Program Categorization and Implementation Plan

2014 Report to the Legislature

As required by Third Engrossed Substitute Senate Bill 5034, 2013

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Washington Department of Corrections
2014 Report on Program Categorization and Implementation Plan

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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 legislative proviso directed the DOC, in consultation with the WSIPP, to categorize all existing programming as either Evidence Based or Research Based, and to work with a consultant and develop a comprehensive implementation plan to phase out ineffective programs and phase in those demonstrated to be effective. The legislative language directs DOC to implement programs consistent with the risk-needs-responsivity model.

The Department contracted with Washington State University (WSU) to provide the consultation services, assist with the categorization, to provide recommendations for program expansion, and to make recommendations for changes to existing programs to increase alignment with evidence based practices and the risk-needs-responsivity model.

The WSU conducted a multi-phase program review, with priority for the legislatively funded programs currently being offered by DOC. This process included a literature review, a review of program materials, manuals and related policies, and a survey of program staff. In addition, they developed the Evidenced Based Indicator Scorecard (EBIS) specifically for use by the DOC, to determine if DOC program components and implementation match those components in the literature reviews, consistent with evidence based practices. They trained DOC staff and, using the EBIS, conducted an on-site review of those programs which were identified as partial matches to the literature.

The categorization process revealed that all programs currently funded by the legislature are either Evidence Based Programs (EBP) or Research Based Programs (RBP). Therefore, WSU is not recommending that any current program offered by the Department and funded by the legislature be phased out. The WSU is recommending that as resources are available, DOC expand:
- The Sex Offender Treatment Program (SOTP),
- Prison-based Therapeutic Community (TC),
- Intensive Out-Patient (IOP) substance abuse programs,
- Thinking for a Change (T4C) in prison and continued expansion in the community,
- Transitional/re-entry programs at the King County and Pierce County Criminal Justice Centers; and
- Improve the SOTP and Substance Abuse Programs, by adding Quality Assurance/Program Fidelity components.

Other changes recommended include building an infrastructure to continually work toward evidence based practices. The WSU recommends that this fiscal year be spent working to develop intermediate outcomes and establish and implement a tracking system to ensure adequate data collection for future/continued program evaluation, program and process improvement, and tracking and evaluation of dosage. The recommendations include

developing a process to track offender risk level and program dosage so those elements can be incorporated in caseload forecasting methodologies. This will help to determine if changes to the caseload forecast model, which specifically account for risk and dosage, yield better predictive results.

The WSU has recommended an external evaluation of several DOC programs, including Anger Control Training, Moving On, community-based TC and In-patient treatments, non-intensive outpatient treatment for substance abusers, Intensive Outpatient for offenders with Co-occurring Disorders and Moral Reconation Therapy.

The WSU recommends that DOC use the EBIS annually to review programs and utilize evaluation information to continually improve programming.

The WSU is currently assisting DOC in the development of a validated risk/needs assessment. It is their recommendation that once the assessment is implemented, regular analysis of the population risks and needs be conducted to inform program allocation and/or expansion.

Report Overview

This report will summarize the actions taken to date by the Department, the Washington State Institute of Public Policy (WSIPP) and the consultant, consistent with the Legislative directive; to include:

- a brief description of the risk-needs-responsivity model,
- a framework for the consultant recommendations and DOC implementation plan;
- summarization of the program categorization conducted by the consultant and DOC, along with the processes used;
- identification of the programs recommended for expansion;
- description of the current programs,
- methods and locations for where the recommended expansions will be implemented,
- description of additional recommendations made by the consultant to assist DOC in furthering its efforts toward furthering the implementation of a risk-need-responsivity model; and
- an outline for next steps and the focus of the consultant's efforts for this fiscal year.

Items Completed To Date

The Department was directed to contract with a consultant who could facilitate and provide project expertise on the implementation of community and prison based offender programming that follows the risk-needs-responsivity model and was to provide that consultant with a list of current offender programs categorized as Evidence Based (EBP) or Research Based (RBP), using definitions provided by WSIPP.

The Department contracted with Washington State University (WSU) Institute for Criminal Justice Research, Department of Criminal Justice and Criminology, specifically, Zachary Hamilton, Ph.D., Jacqueline van Wormer, Ph.D., and Christopher Campbell, M.A. to provide the consultation services. The Department lacked the internal capacity to categorize its programs, so instead provided an uncategorized list of all DOC current programs to WSU and WSIPP by September, 1, 2013.

The WSU consulting contract, due to short time constraints with budget allocation and contracting delays, was not finalized until November 2013. Given the delay, the Department requested and was granted extensions in the original proviso timeframes.

The WSIPP was to systematically review selected programs to determine the effectiveness of those programs at reducing recidivism or other outcomes and to conduct a benefit-cost analysis of those programs when feasible, and was to report their findings to the legislature by December 1, 2013.

In December 2013, WSIPP reported its findings after conducting a meta-analysis, of sex offender treatment and EPICS, along with a benefit-cost analysis and a categorization of types of adult offender programs as EBP, RBP or as producing null/poor outcomes (Drake, 2013). The meta-analysis was not necessarily specific to DOC programming, or how DOC has implemented programs. For example, the report indicated that cognitive behavioral therapy is an EBP. The report did not indicate that the specific cognitive behavioral programs that DOC offers are evidence based or whether or not DOC implemented them in a manner consistent with the evidence.

In an effort to determine more specifically how to categorize the programs that DOC has implemented and if the implementation is consistent with evidence-based practices, the Department solicited assistance from WSU to categorize DOC programs. This was completed using the WSIPP definitions, and included an evaluation of how DOC has implemented the programs.

The consultant submitted a report to the Legislature on March 1, 2014 and an updated report on June 30, 2014. These reports describe the work that WSU has done in relation to the consultation. The report issued in June includes WSU's recommendations regarding program expansion, review, evaluation and other implementation recommendations.

The Risk-Needs-Responsivity Model

The DOC received a state appropriation for Fiscal Years 2014 and 2015 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 (RNR) model.

The RNR Model is based on the Principles of Effective Intervention, which guide correctional practices in the assessment and rehabilitation of offenders. Research studies continue to focus on how to implement the principles in a manner which provides the greatest reductions in recidivism. The following briefly describes the principles, and will lay the foundation for the recommended changes to Department practices and the implementation plan.

The Principle of Risk

The principle of risk indicates that actuarial tools should be used to determine an individual's likelihood of re-offense and to identify factors that are amenable to treatment and reduction of risk. This principle dictates that allocation of resources should be based on risk: the higher the risk, the more intensive and extensive the services should be.

The Principle of Need

The principle of need dictates that interventions should target criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. Criminogenic needs are dynamic (changeable) risk factors that, when addressed or changed, affect the offenders' risk for recidivism.

The top eight risk factors include static and dynamic factors as follows:

1. Anti-Social/Pro-criminal Attitudes, Values, Beliefs and cognitive emotional states;
2. Anti-Social/Pro-Criminal Peers/Associates and isolation from Pro-Social others;
3. Temperamental and Anti-Social Personality patterns conducive to criminal activity including:
   - Weak Socialization
   - Weak Problem Solving, Self-Regulation and Coping Skills
   - Impulsivity
   - Risk Taking
   - Restless/Aggressive
   - Egocentrism;
4. A History of Anti-Social Behavior starting at Young Age;
5. Familiar Factors that include – Criminality, Low Supervision/Affection, Abuse/Neglect;
6. Low Levels of personal, educational, Vocational, or Financial achievement;
7. Low Levels of involvement in pro-social leisure activities; and
8. Substance Abuse

The Principle of Responsivity

The principle of responsivity requires that individual characteristics be considered when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment. The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions.

The Principle of Program Integrity

The principle of program integrity indicates that processes should be in place to ensure that assessments and programs are implemented with fidelity to the developer's intent, in order to achieve the results expected from the assessments and programs. This process is often referred to as Quality Assurance. When the implementation of an assessment and/or research-based program or intervention closely follows the protocols, techniques and curricula defined as the intervention, the result is higher fidelity. Research suggests that evidence-based

intervention programs depend on high model fidelity for successful outcomes (Barnoski, 2002; Sexton, Hollimon, Mease, & Alexander, 2002).

Program Categorization Process

The WSU reviewed the WSIPP report (Drake 2013), including the WSIPP definitions of evidence and research based programs and the associated literature reviewed by WSIPP. The WSU then identified components of each of the programs reviewed that aligned with evidence based practices. Due to time constraints, the efforts were focused only on programs currently offered by the DOC that are funded by the Legislature. The WSU's review, and the focus of this report, will be limited to those programs. As time and funding allow, other programs offered by the Department will be reviewed in the future.

The WSU conducted a systematic multi-phased categorization of DOC offender programming. The primary comparisons focused on three areas: purpose/focus of the program, intended population focus (by both the program and study reviewed), and program components (dosage and techniques involved). For each of the component areas, the strength of the comparison between WSIPP reviewed programs and DOC programs were classified as:

(1) Matched – at least 90% of the programmatic components were similar to that of the WSIPP study with positive effects;
(2) Partial Match – between 50% and 90% of the programmatic components were identical;
(3) Not Matched – less than 50% of components were identical.

The review by the WSU was conducted by a thorough examination of the curriculum for each program and related policies. Those that matched at least 90% of the programmatic components from the WSIPP study were categorized as EBP. The WSU also identified additional literature to assist in this process, and began creating a repository of evidence.

There were several programs that, through a review of the curriculum and policies, WSU could not determine whether they matched 90% of the components present in the WSIPP review. In order to gather more information to properly categorize these programs, WSU created a written survey focused on assessing program operations. This survey was built after a careful review of the risk/needs/responsivity and principles of effective intervention. DOC staff members and program facilitators were surveyed and the survey scores then served as a second line of assessing program quality and implementation. The scores were then used, along with the curriculum review, to categorize additional DOC programs as evidence or research based programs.

