

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

September 30, 2015

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

Honorable Earl Ray Tomblin, Governor  
Honorable Timothy Miley, Speaker of the House of Delegates  
Honorable Jeffrey Kessler, President of the Senate

West Virginia Division of Justice and Community Services' Staff

**W. RICHARD "RICK" STATON, DIRECTOR**

Jeffrey D. Estep, Chief Deputy Director

Stephen M. Haas, Ph.D., Director, Office of Research and Strategic Planning  
Leslie Boggess, Deputy Director  
Jason Metzger, Senior Justice Programs Specialist

1204 Kanawha Boulevard East  
Charleston, West Virginia 25301  
Phone: (304) 558-8814  
Fax: (304) 558-0391

## EXECUTIVE SUMMARY

West Virginia's Justice Reinvestment Initiative (JRI), known colloquially as Senate Bill 371, was passed by the 2013 regular session of the Legislature. Among the many changes to West Virginia criminal procedure was added §62-15-6.a., relating to "Treatment Supervision" of offenders sentenced to a community correctional setting, but requiring that substance abuse treatment be ordered and accepted by the felony offender as a condition of the less than incarceration alternative sanction. In order to encourage compliance with this sanction, judges were empowered to impose intermediate incarceration not to exceed thirty days for violations of the terms of treatment supervision.

The "treatment" component of this effort was to be designed by the Division of Justice and Community Services (DJCS) in consultation with the Governor's Advisory Council on Substance Abuse (GACSA), and to use appropriated funds to serve those offenders under "treatment supervision" in each judicial circuit and on parole supervision. Additionally, the Division of Justice and Community Services, in consultation with the above referenced Governor's Advisory Council, is to submit on or before September 30<sup>th</sup>, an annual report to the Governor, the Speaker of the House of Delegates and the President of the Senate addressing specific items related to the *implementation* and *measuring the success* (if any) of the treatment supervision "program" with a projection of the amount of funding necessary to continue the program into the next fiscal year. The effective date for beginning of treatment supervision under this code section was January 1, 2014, while the effective date for DJCS to work on developing this program was July 1, 2013. As the specific elements of the annual report required by §62-15-6.a.(h)., are premised on treatment supervision having been fully implemented in the field – which it is still being fully realized– this annual report will focus on the efforts that the Division of Justice and Community Services, along with sister state agencies, has made at this point to develop the program envisioned by the legislature. Because funds to support this program have been appropriated through fiscal year 2016, when appropriate, this report should also eventually contain a projection of the amount of funding necessary to continue the program into the next fiscal year. A copy of §62-15-6.a. is attached to the end of this document for easy access to the portions of the code that are referenced within this report.

This report will focus on three primary efforts of the Division as they relate to Justice Reinvestment. The "Treatment Supervision Effort," the "Evidence Based Practices and Quality Assurance Effort," and the "Reentry Effort."

\*\*\*

The **TREATMENT SUPERVISION EFFORT** was to be designed by DJCS in consultation with the Governor's Advisory Council on Substance Abuse (GACSA) using \$3 million in appropriated funds to serve offenders under "*Treatment Supervision*" in each judicial circuit and on parole supervision. The Division began this effort by opening a dialog with representatives from the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHF). As a result, DJCS and BBHF developed the comprehensive "*West Virginia Implementation Plan*" for treatment supervision programming and the release of funds to pilot sites to support this initiative. The purpose of the West Virginia Implementation Plan is to set forth strategies to reduce recidivism of offenders with substance use disorders, thus decreasing the overrepresentation of individuals with behavioral health disorders in the justice system. This will be accomplished through the development of a common structure for community supervision

agencies and behavioral health treatment providers in an effort to enhance collaborative partnerships and coordinate care for offenders being supervised in the community.

The initial phase of funding began in May 2014. The first year of grant awards totaled \$2,445,309.00 supporting the development of nine (9) projects serving twenty (20) counties throughout the state. The collaboratively developed treatment supervision plan and roll-out of initial funding has been a significant coordinated achievement within the overall JRI framework. The work completed and lessons learned have proven to be a valuable effort to inform the statewide rollout of funding set for November 2015.

\*\*\*

The EVIDENCE BASED PRACTICES AND QUALITY ASSURANCE EFFORT involves the DJCS' Office of Research and Strategic Planning (ORSP) to develop policy and procedures, field trainings, quality control, and empirical research.

The ORSP has developed a statewide program titled, Quality Assurance for Treatment Intervention Programs and Supervision or QA-TIPS, which has resulted in the development of an official report on evidence-based quality assurance practices and is firmly rooted in the scientific evidence to date on what makes effective community supervision programs.

