary to support comprehensive systems change. The cooperation among community based providers will be the key to successful program implementation. Through cross-training opportunities and intense technical assistance monitoring, the capacity of phase one treatment providers will be increased. These highly trained individuals will serve as mentors and share lessons learned with phase two providers. Data collected during the first phase will also help inform and improve future practice.

Multiple sources of data were reviewed to identify the most appropriate project sites for each phase. Data sources included: 1) LS/CMI risk and needs data; 2) state police arrest data for fiscal year ending June 30, 2013; 3) parole release data; and 4) regional jail and supreme court data depicting numbers served. Information on the location of drug courts and day report centers was also taken into consideration. These data were combined with information on treatment provider capacity and availability to fully determine the sites to be included in each phase.

Figure 1 on the following page depicts the current location of all WV Day Report Centers (DRC's). DRC's will serve as one of the primary conduits for linking eligible individuals to treatment services in the community. The DRC's and community service providers will work closely together to manage referrals, share information, and develop treatment and supervision plans. While DRC's are a primary referral source, eligible persons may filter into treatment supervision from various sources.

Figure 1: Location of Day Report Centers in Operation, 2013



Selected Phase One and Phase Two Project Sites

Figure 2 on the following page represents the proposed pilot sites for phases one and two of this project. These sites were selected for their respective phases based on extensive review of the above referenced data, current research, and evidence based practices relevant to the target population. The selection of pilot sites was guided by information made available through the WV Department of Military Affairs, Division of Justice and Community Services, Division of Corrections, Regional Jail Authority, the WV Supreme Court of Appeals and the WV Department of Health and Human Resources, Bureau of Health and Health Facilities. Further delineation of phase one and phase two site development is offered in Table 1 on the next page. Given the collaboration set forth in SB 371, §62-15-6a (d) regarding the interface between the DJCS and the Governor’s Advisory Council on Substance Abuse, the Governor’s six substance abuse regions have been utilized to support alignment of all substance abuse related service system development initiatives that have been underway and planned through this effort.

Figure 2: Location of Phase 1 and Phase 2 Project Sites

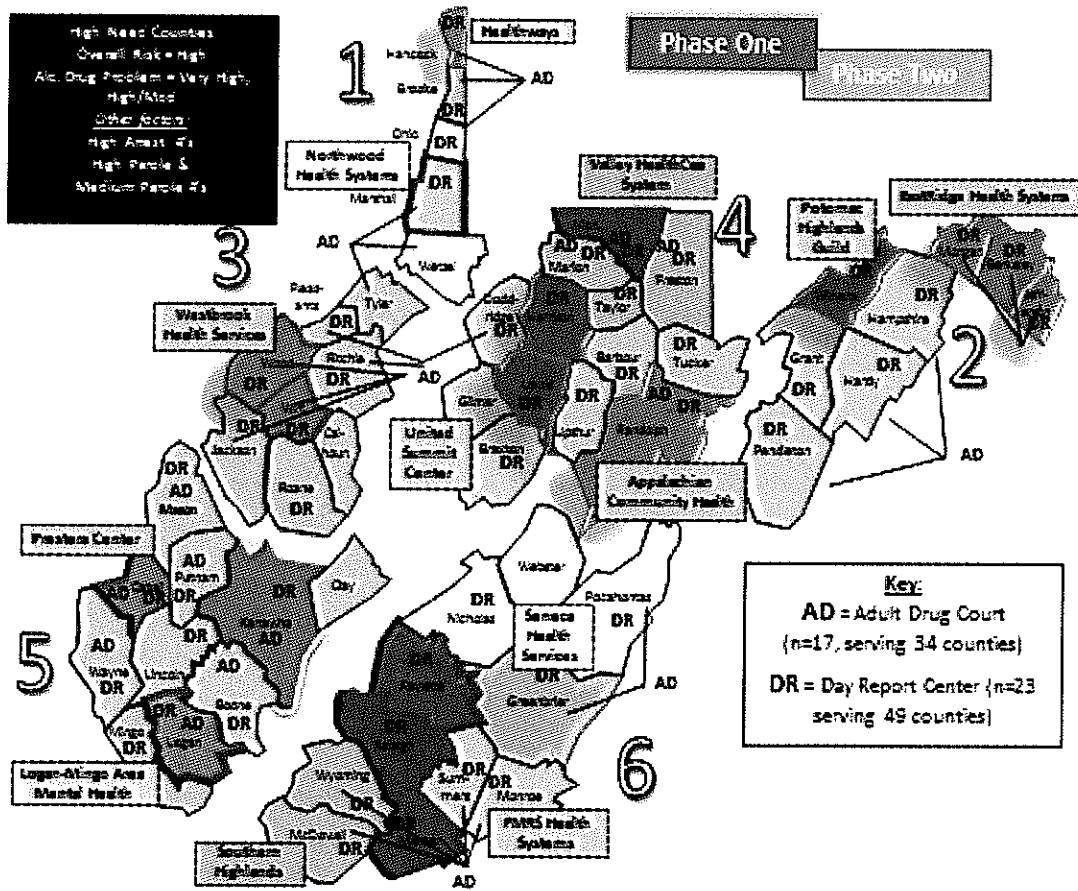


Table 1: Descriptive Characteristics of Selected Project Sites by Implementation Phase

Phase 1 Program Area Selection	Phase 2 Program Area Selection
Region One: Marshall	Region One: Hancock
Region Two: <i>Implementation planned for phase two</i>	Region Two: Morgan, Berkeley, Jefferson and Mineral
Region Three: Wood / Wirt	Region Three: <i>No additional counties selected for phase two</i>
Region Four: Monongalia	Region Four: Harrison, Lewis And Randolph
Region Five: Cabell and Logan	Region Five: Kanawha
Region Six: Fayette, Raleigh, Mercer	Region Six: Greenbrier

Review of Cross-System Assessment, Treatment and Information Sharing Practices

In order to make implementation recommendations, it was essential to fully explore and understand current system components. Understanding and considering the assessment and treatment options afforded to individuals moving through the justice system and beyond (§16-15-2 (2)) was key to development of the plan. Summarized next are the findings of this cross-systems review:

Assessments and Treatment Options:

Pre-Trial- In West Virginia, individuals can be held in a county or regional jail, a day report center or at home prior to trial. Currently, an eight question risk assessment (ORAS) is conducted at the regional jail for all individuals, with the exception of the federally held inmates. The brief questionnaire was established to determine flight risk and was implemented in all regional jails beginning October 2013, in coordination with the Supreme Court. While ORAS is a useful tool for aiding decisions on which defendants are more or less at-risk to fail to appear in court, it is not adequate for guiding intensive treatment considerations for offenders at post-conviction.

Post-Conviction Prior to Sentencing- The Level of Service/Case Management Inventory (LS/CMI), the risk and needs assessment adopted by all state correctional agencies and treatment providers receiving treatment supervision funds, is conducted after conviction and prior to sentencing. Judges can request a clinical evaluation to determine behavioral health needs. All persons placed in the custody of the Regional Jail Authority receive a medical assessment covering physical and behavioral health needs within 72 hours of placement. The individual is then seen by a counselor who may determine that the person is in need of more intense assessment or intervention and is referred to PsiMed, a contractor through PrimeCare, the regional jail system medical provider. These assessment and diagnostic procedures should aid in sentencing decisions and assist in determining offender eligibility for treatment supervision.

Sentencing- If an individual is considered for Adult Drug Court, a clinical assessment is conducted. Evidence based programming, case management and treatment team meetings are required as part of the program. If an offender is sentenced to prison but is held at a regional jail facility, they will have access to substance abuse and life skills classes, which are offered at all regional jails across WV, as well as a DUI pilot program beginning January 2014. If sentenced to a WV prison, individuals are screened for their risk of recidivism, mental health and substance use needs at intake. A full assessment is completed when they screen positive for likelihood of a problem. Therapeutic treatment programming is provided for those who demonstrate a need. Residential Substance Abuse Treatment (RSAT) units operate within five Division of Corrections facilities and provide treatment beds for chronic alcoholics and addicts within prisons. The primary modality of treatment within these units is the Therapeutic Community, wherein offenders are exposed to values and principles consistent with those found in the larger society rather than within the prison subculture. At the same time, they are placed in intensive treatment programs to overcome their addictions.

The agency also operates one community-based center that serves as an aftercare unit for offenders completing the Therapeutic Community. This center is designed to provide a safe transition for the offender from prison to the community, with peer support and follow-up addiction services to the populations as they gradually transition back into society. This program is recommended after evaluating the inmates' past substance abuse history and criminal history as it relates to substance abuse. Offender programs are also available that include: rational thinking models, victim empathy, substance abuse, family-based violence, sex offender, adult basic education/GED preparation, vocational education and college courses. Day report centers offer an array of individual and group education, treatment, and supervision services either at the facility or through external contracts. Similar to the above, the LS/CMI combined with other diagnostic tools will serve as the basis for the determination of treatment eligibility and the development of case supervision and treatment plans rooted in the principles of effective correctional intervention.

Inter-Agency Information Sharing

Nearly all of the recommendations contained in this implementation plan are dependent on information sharing across systems (SB 371, §62-12-29). Critical to success is the efficient sharing of valid offender risk/needs assessment information, other diagnostic indicators, and official record information (e.g., pre-sentence investigations, prior disciplinary reports, prior performance on supervision, etc.) necessary for proper assessment and supervision purposes. To assist in this process, the Division of Justice and Community Services (DJCS), Office of Research and Strategic Planning (ORSP), Justice Center for Evidence Based Practice (JCEBP) has established an online LS/CMI system which contains assessment information on all offenders entering and exiting every correctional agency in the state, with the exception of Probation Services. The system allows for a single log-in point for access to all LS/CMI's conducted in the state on adult offenders. Access to the system is restricted to currently employed staff members who have met all official certification criteria for administering or utilizing the LS/CMI tool. The system is set up to allow for state agencies and community based treatment providers to enroll in the system in order to offer seamless access to all LS/CMI's.