Evidence Based Indicator Scorecard

After a review of the curriculum, the policies, and the survey results, there were still programs that WSU was unable to adequately categorize. They conducted a review of the literature on program evaluation tools that have been designed to assess the extent to which correctional programs meet the principles of effective intervention and contain treatment elements empirically linked to the reduction of recidivism, such as the Correctional Program Assessment Inventory (CPAI) developed by Gendreau and Andrews.

Using the repository of evidence and the additional literature review, WSU created the Evidence Based Indicator Scorecard (EBIS). The EBIS was created specifically to evaluate current and potential Washington State offender programming, to determine how closely the programs match the components present in the WSIPP definitions of EBP and RBP. In order to develop DOC internal capacity, WSU trained three teams of DOC staff to conduct program reviews using the EBIS. The teams visited numerous facilities across the state to evaluate the remaining programs that WSU was unable to categorize. These staff spent an average of 2-3 days on-site in prison and community-based facilities interviewing program staff, reviewing files, manuals, and database systems in order to address the four core areas of interest, as follows:

1. Program Referral and Entry Procedures: Questions in this section measure the matching of offenders to appropriate programs/services.
2. Program Operations – Logistics: This section covers evaluation of program requirements and components; and once established, the questions shift the focus to adherence to the program features.
3. Program Operations – Skills and Coaching: Questions for this section are focused on the offender skill training, use of incentives/sanctions, and behavior modeling available in the programs.
4. Staff Training, Qualifications and Quality Assurance: this section seeks to evaluate exactly how staff is selected for participation in programs, training procedures afforded, and the underlying qualifications required for assignments. Questions presented in this area are focused on general program requirements and the ability of DOC to ensure that those requirements are followed.

Each team utilized the EBIS to evaluate programs on site and provided the written scorecards to WSU. Upon completion of this multi-phased process, WSU was able to adequately categorize all current DOC programs funded by the Legislature. In addition, DOC now has the internal capacity to utilize the EBIS and conduct program reviews, with WSU oversight, for the purpose of categorizing programs as an EBP, RBP or as a Promising Practice.

Following the analysis of DOC programs, WSU recommended that programs be grouped as follows:

1. **Offender Change** – This category of programs consist of interventions designed to change criminal thinking patterns. These programs are universally guided by theories of behavioral change (i.e. social learning).

2. **Substance Abuse Treatment** - Based on the WSIPP review, substance abuse treatment was further organized into three sub-categories of treatment type and setting: community, incarceration, and treatment for offenders with co-occurring disorders.

3. **Sex Offender Treatment** - The Sex Offender Treatment Program (SOTP) delivered by the DOC incorporates Cognitive Behavioral (CBT) and is an incarceration-based program with aftercare in the community.

4. **Transitional Programming** -Transitional programming spans a wide range of approaches to offender reentry in the general literature included in WSIPP's review. The studies reviewed by WSIPP focused on: supervision focused case management, electronic monitoring and intensive supervision, RNR training for staff, treatment or employment training for offenders, and work release programs.

5. **Correctional Education** – Education within DOC's correctional facilities includes: basic skills, general education diploma (GED) preparation, and associates of arts (AA) courses (not legislatively funded). Basic skills programs are typically for offenders whose educational skill level is less than that of a ninth grade education. GED preparation courses are intended for students with skill levels from ninth through twelfth grades, to prepare them to earn a GED diploma. Associate of Arts or post-secondary courses allow for offenders to further their education beyond that of high school. Vocational Training is also offered through DOC contracted services.

6. **Correctional Industries** - Correctional Industries in DOC facilities offers vocational skill training and education, in conjunction with soft skills/CBT programming, with an employment focus.

DOC will have to do an analysis of the current program categories and determine what impact, if any, the changes suggested by WSU for program categorization would have on how DOC reports program participation numbers that are used for the Caseload Forecast. In addition, new categories for items that are currently tracked under the offender change category, that do not fit in the WSU definition will need to be identified.

Program Categorization Results

Due to the aggressive timelines of the proviso, WSU had limited time to conduct a thorough review of all DOC programming. Given that prior WSIPP reports addressed Education, Vocational, Correctional Industries, and Work Release Programs, and the 2013 DOC Report addressed options for the Work Release Program, WSU's initial work and this report primarily focuses on Offender Change Programs, Substance Abuse Programs, Sex Offender Treatment and Transitional programming (excluding Work Release Programs).

The WSIPP benefit-cost report, updated in October of 2013, listed Work Release, Correctional Education (basic or post-secondary) in prison, Vocational Education in prison, and Correctional Industries in Prison, as cost beneficial programs. The DOC submitted a separate report in 2013, at the request of the Legislature, with options for expanding Work Release participation. Post-secondary education can only be provided to DOC offenders with private funding, so was not included as part of this initial review. Plans for expansion of Correctional Education, Vocational Programming and Correctional Industries will be addressed in the implementation plan section.

 The results of the program categorization are as follows:

Evidence-Based Programs:
- Intensive Outpatient Treatment for Substance Abusers
- Therapeutic Communities for Substance Abusers
- Therapeutic Communities for Offenders with Co-Occurring Disorders
- Sex Offender Treatment & Aftercare
- Job Search
- Go2Work Reentry Program
- GED Preparation Courses

As mentioned above, this category also includes Education, Vocational training, Correctional Industries and Work Release, as determined by WSIPP.

Research-Based Programs:
- Thinking for a Change
- Anger Control Training
- Non-Intensive Outpatient Treatment for Substance Abusers

Programs that are Promising Practices:
- Moral Reconation Therapy
- Intensive Outpatient for Offenders with Co-Occurring Disorders

Effective Practices in Correctional Supervision

Effective Practices in Correctional Supervision (EPICS) was originally developed by the University of Cincinnati Corrections Institute (UCCI) as Effective Practices in Community Supervision. The UCCI modified the curriculum so it could be used by both community corrections and by prisons staff, and modified the name to Effective Practices in Correctional Supervision. EPICS provides corrections staff a structured way to interact with offenders to promote positive change. By using EPICS, case managers make use of their interactions by integrating cognitive-behavioral therapy techniques in their one-to-one meetings. The structured interactions consist of check-ins, a review of skills from the previous session, intervention development and homework/rehearsal of new skills. The structured interactions improve rapport between the staff and the offender, while targeting criminogenic needs.

The Department has piloted EPICS in two settings in the community. The goal of the pilots was to determine the operational aspects and benefits to providing EPICS in rural locations where space is limited and compared two methods of staff training. In the pilot that occurred in the Southwest Region, the entire community corrections office staff was trained, versus the pilot in the East Region, where just the CCOs were trained.

DOC used grant funding to provide training in EPICS to classification counselors at the Washington Corrections Center for Women and the Mission Creek Corrections Center for Women.

Unfortunately, EPICS was not included as a part of WSU's evaluation. The WSIPP criteria limited evidenced-based practices to programs in which more than one evaluation was independently conducted (i.e. not by the program developer), and demonstrated positive results. WSIPP's meta-analysis (see Drake, 2013a) identified RNR case management models to be generally effective. DOC is exploring the use and development of a RNR case management model, of which EPICS is one of many components being considered. Upon selection of a case management model, WSU recommends a new pilot to explore both implementation barriers and offender outcomes.

Programs Recommended for Increase in Scope and Use

The proviso directs the Department, after the categorization of current offender programming, to create a comprehensive implementation plan to include program types, locations, implementation timelines and the recommended phasing out of ineffective programs. The implementation plan is to include the projected number of participants needed to meet the threshold of available funds. As outlined previously, WSU is not recommending that any programs currently funded by the legislature be eliminated or "phased out" at this time.

Therefore, DOC has developed a plan to be implemented by January 1, 2016, based on the current budget allocations.   If additional funding is provided, or if permission is granted to adjust how the funding is applied, modifications to the plan will be made accordingly, with updates outlined in the required progress reports.

The current budget allotment for offender programming in both prisons and the community is as follows:

Offender Programming Categories	Prisons (Program 200) (Rounded)	Community (Program 300) (Rounded)	FY2015 Total (Rounded)
Chemical Dependency	$4,530,000	$18,976,000*	$23,506,000
Offender Change Plus Fidelity	$2,503,000	$791,000	$3,294,000
Sex Offender Treatment	$3,674,000	$887,000	$4,561,000
Education/Vocation	$15,352,000	$0	$15,352,000
Offender Job Training	$480,000	$0	$480,000
Total Offender Programming Budget FY 2015	**$26,539,000**	**$20,654,000**	**$47,193,000****

*Chemical Dependency in the Community includes $6,032,000 for Residential Drug Offender Sentencing Alternative funding.
**Excludes OCD Admin, Classification, and Transportation units. P100 $82,755, P200 $2,794,641, and P300 $333,647

The WSU recommended increase or expansion of programs in four primary categories – Sex Offender Treatment Programs, Substance Abuse Treatment (specifically, IOP and TCs), cognitive behavioral programming (specifically, T4C), and Vocational/Transitional programming. A brief overview of each program, as currently structured is listed below, along with the changes DOC intends to implement, if feasible within current budget allocations.

Sex Offender Treatment Programs

Effective sex offender treatment can address multiple criminogenic needs, reducing the risk of both sexual offending and general criminal recidivism. The DOC Sex Offender Treatment Program (SOTP) was determined to meet criteria for EBP. WSU has recommended DOC expand treatment services to address the risk and needs of the sex offender population.