QA-TIPS measures staff performance and provides feedback for improvement. Both the Division of Corrections and all day report center staff in the state are participating in the program, with the Division of Juvenile Services beginning their quality assurance data collection on July 1, 2014. Data is submitted every six months and analyzed by the ORSP and submitted back to the agencies, providing feedback on their performance. This data is used to improve training by LS/CMI trainers; provide specific, targeted feedback to staff and track improvements over time.

QA-TIPS provide trainings to all community supervision (including treatment providers) and institutional staff in the state on the LS/CMI, Motivational Interviewing (MI), and other evidence-based practices. To date, there have been more than 330 users trained by the ORSP, over 50 trainers certified, and many staff recertified. The ORSP has had 72 User Trainers complete a LS/CMI workshop, certifying 45 User Trainers including 32 probation staff with 15 being ultimately certified by the ORSP.

QA-TIPS maintains the only central certification database for tracking LS/CMI and MI trainings and staff certifications and created statewide minimum standard policies for the certification/recertification of staff on the LS/CMI and MI. A statewide minimum policy on quality assurance has also been developed.

The ORSP continues to conduct a series of studies and analyses to support the work of SB 371. SB 371 calls for the conducting of outcome studies on community supervision programs and the validation of the LS/CMI across the different correctional populations. A series of research and evaluation studies are underway and being planned. These include but are not limited to (1) Developing and piloting the Global Correctional Program Assessment Inventory (G-CPAI); (2) Recidivism by Direct Sentence Clients Released from Day Report Centers in 2011: Predictors and Patterns over Time; (3) Correctional Population Forecast, 2014-2024; and (4) Developing an LS/CMI norming report and validation studies on the different correctional populations. A report titled, "Predictors of Client Success in Day Report Centers: Successful Program Completion and its Relationship to Recidivism" was released in June 2014 and can be found on the ORSP's section of the DJCS website here:

[http://www.djcs.wv.gov/SAC/Documents/WV\\_DRCProgramCompletionJune2014Final.pdf](http://www.djcs.wv.gov/SAC/Documents/WV_DRCProgramCompletionJune2014Final.pdf)

\*\*\*

The **REENTRY EFFORT** involves the DJCS to collaborate with the Division of Corrections (DOC) in the development of a master agreement to provide reimbursement to counties for the use of community corrections programs by eligible parolees. This agreement is currently using an established "cost per client per day" as the basis for reimbursement.

In 2013 DJCS applied for and was awarded one of thirteen competitive planning grants under the Bureau of Justice Assistance Second Chance Act Adult Reentry Demonstration Program. The purpose of the grant is to assemble a Statewide Reentry Task Force charged with formulating a proposal to promote safe and successful reintegration into the community of individuals who have been incarcerated or detained. Of the thirteen planning grant recipients three to four will be selected to receive up to \$3M in federal grant funding for implementation of their reentry plan. The Division went through the yearlong planning phase and produced a reentry plan and application for a phase II implementation grant. Unfortunately The WV application was not selected for funding. The plan that was developed remains relevant and may be submitted if another funding opportunity is identified.

## ANNUAL REPORT

### TREATMENT SUPERVISION

**§62-15-6 (a), (d), (e) ; and, (f):** SB 371 establishes that a new "Treatment Supervision" sentencing option be implemented. This is contemplated to be a new "tract" of referrals. Referrals could be from the Division of Corrections, but could also come from the Courts for those individuals not meeting the intensity level of a Drug Court program. This has and will continue to require substantial policy development and capacity building within our Day Report Center's and should present Community Corrections as a major treatment option in West Virginia.

The effective date for DJCS to begin initial program development was July 1, 2013. DJCS submitted improvement packages in both the 2013 and 2014 legislative sessions to create two essential positions (Criminal Justice Program Specialist and Research Specialist) and pay salaries and benefits and provide for ancillary costs (travel, office supplies, etc.) associated with these positions. These requests were not realized, and have slowed the Division's efforts. A percentage of administrative funds from the total appropriation has been approved and DJCS has begun hiring efforts for these two positions. The Criminal Justice Program Specialist began work on September 1, 2015.

The actual flow of funds into the field for treatment supervision efforts were to begin January 1, 2014.

Sub-paragraphs (d) and (e) of §62-15-61 directs DJCS in consultation with GACSA, to develop proposed substance abuse treatment plans to serve offenders under treatment supervision. Further they are to develop (1) qualifications for provider certification to deliver a continuum of care to offenders; (2) fee reimbursement procedures; and (3) other matters related to the qualify and delivery of services. The Division began this effort by opening a dialog with representatives from the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHBF). This dialog began as a vehicle to discuss the implementation of the JRI treatment supervision provisions but has expanded into a colloquy about the role of community corrections programs in a broader continuum of care that is fully integrated with non-correctional human services agencies. While the transition from a punitive-focused intervention to a treatment-focused model has long been underway, the collaboration with BBHBF has guided the next steps in this transition. Together, DJCS and BBHBF developed a comprehensive implementation plan for treatment supervision programming and the release of funds to pilot sites to support this initiative.

