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Evidence-Based Practices Proviso (EBPP)

Year 2 – Final Report

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Introduction

The Legislatively funded Evidenced-Based Practices Proviso (EBPP) sought to investigate the current use and future development of corrections-focused programming and services. The proviso stipulated that a consultant, Washington State University (WSU), provide project expertise with regard to Washington State Department of Corrections provision of programming that follows a Risk-Needs-Responsivity model (p. 105 3ESSB 5034.SL). The project scope of work outlined four deliverables, namely: 1) Program Discovery, 2) Program Description, 3) Program Categorization, and 4) Implementation of Recommendations. Deliverables 1-3 were completed as a part of Year 1 of the contract. In the final report (see Hamilton et al., 2014) several recommendations were made to be incorporated as part of the work to be completed in Year 2. The current report for Year 2 activities describe work completed surrounding the assessment of additional programs and the examination of intermediate outcomes. Created and utilized in our Year 1 report, the "decision tree analysis" was again employed for Year2. This allowed us to utilize the list of WSIPP reviewed sources, which was then cross-walked with WADOC provided programming to identify four areas (Paths) of project interest, including programs:

1. Reviewed by WSIPP that are not provided by WADOC,
2. Reviewed by WSIPP that the WADOC currently provides,
3. Not reviewed by WSIPP and not provided by WADOC, and
4. Not reviewed by WSIPP in which WADOC does provide.

For Year 2, we are concerned with assessment of Path 4 – programs the WADOC provides that have not yet been assessed as evidenced based via WSIPP's meta-analysis. The following deliverables were to be addressed during this reporting period:

- A list of programs with which WSU will evaluate and a WADOC priority ranking to ensure that WADOC programs are evaluated in order of importance.

- All programs on the list were administered the online survey to assess evidenced-based practices using an instrument developed in Year 1, but adapted to reflect the items covered by the EBIS on-site tool.

- For programs with which the results from component and survey evaluations exceed Year 1 established criteria for Evidenced-Based practices, WSU did not provide an EBIS evaluation.

- EBIS evaluations were provided to those programs that do not exceed established criteria and administered based on WADOC's priority ranking.

- Following the component, survey, and EBIS administration, evaluations will be completed for each program and a ranking was provided, indicating if a program has achieved a status of Evidenced-Based or Research-Based.

In addition to programs aimed at reducing offender recidivism, the WADOC emphasizes the need for safety and offender compliance, which are also measured by a variety of outcomes, such as:

infractions, supervision violations, grievances filed, and program completion. Collectively, these measures represent a necessary extension of program evaluation termed "intermediate outcomes".

- Working with the WADOC, WSU identified a list of programs in which would benefit from the assessment of intermediate outcomes

- Following a thorough review of the literature, WSU provides recommendations as to the intermediate outcomes to be collected for the programs identified and their intended use.

- Additionally recommendations are provided as to implementation of intermediate outcomes, method of data collection, and frequency of evaluation.

Program Assessment:

The list of programs offered by WADOC (but not yet evaluated by WSIPP) was forwarded to WSU by WADOC administration. This list had a total of 144 programs, which can be found in the final repository in Appendix I. As the primary focus of the EBPP is to identify programming that is based in evidence of reducing recidivism, approximately two-thirds of the programs were removed from this evaluation's focus. Instead, most of them were identified as the focus of the intermediate outcomes portion of the project, which is discussed below. Many of the remaining programs were recognized as no longer being offered by the WADOC institutions and were therefore removed from the EBIS focus. The last portion of the programs that were removed from the original list were those that fell outside the scope of the EBIS tool and component analysis. Such programs include any vocational and education programs, 12-step programs, and animal handling programs. Ultimately 13 programs were determined to be in need of further evaluation and would be ranked according to how well they met criteria to be considered evidence-based, research-based, a promising practice, or consensus-based. These programs[1] were as follows:

- Long Distance Dads
- Inside/Out Dads
- I-BEST
- Partners in Parenting
- Health Choices/Healthy Living
- Makin' It Work/Correctional Industries
- Readiness for Release
- Transition to Life program
- Redemption
- Motivational Engagement
- Thinking for a Change Orientation
- Moving On
- Transition Release Class

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[1] One program (Beyond Trauma) was excluded from Year 2 because the EBIS evaluation for this program was not completed and available for a ranking to be possible.