The average daily DOC prison population of male offenders convicted of a sexual offense is approximately 3,500.   The DOC has the current capacity to provide treatment to approximately 400 male sex offenders per year in prison, or only an estimated 11% of the currently incarcerated males convicted of one or more sex offenses. The SOTP program for male offenders is provided by DOC staff at two locations, one at Monroe Correctional Complex (MCC) and one at Airway Heights Correctional Complex (AHCC).   DOC also offers one-on-one treatment to currently incarcerated female offenders convicted of a sex offense.   Offenders who complete SOTP in prison are provided follow up treatment by DOC in the community.

Given the limited number of treatment slots, the Department has focused its efforts on those offenders who are within the last 12-18 months to their sentence, are amenable to treatment and/or those with an order by, or under the jurisdiction of the Indeterminate Sentence Review Board (ISRB). If more offenders met the criteria than there were treatment slots, priority was given to those with a higher risk of sexual reoffending. In the past, risk assessments were only conducted on those found amenable to treatment.   Offenders who were found non-amenable were not assessed or identified on a tracking list for potential treatment, until just prior to release from confinement.

Changes in Progress to Align with the RNR Model
Last fiscal year, DOC requested one full time staff and one project staff to begin assessing the risk of sexual re-offending of the prison offenders convicted of a sex offense, upon their entrance to prison. Those positions were established, the staff was hired, trained, and they began conducting assessments in February, 2014. DOC has modified the Offender Management Network Information (OMNI), which is an electronic system for DOC offender data, to allow for input of the assessment results and the identified treatment need. The Department will continue to collect and track the data in OMNI. According to WSU, DOC should have sufficient data collected by February, 2015, to be able to determine the aggregate risks and needs of the male population convicted of sexual offenses, to better inform expansion of SOTP treatment.

DOC is working toward system changes, to include prioritizing sex offender treatment based on risk, rather than amenability. It is recognized that offenders who are ordered by the ISRB to complete treatment must have options available, to be found paroleable. Therefore, DOC will also be working to adjust the intensity and duration of treatment commensurate with risk, providing higher intensity and program duration for higher risk offenders and lower intensity and treatment duration for lower risk offenders. It is recommended that any changes made be evaluated to ensure they increase the effectiveness and efficiency of SOTP.

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Since its inception, the SOTP has been a voluntary program. However, amenability to treatment is a dynamic factor which can be impacted. Within existing resources, the DOC will implement strategies to impact amenability. These strategies include:

- Housing offenders who are not amenable separate from those who are. As capacity allows, the Department will prioritize amenable offenders for treatment at MCC and will place non-amenable offenders at AHCC;

- DOC will provide Motivational Interviewing training to staff who work with the "non-amenable" offenders to provide staff additional skills for engaging offenders in treatment;

- DOC will provide the non-amenable offenders with pre-treatment/orientation and/or pilot other programming at AHCC designed to impact amenability, as resources allow.

Due to limited resources for programming in prison, current practice prioritizes sex offender treatment and substance abuse treatment for offenders within 12-18 months to release from confinement. Offenders with treatment needs for both substance abuse and SOTP may only receive treatment in one of these areas when both treatment needs cannot be met within those timeframes.

There are approximately 330 male offenders in prison statewide, convicted of a sex offense, with 18 months or more to their expected release date, that also have a high need related to alcohol/drug use, as assessed on the Offender Needs Assessment. Per the consultant recommendation, the Department plans to pilot a modification to the entrance criteria for the substance abuse treatment program, at AHCC, allowing convicted sex offenders the opportunity to first complete Chemical Dependency treatment, with enough time left to complete SOTP prior to release. The target for this pilot will be higher risk, chemically dependent, sex offenders deemed non-amenable for SOTP. It is expected once staff has engaged the offenders in the treatment process, the offenders will be more amenable to continue treatment and address their sexual deviancy risk/needs. The Department will test this over the next fiscal year. It is anticipated that approximately 60 sex offenders will begin participation in this program during Fiscal Year (FY) 2015.

The WSU has recommended that DOC improve the SOTP, by adding a Quality Assurance component. The Department plans to determine what resources would be required to implement a structured Quality Assurance component to the SOTP program to ensure fidelity to the model and to enhance adherence to the Evidence Based Program designation.

DOC will also work with the consultant to implement program changes which adjust treatment dosage, to provide differing program intensity and duration, commensurate with risk. This change will require evaluation to ensure continued effectiveness.

Substance Abuse Treatment

The Department offers a range of substance abuse treatment services including Therapeutic Communities (TC) in both prison and community, Co-occurring Therapeutic Community (COD-TC) in prison, In-Patient treatment and Co-occurring In-Patient treatment in the community and Intensive Out-patient (IOP) and Out-patient treatment (OP) in both the community and in prison. These programs are provided by contracted services.

There are approximately 5,300 offenders in prison, identified by the Offender Needs Assessment (ONA) to have a high need for substance abuse treatment, of which approximately 860 are offenders that have been sentenced under the prison-based Drug Offender Sentencing Alternative (DOSA). Actual substance abuse assessment information has not historically been tracked in OMNI, so DOC has used the ONA results to predict treatment needs. The ONA is not a validated needs assessment, nor is it validated as a substance abuse assessment, and it is not completed by a licensed Chemical Dependency Professional (CDP). The Department made modifications to the OMNI electronic system in June, 2014, to allow for the availability of substance abuse assessment information on individual offenders to be recorded, along with the CDP's specific recommended level of treatment. This will allow the Department to better identify, at the aggregate level, specific treatment needs, which can be reviewed along with custody level and time to release, to help determine where and at which custody level program expansion should occur, to most effectively and efficiently address the substance related risk and needs of the population.

The total admissions for prison treatment for 2013 was 2,059, which included 1,735 admissions for OP and IOP, 30 admissions for COD-OP/IOP, 263 admissions for TC and 31 admissions for COD-TC.

Due to limited resources for substance abuse treatment in prison, treatment is currently prioritized for DOSA offenders and those with court-ordered treatment, and is provided during the last 12-18 months to an offender's sentence. In past practice, offenders were placed in treatment at Medium Custody facilities and then held at that higher level of custody, to complete treatment, if they earned Minimum Custody before treatment was completed. In order to be more resource efficient and to continue prioritizing treatment for offenders within 12-18 months of release, while balancing capacity challenges in prison, changes were made to place the majority of Chemical Dependency (CD) treatment services at Minimum Custody

facilities. For offenders to be eligible for Minimum Custody, they must be 48 months or less to their release date and have not had recent behavior issues. However, there are some offenders who do not earn their way to either Medium or Minimum Custody and their substance abuse treatment options are limited. Given this, WSU specifically recommends expansion of TC and IOP in Medium and/or Close Custody in prison.

The DOC offers one TC at Olympic Corrections Center (OCC) for Minimum Custody, male offenders who are four years or less to release and meet TC treatment criteria. This program is approximately 9-12 months long and has a census of approximately 130 offenders. For female Minimum Custody offenders who are 4 years or less to their release date and meet the TC treatment criteria, DOC offers a TC at Mission Creek Corrections Center for Women (MCCCW). This program is also approximately 9-12 month long and has a census of approximately 80 offenders. The DOC also offers one co-occurring TC at the MCC Special Offender Unit (SOU), for male offenders who are chemically dependent and seriously mentally Ill. This program is approximately 12 months long and has a census of approximately 60 offenders. There were approximately 300 admissions to the prison TCs during FY13; and through the first three quarters of FY14, there were 260 admissions.

While the WSU report recommends expansion of TC in prisons, it is difficult to implement a true TC in the prison environment due to the capacity challenges.   In a true TC model, the TC offenders are housed and programmed separate from non-TC participants. The WSU indicates that the suggested census of TC units is 50-70 participants, which is thought to maintain integrity of the program.   Given the physical layout of DOC facilities, it is difficult to create a 70-bed TC in a Medium or Close custody unit that is separate from other offenders, without further impacting capacity. These challenges have been shared with the consultant, who indicates it would be beneficial to have a consultant with TC design and implementation experience provide technical assistance as to how the model may be modified to fit the physical plant limitations of the Medium and Close custody facilities currently in operation. This would require additional funding and is not feasible for implementation during FY15.

The WSU also recommends expanding the IOP treatment in prison to Medium and Close Custody offenders. This may require a modification to entrance criteria, allowing participation outside of the 12-18 months to release date criteria. If this recommendation is adopted, an evaluation will be needed in the future to ensure the change does not impact outcomes.   This fiscal year, DOC received $312,000 to provide programming to the offenders who will be housed in the newly opened 256-bed Medium unit at the Washington State Penitentiary (WSP). Approximately $171,000 of that will be targeted for substance abuse treatment. The intent is to expand services to the Medium Custody offenders at WSP, with priority to those who are higher risk, chemically dependent (especially those with a DOSA sentence), and not likely to

move to lower levels of custody without treatment. If it is possible to also provide treatment services to address some Close Custody offenders meeting similar criteria, DOC will work to implement that change. If it is not feasible to offer services to Close Custody offenders within the allotted budget, a request may be made to transfer any unexpended CD funding for offenders in the community to prison CD treatment. This shift could allow for treatment to address higher risk offenders at Close and Medium Custody at WSP, with priority for DOSA offenders who will not likely transition to lower levels of custody. This option is consistent with the WSU's recommendation that DOC be allowed to shift substance abuse treatment funding from community to prison treatment. They indicate that would maximize the delivery of programming and provide the greatest reduction of recidivism for tax dollars spent. This recommendation will be reviewed during FY15, if community treatment is under-spent.