The Division has re-evaluated the idea of the day report center as a "one stop shop" for all community supervision interventions. The paradigm being explored and facilitated with JRI funding is one in which the day report center should not function simply as an isolated treatment/supervision center, but as a hub, networked to specialized community resources in that particular area/region. Day report centers should become the conduit by which correctional populations plug-in to community resources. The day report center would still provide all the necessary services needed to address the client's risks and needs, but if a particular need

exceeds the threshold of what the program can provide, and there is a community resource better suited to address it, the center will collaborate with that resource to ensure an appropriate level of service. In communities where these resources are limited or absent, such as rural communities, resources would be allocated to provide more specialized services within the day report center than would be necessary in communities where resources are abundant. Under the treatment supervision implementation plan, day report centers within the initial targeted area are linked with the behavioral health provider in their region with the goal of fostering and/or enhancing a partnership that seeks to provide all necessary interventions for the targeted offender population.

**See attached Treatment Supervision Plan.** The first phase of funding was released in May 2014 for planning and development, with a renewal of those projects for a second year for implementation in July 2015. The first year of grant awards totaled \$2,445,309.00 supporting the development of nine (9) projects serving twenty (20) counties throughout the state.

It is important to note that because the programs being supported are all new capacity to serve the target population, there was a delay in the actual expenditure of grant funds. The collaboratively developed treatment supervision plan and roll-out of initial funding has been a significant collaborative achievement within the overall JRI framework. The work completed and lessons learned have proven to be a valuable effort to inform the statewide rollout of funding set for November 2015.

As described in the plan attached, treatment services, support services and supportive housing are currently in place in the sites funded through the initial phase. See attached map and description of services.

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

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

This past fiscal year a total of \$2,445,309.00 has been awarded to nine (9) projects serving twenty (2) counties throughout the state. Funds have been put into place to begin the development of Treatment Supervision projects, serving the targeted offender population per the attached Treatment Supervision Implementation Plan. See attachments titled Treatment Supervision Implementation Plan and Treatment Supervision Map.

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

As of this date a total of 224 offenders are receiving services through the Treatment Supervision program throughout the state. Of the 224 offenders being served, 191 have been referred through circuit court and/or probation or drug court and 33 have been referred through parole services. **It is important to note that some projects are still development and are not serving clients to their full capacity. As judges and parole services become more aware and comfortable with this project, referrals will increase as we have seen as each week goes by.**

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

We are currently working to implement the necessary mechanism in order to track any referrals that fall outside of the target population of high risk with a substance abuse need. This will be done through the sharing of information from the WV Supreme Court of Appeals Offender Case Management System, the WV Community Corrections Information System, monthly reporting from each project and onsite program monitoring that will be completed by WV DJCS staff.

**(4) The type of services provided.**

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

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

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

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

**Substance Use Recovery Residences** provide safe housing for individuals, age eighteen (18) and older, who are recovering from substance use and/or co-occurring substance use and mental health disorders. These programs follow and/or operate concurrently with substance use disorder treatment and are intended to assist those individuals for a period of twelve (12) to eighteen (18) months or until it is determined that an individual is able to safely transition into a more independent housing.

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

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

See attachment titled Treatment Supervision Map.

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

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



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

Because this project is still being fully implemented, the two year period for this recidivism tracking has not yet passed. As referrals continue to be made and programs are fully realized, more data will be available to provide a report on this measure.

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

As of this date, the funds needed to support the current project has been allocated through fiscal year 2016. The Division will need a minimum of three million dollars to support the services currently being implemented throughout the state beginning in fiscal year 2017.

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

As of this date no additional measures have been full developed to measure the availability of treatment and the effectiveness of services though the Treatment Supervision project. Work is currently underway to expand the services to area of need within the state. A request for proposal will be released in November 2015 with grant awards projected to be made effective on January 1, 2016. Next steps for the expanded development of the Treatment Supervision project include the implementation of data tracking mechanisms to report on recidivism rates of the target population, successful completions of programs, and the quality and integrity of treatment services being delivered.