A review of manuals and policies was conducted, and a survey was administered to program directors aimed at assessing program operations. This survey was modeled from the EBIS on-site tool, and was built after a careful review of the risk/needs/responsivity model and the principles of effective interventions literature (Gendreau, 1996; Gendreau, French and Gionet, 2004; Andrews and Bonta, 2010). On-going research continually highlights that programs which yield positive outcomes having certain key components present, such as matching offenders to programs based on risk/need; focusing resources on criminogenic needs rather than sanctions; quality assurance protocols; proper levels of training and coaching; and buy-in/support from upper management (Lowenkamp, Latessa & Smith, 2006).

The survey was completed by WADOC Program Managers or a designee for the programs listed above. Given the accelerated timeline of this project, staff were only given one week in which to complete the survey. There were a total of 24 survey questions that were designed in a manner to collect information about the program process, management and adherence to the Principles of Effective Intervention. Questions covered the following general areas:

1) Length of program; targeted behavior change
2) Use of risk and needs assessment for program placement decisions; use of other tools to assess program fit; referral process
3) Qualification of assigned program staff; matching of staff to program (selection process);
4) Use of positive and negative reinforcers; frequency of incentives; use of inmate input to guide program changes
5) Tenure of staff; initial and on-going training of staff; quality assurance procedures
6) Transition planning; type of behavioral programming offered

The majority of questions were presented in a Yes/No/Not applicable format with opportunity for written discussion about the respondents answer. Points were assigned to each question, and then totaled and reported as percentage of adherence to the section. The coded information was then matched to the review of the manuals, policies and procedures to assist in determining the "fit" of the program within the evidence-based and promising practice framework. This survey information provided a deeper understanding of the daily operations of the programs, and provided WSU Researchers with an important "inside tool" to go beyond the stated program functions via manual review, and to assess current program strengths and challenges.

Under the Year 1 deliverables, we created a four point criteria for program assessment in order to determine ranking with regard to being an evidence-based practice. These criteria included the following: 1) the study must be meta-identified by WSIPP to have positive findings; 2) the program must meet at least 80% of the criteria for matching program components found in the literature; 3) the program must meet at least 70% of the criteria of the survey (developed for phase 2 of project), if applicable; and 4) it must be delivered to the same population as indicated in the reviewed literature. Meeting all four of these criteria earns a program the "evidence-based" label. However, without being identified by WSIPP as having consistently positive findings across rigorous research, programs only had the possibility of being classified under the other three. As noted in previous reports, those criteria are as follows:

Research-Based
- At least one study with rigorous methodology (defined by WSIPP) shows positive effects

- 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
- At least one study indicates positive effects, however, does not have rigorous methodology
- Components or survey do not meet criteria for research-based threshold
- Delivered to the population not indicated by the reviewed literature

Consensus-Based
- No studies have been completed on the program involving recidivism but theory and practice suggests positive impact
- Has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups

With these criteria in mind, we assessed WADOC prioritized programs utilizing the 70% threshold again, the findings for the Year 2 assessments are shown in Table 1 in descending order based on their survey score.

