Department of Corrections

State Funded Programming Report

2018 Report to the Legislature

As required by Engrossed Substitute Senate Bill 6032, 2018

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Legislative Directive

The 2018 Legislature, through Engrossed Substitute Senate Bill 6032, Section 220(6)(a) & (b), required that the Department of Corrections (DOC) to submit a report by December 1, 2018, that describes compliance with the use of offender change appropriated funds for programming as outlined in the following legislative language:

(a) The department of corrections shall use funds appropriated in this subsection (6) for offender programming. The department shall develop and implement a written comprehensive plan for offender programming that prioritizes programs which follow the risk-needs-responsivity model, are evidence-based, and have measurable outcomes. The department is authorized to discontinue ineffective programs and to repurpose underspent funds according to the priorities in the written plan.

(b) The department shall submit a report by December 1, 2018, to the appropriate committees of the legislature regarding the department's compliance with this subsection. The report must: (i) Include a summary of the comprehensive plan; (ii) analyze state funds allocated to cognitive behavioral change programs and reentry specific programs, including percentages and amounts of funds used in evidence-based practices and the number of people being served; (iii) identify discontinued and newly implemented cognitive behavioral change programs and reentry specific programs, including information used by the department in evaluating the effectiveness of discontinued and implemented programs; and (iv) provide recommendations to improve program outcomes, including recommended strategies, deadlines, and funding.

Executive Summary

The 2018 Legislature, through Engrossed Substitute Senate Bill 6032, directed DOC to develop and implement a written comprehensive plan for offender programming that prioritizes programs which follow the Risk-Needs-Responsivity (RNR) model, are evidence-based, and have measurable outcomes. Additionally, the Department is authorized to discontinue ineffective programs and to repurpose underspent funds according to the priorities in the written plan.

The Department maintains a comprehensive plan for evidence-based programming that utilizes the principles of the RNR model to drive participant selection, prioritization, and to determine capacity of the programs. The Budget Act appropriates funding specifically for offender programs. For the programs funded by this appropriation, this report identifies how each program area utilizes that model, each program's identified evidence-based categorization, and how each measures success through outcomes. The breakdown of funding for each program area and how much of that funding is used on evidence-based programming is described.

The review of the programs found that 95.2% of these program dollars are spent on evidence-based or research-based programs with the remaining 4.8% on programs classified as a Promising Practice, pending classification, or for Quality Assurance services. Finally, all reviewed programs have and track measurable outcomes to determine success. It should be noted that the Department is engaged in other evidence-based programming efforts, such as Correctional Industries, that are not reported here as they fall outside of this legislative directive.

Background

The 2013 Third Engrossed Senate Bill (3ESSB) 5034 directed the Department, in consultation with the Washington State Institute for Public Policy (WSIPP) and an external consultant, to evaluate all existing programming for evidence-based categorization and to develop a plan to phase out ineffective programs. The legislative language also directed DOC to implement programs consistent with the RNR model.

The Department contracted with Washington State University (WSU) to provide consultation services, assist with the categorization of current programs, provide recommendations for program discontinuation and expansion, and to make recommendations for changes to existing programs to increase alignment with evidence-based programming and the RNR model.

Due to the large number of programs delivered by the Department, the categorization process was completed in two phases. The first phase focused on only programs funded by the legislature (i.e. Sex Offender Treatment Program, Substance Abuse Treatment Programs, Cognitive Behavioral Change Programs, Vocational/Educational Programs, and Correctional Industries). The categorization process revealed that, at that time, all programs funded by the legislature were found to be either Evidence-Based Programs (EBP) or Research-Based Programs (RBP). Based on this finding, WSU recommended that none of the legislatively funded programs be phased out.

The second year phase was intended for DOC to implement the plan for phasing out of some programs and, with the repurposed resources, expand programs found to be evidence-based. As no funded programs were recommended to be phased out, there were no resources to repurpose towards expansion. Therefore, phase two continued with categorizing the remainder of DOC programs (those not funded by the legislature) in order to determine which programs meet an evidence-based standard. Additionally, WSU identified intermediate outcomes for many non-evidence-based programs which assisted in assessing potential programmatic impact on prison behavior management (reduced prison violence, increased self-efficacy, etc.) rather than simply reentry or recidivism reduction (available upon request).

