



# Program Categorization and Implementation Updates

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## 2015 Second Update Report to the Legislature

*As required by Third Engrossed Substitute Senate Bill 5034, 2013*

June 1, 2015

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## Table of Contents

<b>Legislative Directive</b> .....	4
<b>Executive Summary</b> .....	6
<b>Report Overview</b> .....	7
<b>Progress on Second Year Scope of Work</b>	
Deliverable 1 .....	8
Deliverable 2 .....	8
Deliverable 3 .....	11
Deliverables 4 & 5 .....	12
<b>Progress on Implementation Plan Summary - Fiscal Year 2015</b>	
Sex Offender Treatment Program .....	13
Substance Abuse Treatment.....	17
Thinking For a Change.....	20
Vocational/Transition/Re-entry Programming.....	22
Correctional Industries.....	23
Female Specific Programming.....	23
Aggression Control Training.....	24
Motivational Interviewing.....	25



## Legislative Directive

The 2013 Legislature, through Third Engrossed Senate Bill 5034, directed the Department of Corrections (DOC) to work collaboratively with a consultant to develop a written implementation plan that identifies the types of programs DOC will phase in, the sites where the programs will be located, along with a timeline and the projected number of offenders to be served, within available funding. The proviso legislative language stated:

(b) \$150,000 of the general fund –state appropriation for fiscal year 2014 and \$75,000 of the general fund –state appropriation for fiscal year 2015 are provided solely for the Department to contract with a consultant who can facilitate and provide project expertise on the implementation of community and prison based offender programming that follows the risk-needs-responsivity model.

(i) By September 1, 2013, the Department shall provide to the consultant an inventory of all existing programming both in prisons and in community operations. The Department shall consult with the Washington State Institute for Public Policy (WSIPP) to determine whether programs are evidence-based or research-based using definitions provided by WSIPP and shall include this information on the inventory.

(ii) By October 1, 2013 (later amended to March 1, 2014), the consultant shall report to the Department, the Office of Financial Management, and legislative fiscal committees on the Department’s current plans and processes for managing programming including processes for phasing-out ineffective programs and implementing evidence-based or research-based programs. All Department programs should be considered by the consultant regardless of whether they are included on the most recent list of WSIPP approved identifiable evidence-based practices in (b)(i) of this subsection.

(iii) The WSIPP, in conjunction with the Department, shall systematically review selected programs to determine the effectiveness of those programs at reducing recidivism or other outcomes. The WSIPP shall conduct a benefit-cost analysis of these programs when feasible and shall report to the legislature by December 1, 2013.

(iv) Based on the report provided by the consultant and the WSIPP review of programs, the department shall work collaboratively with the consultant to develop and complete a written comprehensive implementation plan by January 15, 2014 (later amended to July 15, 2014). The implementation plan must clearly identify the types of programs to be included, the recommended locations where the programs will be sited, an implementation timeline, and a phasing of the projected number of participants needed to meet the threshold of available program funds.

(v) Using the written implementation plan as a guide, the Department must have programs in place and fully phased-in no later than June 30, 2015 (later amended to January 1, 2016).

(vi) The Department shall hold the consultant on retainer to assist the Department as needed throughout the implementation process. The consultant shall review quarterly the actual implementation compared to the written implementation plan and shall provide a report to the secretary of the Department. The Department shall provide reports to the Office of Financial management and legislative fiscal committees as follows:

- (A) The written comprehensive implementation plan shall be provided by January 15, 2014 (later amended to July 15, 2014); and
- (B) Written progress updates shall be provided by July 2, 2014, and by December 1, 2014 (later amended to December 1, 2014 and June 1, 2015 respectively).

## Executive Summary

The 2013 Legislature, through Third Engrossed Senate Bill 5034, directed the Department of Corrections (DOC) to work collaboratively with a consultant to develop a written implementation plan that identifies the types of programs recommended for DOC to phase in, the sites where the programs may be located, along with a timeline and the projected number of offenders to be served. Any changes were to be accomplished within available funding. DOC established a contract with Washington State University (WSU) to provide project expertise in order to categorize all DOC programs as evidence-based, research-based, or promising practice. Due to the accelerated timelines given by the legislature, DOC directed the priority for the first year to be assessing the programs currently funded by the legislature. The legislature further directed DOC to phase out programs that did not meet the criteria for evidence or research based and to implement evidence-based or research-based programs. However, after categorization, WSU recommended that none of the legislatively funded programs be phased out. As written in the proviso, the second year was intended for DOC to implement the plan for the phasing out of some programs and the expansion of others. Since no funded programs were recommended to be phased out, and there was limited additional funding to expand programming during year two of the proviso, this report will focus on what DOC is able to do with current funding to further the efforts of the risk-needs-responsivity model (RNR). WSU and DOC are now focusing on categorizing the remainder of DOC programs (those not currently funded by the legislature) in order to determine which programs meet evidence-based, research-based, or promising practice. Additionally, WSU is identifying intermediate outcomes for many Department programs, which will assist in determining effectiveness at addressing needs and responsivity, in addition to assessing impact on risk of recidivism.

## Report Overview

The DOC submitted its written comprehensive implementation plan titled *Program Categorization and Implementation Plan* in October of 2014. That report extensively outlined the year one scope of work completed by both DOC and WSU. Additionally, that report identified recommendations proposed by WSU and addressed them in the “Implementation Plan Summary Fiscal Year 2015” section. In January 2015, the Department submitted the first of two legislatively mandated progress reports. This progress report constitutes the second and final report.