Table 1. Survey findings for Programs in Year 2

Program Name	Facilitators	Survey Score
Makin' It Work	Correctional Industries Staff	87%
Moving On	WADOC Staff	86%
I-BEST	WADOC Staff	85%
Motivational Engagement	WADOC Staff	80%
Thinking for a Change (T4C) Orientation	WADOC Staff	79%
Transition Release Class	WADOC Staff	68%
Health Choices/Healthy Living	WADOC Staff	63%
Redemption	Volunteers	56%
Readiness for Release	Offenders/Peer Mentors	52%
Long Distance Dads	Volunteers	51%
Transition to Life	WADOC Staff	39%
Inside/Out Dads	Volunteers	34%
Partners in Parenting	Unknown	33%

After consultation with WADOC administration it was determined that programs that scored in the range between 60 and 70 percent would receive on-site evaluation in order to further understand the program operations. Those below sixty percent are missing some key components or implementation aspects related to promising practices, appear to be minimally resourced and are most often run by volunteers or offenders (in a mentoring role). Programs that scored high on the survey (e.g. Moving On; T4C Orientation) appear to have a strong level of operation, and are now recommended for further outcome/intermediate outcome studies.

In March 2015, WADOC deployed small teams of WADOC staff that were trained in the purpose, application, and use of the EBIS tool. These teams conducted on-site visits, interviewing program staff, reviewing files, manuals, and database systems in order to further assess program operations. The EBIS is divided into four main fields, and allows for assessment of the following:

1. *Program Referral and Entry Procedures*: Questions in this section measure the matching of offenders to appropriate programs/services. Research (Andrews and Bonta, 1994; Gendreau, 1999; Lipsey, 2009) has focused on determining the type of treatment and/or programs which are most effective with various types (low, moderate, high risk) of offenders. Therefore, understanding program referral techniques and policies, as well as the use of risk/need to determine program eligibility are of great importance and have been shown to be correlated with strong program outcomes when properly addressed.

2. *Program Operations – Logistics*: The ability of an agency to properly implement and follow the prescribed program model has been shown to be one of the most critical factors correlated to strong program outcomes (Lipsey et al., 2010). This section is concerned with evaluating program requirements and components, and once established, the questions shift to focusing on adherence to the program features.

3. *Program Operations – Skills and Coaching*: The responsivity principle states that offenders should be carefully matched to programs, and therapists, counselors and program staff should be matched as well to the program and offender (Gendreau, 1999; Andrews and Bonta, 2010). Research has consistently found that the skills that are employed and used by counselors/therapists/staff have an impact on the success of the program. Staff must be well trained, focus on developing problem solving skills for offenders, and employ a "firm but fair" approach in their interactions with offenders. Questions for this section are not focused on evaluating the individual skill sets of therapists/counselors/staff, but rather the offender skill training, use of incentives/sanctions, and behavior modeling available in the programs. Questions in this section were carefully crafted to remain at the program level, as WADOC has QA procedures in place for staff skill technique evaluation.

4. *Staff Training, Qualifications and QA*: This section seeks to evaluate exactly how staff is selected for participation in programs, training procedures afforded, and the underlying qualifications required for assignments. As in other sections, questions presented here are not focused on individuals, but rather general program requirements and the ability to WADOC to ensure that those requirements are followed. Research has consistently found that proper program implementation and fidelity to the model is associated with upwards of 60% of program outcomes (Fixsen et al., 2010). The WADOC uses both an internal quality assurance (QA) division and, in addition, numerous programs that are utilized have external QA requirements (e.g. motivational interviewing). Questions in this section seek to measure various QA procedures and techniques.

Once the teams completed their interviews/review, all EBIS tools were sent to WSU Researchers for coding. Three programs received the on-site EBIS evaluation, including Healthy Choices/Healthy Living, Transition Release and Motivational engagement.

Given the format of the questions, answers were coded into a 0 (no) or 1 (yes) format. For programs with partial adherence, .5 was assigned. Programs were then tallied for their overall compliance to the four areas. After the EBIS assessment, Healthy Choices/Healthy Living and Motivation engagement were reassessed as scoring above 70%, and Transition to Release remained below the threshold.