The work directed by 3SSB 5034 from 2013 was concluded in January of 2015 with a final update report submitted by DOC Secretary Bernard Warner.

Program Categorization Process

The Department maintains a repository of evidence-based programs (Appendix A), which categorizes each evaluated program as Evidence-Based, Research-Based, or as a Promising Practice. The repository was originally developed in 2012, when WSU was contracted to complete the evaluation and categorization of all existing DOC programming. That task was completed in 2014 and the results reported to the legislature by both the Department and WSU. Each program listed in the repository was assessed within six categories:

(1) Does the program meet the evidence-based definition;
(2) Does the program meet the research-based definition;
(3) Does the program match the same population reported in the literature;
(4) Does the program meet at least 80% of the components noted in the research;
(5) Does the program have at least a "passing" percentage on both the survey; and
(6) How the program is categorized within the Evidence-Based Inventory Scorecard (EBIS).

Using the operational definitions for evidence-based programs refined in conjunction with WSIPP and WSU (Appendix B), the Department will have each newly implemented legislatively funded program evaluated and categorized by WSU, with those programs attaining evidence-based, research-based, or promising practice categorization will be included in the repository.

Risk, Needs, Responsivity – Washington ONE

The Washington Offender Needs Evaluation (Washington ONE) is a dynamic RNR tool, developed in collaboration with WSU. The tool allows DOC to measure an individual's initial recidivism risk and criminogenic need as well as to reassess that risk and need as the individual changes over time. According to the principles of RNR, resources should be focused proportional to the risk to recidivate and assessed criminogenic needs. Those resources/programs should be focused on those individual needs and should be designed to impact positive change. Each of the currently available programs that are evidence-based, research-based, and promising practice programs are associated with at least one corresponding criminogenic need identified by the Washington ONE.

As indicated below, the Washington ONE is not designed nor is it used to assess level of clinical need for substance abuse recovery, nor is it used to assess clinical need for sex offender treatment. Those risk and need determinations, rather, are made using clinical assessment tools administered by each unit. The assessments used are described in their corresponding sections.

Substance Abuse Recovery Treatment Programs

The Department's Substance Abuse Recovery Unit (SARU) is one of the largest certified treatment agencies in the State of Washington, with services in 25 state-certified facilities located within prisons and work releases. Substance abuse treatment services are delivered utilizing an evidence-based, structured curriculum that includes cognitive behavioral interventions, didactic education, group and individual counseling, motivational interviewing, and recovery-focused skill building. Substance abuse treatment services provide a specialized focus on correcting criminal thinking errors, relapse prevention and management, and gender-specific trauma based therapy.

Each individual entering the prison system at both Washington State Reception Centers is administered a screening using the Global Assessment of Individual Needs Short Screener (Gain SS) tool, which determines if there is a need for a comprehensive Substance Use Disorder (SUD) evaluation. Individuals found to have substance use disorders are assessed and referred for SUD treatment services. This SUD evaluation is a comprehensive biological, psychological, and sociological clinical tool, using the Department's data system, Offender Management Network Information (OMNI) to validate key responses. Treatment services are provided, within available resources, to individuals who meet the eligibility criteria based upon clinical needs as determined by the assessment and individual sentencing requirements, following the listed priorities individuals who:

(1) Have been sentenced to a Drug Offender Sentencing Alternative (DOSA), or Family and Offender Sentencing Alternative (FOSA), or to a sentence that includes release decisions by the Indeterminate Sentence Review Board (ISRB)
(2) Are pregnant and postpartum women
(3) Have HIV/AIDS or hepatitis C positive
(4) Have been/are intravenous drug users
(5) Are at high risk to recidivate
(6) Have been diagnosed with a substance use disorder determined to be in need of services

These treatment priorities are determined by assessed medical need, followed by overall risk to recidivate.

In 2017, approximately 4,000 incarcerated individuals participated in substance use disorder treatment services. There were approximately 2,400 individuals screened as needing a substance abuse assessment and of those, 1,120 received a comprehensive SUD evaluation. The number of treatment participants is a higher number than the number of individuals screened for the fiscal year because participants may be screened and assessed in the year prior to that in which they received treatment services.

