

# The CPC and Promoting Effective Practices With Justice Involved Youth and Adult Offenders With Mental Illness

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COMID Committee on Diversion  
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## Focus

- The Evolution of EBP Implementation in SD
- The Correctional Program Checklist (CPC)
  - Developmental approach
  - Educational intervention for treatment community
  - What we have learned from the data
- Behavioral Health Providers Must Target Criminogenic Needs to Reduce Recidivism
  - Strategies to get the message out AND effect change
  - Next steps

## Vision and leadership make a difference

Thank you Mack Jenkins



Someone needs to connect the dots and fill the gaps

Probation took the lead with EBP

Development of new position "Treatment Director"

## Treatment Director

1

Identify and procure evidence based interventions

4

Project Development  
MIDCR-Trauma, Trauma Responsive Unit

2

Training  
TIC and Suicide Prevention

5

Education  
Treatment fidelity, best clinical practices, MH screening and assessment

3

Liaison to justice agencies and providers

6

Quality Assurance – CPC  
Assessing provider use of evidence based practices

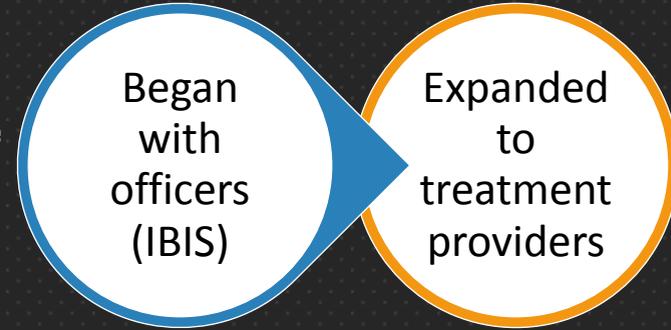
## Evolution of evidence based practices

EBPOST provides training, coaching and mentoring to ensure that Evidence Based Practices become part of the culture

Began with officers (IBIS)