### **EVIDENCE BASED PRACTICES AND QUALITY ASSURANCE**

(Quality Assurance, Research/Evaluation, and Data Collection and Exchange)

**§62-11C-3(d):** SB 371 directs that the Community Corrections Subcommittee (Staff/DJCS) shall review the implementation of evidence-based practices and conduct regular assessments for quality assurance of all community-based criminal justice services, including day report centers, probation, parole and home confinement. In consultation with the affiliated agencies, the subcommittee shall establish a process for reviewing performance. The process shall include review of the agency performance measures and identification of new measures by the subcommittee, if necessary, for measuring the implementation of evidence-based practices or for quality assurance. After providing an opportunity for the affected agencies to comment, the subcommittee shall submit, on or before September 30 of each year, to the Governor, the Speaker of the House of Delegates, the President of the Senate and, upon request, to any individual member of the Legislature a report on its activities and results from assessment of performance during the previous year.”

In May 2013, an original Quality Assurance (QA) workgroup or ad hoc committee was appointed by the Community Corrections Subcommittee to develop definitions and standards for measurement of quality assurance in the implementation of evidence-based programs. This workgroup consisted of representatives of all community supervision agencies and was led by the Office of Research and Strategic Planning (ORSP). The workgroup began by reviewing what the scientific literature tells us about what is most effective in community supervision and treatment. The research indicates that if community supervision and treatment programs are not successfully implemented and monitored on a regular basis for their adherence to known best practices, then their capacity to reduce crime and recidivism is appreciably diminished. Fortunately, there is extensive research on what works in corrections, and specifically community corrections. This research has resulted in several evidence-based principles which are known to be associated with successful community supervision and treatment.

An official report on evidence-based quality assurance practices from the QA working group was issued to the Community Corrections (CC) Subcommittee on August 29, 2013. The Ad Hoc Committee achieved unanimous agreement on the contents of the first report to the CC Subcommittee. The content of this report is firmly rooted in the scientific evidence to date on what makes effective community supervision programs. No action was taken by the CC Subcommittee in relation to this report.

A new Quality Assurance and Evidence Based Practices Workgroup was formed by the Chair of the Community Corrections Subcommittee and chaired by subcommittee member Tonia Thomas, Co-Coordinator WV Coalition Against Domestic Violence. Dr. Stephen M. Haas, Director of the ORSP, serves as the technical consultant for the working group. As part of his duties Dr. Haas conducted a review on the technical merits of the EBP quality assurance plan presented to the Community Corrections Subcommittee on November 6, 2014, by the newly established working group. Additional members of the EBP Work Group included David Bailey, Treatment Provider; Cary Ours, DRC Director; Fred McDonald, DRC Director; Chris Dean, DRC Director; Tim Hanna, WVSCA Staff, Mike Lacy, WVSCA Director of Probation Services; Judy Fitzgerald, Director Parole Services; Brad Douglas, WV DOC Director of Research and Technology; Tonya Hoover, Chief Probation Officer; Victoria Jones, Commissioner WV DHHR Bureau for Behavioral Health. The purpose of the Technical Review was to provide an assessment of the technical merits for the proposed plan, detailing the overall capacity of the plan to assess known evidence-based practices in community supervision as well as its methodological approach (e.g., reliability/validity of measures, processes, analytic approach, and reporting plan). It also sought to address issues of feasibility, existing limitations, and potential resource and/or funding barriers.

The Community Corrections Subcommittee approved the work group's plan in August 2015. **See attached report titled EBP Work Group Report.** The EBP Work Group was then dissolved by the Community Corrections Subcommittee Chair at the August 27<sup>th</sup> Subcommittee meeting. As this effort moves forward it is agreed that additional measures will be needed to ascertain fully how closely community supervision agencies are following evidence based practices. The technical review produced by the ORSP may serve as a guide for some of the more robust methodologies recommended by the ORSP.

The Quality Assurance and Evidence-Based Practices Workgroup reviewed the literature and provided a recommendation on how to measure the quality assurance and evidence-based practices (EBP) appropriately. Previous review of the literature has revealed that some of the strongest returns in community corrections come from adherence to the “Eight Effective Principles for Effective Interventions.” Therefore the agency survey crafted for quality assurance of criminal justice agencies and divisions was made with these practices in mind. This task carried particular importance as it would help ensure the proper implementation of JRI efforts put in place by SB 371. Assessing agencies in this way is one of the responsibilities assigned to the Subcommittee by the legislature, and the creation of this survey is in response to that mandate.

### **The EBP Survey**

The final draft of the survey created by the EBP Workgroup consists of 12 pages containing 129 separate questions intended to measure how closely agencies adhere to policies suggested by EBP. The majority of these questions are concentrated in a general section that gathers information on the manuals of the various agencies, with the remainder of the questions asking more specifically about programs available in the community and the number of offenders successfully completing supervision. Each type of question uses an indicator to determine whether an agency is or is not adhering to the principles suggested by EBP, such as the level of staff education or the inclusion of certain phrases in the manual.