Per the WSU, providing programming to an incarcerated population increases the likelihood of attendance and program completion. The WSU also stated that when offenders require multiple treatments and services, substance abuse treatment is often one of the first programs to be provided. This allows for an individual's addiction issues to be addressed prior to attending other programs, such as sex offender treatment or vocational training.

The AHCC currently provides both substance abuse and sex offender treatment. As mentioned in the previous section, there are approximately 330 male offenders in prison, convicted of a sex offense, with 18 months or more to their release date, that also have a high need related to alcohol/drug use, as assessed on the Offender Needs Assessment.   During FY15, the Department will modify the entrance criteria for the AHCC substance abuse program to target higher risk, non-amenable sex offenders with substance abuse treatment needs. The goal is to engage these offenders in treatment and to work toward motivating them to participate in the SOTP, and to increase dosage of treatment/programming targeting criminogenic needs. It is anticipated that this modification will serve approximately 60 non-amenable sex offenders.

In FY13, there were 7,795 admissions to substance abuse treatment and an additional 925 admissions to Residential DOSA in the community. For the first three quarters of FY14, there were 6,728 admissions to community based treatment, and an additional 722 admissions to Residential DOSA. The WSU indicates there is ample substance abuse treatment available in the community. However, there are many challenges to ensuring the right treatment is available at the right time, for the right offenders in the community. DOC will continue to work on increasing referrals to treatment, and will work with the contractor to develop and implement strategies to increase the daily census of offenders in treatment, while increasing successful completion rates. The contractor has indicated that they have challenges maintaining qualified Chemical Dependency Professionals (CDP) in specific areas in the community and have asked for an increase in funding in order to provide for pay raises and or

pay incentives.   They believe this will assist them in hiring and maintaining adequate staff to provide the needed services. DOC is proposing a pilot, which provides small increase for the contractor, in the cost per service for community based treatment in select areas. This will help determine if the contractor is able to stabilize the treatment provider turnover to increase the services available to offenders in areas where CDP turnover has created challenges. This pilot can be done within existing resources, utilizing under-expenditures.

DOC will be expanding the service area for community based treatment, to ensure treatment is more readily available in areas where there are needs but no services.

The consultant recommends the DOC develop and implement a Quality Assurance component to substance abuse treatment. During FY15, the Department will work with the consultant to determine how best to implement a structured Quality Assurance component to the Substance Abuse programming to ensure fidelity to the model and to enhance adherence to the Evidence Based Program designation.   The implementation may require additional funding.

The consultant is also recommending the development of intermediate outcomes for substance abuse programs. They indicate that many programs for chemically dependent offenders have virtually a singular purpose of stopping the cycle of addiction. In such cases, the intended outcome is the reduction of drug use, or even more so, hard narcotic (e.g., cocaine, heroin, etc.) use reduction. DOC evaluations of chemical dependency programs for offenders, however, usually measure effectiveness solely with regard to recidivism reduction. With drug use reduction being the primary outcome intention of most chemical dependency programs, using recidivism as the only measure for the program's evaluation may be misleading and not fully indicative of program effect. Therefore, DOC will work with the consultant during this fiscal year to identify appropriate additional measures of effectiveness for substance abuse treatment, in addition to recidivism, and will focus on building the capacity to collect the data in a consistent manner. This will allow for future evaluations.

The WSU has indicated that Co-Occurring Disorder Intensive Outpatient (COD-IOP) did not reach the level of evidence necessary to be deemed evidence based or research based, due to limited outside studies and the lack of specific program components identified in the literature, and therefore, recommended COD-IOP for external evaluation. WSU also indicated future review may be warranted to determine if the Residential and TC programs in the community should be extended in length to increase effectiveness. While the prison TCs are approximately 9-12 months in length, the community TC averages 90 days in length and the Intensive In-patient is 28-45 days. The WSU indicates that participation in the shorter term community TCs is more effective if participants completed longer term TC in prison first. The majority

offenders referred to the community TC and Intensive Inpatient are offenders who have not participated in prison TC and are direct referrals from community corrections.

Thinking for a Change

Thinking for a Change (T4C) is a cognitive behavioral program designed to help offenders gain an understanding that their thoughts drive their feelings and behaviors. Offenders learn how to identify maladaptive thought processes and develop relevant interventions to change their way of thinking. Furthermore, they learn and develop appropriate social and problem solving skills. Changing the way an offender thinks, in combination with the development of positive social skills and problem solving skills, addresses several criminogenic risk factors which reduces the likelihood of re-offense. T4C is offered in both prisons and in the community.

The WSU has identified T4C as a research based program that should be expanded to better address the risk and needs of the population.

Prison-based Programming

The Department currently offers T4C in one-half of a Medium Custody unit at AHCC and in one-half of a Medium Custody unit at the Coyote Ridge Corrections Center (CRCC). In addition, CRCC Minimum Security Unit (CRCC - MSU) and Larch Correctional Center (LCC) offer T4C to select Minimum Custody offenders.

According to the RNR model, programming should be prioritized commensurate with risk. The higher the risk, the more intensive and extensive the programming should be. Research indicates that in order to most effectively impact recidivism, high risk offenders should receive between 200 and 300 hours of treatment/programming targeted at criminogenic needs. The current number of high risk offenders in prison, as of June 30, 2014, is approximately 10,850.

Current T4C programming allows for approximately 400 offenders to receive T4C per year in Medium Custody. It is estimated that an additional 160 will receive T4C in Minimum Custody annually. These numbers could increase, if the number of facilitators available to deliver programming at the specified locations were able to be increased. DOC will work within existing resources to train additional facilitators, as feasible.

It is recommended that T4C be expanded to the WSP Medium Custody units to allow for a continuum of programming for offenders at WSP who complete Anger Control Training. It is further recommended that T4C be expanded in western Washington, at Clallam Bay Corrections Center (CBCC), since both Medium Custody units where this program is currently offered are located in eastern Washington. This will provide offenders with family support in western

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Washington the opportunity to participate in programming, without leaving the support of family members who visit, but would have difficulty visiting at eastern Washington facilities. The WSU has indicated that providing T4C services in additional prison facilities would not only reduce/eliminate this issue but would expand the use of this effective program. Based on prior WSIPP findings (Drake, 2013b), it is estimated that an expansion of prison-based T4C will net a return of savings of $9,945 dollars for every $419 dollars spent.

If feasible within the current budget, the Department plans to expand T4C programming to both WSP and CBCC, making the program available to offenders in Medium and Close Custody units. This will create a stronger continuum of programming that will allow higher risk offenders to work toward completing the recommended 200-300 hours of programming necessary to reduce recidivism.   The addition of T4C at CBCC, allows offenders access to this program while remaining on the western side of the state.

Community-based Programming
DOC offers T4C in all counties in the community through a trained cadre of DOC staff as facilitators.

It is projected that approximately 5,500 High Risk offenders will enter supervision in FY15. Given that a portion of those offenders will be serving jail time, will be on warrant status, or will be involved in other priority treatment, approximately 4,100 are projected to be available for cognitive behavioral intervention during FY15.

The current process for identifying the number of offenders to be provided cognitive behavioral interventions has been based on this formula being applied equally across all sections of the state. The below chart shows the anticipated targets based on that formula, along with the number of facilitators needed.

Section	Projected # of High Risk Offenders Available during 2015	Minimum # of groups needed in 2015 to meet target	Minimum # of facilitators needed in 2015 to meet target	Current # of trained facilitators (as of June 2014)	Minimum number of facilitators to be trained in FY15 to meet target
One	488	49	25	29	0
Two	640	64	32	18	14
Three	934	94	47	27	20
Four	772	78	39	27	12
Five	793	80	40	33	7
Six	504	51	26	26	0
Total	4,131	416	209	160	53

Because of past challenges meeting the targets identified through the above formula, DOC conducted an analysis of the past T4C delivery and facilitator deployment, and has determined there are unique challenges to offering group-based interventions in rural areas, compared to urban areas. In addition, analysis revealed that the current delivery strategy and deployment of facilitators is not providing optimal delivery.

DOC will use the above information to develop a plan to ensure an adequate pool of facilitators in community corrections are available to provide T4C groups to address the needs of high risk offenders in each community corrections section. It is anticipated that approximately 2,400 offenders will complete T4C and/or other cognitive behavioral interventions this year, and once the strategies are fully deployed, that number will increase to 3,400. Additional delivery strategies for rural areas will continue to be explored.

Vocational/Transitional Re-entry Programming

Transitional, educational and vocational programming offer essential components in the continuum of interventions targeted to reduce recidivism and prepare offenders for re-entry to the community. Per WSIPP and WSU, the Department offers a wide array of evidence based transitional programming.   Correctional Education and Vocational Programming is contracted through the State Board of Community and Technical Colleges on an annual basis. This contract provides for 12,275 program slots in education and vocational services. The specific allocation of those programs, by site, which includes the approximate number of offenders served for each program, by location for FY 15, is included in Appendix A

Per the consultant, in conjunction with a highly structured continuum of interventions, starting with General Education Development (GED) as a prerequisite, vocational training, and then job placement support, Washington State has established one of the strongest vocations-based programming in Correctional Industries. The array of training and services provided are exceptional and easily meet the criteria for evidenced-based. However, WSU has identified that a programming gap exists with regard to vocational training elements available for work release and community offenders. They have recommended a piloted expansion of transitional courses at two Community Justice Centers.   The WSU indicates this designed phase up of vocational programming would reduce correctional costs through evidenced reductions in recidivism, and would increase the likelihood of future employment for these offenders as well, providing a net increase in tax contribution by participants upon return to the community.

The significant changes in this year's contract with the State Board of Community and Technical Colleges (SBCTC) is an expansion of vocational services to meet the needs of the offenders in the newly opened 256-bed unit at WSP; the continued piloting of "navigator" positions and the

addition of Job Search skills to be offered at the King and Pierce County Community Justice Centers (CJC), which will serve offenders in Work Release and on supervision in the community.