In addition to the survey, a component analysis was also conducted to identify how congruent the programs are with current research. A component includes any specific areas of focus in the program's curriculum, the number of sessions or meetings held, level of expected training completed by the facilitators, or the number of session hours prescribed by the program's creators if based in empirical evidence. For a component to be considered as having empirical support, the study that highlights it, must show positive effects and be conducted on a population that is overseen by the WADOC. Unlike the programs identified by WSIPP in Year 1, programs used in this analysis often lacked sufficient studies to make a connection to proven components in the literature. Subsequently, many are left with "Not applicable" (N/A) for the percentage threshold. The results of the component analysis are shown in Table 2 where the programs are listed in descending order by the number of specific and then secondary studies completed.

Table 2. Component Analysis for Programs in Year 2

Program Name	Number of Studies on Program	Percent Same as Literature	Matches Population
Partners in Parenting	3	80%	Partially
Inside/Out Dads	1	100%	Yes
Long Distance Dads	1	100%	Yes
Moving On	1	100%	Yes
Transition to Life	0 Specific / 69 Transition studies*	100%	Yes
Transition Release Class	0 Specific / 69 Transition studies*	100%	Yes
Readiness for Release	0 Specific / 69 Transition studies*	100%	Yes
T4C Orientation	0 Specific / 32 CBT Studies*	100%	Yes
Health Choices/Healthy Living	0 Specific / 32 CBT Studies*	100%	Yes
Motivational Engagement	0 Specific / 32 CBT Studies*	100%	Yes
Makin' It Work	0	N/A	N/A
I-BEST	0	N/A	N/A
Redemption	0	N/A	N/A

*According to WSIPP meta-analysis

One program, Partners in Parenting (PIP), is particularly notable out of Table 2. With three different evaluations conducted, PIP is a rather widely used program across the US and as such, the program has set components. All of these components are listed in the manual and are indeed met by WADOC delivery. However, one key aspect of the program is that it requires facilitators be properly trained individuals to implement specific aspects of the program. Given that the facilitators of this program could not be identified during the survey process, the program meets the threshold of the

component analysis at having 80% congruence with proven program aspects. Additionally, the PIP program received a "Partially" under the proper WADOC population category. This is because the three studies that were conducted on PIP involved different participants than those who are under WADOC supervision. One study was on community based clientele (i.e., no offenders), another was on only female offenders who were substance abusers housed in a county jail, and the third was on 150 men and women who were in prison with a modified version of PIP called Parenting from Prison.

Among the nine programs that are listed in Table 1 for which no specific evaluations were found, there are six that could arguably be encompassed into other program types that do have evaluations. Much of the difficulty in identifying whether a program type has had evaluations completed has to do with the variation in components. For instance, transitional programs often vary widely in their scope and objectives, however, often maintain the label as "transitional." While most transitional programs include an element of job interview training or preparation, others may include a combination of relapse prevention, training on how to find a job, or some aspects of stress and anger management. As a result, there is no clear expectation as to what components a transition or reentry program is supposed to offer, and what the best techniques are in offering such components. This likely reflects an inherent debate in the literature more so than a potential problem with the WADOC programming components. Indeed, when considering the components that were most frequent in the literature, the programs offered by the WADOC encompass the separate but individual components that have been evaluated elsewhere. The common primary difference is how the WADOC programs combine and deliver the components.

Similarly, three CBT related programs were also deemed as not having specific evaluations. This is largely because they either embodied an aspect of CBT that has not been evaluated (e.g., T4C Orientation and Motivational Engagement), or the program bundled certain CBT components and delivered them in a specific way (e.g., Healthy Choices/Healthy Living). These component differences were determined to hold the potential of having a more unique impact on participants than all other CBT programs previously evaluated in the literature. As a result, they are indicated here as having no specific studies completed.