### **Distribution of the EBP Survey**

Following the completion of the EBP survey, it was sent out to Day Report Centers, Parole, Probation, and Home Confinement services in the state of West Virginia on the afternoon of September 1<sup>st</sup>. At the time of this report’s writing, a total of 45 responses are in progress, 7 of which have been completed. The high amount of partial responses is due in part to the length and depth of the survey, which requires the close attention of agency directors who are often busy throughout the day. Even so, the number of responses so far is encouraging and indicates a high probability that results will be available to analyze in the coming months.

Distribution of the survey was done online through the use of Survey Gizmo and is being collected by DJCS staff. Results are retrievable at any time and can be easily stored and downloaded for the purpose of analysis or viewing. Use of this software provides a quick and low-cost method of quickly distributing the survey rather than needing to perform evaluations in person which could incur significant expenses and delays.

### **Future Plans for the EBP Survey**

The results from the EBP survey will be collected by staff and analyzed to try to determine the extent to which community supervision agencies have policies in place that are adhering to the best practices. This will provide a good framework from which other studies can be launched to examine in more detail how EBP can be improved and how well they are being implemented in practice. Keeping the actual treatments administered consistent with the policies listed in the manuals (fidelity) is something of considerable importance and is a primary concern of many criminal justice academics. Ensuring that West Virginia agencies maintain fidelity with Risk/Needs/Responsivity (RNR) principles will allow for greater reductions in recidivism and a higher probability that future studies conducted on JRI programs within the state will show

favorable results. The Subcommittee will oversee the analysis of this survey and will continue to plan the next steps and evaluation efforts as this effort continues.

### Additional Coordinated Work

The Division of Justice and Community Services' Office of Research and Strategic Planning (ORSP) led by Dr. Stephen M. Haas, Ph.D. is working in coordination on several projects at the center of SB 371. Given the close connection between quality assurance, research/evaluation, data sharing, and adherence to evidence-based practices in community supervision, the ORSP plays an integral part in ensuring the long term success of the SB 371. Present and future efforts of the ORSP include the development of policy and procedures, field trainings, quality control, and empirical research.

#### QUALITY ASSURANCE FOR COMMUNITY SUPERVISION AND TREATMENT (QA-TIPS)

The quality of service delivery and the quantitative information specifically required in the annual report of the Division by §62-15-6a (h) require data collection from different sources in order to clearly evaluate its impact and successes. The "quality issues" are similar to those that are demanded of DJCS at §62-11C-10 of West Virginia Code and relate to the implementation of evidence-based practices in community supervision agencies and programs. The ORSP has developed a statewide program titled, **Quality Assurance for Treatment Intervention Programs and Supervision or QA-TIPS**, which is engaged in the following four (4) important areas for instilling and monitoring quality in community supervision and treatment:

1. *Facilitating the statewide quality assurance system for the Level of Service/Case Management Inventory ((Y)LS/CMI) and Motivational Interviewing (MI), including continued development of policies and procedures:*

The Justice Center for Evidence Based Practice (JCEBP) continues its efforts under the statewide implementation of the (Y)LS/CMI, MI, and other evidence-based practices to measure staff performance and provide feedback for improvement. Both the Division of Corrections and all day report center staff in the state are participating in the program, with the Division of Juvenile Services beginning their quality assurance data collection on July 1, 2014. Every 6 months, data is submitted to the ORSP electronically via our website from all staff in each of the agencies (<http://www.djcs.wv.gov/ORSP/Pages/Quality-Assurance-and-Evidence-Based-Practices.aspx>). The electronic submission forms capture data on peer-to-peer performance reviews in the areas of (Y)LS/CMI inter-rater reliability, Quality of Case Plans, and Quality of Motivational Interviews. These data are analyzed by the ORSP/JCEBP and submitted back to the agencies providing the staff with feedback on their performance, as well as the entire agency. All agencies receive input

on their performance in relation to state estimates. For instance, the data for Mount Olive Correctional Facility is compared to the data for all Division of Corrections (DOC) facilities as a basis for comparing performance. These data are used to improve training by (Y)LS/CMI trainers; provide specific, targeted feedback to staff; and track improvements over time. **Two examples of the information reported to agencies are attached to this report titled Statewide Minimum Quality Assurance Standards for (Y)LS/CMI Administration and Application.** Of the 44 correctional programs in the state, 12 currently have a 100% compliance rate in regards the QA-TIPS quality assurance process, meaning that all of the certified LS/CMI users in these programs have been assessed in regards to the quality of their case plans, motivational interviewing skills, and inter-relater reliability when deliver LS/CMI assessments. Another 5 programs have had more than 50% of their LS/CMI users assessed in these areas.