In addition, the DJCS/ORSP captures information on all offenders sentenced to Day Report Centers in the state through the Community Corrections Information System 2.0. Access to data contained in the system must be provided to state agencies and treatment providers for valid completions of the LS/CMI. The DJCS/ORSP is prepared to provide such access once inter-agency agreements are in place. Similar mechanisms must also be put in place to readily share information from the OIS system (containing DOC and RJA information) and the Supreme Court. Treatment providers will also be required to electronically submit treatment integrity and offender performance outcomes and other information to correctional supervision agencies. The DJCS and BBHFF will continue to develop reporting requirements, measures, and methods for electronic information sharing.

Quality Assurance

Information sharing is further necessary for the development of an adequate system to measure performance and the quality delivery of services. This is an added reason for the efficient capturing and sharing of information on treatment services and correctional supervision practices. Best practices in offender supervision and treatment include measuring relevant practices of staff/programs and providing feedback. The ORSP/JCEBP has established a series of minimum standards, training and certification, and quality assurance policies. In addition, the ORSP/JCEBP currently captures data on the accuracy of LS/CMI assessments, case plans, motivational interviewing practices, and the use of core correctional practice among all correctional agency staff, with the exception of probation. This is a system that will be utilized in cooperation with the BBHFF and treatment providers funded for providing services to offenders.

The ORSP/JCEBP currently uses the Online Learning Management System (OLMS) to track certifications for all correctional agencies in the state, except probation. This provides a method for ensuring correctional staff have met professional standards for training. The OLMS system will be used to capture the information on treatment provider credentials and the completion of minimum certification/recertification requirements for extant as well as new trainings developed under the Justice Reinvestment initiative.

The DJCS/ORSP will work closely with the BBHFF to develop reporting requirements and track capacity for grantees and methods for sharing information across agencies.

The BBHFF will provide on-site monitoring of all treatment provider agencies through direct engagement of Programs leadership and staff. Treatment programming implementation will be monitored by the Program's Team to insure that all timeframes are met and that services capacity is achieved as quickly as is feasible. In addition, the BBHFF Monitoring and Compliance division will provide regular on-site monitoring to insure that providers are meeting the intent set forth in Statements of Work (SOW). The SOW is the official grant document that delineates all funding agreements put into place and captures the type of service/programming, location, scope, target populations, timeframes, evidence based programming and reporting requirements and cost, as well as other legal mandates that may be governed by local, state, federal or other entities. This monitoring will include fiscal monitoring as well as a review of the clinical scope of and fidelity of all programming developed. Technical assistance will be readily available to providers during start up and on-going. In addition to the BBHFF oversight for programming requiring behavioral health licensure, the Office of Health Facilities Licensure and Certification (OHFLAC), an Office governed by the Office of the Inspector General, will also provide regular monitoring and oversight to ensure full compliance with all applicable standards. For providers accessing Medicaid funding to support implementation of billable programming the WV

Bureau of Medical Services (BMS) will provide oversight of as well as technical assistance to providers.

Key Implementation Plan Recommendations and Strategies

Taking into consideration the vast amount of research, analysis and delineation of elements required to support the development of a comprehensive treatment supervision implementation plan, the DJCS and BBHF have agreed on and set forth the following recommendations in Table 2. These recommendations, in concert with information outlined within or referenced within this document, will guide efforts to fully and effectively develop statewide capacity to serve offenders as part of reentry efforts.

Table 2: Plan Recommendations and Strategies

Recommendations	Strategies
<p>1. Guide quality improvement and capture consistent process and outcomes through shared assessment and evaluation and information sharing practices across the criminal justice system</p>	<ul style="list-style-type: none"> • Develop system and project-wide information sharing protocols among/ between justice services and community service providers • Create a single dashboard for capturing consistent agreed upon measures providing a readily accessible snapshot of performance and cost savings. (see example, Vermont Model) • Build on extant DJCS/ORSP quality assurance processes to ensure adherence to risk-need-responsivity principles • Utilize standardized fidelity measures for implementing assessments and service delivery • Enroll all treatment providers in the LS/CMI online system and Online Learning Management System to administer and track (re)certifications of all training requirements • Implement a standardized treatment planning document, to compliment and provide supplementary information for LS/CMI case plans
<p>2. Improve person-centered, individualized care for offenders with behavioral health needs by implementing evidence-based programs and practices and administering risk/needs assessment and other diagnostic tools prior to sentencing and throughout the criminal justice process</p>	<ul style="list-style-type: none"> • Clinical assessments would be given to 100% of individuals prior to sentencing and release who are considered for community treatment and support services • Provide consistent EBP training and interventions across the criminal justice and behavioral health systems • Build on existing quality assurance systems to improve monitoring of assessment quality, case plans, provider/DRC staff credentials, and outcomes

<p>3. Ensure that all behavioral health and criminal justice providers/facilities (jails, prisons, drug courts, day report centers) offer a consistent continuum of assessment, treatment and community peer/recovery support services</p>	<ul style="list-style-type: none"> • Consistent risk/needs and clinical assessments be provided in all systems to individuals at risk for substance use/co-occurring disorders • Consistent behavioral health services be provided to individuals diagnosed with substance use/co-occurring disorders • 100% of individuals considered for community supervision would be assigned a peer recovery/support specialist prior to release from any institution and/or upon placement into community corrections directly • Provide funding targeted to engagement and out-patient services • Provide targeted funding for community peer/recovery support services • Provide funding targeted to recovery residences to provide safe and stable housing for individuals in community support services
<p>4. Improve consistency in community and peer support expansion by enhancing the monitoring and supervision of local day report centers</p>	<ul style="list-style-type: none"> • Developing a clear policy framework for the implementation of treatment supervision • Co-monitor behavioral health services in coordination with BBHFF

Building State and Community Capacity

In spite of numerous training conferences and a volume of program guidance, the lack of cross-systems collaboration, training and information sharing within the justice system as well as between the justice and behavioral health systems has resulted in a fragmented system. This has impacted the capacity to provide adequate and quality services statewide. Local control, diverse administrative structures, and varied community resources from one locale to another often results in varying levels of service. Workforce capacity, transportation, and availability of treatment services have been noted by justice professionals, providers and the Governor’s Advisory Council on Substance Abuse and Regional Task Forces as overall barriers to service provision.

According to SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation, there are specific evidence-based programs and practices which have been deemed effective for treating substance abuse and dependence among the offender population. Cross-training among criminal justice and behavioral health providers who share responsibility for supervision and treatment of offenders in the community is critical. An offender population has unique characteristics that contribute to their risk for reoffending and it is important that community behavioral health providers are well-versed in the

principles and treatment strategies associated with effective correctional intervention. The following discussion provides an overview of the recommended training strategy for criminal justice professionals and treatment providers.

As shown in Table 3, there are a variety of system and grantee training needs that must be addressed to facilitate the successful implementation of treatment supervision. Basic concepts include education on implementation fidelity, offender assessment, quality assurance, performance measurement, and ensuring proper data collection in order to evaluate progress and assess outcomes. These “system training” concepts are encouraged across all agencies working with offender populations. Specific grantee training requirements relate to the types of skills and information that will be required of treatment providers offering services under the Justice Reinvestment Initiative.

While many of the training concepts are currently offered by DJCS and/or BBHFF, the Justice Reinvestment funds will provide an opportunity to bring in national consultants to offer evidence based program cross training among community providers. This will result in consistent programming and increased multi-system communication and collaboration. Trainings will be evaluated as well as certification processes promoted across systems in order to better ensure that work force capacity will be sustained over time, provider skills will be maintained, and treatment integrity will be promoted and preserved.

Table 3: Overview of Criminal Justice System and Behavioral Health Grantee Training Needs

System Training	Grantee Training
JRI Implementation	Cognitive Behavioral Therapy
Reliable Administration of LS/CMI and Other Assessments	Offender Risk Assessment
Implementing Evidence-Based Practices with Fidelity	Motivational Interviewing
Data Collection and Reporting Outcomes Across Systems	Relapse Prevention
Quality Assurance and Performance Measurement	Medication Assisted Treatment
Community and Peer Based Supports	Offender Case Coordination
Trauma Informed Care	Clinical Assessment
Community and Peer Based Supports	Understanding Criminogenic Risk/Need and Principles of Effective Correctional Intervention
	Community and Peer Based Supports

Plan for the Delivery of Offender-Based Workshops

Table 4 provides a list and description of required trainings for community based treatment providers working with offenders on community supervision. The trainings are generally listed in an order in which the trainings should occur with each workshop building on the next. The DJCS in coordination with the BBHFF will provide coordination

for getting trainers established, overseeing the delivery of trainings in the field, and monitoring the quality of training efforts. The DJCS has established a train-the-trainer system for all correctional agencies in the Executive with policies designed to monitor and sustain fidelity over time. It is anticipated that this system can extend to community based providers; thereby, providing a strong partnership between human services and the criminal justice system as well as a system for monitoring professional standards and maintaining treatment quality.

As shown in Table 4, the initial training will provide an introductory overview of the principles of correctional intervention, with special emphasis on characteristics of effective programs and the issue of treatment integrity. Ideally, this training would be followed by a Level of Service/Case Management Inventory (LS/CMI) User workshop for those providers that plan to administer the tool. For providers who will *not* be administering the tool, a 2-day "Case Manager" training is recommended to assist them in interpreting the results of the LS/CMI and creating case plans that are consistent with the RNR principles. Provider organization staff will be expected to become trainers in order to help sustain knowledge of the LS/CMI among treatment providers. For quality or fidelity purposes, the DJCS has developed statewide minimum policies relating to the use of the LS/CMI and Motivational Interviewing (MI) for all correctional agencies in the state and can be used to guide our efforts to ensure the continuation of proper training and quality assurance mechanisms among treatment providers.

Motivational interviewing (MI) is recommended to follow the initial LS/CMI trainings. Currently, the DJCS offers training on fundamentals, followed by an additional day for trainers focusing on scoring, coaching/feedback, and measuring treatment integrity. Participants are taught how to utilize MITI for the purposes of scoring interviews and measuring the quality of treatment. These trainings are comprehensive and are recommended as an integral part in the administration of the LS/CMI, as well as for the daily interaction with offender populations. Lack of motivation is a common responsivity issue among offender populations and must be addressed to get offenders engaged in treatment and maximize reductions in recidivism. MI strategies are also important in the successful delivery of treatment programs and enhancing the therapeutic nature of programs.