Navigator positions act as a liaison between offenders, employers or educational providers in the community. Preliminary reports indicate these positions have been successful at helping offenders find employment and educational opportunities. Two positions will be located In King County. One will be located at the King County CJC and will focus on providing transitional assistance to offenders releasing from MCC.   The other King County Navigator will be located in downtown Seattle and will focus on providing transitional assistance to offenders releasing from WSP and CRCC to the King County area. A third Navigator position will be housed at the Pierce County CJC and will focus on providing transitional services for the female population. This effort will be combined with other DOC efforts, such as the work with King County specific to the Re-Entry Grant, and specific efforts related to the Results Washington goal of increasing the number of offenders who obtain employment within 90 days of release.

In addition, GO2Work, which was identified is an evidence based transitional program, will be expanded. It is currently offered by the South Seattle Community College in the Seattle area and will has been expanded to the Burien field office in August, 2014. Plans are underway to expand the program to Bates Technical College in Tacoma, Green River Community college in Southeast King County and Edmonds Community college as well.

These changes are consistent with expectations outlined in Engrossed Substitute Senate Bill 6157 (ESSB 6157). The legislature passed ESSB 6157 based on the belief that recidivism can be reduced and a substantial cost savings can be realized by utilizing evidence-based, research-based, and promising programs to address offender deficits and by improving the re-entry efforts of state and local governments and local communities.

The legislature indicated that the interests of the public overall are better served by preparing offenders while incarcerated, and continuing those efforts for those recently released from prison or jail, for successful, productive, and healthy transitions to their communities. The legislation also indicated community justice centers shall offer employment opportunity programs to assist offenders in finding employment and resources for connecting offenders with services.

Another portion of transitional programming involves the training of supervision staff in the Risk-Need-Responsivity (RNR) model. The basis of this approach is that by emphasizing the importance of cognitive behavioral practices in common interactions with offenders, community corrections personnel are able to better identify offender needs and provide adequate services.

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While surveillance alone has not been found to be an effective strategy, effectiveness increases when offenders are appropriately matched to evidenced based programs.   As indicated, DOC is continuing to expand T4C to address the programming needs of high risk offenders in the community. The Department has offered overview training on the RNR model to staff, and will continue to develop opportunities to enhance staffs' understanding of the model and how it applies to their work.

Correctional Industries

The consultant indicated that evaluations of Washington State Correctional Industries programs reveal findings of increased wages earned, greater proportions of participants obtaining employment, and reductions in recidivism behavior (Drake, 2003; 2005). In a 2011 internal DOC study, it was shown that participants of CI programs are 14% less likely to recidivate after three (3) years and are four (4) times more likely to be working three (3) years after release than offenders who did not participate in CI programs.

In addition to offering work training opportunities to offenders, Correctional Industries offers an offender workforce development program. The Reentry, Industry, Training, and Education (RITE) Program targets two objectives:

1. To ensure every qualified Correctional Industries offender who wants assistance from the program is 'work ready' and employable upon release
2. To formalize links with community partners on job readiness, job placement, and education to provide integrated services up on reentering the community and the job market

Correctional Industries' RITE Program employs seven Offender Workforce Development Specialists (OWDS) statewide. The OWDS manage offender job certification processes, oversee a soft skills cognitive behavioral training program, and provide work readiness assistance to Correctional Industries offender workers. Work readiness assistance includes conducting mock job interviews, developing resumes, and coordinating with community service providers for transitional employment services before and after release from prison. Current community partners include the Goodwill of the Olympics and Rainier Region (GORR) and FareStart, a culinary job training and placement program. The working relationships with community partners develop a bridge to employment opportunities for offender workers.

The Department intends to increase jobs through Correctional Industries by 50% this fiscal year, from 1,500 to 2,250 with priority expansion at CRCC, AHCC, and WSP. As of September 2014, Correctional Industries employed over 1,800 offenders and is on target to meet and even exceed target employment.

Programs Recommended for External Evaluations

There were five programs reviewed that did not reach the level of an evidence based program and WSU has recommended further evaluation. These include:

- Anger Control Training
- Co-Occurring Disorders Intensive Outpatient
- Moral Reconation Therapy
- Moving On
- Basic Skills and Post-Secondary Education

These programs lacked the multiple evaluations and or the evaluations failed to meet the WSIPP standards. Moving On has not yet been the subject of meta-analytic review.

Anger Control Training, rated as Research Based, only had a single study reviewed that was compatible with the program as implemented by DOC.   Moral Reconation Therapy evaluations did not meet WSIPP standards. The WSU recommends an external evaluation of these programs.

Anger Control Training

Anger Control Training (ACT) is a 20 week program which focuses on teaching participants self-control in dealing with their anger. Techniques for reducing and managing feelings of anger in difficult situations are introduced and role-played. The goal is to teach participants positive anger control methods, and to provide a variety of options in dealing with a problem, rather than use aggression. ACT is comprised of two of the three components of Aggression Replacement Training (ART), which also includes Moral Reasoning. DOC, based on consultation with University of Cincinnati Criminal Institute (UCCI) opted to remove the Moral Reasoning component and will instead, prioritize higher risk offenders for referral to Thinking for a Change, upon completion of ACT.

Presently, ACT is offered at the Intensive Management Units (IMU) at WSP and MCC, with the goal of addressing the aggressive behaviors that prevent those offenders from participating safely in programming at lower levels of custody.

Once offenders successfully complete ACT in the IMU, they can transition to Close or Medium Custody units. As indicated previously, DOC plans to expand T4C to CBCC and WSP. By expanding T4C at WSP and CBCC,   offenders progressing through ACT would be prioritized for T4C at WSP and at CBCC as part of the continuum of treatment and to increase dosage.

The WSU also recommended that DOC conduct a pilot of Anger Control Training in the community, which would allow for evaluation in both the prison and community settings. A review of the data suggests that the Snohomish County CJC would be a preferred location for

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piloting ACT. There are approximately 178 high risk offenders who are not sex offenders, or offenders in need of substance abuse treatment. A portion of those offenders would be targeted for both ACT and T4C, with the goal of providing the 200-300 hours of programming. Additional expansion would be dependent on the results of the evaluation. The consultant recommends monitoring of implementation and on-going evaluation of dosage to higher risk offenders in the community throughout this pilot.

Providing ACT in both prisons and community will add to the continuum of treatment provided to higher risk/need offenders and will allow the Department and consultant to review outcomes and determine expansion needs. This recommendation will require additional funding for the evaluation.

The Department has attempted to implement ACT at WSP and CBCC within existing resources. However, WSU has noted that the challenges at those locations, as implemented, include:

- Staff turnover (facilitators)
- Lack of survey use for inmate feedback (developed but not used)
- Management/Supervisor not trained in the modality
- Lack of adequate resources for facilitators (e.g. trained backup; 2nd classroom facilitator)
- No on-going training or refresher courses exist.
- Quality Assurance policy
- Programs are not continually monitored for adherence to intended model

The WSU indicates these findings across both sites are common challenges found in correctional and court programming efforts across the country, and yet are also easily remedied with a slight resource allocation to ensure on-going training, cross-training of management and supervisors and creation of Quality Assurance measures.

- The WSU recommended that ACT be evaluated via a controlled study with an external evaluator to identify its effect on recidivism and other intermediate offender outcomes.

- Additionally, due to the potential for reductions in prison safety risks, WSU recommends the evaluation be expanded beyond recidivism and examine such as intermediate outcomes as prison infraction behaviors (both violent and serious non-violent) as well as grievances filed.

Co-Occurring Disorder Intensive Outpatient Treatment

As indicated in the previous section, WSU has determined that the Co-Occurring Disorder Intensive Outpatient (COD-IOP) treatment does not reach the level of evidence necessary to be deemed evidence based or research based, due to limited outside studies and the lack of

specific program components identified in the literature. They are recommending external evaluation of the program to identify the components needed to improve its alignment with evidence based practices, and to build the necessary evidence, as required by WSIPP definitions.

Female Specific Programming

The Department utilized grant funding to train staff at Washington Corrections Center for Women (WCCW) and MCCCW in Motivational Interviewing, EPICS, and Core Correctional Practices. Grant funding was also used to begin implementation of female specific programming, to include Beyond Trauma and Moving On.

Beyond Trauma uses a strengths-based approach with a focus on personal safety to help women develop effective coping skills, build healthy relationships that foster growth, and develop strong, positive interpersonal support networks. Beyond Trauma sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psycho-education, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives.

Moving On

Moving On is a female specific cognitive behavioral program organized around four main themes:
1. Encouraging personal responsibility and enhancing motivation for change
2. Expanding connections and building healthy relationships
3. Skill enhancement, development, and maintenance
4. Relaxation and stress management skills

The program is designed to reduce recidivism by providing women involved in the criminal justice system with alternatives to criminal activity, by helping them to identify and mobilize personal and community resources. The program teaches women about self-assessment, relationships, and interpersonal communication through the use of motivational techniques and cognitive restructuring.

The consultant has indicated that Moving On is solidly built on the foundational principles of effective intervention. The program at MCCCW was reviewed with the EBIS and scored 95%. The WSU was concerned that the managers/supervisors were not trained in the modality. They indicated that there is strong adherence to the model, but recommend reassessment with the EBIS at 12 and 24 months past the start date of that program. In addition, they recommend a process and outcome evaluation, before determining if the program reaches the level of evidence-based.   This should be conducted during the second year of operation, so that all

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implementation challenges can be addressed and program stabilization can occur prior to the evaluation.