2. *Providing routine certification and recertification (Y)LS/CMI and MI trainings to all field staff (including treatment providers) and working with the Council for State Government's Justice Center on coordinating trainings from the University of Cincinnati:*

The ORSP continues to provide trainings to all community supervision (including treatment providers) and institutional staff in the state on the (Y)LS/CMI, MI, and other evidence-based practices. The ORSP is also acting as the "coordinating office" for new trainings coming to the state under the Justice Reinvestment Initiative. The ORSP is committed to continuing to develop and maintain an infrastructure that will sustain fidelity in the use of evidence-based practices among community supervision agencies (probation, parole, day report centers, and home confinement) as well as institutional corrections. To date, there have been more than 484 Users complete a LS/CMI Workshop, with 321 Users becoming certified/recertified. The ORSP trained 71 User Trainers, certifying 43 User Trainers.

3. *Maintaining a "certification database" and online learning system (OLMS) for all field trainings and certified Users and Trainers for various workshops on EBP:*

The ORSP/JCEPB continues to maintain the only central certification database for tracking (Y)LS/CMI and MI trainings and staff certifications. In 2011, the ORSP/JCEPB created statewide minimum standard policies for the certification/recertification of staff on the (Y)LS/CMI and MI. A statewide minimum policy on quality assurance was also developed at that time. Similar policies are also in place for the use of the youth version of the LS/CMI ((Y)LS/CMI) to guide the Division of Juvenile Services (**see attachments, titled Statewide LS/CMI User and User Trainer Certification Policy and Statewide Minimum Quality Assurance Standards for LS/CMI Administration and Application**). It is widely recognized in the correctional rehabilitation field that training is *not* a "one-shot" event, but a continuous process. These policies and procedures help ensure that staff are continually trained on "what works" and the proper assessment and application of the (Y)LS/CMI and MI which serve as a foundation for effective community supervision and treatment. *Similar policies will be developed by the ORSP/JCEPB for the additional trainings funded through the Bureau of Justice Assistance, Justice Reinvestment Initiative grant (that is, Thinking for a Change, Cognitive-Behavioral Substance Abuse Treatment, and EPICS). These policies will help guide the quality assurance efforts, and provide a basis for providing feedback to field staff and agency administrators.*

## EMPIRICAL RESEARCH AND EVALUATION ON COMMUNITY SUPERVISION

The ORSP continues to conduct a series of studies and analyses to support the work of SB 371. SB 371 calls for the conducting of outcome studies on community supervision programs and the validation of the (Y)LS/CMI across the different correctional populations. A series of research and evaluation studies are underway and being planned. These include the following four (4):

1. Developing and piloting the Global Correctional Program Assessment Inventory (G-CPAI)—an efficient means for assessing program quality on a statewide basis;
2. Performing peer-reviewed research and conducting national forums on successful implementation of community supervision and quality assurance mechanism;
3. Examining the predictors of successful completion of day report center clients and the effects on recidivism;
4. Studying the nature and rates of recidivism rates among DRC clients, including the factors that contribute to recidivism;
5. Developing an LS/CMI norming report and validation studies on the different correctional populations.

Development of Global Correctional Program Assessment Inventory (G-CPAI). The ORSP/JCEBP continues to work on the development of the G-CPAI partially funded through the Bureau of Justice Statistics. This project not only supports the quality assurance work of the ORSP as it relates to assessing program quality, but will also contribute to the national discussion on how best to measure program performance in large-scale correctional contexts. A common problem across all states relates to how best to monitor programs effectively on a large-scale. Traditional methods such as the Correctional Program Checklist (CPC) and Correctional Program Assessment Inventory (CPAI) rely heavily on direct observations by researchers to assess program quality. While these methods are important and valid approaches, the ability for state agencies to do this on a large-scale is not feasible. The G-CPAI involves the development of methods which reduce the reliance on direct observations through the use of quality assurance indicators, official correctional data gathered in management information systems (i.e., CCIS and IMIS/OIS), and offender/client surveys. It is intended to build on present approaches using the CPC and CPAI. The survey is currently under review at Marshall University's IRB, and is planned for administration in October 2015 via an online questionnaire. At the same time, key quality indicators have developed and tested via data obtained from the Community Corrections Information System (CCIS). Preliminary results from this research indicate that programs that exhibit a greater degree of adherence to evidence-based practices have lower rates of recidivism. Furthermore, direct observations of two correctional facilities have been conducted using the CPC, and another will occur during the month of October, 2015. In addition, the ORSP is also developing an offender survey which be delivered to day report center clients in early 2016. This survey will provide an additional means of measuring adherence to evidence-based correctional practices and the overall quality of service delivery. Testing of these methods will involve a

“concurrent validity” approach assessing the degree to which the multiple measures of quality correlate and predict changes in the other criteria assessed simultaneously (i.e., CCIS QA indicators, client survey results, and CPC observations). Initial validation and testing should be complete in early 2016.