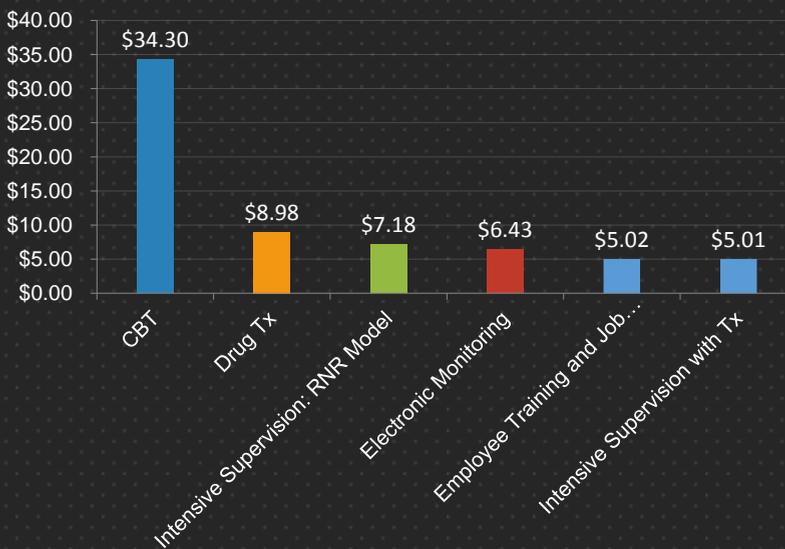
Expanded to treatment providers

The CPC provides education on EBP for the offender population



## Treatment return on investment

What kind of treatment is most cost effective

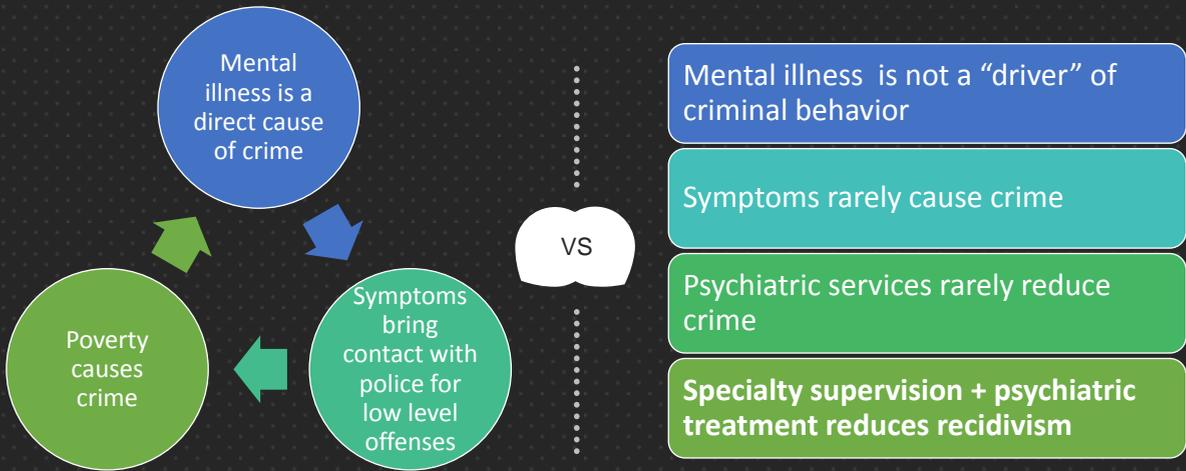


### Return on Investment

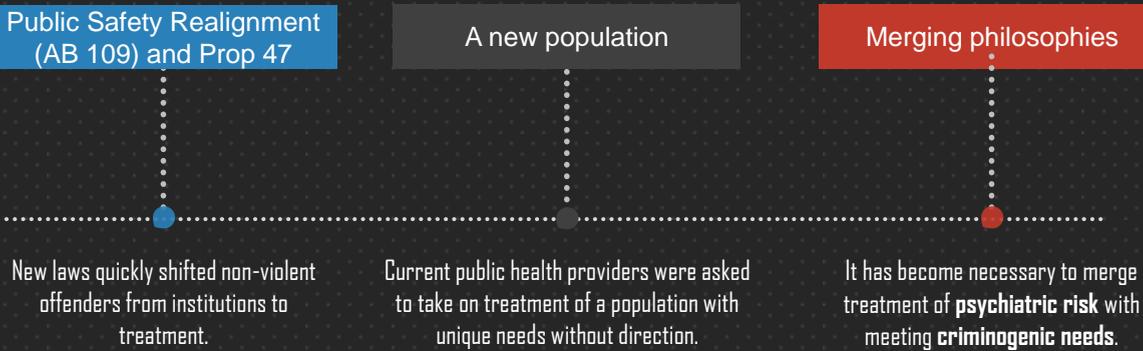
The Iowa Department of Corrections conducted a study in May of 2012 that projected the cost-benefit of community based programs for prison releases. CBT was significantly more cost effective.

Source: Iowa Department of Corrections, "Return on Investment: Evidence-Based Options to Improve Outcomes" (May 2012), [http://www.doc.state.ia.us/Research/DOC\\_HandoutROI\\_OffenderPrograms.pdf](http://www.doc.state.ia.us/Research/DOC_HandoutROI_OffenderPrograms.pdf)

## Traditional concepts VS "What Works"



## How did we get here?



## Public Safety/Public Health

Bridging two schools of thought

The criminal justice system focuses on risk of violence and recidivism

The public health system focuses on psychiatric risk, reducing symptoms, and increasing functioning



## The Bridge: Correctional Program Checklist (CPC)

We can provide a bridge by evaluating treatment provider's adherence to evidence based practices using the CPC.

The CPC provides a validated neutral assessment that can be used as an educational tool and a guide for contract development.

## The Correctional Program Checklist

Developed by Ed Latessa at the University of Cincinnati Corrections Institute (UCCI)

- A program evaluation tool developed from research on evidence based practices that reduce recidivism.
- Programs can identify areas that need improvement and measure change over time.
- Promotes use of EBP and accountability via:



## Purpose of the CPC

Answer  
three  
basic  
questions

Where is the program now?  
Where does the program need to go?  
How can the program get there?