The first section of this report outlines this process and our progress so far in the EBPP year two scope of work. This report is a written progress update submitted to the Office of Financial Management and legislative fiscal committees, as directed in the Third Engrossed Senate Bill 5034(1)(b)(vi)(B). The first section of this report outlines the deliverables to DOC in DOC’s contract with WSU and the dates we have given them for items to assist in meeting our obligations. This process and the progress so far is discussed in the section titled “Progress on Second Year Scope of Work.” The second section of this report, titled “Progress on Implementation Plan Summary - Fiscal Year 2015” will discuss DOC’s continued progress from the first update report submitted in January 2015, as well as the ongoing implementation of the recommendations from WSU as discussed in *Program Categorization and Implementation Plan*.

## Progress on Second Year Scope of Work

While this section is not explicitly reporting on progress by DOC, it gives a timeline of the due dates and deliverables as outlined in DOC's contract with WSU. This information has been included, as these deliverables will assist DOC in meeting our obligations.

### Deliverable 1 – Evaluation Tool Calibration: Due November 15, 2014

- As described in DOC's first report, *Program Categorization and Implementation Plan*, WSU developed and piloted a tool to evaluate whether DOC programs met identified criteria for evidence based or research based programming. This tool, the Evidence Based Indicator Scorecard (EBIS), included a survey of staff and program components to evaluate relative competencies and program model adherence. Initial data collected on the legislatively funded programs that were evaluated using the EBIS has provided a baseline of data in which the tool can be assessed for reliability and validity. Using this information to ensure accuracy of the instrument, WSU will make any necessary adjustments to the EBIS prior to the continued categorization of the DOC's programs.
  - Progress: WSU consultants have indicated that the EBIS calibration and validation cannot be completed on time due to the insufficient amount of data generated by the program evaluations as there were far fewer programs in need of an EBIS evaluation than were originally anticipated. As more programs are developed and evaluated for implementation within the Department, additional data will be generated and the tool will be calibrated and validated at that time.

### Deliverable 2 – Evidence-based Practices Evaluations: Due April 1, 2015

- In year one, DOC prioritized legislatively funded programs in order to determine which, if any, should be targeted for phase out and full program evaluations were completed only on these select programs. For year two scope of work, DOC will compile a list of all remaining uncategorized programs and will prioritize them for evaluation by WSU based on the likelihood of the program to impact recidivism. The evaluation stages will be completed as follows:
  - Component Match
    - For those programs or program categories which appear on the Washington State Institute of Public Policy's (WSIPP) 2013 meta-analysis, a component match will be conducted.



- The component match will review the studies utilized by WSIPP in its analysis and determine the proportion of components of DOC programs that match with those from the WSIPP study.
- Evidence-based Practices Survey
  - All listed programs will be administered the online survey developed in year one to determine evidence based practices.
- EBIS Evaluation
  - For programs that remain uncategorized following the component match and survey, an EBIS evaluation will be conducted.
  - DOC will select staff to be trained by WSU consultants in the use of the EBIS. These staff will then conduct site visits, administering the tool and reporting the information to WSU for final scoring and analysis.
  - For programs with which the results from the component match and survey exceed the requirements for evidence based practices established in year one, the EBIS will not be administered.
- Evidence/Research-Based Ranking
  - Following the component match, survey, and EBIS administration, evaluations will be completed for each program and a ranking will be provided indicating if a program has achieved a status of Evidence Based, Research Based, or Promising Practice. Programs not identified as Evidence or Research Based will be recommended to be phased out, unless the program is recommended by WSU for further measurement and/or identified to provide a substantial benefit via its improvement of intermediate outcomes. In this event, a review will be conducted to determine the extent to which the program has the potential to provide substantial impact on correctional goals via these intermediate outcomes.
- Progress: From the list of programs submitted to WSU, 13 were identified as in need of further evaluation to determine if they met

criteria to be considered Evidence-based, Research-based, Promising Practice, or Consensus-based. The program list is as follows:

- Long Distance Dads
- Inside Out Dads
- I-BEST
- Partners in Parenting
- Healthy Choices, Healthy Lives
- Makin' It Work/Correctional Industries
- Readiness for Release
- Transition to Life
- Redemption
- Motivational Engagement (ACT orientation)
- Thinking for a Change Orientation
- Moving On (Female-specific program)
- Transition Release

The Evidence-based Practices survey was then sent out to managers of the 13 programs to be completed and returned to WSU for evaluation. In consultation with WSU, it was decided that those programs that scored between 60-70 percent on the survey would receive an EBIS evaluation. It was felt that those below that threshold had very little chance of being found as Evidence or Research based and for those above that threshold there would be little additional information gained through the EBIS that would influence the program's categorization or recommendation for further evaluation. Of the 13 programs, Motivational Engagement, Transition Release, and Healthy Choices, Healthy Life fell in that 60-70 percent area and were scheduled for an EBIS evaluation. A small group of DOC staff members who had previously been trained on the EBIS evaluation were convened and the evaluations conducted. These evaluations were delivered to WSU for coding. They were then able to categorize the 13 programs. The results are as follows:

