

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

September 30, 2016

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

Honorable Earl Ray Tomblin, Governor
Honorable Tim Armstead Speaker of the House of Delegates
Honorable William P. Cole III, 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 is still being fully realized– 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. Because funds to support this program have been appropriated through fiscal year 2016, when appropriate, this 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 million in appropriated funds to serve offenders under "*Treatment Supervision*" where such offenders are referred to Treatment Supervision by the Court system or parole 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 (BBHFF). As a result, DJCS and BBHFF 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 initial phase of funding began in May 2014. The first year of grant awards supported the development of nine (9) projects serving twenty (20) counties throughout the state. The collaboratively developed treatment supervision plan and roll-out of initial funding was a significant coordinated achievement within the overall JRI framework. The work completed and lessons learned have proven to be a valuable effort to inform the statewide rollout of funding which began November 2015 and has grown the number of projects supported to (17) projects serving 39 counties.

Remaining consistent with goals of implementing evidence based practices to best serve the needs of the offender population and reduce recidivism for those struggling with substance addiction, especially opiate addiction, the use of evidence based **medication assisted treatments** will be further researched with goals of incorporating these treatments into the Justice Reinvestment Treatment Supervision plan.

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. The Division of Corrections, the Division of Juvenile Services, and all day report center staff in the state are participating in the program. 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.

The ORSP provides trainings to correctional and community supervision staff (including treatment providers) on the use of the LS/CMI, as well as a variety of other evidence-based curricula including Motivational Interviewing (MI), Thinking for a Change (T4C), Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA), and Effective Practices in Community Supervision (EPICS). To date, there have been more than 470 LS/CMI users trained by the ORSP, including over 50 staff who received additional training to become certified as trainers. These trainings have helped to establish a base of certified LS/CMI users throughout the state and have helped build the capacity of the Division of Corrections and other state agencies to conduct independent LS/CMI trainings. In addition, the ORSP has also trained another 84 staff in other evidence-based curricula, thereby enabling day report centers and other offender treatment facilities to deliver services that have been proven by research to be effective at reducing recidivism. DJCS can also report that, the Supreme Court's Division of Probation Services, which is governed by a separate LS/CMI Policy promulgated by the Supreme Court governing how probation officers administer

the LS/CMI consistent with the requirements of SB371, including utilizing the assessment in case planning, trains all of its probation officers in the administration of the LS/CMI following employment. The Division has also instituted a rigorous Quality Assurance program.

In order to ensure the highest standards of quality for service delivery, the ORSP has also begun the process of expanding the QA-TIPS program to encompass all trainings in evidence-based practices offered by the ORSP. As of September 1, 2016, quality assurance policies and procedures had been developed for each of the evidence-based curricula offered by the ORSP and the collection of quality assurance data is underway.

As part of the QA-TIPS program, the ORSP also maintains the only central database for tracking staff certifications and trainings in evidence-based practices. This database is continually updated and reviewed in order to ensure that all staff trained by the ORSP are in compliance with established quality assurance policies.

The ORSP continues to conduct research and analysis 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 have been conducted to accomplish these goals. These include but are not limited to the following reports: (1) Predicting Recidivism of Offenders Released from the Division of Corrections: Validation of the Level of Service/Case Management Inventory; (2) Recidivism by Direct Sentence Clients Released from Day Report Centers in 2011: Predictors and Patterns over Time; (3) West Virginia Correctional Population Forecast, 2014-2024; and (4) Evidence-Based Offender Assessment: A Comparative Analysis of WV and U.S. Risk Scores. These publications can be accessed online at the ORSP's section of the DJCS website here: <http://www.djcs.wv.gov/ORSP/SAC/Pages/publications-2004-present.aspx>

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. This agreement is currently using an established "cost per client per day" as the basis for reimbursement. See attached cooperative agreement.

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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 Centers 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 Specialist and Research Specialist) 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 Criminal Justice Program Specialist began work on September 1, 2015.