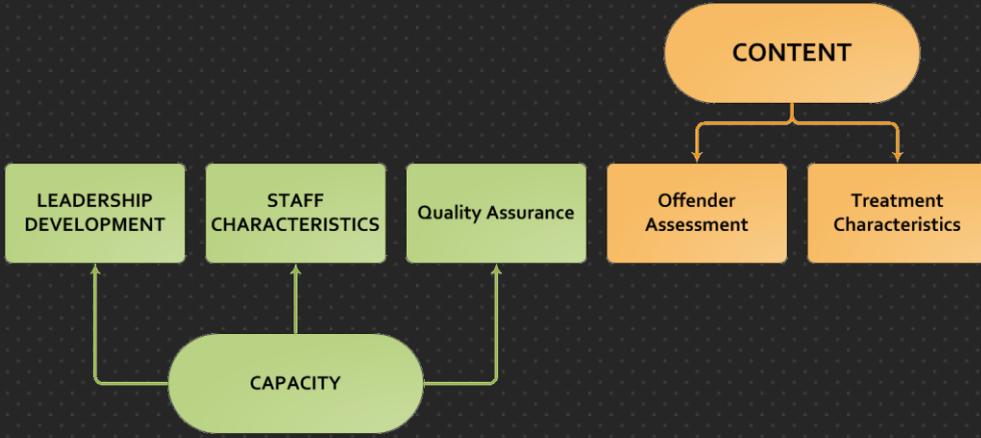
Using

Evidence based practices and  
principles of effective intervention

Allowing

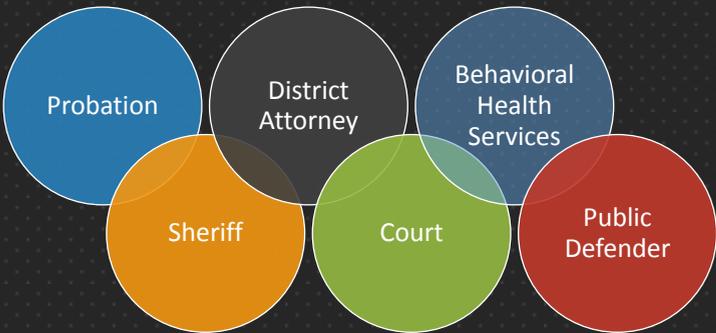
Better treatment funding decisions  
and a blueprint for program  
development

# CPC Focus Areas



# CPC training

18 trainees from six agencies now certified to assess treatment programs



UCCI has provided two four-day trainings that allow us to conduct our own CPC evaluations

## CPC site visit

A full day onsite at the program in operation

At least four  
evaluators  
visit a program

Interview the  
Program Director  
and treatment staff

Observe groups

Interview clients  
and review files for  
treatment targets  
and goals

## CPC final report

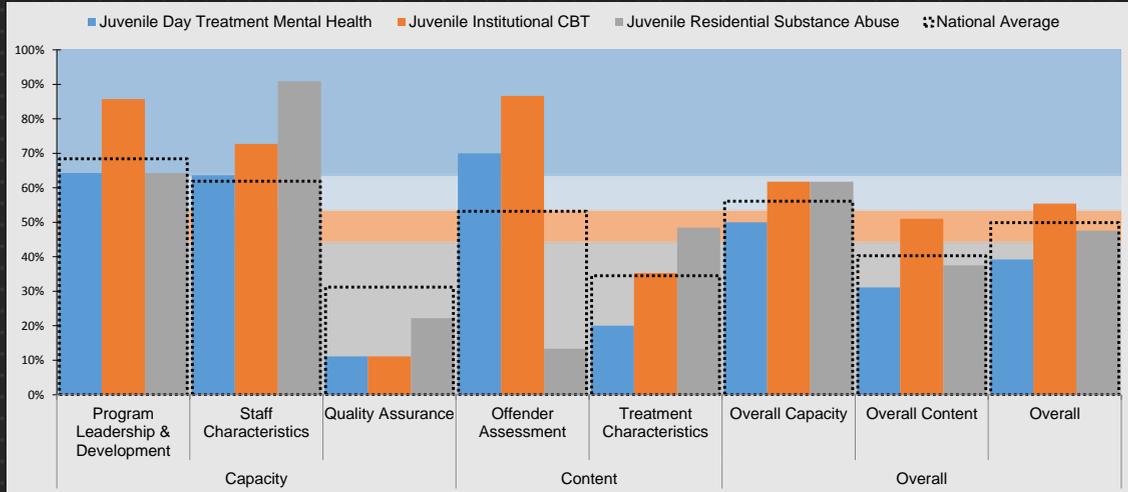
### Overall Rating – Adherence to Evidence Based Practices