With the survey and component analysis complete, the 13 programs could then be ranked according to the above evidence-based, research-based, promising practice, and consensus based criteria. Table 3 provides the breakdown of that ranking according to the findings thus far, listing the programs by their ranking. This breakdown shows the key criteria for each program that contributes to the creation of its ranking. Most are evenly split between promising practice and consensus-based, largely due to either having very little evidence available (e.g., a single study or studies that does not meet WSIPP standard of rigor), or a poor score on the survey. One program, T4C Orientation, was deemed to be research-based. This program supplies a necessary orientation of cognitive-behavioral programming elements and their importance to the participants. It has been shown in a number of studies to be essential to CBT success, and that it should be treated as its own program. As a result, the CBT orientation for WADOC (currently used only for T4C), meets all of the criteria to be deemed as research-based. The only other program labeled as research-based, is Motivational Engagement. While this program meets the scores necessary, it should be noted that this program has not been evaluated as a stand-alone program. It has only been included as a component of other CBT programs.

Table 3. Program Rankings

Program Name	Number of Studies	Component Score	Survey Score	Ranking
T4C Orientation	32 CBT*	100%	79%	Research-Based
Motivational Engagement	32 CBT*	100%	80%	Research-Based[a]
Moving On	1	100%	86%	Promising Practice
Health Choices/Healthy Living	32 CBT*	100%	63%	Promising Practice
Long Distance Dads	1	100%	51%	Promising Practice
Inside/Out Dads	1	100%	34%	Promising Practice
Partners in Parenting	3	80%	33%	Promising Practice
Offender Workforce Develop.	0	N/A	87%	Consensus-Based
I-BEST	0	N/A	85%	Consensus-Based
Transition Release Class	69 Transition*	100%	68%	Consensus-Based
Redemption	0	N/A	56%	Consensus-Based
Readiness for Release	69 Transition*	100%	52%	Consensus-Based
Transition to Life	69 Transition*	100%	39%	Consensus-Based

*Non-specific studies

a Note: There are no direct studies on Motivational Engagement as a stand-alone program.

Recommendations:

At this time, WSU Researchers recommend that the following programs be considered for further measurement on outcomes related to recidivism reduction and intermediate outcomes such as reductions in grievance filings, serious, violent and general infractions.

- I-BEST
- Health Choices/Healthy Living
- Offender Workforce Development/Correctional Industries
- Motivational Engagement
- Thinking for a Change Orientation
- Moving On

Intermediate Outcomes

Emphasized jointly by the WADOC need for safety and offender compliance, the WSU recognition for more robust evaluation of programming, and the criminological literature of weaknesses in evaluating correctional intervention, this report provides insight into other ways to evaluate a program's effectiveness apart from the reduction of recidivism. For each of the 42 programs identified by WADOC to be analyzed for intermediate outcomes, we created a table detailing the program type, how it was described in the literature, the primary objectives of the program, and the theory on which it is based. From this information intermediate outcomes were identified and broken down by way of participant and institutional purposes. Each of these tables is available for review in Appendix II of this report.

To summarize the key recommendations, WSU has highlighted key areas for program types with which evaluation can be extended through intermediate outcomes. These are shown in Table 4.

Intermediate outcomes are any type of outcome that could be measured to assess the effectiveness of a program. Some intermediate outcomes reflect the objectives of a program, while others that identify more abstract aspects of change (e.g., self-awareness) and reflect the literature's identification of psychometric scales that can be used to examine change. It is important to note that those intermediate outcomes listed in Table 4 are examples for each program subtype, and are not necessarily exhaustive. This is because most programs within each subtype provide a unique perspective, address potentially different sub-populations of offenders with different needs, and approach particular problems. For example, Stress and Anger Management is a program that falls into the Cognitive-Behavioral subtype, however, it has a specific focus that exceeds those listed in the table.