- Thinking for a Change Orientation – Research Based
- Healthy Choices, Healthy Lives – Promising Practice
- Inside Out Dads – Promising Practice
- Long Distance Dads – Promising Practice
- Motivational Engagement (ACT Orientation) – Promising Practice
- Partners in Parenting – Promising Practice
- I-BEST – Consensus Based

- Makin' It Work – Consensus Based
- Moving On – Consensus Based
- Readiness for Release – Consensus Based
- Redemption – Consensus Based
- Transition Release – Consensus Based
- Transition to Life – Consensus Based

Given all of the information gathered and evaluated in conjunction with the programming needs of the Department, WSU has recommended that the following programs be considered for further measurement on outcomes related to recidivism reduction and intermediate outcomes:

- I-BEST
- Healthy Choices, Healthy Lives
- Makin' It Work
- Motivational Engagement (ACT Orientation)
- Thinking for a Change Orientation
- Moving On

Deliverable 3 – Intermediate Outcome Identification and Implementation: Due April 1, 2015

- Using the list of programs provided by DOC, WSU will make an initial identification of the programs which would benefit from an evaluation of possible successful intermediate outcomes. Additional programs may be added to this list following EBIS evaluations.
- Following a thorough review of the literature, WSU will provide recommendations as to the intermediate outcomes to be collected for the identified programs as well as their intended use.
- Additional recommendations will be provided by WSU as to implementation of intermediate outcomes, methods of data collection, and frequency of evaluation.
  - Progress: WSU analyzed more than 40 DOC programs for intermediate outcomes. They found commonalities amongst these programs and separated them into 10 distinct program subtypes: Female Specific, Cognitive Behavioral, Substance Abuse, Family Centered, Vocational, Sustainability, Mental Health, Offender Enrichment, 12-step, and Wellness. Furthermore, the intermediate outcomes identified for each of these program subtypes were broken into two separate purposes based on the improvements measured by the specific intermediate outcome: those improvements for Participant Purposes (e.g. decrease in trauma symptoms) and those improvements for Institutional Purposes (e.g.

reduction in drug contraband). WSU has provided a list of the program subtypes and the corresponding intermediate outcomes for both participant and institutional purposes. They have also indicated that collection of these intermediate outcomes can be collected in two relatively simple and cost-effective ways through the use of pre/post tests for each program and the analysis of inmate records and aggregate data of infractions or institutions disorder. The Department will utilize this information and continue to work with the consultant to develop the necessary pre/post tests for identified programs as well as identify the data already being collected and where data gaps may exist. This information will guide the Department in decision making around programs so that increased impact in all desirable outcomes can be tracked and better realized.

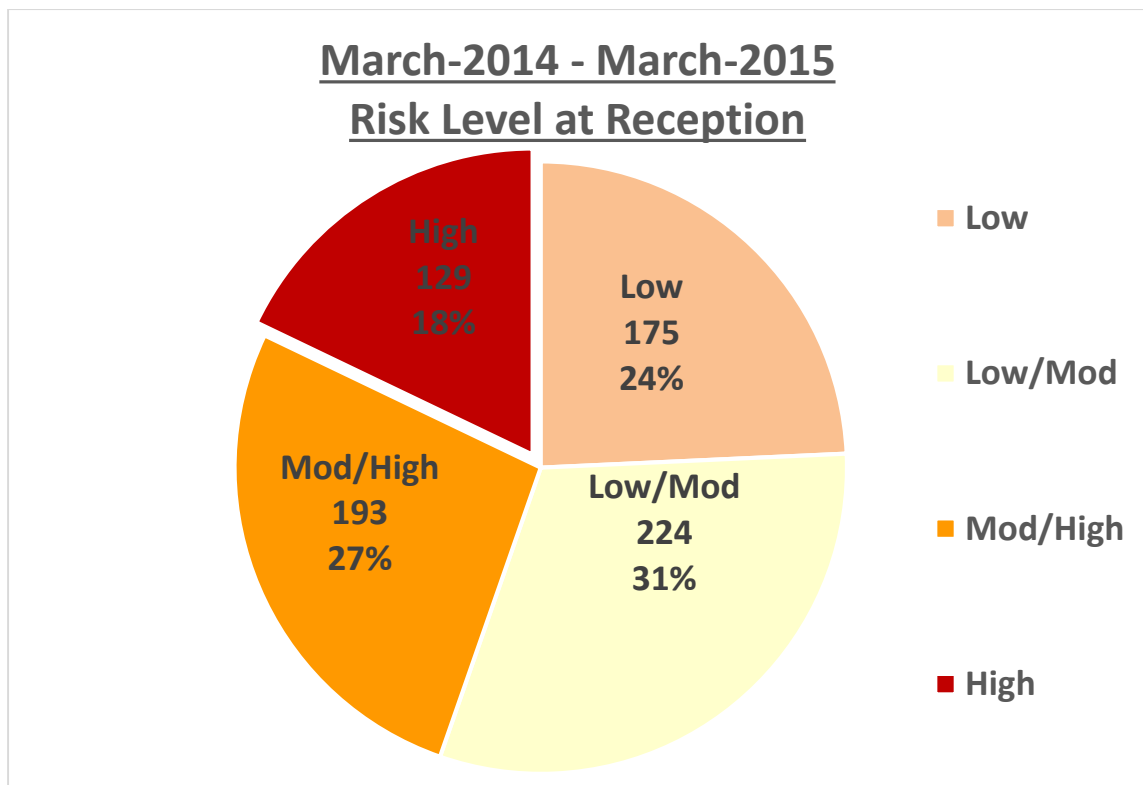
Deliverables 4 & 5 – Technical Assistance and Recommendations: Due July 1, 2015