A primary predictor of offender recidivism is the presence of "antisocial attitudes" or "criminal thinking." Thinking for a Change is highly recommended for treatment providers due to its focus on this central domain, and its comprehensive use of cognitive-behavioral strategies or tactics. This can be considered a foundational cognitive-behavioral curriculum for offender populations. All day report center staff delivery programming to offenders will also be required to become certified in this curriculum. The strategies learned in this training can be utilized to address other criminogenic needs, including substance abuse. Therefore, it provides a strong foundation for the substance abuse curricula recommended in this plan.

Table 4: Offender-Based Workshops for Providers – Key Partners

Workshop	Description
“What Works” in Offender Treatment	1 day. Introductory review of research and empirically supported principles, interventions, and strategies. Emphasis is on what makes effective treatment programs for offenders and establishing treatment integrity.
LS/CMI User Workshop^a	3-4 day User workshop, with 1 follow-up interviewing coaching/feedback session. Reviews application of principles of effective correction intervention via offender assessment and case planning. Successful participants are certified to administer the instrument on offenders. Recertification every 2 years. (Note: 2 day Case Manager Training is recommended as a substitute for those who do not plan to administer the tool).
LS/CMI - User Trainer Workshop	3-4 day User Trainer workshop, with 1 follow-up coaching/ feedback session and teaching observation. Provides participants with teaching strategies and practice in training Users on every aspect of the standardized LS/CMI curriculum. Successful participants are certified to train Users in agency in which original certification was approved. Recertification once a year.
Motivational Interviewing Fundamentals	2 days, satisfactory completion of MI in accordance with the LS/CMI minimum standards policy for certification. Centers on understanding fundamentals with extensive practice of the 8 stages of MI.
Motivational Interviewing Treatment Integrity for Trainers	1 day. MI fundamental prerequisite. Completion of the Trainer Workshop, with satisfactory completion of Motivational Interviewing Treatment Integrity (MITI) Evaluation. Satisfactory completion of 1 interview with an offender/client. Focuses on teaching participants how to score an MI interview using MITI 3.1 and provide coaching/feedback for improving interviewing skills.
Thinking for a Change Training- An Integrated Cognitive Behavior Change Program	4 days. Other requirements TBA. Focus is on utilizing cognitive-behavioral strategies to recognize and change criminal thinking. Special emphasis is on cognitive self-change, social skills and problem solving.
Strategies for Self-Improvement and Change^b	3 days. Other requirements TBA. Focus on steps or phases that are developed around three stages in the circle of change (challenge phase of change, commitment to change, and ownership of ones change).
Cognitive-Behavioral Interventions for Substance Abuse Treatment	3 days. Other requirements TBA. Relies on a cognitive behavioral approach to teach participant strategies for avoiding substance abuse. Emphasizes skill building activities to assist with cognitive, social, emotional, and coping skill development.

a. Necessary only for providers who have not received a MI training in recent years. A process will be established to review education and prior certifications/trainings.

b. Providers will be required to be certified on only 1 of the 2 substance abuse curricula, if they plan to deliver the curricula.

Treatment providers will also be required to become certified in at least one of the two substance abuse curricula listed in Table 4, if they plan to facilitate group substance abuse programs or deliver the curricula. The choice of two curricula include: 1) Strategies for Self-Improvement and Change or 2) Cognitive-Behavioral Interventions for Substance Abuse Treatment. Using Justice Reinvestment funds, trainers will be established across agencies to deliver each of the substance abuse curricula. The BBHFF and DJCS will co-monitor the quality of trainings by trainers and tracking certifications.

Treatment Supervision and Service Selection

The Planning Team has determined that application for funding announcements (AFA's) will be the mechanism utilized to announce, solicit and award funding to support the development of treatment supervision coordination and services availability in the regions/counties identified. All AFA's will provide an overview of the West Virginia Justice Reinvestment Legislation and Implementation Plan outlining specific requirements for those applying for funding including an emphasis on key partnerships and service system components that will be essential to project success. AFA technical assistance will include an emphasis on training and data reporting requirements, an overview of the scope and type of clinical and support services, as well as utilization of recovery/transitional housing. Increased capacity development will support the existence of a full continuum of behavioral health services for the target population in order to promote successful outcomes. Table 5 includes individual services that have been selected as part of a comprehensive funding announcement. These services are defined based on the Substance Abuse Mental Health Services Administration (SAMHSA) guidance and credentials listed are required for certification and aligned with Medicaid reimbursement policies.

Table 5. Service Selections Defined with Credential Requirements

Service Title	Definition	Education and Credential
Engagement Services	Includes the evaluation and service planning support needed to address the complex needs of individuals and their families impacted by mental disorders, substance use disorders and associated problems with specific services that include: Assessment, Specialized Evaluations including Psychological, Service Planning including Crisis Planning, Consumer and Family Education and Outreach and Advocacy	WV Medicaid Manual: MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN <ul style="list-style-type: none"> STAFF CREDENTIALS - Staff must have a minimum of a master's degree in a field of human services or a bachelor's degree in a field of human services with proper supervision and oversight by an individual with a minimum of a master's degree. Staff must be properly credentialed by the agency's internal credentialing committee.
Outpatient	Out-Patient Services- is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual with mental, substance and other disorders aimed to achieve and maintain	WV Medicaid Manual: BEHAVIORAL HEALTH COUNSELING, PROFESSIONAL, INDIVIDUAL <ul style="list-style-type: none"> STAFF CREDENTIALS - Must be performed by a minimum of a Master's level therapist using generally accepted practice of therapies recognized by

	<p>sobriety, physical and mental health with maximum functional ability with services that may include: Individualized Evidence-Based Therapies, Group Therapy, Family Therapy, Multi-Family Counseling, and Consultation with Care-Givers</p>	<p>national accrediting bodies for psychology, psychiatry, counseling, and social work. Alcohol and Drug Counselors (ADCs) are considered to be credentialed to provide Behavioral Health Counseling, Individual, so long as they have a master's degree in a clinical field, but only when directly addressing Substance Abuse treatment issues. To provide therapy in other treatment areas, the ADCs must be credentialed by the applicable accrediting bodies of their respective professional disciplines</p> <p>BEHAVIORAL HEALTH COUNSELING, PROFESSIONAL, GROUP</p> <ul style="list-style-type: none"> • STAFF CREDENTIALS – same as above
Community Support Services	<p>Community Support Services-meaningful daily activities such as a job, school, volunteerism, family caretaking or creative endeavors that are usually developed through the participation in social networks; gaining independence, income and resources to support participation in a safe and stable environment. Services include: Social, daily living and cognitive skill building, case management, continuing care, behavior management, supported employment, supportive housing, recovery housing and therapeutic mentoring</p>	<p>WV Bureau for Behavioral Health and Health Facilities: CARE COORDINATION</p> <ul style="list-style-type: none"> • STAFF CREDENTIALS – High school graduate and working toward BBHFF Community Support Specialist Certification
Recovery Residence	<p>Substance Use Recovery Residences sometimes referred to as Transitional Living , Oxford Houses, Recovery Homes, and Healing Place models provide safe housing for individuals, age eighteen (18) and older who need or are in recovery from substance use and/or substance use and co-occurring mental disorders. These services follow and/or are concurrent with short-term treatment (typically short-term</p>	<p>WV Bureau for Behavioral Health and Health Facilities: RESIDENCE STAFF</p> <ul style="list-style-type: none"> • STAFF CREDENTIALS – High school graduate with lived experience

	residential) and is intended to assist those individuals for a period of twelve (12) to eighteen (18) months or until it is determined that an individual is able to safely transition into a more integrated environment. All applicants for funding to operate a Level II Recovery Residence must provide statements agreeing to meet the BBHHF's Substance Use Recovery Residence Standards that are aligned with national standards.	
Recovery Support Services	Provide opportunities of change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities with services that may include: Peer Support, Recovery Support Coaching, Recovery Support Center Services, Supports for Self Directed Care	WV Bureau for Behavioral Health and Health Facilities: RECOVERY COACH <ul style="list-style-type: none"> • STAFF CREDENTIALS – High school graduate with lived experience

Performance Measurement and Quality Assurance

The implementation of evidence-based practices requires evaluator involvement in the measuring of staff and program performance. Performance will be monitored throughout each phase of implementation, providing periodic feedback to DJCS, BBHHF, correctional supervision agencies, and funded services providers.

Capturing and Reporting Outcomes

The BBHHF will provide clinical and fiscal oversight of the awarded grantees in cooperation with the Division of Justice and Community Services. The DJCS will also continue to monitor day report centers and collect data on service delivery and offender outcomes. Efforts will be made to develop joint monitoring procedures that account for treatment integrity specific to offender populations and common behavioral health modalities. Joint monitoring procedures will provide consistency in measurement and reporting for treatment providers and community supervision agencies. The assumption is that if provider staff is trained in best practice interventions, and quality programming is implemented, client outcomes will improve (see Figure 4).

Figure 4. Quality Improvement Model



Therefore, it is critical that training specific to offender populations occurs and continues on an ongoing basis and that training efforts and service delivery are closely monitored for quality. As mentioned in the recommendation, in order to report on the effectiveness of the JRA and understand cost savings, it will be necessary to capture consistent measurements program-wide that include, but are not limited to:

1. # individuals eligible for community supervision services
2. Percentage of clients with completed RNR offender assessments
3. # individuals selected for community supervision
4. Percentage of high risk clients being served
5. # and type of services for individuals participating in community supervision services
6. Percentage of clients moderate to high in substance abuse need being served by an evidence-based treatment or service
7. # individuals completing community supervision services
8. # individuals in safe and sober housing
9. # individuals employed
10. Percentage of clients with responsivity concerns being addressed in case plans
11. # individuals engaged in educational opportunities
12. # revocations
13. responsiveness to treatment with relation to baseline
14. # qualified/trained staff

In addition to the summary measures above, correctional interventions require the consistent measurement of relevant, evidence-based practices accompanied with feedback to both providers and clients. Relevant practices for offender populations include, but are not limited to, monitoring the quality of offender assessments, case plans, motivational interviewing, and staff interactions. Use of core correctional practice and adherence to the risk-need-responsivity principles is also necessary for influencing outcomes. Therefore, DJCS and BBHFF will adjust performance measures throughout the project. Changes in performance measures will be informed by preliminary monitoring and outcomes results as well as evidence-based practices and research from both the correctional and behavioral health fields.