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 (BBHFF). 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 BBHFF has guided the next steps in this transition. Together, DJCS and BBHFF 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 for planning and development, with a renewal of those projects for a second year for implementation in July 2015. The first year of grant awards supported the development of nine (9) projects serving twenty (20) counties throughout the state. The collaboratively developed treatment supervision plan and roll-out of initial funding was a significant coordinated achievement within the overall JRI framework. The work completed and lessons learned have proven to be a valuable effort to inform the statewide rollout of funding which began November 2015 and has grown the number of projects supported to (17) projects serving 39 counties.

§62-15-6 (f) SB 371 directs the Division to report on the following measures as they relate to the Treatment Supervision program.

(1) The dollar amount and purpose of funds provided for the fiscal year.

This past fiscal year a total of \$4,875,501.00 has been awarded to twenty one (21) projects serving thirty nine (39) counties throughout the state. Funds have been put into place to begin the development of Treatment Supervision projects, serving the targeted offender population per the attached Treatment Supervision Implementation Plan. See attachments titled Treatment Supervision Implementation Plan.

(2) The number of people on treatment supervision who received services and whether their participation was the result of a direct sentence or in lieu of revocation.

As of this date a total of 355 offenders have received services through the Treatment Supervision program throughout the state. **It is important to note that some projects are still in development and are not serving clients to their full capacity. As judges and parole services become more aware of and comfortable with this project, referrals will increase as we have seen as each week goes by.**

(3) The number of people on treatment supervision who, pursuant to a judge's specific written findings of fact, received services despite the risk assessment indicating less than high risk for reoffending and a need for substance abuse treatment.

We are currently working to implement the necessary mechanism in order to track any referrals that fall outside of the target population of high risk with a substance abuse need. This will be done through the sharing of information from the WV Supreme Court

of Appeals Offender Case Management System, the WV Community Corrections Information System, monthly reporting from each project and onsite program monitoring that will be completed by WV DJCS staff.

(4) The type of services provided.

During the planning and development phase of the Treatment Supervision project, a tremendous amount of thought and discussion went into the identification of the specific services that were needed throughout the state to address the needs of the target population. The following services were identified as the most appropriate and needed services to make available through this project.

Outpatient and Intensive Outpatient Services (OP/IOP) are designed for individuals who are functionally impaired as a result of their co-occurring mental health and substance use disorders. IS provides for therapy, case management, psychiatric and medication services. Cross-trained psychiatric and mental health clinicians/addiction treatment professionals deliver the services

Community Engagement Specialists (JRI-CES) who serve as the stewards of the programs implementation efforts. The JRI-CES are the brokers and facilitators of a wide range of community-based and collaborative efforts and strategies designed and intended to support the varying needs of those served. The JRI-CES can be characterized as someone who understands substance use and co-occurring/co-existing disorders; the varying manifestations associated with such disorders; appreciates the unique needs of individuals and therefore can create the synergy necessary to support successful community-based living. The JRI-CES will engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often complex needs of eligible individuals

Peer (Recovery) Coaching is the provision of strength-based supports for persons in or seeking recovery from behavioral health challenges. Peer Coaching (often referred to as Peer Mentoring or Recovery Coaching) is a partnership where the person working towards recovery self directs his/her recovery approach while the coach provides expertise in supporting successful change. Peer Coaching, a peer-to-peer service, is provided by persons with lived experience managing their own behavioral health challenges, who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. To become a Peer Coach such persons must also complete training, education, and/or professional development opportunities for peer coaching.

Substance Use Recovery Residences provide safe housing for individuals, age eighteen (18) and older, who are recovering from substance use and/or co-occurring substance use and mental health disorders. These programs follow and/or operate concurrently with substance use disorder treatment and are 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 independent housing.