- Quarterly reports will be submitted to DOC detailing progress of the scope of work.
- A final report will be submitted for year two.
- Following completion of the final report, a technical assistance presentation will be provided to DOC describing year one and two progress, findings, and recommendations.
- Recommendations for how to continue work going forward will include:
  - A gap analysis of programming needs
  - Follow up on implementation of intermediate measures
  - EBIS follow up
  - Additional program evaluations and related consultation
    - Progress: WSU has submitted its quarterly and final reports to the Department. The technical assistance presentation is being scheduled.

## Progress on Implementation Plan Summary - Fiscal Year 2015

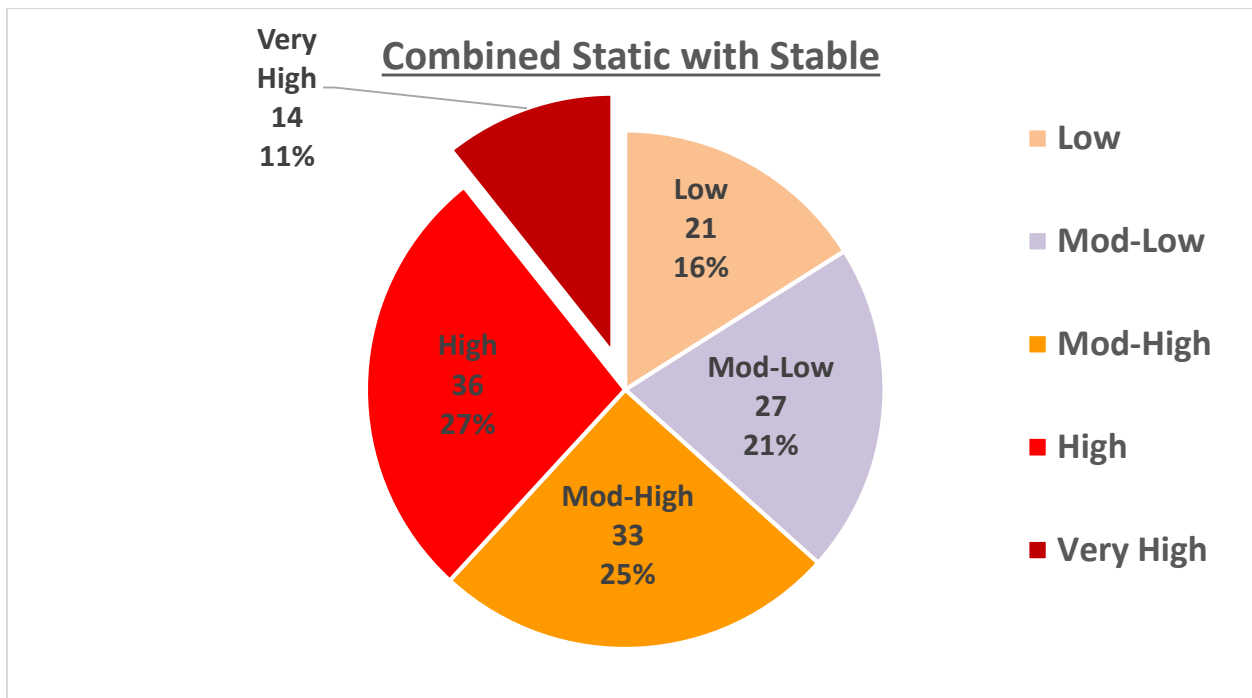
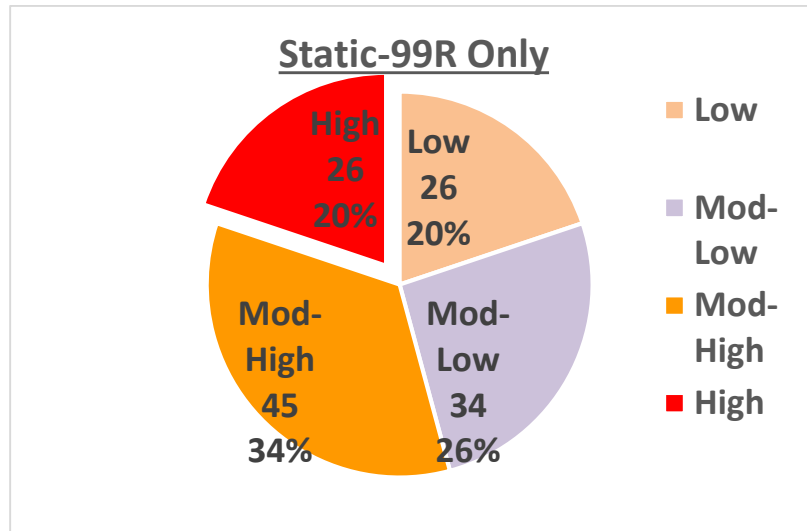
### Sex Offender Treatment Program (SOTP)