Program Monitoring

Several types of monitoring activities are necessary to ensure proper implementation. These include: compliance monitoring, fiscal monitoring, and performance monitoring. Compliance monitoring will center on whether grantees adhere to the terms of the grant, program rules, and requirements. This process typically includes examining how closely implementation match the program plan, any deviations to the plan, and how processes can be brought back into compliance. Fiscal monitoring will be completed to assess adherence to budgetary requirements.

Performance monitoring involves a much more intensive process to assess the “quality” of services and treatment integrity as described in the section “Capturing and Reporting Outcomes.” This monitoring will include observations, analysis of official data, examination of quality assurance measures and interviews with key stakeholders. The DJCS has systematically developed in conjunction with agency program monitors a correction program assessment inventory which will aide programmatic monitoring visits and analysis. The DJCS will work with the BBHFF to develop joint-methods for informing performance monitoring reviews. At minimum, performance reviews will occur on bi-annual basis. It is anticipated that a formal research evaluation designed to assess the effectiveness of enhanced treatment supervision on offender recidivism will be after the implementation of both phases.

Additionally, a simple summary of outcomes that are developed in coordination with all criminal justice entities statewide will be necessary to help lawmakers and key stakeholders plan for future funding and program support. The State of Vermont in coordination with the Council on State Governments has developed a dashboard² that supports this common outcomes framework and is recommended as a cross-system resolution. While the dashboard is not specific to treatment supervision, it will provide summary indicators for the Justice Reinvestment efforts as a whole.

Quality Improvement

The planning team will continue to meet regularly throughout the implementation phases and will ask additional members to join the team as necessary to support and guide system improvements as outlined in the plan recommendations.

² <http://csgjusticecenter.org/nrrc/posts/vermonts-innovative-system-for-tracking-correctional-data-and-trends/>

Timeline for a Phased Approach- Phase One

	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June-December 2014
Research of National Best Practice Models for State System Improvements	Focus group with members of target population	Finalize Treatment Supervision Implementation Plan	AFA Technical Assistance Workshop provided by February 14, 2014	AFA's reviewed and awarded by March 24, 2014	Programs and services launch	Programs and services launch	On-going	On-going
Planning Meetings with Key Stakeholders	AFA's Developed and Released by January 27, 2014	Monitor and support timely response for all AFA questions during open period	Initial meetings with granted providers to review applications, make final adjustments including budget documents	Monitoring and TA for Community Based Providers	Monitoring and TA for Community Based Providers	Monitoring and TA for Community Based Providers	On-going	On-going
Review of JRA, JRI Policy Recommendation s; Current System Documents (Assessments, Data, Schedules, Trainings, Grants)	Initiate scheduling of required training for key partners and providers	Continue scheduling activities for training	JRI Systems Training	JRI Systems Training	JRI Systems Training	JRI Systems Training	Additional training scheduled and provided as needed	On-going
Implementation oversight team meetings to guide implementation, troubleshoot and plan for Phase Two initiation	On-going	On-going	On-going	On-going	On-going	On-going	On-going	On-going *Estimated Phase Two implementation beginning June/July 2014

Definitions

Assessment- An integrated series of procedures conducted with an individual to provide the basis for the development of an effective, comprehensive and individualized treatment plan.

Behavioral Health System-The service system that offers a continuum of mental health promotion, substance abuse prevention and early intervention programs universally for the general public as well as community based treatment and recovery support services for individuals with mental health and substance use disorders.

Care Coordination- A service which identifies, connects and provides personal and community supports to individuals with a diagnosis of mental illness, substance abuse, or co-occurring disorders, and who are committed, have a history of commitment, or are in danger of commitment to a state psychiatric or private diversion facility and would benefit from discharge planning and/or community based services

Community Corrections- An umbrella term for the supervision of criminal offenders in the community that includes probation, parole, home confinement, and day report centers but excludes institutional corrections. Community corrections is also referred to as community supervision.

Community Support Services- meaningful daily activities such as a job, school, volunteerism, family caretaking or creative endeavors that are usually developed through the participation in social networks; gaining independence, income and resources to support participation in a safe and stable environment. Services include: Social, daily living and cognitive skill building, case management, continuing care, behavior management, supported employment, supportive housing, recovery housing and therapeutic mentoring.

Conditions of Supervision- Stipulations with which persons placed on community supervision must comply or face possible sanctions up to and including revocation of their community supervision. General conditions, such as not engaging in criminal activity, apply to all individuals under supervision. Special conditions, such as participation in drug or mental health treatment, are added on a case-by-case basis.

Correctional Control and Supervision- The monitoring and management practices exercised by corrections agencies over individuals for whom they are responsible both in an institution and the community in order to maintain order and safety and to carry out the mandates of the criminal justice system.

Correctional Rehabilitation- Intervention targeting and individual's attitudes, thinking, behavioral, or other factors relating to their criminal conduct to reduce the likelihood of reoffending.

Criminogenic Needs- The characteristics or circumstances (such as antisocial attitudes, beliefs, thinking patterns and friends) that research has shown are associated with criminal behavioral, but which a person can change. These needs are used to predict risk of criminal

behavior. Because these needs are dynamic, risk of recidivism can be lowered when these needs are effectively addressed.

Criminogenic Risk- The likelihood that individuals will commit a crime or violate the conditions of their supervision. Risk does not refer to the seriousness of a crime.

Criminogenic Risk Factors- Characteristics, experiences and circumstances that are predictive of future criminal activity such as criminal history, antisocial attitudes, thinking, patterns and friends. Through risk assessments the presence of these characteristics can be used to predict the likelihood that the individual will reoffend.

Diversion- Offers persons charged with criminal offenses alternatives to traditional criminal justice proceeding and it permits participation by the accused only on a voluntary basis and it occurs no sooner than the filing of formal charges and no later than a final adjudication of guilt and it results in a dismissal of charges or its equivalent, if the individual successfully completes the diversion process.

Day Report Centers- The West Virginia Community Corrections Act (Chapter 62, Article 11C of the WV State Code) provides a means for communities to develop, establish and maintain community based corrections programs to provide the judicial system with sentencing alternatives for those adult offenders who may require less than institutional custody.

Drug Courts- Intended to address addiction, and thus seek as participants offenders who are both high risk (of future offences) and high need (severity) of substance problems. Key team members include ADC Judge, Prosecutor, Probation Officer and Treatment Professionals

Engagement Services- includes the evaluation and service planning support needed to address the complex needs of individuals and their families impacted by mental disorders, substance use disorders and associated problems with specific services that include: Assessment, Specialized Evaluations including Psychological, Service Planning including Crisis Planning, Consumer and Family Education and Outreach and Advocacy

Evidence-Based Practices- Clinical interventions or administrative practices for which consistent scientific evidence demonstrates that, when they are implemented correctly, expected and desired outcomes are achieved. EBPs stand in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Out-Patient Services- is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual with mental, substance and other disorders aimed to achieve and maintain sobriety, physical and mental health with maximum functional ability with services that may include: Individualized Evidenced-Based Therapies, Group Therapy, Family Therapy, Multi-Family Counseling, and Consultation with Care-Givers

Recovery Residence- Recovery Residences sometimes referred to as Transitional Living, Oxford Houses and Recovery Homes, provide safe housing for individuals, age eighteen (18) and older who are in recovery from substance use and/or substance use and co-occurring mental disorders. These services follow and/or are concurrent with short-term treatment (typically short-term residential) and is intended to assist those individuals for a period of twelve (12) to eighteen (18) months or until it is determined that an individual is able to safely transition into a more integrated environment.

Recovery Support Services- provide opportunities of change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities with services that may include: Peer Support, Recovery Support Coaching, Recovery Support Center Services, Supports for Self Directed Care

Research and Resources

- ✦ *Justice Reinvestment in WV, Policy Options for Consideration, January 2013*
- ✦ *Adults With Behavioral Health Needs Under Correctional Supervision, 2012*
- ✦ *DOC, Supreme Court Website Review*
- ✦ *ORAS, University of Cincinnati*
- ✦ *Regional Jail Medical Assessment, 2013*
- ✦ *DCJCS Data and Maps*
- ✦ *Division of Corrections RSAT/ TC Data Brochure*
- ✦ *SAMHSA GAINS Center for Behavioral Health and Justice Transformation*
- ✦ *SAMHSA, BEHAVIORAL HEALTH AND CRIMINAL JUSTICE: CHALLENGES AND OPPORTUNITIES, Pamela Hyde, July 2012*
- ✦ *Interviews with John Lopez-Regional Jails, Mike Lacy, Lora Maynard and Robert McKinley-Adult Drug Courts and Probation, Jennifer Ballard –DOC*
- ✦ <http://csgjusticecenter.org/nrrc/posts/vermonts-innovative-system-for-tracking-correctional-data-and-trends/>



**Office of Research and Strategic Planning (ORSP)
WEST VIRGINIA DIVISION OF JUSTICE AND COMMUNITY SERVICES**

**EBP Quality Assurance in Community Supervision Ad Hoc Committee Report
for the West Virginia Community Corrections Subcommittee**

Prepared by

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Committee Members: Stephen Haas (Chair), David Bailey, Cary Ours, Fred McDonald, Chris Dean, Tim Hanna, Tonia Thomas, Tonia Hoover, and Erika Blackburn. *Staff:* Sean Noland, Bridget Connolly, Jason Metzger, and Nicholas Leftwich.

This report summarizes the results of the Evidence Based Practice (EBP) Quality Assurance in Community Supervision Ad Hoc Committee. This Committee is charged with (1) identifying what constitutes quality or effective community supervision, (2) generating recommendations for how to measure quality assurance and evidence based practices in community supervision, and (3) developing a system for reviewing community supervision practices to assess performance.