Table 4. Intermediate Outcomes for Program Subtypes

Program Subtype	Participant Purposes	Institutional Purposes

Female Specific	- Reductions in:
	  o Substance use
	  o Depression symptoms
	  o Trauma symptoms
	  o Victimization (self-report)
	- Increase in Self-efficacy
	  o E.g., Sherer Self-Efficacy scale (17 items)
		- Reductions in:
		  o Drug contraband infractions
		  o Physical altercations
		  o Supervision needs
		- Increase in general compliance with rules and verbal directions

Cognitive-Behavioral	- Reductions in:
	  o Voluntary isolation from others or anti-social behaviors
	  o Risk taking
	- Increase in
	  o Self-monitoring behavior
	  o Prosocial involvement
		- Reductions in:
		  o Physical altercations
		  o Dangerous contraband
		  o Supervision needs
		  o Risk/Need scores

Substance Abuse	- Abstinence from drug use
	- Reductions in relapses in specific or more severe drugs
	- Increase in employment following release
		- Reductions in:
		  o Interpersonal violence
		  o Suicide attempts
		  o Destruction of property
		- Increase in general compliance with rules and verbal directions

Family Centered	- Increase in visitation and positive contacts with family - Changes in parental attitudes (e.g., scale AAPI-2 or ICAN)	- Reductions in: o Infractions that may lead to loss of connectivity with family - Increase in general compliance with rules and verbal directions

Vocational – Accredited*	- Increase in:
	  o General and specific employment following release related to skills learned
	  o Duration of employment
	  o Passing exams recognized by specific professions/trades in the community
		- Reductions in general infractions
		- Increase in general compliance with rules and verbal directions

Sustainability	- Reductions in medical needs due to illness
	  o Only for programs that directly relate to inmate diet/food intake
	- Employment upon release
	  o Only if program provides training that translates (e.g., recycling, waste management, etc.)
		- Reductions in:
		  o General infractions
		  o Medical expenses (only for programming related to dietary needs)
		  o Costs related to waste management (only for programs directly related to composting/disposal)

Mental Health	- Reductions in:
	  o Victimization
	  o Hospitalization upon release
	  o Disorder related symptoms
	  o Self-inflicted injury
	- Increase in compliance of taking medication and attending other programs
		- Reductions in:
		  o Physical altercations
		  o Victimization (aggregate levels in facility)
		  o Supervision needs
		  o Costs of mental health expenses (e.g., pharmaceuticals)
		  o Injuries among correctional staff
		  o Forced cell extractions

Offender Enrichment	- Reductions in:
	  o Substance use
	  o Depression symptoms
	  o Disorders related to stress
		- Reductions in:
		  o Drug contraband infractions
		  o Physical altercations
		- Increase in general compliance with rules and verbal directions

12-Step	- Reductions in:
	  o Drug/alcohol cravings
	    and strength/frequency
	- Increase in:
	  o Social empathy
	  o Procedural memory
	  o Response to incentives
		- Reductions in:
		  o Drug contraband
		    infractions

Wellness	- Reductions in:
	  o Illegal substance use
	  o Requirement for
	    psychoactive medication
	  o Depression symptoms
	- Increase in physical activity
		- Reductions in:
		  o Costs of mental health
		    expenses (e.g.,
		    pharmaceuticals)

*Correctional Industries and Class II Vocational Education

The purpose of programming ranges widely depending on offender needs, institutional resources, and funding. All programs aim to change some element of offender behavior or cognition to some degree. Similarly, all programs aim to improve safety, both in prison and in the community. With these in mind, WSU researchers broke the identified intermediate outcomes into two categories – those that directly assess the program's impact on the individual participant, and those that assess the impact on the institution. Each of the intermediate outcome types listed can be collected in two relatively simple and cost effective ways. Participant impacts can largely be collected as a pre- post-test where a small questionnaire can be deployed and administered to participants at the beginning of the program, and then again at the end. Questions for such surveys can vary from program-to-program. For instance, the PIP program mentioned previously has a pre-post-test questionnaire built into the facilitator guide to use specifically for this purpose. Nevertheless, virtually all can be found in the literature of psychology or criminology. Many of the scales used in such questionnaires we list as an appendix for each program of interest in the final report. Institutional level impacts can typically be observed through inmate records and aggregate data of infractions or disorder in the institution.

CONCLUSION

The current study sought to complete the objectives of the legislatively funded Evidenced-Based Practices Proviso (EBPP). Specifically, EBPP investigated the current use and future development of correction-focused programming and services. This report documented activities completed for Year 2; where we assessed the evidence of WADOC utilized programs and outlined intermediate outcome.