- Continue to gather risk/needs assessment data on convicted sex offenders to inform future expansion following the Risk-Needs-Responsivity (RNR) model.
  - Progress: In February 2014, DOC began using the STATIC 99R risk assessment to assess for risk of sexual re-offending. All sex offenders entering prison through the reception center with more than six months remaining on their sentence are assessed for static risk to sexually reoffend. Assessment outcomes have remained stable month over month and are illustrated below:



The SOTP also began utilizing the STABLE 2007 assessment on offenders once they enter their sex offender treatment programming. The STABLE 2007 is a comprehensive tool to assess empirically validated risk needs related to sexual re-offense. As of April 28, 2015, the SOTP has completed 131 STABLE 2007 assessments. Preliminary data suggests when the STATIC 99R is paired with the STABLE 2007, a nine percent population shift in risk level from Low and Low/Mod to Mod/High and High is observed within the prison treatment population. It will be

important for the SOTP to continue to monitor all assessment outcome trends.



Having STATIC 99R data earlier in the process, the SOTP has been able to more effectively apply existing policy in regards to prioritization of treatment space utilization based on RNR principles. The SOTP continues to observe steady increases in the percentage of offenders who score Moderate/High and High risk on the STATIC 99R participating in treatment. This is likely due to assessing earlier as well as the comprehensive efforts of SOTP to meet with sex offenders face to face to

encourage treatment participation. Due to the limited amount of treatment slots combined with increasing participation among higher risk offenders, the SOTP has declined treatment participation to some offenders assessed at a lower risk to sexually re-offend. In order to meet the demand of the existing population, the SOTP would need to expand to offer a less intensive form of treatment to the lower risk population.

- Pilot an amenability group at Airway Heights Correctional Center (AHCC), prioritizing offenders who are high risk/need and determined to be “non-amenable.”
  - Progress: The SOTP has nearly completed the curriculum for the treatment of higher risk sex offenders who categorically deny having committed a sex offense. This is a population that has never been served by the SOTP and one in which most jurisdictions internationally do not offer sex offender-specific programming. The SOTP is currently in the process of identifying the first group of ten offenders to participate in the pilot with a start date of July 20, 2015. The program effectiveness will initially be evaluated using available indicators of inmate behavioral and emotional self-regulation including infraction history, completion of evidence based treatment tasks, and inmate treatment retention (i.e., avoiding premature termination due to behavioral dysregulation). Other initial measures of pilot success will include increased presence of empirically supported markers of change as measured by the Precursors Checklist (Hanna, 2002), and when workable, increased amenability for the standard treatment program. Established treatment programs for inmates who deny their culpability have documented an increased willingness to admit to and discuss responsibility for sex offending behavior as well as increased willingness to participate in traditional treatment programming (Marshall, Marshall, Serran, & O’Brien, 2011). Increased willingness to discuss sex offense culpability will be evaluated as an indirect marker of pilot success. Further empirically derived assessments will be instituted in later versions of the group once initial implementation obstacles have been identified and resolved.

It should be noted that DOC is not currently resourced for this pilot group, therefore pilot staffing and other program implementation needs must be generated from existing resources.

- Prioritize high risk sex offenders with an identified chemical dependency need for the substance abuse treatment program at AHCC, prior to eligibility for SOTP to give exposure to treatment and increase likelihood of enrolling in SOTP.
  - Progress: The Substance Abuse and Recovery Unit (SARU) in conjunction with the SOTP, have identified group space. The SOTP is compiling a list of higher risk sex offenders determined not to be amenable to SOTP and will provide the list to SARU. Offenders determined to meet the aforementioned criteria as well as meet criteria for level II Intensive Outpatient (IOP) will be prioritized for substance abuse treatment at twenty four months to ERD. Those who complete IOP will participate in conjoint continuing care planning sessions (SOTP/SARU) at which point they will be encouraged to continue into sex offender treatment and be reassessed for amenability. Those determined to meet SOTP admission criteria at that time will be prioritized for entrance to SOTP.
  
- Within existing resources, develop a Quality Assurance process. When resources are available, establish and implement a Quality Assurance component.
  - Progress: The SOTP established and filled a Program Specialist (PS) in March 2015. This required the abolishment of a case carrying clinical position. The full development and implementation of quality assurance (QA) within the SOTP and within existing resources is projected to take approximately 3 years. The following phases of implementation have been identified: Phase 1- Training of the PS; Phase 2-Program Evaluation: Inventory of interventions, staff interviews, observation, manual review; Phase 3-Written Report on recommendations for manual update, QA staffing model, Policy development, outcome measurement identification and program changes based on Program Evaluation; Phase 4- Training and implementation plan development, contract development, hiring additional QA staff as indicated, SOTP treatment manual updates as indicated; Phase 5- QA implementation; Phase 6- coaching, observation and measurement on delivery of interventions; Phase 7- maintain progress and report twice yearly on Continuous Quality Improvement (CQI) opportunities.

Currently, the SOTP is in Phase I of implementation and is in the early stages of procuring an external evaluation of the SOTP beginning in 2016. The SOTP Risk Assessment Unit currently participates in monthly “blind scoring” inter-rater reliability calibration activities as well as reviewing



one another's files for accuracy. In regards to the STABLE 2007, SOTP Program Managers and Psychologists have recently begun regular inter-rater reliability activities through a variety of scoring exercises and vignettes. STATIC 99R and STABLE 2007 training/certification were provided to SOTP staff who started after July 2014 as well as those who requested a "refresher" in April 2015. All clinical SOTP staff employed by SOTP prior to April 10, 2015 are trained and certified in the STATIC 99R and/or STABLE 2007.