Legislative Authority

SB 371 is a legislative action designed to address the prison overcrowding problem in West Virginia through collaboration of multiple agencies and branches of government. The bill requires that changes be made throughout the criminal justice system statewide; several of these changes relate to new requirements concerning evidence-based practices and quality assurance methods. The bill states that the Community Corrections Subcommittee shall:

“Review the implementation of evidence-based practices and conduct regular assessments for quality assurance of all community-based criminal justice services, including day report centers, probation, parole and home confinement. In consultation with the affected agencies, the subcommittee shall establish a process for reviewing performance. The process shall include review of agency performance measures and identification of new measures by the subcommittee, if necessary, for measuring the implementation of evidence-based practices or for quality assurance. After providing an opportunity for the affected agencies to comment, the subcommittee shall submit, on or before September 30 of each year, to the Governor, the Speaker of the House of Delegates, the President of the Senate and, upon request, to any individual member of the Legislature, a report on its activities and results from assessments of performance during the previous year.”

To meet the new requirements that SB 371 poses, the above referenced Committee was established to identify a process for the assessment and reporting of quality assurance indicators to the Community Corrections Subcommittee. Members include representation from all community supervision agencies, including day report centers, home confinement (via DRC directors working with HC), probation, parole, and the Division of Justice and Community Services, Office of Research and Strategic Planning.

Why Quality Matters

It is commendable to take steps to implement evidence-based practices within the criminal justice system, specifically corrections. Yet, if community supervision and treatment programs are not successfully implemented and monitored on a regular basis for their adherence to known best practices then their capacity to reduce recidivism is appreciably diminished.

Quality assurance provides the information necessary for determining whether supervision practices and programs are being implemented properly and operating in the manner in which they are designed. Simply put, quality assurance gives knowledge that things are done the right way. Prior research tells us that quality in community supervision matters for reducing recidivism. Quality assurance also provides stability and standardization across the system, giving those involved in the process a common language and set of criteria. Having a common language and criteria provides benchmarks of quality and offers attainable and measurable goals for agencies to reach.

Research has identified a number of factors that impact the quality of service delivery in correctional environments. Any quality assurance system should measure and seek to address known factors that impede successful implementation. These include:

- Organizational culture/management
- Staff attitudes and orientation
- Staff selection, training, and competence
- Poor monitoring/feedback to staff
- Lack of evaluator involvement
- Clinical supervision of staff

“What Works” in Community Supervision and Treatment of Offenders

There is extensive research on “what works” in corrections, and specifically community corrections. The meta-analytic studies of correctional research indicate that certain types of programs and interventions are effective at reducing the rate of recidivism of offenders. However, studies also indicate that few community-based programs are adhering to known evidence-based practices for correctional supervision and treatment. What results is a gap between scientific understanding of evidence-based strategies and how these programs and strategies are actually implemented in the field. By bridging the gap between research and practice, the potential effectiveness of community interventions drastically increase.

It is important to point out that just knowing what is evidence-based is not enough to implement the practices successfully. There is a need for the integration of the evidence-based principle(s) into practice, organizational development which supports a sustained commitment to quality implementation, and a high degree of collaboration across agencies and branches of government.

Evidence-based practices include several components that separate them from other practices. The components include (1) a definable outcome, (2) measurability, (3) and are defined according to practical realities (i.e., recidivism).

Eight Principles of Evidence-Based Practice

Research on evidence-based practices has developed to the point of establishing a framework of principles, or a set of rules known to be effective, in corrections. The principles are as follows:

- Assess Actuarial Risk/Needs
- Enhance Intrinsic Motivation
- Target Interventions
 - Risk Principle
 - Need Principle
 - Responsivity Principle
 - Dosage
 - Treatment integrity
- Skill Train with Directed Practice (CBT)
- Increase Positive Reinforcement
- Engage Ongoing Support in Natural Communities
- Measure Relevant Processes/Practice
- Provide Measurement Feedback

The successful implementation of these practices requires a combination of efforts which relate to organizational and staff development and the monitoring of program/staff performance. Such efforts include a) developing staff knowledge, skills, and attitudes congruent with current research-supported practices via measuring relevant practices and providing coaching and feedback; b) implementing offender programming consistent with research recommendations; c) monitoring staff and offender programming to identify discrepancies or fidelity issues; and d) measuring verifiable outcomes related to agency/staff performance and offender programming.

Sources of Data and Quality Assurance Processes

Measuring the performance of community supervision requires the identification of specific indicators and the collection of multiple sources of data. It also requires 1) some degree of standardization across community supervision agencies in terms of data collection and 2) the correct measures being

incorporated into extant data systems. A meaningful quality assurance process cannot be separated from data collection systems.

Four (4) main themes were identified by the EBP QA Ad Hoc Committee to use as a frame for developing evidence based practice indicators. The areas were identified through a literature review of other correctional program evaluations which have been validated and found reliable and common instruments for measuring program quality such as the Correctional Program Checklist and the Correctional Program Assessment Inventory. The areas include:

- 1) Policy and Procedures
- 2) Training and Education
- 3) Offender Assessments
- 4) Treatment and Supervision Characteristics

Each of the four main areas then were broken down into the EBP principles and their related indicators, specific to SB 371 and adoption of practices in West Virginia community corrections.

Submission of reports to the Governor, the Speaker of the House of Delegates, the President of the Senate and, upon request, to any individual member of the Legislature is dependent on the process of obtaining the relevant data that relates to evidence based practices in community corrections in West Virginia.

Reports are only as good as the data that is collected; therefore, it is integral to collect the most accurate, up-to-date, and reliable information. Data can come from multiple sources, and the same indicator can be measured in different ways. Cross-agency sharing of information is critical for obtaining the data necessary to measure performance.

Data sources for Measuring Community Supervision Quality:

- Agency Submissions
- Correctional Supervision Staff Surveys
- Offender-Based Surveys
- Official Education, Training, and Certification Records
- Official Management Information System Data (e.g., CCIS, LS/CMI Online, etc.)
- Official Quality Assurance Data
 - Assessment Review (AR) forms; inter-rater reliability
 - Case Management (CM) forms; case management
 - Relationship Skills (RS) forms; motivational interviewing and skills
 - Supervisor Review forms; core correctional practices
 - Agent Annual Review; organizational development and culture
- Case File Reviews
- Observations and Program Monitoring
- Treatment/program provider data/survey

There are many sources of data that can be used to evaluate a program or facility. It can be unreasonable or outside the manpower of the agencies to evaluate all sources of data on an annual basis; however, a global understanding and knowledge of the facilities can be obtained via a rotating collection of data sources. Through a rotating collection of data sources, reporting of data will occur on a cycle with differing timeframes. It is also important to note that quality assurance and performance is a dynamic process which will change overtime as new data comes available, and information is learned on the performance of community supervision and treatment programs.

Reports will, as mandated by SB 371, be submitted annually to the Governor, the Speaker of the House of Delegates, the President of the Senate, and upon request, to any individual member of the Legislature. Each annual report will consist of a different collection of measures as determined by the reporting cycle of data sources. While the reports will not be of identical sources of information, each one will present a range of reliable information and ongoing performance evaluation of the community corrections programs in West Virginia.

The quality assurance indicators and processes identified thus far by the Evidence Based Practice (EBP) Quality Assurance in Community Supervision Ad Hoc Committee are attached to this report.

Quality Assurance Indicators for Evidence Based Practices in Community Supervision
Office of Research and Strategic Planning/Justice Center for Evidence Based Practice

Data Source: 1 = Agency submissions; 2 = Correctional supervision staff surveys; 3 = Offender-based surveys; 4 = Official education, training, certification records; 5 = Official management information system data; 6 = Official quality assurance data; 7 = Case file reviews; 8 = Observations and program monitoring; 9 = Treatment/program provider surveys

Reporting Cycle: 1 = Annual; 2 = Biennial; 3 = Triennial

POLICY AND PROCEDURES

EBP Principle	Indicator	Data Source	Reporting Cycle
Mission Statement	References the use of evidence based practices within the agency	1, 2, 8	1, 3
Hiring Standards	Job description includes educational requirements for staff/contractual positions	1, 2, 8	1, 3
	Job description includes experience/further continuing and/or educational and/or training requirements	1, 2, 8	1, 3
	Job description references the use of evidence based practices and treatment supervision	1, 2, 8	1, 3
	Policy promotes the hiring of treatment staff with minimum of 4 year degree with a knowledge of social/behavioral theories of crime	1, 2, 8	1, 3
	Policy promotes the hiring of administrative staff with a min. of a post-graduate degree with a knowledge of social/behavioral theories of crime	1, 2, 8	1, 3
	Policy encourages the hiring of staff who possess human service experience working directly with offenders	1, 2, 8	1, 3
Professional Credentials	Policy requires staff to have, or obtain, professional credentials in EBP for the field of corrections/treatment	1, 2, 4, 8	1, 2, 3
	Hiring contract to remain in good certification standing for professional credentialing	1, 2, 4, 8	1, 2, 3
RNR principles	Policies appropriately reference the RNR principles and use of offender assessments	1, 2, 8	1, 3
	Policies that contradict evidence based practices, include RNR principles	1, 2, 8	1, 3
	Policies identify the timing for completeness of RNR assessments (i.e., within 90 days of intake)	1, 2, 8	1, 3
	Policies appropriately reference the RNR principles for the purposes of case management	1, 2, 8	1, 3
	Policies encourage and provide guidance for the use of graduated sanctions	1, 2, 8	1, 3
	Policies and procedures to receive client input on program and staff quality	1, 2, 8	1, 3
CCP	Policies identify the use of evidence based, cognitive behavioral programming for clients	1, 2, 8	1, 3
Quality Assurance	Policies that emphasize the importance of reinforcements and relationship skills with offenders	1, 2, 8	1, 3
	Policies referencing and procedures in place for internal/external self-monitoring or QA to RNR principles	1, 2, 8	1, 3
	Policies that require periodic evidence based training and education	1, 2, 8	1, 3
	Policies that require agency self-monitoring and coaching/feedback to staff on provided trainings	1, 2, 8	1, 3
	Policies and procedures for staff (re)certification processes for RNR assessments and other diagnostic tools	1, 2, 8	1, 3
	Policies dictate procedures for staff reporting of irregularities, misconduct, or practices that diminish the quality of evidence based practices	1, 2, 8	1, 3
	Policies establish and encourage staff comments and concerns related to program/supervision quality	1, 2, 8	1, 3
	Policies assess adherence to evidence based practices during staff formal employee performance reviews	1, 2, 8	1, 3
	Policies require the regular reporting of program/supervision evaluation results for improving performance	1, 2, 8	1, 3