DOC used grant funding to provide Moving On facilitator training to classification counselors at WCCW and MCCCW and select work release staff. Since WSU has recommended further evaluation of Moving On, it would be beneficial to train a group of facilitators in work release and/or community corrections to deliver Moving On. This would provide a strong continuum for female specific interventions and would allow Moving On to be evaluated in both the prison and community settings to best inform decisions regarding expansion.

The grant funding has ended, and the Department is interested in continuing to provide female specific programming as part of a gender responsive initiative. The programs have been in place less than one year and are currently being offered by staff on a voluntary basis. In order to fully implement the programs at the two female prison sites in a manner consistent with research, additional resources are needed and have been requested in the DOC 2015-17 budget, to ensure the availability of dedicated facilitators, and to ensure the supervisors and managers are trained in the modalities. In addition, to implement the programming across the continuum, training for facilitators in the community is needed, as well as additional Quality Assurance staff. This recommendation requires additional funding.

Moral Reconation Therapy

WSU indicated that Moral Reconation Therapy (MRT) was categorized as a Promising Program. Since all but one of the MRT evaluations were conducted by the program creator, the evaluations were not identified as objective by WSIPP standards. Therefore, WSU recommends evaluation of MRT to determine its effectiveness in DOC.

Basic Skills and Post-Secondary Education

There were no evaluations of the Basic Skills program "English as a Second Language". The lack of literature in this area suggests the need for independent evaluation (i.e., evaluations completed by external researchers to the DOC). In the same regard, post-secondary education programs yielded far too much variety in the curriculum in both the DOC manuals as well as in the evaluation descriptions to suggest a match of components. Post-secondary education is currently provided through private funding, so was not a focus of this initial review. Prior to expansion of these programs, WSU recommends an evaluation be conducted.

The process and/or outcome evaluations recommended will likely require additional funding. DOC only has $75,000 allotted for WSU consulting fees for this fiscal year, so whether WSU or another evaluator were to conduct the reviews, funding is likely required.

Programs Recommended for Updates or Improvements

In addition to the proposed process and/or outcome evaluations, WSU recommended DOC update/improve specific programs, based on the information gathered during their evaluation. They indicated that the recommended updates/improvements will increase the likelihood that programs categorized lower than evidence-based, will increase in their rating if DOC implements components, practices, and dosage consistent with the evidence-based literature. Programs identified as needing updates or improvements are as follows:

- Intensive Outpatient Treatment for Substance Abusers
- Outpatient Treatment for Substance Abusers
- Substance abuse programming
- Anger Control Training
- Moving On
- Sex Offender Treatment Program

The WSU indicated that the literature addresses both prison and community settings of intensive outpatient treatment. However, only studies in prison based treatment yielded components that could be matched to Washington DOC components. They recommend that baseline knowledge of DOC community outpatient programs be established with more detailed investigation into the components. They also recommend training updates, and review with EBIS or other tools, and the addition of Quality Assurance across the continuum of substance abuse programming.

The WSU indicated that ACT could be improved by:

- Creating a more stable facilitator pool;
- Conducting surveys for offender feedback;
- Training managers and supervisors in the modality
- Providing on-going training and refreshers for staff;
- Developing and implementing Quality Assurance policies; and
- Regularly monitoring for program fidelity.

The WSU indicated that Moving On was only evaluated with the EBIS at one location. They recommend a process evaluation during the second year, along with training supervisors and managers on the modality. They recommend an EBIS review at 12 and 24 months post launch, to determine if the program meets evidence based criteria.

The WSU recommends adding a Quality Assurance component to the Sex Offender Treatment Program to improve programming consistency and ensure sustainability.

DOC will work with the consultant to implement the changes that can be done without additional funding and will identify those components that require additional resources.

Additional Consultant Recommendations:

<u>Staff Training and Sustainability</u>
The goal of evidence-based practices in Corrections is to make better use of research findings in order to reduce offender risk, which in turn reduces new crime and improves public safety. Research indicates implementing evidence-based practices in corrections involves, at a minimum:

- Developing staff knowledge, skills, and attitudes congruent with current research-supported practice;
- Implementing offender programming consistent with research recommendations;
- Sufficiently monitoring staff and offender programming to identify discrepancies or fidelity issues;
- Routinely obtaining verifiable outcome evidence associated with staff performance and offender programming.

Effective interventions can fail because of a lack of investment at the implementation stage. To ensure effectiveness of interventions implemented, it is important to ensure the following occurs:

- Extensive training and coaching of staff, to include follow up training.
- An initial pilot be completed to identify areas for improvement
- Regular fidelity monitoring
- A comprehensive program evaluation and research plan is in place to track outcomes

The risk-needs-responsivity model is founded on the Principles of Effective Intervention. The following graph shows that programs that manage to adhere to the principles exhibit reductions in recidivism ranging from 25% to 80%, with an average reduction of 50 percent (Andrews et al., 1990).

Effect of Program Integrity on Recidivism: Results from Meta Analysis

Andrews and Dowden 1999

Percent Change in Recidivism

Category	Blue	Red
Specific Model	22	5
Trained Workers	23	7
Supervised Workers	33	7
Printed Manuals	28	12
Monitor Change	20	10
Adequate Dosage	22	9
Involved Researcher	45	8
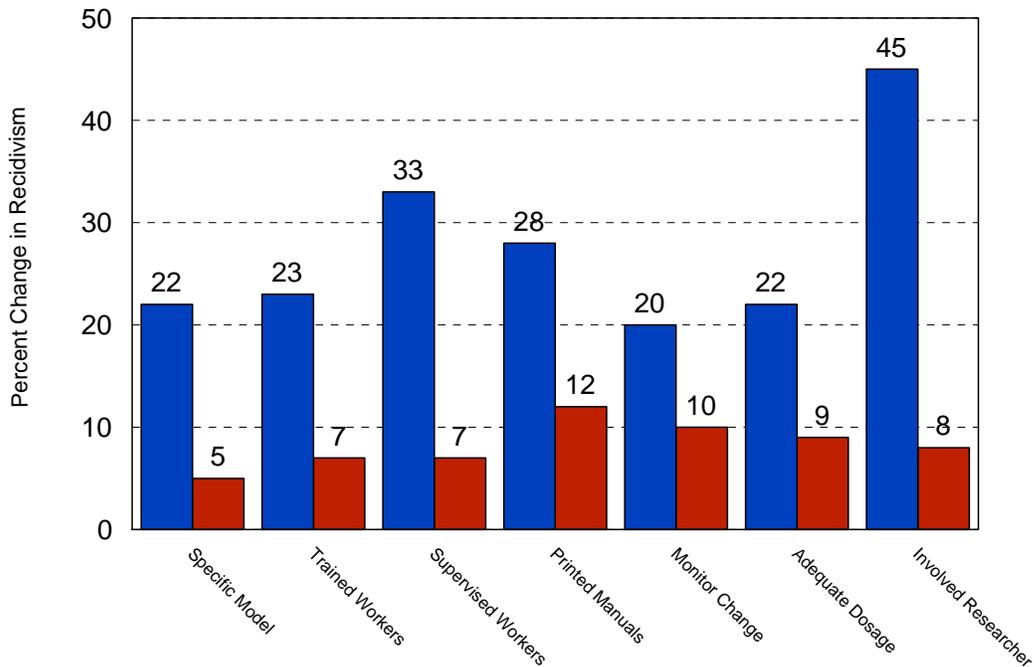
The Department has been training staff on core correctional practices and Motivational Interviewing, as foundational skills, in addition to training in the specific programs. The consultant has recommended that DOC continue this practice and ensure all staff involved in providing programming receives adequate training. For program sustainability, it is recommended that DOC work towards having a pool of internal staff who can train other staff. In addition, DOC should develop a pool of facilitators at facilities offering specific CBT's, and/or in community settings, to ensure adequate resources are available to facilitate in the event of staff absence and turnover.

Core Correctional Practices

The training and use of specific core correctional practices (as outlined by Dowden & Andrews, 2004) is identified in literature as an effective means for impacting behavior change. Three related programs (Staff Training Aimed at Reducing Rearrests, Strategic Training Initiative in Community Supervision and EPICS) were each created around these ideals and findings have indicated that offenders reporting to officers trained in these skills had lower recidivism rates than offenders of untrained officers *(Robinson, et al., 2011; Bonta et al., 2011; Latessa et al., 2013).*

DOC has been training staff in core correctional practices (CCP), with a curriculum developed by UCCI, as part of the foundation for the risk-needs-responsivity model. It is a two day training

that emphasizes the importance of cognitive behavioral practices and behavior management techniques in common interactions with offenders. The key core correctional practices *(from Gendreau & Andrews CPAI-2000)* are:

1) Anti-Criminal Modeling
2) Cognitive Restructuring
3) Effective Reinforcement
4) Effective Disapproval
5) Effective Authority Use
6) Problem Solving Techniques
7) Structured Learning/Skill Building
8) Quality Interpersonal Relationships

Key concepts of the training focus on the appropriate use of positive reinforcements and punishers, with an emphasis on the fact that a punisher only trains a person what not to do. Offenders must also be taught pro-social alternative behaviors that are reinforced when they use those behaviors in, and more importantly, outside of the program.

The literature and training on punishers aligns with community correction implementation of Swift and Certain sanctioning. Punishers are designed to extinguish inappropriate behaviors and are most effective when they are:

- Consistent
- Predictable/Real
- Proportionate
- Applied immediately
- Applied after every occurrence of deviant behavior

Escape from punishers should be impossible and punishers should not be spread out. When punishment is inappropriately applied, several negative consequences can occur (unwanted emotional reactions, aggression, withdrawal, etc.).