- Adjust treatment dosage, to provide differing program intensity and duration, commensurate with risk.
  - Progress: The SOTP has updated the individual treatment plan to include STABLE 2007 assessment outcomes. This allows the SOTP to specifically target interventions on high risk/needs areas in a more efficient manner as well as report at the conclusion of treatment regarding the overall risk and need of SOTP completers. Utilizing both risk and needs assessments while considering individual responsivity factors informs the overall dosage of treatment to be between 6-12 months on average. This allows for a needs-based treatment delivery model rather than "one size fits all" approach. The SOTP will continue to monitor treatment effectiveness and make changes indicated by research and outcome data.

### Substance Abuse Treatment

- Modify entrance criteria for the substance abuse treatment program at AHCC to allow higher risk sex offenders with a substance abuse treatment need to complete treatment prior to eligibility for SOTP. Please note this is also addressed above in the SOTP section.
  - Progress: The Substance Abuse Recovery Unit (SARU) has revised policies expanding criteria which had limited the provision of substance use disorder's treatment at no sooner than 12 months to early release date. The new eligibility criteria was expanded to 24 months. This will allow sex offenders diagnosed with substance use disorders to receive their substance use disorders treatment prior to, during, or immediately following Sex Offender Treatment.
- Prioritize higher risk, non-amenable sex offenders for the AHCC Intensive Outpatient Program (IOP).

- Progress: Policies have been updated to allow for the expansion of substance use disorders treatment for non-amenable sex offenders at AHCC. Space has been identified and funding located to begin the expansion effort. Eligibility criteria has tentatively been identified targeting high risk offenders pre-contemplating the need for sex offender treatment. These offenders will be assessed for substance use disorders and placed in substance use disorders treatment in accordance with ASAM and DSMV criteria. The groups will be sex offender specific and not include other non-sex offender general population offenders.
- Expand substance abuse treatment to a Medium and/or Close Custody unit at Washington State Penitentiary (WSP), within available resources, or provide “out-patient” services, whichever can be done within the allotted budget.
  - Progress: Licensing was obtained and Chemical Dependency Professionals hired to provide services at WSP for medium security risk offenders. Offenders have been receiving services for three months and this has set the stage for implementing services in the Close Custody and Intensive Management Unit (IMU) at WSP. Offenders are identified for services by their Classification Counselor and Unit Supervisor. The overarching goal of the IMU treatment service placement is to habilitate offenders in an effort to decrease the level of security risk and increase their interactive skill sets, social cognitive aptitude, and safety for self and others. DOC administrators worked with the Department of Social and Health Services (DSHS) Division of Behavior Health and Recovery (DBHR) to ensure the safety of treatment staff and received approval for two Correctional Officers to be present in the group room. A specialized curriculum was designed to deliver skill sets tailored to this population.



Services in the IMU at WSP began in April 2015.

- Develop strategies to implement QA across the continuum of substance abuse services. Since these services are offender in multiple locations across the state, within prisons, and in the community, it may be necessary to pilot a QA process on a smaller scale to determine the resources needed to establish and implement such a process across the continuum.
  - Progress: The DOC drafted a position description to establish a Quality Assurance Chemical Dependency Professional (QA CDP). Final approval to begin the recruitment process was received in April 2015. This position will work with other DOC QA managers and develop QA deliverables consistent with DOC established practices. The QA CDP will ensure services are being delivered in accordance with evidence based standards and provide a measurable result for assessment and improvement of contracted treatment providers.

The DOC also established an Assistant Manager CDP position within a newly established Therapeutic Community at Coyote Ridge Correctional Center (CRCC). This position will be responsible for the QA of the evidenced based Therapeutic Communities model. It is anticipated the DOC will establish positions identical to this position in all the therapeutic communities programs in DOC facilities.

- Determine intermediate outcomes that indicate effectiveness of substance abuse programs.
  - Progress: The primary contractor delivering Substance Abuse/Chemical Dependency services in DOC facilities and in community field offices across Washington State is providing quarterly reports to DOC. These quarterly reports provide data on performance measures such as service completion, retention rates, and service termination rates. The DOC is currently determining measurable intermediate outcomes, such as increased protective factors and decreased risk factors through the Advanced Corrections Initiative. The QA CDP will be an integral part of the determination of outcome measures and reviews. In an effort to increase outcomes and quality improvements, DOC has also established an Assistant Manager CDP position within a newly established Therapeutic Community at Coyote Ridge Correctional Center. This position will be responsible for the quality assurance of the evidenced based Therapeutic Communities model. It is anticipated that DOC will

establish positions identical to this position in all the therapeutic communities programs in prison facilities.