- Very High Adherence (65%+)
- High Adherence (55-64%)
- Moderate Adherence (46-54%)
- Low Adherence (45% or less)

### Report includes

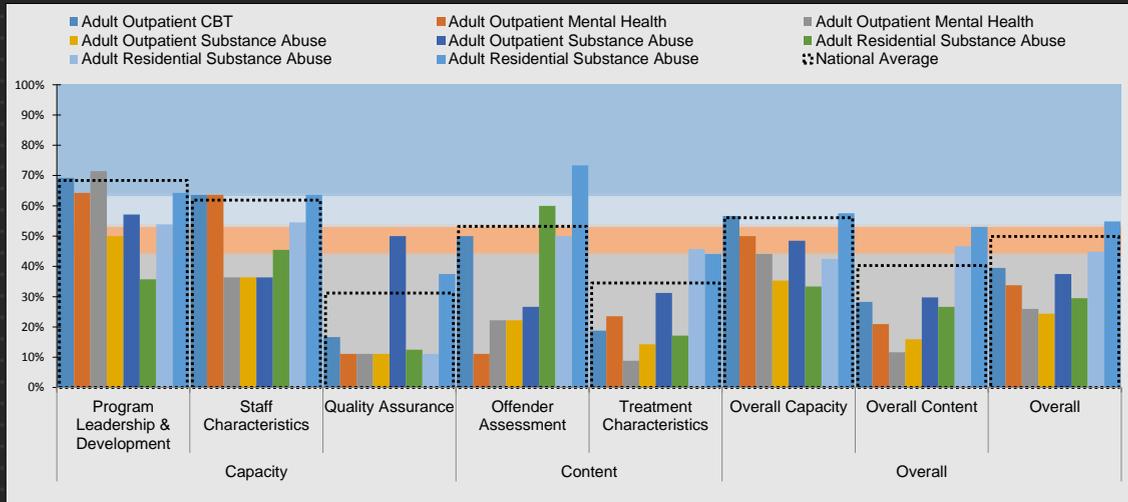
- Strengths
- Areas that need improvement
- Recommendations

## Juvenile Program Results



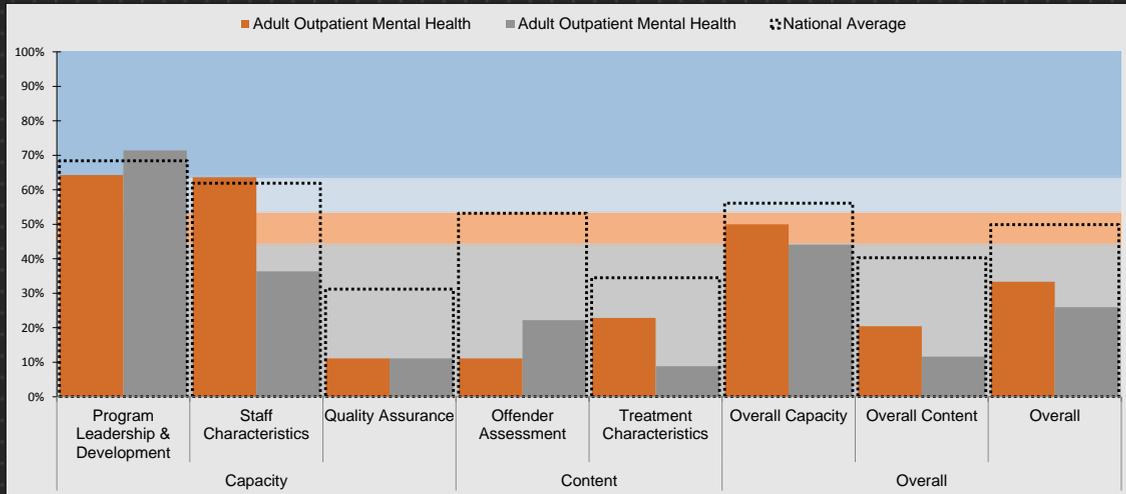
Very High Adherence to EBP (65%+)  
 High Adherence to EBP (55 - 64%)  
 Moderate Adherence to EBP (46% - 54%)  
 Low Adherence to EBP (45% or less)