Traditionally, corrections agencies have a structure for formally addressing negative behavior. DOC has the violation process in community corrections and the infraction process for prisons. It is much less typical for corrections agencies to have a formal structure to provide positive reinforcement for demonstration of pro-social skills.

The literature findings indicate that when learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time when approached with "*carrots*" rather than "*sticks*". Behaviorists recommend applying a

much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a four to one positive to negative reinforcement/punishment ratio is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as punishers do) but can be applied intermittently. It is recommended that a range of reinforcers be used to include three basic types:

- Tangible – material objects that have a personal value

- Token – symbolic items that have value because of what they can be exchanged for

- Social – natural rewards, which are among the most powerful consequences for initiating and maintaining behaviors

Research indicates that reinforcement is most effective when it comes immediately after the desired behavior.   However, this is not always practical. Therefore, "tokens" or "coupons" can be provided as a promise of a delayed reinforcer.

Literature indicates that reinforces should be varied, as they tend to lose potency over time. In addition, natural reinforcers should be used frequently since they are likely to be received outside the program. Consistency is very important, and rewards/reinforcers should be built into the program structure**.** Community Corrections has been testing the use of reinforcers, such as bus passes for offenders participating in T4C. The prison pilot sites at AHCC and CRCC have been testing the use of "coupons", which can be exchanged for personal hygiene and other items.

Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change. *(Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al,1963; Bandura, 1996)*

The Department's long term goal is to train all staff with direct offender contact in core correctional practices and to incorporate a system that includes swift and certain sanctioning and positive reinforcers throughout the time an offender is under the Department's jurisdiction.

In the short term, DOC has trained 169 Community Corrections staff in, core correctional practices, and will train all existing community corrections staff by January 1, 2016.

In every major facility living unit in which Thinking for a Change and/or Anger Control Training has been implemented, core correctional practices training was initially provided to all staff, on all shifts. At CRCC-MSU and LCC, Classification Counselors, Unit Supervisors and Program Managers have been trained. There was not enough funding to provide training (and relief) for all custody staff at the two minimum facilities, but a portion of custody staff was trained. The goal is to continue to provide training to custody staff at those locations, and to provide training to classification staff that had been hired in those units, since the initial training, as funding allows. Staff turnover rates in those locations are being reviewed to determine the training needed to sustain programs, once implemented, as there have been challenges sustaining a full complement of facilitators to address the needs of the offenders.

The UCCI has trained a group of DOC staff in prisons and community corrections as core correctional practices trainers. In order to ensure training of new staff as they begin employment, DOC will work toward putting core correctional practices training in Corrections Worker Core and/or New Employee Orientation. DOC will continue to identify strategies to train the existing custody and classification staff, as funding allows.

This fiscal year, the priority will be to train the majority of the community corrections staff who have not yet received training, and to train the classification/counseling staff who have been hired in the locations where Thinking for a Change (T4C) and Anger Control Training (ACT) are being offered. The intention is to expand T4C to WSP and CBCC. It has not yet been determined if it is feasible to provide T4C on a specific living unit, or if it will be provided similar to an out-patient group. Once that decision is finalized, a plan will be developed to train counseling staff, supervisors and program managers who provide direct service to those offenders, and within the available funding, a training plan for custody staff will be developed.

Expansion of training in prison locations will continue to require relief for posted positions to attend the training, funding for training of CCP, MI and the interventions, and QA. It will also require additional classification counselors to ensure caseload sizes are reduced enough to allow for dedicated facilitators.

Motivational Interviewing

As with providing training to staff in core correctional practices, Motivational Interviewing (MI) is a foundational skill that would benefit staff in their ability to work with offenders in a manner consistent with the risk-needs-responsivity model. MI is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence. DOC has provided MI training to assist staff in skills to assess and enhance an

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offender's intrinsic motivation for positive change. Research indicates that motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation/community corrections officers, treatment providers, and institution staff. Staff are trained in specific communication techniques to identify an offender's own reasons for change and to engage offenders in their treatment.   Research strongly suggests that MI techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes. *(Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)*

DOC has been providing basic level MI training to community corrections officers and supervisors, and to custody and classification staff in units and Minimum Custody facilities where T4C and ACT have been implemented. Basic MI training consists of two classroom training days, followed by two skill building classes held approximately 30 days apart.

DOC has also provided additional skill building training for community corrections officers and classification counselors who are facilitating T4C and ACT. These skill buildings are offered approximately every 30 days, for six months, following the basic training. After each skill building course, staff are to audio tape an offender interview and submit the tape to the contractor for rating. Feedback is provided so that the next skill building course can build on areas needing improvement. The audio tapes are rated using Motivational Interviewing Treatment Integrity (MITI) which is a behavioral coding system designed to measure treatment fidelity for MI.

There are two levels of MI adherence, Beginning Proficiency and Competency. Staff who have two consecutive audio tapes scored at the first level of adherence are rated to have achieved Beginning Proficiency. Those staff members who have submitted 2 consecutive audio tapes scored at the second level are rated to have achieved Competency. Staff must be considered to have achieved Competency to be eligible for training as an MI Instructor.

The long term goal would be to train all staff with direct service to offenders in basic MI and to have all staff providing cognitive behavioral interventions receive skills building, coaching and mentoring to achieve at least Beginning Proficiency. The ultimate goal will be to have at least 60% of the CBI facilitators achieve Competency in MI and a part of those staff trained as MI trainers.

Currently, DOC has 14 staff who has achieved Beginning Proficiency. On average, staff who participate in the basic training, the skill building courses, and submit their required tapes for feedback, achieve Beginning Proficiency within 4-6 months.

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This fiscal year, DOC will focus on providing basic level MI training to community facilitators who have not yet been trained, and skills building, coaching and mentoring to those who have completed basic level MI, with a target goal of having 10% of the CCOs in each section of community corrections achieve Beginning Proficiency, 30% of the CBI facilitators in identified prison units/camps achieve Beginning Proficiency, 30% of the SOTP MI trained staff achieve Beginning Proficiency and 60% of the Quality Assurance Specialists achieve Beginning Proficiency. In addition, 50% of those staff who achieve Beginning Proficiency by February of 2015, will be prioritized for continued skill building with the goal of achieving Competency by the end of the fiscal year. This will allow DOC to develop a group of MI trainers for FY16 to ensure on-going sustainability.

Advanced Skills Training

Research indicates that one of the most effective treatment methods to impact recidivism is to provide cognitive behavioral interventions, based on social learning theory, that incorporate skill training, with directed practice role modeling. Literature reviews indicate that:

- Programs should teach skills that will make it easier for offenders to avoid criminal activities and to engage successfully in legitimate ones.

- Teaching a skill is more than merely a matter of providing new information. It involves establishing new patterns of thinking and behaving which increases the ability to cope with situations.

Advanced Skills Training, "booster" sessions, and "relapse" focused interventions are emerging as important aspects of the continuum of treatment.

DOC will work with WSU on effectively implementing Advanced Practices skills groups with offenders who complete ACT and/or T4C, to provide the opportunity for continued skill building and practice. This will be staff facilitated and focused on specific criminogenic needs, and as such, will be counted toward dosage.

Tracking of Dosage and Potential Adjustment to Caseload Forecast Model

The Department will continue to develop strategies to provide 200-300 hours of cognitive behavioral programming to higher risk/needs offenders as recommended by UCCI. The WSU recommends further evaluation on determining the minimum dosage required to produce the desired effects on the Washington State offender population.

The WSU recommended that with the information from the latter evaluation, an adjusted caseload forecast model be created, which accounts for risk level and dosage, to determine the

impact on future recidivism. The adjusted model can be compared to the current model, to determine if it has improved predictive accuracy.

Establish Data Collection Infrastructure

The WSU recommends DOC develop data collection points to inform on-going program improvement and future outcome evaluations. DOC plans to work closely with the consultant to identify data collection points and intermediate outcomes that mitigate risk for re-offense and create a data infrastructure to guide the Department in identifying and addressing the dynamic risk and needs of the offender population in the future.

Within existing resources, the Department will dedicate two staff to assist in the data collection and analysis; one specific to substance abuse treatment and one specific to cognitive behavioral interventions. These staff will work closely with the consultant and the DOC Offender Change leadership to develop a program improvement model, which includes structured data collection, analysis and a reporting process to continuously inform program improvement. Based on the model developed and additional input from the consultant, the Department will identify any additional resources needed to oversee the data collection infrastructure, program evaluation, data analysis for continuous process improvement and liaison between the Department and external evaluators, for all recidivism reduction programs.

Intermediate Outcomes

Over this fiscal year, DOC will work collaboratively with WSU to determine intermediate outcomes, in addition to recidivism, and will work to identify measures that capture the presence or absence of positive behaviors as well as the presence or absence of negative behaviors. Examples may include items such as housing stability, financial stability, participation in pro-social activities including work, education, and structured leisure time, as well as prison infractions, technical violations, grievances, mental health symptoms, and drug use.   Establishing and measuring intermediate outcomes will provide the Department information to guide program implementation in shorter timelines than recidivism studies.

Repository of Evidence

The WSU has created a repository of evidence, from the literature reviews completed to assist in categorizing the programs they reviewed for DOC. It is recommended that WSU continue to build the repository as additional relevant literature is identified/reviewed.

Continued use of Evidence Based Indicator Scorecard

WSU recommends DOC conduct EBIS evaluations on offender programs on an annual basis. They further recommend DOC use the EBIS to review potential programs, as part of the selection process. This fiscal year, WSU will be reviewing the EBIS scorecard to determine any changes needed to improve DOC ability to categorize programs. Once changes, if any, are made, WSU will train DOC staff and WSU will work with DOC to categorize and evaluate the remaining programs that were not reviewed during the last fiscal year.