Key components of a **Level II Recovery Residence** include but are not restricted to: drug screening, house/resident meetings, mutual aid/self-help meetings, structured house/resident rules, peer-run groups, and clinical treatment services accessed and utilized within the community. Staff positions include but are not restricted to a Certified Peer (Recovery) Coach and other Certified Peer staff. Resident capacity: 8-15 beds

Key components of a **Level III Recovery Residence** include but are not restricted to: drug screening, house/resident meetings, mutual aid/self-help meetings, structured house/resident rules, peer-run groups, life skill development emphasis, and clinical treatment services accessed and utilized within the community. Staff positions for a include but are not restricted to a Facility Manager, Certified Peer (Recovery) Coach, Case Manager(s), and other Certified Peer staff. Resident capacity: 60-100 beds.

(5) The rate of revocations and successful completions for people who received services.

Because referrals and service delivery has just begun it is too early to report on this measure. As referrals continue to be made and programs are fully realized, more data will be available to provide a clear and comprehensive report on the successful and non-successful program completions.

(6) The number of people under supervision receiving treatment under this section who are were rearrested and confined within two years of being placed under supervision.

Because this project is still being fully implemented, not enough data is in place to track this measure well. As referrals continue to be made and programs are fully realized, more data will be available to provide a report on this measure.

(7) The dollar amount needed to provide services in the upcoming year to meet demand and the projected impact of reductions in program funding on cost and public safety measures.

As of this date, the funds needed to support the current project has been allocated through fiscal year 2017. The Division will need a minimum of **three million dollars** to support the services currently being implemented throughout the state beginning in fiscal year 2018.

(8) Other appropriate measures used to measure the availability of treatment and the effectiveness of services.

As of this date no additional measures have been full developed to measure the availability of treatment and the effectiveness of services through the Treatment Supervision project. Work is currently underway to expand the services to area of need within the state. Next steps for the expanded development of the Treatment Supervision

project include the implementation of data tracking mechanisms to report on recidivism rates of the target population, successful completions of programs, and the quality and integrity of treatment services being delivered.

Remaining consistent with goals of implementing evidence based practices to best serve the needs of the offender population and reduce recidivism for those struggling with substance addiction, especially opiate addiction, the use of evidence based **medication assisted treatments** will be further researched with goals of incorporating these treatments into the Justice Reinvestment Treatment Supervision plan.

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 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 affiliated agencies, the subcommittee shall establish a process for reviewing performance. The process shall include review of the 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 assessment of performance during the previous year.”

In May of 2013, the Community Corrections (CC) Subcommittee established a Quality Assurance (QA) workgroup to develop definitions and standards for the measurement of quality assurance in the implementation of evidence-based programs. This workgroup consisted of representatives of all community supervision agencies as well as staff from the Office of Research and Strategic Planning (ORSP). The workgroup reviewed the scientific literature on effective practices in community supervision and treatment, and in August of 2013, presented an official report on evidence-based quality assurance practices to the CC Subcommittee.

In 2014, the CC Subcommittee established the Evidence-Based Practices (EBP) workgroup to develop a plan for assessing adherence to EBP across community corrections agencies in West Virginia. This workgroup consisted of representatives from community supervision agencies and treatment providers, with ORSP staff serving as technical consultants. The workgroup’s plan was approved by the CC Subcommittee in August of 2015. A central part of this plan was the implementation of an EBP survey, which consisted of 129 questions that were designed to assess

how closely supervision agencies adhere to EBP. This survey was distributed to community supervision agencies throughout the state in September of 2015, and the results were presented to the CC Subcommittee in December of that year.

In 2016, the ORSP began work on the development of a series of QA data dashboards for day report centers. The QA data dashboards provide a summary of current QA data for each day report center. These data are derived from several different sources including site visits (which are conducted using the evidence-based Correctional Program Checklist assessment tool), the review of administrative records and data (using the Correctional Program Quality Index developed by the ORSP), and peer-to-peer assessments provided by correctional staff (gathered as part of the QA-TIPS program). Preliminary results for several sample programs were presented to the CC Subcommittee in August of 2016. At the time of this report, the ORSP is in the process of preparing QA data dashboards for all day report centers in the state.