Peer-Reviewed Research and National Forums on QA and Successful Implementation. The ORSP and the efforts taking place in West Virginia in relation to quality assurance and successful implementation strategies continue to receive a great deal of national attention. All of this work supports the goals and objectives of SB 371 and illustrates how this state is proactive in utilizing data and research to inform policy and practice. In the spring of 2013, the ORSP Director was asked to present at a special meeting of State Administrative Agency directors sponsored by the Bureau of Justice Statistics and National Criminal Justice Association (NCJA) on building state capacity for implementing evidence-based practices **(see attachment titled, How Three States Are Using Evidence to Build State Criminal Justice Policies)**. Such work as the G-CPAI, QA-TIPS, and the ORSP’s statewide implementation of evidence-based practices (all described above) has captured the attention of BJA, NCJA, Justice Research and Statistics Association (JRSA), and other states. In addition, the ORSP Director served as a guest editor for a special issue of the Justice Research and Policy peer-reviewed journal on research and strategies for successful implementation of community corrections programs **(see attached titled, Toward Evidence-Based Decision Making in Community Corrections: Research and Strategies for Successful Implementation)**. This special issue brought forth research on some of the most contemporary and validated approaches for successfully implementing evidence-based practices in the community. In this issue, Dr. Haas discusses the current practice and challenges in evidence-based community corrections. The ORSP is using this knowledge and experience in the areas of community supervision to establish a Quality Assurance infrastructure to sustain the fidelity efforts of SB 371 over time. Dr. Haas was also asked by the NCJA and JRSA to conduct a webinar in December 2014 on the topic of Evidence-Based Quality Assurance in Community Supervision. The webinar described the ORSP’s QA-TIPS program and its work in the development of the G-CPAI. In August of 2015 ORSP staff published an article titled “Predicting Client Success in Day Report Centers: The Importance of Risk and Needs Assessment” in the *Journal of Offender Rehabilitation*, a leading peer-reviewed journal which presents empirical research and critical analyses related to criminal justice programs, policies, and practices. ORSP staff also recently participated in the National Criminal Justice Forum, and delivered presentations and workshops related to the development of JRI performance indicators and the QA-TIPS program.

Outcome Research on Day Report Centers. The ORSP has a series of studies planned for release on a sample of day report center clients. The research is designed to inform the state on the overall quality of day report centers and their impact on recidivism reduction. Three reports are due for release over the next 9 months: 1) a study on the predictors of successful completion of day report clients and its impact on recidivism; 2) a recidivism study that examines who is more or less likely to recidivate and the DRC conditions which contribute to less recidivism; and 3) a study looking at the relationship between program quality and recidivism. This first report on the predictors of successful completion was released in June 2014 and can be located on the Division’s website at [http://www.djcs.wv.gov/ORSP/SAC/Documents/JCEBP%20Research%20Brief%201\\_final.pdf](http://www.djcs.wv.gov/ORSP/SAC/Documents/JCEBP%20Research%20Brief%201_final.pdf)

The findings underscore the importance of risk assessment for predicting program completion, as well as treatment duration and other factors. Level of risk (as determined via the LS/CMI) was found to be the strongest predictor of successful program completion. As level of risk increased, so did the rates of recidivism among clients directly sentenced day report centers. This finding provides partial support for the predictive validity of the LS/CMI for day report clients. In addition, the study found that clients who successfully complete their stay at a DRC are significantly less likely to recidivate. Only about 24% of clients that successfully completed a DRC program were subsequently booked into a regional jail within two years. This is compared to a booking rate of about 43% for clients unsuccessfully terminated by a DRC.

LS/CMI Norming and Validation. Under SB 371, the ORSP is mandated to conduct validation studies on the LS/CMI across all community supervision agencies. The ORSP has developed a plan that includes the validation of the LS/CMI on probation, parole, day report, and DOC institutional populations. The plan involves the release of four reports over the next year and a half in this sequence: 1) a norming report that compares WV community supervision and institutional populations to U.S. norms; 2) an LS/CMI validation study on a sample of DOC releases in 2012-2013; 3) a validation study of DRC terminated clients in 2011, 4) a validation study on a sample of DOC parolees in 2013; and) a validation study on the probation population. This planned sequence of studies makes the most sense based on when the LS/CMI was implemented for each population and the other studies being conducted on the DRCs. Probation did not implement the LS/CMI until the passage of SB 371, therefore will not have the appropriate data and follow-up period until late 2015/early 2016. The first report examining the LS/CMI norms is due out in October 2014.