Quality Assurance

Fidelity is a key component to ensure programs are delivered as intended. The DOC will work with the consultant to develop standards, processes and policies, along with a staffing model, to ensure adequate Quality Assurance to ensure fidelity as programs expand. The Quality Assurance staff will also be trained as facilitators in Thinking for a Change and Aggression Control Training, to improve their ability to coach and mentor staff in the use of the skills. As resources allow, the Quality Assurance staff will also be trained to facilitate Moving On.

The consultant has recommended DOC work to incorporate Quality Assurance in the Sex Offender Treatment Program and the Substance Abuse treatment programs. This will likely require additional resources. This fiscal year, the Department will work to determine how best Quality Assurance can be implemented in these programs and may pilot Quality Assurance practices, as resources allow, to better inform the implementation of Quality Assurance across the continuum.

Implement Validated Risk/Needs Assessment

The WSU is in the process of assisting DOC with the development of a validated Needs Assessment. The current Offender Needs Assessment has not been validated, so it is difficult to accurately determine the needs of the population across the continuum of DOC jurisdiction. It is their recommendation that when the updated assessment is implemented and applied to the population, additional analysis should occur to better define the programming gaps and to determine expansion priorities and a process should be developed to continue this on a regular basis.

Implementation Plan Summary Fiscal Year 2015

The written comprehensive plan for offender programming was to prioritize programs which follow the risk-needs-responsivity model. The Department was authorized to discontinue ineffective programs and to utilize under-spent funds to expand programming according to the priorities in the written plan. Since WSU did not recommend phasing out any currently funded

programs, expansion can only be completed in areas where additional funding was already included in this year's budget allocation.

In conjunction with the consultant's recommendations, the DOC has developed an implementation plan to have funded program expansions in place by the January 1, 2016 deadline.

In areas indicating that additional funding would be required for implementation, DOC plans to work with the consultant over the next few months, to determine the extent of the funding needed to expand/implement consistent with evidence based practices.

Sex Offender Treatment Program

- Continue to gather risk/needs assessment data on convicted sex offenders to inform future expansion following the RNR model.
- Pilot an amenability group at AHCC, prioritizing offenders who are high risk/need and determined to be "non-amenable".
- 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 the likelihood of enrolling in SOTP.
- Within existing resources, develop a Quality Assurance process. When resources are available, establish and implement a Quality Assurance component.
- Adjust treatment dosage, to provide differing program intensity and duration, commensurate with risk.

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.
- Prioritize higher risk, non-amenable sex offenders for the AHCC Intensive Outpatient Program.
- Expand substance abuse treatment to a Medium and/or Close Custody unit at WSP, within available resources, or provide "out-patient" services, whichever can be done within the allotted budget.
- Develop strategies to implement Quality Assurance across the continuum of substance abuse services. Since these services are offered in multiple locations across the state, within prisons, and in the community, it may be necessary to pilot a Quality Assurance process on a smaller scale to determine the resources needed to establish and implement a Quality Assurance process across the continuum.
- Determine intermediate outcomes that indicate effectiveness of substance abuse programs.

- Establish a data collection and program improvement process to assist with future program resource allocation and identification of program improvement needs.

Thinking for a Change
- Expand T4C to WSP and CBCC Medium Custody units (expansion funding requested in the 2015-17 budget).
- Continue to expand T4C to address the needs of the population in the community.
- Establish intermediate outcomes and consistent data collection processes.
- Implement facilitated Advanced Skills practices for T4C completers

Vocational/Transition/Re-Entry Programming
- Pilot expansion of transitional courses at two Community Justice Centers.
- Continued piloting of "navigator" positions through the State Board of Community and Technical Colleges (SBCTC) contract

Correctional Industries
- Expand CI employment at AHCC, CRCC and WSP
- Increase offender jobs from 1,500 to 2,250

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 the evaluation.

Aggression Control Training
- When resources are available, train IMU staff in CCP, MI, and ACT and implement Quality Assurance at CBCC.
- When resources are available, conduct a small pilot study at the Snohomish County Community Justice Center.
- Build on the continuum by prioritizing higher risk offenders who complete ACT for T4C and other criminogenic programming as time/resources allow.

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Appendix A - Fiscal Year 2015 Education/Vocational Programming

Facility	College	Program Area	FTE	Pro Rata Share FTE	Prog. Area Headcount	Approx. Prog. Headcount
AHCC	Spokane	Basic Skills	175	93%	434	402
		Computer Basics	14	7%		32
		Vocational			458	
		I-BEST, Comp.	25	12%		55
		Basic Bookkeep.	47	22%		101
		Interactive Media	76	35%		160
		Upholstery	59	28%		128
		Nursing Assistant	6	3%		14
		Offender Change			245	
		Job Search	8	67%		163
		SAM	4	33%		82
TOTAL						**1137**
CBCC	Peninsula	Basic Skills	55	85%	181	153
		Computer Basics	10	15%		28
		Vocational			392	
		Baking	24	17%		67
		Basic Bookkeep.	25	18%		71
		Green Building	24	17%		67
		Comp. Prog.	35	26%		101
		Small Business	30	22%		86
		Offender Change			84	
		Job Search	4	67%		56
		SAM	2	33%		28
TOTAL						**657**
CCCC	Centralia	Basic Skills	40	80%	115	92
		Computer Basics	10	20%		23
		Vocational			331	
		Building Maint.	29	38%		126
		Modern Drywall	10	14%		46
		Horticulture	25	34%		113
		Roofing & Siding	10	14%		46
		Offender Change			140	
		SAM	2	20%		28
		Job Search	8	80%		112

TOTAL						**586**
CRCC	Walla Walla	Basic Skills	240	89%	739	658
		Computer Basics	30	11%		81
		Vocational			816	
		I-BEST HVAC	10	3%		24
		Auto. Mechanics	45	15%		122
		Basic Bookkeep.	25	8%		65
		Building Maint.	25	8%		65
		Graphic Design	80	27%		221
		HVAC	50	17%		139
		Welding	64	22%		180
		Offender Change			403	
		Job Search	15	71%		288
		SAM	6	29%		115
TOTAL						**1958**
LCC	Clark	Basic Skills	24	83%	132	109
		Computer Basics	5	17%		23
		Vocational			167	
		Auto. Services	20	57%		95
		Small Business	15	43%		72
		Offender Change			53	
		Job Search	2	50%		26
		SAM	2	50%		27
TOTAL			-			**352**
MCC	Edmonds	Basic Skills	130	87%	383	333
		Computer Basics	20	13%		50
		Vocational			289	
		Bookkeeping	30	18%		52
		Carpentry	40	24%		69
		Horticulture	20	12%		35
		Building Maint.	20	12%		35
		Interactive Media	57	34%		98
		Offender Change			249	
		Job Search	5	38%		95
		SAM	5	38%		95
KCJC		Job Search	3	24%		59
TOTAL						**921**
MCCCW	Tacoma	Basic Skills	38	83%	108	89
		Computer Basics	8	17%		19

		Vocational			158	
		Business Tech.	25	56%		88
		Interactive Media	20	44%		70
		Offender Change			80	
		Job Search	3	60%		48
		SAM	2	40%		32
Total						**346**
OCC	Peninsula	Basic Skills	38	84%	100	84
		Computer Basics	7	16%		16
		Vocational			190	
		Green Building	28	50%		95
		Horticulture	28	50%		95
		Offender Change			112	
		Job Search	4	57%		64
		SAM	3	43%		48
TOTAL						**402**
SCCC	Grays Harbor	Basic Skills	145	76%	392	299
		Computer Basics	30	16%		62
		ESL - Prison Basics	15	8%		31
		Vocational			603	
		Bookkeeping	15	8%		46
		Building Maint.	32	16%		99
		Modern Drywall	20	10%		62
		Roofing & Siding	20	10%		62
		Welding	60	31%		186
		Technical Design	48	25%		148
		Offender Change			157	
		Job Search	4	40%		63
		SAM	6	60%		94
TOTAL						**1152**
WCC	Centralia	Basic Skills	63	76%	801	609
		Computer Basics	10	12%		96
		ABE Horticulture	10	12%		96
		Vocational			405	
		Info. Tech. Data	20	44%		180
		Inst. Sanitation	25	56%		225
		Offender Change			222	
		Job Search	8	57%		127
		SAM	6	43%		95

						1428
TOTAL						**1428**
WCCW	Tacoma	Basic Skills	85	89%	285	255
		Computer Basics	10	11%		30
		Vocational			358	
		I-BEST, Horticulture	7	7%		25
		Business Tech.	25	25%		90
		Horticulture	28	28%		100
		Interactive Media	20	20%		72
		Technical Design	20	20%		72
		Offender Change			147	
		Job Search	3	30%		44
		SAM	3	30%		44
Pierce CJC/WR		Job Search	4	40%		59
TOTAL						**790**
WSP	Walla Walla	Basic Skills	297	87%	928	804
		Computer Basics	46	13%		124
		Vocational			1321	
		Autobody Tech.	45	10%		131
		Basic Bookkeep.	30	7%		87
		Building Maint.	48	11%		139
		Carpentry	30	7%		87
		CNC Machine	40	9%		116
		Diesel Mechanics	42	9%		122
		Graphic Design	105	23%		305
		HVAC	55	12%		160
		Welding	60	13%		174
		Offender Change			297	
		SAM	6	38%		112
		Job Search	10	62%		185
TOTAL						**2546**
All		Basic Skills	1579		4598	
		Vocational	1826		5488	
		SAM	47		800	
		Job Search	81		1389	
Grand Total			**3533**		**12275**	**12,275**

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