The SARU currently provides the following treatment programs either directly or through qualified contract treatment providers:

- Therapeutic Communities (TC) – A phase-based, trauma-informed level of care, TC is the most intensive form of treatment available within DOC prison facilities.
- Intensive Inpatient and Co-Occurring Intensive Inpatient (IIP & COIIP) – Equivalent to TC. A highly structured residential treatment that is delivered by a DOC contract provider specifically designed for DOC individuals in need of treatment.
- Intensive Day Treatment (IDT) – Designed to deliver treatment to individuals with needs greater than IOP or OP but do not meet TC admission criteria.
- Intensive Outpatient and Outpatient (IOP & OP) – Least intensive level of treatment lasting three months with twice weekly meetings.

Each of these program types has been assessed by WSIPP in their 2013 meta-analysis and has been determined to be evidence-based. The following is a breakdown of the budget allotments for each program type:

Fiscal Year 2018 SARU Budget

Program Type	# of Completions*	Total Budget	Total Charges
TC (prisons/work release)	224	$2,109,000	$1,984,000
IIP & COIIP (community)	682	$6,389,000	$7,352,000
IDT (prisons/work release)	643	$1,605,000	$1,752,000
IOP & OP (prisons/work release)	977	$1,603,000	$1,612,000
Total	**2,526**	**$11,706,000**	**$12,700,000**

*Completion in FY18 is defined as the assignment status date of 'Completed' between July 2017 and June 2018. Figures do not include Residential DOSA Treatment of 543 nor does it reflect the number of individuals that have participated in chemical dependency treatment.

Individuals who enter services are treated according to their unique and individual clinical needs. Retention in the program and successful completion are markers for successful delivery.

Sex Offender Treatment and Assessment Programs

As of September 30, 2018, approximately 3,400 individuals (19.4%) were incarcerated for sex offenses. The DOC Sex Offender Treatment and Assessment Program Unit (SOTAP) has the capacity to provide sex offender specific treatment services in prison to approximately 375 individuals at a time (male and female) across four locations. Over the course of a year, SOTAP provides treatment services to approximately 700 individuals or an estimated 20% of the individuals incarcerated with a qualifying sex offense conviction. The following table identifies the number of individuals who have completed institutional programming during the past two fiscal years (FY).

Sex Offender Treatment Completions – Prisons

Program	FY17	FY18
Airway Heights Corrections Center	198	137
Monroe Correctional Complex - Twin Rivers Unit	184	134
Monroe Correctional Complex - Special Offender Unit	4	6
Washington Corrections Center for Women	7	5
Total	**393**	**282**

The decline in completions from 393 in FY17 to 282 in FY18 is largely due to a high number of treatment specialist vacancies during the year. Additionally, SOTAP has redesigned the treatment program to slightly decrease caseload size in order to support more class co-facilitation.

Given limited resources for providing sex offender specific treatment, DOC, as directed through RCW 72.09.335, prioritizes treatment based on the RNR model. Through the SOTAP prioritization matrix, treatment is offered to those individuals assessed with the highest risk to reoffend and are eligible for and amenable to treatment.

Each individual with a sex offense is assessed using the STATIC-99R assessment tool. The STATIC-99R score determines how individuals will be prioritized for treatment and allows the program to offer treatment opportunities to those assessed with the highest likelihood to reoffend. Over the past two years, the Risk Assessment Unit (RAU) of SOTAP has completed approximately 600 STATIC-99R assessments each year. As the Washington ONE assessment does not provide an assessment of risk specific to sexual re-offense, the STATIC-99R score is critical for many decisions regarding individual's under the Department's jurisdiction that have committed a sex offense, to include treatment prioritization, community corrections contact standards, and placement and visitation decisions. The Department's RAU includes unfunded positions which allow SOTAP to provide the necessary and accurate assessment of risk for individuals with a current or historical sexual offense entering the prison system. At the time of this report, the RAU has five staff completing assessments. If the unfunded positions are eliminated, the Department will only have one line staff and one supervisor completing STATIC-99Rs, ultimately reducing completed STATIC-99Rs by 60%.