Additional Coordinated Work

The Division of Justice and Community Services' Office of Research and Strategic Planning (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 role in ensuring the long-term success of SB 371. Present and future efforts of the ORSP include the development of policies 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. *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.** Of the 44 correctional programs in the state, 12 currently have a 100% compliance rate in regards the QA-TIPS quality assurance process, meaning that all of the certified LS/CMI users in these programs have been assessed in regards to the quality of their case plans, motivational interviewing skills, and inter-rater reliability when deliver LS/CMI assessments. Another 5 programs have had more than 50% of their LS/CMI users assessed in these areas.

2. *Providing routine certification (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 484 Users complete an LS/CMI Workshop, with 321 Users becoming certified/recertified. The ORSP trained 71 User Trainers, certifying 43 User Trainers.

3. *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/JCEBP 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 Interventions for Substance Abuse, 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 (6):

1. Developing the Correctional Program Quality Index (CPQI) as a means of utilizing extant administrative data to assess adherence to evidence-based practices by correctional programs
2. Assessing the quality of service delivery in day report centers using the Correctional Program Checklist (CPC) assessment tool
3. Conducting a statewide survey of day report center clients to gauge offenders’ perceptions of the quality of their interactions and relationships with treatment staff
4. Publishing peer-reviewed research and participating in national forums on successful implementation of community supervision and quality assurance mechanisms;
5. Studying the nature and rates of recidivism among DRC clients, including the factors that contribute to recidivism;
6. Producing reports which describe the results of LS/CMI risk assessments, compare the risk and needs of offenders in West Virginia to national norms, and assess the predictive accuracy of LS/CMI results for different correctional populations.

Development of Correctional Program Quality Index (CPQI). The ORSP/JCEBP continues to work on the development of the CPQI. This project not only supports the quality assurance work of the ORSP as it relates to assessing program quality, but also contributes to the national discussion on how best to measure program performance in large-scale correctional contexts. The CPQI consists of a series of indicators developed by the ORSP which provide measures of the extent to which correctional programs adhere to evidence-based practices when delivering services. These indicators are designed to make use of administrative data that are routinely collected as part of program operations. The results of preliminary analyses using data gathered from day report centers indicate that CPQI scores provide an effective measure of program quality, with programs that scored higher on the CPQI also tending to have lower rates of recidivism. At the time of this report, the drafting of a report publishing these results is underway.

Assessing Program Quality Using the Correctional Program Checklist (CPC). The CPC is an evidence-based program quality assessment tool developed by the Corrections Institute at the University of Cincinnati. It provides researchers with a framework for structuring site visits in such a way that they directly assess whether programs adhere to more than 70 practices that have been shown by research to be effective at reducing recidivism. When conducting a CPC assessment, researchers directly observe program operations, sit in on group treatment sessions, and conduct detailed interviews with administrative, treatment, and supervision staff. Several staff in the ORSP and in the broader DJCS have recently been trained in the use of the CPC and assessments have been conducted on six day report center programs to date. It is anticipated that assessments will continue at the rate of about 4-5 assessments per year until all DRC programs have been assessed.

Quality Assurance Questionnaire for Day Report Centers: In the fall of 2015, the ORSP completed the development of a survey instrument designed to measure day report center clients' perceptions of the quality of correctional service delivery and their relationships with supervision staff. This project builds on prior ORSP research involving state prison inmates which demonstrated that offender surveys could be utilized to effectively measure the quality of the correctional environment and staff-offender relationships, and thus provide a highly useful source of information about correctional operations. After receiving approval from the Institutional Review Board (IRB) at Marshall University, the survey was piloted during the winter of 2016. The results of these initial surveys suggested that responses could be significantly increased by modifying the way in which the surveys are administered. These changes are currently under IRB review, and it is anticipated that the full survey will be delivered in the winter and spring of 2017.