- Establish a data collection and program improvement process to assist with future program resource allocation and identification of program improvement needs.
  - Progress: The Resource Program Management (RPM) has been removed from the Department's previous data management system and is now a component of the current system, the Offender Management Network Information system (OMNI). This conversion allows DOC to more easily track the use of programs, sessions, providers, referrals, attendance, participation, and is a resourceful tool for prison Classification Counselors to identify offender needs in accordance with assessment needs. Additionally, the integration of offender programming into an Automated Capacity Management application within OMNI, currently being developed by the Department, will ensure the right offender is placed in the right service at the right time to ensure successful re-entry upon release. Finally, a new management analyst position will be hired to focus on the data share process of getting Treatment and Assessment Report Generation Tool (TARGET) data imported into DOC's data tracking system. TARGET is a DSHS web-based management and reporting system for client services provided by providers throughout the state.

### Thinking For a Change (T4C)

T4C graduation



- Expand T4C to WSP and CBCC Medium Custody unit (expansion funding requested in the 2015-17 budget).
  - Progress: Funding for this expansion was not granted and any T4C expansion projects will need to come from existing resources.
- Continue to expand T4C to address the needs of the population in the community.

- Progress: The modified CBI delivery strategy for the Community Corrections Division that was described in the previous progress report has begun. The repurposing of up to 40 Community Corrections Officers to Community Corrections Specialists for the purposes of creating dedicated CBI facilitators is now complete. Most of the positions have been hired and are in the process of beginning their first T4C groups. They are in the process of being scheduled for Motivation Interviewing training as well. The Quality Assurance unit has adjusted their model to include coaching and mentoring services to these facilitators, specific to T4C, as well as offering meaningful feedback and assessment. This modification will allow the Department to deliver CBI programs to a greater number of eligible offenders in the community and with greater program fidelity and efficacy.
- Establish intermediate outcomes and consistent data collection process.
  - Progress: As stated in the previous progress report, integrating our Resource Program Management (RPM) system into OMNI allows for far greater accuracy and ease of tracking program capacity and utilization both in prisons and in the community. Additionally, Community Corrections Division has remodeled the programming referral and tracking procedures and consolidated those duties with 3 staff members, thereby reducing the “touch points” with the data collection process and gaining much better control of both the process and the integrity of the data.

WSU has identified intermediate outcomes for more than 40 programs currently being delivered in department facilities. These outcomes have been separated into two categories: those that serve a Participant Purpose (e.g. increased sense of self-worth) and those that serve an Institutional Purpose (e.g. decreased medical costs). The Department will work with WSU to develop a prioritization list and methodology for evaluating these intermediate outcomes to determine both prevalence and quantifiable impact.

- Implement facilitated Advanced Skills practices for T4C completers.
  - Progress: A recommendation issued by WSU in their T4C intermediate outcomes study from December 2014 was that the T4C program be delivered at the end of the offender’s stay in prison. With this adjustment, the ability to deliver additional Advanced Skills practice at these facilities is reduced as most offenders will be transferring to a lower level of security or being released to community supervision soon after completion of the program. It should be noted that Advanced Skills

is already part of the T4C curriculum and must be completed by the offender in order to successfully complete the program. With that, the Department will be setting up additional Advanced Skills practice for T4C graduates while they remain in custody, both at medium facilities as well as minimum camps. A new position is being created at the implementation sites to, in part, implement these Advanced Skills practice programs for T4C graduates. The job requirements for these new positions are being developed at this time. The goal is to have these positions in place by August of 2015.

### Vocational/Transition/Re-entry Programming

- Pilot expansion of transitional courses at two Community Justice Centers.
  - Progress: Working with the colleges, the Department of Corrections continues to determine the appropriate venue for delivery of transitional courses in the community. The goal is to ensure that the programs are utilizing access to job listings that are on-line and can practice job hunting on a computer.
  
- Continued piloting of “navigator” positions through the State Board for Community and Technical Colleges (SBCTC) contract.
  - Progress: There are three offender education navigators working in the community. They are serving offenders that have participated in offender education program while incarcerated and are helping these students to continue in education and/or obtain employment. Between March 2014 and February 2015, the Navigator from Coyote Ridge Corrections Center served 26 offenders and 80 percent have either gained employment or have enrolled in school. Between May 2014 and February 2015, the Navigator from Tacoma Community College served 51 female offenders. The newly hired Navigator from Edmonds Community College served 20 offenders with a total of 85 percent either employed or enrolled in education. All three Navigators are now able to access the Second Chance Employer Data Base have been trained to use it. DOC continues to evaluate the Navigator program alongside other reentry programs to ensure coordination and improvement moving forward.

## Correctional Industries (CI)

- Expand CI employment at Airway Heights Correctional Center (AHCC), Coyote Ridge Correctional Center (CRCC), and Washington State Penitentiary (WSP).
- Increase offender jobs from 1,500 to 2,250.
  - Progress: The plan to employ 2,250 offenders in Correctional Industries (CI) positions is in progress and on track. Approximately 140 new offender positions were created and deployed at AHCC on January 1, 2015. New AHCC offender employment positions plus the approximately 130 new positions created at CRCC on August 1, 2014, comprise the bulk of the current CI population increase to the current level of 2,048 offenders. On May 1, 2015, approximately 195 new offender positions were created and deployed at WSP. CI expects to reach the goal of 2,250 offender positions by the end of fiscal year 2015.