## Adult Program Results



Very High Adherence to EBP (65%+)  
 High Adherence to EBP (55 - 64%)  
 Moderate Adherence to EBP (46% - 54%)  
 Low Adherence to EBP (45% or less)

## Adult Mental Health Results



Very High Adherence to EBP (65%+)  
 High Adherence to EBP (55 - 64%)  
 Moderate Adherence to EBP (46% - 54%)

## Mental Health vs. Other Programs

Type of Program	Avg Capacity	Avg Content	Avg Overall
Adult Outpatient Mental Health (2)	47%	16%	29%
Non-Mental Health (9)	49%	35%	41%
All SD Programs (11)	49%	32%	39%
<b>National Average</b>	56%	40%	<b>49%</b>

## Lessons learned

Language: Risk = Risk of recidivism

Everybody does “the CBT” (criminogenic focus?)

“Is that billable?” or “It’s not in my contract!”

Observation in real time is key

- PD and DA – Astounded at what really happens in groups
- BHS – Different sense of what takes place vs a typical audit

## The top six common issues

1

### Risk Levels

Never mix high and low risk clients.  
High risk clients require more treatment.

4

### Use assessment data

Successful programs use validated assessment tools for RNR.

2

### Use more criminogenic targets

Successful programs target criminogenic needs at 4:1.

5

### Avoid mixing genders

Less willing to disclose.  
Prior trauma could be exacerbated; distractions.

3

### Use role playing to practice skills

Successful offenders consistently practice and rehearse  
alternative prosocial responses.

6

### Behavioral Reinforcement

Don't be stingy, formal training & protocol necessary.

## Already seeing success

Using the CPC has already brought changes to some of our programs

### Genders Separated

CBT program no longer has men and women together in groups



### Separating Risk

An established drug and alcohol program has begun separating clients by risk level



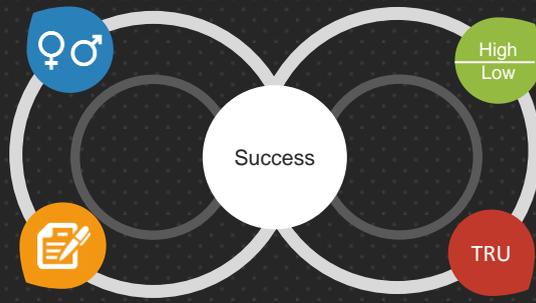
### Assessments

CBT program now conducting pre and post assessments



### Trauma Responsive Unit

Our new trauma responsive unit at Juvenile Hall is being designed with the CPC as a guide

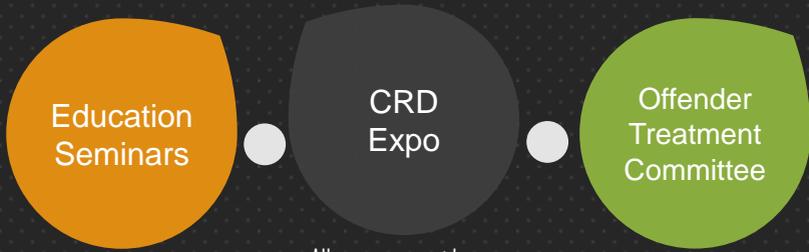


## Strategies

Behavioral health providers must ALSO target criminogenic needs to reduce recidivism

Criminogenic needs  
Treating severely mentally ill offenders  
Risk/needs assessments

Coordinating EBP  
implementation with public  
safety and public health



Allows our providers to meet Probation Officers and other stakeholders

## Next steps

After more than one year of conducting CPC evaluations, what is in the works?



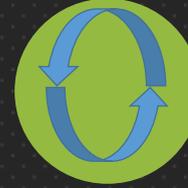
### Contracts

Items from the CPC are being placed in the scope of work for new contracts and contract renewals.



### COMPAS

The COMPAS risk/need assessment is being made available through our online referral system.



### Re-Evaluation

Some of the first programs evaluated will receive a follow up CPC to check on their progress



## Summary

Implementation of evidence based practices for offender populations includes education of treatment community, including providers who work with mentally ill offenders if recidivism is to be reduced.

Thank You

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