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 significant 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 December of 2015, ORSP staff published a research article titled "Use of Core Correctional Practice and Inmate Preparedness for Release" in the *International Journal of Offender Therapy and Comparative Criminology*, a leading multi-disciplinary journal which publishes research related to the theory and practice of offender rehabilitation. This article was based on the results of ongoing ORSP research related to the utilization of offender surveys to measure the quality of correctional service delivery. It supports current ORSP research efforts involving offender surveys by providing peer-reviewed evidence that these surveys can be used to provide an accurate measure of the level of staff adherence to evidence-based practices. In addition, the Acting ORSP Director has been asked to present at the national Justice Reinvestment Performance Measurement Conference in October of 2016 on building research and evaluation capacity in states. This presentation will feature discussion of the CPQI and other ongoing efforts by ORSP researchers to assess JRI performance utilizing administrative data.

Outcomes Research on Day Report Centers. The ORSP has recently published the second in a series of three studies designed to inform the state on the overall quality of day report centers and their impact on recidivism reduction. The first report was published in June of 2014 and examined the predictors of successful program completion by Day Report clients and its impact on recidivism. This report won the national publication award in the

research/policy analysis category presented by the Justice Research and Statistics Association (JRSA). It was also the basis for a peer-reviewed article titled "Predicting Client Success in Day Report Centers: The Importance of Risk and Needs Assessment" which was published in *The Journal of Offender Rehabilitation* in August of 2015. The second, most recently published report, investigates the factors associated with recidivism by day report center clients, and the timing of recidivism events in the first two years after release. This report also received the national publication award in the research/policy analysis category from the JRSA. The third study has not yet been published, but will examine the relationship between program quality and recidivism utilizing the CPQI.

The findings of the two published reports 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 to 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 both community-based and institutional offender populations. The plan involves the release of four reports, three of which have been completed. The first report was a study of the predictive validity of LS/CMI risk scores for a sample of DOC inmates released in 2012-2013. This report was published in September of 2015. It demonstrated that the LS/CMI was an effective predictor of recidivism for the inmate population in WV, but also highlighted several areas where the delivery of LS/CMI assessments could be improved. The second report was published in October of 2015, provided a summary of the results of all LS/CMI assessments conducted on institutional and community-based offenders in 2013 and 2014, and compared the characteristics of WV offenders to national norms. This report received the JRSA national publication award in the statistical/management category. The third report in this series was a recidivism study of day report center clients which is described in greater detail in the section above on outcomes research on day report center clients. The fourth report is a planned study which will examine the predictive validity of the LS/CMI for parolees. It is anticipated that it will be published sometime in 2017.

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, which is governed by a separate LS/CMI Policy promulgated by the Supreme Court requiring the administration of LS/CMI assessments and their use in case planning, and utilizes its own online system, the West Virginia Offender Case Management System, to conduct LS/CMI assessments. The Probation Division also participates in sharing offender information across agencies through its Memoranda of Understanding with DJCS and DOC.

As an integral part of SB 371 and the "Treatment Supervision" plan and initiative, the ORSP is in process of providing access to all BBHFF 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 BBHFF 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. 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/BBHFF, 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. This agreement is using an established "cost per client per day" as the basis for reimbursement. The established rate, policy and protocol will continue to be assessed and revisions may be made as needed. While efforts continue to implement the master agreement, 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.

The master agreement and the protocol developed to facilitate the reimbursement to counties by the WV Division of Corrections began May 1, 2015. During the fiscal year all 27 Day Report Centers (DRC) participated in this project with a total of \$185,069.00 paid to them by the Division of Corrections (DOC) for services to support a variety of treatment, education and supervision services to parolees throughout the state.