Once admitted into the treatment program, individuals are assessed utilizing the STABLE 2007, an empirically validated assessment tool utilized to identify an individual's dynamic risk. These dynamic risk factors become the targets of treatment. This assessment instrument was introduced into SOTAP programming in 2014 along with the introduction of the STATIC-99R. Currently, the treatment program is undergoing a substantial program revision to include developing treatment specialty groups specifically linked to each dynamic risk factor identified by the STABLE 2007. A pilot project has begun and individuals have been enrolled into "specialty groups" based on their specific need areas, further supporting the RNR model.

Following release from DOC confinement, individuals who have participated in sex offender treatment while confined have the opportunity to transition into community-based sex offender specific treatment provided by DOC for the first 12 months after release. Currently, there are 294 individuals receiving SOTAP community-based services in 18 cities across Washington. The number of participants that successfully completed SOTAP in the community for Fiscal Years 2017 and 2018 are 472 and 460, respectively.

Sex offender treatment in prisons and the community has been assessed by WSIPP in their 2013 meta-analysis is being evidence-based. The following is a breakdown of the budget allotments for each programming area:

Fiscal Year 2018 Sex Offender Treatment Budget

SOTAP Programming Area	Total Budget	Total Charges
Prisons	$4,638,000	$4,520,000
Community	$1,552,000	$1,670,000
Total	**$6,190,000**	**$6,190,000**

Educational and Vocational Programs

Washington State is a national leader in delivering quality educational programming to a significant proportion of the Department's incarcerated population. Through a long and successful partnership between DOC, the Washington State Board for Community and Technical Colleges (SBCTC), and Washington's community and technical colleges, Washington has built an educational system that provides opportunities for incarcerated individuals to complete high school, prepare for college, learn high-wage and high-demand workforce skills, and, in some cases, earn college degrees.

Individuals are referred to educational and vocational services consistent with the Washington ONE assessment and the individual's custody plan. Referrals are based on risk level, individual need, expected release date and availability of program resources.

Placement priorities for Adult Basic Education programs are prioritized as follow:

(1) Individuals who have less than five years to their Earned Release Date (ERD) and have not obtained a high school diploma or high school equivalency.
(2) Individuals who have more than five years to their ERD and do not have a verified high school diploma or high school equivalency.
(3) Individuals who have obtained a high school diploma or high school equivalency but score below the ninth grade level or if the individual needs to be academically prepared for college-level programs.

Washington ONE assessment and Education Needs assessment are utilized when making referrals for vocational and workforce education. Placement priority for vocational and workforce education is:

(1) High Risk individuals with less than seven years to their ERD
(2) Moderate and Low Risk individuals who have less than seven years to their ERD
(3) High and Moderate Risk individuals who have more than seven years to their ERD
(4) Low Risk individuals who have more than seven years to their ERD or self-paying individuals

Participant and Completions in Fiscal Year 2017 (most recent fiscal year data available):

- Vocational/Workforce Education – 6,478 participants with 1,865 vocational certificates awarded
- Adult Basic Education/GED Preparation – 4,857 participants
  - 761 High School Equivalency Certificates (GED) awarded
  - 53 High School Diplomas awarded
  - 45 Associate Degrees awarded (allowed under legislative provision)

Both correctional education (basic or post-secondary) and vocational education have been assessed by WSIPP in their 2013 meta-analysis and determined to be evidence-based. As these two programs comprise the entirety of DOC's educational offerings, 100% of the educational budget of $17,510,000 is allocated towards evidence-based programming with $9,411,000 allotted for Vocational/Workforce Education and $8,099,000 allotted for Adult Basic Education/GED Preparation.

Cognitive Behavioral Programs

The Cognitive Behavioral Intervention (CBI) Unit currently oversees the delivery of the four following interventions:

Thinking for a Change (T4C)

T4C is a research-based cognitive-behavioral based manualized intervention developed by the National Institute of Corrections (NIC) designed to identify and correct specific criminogenic thought and behavioral patterns in order to reduce recidivism in the community. The DOC delivers this program in three facilities: Airway Heights Corrections Center (AHCC) Coyote Ridge Corrections Center (CRCC), and Larch Corrections Center (LCC), and statewide in the community for those serving a term of community custody. In prisons, only those individuals with less than five years to release are selected to participate in this program and must be at high risk to recidivate and have high or moderate criminogenic needs in Social Influences and/or Attitudes and Behaviors, as identified by the Washington ONE. In the community, individuals identified as high risk to recidivate and have at least 20 weeks of community custody to serve are eligible. Participation is mandatory for those individuals identified and selected.