Program Assessment

With regard to program assessment, we instituted our method with the intent of ranking effective programs as evidenced-based or research-based. Frist, all programs were administered an online survey to assess evidenced-based practices provided to offenders. Manuals of programs were evaluated and cross-walked with studies completed that have demonstrated effective components of said programs. At this point programs are ranked and those that did not reach "research-based"

were provided evaluations with the developed EBIS tool. These evaluations were administered by teams of trained WADOC staff. The data gathered from the EBIS provided additional information confirming a final ranking of research-based, promising practices, or consensus-based. However, without the final criteria of a WSIPP meta-analytic review, these programs could not yet attain the final criteria of "evidenced-based". We recommend that WSIPP include these programs in their next meta-analysis of criminal justice programming.

Among the programs evaluated in Year 2, only two programs met the criteria of "research-based" – T4C Orientation and Motivational Engagement. An additional five programs were identified as promising practices, indicating a scarcity of completed studies demonstrating clear evidence of effectiveness and/or with the current WADOC population in which it is currently administered. An additional six programs were identified as "consensus-based", essentially indicating no evidence of given programs' effectiveness but, via a consensus of practitioners and scholars, the programs may provide positive results.

These Year 2 assessments may be added to those identified in Year 1, creating a WADOC repository of offender programs. We recommend the WADOC continue to add to this established program repository annually, or whenever new programs are being considered for adoption. We also recommend that several programs, not currently rated as "evidenced-based" be evaluated further via an outcome evaluation of recidivism and other intermediate outcomes. Programs recommended for further evaluation include: I-BEST, Health Choices/Healthy Living, Offender Workforce Development/Correctional Industries, Motivational Engagement, Thinking for a Change Orientation, and Moving On. Each of these programs have unique characteristics or were implemented with unique aspects that make the ranking difficult to ascertain via prior evidence but have potential to provide positive effects for participants.

Intermediate Outcomes

Too often evidence of program effectiveness is relegated to programs demonstrating effective reductions in recidivism propensities. However, Correctional programming is not confined to a single goal and some are intended to provide reductions in negative behaviors during confinement, improve public health or indirectly impact recidivistic behavior. Through the identification of intermediate outcomes, we anticipate the WADOC will have an improved ability to evaluate the effects of programming and add to their established repository of evidence.

We evaluated over 40 programs to be analyzed for intermediate outcomes. A vast amount of prior literature was examined attempting to identify the array of outcomes and scales that have been previously used to evaluate non-recidivism outcomes for the identified WADOC programs. While each program was examined individually (see Appendix II), we also collapsed interventions to provide an overview of 10 common program types, each with their associated intermediate outcomes.

Intermediate outcomes were also identified as one of two categories – those that assess the program's impact on the participant and those that assess the impact on the institution. While it may not be feasible to collect all identified intermediate outcomes listed, we recommend that the WADOC investigate those outcomes and programs that are most important to their internal assessments of program effects. Many of these outcomes may be assessed simply and with relatively minimal costs. For instance, most intermediate outcome that assess a program's impact on participants are collected via a survey, assess at both pre- and post-admission; while routinely

collected data of infractions, technical violation and other commonly assessed metrics may be used to asses institutional impacts. The frequency of which institutional outcomes are assessed will depend on outcome of interest but it is recommended that a minimum of a six month observation period is completed with an optimal duration being closer to 12 or 24 months.

Finally, during the two year tenure of EBPP a substantial amount of data was collected an organized to form the base of a data repository for continued use within the WADOC. It is recommended that this work be organized, maintained, and standard operating procedures be implemented to both utilize and add to the knowledgebase created. In particular, we recommend that the WADOC not only make use of prior findings but also implement research projects to evaluate each and every program implemented adding this repository through direct assessments of effects. This may be completed by forming a research and analysis plan/policy for all implemented programs, examining both recidivism and intermediate outcomes.

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