## Female Specific Programming

- Evaluate Moving On program at 12 and 24 months after implementation.
- Implement a pilot of Moving On in the community, so that it can be included in a future evaluation.
  - Progress: With the hiring of the Correctional Program Manager for west-side facilities, the Department will be better able to create stability around the program and to expand the number of program offerings. Two new groups of Moving On facilitators, totaling approximately 24 staff members, are being trained at both facilities. The first group completed their training on May 7, 2015 and the second group is scheduled to complete their training on June 4, 2015. These facilitators are also scheduled to begin Motivational Interviewing training in September 2015. Once training has been completed and the program implementation has been stabilized, appropriate evaluations of the program can begin.

With the improvements Community Corrections Division's program delivery model, the Department must re-evaluate which site makes the most logistical sense to implement a community-based pilot of the Moving On program. Additionally, without additional funding, this program will be delivered by the dedicated facilitators already delivering the Thinking for a Change program and assessed by the current Quality

Assurance staffing levels. Therefore, before implementing such a pilot, the department must allow this newly implemented delivery model to stabilize in place. The Department's goal is to have the Moving On pilot in the community being delivered in time to take part in the Moving On evaluations.

### Aggression Control Training (ACT)

- When resources are available, train staff located in the Intensive Management Units (IMU) in Core Correctional Practices (CCP), Motivational Interviewing (MI), and ACT and implement Quality Assurance (QA) at CBCC.
  - Progress: The Department, in addition to its 20 CCP trainers, has developed approximately 15 ACT trainers who have delivered two ACT facilitator trainings as of the time of this writing. These sessions were needed to replace those ACT facilitators at MCC and WSP lost through attrition. All CBI facilitators are now scheduled for Motivational Interviewing training, for first of which have already begun in May 2015 with all prison CBI facilitators trained by September 2015.
  
- When resources are available, conduct a small ACT pilot study at Snohomish County's Everett Community Justice Center.
  - Progress: A plan for implementing ACT as a pilot in Everett had been developed; however, with the improvements made to the Cognitive Behavioral Intervention delivery model in the community, the implementation of an ACT pilot at a pre-specified site needs to be reviewed to ensure a successful rollout. Much like Moving On in the community, the Department must re-evaluate which site makes the most logistical sense to implement a community-based pilot of the ACT program. Without additional funding, this program will be delivered by the dedicated facilitators already delivering the T4C program and assessed by the current Quality Assurance staffing levels. Therefore, before implementing such a pilot, the department must allow this newly implemented delivery model to stabilize in place.
  
- Build on the continuum by prioritizing higher risk offenders who complete ACT for T4C and other ciminogenic programming as time/resources allow.
  - Progress: The proposed expansion of T4C to the Medium Custody units at CBCC and WSP, where ACT is currently being facilitated in both facility



IMUs and the Close Custody unit of WSP, would allow for a “step-down” for offenders who have completed ACT and have promoted to lower levels of custody. This would aid in maintaining a continuum of care and reinforcing a treatment progression model. With this proposal remaining unfunded, any prioritization of ACT graduates for T4C will be accommodated using established entrance criteria and subject to current transportation and classification limitations.

### Motivational Interviewing

In the body of the *Program Categorization and Implementation Plan* from October 2014, the Department set Motivational Interviewing progression goals for program delivering staff in prisons, the community, Quality Assurance (QA), and the Sex Offender Treatment Program (SOTP). In the time since October, the Department has adjusted these goals in order to more efficiently meet its operational needs based on factors such as the implementation of dedicated facilitators in the community, written expectations for staff around progressing in Motivational Interviewing, and the hiring of a Senior Evidence-based Advisor, who is a well-known and accomplished national Motivational Interviewing instructor. The Senior Evidence-based Advisor will act as the main facilitator for Motivational Interviewing training.

In April 2015, the Community Corrections Division moved from having all Community Corrections Officers (CCO) being potentially responsible for facilitating Cognitive Behavioral programming to repurposing a small number of those positions and creating dedicated facilitators. The Department’s position, which is echoed by WSU, is that having dedicated facilitators will increase model fidelity, increase facilitator morale, improve data collection, increase total offenders served, improve offender attendance and graduation rates, and increase overall program efficacy. This, however, impacted the Motivation Interviewing schedule, as the repurposing of specified CCO positions, writing positions descriptions, and the hiring and training process had to be completed before these staff would be ready to undertake Motivational Interviewing. Now that the majority these staff have been hired and placed in these positions, it is anticipated that certain Community Corrections Officers, including the newly hired dedicated facilitators in the community, will begin Motivational Interviewing in September 2015.

Prior to this round of Motivational Interviewing, staff’s required level of participation was unclear as was their level of achievement. With this session of Motivational Interviewing, staff have been informed that the expectation for Motivational Interviewing is to achieve the universal rating of Competency, as defined by the Motivational Interviewing Treatment Integrity tool (MITI). These ratings will be conducted by a contract through the University of

Washington which will include unbiased scoring of MI sessions and personal feedback and coaching for the individual practitioner. For those staff members who reach Competency, they will have the opportunity to continue on with their practice in order to be scored as Proficient. At this time, the staff member will be trained to become a Motivational Interviewing facilitator, ensuring that we will have the internal capacity to train Department staff as needed.

The Department is delivering Motivational Interviewing to all prison staff that deliver programming, Community Corrections Officers (including the dedicated facilitators), all QA staff, a select number of Correctional Industries staff, and all SOTP staff who either deliver treatment or supervise those who do. The training began on May 5, 2015 and will continue continuously through the end of the calendar year.