Fiscal Year 2018 – T4C Participation

Facility	Participants	Graduates
AHCC – Main	184	151
AHCC – Minimum	36	30
CRCC – Main	301	198
CRCC – Minimum	170	154
LCC	230	208
Community	3,031	1,533
Total	**3,952**	**2,274**

Alternatives to Aggression (A2A)

A2A is a research-based cognitive-behavioral intervention developed using the Aggression Replacement Training program developed by Barry Glick and John Gibbs. It is designed to reduce impulsive aggressive behaviors in men with identified criminogenic needs in aggression in order to reduce prison violence and recidivism in the community. It is currently delivered to incarcerated males in the Intensive Management Units at the Washington State Penitentiary (WSP), the Monroe Corrections Center (MCC), and Clallam Bay Corrections Center (CBCC) in an effort to reduce prison violence. In these locations, an individual's suitability for the program is determined by their current and/or past infraction history in relation to the presence of impulsive aggression/violence. The amount of time to community release or identified risk/needs are not used in this determination as the focus is prison violence reduction rather than recidivism reduction.

In the main institutions of CBCC and WSP where recidivism reduction is the delivery focus, A2A is delivered to those individuals selected who meet the entrance criteria of Washington ONE-identified high risk to recidivate and a high or moderate criminogenic need in aggression. These individuals must also be within five years of release to the community prior to entering the program. Participation is mandatory for those individuals identified and selected.

Fiscal Year 2018 – A2A Participation

Facility	Participants	Graduates
CBCC – Main	146	126
CBCC – IMU	51	49
MCC – IMU	68	55
WSP – Main	71	62
WSP – IMU	92	87
Total	**428**	**379**

Moving On

Developed by Marilyn Van Dieten, Ph.D., Moving On is a gender-specific education and cognitive behavioral based program developed exclusively for women in the criminal justice system. WSU evaluators categorized this program as meeting the Promising Practice threshold due to the fact that gender responsive and gender specific programming was omitted from WSIPP's meta-analysis. This program uses a strength-based approach designed to provide women with alternatives to criminal activity by assisting them to mobilize and build personal strategies, natural supports, and community resources. Those individuals selected to participate in this program must be at high risk to recidivate and have high or moderate criminogenic needs in Social Influences and/or Attitudes and Behaviors as identified by the Washington ONE. These individuals must also be within five years of their release to the community prior to entering the program. Participation is mandatory for those individuals identified and selected.

Moving On is currently delivered at both of DOC's female facilities.

Fiscal Year 2018 – Moving On Participation

Facility	Participants	Graduates
WCCW and WCCW MSC	224	208
MCCCW	124	116
Total	**348**	**324**

Beyond Violence

Beyond Violence is a curriculum designed by Stephanie S. Covington, Ph.D. for women in the criminal justice system with histories of aggression and/or violence. The program addresses both the violence they have perpetrated and the violence and trauma they may have experienced. This program has been recently introduced into DOC's female facilities and has not yet been categorized by the WSU researchers. The DOC intends to have this program evaluated and categorized in early 2019. Those individuals selected to participate in this program must be within five years of release to the community, at high risk to recidivate, and have high or moderate criminogenic needs in aggression. Participation is mandatory for those individuals identified and selected.

Fiscal Year 2018 – Beyond Violence Participation

Facility	Participants	Graduates
WCCW and WCCW MSC	68	61
MCCCW	31	29
Total	**99**	**90**

Currently, the CBI Unit provides cognitive behavioral interventions in both the prisons and in the community. The following is a breakdown of the budget allotments for each programming area:

Fiscal Year 2018 Cognitive Behavioral Budget

CBI Programming Area	Total Budget	% of Total Budget
T4C (Community)	$3,750,000	63.7%
T4C (Prisons)	$1,020,000	17.3%
A2A (Prisons)	$714,000	12.1%
Moving On (Prisons)	$318,000	5.4%
Beyond Violence (Prisons)	$90,000	1.5%
Total	**$5,892,000**	**100%**

Moving On and Beyond Violence do not currently meet the threshold of evidence or research-based practices mainly due to lack of specific research rather than any shortcoming with the programs' methodologies or applications. With appropriate funding, DOC could contract with a research institute to evaluate and categorize these programs as well as develop and implement research trials to determine actual efficacy and impact data on all of the Department's CBI programs.