TRAINING AND EDUCATION

EBP Principle	Indicator	
Education	% of staff with a minimum of a 2 -year, 4 -year, and/or post-graduate degree in a human service field	1, 2, 4
	% of staff with a minimum of 3 years of experience working directly with offender populations	1, 2, 4
Experience	Annual program/supervision staff turnover rate	1
	% of staff who have successfully completed a RNR offender assessment training	1, 2, 4, 5
RNR Principles	% of staff who are in good standing for use of RNR offender assessment tools	1, 2, 4, 5
	% of staff who receive regular clinical supervision	1, 2, 6
Organizational Culture	% of staff who support the goals and objectives of the treatment/supervision program	1, 2
	% of staff who receive training on ethical guidelines/standards	1, 2, 4
	% of staff who identify with human service orientation	1, 2
	% of staff trained on the appropriate use of rewards and punishers	1, 2, 4
	% of staff comfortable in providing input to supervisors on program/supervision quality	1, 2
	% of staff who identify with effective use of authority	1, 2
	% of staff who identify with the concepts of social learning theory/modeling and reinforcement	1, 2
	% of staff who identify with the concepts of cognitive skill and problem solving	1, 2
	% of staff who support goals of rehabilitation and offender change	1, 2
	% of staff who report high levels of organizational responsibility	1, 2
	% of staff who identify with connecting and using community resources	1, 2
	% of staff who support use of offender assessments	1, 2
	% of staff who identify with interpersonal relationship skills	1, 2
Boosters	% of staff who attend annual trainings with an evidence based practice component	1, 2, 4
Professional Credentials	% of staff with professional criminal justice credentials/certification	1, 2, 4
	Mean CEU hours per staff per agent	1, 4
Feedback	% of staff who attend at least bi-monthly meetings for purposes of receiving EBP performance feedback	1, 2
	% of staff that receive written feedback on their adherence to various evidence based practices	1, 2, 6

OFFENDER ASSESSMENT

EBP Principle	Indicator		
Risk	Offender assessments are validated and reliable and normed for an offender population	1, 8	1
	% of new admissions in a year, with a completed initial offender assessment	5, 6	1
	% of clients with completed initial offender assessment	5, 6	1
Needs	Mean number of days between intake and assessment	5, 6,	1
	% of cases/participants with risk level appropriately identified in case management plan	5, 6, 7	1, 2, 3
	% of clients served who are assessed as medium to high risk	5, 6	1
Needs	% of clients with programs/supervision/services longer than 6 year with a re-assessment	5, 6	1
	% of terminated clients with a discharge assessment	5, 6	1
	% of case management plans identifying criminogenic needs	5, 6, 7	1, 2, 3
Needs	% of case management plans target more criminogenic to non-criminogenic needs	5, 6, 7	1, 2, 3
	% of case management plans with a minimum of 3 identified criminogenic needs	5, 6, 7	1, 2, 3
	% of case management plans with measurable goals and appropriate time frames	5, 6, 7	1, 2, 3
Responsibility	% of case management plans with criminogenic needs appropriately prioritized	5, 6, 7	1, 2, 3
	% of case management plans which appropriately address responsibility issues	5, 6, 7	1, 2, 3
	% of case management plans which identify responsibility concerns for individual clients	5, 6, 7	1, 2, 3
CCP	% of cases/participants for which assessment results were verbally communicated to client	5, 6	1
	% of staff for which inter-reliability of offender assessments are complete	5, 6	1
	% of staff achieving proficiency in motivational interviewing	5, 6	1
Assessment Quality	% of certified assessment users that complete peer-to-peer QA forms	5, 6	1
	% of case management plans developed and completed with adherence to RNR principles	5, 6, 7	1, 2, 3
	% of cases/participants with appropriate use of collateral information	5, 6, 7	1, 2, 3
Assessment Quality	% of cases/participants assess with 30 days of intake/admission	5, 6, 7	1, 2, 3
	% of overrides used by agency and sector	5, 6	1

TREATMENT AND SUPERVISION CHARACTERISTICS

EBP principle	Indicator	
Risk	Clients separated by risk levels identified by offender assessment results	1, 2, 3, 8, 9
	% of participants in treatment and supervision by select time frames by modality and risk levels (dosage)	5, 7, 9
	Average number of programs a low risk client is enrolled in by modality	3, 5, 7, 8, 9
	Average number of programs a medium risk client is enrolled in by modality	3, 5, 7, 8, 9
	Average number of programs a high risk client is enrolled in by modality	3, 5, 7, 8, 9
	Number of contacts with provider by modality	5, 7, 8, 9
	% of medium to high risk clients in each treatment program and/or supervision level	2, 5, 7, 9
	% of cases/participants with proper treatment matching by modality	5, 7, 9
	% of clients with treatment gains from intake assessment to discharge	5, 7, 9
	Proportion of high risk needs addressed by program/supervision	2, 5, 7, 9
Need	% of treatment programs/services specializing in offender populations	1, 9
	% of treatment programs/services that target criminogenic needs and behaviors	1, 9
	% of treatment programs/services that target non-criminogenic needs and behaviors	1, 9
	% of treatment programs/services rooted in cognitive behavioral theory and techniques	1, 9
	% of programs/services available to serve offenders with learning and/or physical disabilities	1, 9
	% of programs/services available to serve offenders with mental illnesses and/or co-occurring disorders	1, 2, 3, 8, 9
	% of gender-specific programs/services available and utilized	1, 2, 3, 8, 9
	Number and percentage of programs with groups with or fewer than 10 participants	1, 2, 3, 8, 9
		1, 2, 3, 7, 8, 9
		9
CCP	Staff and treatment/supervision providers use of graduated sanctions	1, 2, 3
	% of evidence-based programs and services utilized that follow a standardized curriculum	1, 2, 5, 8, 9
	% of participants who (un)successfully complete the program/service/supervision	3, 5, 7, 8, 9
	% of cases/participants with discharge/aftercare plans developed	3, 5, 7, 8, 9
	Staff with effective use of authority (mean, %)	2, 3, 6, 8, 9
	Staff use of social learning theory/modeling and reinforcement techniques (mean, %)	2, 3, 6, 8, 9
	Staff use of cognitive skill and problem solving strategies/programs (mean, %)	2, 3, 6, 8, 9
		2, 3, 5, 6, 8, 9
	Staff use of advocacy and brokerage and use of community resources (mean, %)	9
	Staff use of interpersonal relationship skills (mean, %)	2, 3, 6, 8, 9
MI	% of staff who submit audio tapes for review and feedback	3, 6
	% of staff who meet proficiency of MI skills	2, 3, 6
Recidivism	% of case/participant successful program/service/supervision completions	5, 6, 7
	% of case/participant probation/parole/program/service revocations	5, 6, 7
	% of case/participant rearrest, new convictions, reincarcerations	5, 6, 7

Notes: % may be substituted with averages or means when applicable; Policies refer to written documents which expectations that proper procedures for implementation are put in place



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**JUSTICE CENTER FOR EVIDENCE BASED PRACTICE
Office of Research and Strategic Planning**

**WV Division of Justice and Community Services
Department of Military Affairs and Public Safety**

DATE: 04.26.2011
SUBJECT: Statewide LS/CMI User and User
Trainer Certification Policy
TYPE: Policy Directive
PAGES: 9

- I. **AUTHORITY:** In June 2009, the Governor's Commission on Prison Overcrowding recommended the adoption and use of offender programs that utilize the Risk-Needs-Responsivity (RNR) model across the state. The LS/CMI is a RNR assessment tool that meets that recommendation and facilitates the development of evidence-based practices and programs for offender populations. To ensure the proper implementation and use of the RNR model, the Justice Center for Evidence Based Practice (JCEBP) was created to develop statewide policies and procedures for the application of the LS/CMI and systems of monitoring for the purpose of ensuring quality. The JCEBP is housed in the West Virginia Division of Criminal Justice Services (DJCS), Office of Research and Strategic Planning (ORSP). Now, therefore, in consideration of the duties and responsibilities prescribed by the Governor's Commission on Prison Overcrowding, the JCEBP is responsible for LS/CMI training and quality assurance, which includes the development of a minimum standards policy for User and User Trainer certification, LS/CMI implementation and administration, and the establishment of systems for monitoring.
- II. **POLICY:** This policy establishes requirements and responsibilities for Users and User Trainers of the Level of Service/Case management Inventory (LS/CMI) in the correctional system of West Virginia.
- III. **DEFINITIONS:**
 - A. Agent – Any governmental or nongovernmental organization, agency, or facility operating within the state of West Virginia and conducting assessments on offender populations.
 - B. Level of Service/Case Management Inventory (LS/CMI) – An actuarial assessment that details the risk and need factors of persons sixteen years and older. It provides a linkage between these factors and the development of a case plan that is specific to the offenders' Risk-Need-Responsivity (RNR). It is distributed by Multi-Health Systems, Inc.
 - C. Motivational Interview – A client-centered, directive method of exploring and resolving offender ambivalence about change by eliciting the offender's own intrinsic motivation.