## INFORMATION SHARING FOR FIDELITY IN COMMUNITY SUPERVISION AND TREATMENT

The ORSP continues to work with other agencies to foster information sharing in order to support effective community supervision and treatment. Information sharing on the part of the ORSP has taken on many forms, and involves several different data sources. The ORSP facilitated the inception of the LS/CMI Online System. ALL AGENCIES IN THE DEPARTMENT OF MILITARY AFFAIRS AND PUBLIC SAFETY (DMAPS) AS WELL AS SEVERAL NON-PROFIT AND PRIVATE TREATMENT PROVIDERS CONTRIBUTE INFORMATION TO THE LS/CMI ONLINE SYSTEM MANAGED BY THE ORSP. This system was established in 2009 and has continued to grow; thereby helping to foster a continuum of care across all agencies and departments, with the exception of probation.

As an integral part of SB 371 and the "Treatment Supervision" plan and initiative, the ORSP is in process of providing access to all BBHMF and treatment provider staff funded as part of the treatment supervision initiative. This will allow providers to view prior LS/CMI assessments conducted by other agencies including day report centers and allow them to conduct their own reassessments of clients as they progress through treatment. This will reduce the duplication of



services and assessments, and streamline the implementation and monitoring of case supervision and treatment plans.

In addition, the ORSP is working with BBHMF and treatment providers to provide access to the Community Corrections Information System (CCIS). Several treatment providers have successfully completed the LS/CMI User certification course and been given access to the online system. An additional LS/CMI User workshop for 20 or more remaining treatment providers is scheduled for October 2014. Given the close working relationship between day report centers and treatment providers as part of the treatment supervision initiative, it is essential that treatment providers have the capacity to view “collateral information” necessary for conducting valid LS/CMI’s and enter their own data on a client’s treatment progress. This will help ensure LS/CMI’s conducted by treatment providers are valid, and also help in the collection of the necessary data and information to ensure treatment integrity. The ORSP, along with DHHR/BBHMF, are committed to providing the necessary technical assistance to treatment providers for proper assessment and information sharing.

### REENTRY

**§62-12-17(f). and §28-5-27(n) and (m).** SB 371 directs that DJCS affect the usage of Community Corrections programming on the post incarceration side of the correctional continuum. In summary, there will be a significant increase in parolee and/or early release referrals to our Community Corrections programs.

DJCS has begun the process of collaborating with the Division of Corrections (DOC) in the development of a master agreement to provide reimbursement to counties for the use of community corrections programs by eligible parolees. This agreement is using an established “cost per client per day” as the basis for reimbursement. The established rate, policy and protocol will continual be assessed and revisions may be made as needed. While efforts continue to implement the master agreement, there is no prohibition on a day report center from accepting parolees pursuant to any agreements they may have in place with parole. Furthermore, there is nothing prohibiting day report centers from providing services to offenders using existing Community Corrections grant funding.

In order to facilitate the closer relationship between parole and community corrections programs necessitated by the above-referenced sections, the Community Corrections Subcommittee of the Governor’s Committee on Crime, Delinquency, and Correction (hereinafter “the Subcommittee”) revisited a section of the Community Corrections Program Guidelines pertaining to the acceptance of parolees. In their former state, the guidelines excluded some types of parolees from being accepted to programs based on the nature of the offense(s) for which they were convicted. The Subcommittee has revised this section to make it consistent with the language and intent of the JRI. The revised language only excludes parolees who are not moderate or high risk from receiving services from day report centers, rather than offense-based exclusions while

continuing to allow Day Report Center discretion in accepting those parolees based on their programs capacity to do so.

The master agreement and the protocol developed to facilitate the reimbursement to counties by the WV Division of Corrections began May 1, 2015. As of this date, \$37,451.00 has been processed by WV DJCS and forwarded to WV Division of Corrections to be reimbursed to the respective county for services per this agreement.

On its own initiative and in complimentary furtherance of the mandates and philosophies of JRI, DJCS applied for and was awarded one of thirteen competitive planning grants under the Bureau of Justice Assistance Second Chance Act Adult Reentry Demonstration Program. The purpose of the grant is to assemble a Statewide Reentry Task Force charged with formulating a proposal to promote safe and successful reintegration into the community of individuals who have been incarcerated or detained. Of the thirteen planning grant recipients three to four will be selected to receive up to \$3M in federal grant funding for implementation of their reentry plan. The Division went through the yearlong planning phase and produced a reentry plan and application for a phase II implementation grant. Unfortunately The WV application was not selected for funding. The plan that was developed remains relevant and may be submitted if another funding opportunity is identified.