Cognitive Behavioral Programming Quality Assurance

CBI Quality Assurance positively impacts the Department's mission of improving public safety by supporting CBI facilitator delivery of high fidelity interventions via quality assurance (QA) and continuous quality improvement methods (CQI). In order to achieve this, QA staff:

- Regularly assess facilitation performance using the WA DOC Facilitator Evaluation Form.
- Provide behaviorally specific feedback that is timely, relevant, and accurate.
- Develop and provide coaching sessions tailored to the individual CBI Specialist for facilitation growth and skill development.
- Reinforce a "culture of learning" for staff and participant success.
- Provide curriculum delivery training and facilitation skill "boosters"
- Provide data to DOC leadership in an effort to support and monitor delivery of CBI programs

Appendix A – DOC's Repository of Evidence-Based Programs

Program Name	Categorization
GED PREPARATION	Evidence-Based
CORRECTIONAL INDUSTRIES (General Use)	Evidence-Based
EMPLOYMENT TRANING/SEARCH	Evidence-Based
GO2WORK	Evidence-Based
RELEASE READINESS	Evidence-Based
TRANSITION INTO THE COMMUNITY	Evidence-Based
SEX OFFENDER TREATMENT - CBT & AFTERCARE	Evidence-Based
CO-OCCURING DISORDER THERAPEUTIC COMMUNITY	Evidence-Based
INT OUT-PNT	Evidence-Based
THERAPEUTIC COMMUNITY	Evidence-Based
ALL VOCATIONAL PROGRAMMING	Evidence-Based
BEYOND TRAUMA	Research-Based
T4C ORIENTATION	Research-Based
MOTIVATIONAL ENGAGEMENT (Standard and MH)	Research-Based - No direct studies as stand alone program
BASIC SKILLS	Research-Based
POST-SECONDARY EDUCATION (Associates Degree Courses)	Research-Based
THINKING FOR A CHANGE	Research-Based
ANGER CONTROL TRAINING (Standard and MH)	Research-Based
CO-OCCURING DISORDER INTENSIVE OUT-PATIENT	Research-Based
OUT-PATIENT/CHEMICAL DEPENDENCY	Research-Based
HEALTHY CHOICE HEALTHY LIFE	Promising Practice
INSIDE OUT DADS (IOD)	Promising Practice
PARENTING INSIDE OUT	Promising Practice
PARTNERS IN PARENTING	Promising Practice
LONG DISTANCE DADS	Promising Practice
MOVING ON	Promising Practice
MORAL RECONATION THERAPY - GENERAL/ORIGINAL	Promising Practice - Needs Further Evaluation
CO-OCCURING DISORDER OUT-PATIENT	Promising Practice

Appendix B - WSU Ranking System Criteria

Evidence-Based (EBP)

- WSIPP meta-identified as having positive findings
- Meets percentage criteria of program component match (80%)
- Meets percentage criteria of survey (70%)
- Delivered to a population indicated as effective by literature

Research-Based (RBP)

- WSIPP meta-identified program as Research-Based
- Meets percentage criteria of program component match (80%)
- Meets percentage criteria of survey (70%)
- Delivered to the population indicated as effective in the reviewed literature

Promising Practice (PPP)

- A study is categorized as PPP if WSIPP meta-identified program to be Research-Based but:
  - ✓ Components or survey do not meet criteria, or
  - ✓ Delivered to the population not indicated by the reviewed literature

Suggested WSIPP Definitions for Adult Corrections

Evidence-based	A program or practice that has been tested in heterogeneous or intended populations with multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, where the weight of the evidence from a systematic review demonstrates sustained improvements in recidivism or other outcomes of interest. Further, "evidence-based" means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, has been determined to be cost-beneficial.
Research-based	A program or practice that has been tested with a single randomized and/or statistically-controlled evaluation demonstrating sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "evidence-based" in RCW (the above definition) but does not meet the full criteria for "evidence-based."