- D. Good Standing: Person has met all minimum JCEBP (re)certification requirements; remains in compliance with all roles and responsibilities and policy/procedures; and received at minimum satisfactory reviews from User Trainer/Designated Supervisory Staff and Master Trainer and/or JCEBP during the previous 12 months or last certification.
 - E. Risk-Need-Responsivity Principles or RNR – Specific principles that are used for effective correctional treatment.
 - a. *Risk Principle*: Match the level of treatment to level of risk
 - b. *Need Principle*: Target treatment interventions toward reducing major dynamic risk factors and/or enhancing major protective/strength factors
 - c. *Responsivity Principle*: Match treatment mode to offender characteristics. This includes both the use of cognitive-behavioral strategies (general) and matching services to the individual learning styles, motivation level, and demographic and personality characteristics of offenders (specific).
 - F. Certified LS/CMI Supervisor – Agent staff member who is assigned by the Agent as a supervisor, and retains the status of, at minimum, certified LS/CMI User by the ORSP/JCEBP. This person has the responsibility of monitoring and verifying quality assurance for an Agent and/or assigned staff.
 - G. Certified LS/CMI Case Manager – Agent staff member who does not administer and score the LS/CMI but has access to LS/CMI results, case plans, or other information for the purposes of fulfilling case management/classification activities or other required job duties and is certified by the ORSP/JCEBP.
 - H. Certified LS/CMI User – Agent staff member trained and certified by the ORSP/JCEBP in the administration of the LS/CMI by a User Trainer or Master Trainer.
 - I. Certified LS/CMI User Trainer – Agent staff member trained and certified by a ORSP/JCEBP Master Trainer to train users in the administration of LS/CMI.
 - J. Master Trainer – Agent staff member trained and certified by Multi-Health Systems, Inc. to train both Users and User Trainers in the administration and application of the LS/CMI.
- IV. **APPLICATION:** This policy is applicable to all Agents and all persons who are employed by Agents that utilize the LS/CMI assessment tool.
- V. **REQUIREMENTS:** Minimum requirements are set forth by the JCEBP and are consistent with standard practice in the field and policies and procedures set forth by other states. Certification is valid for two years from the date of the Certificate issuance for Users; certification is valid for one year from the date of the Certificate issuance for User Trainers. All certifications are subject to Master Trainer and/or JCEBP approval. Any deviations from the requirements and procedures outline in this policy may result in decertification of User or User Trainer status. See Table LS/CMI User and User Trainer Minimum Certification Requirements and Terms, appended.

A. Users: Staff members responsible for administering and scoring the LS/CMI assessment instrument.

a. *Certification requirements*: Requirements listed below must be met prior to unsupervised use of LS/CMI instrument.

i. Prerequisites: The following prerequisites must be met prior to the User Certification workshop

1. High school degree or equivalent.
2. Must attend and successfully complete the User training workshop.

ii. Training: Staff member must attend three to four (3-4) day LS/CMI training workshop, conducted by a User Trainer or Master Trainer. LS/CMI training workshop must include, at minimum, the follow focal areas:

1. Introduction: LS/CMI
2. Introduction: "Central Eight"
3. Theories: Social Learning & PIC-R
4. Evidence Based Practices
5. RNR Model and Meta-analytic/Research Support for the Model
6. Introduction to Forms:
 - a. QuickScore Form
 - b. Scoring Guide
 - c. Interview Guide
 - d. Case Management Protocol
7. Motivational Interviewing/Interviewing Skills
8. Case Planning/Management
9. Quality Assurance
10. Review Online LS/CMI system
11. Other material as required by MHS or JCEBP

iii. Exams: Staff member shall complete two (2) exams (1. Content Exam & 2. Rating Exam) at the end of the User training workshop; must receive a score of 75% on both exams for and complete Section 1 of the Rating Exam with no more than 6 incorrect items and obtain a Total Risk Score within 3 points of the correct answer.

1. If user does not score satisfactorily on any part of the Content or Rating exam, one retake of the tests is allowed. Retake may occur only once and all sections must be passed upon retake. If test is not passed, regardless of the User's initial score, then User must re-take the LS/CMI training workshop.
 - a. Exam retakes will be under the direct observation of the User Trainer or a LS/CMI certified Supervisor; retakes will take place during the next User Workshop scheduled by LS/CMI User Trainer/Supervisor.

- iv. Motivational Interview (MI): Upon the successful completion of the User Training workshop, the staff member must successfully complete one (1) motivational interview (MI) with an offender; User Trainer or Master Trainer must listen to and score the MI using MITI 3.1.1 (or most recent version) and a JCEBP-approved evaluation of the coverage of the LS/CMI assessment items. Staff member must score “satisfactory” on both evaluations. Only User Trainers and/or JCEBP staff certified in MI Scoring are permitted to score MI of Users or User Trainers.
 - 1. With prior authorization from User Trainer or Master Trainer, the MI may be audio/video taped and mailed to User Trainer or Master Trainer for observation and scoring. Scoring can also take place through direct observation with JCEBP approval (the JCEBP requires recording interviews even when directly observed due to the complexities of the scoring system).
- v. Online system: The User must demonstrate proficiency in the use of the online system, as observed and scored by the User Trainer and/or Master Trainer; may be assessed through classroom exercises and/or LS/CMI “Experience” requirement.
- b. *Supervisor or User Trainer Monitoring*: If staff member does not successfully complete all certification requirements, he or she must be monitored by a User Trainer or LS/CMI Certified Supervisor until the staff member can re-attend a User Training Workshop and successfully complete all Certification Requirements.
- c. *Recertification*: Staff member must have been previously certified as a LS/CMI User, met all prerequisites prior to Recertification Workshop Training; successfully completed all of the User Recertification Requirements, and otherwise be in Good Standing as judged by the User Trainer *and* Master Trainer and/or JCEBP. See Table LS/CMI User and User Trainer Minimum Recertification Requirements and Terms, appended.
 - i. Prerequisites:
 - 1. Experience: User must complete a minimum of five (5) LS/CMI online assessments per year for recertification; the User’s online LS/CMI assessments will be scored for assessment validity by a Certified LS/CMI Supervisor or User Trainer or Master Trainer prior to the Recertification Workshop Training. Completed “Assessment Verification Form” to be submitted to User Trainer and JCEBP thirty (30) days prior to workshop.
 - 2. Motivational Interview (MI): User must submit one (1) Motivational Interview to the User Trainer or Master Trainer for review and scoring thirty (30) days prior to the Recertification Workshop Training; the MI will be scored by a User Trainer or Master Trainer as part of the recertification requirements.

- ii. Recertification Training: User must attend and successfully complete a one to two (1-2) day User Recertification Training Workshop every two (2) years; instructed by a User Trainer or Master Trainer.
 - 1. User Recertification Training Workshop shall consist of at least three (3) or all of the following areas:
 - a. Review of LS/CMI forms and online system
 - b. Update on research related to risk assessment, EBP, MI, and effective case management
 - c. Motivational Interview
 - d. Scoring accuracy/Inter-rater reliability
 - e. Case Management/Matching Needs/Risks
 - f. Quality Assurance
 - g. Content and Interview Rating/Vignette Exam
- iii. Exams: A content and interview rating exam will be given at the end of the User recertification workshop; User must score 75% on both exams and complete Section 1 of the Rating Exam with no more than 6 incorrect items and obtain a Total Risk Score within 3 points of the correct answer.
- iv. Refresher Trainings: Users must attend a one to two (1-2) day Refresher Training every two (2) years, beginning one (1) year after initial certification, instructed by a User Trainer or Master Trainer.
 - 1. User Recertification Training Workshop shall consist of at least three (3) or all of the following areas:
 - a. Review of LS/CMI forms and online system
 - b. Updates on research related to risk assessment, EBP, MI, and effective case management
 - c. Motivational Interview
 - d. Scoring accuracy/Inter-rater reliability
 - e. Case Management/Matching Needs/Risks
 - f. Quality Assurance
 - 2. Guidance on the curriculum will be provided by JCEBP.
- v. Supervisor or User Trainer Monitoring: If staff member does not successfully complete the requirements for Recertification, he or she must be monitored by a User Trainer or LS/CMI Certified Supervisor until the staff member can re-attend a User Training Workshop and successfully complete all Certification Requirements.
- d. Booster Trainings: LS/CMI User must attend all User Trainer and/or JCEBP sponsored booster trainings. If User cannot attend, he/she must send notification in writing the appropriate User Trainer and/or the JCEBP with a stated reason. Absences may result in decertification of User status. Booster trainings are separate from (re)certification or refresher trainings. Booster trainings are related to the elements used during LS/CMI administration or skills that are beneficial to the application, use, or understanding of the LS/CMI. Booster trainings must be organized by or approved by JCEBP.

B. User Trainers: Personnel who will administer and score instrument, and are eligible to train Users in the agency/facility/institute where certification originated; see Table LS/CMI User and User Trainer Certification Requirements and Terms, appended.

a. Prerequisites: The following prerequisites, trainings, and exams are required before a User is eligible to attend a User Trainer Workshop.

1. User Trainers are required to have a university/college degree in criminal justice, criminology, sociology, psychology, or a closely related field.

a. Education Substitution: A written request may be submitted by a chief executive of an Agent and training experience may be substituted for education at the discretion of the JCEBP. Request should contain evidence of prior experience with conducting trainings/workshops and or other certifications/experience relevant to instruction.

2. Staff members must first meet all prerequisites and successfully complete the User Training Workshop.

3. User Trainer must complete and submit via the online system ten (10) LS/CMI assessments prior to User Trainer workshop; LSCMI Trainer Requirements and Verification Request Form must be completed and submitted to the JCEBP thirty (30) days prior to User Training Workshop.

a. The User's LS/CMI assessments and online submissions must be deemed "satisfactory" by the JCEBP and/or Master Trainer to be considered as a User Trainer.

ii. Training: Selected Users must attend and successfully complete a 3-5 day User Trainer Workshop by a certified Master Trainer. The training will include a review and instruction on how to teach or train on the following areas:

1. The LS/CMI, Forms and Online System:

- a. QuickScore Form
- b. Scoring Guide
- c. Interview Guide
- d. Case Management Protocol

2. The "Central Eight"

3. Theories: Social Learning & PIC-R

4. Evidence Based Practice

5. RNR Model

6. Motivational Interviewing/Interviewing Skills

7. Case Planning/Management

8. Quality Assurance

9. Other material as required by MHS or JCEBP

iii. Exam: Content exam will be given at end of the User Trainer workshop; The User Trainer must pass the content exam with an 85% or better to be eligible for certification as a User Trainer.

- iv. Motivational Interview (MI): The User Trainer must submit a second MI to the Master Trainer thirty (30) days prior Trainer workshop (first MI was submitted in conjunction with the User Workshop); must be scored “satisfactory” by Master Trainer and/or JCEBP.
 - v. Online system: The User Trainer must demonstrate proficiency in the use of the online system, as observed and scored by the Master Trainer; may be assessed through classroom exercises and/or LS/CMI “Experience” requirement. Must complete “Assessment Verification Form” and submitted to JCEBP thirty (30) days prior to workshop.
 - vi. Instruction: The User Trainer must submit a video conducting two modules of a live User training session (one module must be from module 2 or 3, plus one additional module); video must be submitted within ninety (90) days of completion of the User Trainer Workshop; must receive a “satisfactory” score by Master Trainer and/or JCEBP.
 - vii. Supervisor or User Trainer Monitoring: If User Trainer does not successfully complete the Certification Requirements, he or she must be monitored by a User Trainer or LS/CMI Certified Supervisor until the User Trainer can re-attend a User Training Workshop and successfully complete all Certification Requirements. *This option is available to the User Trainer candidate on a one-time basis. The JCEBP will consider a written request from the candidate to complete a second User Trainer Workshop.*
- b. *Certification requirement*: After pre-certification has been met (i.e., successfully completed all certification requirements, except the Instruction requirement), the User Trainer will be notified. The User Trainer must conduct the first training workshop within three (3) months of notification and fully complete the videotape instruction requirement. The User Trainer shall submit a videotape or be directly observed by the Master Trainer conducting two (2) modules from the User Training Workshop. One of the two (2) modules must be Module 2 or Module 3 from the standardized Participant Workbook
- i. The User Trainer must receive a “satisfactory” on the Instruction requirement in order to achieve the full certification of User Trainer.
- c. *Recertification*: Eligible persons must have been previously certified as a User Trainer by the JCEBP; met all prerequisites prior to Trainer Recertification Workshop; successfully completed all of the User Trainer Recertification Requirements, and otherwise be in Good Standing as judged by the User Trainer *and* Master Trainer and/or JCEBP. See Table LS/CMI User and User Trainer Minimum Recertification Requirements and Terms, appended.
- i. Prerequisites:

1. Experience: User Trainer must complete a minimum of ten (10) LS/CMI assessments and have assessments submitted to Online System within the last twelve (12) months since certification. User Trainer must submit "LSCMI Trainer Requirements and Verification Request Form" to JCEBP thirty (30) days prior to Recertification Workshop. Must score "satisfactory".
 2. Motivational Interview (MI): User Trainer must submit two (2) videotaped MI to the Master Trainer and the JCEBP thirty (30) days prior to the Recertification Workshop.
- ii. Exams: A content and interview rating exam will be given at the end of the User recertification workshop; User must score 85% on both exams and complete Section 1 of the Rating Exam with no more than 5 incorrect items and obtain a Total Risk Score within 3 points of the correct answer.
- d. Booster Trainings: LS/CMI User Trainers must attend all JCEBP sponsored booster/refresher trainings. If User Trainer cannot attend, he/she must send notification in writing the JCEBP with a stated reason within thirty (30) days of training. Absences may result in decertification of User Trainer status.
- C. Case Manager: Staff member who do not administer and score the LS/CMI but has access to LS/CMI results, case plans, or other information for the purposes of fulfilling case management/classification activities or other required job duties and is certified by the ORSP/JCEBP. Authorization is contingent on User or Master Trainer and JCEBP approval. Certification is for a term of three (3) years.
- a. Certification requirements: Requirements listed below must be met prior to unsupervised use of LS/CMI instrument.
- i. Prerequisites: The following prerequisites must be met prior to Case Manager Certification workshop
 1. High school degree or equivalent.
 2. Must attend and successfully complete Case Manager workshop.
 - ii. Training: Staff member must attend 1 to 2 day LS/CMI training workshop, conducted by a User Trainer or Master Trainer. LS/CMI Case Manager training workshop must include, at minimum, the follow focal areas:
 1. Introduction: LS/CMI Overview and "Central Eight"
 2. Theories: Social Learning & PIC-R
 3. Evidence Based Practices
 4. RNR Model and Meta-analytic/Research Support for the Model
 5. Case Planning/Management
 6. Quality Assurance
 7. Other material as required by MHS or JCEBP

- ii. Exams: Staff member shall complete one examination at the end of the Case Manager training workshop; must receive a score of 75% for successful completion. If staff member does not successfully complete requirement, here or she must re-attend the training and successfully pass the examination.
 - b. *Recertification*: Certification is for a period of three (3) years. Staff person shall attend a one to two (1-2) day Case Manager Recertification Workshop Training. Recertification is contingent upon User or Master Trainer and JCEBP approval and successful completion of examination with a score of 75% or greater. Recertification Training Workshop shall consist of the same content areas as the initial certification workshop.
- D. Certification Revocation: All certifications require the approval of the JCEBP and/or the Master Trainer. The JCEBP and/or Master Trainer may void any certification status, at any time and for any reason, in order to ensure the proper use of the instrument. All Users, User Trainers, and Case Managers are expected to have read and understood the aforementioned certification requirements and by acceptance of User, User Trainer, and Case Manager certification status agree to comply with all policy standards issued by the JCEBP.

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LS/CMI USER AND USER TRAINER MINIMUM CERTIFICATION REQUIREMENTS AND TERMS

	User Minimum Requirements	User Trainer Minimum Requirements
<i>Scope</i>	May administer and score instrument; <u>Not</u> eligible to train others in agency or otherwise	May administer and score instrument; Eligible to train Users in agency in which initial certification was approved
<i>Duration</i>	2 Year + Annual Refresher Training	1 Year
<i>Authorization</i>	User/Master Trainer and JCEBP approval	Master Trainer and JCEBP approval
PREREQUISITES		
<i>Education</i>	High school degree and/or equivalent. Attend and pass LS/CMI User Training	<u>Required:</u> University/college graduate in criminal justice, criminology, sociology, psychology, or closely related field <u>Preferred:</u> Post-graduate degree in criminal justice, criminology, sociology, psychology, or closely related field; Plus <u>six</u> course hours of research methodology, statistics, or assessment tools
<i>Experience</i>	N/A	<u>Required:</u> Completed a minimum of ten (10) LS/CMI assessments; ^a <u>Preferred:</u> Demonstrated experience in delivering workshops and/or trainings; Completed a minimum of 20 LS/CMI assessments; demonstrated experience with assessment tools
<i>Background/Knowledge</i>	N/A	<u>Preferred:</u> Knowledge of behavioral and social theories of crime and correctional/forensic settings; background in training and development as demonstrated via education and/or experience
<i>Pre-certification</i>	N/A	Certified as LS/CMI User via successful completion of 3-4 day User training and all other requirements
CERTIFICATION		
<i>Training</i>	3-4 day User training by a certified User or Master Trainer	3-5 day User Trainer training by a certified Master Trainer ^b
<i>Content Test</i>	Successful completion of the User training by certified User Trainer or Master Trainer, with a minimum score of 75% on test	Successful completion of User Trainer workshop by Master Trainer, with a minimum score of 85% of test
<i>Rating Test</i>	Successful completion of the User training by certified User Trainer or Master Trainer, with a passing score	Already completed
<i>Motivational Interviewing (MI)</i>	Satisfactory completion of <u>one</u> Motivational Interview (MI) with an offender, as scored by a certified User Trainer or Master Trainer ^d	Satisfactory completion of <u>two</u> ^c Motivational Interviews (MI) with offenders, as scored by Master Trainer ^d
<i>Online System</i>	Satisfactory completion of ½ day training with successful entry of an LS/CMI assessment and case plan ^e	Satisfactory completion of ½ day training with successful entry of an LS/CMI assessment and case plan ^e ; Demonstrated proficiency in use of online system ^f , as observed and scored by Master Trainer ^b
<i>Instruction</i>	N/A	Submission of a video of two modules from a Live User Training Workshop ^g (one module <u>must</u> be from module 2 or 3, plus one additional module); "satisfactory" score by Master Trainer ^b

^a Completed online and evidenced by signed certified statement by trainee and immediate supervisor submitted to JCEBP
^b Substitution may include certified JCEBP User trainer, with oversight of Master Trainer
^c First interview is completed after the User workshop, second MI is completed after the User Trainer workshop
^d Scored via video/audio and/or direct observation
^e Can be included as part of the LS/CMI User and/or User Trainer workshops
^f Proficiency assessed through classroom exercises and LS/CMI "Experience" requirement
^g Mock instructional time will not be accepted; must take place in a Live Classroom setting.

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LS/CMI USER AND USER TRAINER MINIMUM RECERTIFICATION REQUIREMENTS AND TERMS

	User Minimum Requirements	User Trainer Minimum Requirements
<i>Scope</i>	May administer and score instrument; <u>Not</u> eligible to train others in agency or otherwise	May administer and score instrument; Eligible to train Users in agency in which initial certification was approved
<i>Duration</i>	2 Years + Annual Refresher Training	1 Year
<i>Authorization</i>	User/Master Trainer and JCEBP approval	Master Trainer and JCEBP approval
PREREQUISITES		
<i>Certification</i>	Certified as LS/CMI User by JCEBP	Certified as LS/CMI User Trainer by JCEBP
<i>Status</i>	Good standing	Good standing
<i>Experience</i>	Completed a minimum of five (5) online LS/CMI assessments in past 12 months and/or since last certification date	Completed a minimum of ten (10) online LS/CMI assessments in past 12 months and/or since last certification date
<i>Motivational Interview (MI)</i>	Submit one (1) Motivational Interview to User Trainer and/or Master Trainer at least thirty (30) days prior to Recertification Workshop ^{a,b}	Submit two (2) Motivational Interview to Master Trainer at least thirty (30) days prior to Recertification Workshop ^{a,b}
RECERTIFICATION		
<i>Training</i>	Attend a 1-2 day Recertification Workshop (once every two (2) years) by certified User Trainer or Master Trainer; must have attended annual Refresher Trainer in Certification off year.	Attend a 2 day Recertification Workshop by certified Master Trainer ^b
<i>Content Test</i>	Successful completion of the User training by certified User Trainer or Master Trainer, with a minimum score of 75% on test	Successful completion of the User training by certified Master Trainer, with a minimum score of 85% on test
<i>Rating Test</i>	Successful completion of the User training by certified User Trainer or Master Trainer, with a minimum score of 75% on test	Successful completion of the User training by certified Master Trainer, with a minimum score of 85% on test
<i>Online System</i>	Satisfactory completion of ½ day training with successful entry of an LS/CMI assessment and case plan ^c	Satisfactory completion of ½ day training with successful entry of an LS/CMI assessment and case plan ^c ; Demonstrated proficiency in use of online system ^c , as observed and scored by Master Trainer ^b

^a Scored via video/audio and/or direct observation

^b Substitution may include certified JCEBP User Trainer, with oversight of Master Trainer

^c Can be included as part of the LS/CMI User and/or User Trainer recertification workshops